

Surrogate Motherhood: International Perspectives

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'Knowing' the Surrogate Body in Israel

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1. INTRODUCTION

SURROGATE MOTHERHOOD is an anomaly that disrupts familiar conceptions of motherhood, kinship and family (Macklin (1991)). In contractual surrogacy, a woman makes a preconception agreement to waive her parental rights in exchange for a paid fee (Farquhar (1996)), a practice that calls some of the most basic structures of society into question. Social relations created in surrogacy deviate from the traditional model of marriage which centres sexual relations and fertility issues around two members of a heterosexual couple. Moreover, surrogacy defies mainstream assumptions that identify pregnancy with the birth mother's commitment to the project of subsequent lifelong social mothering of the children to whom she has given birth (Farquhar (1996)).

As such, surrogacy threatens dominant Western ideologies that presume an indissoluble mother-child bond (Gailey (2000); Farquhar (1996)). Surrogacy has been theorised as bringing about the gradual 'deconstruction of motherhood' (Stanworth (1987)) separating the perceived unity of the maternal role into genetic, birth, adoptive, surrogate and other maternities (Sandelowski (1990)). To this point, conservative voices express concern over the fragmentation, lack of connection, and loss of maternal wholeness, and treat surrogacy as a deviance that must be censured (Farquhar (1996)).

Because surrogacy does not comfortably fit the cohesive and consistent system of conceptual categories of Western cultures, cultures are challenged to develop ways of dealing with its anomalous connotations (Davis-Floyd (1990)). Colligan (2001:3) reminds us that 'anomaly is not simply a problem of classification but an embodied status that must be worked out in everyday social situations.' In the following, I wish to call attention to the negotiation tactics that dealing with classificatory contradictions can engender in women who participate in surrogacy agreements and the techno-medical professionals that accompany them through the process.¹

¹ As of the writing of this paper, there have been 38 gestational surrogacy births in Israel, and over a hundred contracts have been approved. Data for this article were obtained from 19 in-depth, open interviews conducted between March 1998 and December 2000 with nine surrogate mothers

How do surrogates and intended mothers accommodate and resist the anomalous connotations of this reproductive strategy? How do they assess and negotiate their own positions in Israeli society through surrogacy? I will argue that throughout the surrogacy process, surrogates and intended mothers, together with doctors, nurses and ultrasound technicians, collectively generate alterations in received scripts about the maternal nature of pregnant bodies and the non-maternal makeup of infertile bodies.

I shall engage the concept of 'authoritative knowledge' in order to shed light on these questions. This concept refers to the way that 'knowledge is produced, displayed, resisted and challenged in interactions' (Davis-Floyd and Sargent (1997:21)). In their comprehensive edited volume on childbirth and authoritative knowledge, Davis-Floyd and Sargent (1997) bring together ethnographic research on childbirth in 16 countries. They show that, while techno-medical 'ways of knowing' increasingly dominate obstetrics worldwide, indigenous models of authoritative knowledge still exist and interactional co-operation and accommodation between biomedicine and other ethno-obstetrical systems are possible.

2. SURROGACY IN ISRAEL AS A CULTURAL ANOMALY

The classificatory challenges that surrogacy raises make Israel into a particularly interesting place to study surrogacy. Israel is a pronatalist society whose Jewish-Israeli population will try anything in order to have a child (Kahn (1997)). This cultural 'cult of fertility' (Baslington (1996)) among Israeli women has been described as a social pressure to reproduce that 'borders on obsessiveness and irrationality' (Shalev (1998)). Israel's pronatalist impulse has made it into one of the leading countries in the world in the research and development of new reproductive technologies. This small country currently holds the highest number of fertility clinics per capita in the world—and Israel's national health insurance funds IVF treatments for up to two live births for childless couples and for women who want to become single mothers (Shalev (1998); Kahn (1997)). The option of not becoming a mother is virtually non-existent in Israel, while solutions such as international adoption are still considered to be secondary options when genetic parenthood is possible.

The Israeli surrogacy law of 1996 made Israel the first and only country in the world where all surrogacy contracts are publicly legislated by a government-

and 10 intended mothers. All of the women interviewed were Jewish, Israeli citizens currently residing in Israel and between the ages of 28 and 42. Geographically, they spanned the entire country, and ethnically, they were from diverse heritage bases including Ashkenazi (Jews of European descent), Georgian, Kurdish, Moroccan, Iraqi, and Tunisian. The names of all of the women interviewed have been changed. Most of the interviews were conducted in the women's homes and lasted between one-and-a-half to six hours. They were recorded and transcribed verbatim, then translated from Hebrew to English.

appointed commission (Kahn (1997:171)).² According to the law, an approval committee was nominated by the government health minister to screen all potential surrogacy agreements in Israel. In its aim to 'cope with the conceptual threat' (Davis-Floyd (1990)) that surrogacy presents, the surrogacy law removes the practice from everyday life, limiting its availability and subduing its boundary-threatening connotations. The practice is not officially encouraged and is strictly limited in scope to adult Israeli citizens. It is offered only as a last resort to couples wherein the female partner has no womb, has been repeatedly unsuccessful with other reproductive strategies, or who is at a severe health risk in pregnancy. While the law itself can be interpreted as a framework through which the state officially recognizes surrogacy's anomalous connotations and aims to deal with them, this is not the concern of this chapter. This chapter uses ethnographic research to address the way that surrogates, intended mothers, and health professionals attempt to solve the anomaly of surrogacy in practice, engaging intuitive, technological and medical knowledge systems in the process.

3. THE BODY THAT 'KNOWS': INTUITIVE KNOWLEDGE

In their exploration of intuition as authoritative knowledge among American midwives, Davis-Floyd and Davis (1997) claim that American midwives use intuition as a tool for 'knowing' the pregnant body in childbirth. While trained in the intricacies of technomedical birth, the midwives made decisions during labour based on their 'inner knowing', even when it opposed external, medicalised signs. In surrogacy, intuitive knowledge of the pregnancy was employed by both surrogates and intended mothers as a source of authoritative knowledge concerning the pregnancy. By constructing a situation in which the intended mother 'knows' the pregnant body inhabited by the surrogate, intended mothers were able to claim maternity while surrogates were able to disconnect emotionally from the pregnancy.

By intuitive or indigenous knowledge of the body, I refer to the internal, 'gut' feelings and instinctive responses of the individual that arise as a result of listening to their own internal, embodied voices. It is 'the act of or faculty of knowing or sensing without the use of rational processes; immediate cognition' (*American Heritage Dictionary* (1993), cited by Davis-Floyd and Davis (1997:317)). Often, intended mothers began their narratives with a determined statement linking their bodies with maternity through such intuitive knowledge. Leah, an intended mother, claimed:

I always knew that I would have my own (child). I knew right here (she makes a fist and hits it against her stomach). That is what got me through all of those years of IVF after IVF. I always knew.

² See Schuz, chapter 3, this volume.

For Leah, and other intended mothers like her, this inner knowledge carried them through up to 25 IVF attempts³ and countless other fertility treatments over periods of up to 17 years or more. Instincts and gut feelings also accompanied their choice of a surrogate. In their search for 'the right surrogate,' they primarily relied on their bodily and emotional instincts as indicators of compatibility. These signs were privileged over measurable data insisted upon by the approval committee, such as psychological, physical and social aptitude tests.⁴ Sarit, an intended mother, let her body indicate to her when she had met the 'right' woman:

When you meet the right woman, you feel it in your stomach, and you know it is the right thing . . . that this (woman) is what best suits me. We had immediate chemistry.

Surrogates emerged as strong believers in intuitive knowledge as well. Narrative accounts of both women's first encounters with one another reverberated with a vocabulary of 'chemistry', 'immediate connections' and 'clicks', used to define the internal physical trigger that these women felt upon meeting one another for the first time. Two thirds of the surrogates and intended mothers interviewed described instances of immediately recognising one another at first sight even though they were strangers, assuming that cosmic intervention had caused their meeting.

Constructing one another as the 'right surrogate' for the 'right couple', surrogates and intended mothers were able to decommodify and re-naturalise the surrogacy process even before the commercial contract was signed. The concept of the 'right' partner in the process served to minimise the randomness of the relationship in favour of a cosmically ordained nature, imposing a certain natural and moral imperative on the surrogacy process as a whole.⁵ For intended mothers, it served as a reassuring sign that they were meant to have a child; while for surrogates, it constituted a sign that God and nature had meant for them to become surrogates.

Both women drew upon their intuitive connection in order to define motherhood as a product of 'internal knowing', allowing them to attach their own meanings to the pregnancy. Surrogates were thus able to credit their intended mother with 'knowing' the pregnancy instead of them, which emerged as a strategy for dismissing any expectations for their own emotional attachment to the pregnancy. While awaiting confirmation of pregnancy, surrogates refused to acknowledge any internal sign from within their bodies that could signify the result, urging their intended mothers to seek the answer within themselves. Masha, a surrogate, emphasised this point:

³ Because IVF is subsidised by the national health insurance and consequently does not present an economic challenge to the couple, most of the intended mothers interviewed had gone through at least 10 attempts before turning to surrogacy.

⁴ See Schuz, chapter 3, this volume.

⁵ See Sandelowski, Harris and Holditch-Davis (1993) for ethnographic exploration of a similar process among couples waiting to adopt.

I told Tova (her intended mother), 'I refuse to get nervous while we wait for an answer. I will not walk around thinking "did it work or didn't it?" for two weeks, and then be disappointed. You can get nervous, you can do the waiting, I am just going to pretend everything is normal.' So she asked me, 'but do you feel something? Do you think you are pregnant?' And I said to her, 'Do you? It is yours, do you think it took?'

Likewise, surrogates narrated an instinctive feeling from the start of the pregnancy identifying it as different from those they had experienced before. While one surrogate maintained that 'it isn't the same womb' carrying this pregnancy as the one that had carried her own child, another surrogate claimed that she did not feel this baby move inside her at all, unlike her own children who 'moved inside me all the time.' Comparing intuitive knowledge of their 'own' bodies in pregnancy with the surrogate pregnancy thus served as another strategy toward the same goal.

Elsewhere (Teman (2001a)) I have expanded upon this phenomenon, showing how surrogates use the idea of the pregnancy occurring outside of their own body to conjure up a 'third body'. By locating the pregnancy in this 'third body', they ease its transfer to the intended mother's embodied space. This 'third body' acts differently from their own bodies during pregnancy because of cramps and birth pangs that appear in different parts of the body and at altered intensities. Moreover, they identify this pregnancy as different because of the differing length in time of the gestational period and hours in labour, as well as the different responses of their bodies after giving birth, such as immediate weight loss and stunted production of milk.

As a result of this process, surrogates narrate the way that this disembodied internal knowledge of the pregnancy locates itself within the intended mother's body. Orna, a surrogate, claimed that she did not gain a significant amount of weight during the surrogate pregnancy and that her stomach remained small throughout, while her intended mother gained thirteen kilos and looked bloated 'like she was pregnant herself'. By emphasising the intended mother's sympathy pains, surrogates demonstrate how the intuitive-physical knowledge that they had recognised as part of their own 'real' pregnancies is now developing in their female partner.

As the gestational period progressed, both women often marvelled at the miraculous manner in which the intended mother seemingly 'knew' of the foetal movements in the surrogate's body. Masha vouched that her intended mother, Tova, would call her 'knowing' that the baby inside her had just kicked, or that she was feeling cramps in her left side. 'I asked her how she knew,' Masha recalled, 'and she said, "what do you think? I feel it too."' When prompted on this subject, Tova added: 'I would wake up with cramps in my back, and I would know that she was having cramps. I suffered through this pregnancy with her.'

Through time, this exchange led most of the intended mothers to experience couvade symptoms and to virtually embody the pregnancy. Ayala, an intended mother, internalised the pregnancy to such an extent that she questioned

whether her surrogate had 'known' the pregnancy to the same degree that she, Ayala, felt by proximity:

From the very beginning I felt pregnant, from the minute they inserted the embryos, I felt like it was my body going through it . . . Not only on an emotional level but also on a physical level it affected me. I really had the same feelings she did—I felt it. It was really like they say a man whose wife is pregnant goes through it. I too really felt all the nausea when there was nausea and the heartburn when there was heartburn. I don't know about her but I really felt what she was going through . . . outside of the feeling of responsibility and pains on an emotional level, I felt really connected to her.⁶

The increasing legitimacy of her inner knowledge of the foetus became so convincing to one intended mother, Rivka, that she claimed she'd actually 'felt pregnant' during this period:

You know what, I say to Orna that it is lucky that, you know, those hysterical pregnancies (fake pregnancy), it is lucky that I didn't have one of those . . . but the transferring part and the feelings, I felt exactly the same (as a pregnant woman). Maybe that's what gives me the push to say, yes, I was pregnant, and not through a surrogate. Because I felt exactly what she felt.

By constructing 'intuitive knowledge' as a source of 'knowing' the pregnant body, surrogates and intended mothers work together to make their partnership in the pregnancy more equal. They even out the surrogate's privileged place in 'knowing' the foetus by collaboratively constructing their own authoritative knowledge which aligns all intuitive and embodied connection between the foetus and the intended mother. In the following section, we will witness how the technological viewing technique of foetal ultrasound is brought in to this effort as well.

4. THE KNOWING MACHINE: TECHNOLOGICAL KNOWLEDGE

Eugenia Georges (1997:93) claims that 'ultrasonography can act as an especially potent facilitator in the production and enactment of authoritative knowledge.' Brigitte Jordan (1997) claims that when machine-based claims conflict with the woman's own bodily experience, the latter is negated in favour of the unquestioned status and authority of medical knowledge. Consequently, women are specifically excluded from techno-childbirth, denied any input into their labour experience, and given the message that the only knowledge that counts is that of the doctor.

I argue that this hierarchical distribution of knowledge in technologically mediated situations is inverted in surrogacy when the surrogate herself uses technology to extract herself from the pregnancy experience. Instead of negat-

⁶ Ayala published a personal journal of her experience with surrogacy in a daily newspaper. Her journal appeared in *Maariv* daily, weekend supplement.

ing the knowledge that she has of the state of her body (Jordan (1997)) techno-medical knowledge is adapted as a source for legitimating the fictional reality that the two women are constructing between them. The techno-medical knowledge of the pregnancy is also communicated in a structure that actually encourages the intended mother to believe in the internal messages that her body is giving her.

By technological knowledge I refer to surrogate and intended mothers' accounts of their encounters with ultrasound technology. Like in all births in modern-day Israel, repetitive scanning is a routine part of surrogate pregnancies, only more intense than in regular pregnancies. Although both women discussed ultrasound in their narratives, it seemed to be more important to intended mothers as it served to confirm the existence of the baby for them and enabled them to act out the culturally prescribed role of soon-to-be mother.

Ultrasound extends the sensory abilities of the intended mother and adds the dimension of 'seeing' to the inherent 'knowing' discussed above.⁷ In this way, ultrasound served as a proxy for the pregnancy experience, giving intended mothers the opportunity to become more relevant to foetal progress and to move to centre stage beyond their 'stage-hand role' vis-à-vis the surrogate's 'leading lady role' (Sandelowski (1994)). The intended mother's greater 'knowing participation' in the pregnancy via ultrasound enabled surrogates to take a step back, deriving a type of vicarious pleasure from watching the intended mother bond with the technological image of the foetus.

Consequently, all the surrogates interviewed saw importance in having their intended mother accompany them to every ultrasound appointment. These outings strengthened the surrogate-intended mother relationship, bringing them closer together by making intended mothers feel more like partners in the pregnancy. The technological medium thus reinforced the intuitive connection already established by the women through their own indigenous sources.

One surrogate claimed that she saw the ultrasound as an event in which her intended mother could take part in the pregnancy:

It was important to me that she be present at all of the ultrasounds, for instance. Because it was important to me that she go through the whole experience and that she see the whole experience . . . I have no problem with a woman coming in [to the vaginal ultrasound, E.T] . . . and she said to me before we went in, if you don't want I won't come in, I'll wait outside. I said no way. About those things, I made sure that she took part in everything. Because it is really important to me that she go through and feel the whole experience exactly as I do. That is the way I wanted it, that she be my partner, as much as possible.

Likewise, all of the surrogates interviewed for this study dismissed their intended mother's concern over witnessing the vaginal ultrasound, in which their most intimate parts are exposed. Surrogates erased all sexual embarrassment

⁷ See Sandelowski (1994) for a discussion of how ultrasound leads to the greater involvement of fathers-to-be in 'normal' pregnancies.

from their accounts of these situations, making their own subjectivity invisible. Accordingly, Orna, a surrogate, dismissed her intended father's shyness at seeing her partially unclothed during an ultrasound by assuring him that he was not seeing her—Orna, the woman. Extracting her presence from the scene, she told him that all he was seeing was a 'stomach' that separated him from his child:⁸ 'I said to him, don't be shy, just remember, this is yours (pointing to her stomach). Don't even think about this stomach, it is nothing, just a stomach, only think about what is inside it.'

Ultrasound provides visual access to the foetus *in-utero*, enabling the intended mother⁹ to conceptualise the foetus for the first time apart from the surrogate. As she lays in the supine position and is scanned, while her intended mother (or couple) stand with the doctor,¹⁰ the surrogate symbolically becomes a silent participant, a transparent medium for technological viewing of the foetus.

Interestingly, while ultrasound has been critiqued for opening the inside of women's bodies for visual inspection, leaving their body boundaries thoroughly transparent (Van der Ploeg (1998)) here it is this same transparency that is used by the women themselves to define the maternal subject. The ultrasound presents the foetus as an individual entity, alone on the screen, as if removed from the surrogate's body. This visual dislocation of the foetus from the surrogate's body aids her in disengaging herself from the pregnancy while providing the couple with a direct mode of communication with the foetus on screen. Instead of merely demoting the surrogate's body to a secondary order of significance (Georges (1997:99)), ultrasound enables her 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 couple and their excitement at seeing the image of their future child on screen. None relayed personal excitement at seeing the foetal image, claiming boredom and disinterest, or narrating an excitement centred entirely upon their intended mother's happiness. Masha asserted that she did not pay particular attention during ultrasound appointments, claiming: 'Mostly

⁸ See Teman (2001a) for an exploration of surrogates' use of commodity metaphors as a method of disconnecting from the pregnancy.

⁹ In most cases the intended mother attended the ultrasound viewing alone with the surrogate. In a handful of cases the intended father also entered the ultrasound, and in other cases the intended father waited outside the room or behind a curtain. See Ivry (2002) for a discussion of Israeli men and the way that they relate to their wives in pregnancy.

¹⁰ When the women are treated through the national health insurance clinics then the ultrasounds are mainly carried out by female ultrasound technicians who have been specially trained in foetal scanning. It is common for the doctor to enter and exit the room while the scanning session is taking place. When the woman is treated by a privately paid physician, the physician will usually do the scans his/herself in order to give them, as one physician told me, 'the full package'. Nearly half of the couples whom I interviewed chose to hire private physicians, claiming that this pregnancy was too 'yakar' (a Hebrew word meaning both 'dear to the heart' and 'expensive') to trust the regular clinic doctors.

he [the doctor] would talk to her [the intended mother]. I didn't really need to know.'

Mitchell and Georges (1998) state that it is customary during ultrasound for the pregnant woman and her partner to smile, laugh and point to the screen, bonding with the technologically produced 'blur'. Acting out this cultural prescription themselves, intended mothers told of interactions between themselves and the doctor, as though the surrogate had not been present at all. The surrogate's effort to make room for the intended mother to act out the culturally expected reaction to foetal ultrasound was mutually constructed in unison with the doctor and the technology itself. In all of the interviews, it was evident that the doctor or ultrasound technician had a central role in encouraging the intended mother to 'bond' with the foetal image onscreen by focusing deliberate attention on her.

Sarit, an intended mother, attested to the way that the doctor encouraged her and her husband to take on parental responsibility for the moving image on the ultrasound screen:

Usually he [the doctor] would speak to us [her and her husband] during the ultrasound. Especially in the early stages, because you are focusing on the child, and the child is ours. He would say to us, here, you see, his eyes are like this and his head is a little bit wide, it looks like his father's head, and stuff like that.

Sonographers took on active roles in transferring maternal subjectivity from the surrogate to the intended mother. Similar to the description given by Sarit's doctor above, their depictions of the foetus passed through a cultural sieve. The doctor, by describing the likeness of the foetus to the intended father, reassures the couple of their parental claim over the foetus and encourages them to bond directly with the image onscreen (Mitchell and Georges (1998)). Moreover, by communicating primarily with the couple and not with the surrogate, the sonographer uses the authoritative knowledge that grants him the ability of 'knowing' how to decode the bleeps on screen in order to increase the intended mother's involvement in the pregnancy and minimise the surrogate's embodied, privileged access to the foetus.

Ultrasound photos also played an important role in constructing the intended mother's maternal claim. All of the surrogates interviewed asserted that the ultrasound photos went straight into the intended mother's baby album, while they assured me that they felt no inclination to keep copies for themselves. 'Why should I keep a copy?' Masha, a surrogate, reflected, '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 to bring them along.'

During my first interview with her, Riki, an intended mother, asked me if I wanted to 'meet her twins'. Puzzled, I followed her to the refrigerator, where a recent ultrasound photograph was pasted at its centre. Stroking the photograph lovingly, she explained: 'This way I can wish them good morning, and put them to sleep at night.' Through these symbolic representations of the foetal bodies,

Riki was able to establish a direct link of communication with her awaited twins, keeping them close to her, in her own home, even while they developed in another woman's womb. Yael also attempted to embody the pregnancy by keeping the ultrasound images with her at all times. She carried them in a small envelope in her purse, removing it delicately to show them to me as though the photos were part of the awaited child.

The ultrasound photos complete a new hierarchy of knowledge created through technological intervention in surrogacy. By giving sonographers the power of clinically interpreting the sonogram and controlling distribution of technologically produced knowledge of the foetus, foetal ultrasound makes embodied knowledge of the pregnancy less exclusive and more dependent upon technology (Sandelowski (1994)). Consequently, sonographers achieve a privileged position that allows them to intervene in the social relationships of both women to the pregnancy. By focusing on the intended mother during scans, they shape her into a more equal 'knower' of the foetus. This process is finalised in the intended mother taking home the souvenir images of the foetus. Her possession of this foetal artefact finally makes her into the direct disciple of the technological knowledge of the pregnancy.

Contrary to prior research, this hierarchical distribution works towards the same aims that the women themselves co-create intuitively. While in many cases, such as the 'normal' technologically managed childbirth described by Brigitte Jordan (1997), the competition between indigenous and technologically derived knowledge leads to the woman's internal knowledge being overridden, this case emerges differently. These women's expressed knowledge about their bodies is not ignored, denied or replaced by another conflicting version of reality. Rather, these two types of knowledge collaboratively produce and maintain the same fiction together—that the 'real' body that is connected to the pregnancy belongs to the intended mother. Thus, machine based and intuitive records of the pregnancy do not serve to negate one another but serve as a resource for justifying the woman's own bodily claim.

The surrogate's transparency and disrupted oneness with the foetus during ultrasound enables her to show her emotional distance from the pregnancy and to emphasise the intended mother's strong connection to the foetus. Viewing the foetus and maintaining foetal pictures minimises the intended mother's distance from the foetus, equalising her position with the surrogate and giving her the opportunity to enact culturally defined maternal scripts and claim her foetus in yet another way.

5. KNOWING THROUGH MEDICINE: MEDICAL KNOWLEDGE

The involvement of medical practitioners in the pregnancy follows a similar path. Doctors, nurses and the bureaucratic protocols seemed to direct the construction of a similar reality. Using their privileged knowledge, they constructed

'the patient' as an ambiguous entity that combined both women in it while providing legitimization of the intended mother's maternal claim. I now expand upon this construction of the intended mother as a hybrid patient and the way that this fiction encourages the women to engage it as an additional source in their own collaborative effort. Riki, an intended mother, explained how important it was to both her and her surrogate that she be present at the doctor appointments and be the main actor in them:

She refused to let the doctor begin his check-up without me. Even when I was thirty minutes late one time, she made him wait. She said that this is Riki's baby and that she had to be here.

Surrogates also seemed to actively define the intended mother as the recipient of medical care, demanding her presence at every check-up. Rinat, a surrogate, remembered the day that the embryos were implanted in her womb:

She [the intended mother] was late, and I kept making the doctor wait. I said, she will come. She will come. And the poor thing was stuck in a traffic jam. In the end she arrived at the last minute before he couldn't wait any longer.

In both cases above, the doctor is a co-conspirator who collaborates with the women in their effort to designate the intended mother's status in the pregnancy. One surrogate, who was in the beginning stages of surrogacy, asked me if I knew of any 'sympathetic' doctors that could accompany her and her intended couple through the process. 'I want a doctor who understands,' she said, 'who can make her [the intended mother] feel like she is going through this.'

Intended mothers cited their doctors' encouragement, with one woman asserting that, 'He always treated me like I was the patient, even though it was she who was pregnant.' Sarit, an intended mother, described a scene in which the doctor conducting the embryo implantation gave rise to her 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.

In her description, the doctor aids Sarit in encompassing the procedure as her own, promoting her identification with a procedure carried out on the surrogate's body. Pronouncing her the 'mommy' while implanting the embryos in the surrogate's womb lends an air of legitimacy to Sarit's internal feeling of connection to the pregnancy. Elsewhere (Teman (2001b)) I discuss the way that surrogates draw upon medical knowledge in order to disclaim maternity. They use images of hormone injections and the creation of embryos in unnatural settings to support their claim that the surrogate pregnancy has been generated by the doctor, therefore 'proving' their claim that no 'natural' feelings of attachment to the foetus are pre-destined to arise in them from this 'artificial' pregnancy. This

strategic borrowing of medical authoritative knowledge also aids them in emphasising the 'natural', bio-genetic basis of the pregnancy for the intended mother, aiding her in claiming maternity for herself.

Israel's state medical policies also play a part in this construction. Because fertility treatments are subsidised by Israeli national health insurance for childless couples, they are bureaucratically considered as belonging to the intended mother. Both the hormonal treatment aimed at increasing the intended mother's egg supply, as well as hormone injections for preparing the surrogate's womb for embryo insertion are considered by the state to be fertility treatments for one patient—the intended mother. Intended mothers were usually the ones to call the clinic for the results to the pregnancy test, and in more than one case, a doctor had personally called the intended mother to deliver positive results to his long-standing patient, who would then inform her surrogate.

The medical system structures surrogacy so that the intended mother has more medical knowledge of the pregnancy than the surrogate does. Again, it is exactly this hierarchy that enables the surrogate to invert the situation in her own interest and equalise her and her intended mother's participation in the pregnancy. While one surrogate informed me that the doctor had 'two files stapled together. Two files that were one'; another surrogate claimed that she had 'no file, I was only part of her (the intended mother's) file.' This evidence of the need for the two women to merge in order for the process to succeed led Orna to explain: 'My body could not do it without hers.'

The unitary patient construction was evident in other ways as well. Doctors prescribed medical prescriptions and appointment referrals in the intended mother's name, and she would buy the medicines and dispense them to the surrogate. Intended mothers often described themselves as middlemen between the doctor and the surrogate. 'I was the connection between the doctor and her from the time we began the process until the third month of the pregnancy,' Sarit, an intended mother claimed, 'most of the time she didn't even need to come with me. I would go to the doctor and then give her what she needed.'

Orna, a surrogate, saw the doctor's referral practices as a channel through which responsibility for the pregnancy could be delegated to her intended mother:

All of the prescriptions have to be on her name, because she has to pay for them. She pays the money. It is just as if I give you acamol (paracetamol), but it was bought on my name. So what? But if you go to buy medicine that is on someone else's name, they won't give it to you. So you buy it on your name, and then you give to someone else, then what do they care, after you bought it, its your responsibility. But the check-ups were in my name.

Obtaining and delivering the required medical drugs was consistently regarded by surrogates and intended mothers alike as the intended mother's responsibility. By managing their interactions with the medical practitioners, intended mothers were able to make use of this third source of authoritative knowledge in their pursuit of maternal identity. Surrogates routinely stepped

down from the jobs of scheduling doctor's appointments and making the associated necessary arrangements, leaving all such considerations to their female partners in the pregnancy. Such responsibility serves to legitimatise the 'inner knowing' that they already sensed. Sometimes the intended mother's heightened knowledge of the foetus through these three channels lead to leaky identity boundaries for the women, who become unsure which one of them is the patient. Riki said:

There were tests that were for me, like the amniotic fluid test, because I am older and she wouldn't have needed it regularly at her age. So whose name do we put down? It is her pregnancy, but my test. So each time we would put down a different name, one time hers, one time mine . . .

Sometimes, this heightened sense of identification with the surrogate's body gives way to the intended mother imaginatively constructing her own body as physically connected to the surrogate, conjoined at the stomach gestating the foetus. Dalit, an intended mother who was interviewed in a national newspaper,¹¹ relayed that:

I felt that she, who is carrying my child, she is the closest thing to me. As if we were two halves of one stomach that unifies us. I fully believe that that is the way a relationship should be with a surrogate—without estrangement and not only through social workers.

In the same article, Dalit claimed that their doctors, unlike some friends and family, encouraged this shared body phenomenon:¹²

Many people had a hard time digesting the relationship that formed between us. They warned us not to get too attached, maybe because we are talking about a process that is still relatively new in Israel. But the doctors that accompanied us actually got very excited [about our relationship]. I, anyway, proceeded according to my heart.¹³

In her words, Dalit shows how intuitive knowledge and medical authoritative knowledge coincide in the construction of the singular subject. Dalit herself 'proceeded according to her heart', although she also mentions her doctor's approval of this hybrid fusion. On a procedural level, both women are admitted to the hospital and remain together throughout the period up to and through the birth. While Blyth (1994) has pointed out that in English surrogacy births the surrogate can usually pass off the intended mother as her friend and thus receive

¹¹ Dalit was interviewed in Yediot Ahronot daily, 'Seven Days' weekend supplement, 17–9–99, in an article entitled 'Twenty Seven Weeks.'

¹² The shared body phenomenon is discussed in full elsewhere, in Teman (2000) 'Being One Body', unpublished manuscript.

¹³ Dalit's words echo a phenomenon recorded by Helena Ragoné (1994) among the surrogates and intended mothers that she interviewed in the United States. Because in traditional surrogacy the intended mothers that Ragoné interviewed had no genetic connection to the foetus, they upturned notions of biological kinship by claiming they had conceived the child 'in the heart'. Here we see that Dalit proceeds in the surrogacy relationship according to her instincts and not according to what is expected by others. She conceives the relationship 'in the heart'.

permission for her to stay with her throughout the birth, in Israeli situations the immediate medical staff is informed that it is surrogacy and treat it according to a special protocol. From the surrogacy narratives of this period, it became clear that the medical staff actively interacted with the women in shaping them into 'one patient'.

Rinat described how the head nurse co-conspired with her to construct her and her intended mother as a combined patient:

I said to her, when they hospitalised me, 'you are going to be hospitalised with me.' And she was with me in the hospital. On the weekend she stayed with me in the hospital. Thursday, Friday and Saturday she was in the hospital. Next to me in the same room. Yes. They gave us a room alone. And when a nurse came who didn't know about our story, she started to yell. So I said to her, 'who are you yelling at.' Right away I said to her, 'Do you see her, that is me.' And she said, 'But you. . . .' And I said to her, 'Do you see her, she is me.' So she didn't understand what it was and she went to the head nurse and said to her, 'In that single room two women are sleeping.' And she answers her, 'Yes, I know. Those are two women who are one. They are two that are one.' And then she sat down and explained it to her.

Rivka, an intended mother, also described how the doctor encouraged this hybridity by preparing 'them' for giving birth:

Afterwards, when we went down to do the monitor, then (the foetus) didn't move. So they said okay, you have to go eat (plural),¹⁴ go eat (plural), and then come (plural). They were always speaking in couple (form). Because of that, it also gave me the feeling (that I was giving birth myself). Go eat, maybe while you (plural) eat she will move (the foetus).

The doctor's use of the Hebrew plural form to relay instructions for the pregnant body made Rivka feel like she was half of his 'patient'. Accordingly, when I asked their doctor about how he related to the two women, he affirmed his part in constructing their hybridity, claiming that: 'I would relate both to the surrogate and to the intended mother, both as individuals and as one together.'

The heightened sense of identification with the surrogate and the feeling of being half of 'one patient' led Ayala, an intended mother, to narrate a scene where she virtually gives birth to her twins:

They gave her (the surrogate) an operation (Caesarean section) and I sat outside and I got up and sat down and at one point I fainted. I lost consciousness and collapsed on the floor for eight, nine, ten minutes. And it ends up that exactly at that same moment they extracted them (the twins) from the womb. And everyone said to me, 'here you gave birth to them just now.' And at that very second I hadn't known what was going on inside and she had gone in already at seven thirty. Eight, nine, ten minutes. They (the medical staff) elevated my legs and extracted our foetuses, I mean they took our

¹⁴ Rivka describes the doctor speaking to her and her surrogate in the plural Hebrew form for 'you' (Atem) instead of the singular form for 'you' (At).

babies out, so I was still on the floor. And two women took me to a side room and brought me the children and I burst out crying.¹⁵

In Ayala's account, it is the medical staff that actively encourages her to make the connection between her fainting spell and the birth of her children. Once the child has been born, an agenda of separation replaces the former oneness, and the medical staff hands the newborn immediately to the intended mother. The surrogate is then given a room in the gynaecological ward while the intended mother is given a room in the new mothers' ward. Surrogates are now not allowed to see the child without the intended mother's permission, a rule that the nurses strictly enforce. A state social worker arrives to intermediate between couple and surrogate. Both the intended mother and the surrogate receive identity bracelets with the newborn's name and the newborn is fitted with one on each arm.

Irma Van der Ploeg ((1998) p. 105), in her study of the New Reproductive Technologies, claims that the NRT's create a hybrid patient by fusing the separate individualities of couples into a hermaphrodite, unitary body. She sees this new 'individual' patient as a deliberate erasure of female individuality for the purpose of legitimately conducting invasive medical procedures on women's bodies, often for the benefit of other individuals that her body contains—the foetus and her male partner. The female patient herself is thus demoted to the bottom of the power structure that exists in her body.

Returning to the case of medical intervention in surrogacy as described above, it is possible to shed light on the motivation of the medical staff in creating a hybrid patient between the two women until birth and the subsequent separation of the shared body into individual entities. The hybrid patient emerges as a method for treating the ambiguous situation that surrogacy presents, being an effective mechanism for making treatment more direct and efficient. Thus, health practitioners are able to structure the surrogacy situation—having only one patient, instead of two, throughout—by treating the two women as one during the pregnancy, and promoting their separation after the birth.

6. CONCLUSION

In this paper, I have shown how surrogates and intended mothers collaborate with one another in producing their own interactive ways of 'knowing' the surrogate pregnancy. The women define motherhood as embodied, intuitive knowledge of the foetus and locate that knowledge—through bodily and rhetoric constructions—as external to the surrogate's pregnant body and as part of the intended mother's embodied space. Ultrasound technicians and doctors

¹⁵ Interview with an intended mother, by Liron Meir, Final paper for the course: Anthropology of the Body, Hebrew University of Jerusalem, 1999.

actively participate in this relocation of motherhood by associating all techno-medical authoritative knowledge connected to the surrogate pregnancy with the intended mother.

As a result, the authoritative knowledge in surrogacy does not follow the classic top-down distribution of power in technological childbirth described by Jordan (1997). Instead of being the helpless victims of the medicalisation of childbirth, surrogates and intended mothers actively co-create meaning in surrogacy in collaboration with representatives of the techno-medical realm. Surrogacy thus provides a framework in which types of authoritative knowledge regularly characterised as oppositional work together toward the same goal. Women's bodily knowing and techno-medical knowing are set in an interactive, collective process of constructing meaning together.

The question remains as to why surrogacy presents such a conceptual threat to women, health practitioners and the state that they would all work together to achieve analogous interpretations of surrogacy. The collaboration can be seen as a collective effort to find a containable solution to surrogacy's anomalous connotations. This is accomplished by achieving a singular definition of the maternal subject that is easier for all to handle, decipher and read (Hartouni (1997)).

These three forms of knowledge work together to invert the threatening association of families pieced together from different wombs, eggs and sperm, replacing it with traditional biogenetic kinship, in which maternal claims are established through the body. In this manner, all of the parties involved work to eliminate the inconsistency between the pregnant yet non-maternal surrogate and the maternal yet non-pregnant intended mother. By confirming the intended mother's maternal subjectivity and connection to the pregnancy all along, they make surrogacy seem to confirm, rather than challenge, the Jewish-Israeli cultural belief system.¹⁶

The collaboration also emerges as a cultural coping technique for diffusing the conceptual threat that surrogacy presents to Israeli culture by moulding this inconsistent phenomenon to comply with Israeli society's pronatalist core. The state regulation of women's reproductive bodies under the surrogacy law can be seen to represent the symbolic control of the Israeli body politic, and the roles of health professionals in solving the anomalies of surrogacy can be seen as an effort to aid the state in maintaining normative boundaries around reproduction.¹⁷ This, of course, is part of the role of institutions. As anthropologist Mary Douglas (1986:63); Hartouni (1997:125) put it, 'Institutions bestow sameness; they turn the body's shape to their conventions.' They attempt to convention-

¹⁶ See Davis-Floyd (1990) for an example of how the technocratic belief system of American society emerges as a solution to the anomalies of childbirth.

¹⁷ See Amir and Benjamin (1997) for an exploration of how this works in hospital abortion approval committees, and Weiss (forthcoming 2002) for how the Israeli body politic controls the individual bodies of its citizens from before birth, through soldierhood and even in death.

alise and contain diversity or to render difference socially legible (Hartouni (1997)) consequently maintaining the national, religious and social structure.

National goals also affect the female actors' collaboration with these institutions. In a country where women are regarded as gatekeepers of the national collective (Amir and Benjamin (1997)), surrogacy holds the possibility of affecting both of these women's place in the collective. Surrogacy threatens to stigmatise the surrogate as deviant of her natural, national maternal duties (Teman (2001b)) even as her gestational labour acts to bring the intended mother into the realm of normative Israeli womanhood. By creating a flow of indigenous, technological and medicalised knowledge between them, centring maternity and the pregnant body in the intended mother's embodied space, these women collectively recompose maternal subjectivity across their bodily boundaries and consequently turn any threats to the 'traditional' view of motherhood and family on their head.

By redirecting the pregnancy away from her body and towards the intended mother, the surrogate circumvents the cultural paradox that surrogacy presents: the denial of her supposed 'natural' procreative urges and maternal instincts in a culture that valorises women mainly for their motherhood. She incorporates the voices of doctors and nurses into her narrative, as well as the textual and photographic representations of the pregnancy, in order to lend 'concrete' evidence and legitimacy 'proving' that she is not denying maternity in the least. On the contrary, she proves that not only she, but also the intended mother, the doctors and the state all regard this pregnancy as not belonging to her, and that even her body 'knew' it was not hers. She thus reinterprets her seemingly deviant actions in terms of creating motherhood for another woman, a purpose that is one with the nation's pronatalist ideology and not subversive of it (Teman (2001b)).

Together, these women co-scripted a body with a specific social message, generating a dialogue about self and other (Colligan (2001)) by making the intended mother's marginal body more normative. This enables her to move from the marginal status of non-mother to the normative status of woman/mother in Israeli society (Kahn (1997)) through a process that threatens the surrogate with further marginality. Their mutual effort to defy the threat of deviance thus created an interspace that held emancipatory possibilities for both of them (Colligan (2001)).

These women show that women's bodies are not simply entities to be acted upon, but can participate in a 'conjoined agency' (Colligan (2001)) and in a co-authoring of their roles as mothers and members of the nation-state. The act of constituting the body in surrogacy is not a passive but a deliberate attempt by these women to direct the gaze of society where they want it directed (Peace (2001)). It is a personal as well as a political statement liberating the objectified body with an alternative, interactive form of female power.

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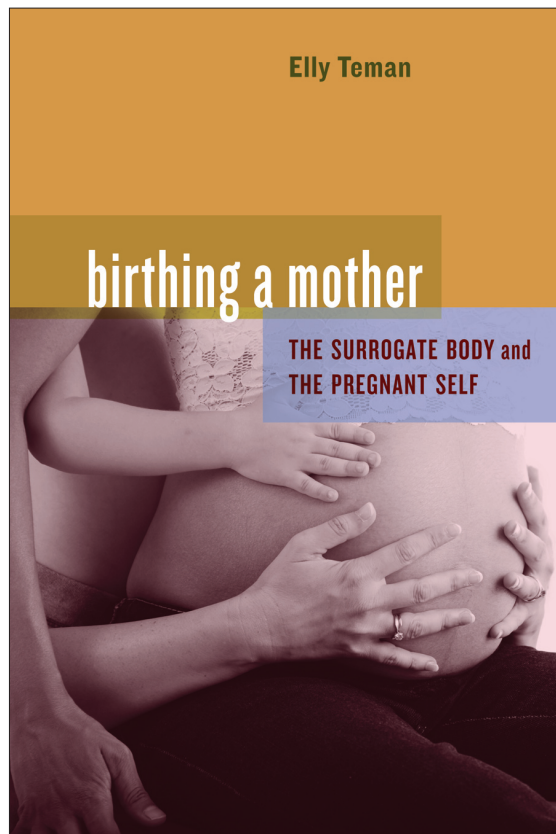
REFERENCES

- Amir, D and Benjamin, O, 'Defining Encounters: who are the women entitled to join the Israeli collective?' (1997) 20 *Women's Studies International Forum* 639.
- Baslington, H, 'Anxiety Overflow: Implications of the IVF surrogacy Case and the Ethical and Moral Limits of Reproductive Technology in Britain' (1996) 19 *Women's Studies International Forum* 675.
- Benshushan, A and Schenker, JG, 'Legitimising Surrogacy in Israel' (1997) 12 *Human Reproduction* 1832.
- Blyth, E, 'I wanted to be interesting. I wanted to be able to say "I've done something interesting with my life": Interviews with surrogate mothers in Britain' (1994) 12 *Journal of Reproductive and Infant Psychology* 189.
- Colligan, S, 'The Ethnographer's body as text and context: revisiting and revisioning the body through anthropology and disability studies' (2001) 21 *Disability Studies Quarterly* 113.
- Davis-Floyd, R, 'The Role of American Obstetrics in the Resolution of Cultural Anomaly' (1990) *Social Science and Medicine* 31, 175-89.
- and Davis, E, 'Intuition as Authoritative Knowledge in Midwifery and Home Birth' in R Davis-Floyd and C Sargent (eds), *Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives* (Berkeley, University of California Press, 1997).
- and Sargent, C (eds), *Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives* (Berkeley, University of California Press: 1997).
- Douglas, M, *How Institutions Think* (Syracuse, NY, Syracuse U Press, 1986).
- Farquhar, D, *The Other Machine: Discourse and Reproductive Technologies* (New York and London, Routledge, 1996).
- Gailey, C, 'Ideologies of Motherhood and Kinship in US Adoption' in H Ragone and F Winddance Twine (eds), *Ideologies and Technologies of Motherhood* (New York, Routledge, 2000).
- Georges, E, 'Fetal Ultrasound Imaging and the Production of Authoritative Knowledge in Greece' in R Davis-Floyd and C Sargent (eds), *Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives* (Berkeley, University of California Press, 1997).
- Hartouni, V, *Cultural Conceptions* (Minneapolis, University of Minnesota Press, 1997).
- Ivry, T, *Pregnancy in Japan and in Israel* (Hebrew University, Jerusalem, PHD Thesis, forthcoming 2002).
- Jordan, B, 'Authoritative Knowledge and Its Construction' in R Davis-Floyd and C Sargent (eds), *Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives* (Berkeley, University of California Press, 1997).

- Kahn, S, *Reproducing Jews: The Social Uses and Cultural Meanings of the New Reproductive Technologies in Israel* (Phd Thesis, Harvard University, 1997).
- Macklin, R, 'Artificial Means of Reproduction and Our Understanding of the Family' (1991) *Hastings Center Report* 21 5–11.
- Mitchell, L and Georges, E, 'Baby's First Picture: the Cyborg Foetus of Ultrasound Imaging' in R Davis-Floyd and J Dumit (eds), *Cyborg Babies, From Techno-Sex to Techno-Tots* (New York, Routledge, 1998).
- Peace, W, 'The Artful Stigma' (2001) *Disability Studies Quarterly* 21 125–37.
- Ragone, H, *Surrogate Motherhood: Conception in the Heart* (Boulder, Westview Press, 1994).
- Sandelowski, M, 'Fault Lines: infertility and imperilled sisterhood' (1990) *Feminist Studies* 16.
- 'Separate, but Less Unequal: Fetal Ultrasound and the transformation of expected mother/fatherhood' (1994) *Gender and Society* 8 230–45.
- Harris, B, and Holditch-Davis, D, 'Somewhere out there: Parental Claiming in the Pre-adoption Waiting Period' (1993) *Journal of Contemporary Ethnography*, 21 464–86.
- Shalev, C, 'Halakha and Patriarchal Motherhood—An Anatomy of the New Israeli Surrogacy Law' (1998) 32 *Israel Law Review* 51–80.
- Stanworth, M, 'Reproductive Technologies and the Deconstruction of Motherhood' in M Stanworth, (ed), *Reproductive Technologies: Gender, Motherhood and Medicine* (Minneapolis, University of Minnesota Press, 1987).
- Teman, E, 'Technological Fragmentation as Women's Empowerment: Surrogate Motherhood in Israel' (2001a) *Women's Studies Quarterly* 31.
- 'The Medicalization of "Nature" in the "Artificial Body": Surrogate Motherhood in Israel' (unpublished manuscript submitted for publication, 2001b).
- Van Der Pleeg, I, *Prosthetic Bodies: Female Embodiment in Reproductive Technologies* (University of Amsterdam, PHD thesis, 1998).
- Weiss, M, *The Chosen Body: The Politics of the Body in Israeli Society* (California, Stanford University Press, forthcoming 2002).



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