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**REINVENTING MOTHERHOOD:
THE POLITICS OF SURROGACY
BY LORETTA ANNE SERNEKOS**

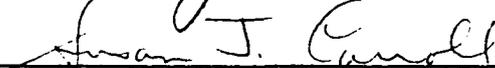
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**for the degree of
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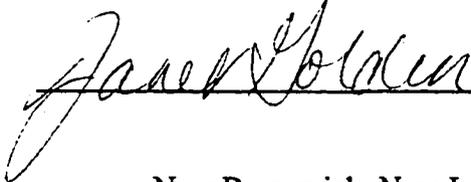
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ABSTRACT OF THE DISSERTATION

Reinventing Motherhood: The Politics of Surrogacy

by LORETTA ANNE SERNEKOS

Dissertation Director: Professor Linda M.G. Zerilli

In this dissertation, I examine the question of how the cultural practices of surrogate motherhood produce a symbolic Mother who is certain and knowable, embedded in nature, altruistic, outside of exchange relations (i.e., the market economy), singular (i.e., only one woman is designated as the mother of a child) and asexual. I view surrogacy as producing, reproducing, reinforcing and rewriting the myth of the symbolic Mother, the Mother as we culturally want and need her to be. I emphasize that the Mother that is produced is based on white, middle-class notions of the "good mother." I bring to light and explore the ways in which the concept of the "good mother" is highly raced, classed and heterosexed.

By examining representations of the infertile woman, the surrogate mother and the adoptive mother in medical literature, legal cases and popular culture, I demonstrate how surrogacy both shores up the myth of the Mother and provides moments of clear rupture of that myth. I argue that surrogacy is double-edged: while it produces the Mother, it constantly threatens to reveal that the idea of the Mother is culturally produced. For example, by creating competing claims to the status of the mother of a child, surrogacy makes it clear that nature does not provide the ground for determining who is the mother, or even who is a mother. The politics of surrogacy are profoundly

ambivalent and must be articulated by feminists. It is possible to find moments of both danger and opportunity in surrogacy (and both must be theorized), because the boundaries it draws around the Mother can never be completely solid and containing. Despite the ways in which surrogacy attempts to reinforce the myth of the Mother, its contradictions and leaky boundaries can provide radical moments for rethinking motherhood. In the process, the certainty of the figure of the Mother and thus, Woman are thrown into question. Surrogacy can provide feminists with a way of rethinking and reimagining motherhood and the meaning of the maternal body at the same time that we use surrogacy's contradictions to continue the feminist task of denaturalizing motherhood and disentangling the identity, Woman=Mother.

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Along the way toward completion of any project, a great deal of indebtedness is incurred, and this dissertation is no exception. Although it bears my name as its author, it is the product of years of work with and among other people. Intellectually, I owe much to Linda Zerilli for being an inspiring teacher who helped me see the political importance of language and representational practices. In her classes, I felt I could think freely and take risks. Her advice, "Pick a dissertation topic that will get you out of bed in the morning," was the best advice I received. I also owe thanks to Sue Carroll who had our Women & Politics Proseminar read The Mother Machine, which first got me thinking about surrogacy.

To my dissertation committee, Linda Zerilli, Susan Carroll, Cynthia Daniels and Janet Golden, I owe a debt for their support and their time, and for letting me write the kind of dissertation I wanted to write. The kinds of questions they asked me at various stages of the project will continue to provide me with intellectual fodder for some time to come. I especially want to thank Linda for the careful and intense way she read everything I wrote, the encouragement she always gave me, and the many hours we spent talking about this project over the last several years. She was exactly the sort of dissertation advisor I needed.

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of intellectual stimulation. I am extremely lucky to have spent a year among people of good humor and spirit who gave me much to think about.

To my siblings and my mother, I say thank you for supporting my dreams and resisting the urge to ask me why I was not done sooner than I was. I only regret that my father, William Houston (1925-1987), and my grandmother, Heien V. Clarke (1900-1995), did not live to see me complete my degree.

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INTRODUCTION

READING SURROGACY

Scene 1: A 53-year-old post-menopausal New York woman gave birth to a boy in late 1992. The father of the child is her son, making the boy both her child and her grandchild. The son's wife has no uterus, so he asked his mother to carry his child. "I thought it was impossible," the mother said. "I thought, 'I'm too old. I've gone through menopause.' I wanted to help. But... I kept thinking it won't work." With the help of in vitro fertilization and hormones described as "reversing" menopause, it did work (Gruson 1993).

Scene 2: In July 1990, a wealthy Venezuelan couple became the parents of quadruplets - quadruplets with a twist, that is. The children were born ten days apart to two different gestational surrogates. The woman and man had traveled to California to hire the surrogates and undergo the required medical procedures. One of the surrogates, a married mother of four who was paid \$10,000, said she felt bonded to the children, and sad when she left them. But, she added, "seeing how happy the couple was was a real big payoff for me" (Lawson 1990).

How are we to read and understand these scenes from late 20th Century American reproductive culture? What sort of framework will help us analyze and make sense of stories in which post-menopausal women give birth to their own grandchildren and quadruplets have one genetic mother plus two gestational mothers? Why were the surrogate mothers willing to do what they did? Who do we call "the mother" in each case, the woman whose ovum was fertilized, or the woman who gestated the fetus(es), or both?

In approaching these kinds of questions, feminists have tended to divide into two competing camps: those who are anti-surrogacy and those who are pro-surrogacy. The anti-surrogacy camp would like to see surrogacy and most other reproductive technologies banned; the pro-surrogacy camp opposes the interdiction of surrogacy and other reproductive technologies. Both camps see themselves as protecting women's interests, but their arguments appear locked in a dead-end debate, in which each side believes the other to be taking feminist theory in dangerous directions. One side is convinced that taking a pro-surrogacy stance will lead to women being physically and emotionally harmed by male-dominated medical technology; the other side is equally convinced that taking an anti-surrogacy stance will lead to a loss of women's decision-making autonomy. Whatever their apparent incommensurability, however, we will find that these two approaches to surrogacy have points of convergence in the ways they theorize women's bodies and reproductive capacities.

In this dissertation, I pursue another line of inquiry and argumentation. Rather than treating surrogacy as a matter that demands a "pro" or "anti" stance, I explore it as opening a space of indeterminacy around motherhood, a space that is potentially useful for alternative feminist conceptions of reproduction and motherhood. Surrogacy can be troubling to feminists on multiple levels, particularly in the ways in which it threatens to reinscribe naturalized meanings of motherhood, endangers the reproductive autonomy of surrogates, and creates a commodified "product," the child. At the same time, despite the ways in which surrogacy reinscribes motherhood's meanings, it makes motherhood less certain, particularly as it renders motherhood's grounding in nature problematic.

There are both dangers and opportunities in the practice of surrogacy, and I believe feminists need to see it from both perspectives at once.

THE FEMINIST DEBATE OVER SURROGACY

The Feminist Anti-Surrogacy Position.¹

In order to clarify the anti-surrogacy position of feminists such as Robyn Rowland (1989, 1992), Janice Raymond (1993) and Gena Corea (1985, 1989), it would be helpful to elucidate their stance on reproductive technologies in general. They have vociferously opposed surrogacy and most reproductive technologies and are part of an international organization, Feminist International Network of Resistance to Reproductive and Genetic Engineering (FINRRAGE). With regard to surrogacy, FINRRAGE has worked actively in several countries to obtain an outright ban on the practice. Their opposition to reproductive technologies is based on several grounds: (1) the male-

¹For another analysis of this position, see Stanworth (1990). In this subsection and the following one, I have used examples from the work of feminists whose positions are representative of a larger feminist "camp," although those camps are by no means monolithic. In this section, I do not wish to imply that feminist opposition to surrogacy has been unified. Opposition is also based on the idea that surrogacy results in the commodification of human beings, both the surrogate and the child (see Gibson 1992, Rothman 1988, 1989) and notions of mother-infant bonding (Chesler 1988a). Because these feminists do not accept many of the assumptions underlying arguments put forth by the anti-surrogacy feminists under consideration, it would be misleading to group them in with what I have called the anti-surrogacy camp. My point in this section is to examine two groups of feminist responses to surrogacy in which the debate seems to be deadlocked. There is also a growing group of feminist legal scholars who do not necessarily oppose surrogacy *per se*, but who oppose aspects of the way surrogacy cases have been decided. For example, some oppose the courts' emphasis on genetics in deciding these cases (Roberts 1995, Russell-Brown 1992). For other reviews of feminist positions, see Franklin and McNeil (1988), Behuniak-Long (1990) and Chokr (1992).
(Footnote Continued)

dominated technologies exploit women economically, psychologically and physically, and use them as the sites of dangerous scientific experiments; (2) the technologies are not efficacious and women are fooled into believing they will be successful; and (3) the technologies represent men's desire to control and ultimately take over the last bit of female power, the power to create life. This last point, based on the work of Mary O'Brien (1981)² is key to understanding the anti-surrogacy feminist position. A quote from an article by Robyn Rowland, whose title asks if reproductive technologies are the "final solution" to the woman question, makes clear the view that men want to take women's power:

It is that life force in women which men have always sought to control. How powerful we have always seemed; we who can bleed regularly and not die; we who can grow another human being inside our own bodies. Dubious though it has been in real terms, this has since "primitive" times been a source of mythical power for women when all else was kept from them. For many women it is the only experience of power they will ever have. And men have coveted that last of powers.... Now with the

For an analysis of reproductive technologies that does not seek to ban them or uncritically embrace them, see Stanworth (1987).

²Briefly, O'Brien argues that men and women have different reproductive consciousnesses. Men's experience of reproduction is discontinuous, based on alienation of their seed, and paternity is always uncertain and ambiguous. Women's experience of reproduction is continuous, beginning with menstruation and progressing through birth and nursing. As a result of men's separation from "natural genetic continuity," O'Brien argues, they must make artificial modes of continuity by creating physical things and by appropriating children. This urge to create and appropriate extends to the process of giving birth (creating life) itself. Current reproductive practices, of course, raise many questions about O'Brien's theory. For example, women can now be separated from "natural genetic continuity" via ova donation and gestational surrogacy. Does this imply they will also seek to create artificial modes of continuity? Does it imply that a male model of reproduction is being forced on women, as FINRRAGE members would argue?

possibilities offered by technology they are storming the last bastion and taking control of conception, foetal development, and birth.

....

We have to ask, if that last power is taken and controlled by men, what role is envisaged for women in the new world? Will women become obsolete? (1989, 363 and 368.)

The fear expressed by Rowland is that women will somehow be erased by male reproductive technology and disappear, as noted by the ominous reference to the Nazi "final solution" in the title of her article.³ Once the maternal role is usurped, women will become superfluous and men can become both mother and father (Rowland 1992, 11), the true Creators. Male-controlled technology threatens to annihilate both motherhood⁴ and women. This view assigns to science an inflated power and unwittingly reinscribes the idea that women are their reproductive organs; they are mere vessels whose definition and only real power lies in their reproductive capacity.

This group of feminists tends to subscribe to the belief that men can control women's will and empty them of their agency. Corea argues that this is the case when she approvingly quotes from an interview with Janice Raymond:

³Andrea Dworkin paints an equally dark future for women in a chapter entitled "The Coming Gynocide," arguing that once men have control over women for both sex and reproduction, there will be a "new kind of holocaust, as unimaginable now as the Nazi one was before it happened" (1983, 188).

⁴The term "annihilation" in connection with motherhood is employed by Kathryn Morgan (1989, 75), who says that various reproductive technologies and practices have led to the "twisted annihilation of the reality of biological motherhood". Morgan worries that the division of motherhood into various parts (ova extraction, in vitro fertilization, the gestation of fetuses by comatose women, etc.) will make live women less preferable than "women who are yet to be born and women who are dead" (Ibid).

[According to Raymond] Men are controlling not only what choices are open to women, but what choices women learn to want to make. "Not only do women not go into certain things, but they don't even have the motivation to want to because the choices have been so limited.... That is what I see as most drastic: Not the fact that our choices are being controlled, but that our motivation to choose differently is also being controlled" (1985, 233).

Corea repeatedly refers to women's will as something external to women and controlled by men. While Corea and Raymond are right to contextualize "choice" in terms of constraints, the argument seems to be taken to the extreme. It removes the possibility of women having any subjectivity; they are only permitted to have the motivations and choices allowed them by men.

Perhaps most disturbing in these and other similarly-theorized writings is the idea that women's core identity lies in their ability to bear children. That is why it is so critical, to feminists like Rowland, to prevent men from "storming the last bastion" of women's power. It is as if women will simply cease to exist if they do not stop men from intervening in, and ultimately controlling, reproduction. The view of the maternal body that emerges from this strain of thought accepts that body as natural and obvious - unmediated, in a word. The logic goes like this: Women are defined as women because they can become mothers - their bodies can reproduce children. Men want to control those bodies because of that reproductive power. Therefore, both women and motherhood are threatened with annihilation.

In this context, it becomes clear why the anti-surrogacy group desires to abolish surrogacy. In their view, surrogacy creates a "breeder class" of women (Corea 1985,

Rowland 1992) that reproduce commodified children⁵ (Corea 1985, 219). Women are exploited by both the male medical establishment that desires to take over female reproduction and by contracting fathers who desire to continue their genetic line. Anti-surrogacy feminists make it clear that it is men's desire for genetic continuity that drives the surrogacy industry. As Gena Corea explains, "A man's desire to conceive his own genetic child is transformed... into a 'medical indication' for buying a woman's body" (1989, 133). Occluding the possibility of women's desire, this view represents surrogates and infertile contracting mothers as the mere puppets of men. Foreclosed is any serious consideration of the possibility that surrogates and contracting mothers both have agency and may view themselves as gaining something in their participation.

Anti-surrogacy feminists argue that surrogates are exploited financially, because those who enter into paid surrogacy agreements are likely to be of a lower socio-economic class than the contracting father, and are likely to be susceptible to threats of economic retaliation in the event they refuse to relinquish the child (Rowland 1992, 168). This group of feminists has been quick to point out the class, race and ethnic ramifications of surrogacy, insisting that surrogacy could result in an international traffic in women working as inexpensive surrogates (Corea 1985, Ch. 11; Raymond 1993, Ch. 5).

It is also argued that surrogates are exploited emotionally, because male-controlled surrogacy appeals to the ideals of maternal altruism and self-sacrifice to

⁵Although these feminists at times discuss the idea of commodified children (and/or baby-selling), it has not been a central focus of their theories in the way that it has been (*Footnote Continued*)

convince women that surrogacy, either paid or unpaid, is not only "right," but something they should do, even if it means giving up a child they have come to love and even if their health may be endangered. Infertile women, in this view, are also controlled by this appeal to altruism and thus, agree to the hiring of a surrogate to grant their male partner's wish to conceive his own genetic child. As Janice Raymond has provocatively put it, "Surrogacy is about two women, both of whom provide mere maternal environments, doing for one man. It is a reproductive *ménage à trois*, as always with the man at the center" (1993, 36).

The physical exploitation of women in surrogacy is also a concern of anti-surrogacy feminists, who argue that women have become the guinea pigs of men who are experimenting with ways to take over the processes of reproduction. Both Gena Corea (1989) and Robyn Rowland (1992) insist that surrogates become male scientists' "living laboratories," where techniques such as sex predetermination and embryo flushing are tried out and perfected, at the expense of the health of the surrogates (Corea 1989, 135).

Ultimately, surrogacy, like other reproductive technologies, is about the annihilation of women. As Janice Raymond sees it, surrogacy creates a

spermatic market in which a man's 'liquid assets' wield control.... [This] is a political economy, a *spermocracy* in which male potency is power, exercised politically against the real potency of women, whose far greater contribution and relationship to the child is rendered powerless (1993, 31-32).

for the feminists cited in note 1. They are much more concerned with surrogacy's effects on women.

Raymond does not detail what women's "real potency" consists of, but it seems likely that she is referring to the idea that women's larger material role in reproduction gives them the sort of power to create life which Robyn Rowland insists men desire to control and/or steal. In the "spermocracy" of surrogacy, women's power is reduced to nothing, so that father-right reigns supreme; women are reduced to "reproductive vehicles" (Rowland 1992, 194) who exist merely to serve men's needs and desires. And in the darkest of these dark visions, men who desire to eliminate women would literally turn them into empty vessels. Robyn Rowland asks, "How far will scientists go in order to prove that a living woman is not a necessary element in the creation of human life?" (1992, 194) and points to the suggestion that some doctors have made that neomorts (newly dead women) would make good surrogates. The implication is obvious: men would like to eliminate women and their procreative power completely.

It should be clear how anti-surrogacy feminists would likely read the two "scenes" at the beginning of this chapter. They would point to the economic exploitation of the paid surrogate who had four children, saying that class inequality is exploited and reproduced in the practice of surrogacy, in which a well-off couple is permitted to buy a child from a woman who needs the money. The fact that the couple and the surrogates in that case were from two different countries would bolster the argument that surrogacy leads to international trafficking in women (although the traffic traveled in a direction opposite the one usually theorized). It would be argued that all the women were exploited emotionally to give a man what he desires, even to the extent of ignoring feelings of sadness in giving up the children. Further, they would point to the physical harm done to both women. The 53-year-old mother underwent hormonal stimulation

and embryo implantation, and she experienced life-threatening high blood pressure during the delivery by caesarean section; the paid surrogate who gave birth to three of the four quadruplets underwent the risks associated with gestating triplets, spent the last six weeks of her pregnancy in the hospital and also delivered by caesarean section. In each case, anti-surrogacy feminists would argue, the surrogate was the site of just one more attempt by men to reduce women to powerless breeders.

The Feminist Pro-Surrogacy Position⁶

The ways in which anti-surrogacy feminists seem to deny or minimize women's autonomy in making decisions about reproductive technologies disturbs pro-surrogacy feminists such as Lori Andrews (1989 and 1990), Carmel Shalev (1989) and Christine Sistare (1988). Responding directly to Gena Corea's assertion that women's choices and motivations to choose are controlled by men, Lori Andrews writes:

Such an argument is a dangerous one for feminists to make. It would seem to be a step backward for women to argue that they are incapable of making decisions. That, after all, was the rationale for so many legal principles oppressing women for so long.... (1990, 173).

Likewise, Carmel Shalev argues that making surrogacy illegal "implies that women are not competent... to act as rational, moral agents regarding their reproductive capacity" (1989, 11). While they acknowledge the potential for the exploitation of women in the practice of surrogacy and point to the ways feminists have worked to make contractual provisions such as mandatory amniocentesis unenforceable (Andrews 1990, 169), pro-surrogacy feminists argue that individual women who choose to engage in the practice

⁶For a similar pro-surrogacy feminist argument, see Wikler (1986).

should be seen as autonomous decision-makers. As Andrews puts it, "arguing for a ban on surrogacy seems to concede that the government, rather than the individual woman, should determine what risks a woman should be allowed to face" (1990, 171, original emphasis). The idea that motherhood could be the subject of contractual relations is not of concern to these feminists; all that might be needed is a system which enhances women's decision-making (including the provision of information on potential risks) and which protects women from exploitative practices that threaten their reproductive autonomy. They maintain a basic faith in the liberal ideal of freely contracting individuals who have property in their bodies, and they are not terribly concerned with the fact that decisions to become a surrogate are made within the context of the profit-motivated capitalist system (i.e., where surrogacy brokers operate in conjunction with doctors and lawyers, all of whom ostensibly seek to maximize profit). Instead, "the question which ought primarily to occupy us," as Christine Sistare argues, "is this: is there sufficient justification for society to deny adult women the disposition of their reproductive capacities according to their own desires?" (1988, 229). But in emphasizing the individual who can autonomously contract, pro-surrogacy feminists neglect important socio-economic questions about power relationships inscribed within the contract. Class and race differences disappear in the exclusive focus on isolated and autonomous "individuals."

Subtending pro-surrogacy arguments is a deep concern that interfering in women's reproductive choice in the area of surrogacy opens the door to all kinds of state intervention into women's bodies, including forced sterilization and denial of the right to abortion. As Andrews explains, "I see the danger of the anti-surrogacy arguments as

potentially turning all women into reproductive vessels, without their consent, by providing government oversight for women's decisions...." (1990, 179). This fear may spring from the fact that many of these feminists are attorneys who are well aware of the power of the legal system to circumscribe women's reproductive choices.

Both Christine Sistare and Carmel Shalev take Andrews' arguments one step further, advocating not simply a non-interdictive stance on surrogacy, but rather, a proactive approach. That is, they see paid surrogacy as something that should be promoted by feminists. Sistare rejects the notion that there can be no truly informed consent in surrogacy. To do so would require us to accept a notion of motherhood which is based on a "primal, mystical experience" (231) whose effect no one could possibly anticipate prior to its happening. While she acknowledges that "women have often been manipulated and oppressed because of and through their reproductive capacities" (228), she sees surrogacy as potentially empowering women. It might be an improvement over many of the boring, unfulfilling jobs available to women, she says, and argues that there is quite a measure of self-determination involved in "renting out one's reproductive capacity" (234). Sistare also argues that surrogacy will put a value on women's reproduction in a way that has not been acknowledged previously:

Consider... how much the traditional panegyrics to motherhood have really meant: seldom has any human social role been more honored in speeches and less rewarded in fact.... [T]he acceptance and practice of surrogacy would reveal a meaningful respect for maternity. It would do so in the capitalist mode of paying well for what is deemed rare and precious (238).

In this quote and elsewhere, Sistare seems to be telling anti-surrogacy feminists, Look, you complain that women's reproductive capacities are exploited and controlled by men. Why not seize the power and make them pay for that which they desire?

Carmel Shalev also argues that an economic approach to reproduction is valuable and argues that paid surrogacy would help "bring[] to light a fact largely glossed over by patriarchal culture, that women's reproductive activity does have economic value" (1989, 157). Advocating a free market in reproductive services, minus the mediation of surrogacy brokers, Shalev makes the same point that Sistare makes: surrogacy creates a source of income for women whose earning power is limited. This free market would "shift wealth from the childless consumers to the presumably less advantaged reproducers" (158). Shalev sees this free market as having a specifically feminist benefit: it would challenge the public/private split that serves as the "patriarchal foundation of our post-industrial economy" (159-60) by moving previously unpaid reproductive work into the public sphere. Echoing Sistare's point about economic power, she writes:

Ours is a culture... that attaches power to control of the purse strings. If women are to claim power over reproduction... it is only rational that they come to terms with the seemingly repulsive notion of putting an economic price on reproductive activity (166).

Up to this point, the pro- and anti-surrogacy feminist positions have seemed incommensurable; that is, they rarely seem to be employing the same terms of analysis. But in their use of a sort of "economic woman" (a term Shalev invokes) reasoning, Sistare's and Shalev's arguments intersect with that of anti-surrogacy feminists. By arguing that women can gain economic power via reproduction, they locate power in

women's wombs, just as anti-surrogacy feminists do. Doing so unwittingly reinscribes women in nature and biology as a source of their value.

How would pro-surrogacy feminists read the two "scenes" I described at the beginning of this chapter? It is likely they would see all the surrogates as engaged in autonomous reproductive decision-making that should not be subject to governmental interference, despite the obvious physical risks involved. It is also likely they would applaud the paid surrogate's ability to overcome her emotional reaction to giving up the children, thus demonstrating that women are not ruled by "mysterious" maternal feelings. They would argue that assuming the surrogates were apprised of the potential risks, they were free to engage in the practice of surrogacy. Shalev and Sistare would see the case of the paid surrogate as an example of a woman exercising economic power via her reproductive abilities, and Shalev would likely point out that a "redistribution of wealth" from the wealthy couple to the surrogate had occurred.

* * * *

There are legitimate concerns in each group's position. Given the history of the medical treatment of women in the U.S. and elsewhere, including sterilization abuse and overuse of caesarean sections and hysterectomies (Corea 1977, Ehrenreich & English 1979, Hartmann 1987) anti-surrogacy feminists are right to be concerned about reproductive technologies' potential to harm women physically and emotionally. Their concerns about class and racial differences between surrogates and contracting parents are important to an understanding of the social context of surrogacy and the structure in which decisions get made. Revealing the ways surrogacy appeals to the ideals of maternal altruism and self-sacrifice should lead all feminists to ask what sort of cultural

work those ideals do. And if a "male model" of reproduction (i.e., the valorization of the genetic contribution and a denigration or erasure of the gestational contribution) appears to be the outcome of reproductive technologies, feminists must think through that possibility and its implications. Pro-surrogacy feminists are also right to be wary of arguments that emphasize men's control of women's decision-making and ignore the possibility of women's agency. These arguments may indeed threaten to infantilize women, create a vision of women as unable to make autonomous decisions, and may ultimately place all reproductive freedoms in jeopardy. They are also right to point out that some of the more egregious aspects of surrogacy contracts may be remediated by public policy action. And their questioning of why reproductive labor has always been relegated to the unpaid private sphere is important to bear in mind.

But both the anti- and pro-surrogacy positions are troubling as well as limiting as analytic frameworks. Anti-surrogacy feminists rely too heavily on an identification of women with their reproductive capacities and tend to conceive of maternity as naturalized, visible and obvious. The idea of motherhood remains insufficiently interrogated.⁷ Even when they analyze the social characteristics of motherhood, as Janice Raymond does in her discussion of altruism, the insistence on the maternal body as the "last bastion" of women forecloses further analysis of the ways in which that body is culturally mediated. Pro-surrogacy feminists, in contrast, tend to ignore the way

⁷Phyllis Chesler has argued that motherhood is a "fact" while fatherhood is an "idea" (1988b, 39). Certainly women have historically had a different biological relationship to pregnancy and childbirth than men do. But the "facts" of motherhood do not mean that it is not an "idea," too. It also does not mean that the "idea" of fatherhood is not grounded in some biological "fact."

liberalism has conceived of the "person" as an isolated male individual who enters into contracts from a relatively equal standpoint with the other contractor(s). It is difficult to talk about oppression or even constrained choice within this model. Focused on autonomous individuals' choices, this view neglects the social context in which decisions are made, creating an image of women making reproductive decisions in a vacuum. In other words, it neglects the ways in which surrogates and contracting fathers and/or mothers are multiply positioned and identified: by race, by class, by gender, by sexual preference, within a particular socio-political time and space. "The contract" is not some neutral space that exists nowhere. Rather, it is the result of intersecting and overlapping power relations, based on property rights, and grounded in a given social context. Finally, as I have pointed out, some pro-surrogacy feminists rely on a notion of women having power in their wombs, just as the anti-surrogacy feminists do. "Economic woman" has something natural called "reproductive power" which seems to exist prior to culture, economics.

Ultimately, neither framework of analysis allows us to interrogate the social meanings of mother, motherhood and maternity that are embedded in the practice of surrogacy. They do not give us a way of thinking about the questions, "Who is the mother?" or "Who is a mother?" raised by surrogacy. In both frameworks, the maternal body acts as a boundary around the questions I have posed. Both groups reinscribe women within the identity Woman=Mother. This identity starts with the idea of a "natural," self-evident (i.e., referential) maternal body defining what both women and mothers are and proceeds from there. In other words, we "know" what a mother is by referring to the obvious maternal body: one cannot be a mother (in the biological sense)

without being pregnant and giving birth. As long as Woman's essence is the maternal body, motherhood is seen as her "natural" identity and motherhood remains an uninterrogated and naturalized concept. Since both women and mothers are defined by their reproductive capacity, Woman must equal Mother and Woman cannot be separated from Mother. This is an important political consideration for feminists. All women are seen first and foremost as mothers (or potential mothers). We cannot understand the ideas "women-as-citizens," or "women-as-workers," without understanding the ways in which motherhood is viewed as the identity of women. And as we will see, infertile women have received the strong cultural message that to be a woman requires one to be a mother; their infertility thus results in a crisis of their identity as women.

Nature provides the ground on which the Woman=Mother identity rests. The idea of the Mother (and her referential maternal body) relies on nature to provide an answer to the question "Who is the mother?". "Mother" is understood to mean "natural mother," in whose visible body genetics and gestation are inextricably linked. But surrogacy provides us with a conundrum that is difficult for feminists to theorize if we implicitly or explicitly think of motherhood in naturalized terms. In the next section, I will outline that conundrum and show how a different kind of analysis can help feminists frame and analyze the questions raised by surrogacy.

SURROGACY AND THE CYBORG

In order to complicate the anti/pro debate over surrogacy, I want to turn to Donna Haraway's account of the cyborg. In "A Manifesto for Cyborgs: Science, Technology and Socialist Feminism in the 1980s," Haraway explains the cyborg as "a

hybrid of machine and organism, a creature of social reality as well as a creature of fiction" (1989, 174). The cyborg is neither completely natural nor artificial. Its existence disturbs comfortable dualisms (e.g., nature/culture, human/machine, human/animal) that have been available to Western epistemology. Haraway is well aware of the double meaning of the cyborg: while it has the potential to give us a new way to think about the body, nature, identity and politics, there is also the possibility that cyborgian technology could impose a "grid of control" (179) on our world.

It is this tension between the potentially awful and the potentially subversive, transformational aspects of the cyborg that Haraway keeps in play throughout the essay. Her disgust with and fear of the kind of "star wars" technologies and attitudes that spawned the cyborg are apparent, but she also urges feminists to take pleasure in the confusion of boundaries the cyborg engenders, as well as to take responsibility for the construction of those boundaries:

From one perspective, a cyborg world is about the final imposition of a grid of control on the planet, about the final abstraction embodied in a Star War apocalypse waged in the name of defense, about the final appropriation of women's bodies in a masculinist orgy of war. From another perspective, a cyborg world might be about lived social and bodily realities in which people are not afraid of their joint kinship with animals and machines, not afraid of permanently partial identities and contradictory standpoints. The political struggle is to see from both perspectives at once because each reveals both dominations and possibilities unimaginable from the other vantage point (179).

The task for feminists is not to demonize the technology that spawned the cyborg, but to understand and utilize the cyborg's dangers and possibilities: to "see from both perspectives at once". Once the cyborg is created, Haraway tells us, it has the potential

to escape the boundaries constructed for it by its fathers, despite efforts to contain it. It might be "exceedingly unfaithful" (176) to its origins.

Like the cyborg, surrogacy unsettles the boundaries of nature and culture, threatening to explode conceptions of motherhood and making it impossible to tell where "natural" motherhood and "social" motherhood begin and end. And like the cyborg, it raises the question of whether there can be such a thing as "pure" nature, the referential ground on which the idea of culture is built (i.e., culture is imagined as what is not nature; nature provides the binary opposite that defines culture).⁸ Surrogacy is cyborgian in that it mixes science and nature in ways that make the definition of a mother indeterminate. Less than ten years ago, the Baby M case raised the question of whether a surrogate who is both the genetic and the birth mother has the right to claim the status of "mother" of the child. For many, including the New Jersey Supreme Court that heard the appeal of the Baby M decision, the answer was simple. Mary Beth Whitehead was Baby M's mother because she was her "natural mother" (i.e., genetic and birth mother) and could not be forced to give up her maternal rights, just as any other birth mother; surrogacy was equated with baby-selling in the Court's view. Whitehead's maternity was visible and obvious; nature yielded the answer to the question "Who is the mother?", if not the question, "Who is the good mother?".⁹

⁸See Strathern (1988, 1992) for a discussion of the ways in which nature is conceived of as defining what culture is not.

⁹An extended discussion of the ways in which a biological question - Who is the mother? - became a social question - Who is the good mother? - will be developed in Chapter 2. For the moment, I want to concentrate on the ways in which it seemed easy to determine who the natural mother was in the Baby M case.

But more recently, the practice of gestational surrogacy¹⁰ has problematized the idea of "natural" motherhood that seemed so reliable in determining Mary Beth Whitehead's status. The conundrum raised by surrogacy is this: "nature" cannot provide the answer to the question I raised at the beginning of this chapter, "Who is the mother?" because gestational surrogacy creates competing claims to the sole ownership of the status of the "natural" mother by bifurcating one sort of nature (genetics) from another sort of nature (gestation). Two women could claim to be a child's mother, with each of their arguments buttressed by reference to the natural maternal body: one provided the genetic material, the other provided the gestational space. In this way, surrogate motherhood raises profound questions about the "nature" of motherhood and the "nature" of nature. When a surrogate mother jokes that she should hang a sign on her chest that says, "I'm not the mother" ("Baby Craving," 38) she demonstrates the kinds of confusion and ambiguity about the meanings and definitions of the term "mother" generated by surrogacy. If the woman who gives birth to the child says she is not its mother, then who is? If nature does not yield a definitive answer, then what will? Is a definitive answer possible? To think about "Who is the mother?" requires contemplating the possibility that nature is not the ground for determining what a mother is. Nature leaves the definition of a mother indeterminate. This does not mean that the question "Who is the mother?" goes unanswered. To the contrary; it gets answered all the time. But examining the ways in which the question gets both posed and answered necessarily

¹⁰Gestational surrogacy is the practice whereby a fertilized ovum is implanted in the uterus of a woman who has no genetic relationship to the child she will bear.

requires thinking about the ways in which nature and naturalized motherhood are both social ideas and yet are produced as pre-social. If nature is a social idea, then the idea of the mother, based as it is in nature, must be a social idea, too.

Like the cyborg, surrogacy has a dual edge. On the one hand, to exist at all, surrogacy has to scramble the code of naturalized maternity. In surrogacy, science has found a way for infertile women to fulfill their "natural" destinies as mothers by intervening in nature to "help." Nature and culture begin to slide into one another until one seems inseparable and indistinguishable from the other. On the other hand, to legitimize itself as consistent with "family values" and to avoid revealing the ways in which motherhood has been produced as "natural," the discourses of surrogacy have reinscribed naturalized maternity more firmly than ever, within biological bedrock and maternal "instincts". This is one of the dangers of the cyborg, according to Haraway: "Technologies and scientific discourses can be partially understood as formalizations, i.e., as frozen moments, of the fluid social interactions constituting them, but they should also be viewed as instruments for enforcing meanings" (1989, 187). Neither the pro- nor anti-surrogacy arguments outlined in the beginning of this chapter give us a way of dealing with the ambiguity of surrogacy's dual edge. Perhaps surrogacy is neither all good nor all bad, inasmuch as it creates indeterminacy around the apparently certain figure of the mother. Surrogacy might yield a new way of thinking about motherhood, or it might simply police motherhood's meanings. It may do both. Thus, the meaning of surrogacy is profoundly ambivalent. Its politics are not given, as some feminists would have it, but rather, must be articulated.

Throughout this dissertation, I want to maintain the cyborg-like dual edge of surrogacy, its fundamental indeterminacy. I want to argue that, on the one hand, the discourses of surrogate motherhood found in legal cases, medical texts, popular culture and elsewhere destabilize motherhood and the figure of the Mother and, on the other hand, they also produce a symbolic Mother that is stable and knowable, grounded immutably in nature/biology and thus, seemingly certain. That is, rather than viewing surrogacy as the annihilation of motherhood, as some feminists do, I view it as productive of motherhood. The practice of surrogacy avails itself of cultural language and ideas about the Mother and simultaneously reinforces and rewrites those ideas. But at the same time, surrogacy and contradictions within it threaten to reveal the very production of maternal stability and certainty. Surrogacy reveals motherhood to be an historically contingent cultural practice, with a history and a future. Nature no longer provides the uncontested ground on which the question, "Who is the mother?" can be posed or answered. In surrogacy's contradictions lie opportunities for feminists not only to point out the ways in which the figure of the Mother and motherhood are produced, but to think about new ways of conceptualizing and practicing reproduction and motherhood in terms that do not rely on nature to ground them.

Surrogacy and the Crisis of Motherhood

Surrogacy, then, both creates and reflects a cultural crisis of motherhood. The certainty of what once seemed so evident is called into question. The confusion of and ambiguity about the seemingly obvious meaning of "the mother" engendered by surrogacy raises anxieties not only about the status of individual women as mothers, but about the cultural ideal of the Mother. In making the maternal status of any woman

indeterminate, surrogacy raises the possibility of all "natural" maternity's indeterminacy. Thus, it helps create a crisis of motherhood. But surrogacy also reflects a cultural crisis around the figure of the Mother. Part of this crisis, as I will show in Chapter 1, is an anxiety about women's changing roles vis-à-vis motherhood, particularly with regard to delayed or rejected childbearing. This anxiety is combined with social concerns about a supposed infertility "epidemic" of white, middle-class women and the imagined excess of fertility of poor women and women of color. Surrogacy seems to be a "cure" for the white women's "epidemic." Therefore, surrogacy is both a cause and a reflection of the crisis of motherhood: it is a destabilization of the category of the Mother, through practices that threaten to reveal the Mother and motherhood as social ideas and ideals, as well as a response to anxieties about some women not having enough babies and others having too many.

Up to this point, I have simply indicated that something called a symbolic Mother is both destabilized and produced (and reproduced) by the practices of surrogacy. In order to clarify how that production and destabilization occur, I want to turn to a more specific discussion of how the Mother is represented. In what follows, I want to specify the central features of the Mother that surrogacy both invokes and disrupts.

THE MYTH OF THE MOTHER

To understand the importance of the figure of the Mother, it may be helpful to think of it in terms of myth. I use the term "myth" not in the sense of an "untruth" or as opposed to something "real", but rather, in the sense of an important set of cultural beliefs that tells the story of who we (individually and collectively) are or would like to

be, or perhaps need to be.¹¹ Such beliefs provide a comforting anchor for us in history and often seek to make our origins comprehensible. Using the language of myth stresses both the ways in which these beliefs may have deep psychic importance to the individual, as well as the kinds of cultural work the beliefs may perform. The language also reminds us that myths often do not operate for a culture or an individual on a conscious level. In other words, when we speak of "motherhood" or look at the characteristics of any particular mother, we can avail ourselves of the myth of the Mother without necessarily invoking it consciously, because the myth operates as part of our cultural background.

Because of the cultural work myths do, and the ways in which they speak to deeply-held, often unconscious beliefs, anything which seems to threaten their legitimacy and power - their cultural truth - will appear dangerous. As I will explain shortly, the myth of the Mother is bound up with representations of a Mother who is certain, stable and knowable. We have a certain psychic investment in the myth of the Mother, because anything that threatens that myth also threatens cultural foundations, as well as our fragile individual sense of self.

I am persuaded by a view of mythology that sees a bi-directional relationship between myth and culture. As Raphael Patai explains,

[O]ne must recognize that there is a mutual cross-fertilization between myth and those aspects of socio-cultural life that are subsumed under terms such as customs, rites, institutions, beliefs, and the like. New myths create new socio-cultural patterns, and conversely, new customs and new social situations create new myths (1972, 3).

¹¹There is a large and diverse literature debating the definition and meaning of myth which is beyond the scope of this study. A good introduction to the many and varied studies and interpretations of myth can be found in Patai (1972).

In other words, myths are flexible and both reinforce and constitute cultural beliefs; they simultaneously try to make sense of social phenomena and produce those phenomena. Thinking about myth and myth-making in this sense makes it clear that myths are the both the site and result of discursive practices; the myth does not simply bear down us, speaking its "truth," but rather, its "truth" both creates and reflects current social concerns and practices. The characteristics of the mythic Mother in late modernity are partly a response to anxieties and uncertainties about the meaning of motherhood in our time. Therefore, the myth of the Mother is not precisely what it was 100 or 200 years ago, although it retains traces of older discourses of maternity, including religious ones. For example, the practices of surrogacy utilize the language of maternal sacrifice and selflessness embedded in the myth of the Mother. The fact that maternal sacrifice is an old idea (one need only think of the eternally-suffering Madonna) might make it appear that the ideal of sacrifice is unchanging. But less than 150 years ago, actual physical suffering during labor and delivery was considered an essential element of maternal sacrifice; such suffering defined one as a mother (Poovey 1988, Ch. 2). Today, we do not speak of motherhood in precisely the same terms, but the ideal of maternal sacrifice lives on in new ways which reflect modern social concerns. Infertile women are represented as suffering psychologically and physically in the process of trying to become pregnant and, it seems, are expected to suffer.¹²

¹² I will discuss the significance of suffering vis-à-vis infertile women in greater detail in Chapter 1.

The mythical Mother has a number of key qualities.¹³ All are inter-related, making it difficult to untangle them in order to discuss them in isolation, but that is what I will do in the following pages. It is important to emphasize that the Mother I am describing is the product of a late 20th century American context. As such, the myth of the Mother reflects and reinforces our culture's tensions and assumptions about race, class and sexuality. The Mother that is represented as universal is, in fact, a white, middle-class, heterosexual ideal because that is what it is assumed she ought to be if she is the "good" mother. Her supposed universality covers over differences among women along lines of class, race, ethnicity, and sexual preference, so that the idea of "the Mother" can be invoked and assumed to represent everyone's ideal of motherhood.

The Mother is instinctive and natural, grounded immutably in biology and nature.

The concepts of nature and the natural, divorced from social meaning, are crucial to the myth of the Mother and thus, the cultural practices of surrogacy. If the Mother is grounded in nature, then motherhood is, at bottom, not subject to social change. The desire for children, maternal instinct and maternal love, all of which are seen as springing from the "facts" of female biology, are supposed to be the "natural" bedrock of motherhood. We need to believe in the instinctiveness of mother-love, Francine du Plessix Gray tells us, because "[t]o be told that mother love is not an innate impulse but a free choice, a gift that can be given and withdrawn at will, confronts each of us with the

¹³Some would argue that the Mother as I discuss her here is not a full-blown myth (i.e., a story with a defined narrative and plot trajectory), but rather, an archetype. I have maintained the simpler language of "myth" in order to capture the sense of an important cultural story being told and to avoid entanglement in ongoing debates about what myth is (i.e., to use the term "archetype" places one in a certain "school" of myth).

fearsome possibility that we might have been born into a void of indifference" (Badinter 1981, ix). The "void of indifference" does not provide us with a comforting, naturalized anchor of mother love that cannot be denied us. If mother love is not an automatic consequence of female biology, then a space is opened up for the possibility of an absence of mother-love - an unnerving prospect indeed.¹⁴

The Mother is outside the cash nexus and outside exchange relations; she is outside the contract. As a corollary to this, she does not experience the self-alienation present in market/contractual relations. As Mary Poovey has argued in the context of mid-Victorian England, the establishment of two separate spheres, "the private feminized sphere of the home and the masculine sphere of work and market relations" (1988, 77), was dependent upon the distinction between paid labor and unpaid domestic labor. If there were two separate spheres, one could represent the competition and self-alienation of the worker, while the other could be a haven from competition and self-alienation. In order for this schema to "work," the mother had to be figured as naturally self-sacrificing and beyond self-alienation. In other words, the feminized home space could be the

¹⁴ Although everyday events might persuade us that mother-love is not instinctive, this is one of the most persistent aspects of the mythic Mother. In order to accept the fact that mothers can murder their own children, it seems culturally necessary to believe that they are unnatural: "Moms from Hell." We are so certain that instinctive mother-love exists, it even affects the decisions of government crisis teams, such as the FBI team surrounding the Branch Davidian compound in 1993. FBI special agent Bob Ricks seemed puzzled that the women in the compound did not do all they could to send their children out of the compound in order to prevent the children's deaths. "'We thought that their instincts, their motherly instincts would take place and that they would want their children out of that environment,' Ricks said. 'Unfortunately, they bunkered down the children the best we can tell, and they allowed those children to go up in flames with them'" (AP 1993c).

repository of virtue (especially maternal love), which then permitted men to be as competitive, aggressive, etc. as need be in the world of exchange relations.

In modern times, the continued rhetorical separation of motherhood and exchange relations does similar work. Although we are not as close to debates about the evils of a rough-and-tumble, competitive market economy as the mid-Victorians were, the idea that the Mother and her love are beyond material considerations is a comforting one. She represents the one place where relationships are based on unquestioned (and unquestioning) love. The Mother is a sort of "pure" figure who, with this love, creates a space in which the contract and exchange relations are not. In other words, the realm of exchange relations is defined by what it is not and therefore depends on the definition of that other space. The non-contractual relationship of the Mother in her domestic sphere supports and props up the contract.

The Mother is altruistic and giving, to the point of self-abnegation or self-sacrifice. This characteristic of the symbolic Mother is connected to the previous discussion of her existence outside of contractual/market relations, as well as the argument that she is driven by instincts. Maternal love (and all that maternal love drives the Mother to give, including self-abnegation) and maternal instinct, women's "gifts," which are conceived of as deriving from women's very nature, are evidence of the Mother's position outside the contract, because the domestic sphere provides the space where she can be self-realizing;¹⁵ her self-realization is actualized through the process of

¹⁵By "self-realizing," Poovey meant that female nature, controlled by maternal instinct, was supposed to be "noncompetitive, nonaggressive, and self-sacrificing - that is, (*Footnote Continued*)

self-abnegation. The myth of the Mother holds that she will sacrifice any and all things; her nature drives her to give her "gift" willingly and without compensation. But giving a "gift" implies a greater consciousness and subjectivity on the part of the Mother than if she were driven by economic forces: the Mother truly wants to give her gift. And yet, as Francine du Plessix Gray has pointed out, that raises the disquieting thought that the gift could be withdrawn. Hence there is a need to believe that the "gift" is propelled by natural forces that drive women to give their gifts. It is as if we need it both ways: we need the Mother to give her gift of mother-love freely (i.e., to believe that she truly chooses to love us) because nature tells her she must give it freely. The importance of the gift in terms of the sense of self of the recipient should not be underestimated. As Levi-Strauss has pointed out, not only does the gift indicate that the donor loves the recipient, it indicates that the recipient is worthy of love (1969, 86).

The desire for unconditional mother-love raises the possibility that we believe the Mother comes closest to doing what Derrida has termed "the impossible": giving a true gift. Derrida, in contrast to Levi-Strauss (whose theory I will discuss more thoroughly in Chapter 2), argues that in order for a gift to truly be a gift, it must break the circle of exchange:¹⁶ "there must be no reciprocity, return, exchange, counter-gift, or debt" (1992, 12). If there is reciprocity or even the expectation of reciprocity or a sense of a debt,

internally consistent and not alienated" (77). The domestic sphere was self-realizing, while the public sphere where men were supposed to labor, was self-alienating.

¹⁶Levi-Strauss, on the other hand, sees the gift as setting up a reciprocal exchange relationship among men. The gift is what facilitates exchange and hence, social relations. Reciprocity is critical because it "integrat[es] the opposition between the self and others" (1969, 84); i.e., it creates a bond between men.

there is no gift, only exchange. If the recipient acknowledges that the gift is a gift, it is no longer a gift, because s/he has returned what Derrida calls a "symbolic equivalent." If the donor acknowledges the gift as a gift, it is no longer a gift, because s/he pays her/himself back with "symbolic recognition": self-praise, self-gratification, etc. (14). Combining Derrida's theory with Freud's observation that even altruism is a form of narcissism (1961 [1930]) makes it possible to think about the investment each of us, including mothers, has in giving a gift. The gift both gives us a sense of our own goodness and reflects that goodness. Yet the myth of the Mother would seem to ask of her the impossible: to give her gift unconditionally, with no thought of even a return of gratitude or love. This could only be possible if her gifts were the result of a natural compulsion.

The Mother is asexual. This characteristic of the Mother is linked with the idea of her altruism and self-abnegation. Maternal instinct and altruistic maternal love have an asexual, holy quality that serves to screen over questions of the Mother's sexuality. Mary Poovey notes that in mid-Victorian England, debates about the use of chloroform in labor and delivery centered, in part, around anxieties about the mother as a sexual being. Chloroform, some of its critics thought, incited in women displays of sexual excitement just prior to anesthetization: "delirium, and spasms and convulsions" (1988, 30). Poovey notes:

That woman appears to these doctors to be sexually voracious at the moment at which she is most a woman - in the act of childbearing - makes her sexuality that much more dangerous, for if the mother is sexual, monogamous marriage and all that follows from it can hardly be trusted to remain (49).

The fear seems to have been that if women are beings with sexual desires, civilized (bourgeois) society risks collapse.¹⁷

Today, the idea that the Mother is asexual operates in some of the same ways as it did during the mid-1800s. Asexual maternal instinct and maternal love veil the Mother's sexuality. "Selfish" sexual desire appears to be incompatible with "selfless" (and holy and pure) mother-love and maternal instinct. The mother who desires and seeks her own sexual pleasure cannot be the always-self-sacrificing Mother, for seeking sexual pleasure requires a certain level of attention to the self that is not motivated for the benefit of someone else.

The rejection of the idea that the Mother could be a sexual being calls for a psychoanalytic inquiry. Why is the idea of the Mother's maternal body as the site of sexual pleasure so often denied? Although we live in an era where sex and sexuality appear to be everywhere, the idea of the sexual mother can arouse both denial and revulsion. Karen Horney argues that revulsion concerning the mother as a sexual being may arise (in the case of men) from what she terms a "dread of the vagina" (1967 [1932]: 137). This dread springs from a boy's fantasy that his penis is too small for his mother's vagina and thus, "reacts with the dread of his own inadequacy, of being rejected and derided" (142). This wound to the boy's sense of self can translate into denial of, revulsion toward and/or debasement of female sexuality. In a related vein, Sarah Kofman argues that at the level of fantasy, the Mother's sexuality invokes a fear of death

¹⁷One need only think of Rousseau's (1979) *Sophie* and his emphasis on her chastity in *Emile* to be reminded of the consequences of unfettered female desire: literal social disorder and collapse.

because she is the bringer of life; "she has always been that formidable deity possessing the power of life and death over man" (1985, 72). The denial of her sexuality is way of psychologically dealing with that power and rendering it impotent.

The Mother is singular; i.e., she is irreplaceable and there can only be one "real" mother. The singularity of the mother is a complex notion to untangle. As I will show in the following chapters, the specter of multiple mothers seems to haunt the practices of surrogacy and arouses intense anxieties. Much energy is invested in maintaining a certainty of belief in our own individual mother. On one level, this belief reflects a certain narcissism on the part of the individual: "I am unique because no one else could have been my mother." It also reflects modern obsessions with genetics and biological origins. How are we to understand adoptive children's demands for unsealing adoption records so that they may find their biological parents or the fact that children conceived by donor sperm are seeking their genetic fathers (Orenstein 1995)? The searches seem to reflect a need to find their one, "true" originary mother and/or father.¹⁸

On another level, the singularity of the Mother, and the need to "fix" one mother as the mother may be a reflection of a need to find certainty and stability in the Mother, a theme I will explore in more detail in the next section. If there is doubt about her uniqueness, that might point to the possibility that she is not "there" at all. Julia Kristeva gives us a way to think about the psychic investment we have in believing in the existence and knowability of one "true" mother. Kristeva argues that the fragile

¹⁸The obsession with genes is an example of myth-making that literally attempts to explain our origins - where we came from and why each of us, individually, is the way
(Footnote Continued)

speaking subject needs to believe that the Mother is certain and a subject of the process of gestation (that space where each of us, as speaking subject, originates), because if there is no subject present in that process, the existence of the speaking subject is threatened. Seeking to identify and "fix" the mother as singular and irreplaceable provides a level of comfort that "mamma is there" (1980, 238).

Yet another possible explanation of the denial of multiple mothers lies in Melanie Klein's (1975 [1937]) description of the fantasized powerful mother that confronts the infant child. The child is both fearful of and imagines destroying its mother, while simultaneously loving her and seeking her love. Fear and hate of the mother arise from the child's sense of impotence due to its total dependence upon her. The child senses that the mother is a powerful figure, having the capacity to both fulfill and deny its wishes. To preserve the mother, the child splits her into the good (loved) and bad (hated) object, or in Klein's language, the good and bad breast (1984 [1932]). Klein asserts that the effects of the belief in the mother's power has life-long effects:

Because our mother first satisfied all our self-preservative needs and sensual desires and gave us security, the part she plays in our minds is a lasting one, although the various ways in which this influence is effected and the forms it takes may not be at all obvious in later life (1975 [1937], 307).

I want to suggest that the denial of the possibility of multiple mothers may be due in part to lingering anxieties about the Mother's power. If one Mother is powerful, how powerful might two or more Mothers be?

we are. Genes are deployed to explain everything from breast cancer to diabetes to why some of us are violent, to why some of us are homosexual.

Finally, the determination to hang on to the singularity and certainty of the mother might be a response to a disquieting question: can any of us really know who our parents are? Is there at least one parent (i.e., the Mother) about whose certainty we can make ourselves feel secure? Marc Shell makes the provocative argument that it is a fiction that we can ever know who our parents, siblings and children are. This fiction props up the consanguineous kinship systems upon which the incest taboo is based and which reassures us that we can fix our racial lineage (1993, 4, 9). Shell argues that we tell ourselves that the mother is certain in order to perpetuate the fiction of kinship, but for all we know, our mother is not the woman who gave birth to us. For all we know, we might all be changelings, switched at birth with some other infant. In this view, maternal singularity and certainty - the belief that we have one true mother and that she is knowable - reassures us not only that we know our mother, but that she knows us. In other words, our mother would know us from a changeling - wouldn't she?

This brief sketch of the mythic Mother has outlined her key elements: her naturalness, her place outside exchange relations, her altruism, her asexuality and her singularity. The Mother is assumed to be white, middle-class and heterosexual because she "ought" to be those things if she is the "good" mother. The key point about surrogacy is that it both reinforces the myth and provides moments of clear rupture of that myth. Surrogacy at once shores up and undermines the mythical qualities of the Mother. It reveals the Mother - and thus the ideology of motherhood that relies on the Mother - as cultural construct, while simultaneously re-veiling her constructedness. The

re-veiling becomes crucial, as surrogacy has the potential to explode the myth of the Mother. Her certainty must be preserved, in order for the myth to function.

As Haraway describes them, cyborgian boundaries can be leaky and, I would add, filled with contradictions. So as the production of the myth of the Mother is veiled by the cultural practices of surrogacy, surrogacy constantly threatens to reveal that production. As boundaries are shored up, boundaries are confused. Here is where feminists can seize the possibilities engendered by such a cyborgian practice. Feminists can not only point out the ways in which surrogacy reveals the cultural construction of the Mother, but can use the confusion of boundaries to rethink and reimagine motherhood. For example, the ways in which surrogacy disrupts the idea of the Mother as natural and as singular might be used to imagine a definition of "mother" which does not rely on a standard of naturalness or singularity. This, of course, is the optimistic version of the cyborg. The darker version of the cyborg, which must be kept in tension, is that there is always the danger of a backlash against any threats the cyborg is perceived to present. By this I mean that the cyborgian practice may threaten to reveal or undermine the foundation on which that practice rests. The myth of the Mother holds a great deal of cultural power. If surrogacy appears to endanger the cultural meanings of motherhood, those meanings may simply be more deeply reinscribed. That is one reason why feminists need to resist talking about the body in ways which feed into such reinscriptions, a theme to which I now return.

THE MATERNAL BODY AND CERTAIN MATERNITY

Among disparate feminists, there is a desire to cling to the physical maternal body as a sort of theoretical *terra firma*. One would get little argument from most feminists, even those that see motherhood as women's "last bastion," that the institution and practice of motherhood is a social idea, but there is a persistent tendency in the feminist literature on surrogacy for theorizing to stop at the boundary of the body, as if it were the biological referent of representation: the "real" woman. In this view, the maternal body remains at the core of women's identity, uniting all women, remaining prior to discourse and belonging solely to women. The visible maternal body assures women of the certainty of motherhood. But I would argue that a comfortable reliance on the idea of a prediscursive body is a dangerous position for feminists to take. It may unintentionally support attempts to locate women more firmly than ever within nature and it may prevent us from seeing not only the dangers of surrogacy, but the possibilities as well. It may also undercut feminist arguments about the social nature of motherhood by acting as a boundary of "nature" beyond which discussions of the "social" become impossible.

Drawing on the work of Simone de Beauvoir and others, Judith Butler makes the argument that the body is not knowable outside of discourse, arguing that our experience of our own bodies is inextricably embedded in cultural expressions of gender; there is no "pure" body (1986, 39). Instead, Butler argues, the body "is a material reality which has already been located and defined within a social context.... [It] is a field of interpretive possibilities, the locus of a dialectical process of interpreting anew a historical set of interpretations that have become imprinted in the flesh" (45, emphasis in original).

Social conceptions of the body and gender cannot be neatly unlinked to distill an essence of the body - but that does not mean they are the same thing, either. This view of the body does not mean that we cannot discuss the materiality of the body, nor the idea that women can be oppressed and/or exploited through their bodies, nor women's physical experience of pregnancy and childbirth. Indeed, I would argue that politically, it is crucial for feminists to continue to criticize and publicize the kinds of physical oppression women endure in the process of surrogate motherhood and infertility treatments. We need to discuss what we may see as the dangers of surrogate motherhood, and we have every reason to be worried about reproductive technologies that threaten to dehumanize women and deny us our subjectivity. But the view of the body with which I want to work insists that we cannot somehow reclaim or recover a pure body. It acknowledges the historicity of our concepts of the body.¹⁹

Historian Barbara Duden provides us with an example of the ways in which the body can be seen as a "field of interpretive possibilities" whose meaning is made evident through discourse. Her example is particularly relevant, as it deals with the maternal body. Examining the records of a physician who practiced in what is now Germany in the early part of the eighteenth century, Duden repeatedly came across stories of women who apparently understood, indeed felt, their bodies differently than modern women. Things that women today would "know" about their bodies were not necessarily "known" to these women; Duden gives the example of the ways in which modern women

¹⁹ See Laqueur (1990) for an account of the ways in which conceptions of the sexed body and gender have changed over time. Foucault (1978) also insists on the historicity of the body and the idea that it is not a biological referent.

"know" and "feel" hormonal variations (1993, 6). When these eighteenth century women ceased their "monthlies," pregnancy was not an automatic assumption. Instead, they were concerned with "stoppages" in the flows of the body. Duden writes,

The women... are driven mainly by the sense that something in their inner dynamics has gone awry. They usually complain of stagnation. Their deepest fears center on the stoppage of flow and its result, an inner hardening. Clotting is the most probable cause to which they assign their ills.... Anything can upset or disorient or congeal these flows (86).

In each of two cases Duden examined, a woman had skipped her menstrual period for seven months. Duden reminds us that when modern women's menses cease for several months, they know if they are pregnant or not, or at least suspect it. Indeed, suspicion of pregnancy is aroused as soon as a menstrual period is late. But these women were uncertain if they were pregnant, even though at seven months, a woman's body displays what are to us unmistakable signs of pregnancy, especially a swollen abdomen. One woman said she "imagined" she might be pregnant - maybe yes, maybe no - (1993, 64), but when she began bleeding after seven months and expelled something "leathery", she did not interpret this as a miscarriage of a fetus. She came to the physician not because she was bleeding, but because she was "perplexed by her labor pains" (*Ibid*). The physician gave her something to correct her flows and placed the woman "in the same category as the many other women who occasionally bring forth not children but other kinds of fruits" (*Ibid*).

The second woman also did not come to the doctor because she believed she was pregnant after seven months of amenorrhea; she was concerned about her body's flows being stopped up. Despite a swelling abdomen, she had not felt any quickening, and so for her, pregnancy was not necessarily what had caused her stoppage. She assumed the

stoppage occurred because she had broken the taboo of eating something hot, right out of oven before it had "finished its cycle of ripening" (87). For the doctor, too, pregnancy was not an established fact. It was only after he drew blood from her ankle, designed to cause either quickening or expulsion of "the untoward growth" (88) (i.e., get rid of the stoppage), that pregnancy was established. The woman did feel quickening and thus, her pregnancy became a "fact" to both her and her physician. The biological "facts" had to be culturally mediated in order to become "facts."

These two examples serve as a reminder that motherhood has not always been visible and obvious, even to the women who were pregnant. Looking to the body did not always lend a comforting sense of certainty about who was a mother. They remind us that surrogacy has not suddenly made motherhood uncertain (although technological/biological innovations create new possibilities in human reproduction), but rather, that motherhood was never certain in the first place. Motherhood is a fluid and historical concept that is made to appear timeless and static by surrogacy's invocation of the ideas of the Mother as embedded in nature, as altruistic, and so on. This apparent stasis masks the history of motherhood. But the aspect of motherhood that has seemed most certain, the meaning of the visible pregnant body, has not always yielded an answer to the question of who is a mother; its message was not always seen as transparent.

Although giving up the idea of the body as the assurance of the certainty of motherhood is difficult for feminists, this is precisely the work we must do, if we are to seize the possibilities presented by surrogate motherhood (and related reproductive technologies). Surrogacy, with its confusion of just who is a mother, erases the certainty of and begins to unhinge the identity Woman=Mother. That is, by confusing what

Mother means, it confuses what Woman means. Feminists have a stake in this confusion: to disconnect Woman from Mother holds a radical promise, not only in the ways we think about Woman and women, but in how we think about reproduction and the body itself. The identification of Woman with Mother is firmly linked and, at times equated with, social ideas about reproduction and the physical maternal body. In fact, the discourses of surrogacy can lay bare the connection between Woman, Mother and the physical body in stark terms: Dr. Lee Salk described Mary Beth Whitehead as a "surrogate uterus" (Chesler 1988a, 14). It is the tension of a cultural practice which simultaneously reveals and re-veils the production of the Mother which feminists must work with in approaching the subject of surrogacy, and it is this tension which presents opportunities for feminist theorizing. But if we regard the maternal body as the last bastion of the real woman, a biological referent, those opportunities can be lost. The danger of drawing theoretical barricades around the uterus is that feminists may end up performing some of the cultural work of surrogacy that many of us oppose. It could become all-too easy to slide from ideas of the body-as-theoretical-and-political-bottom-line to ideas of the body-as-destiny. We might find ourselves on the theoretical side of those who would fix women's childbearing decisions in what Time magazine called the "Pleistocene call of the moon", the "salt in the blood" and "genetic encoding."²⁰

Uncertain Paternity and Certain Maternity

As I have previously argued and will argue further here, as a culture, we have a deep psychic investment in asserting and maintaining the certainty of both who our

²⁰The Time article is quoted at greater length in Chapter 1.

mother is, and what a mother is. Again and again in reading commentary on surrogate motherhood, reproductive technologies and motherhood more generally, a particular theme recurs: paternity may be uncertain, but motherhood is most definitely certain.

Consider the following two quotations, one by a feminist theorist, the other by Judge Parslow:²¹

No uncertainty can exist about knowledge of maternity. A woman who gives birth is a mother and a woman cannot help but know that she has given birth; maternity is a natural and a social fact. But a considerable gap in time separates any act of coitus from the birth of a child; what then is the connection between the role of the man in sexual intercourse and childbirth? Paternity has to be discovered or invented. Unlike maternity, paternity is merely a social fact, a human invention. (Pateman 1988, 35)

One of the reasons why we had a presumption that the person from whom the child emerged was the mother is it made that side of the transaction clear at birth. Paternity was always a matter of opinion, but you could always establish who delivered the child. (Johnson v. Calvert, Reporter's Transcript,²² 18)

What is most striking is the diversity of persons expressing the idea that maternity is certain; it seems to be a foundational belief of a wide range of people. Maternity does not need to be "discovered" or "invented," Pateman seems to be saying. Only paternity must be discovered or invented. Paternity is opinion, maternity is obvious, Judge Parslow says. Even among feminists who discuss motherhood as a social institution with

²¹Judge Parslow was the presiding judge in the lower court that decided the Johnson v. Calvert gestational surrogacy case, in which the genetic mother was declared the sole mother of the child gestated and delivered by the gestational surrogate. That case will be discussed in detail in Chapter 2.

²²I am very grateful to Anne L. Goodwin, Esq. of St. Louis, MO for making a copy of this Transcript available to me.

a history, there persists a longing to hold onto something that is immutable and knowable: the maternal body, which speaks its certainty through its very visibility. For example, Barbara Katz Rothman, who insists that "on the whole [feminists have] concluded that the institution of motherhood as it exists in our society is pretty far from any natural state" (1989, 241), takes the maternal body to be self-evident:

Any pregnant woman is the mother of the child she bears. Her gestational relationship establishes her motherhood. We will not accept the idea that we can look at a woman, heavy with child, and say the child is not hers.... Biological motherhood is not a service, not a commodity, but a relationship. Motherhood can remain obvious. If a woman is carrying a baby, then it is her baby and she is its mother (238, emphasis added).

Part of Rothman's rhetorical strategy is to assert the primacy of the gestating mother in determining what happens to her body, including the fetus growing within it, and in that sense, she is right; the gestational mother should not have to give up her bodily integrity and autonomy in reproductive decision-making. But I question the terms in which Rothman poses the problem. In her reliance on a standard of "obviousness" for motherhood, as well as her assertion that the pregnant woman is the mother of the child, Rothman is assuming that visibility makes motherhood self-evident and that motherhood begins and ends at visibility. She forecloses the possibility of indeterminate motherhood, as well as multiple mothers. The practice of surrogacy makes defining what a mother is more complicated than that.

One hears in the above quotations and others like them echoes of Freud's statement that the mother is certain, while the father is always uncertain:

When presently the child comes to know the difference in the parts played by fathers and mothers in their sexual relations, and realizes that "*pater semper incertus est*" while the mother is "*certissima*", the family romance

undergoes a curious curtailment: it contents itself with exalting the child's father, but no longer casts any doubts on his maternal origin, which is regarded as something unalterable (Freud 1959 [1909], 239).

According to Freud, the certainty of the (male) child's maternal origin permits him vengeful fantasies of adulterous relationships between his mother and various men, thus replacing his father, with whom he competes for his mother's affection. It seems there has been a shift in the modern family romance, for now the mother appears to be uncertain. In helping us frame surrogacy in terms of a disruption in the Oedipal drama, Freud gives us one way to think about what might be at stake in asserting the certainty of the mother. Without that certainty, an anchor, a foundation seems to be lost.

It has always been the uncertainty of paternity that caused all sorts of anxieties, or so Freud, Mary O'Brien (1981) and others have told us. Indeed, surrogacy holds out the promise of allaying that anxiety and guaranteeing the certainty of paternity. The logic seems simple: the man ejaculates into a container, and his sperm is used to inseminate a surrogate, or a laboratory technician mixes his sperm with his partner's ova and the resulting embryo is implanted in the surrogate.²³ Science will supposedly guarantee what mere nature cannot: the man's child belongs to him.

But so much intellectual energy is invested by so many in declaring the certainty of motherhood, one begins to suspect that it is uncertainty about the figure of the

²³The irony, of course, is that numerous cases of the wrong man's sperm being mixed with the woman's ova have been reported, usually sensationally and with an air of tragedy. The sensationalism generally arises because a white woman gives birth to children that are dark-skinned and thus, we "know" that they could not have possibly come from her white husband. One recent case was termed a "terrible mistake" (Challender 1995, 85), because a white woman gave birth to twins, one of whom was (*Footnote Continued*)

mother, rather than the father, that is the real source of anxiety. Why else would a child with two mothers be a situation "ripe for crazy-making" (Reporter's Transcript, 14), as Judge Parslow said in deciding the Johnson v. Calvert case? Thinking about the possibility of maternal uncertainty brings us to the question of why there is such a need to believe that maternity is certain. What cultural work does that certainty perform?

Julia Kristeva gives us a way to think about the position of the Mother within the symbolic order and the need to see her as certain. Gestation, she claims, is a pre-linguistic, pre-social, pre-symbolic process where there is no subject present. This space is conceived by the fragile speaking subject as threatening its very existence. And so we need to believe that the Mother is certain, a subject of gestation, because she, on the boundary of nature and culture,

warrants that everything is, and that it is representable. In a double-barreled move, psychotic tendencies are acknowledged, but at the same time they are settled, quieted, and bestowed upon the mother in order to maintain the ultimate guarantee: symbolic coherence (Kristeva 1980, 238, emphasis in original).

If we do not believe that the mother is certain, that there is someone there on that boundary, then the speaking subject would be forced to think of itself "in relation to some void, a nothingness asymmetrically opposed to this Being, a permanent threat against, first, its mastery, and ultimately, its stability" (Ibid). The Mother becomes the ground of representation.

light-skinned (and blond), and the other of whom was dark-skinned. Clearly, the guarantee of paternity offered by reproductive technologies is illusory.

In a related, yet different vein and one which complements Freud's observations, Mary Ann Doane has argued that the mother has been coded as certain because she "guarantees, at one level, the possibility of certitude in historical knowledge. Without her, the story of origins vacillates, narrative vacillates. It is as though the association with a body were the only way to stabilize reproduction" (1990, 175, emphasis added). In other words, without the figure of the Mother, the subject is unanchored in history and knowledge. According to Doane, reproductive technologies "threaten to put into crisis the very possibility of the question of origins, the Oedipal dilemma and the relation between subjectivity and knowledge that it supports" (169). Doane's observations are supported by a statement in Judge Parslow's opinion in the Johnson case. In defense of his decision that the genetic mother was the only "natural" mother, Judge Parslow said, "We want to know who came before us and who's coming after. It's a long line, and I see nothing inhumane or inhuman about wanting to have that feeling" (Reporter's Transcript, 22). Parslow had earlier asserted that two mothers would create "identity problems" and "confusion" (10). By explicitly linking genetics and the history of the individual, Parslow is saying that we want certainty about our history (i.e., lineage), and it is the mother who provides the anchor. Certainty about lineage was served in the Johnson case by finding that genetics is the controlling factor in determining who the "natural" mother is.

Doane's theory gives us a way to think about the unthinkable that Marc Shell proposes: can anyone ever really know who her mother is? I mean this on a rather simple level. Even though we are "there" at our birth, the birth experience is inaccessible to language and memory, as Melanie Klein reminds us (1975 [1928]). There can never

be certainty with respect to who our mother is, as much as her physical body holds out the promise of certainty. And so, as Doane makes us see, we might really be unanchored in history were it not for the ways in which we convince ourselves that the Mother (and all our mothers) is (are) certain. In other words, we hold on to the idea of the visible maternal body - that place from which we came - as the site of transparent certainty, while allowing that paternity remains opaque. As I suggested earlier, the myth of the Mother and her certainty tells us who we are. The possibility of not knowing who we are and where we fit in as historical subjects is a discomfoting one, and helps explain why certainty about the Mother is so crucial. The mother provides the ground and the historical link for the individual subject.

Feminism and the Certain Mother

Beyond the subject's need to ground representation, or its desire for historical knowledge, what are the stakes for some feminists in the certainty of the Mother? As I discussed earlier, there is a fear among some feminists that motherhood and the maternal body are the last unique things left for women that men haven't (yet) stolen. In other words, there is a desire to maintain the prediscursive status of the body so that there remains something referential that is beyond masculinist representation, or else women might "disappear". Rowland makes the link between the maternal body and the identity of women clear when she states that the capacity to give birth "is part of the group identity of women" (1992, 13). The political impact of this statement is important to note, because it implies that without the ownership of the capacity to give birth, biological females and thus, women (the social and political group) might disappear. The

idea of women losing something that is perceived to bind them together as a group is, of course, a source of anxiety for many feminists.

But my earlier discussion should have made clear that the issue of power inhering in women's uteruses is not exclusive to feminists who are opposed to surrogacy. Pro-surrogacy feminists fall into the same trap. The very title of Carmel Shalev's book, Birth Power, implies that women can gain power by using their uteruses for economic gain, and she states that paying surrogates may allow women to "reclaim the procreative power that has been subsumed under patriarchy as a mark of their inferiority" (Shalev 1989, 12). For Shalev, Christine Sistare and others, something essential and powerful lies in the maternal body and women have to stake a claim to that power, which must be reclaimed, as though women had "real" procreative power in some pre-patriarchal state.

Rowland acknowledges that the power to give birth isn't really much of a power at all in terms of women's access to political power (1992, 265). But by locating at least part of women's identity in their capacity to bear children, she and other feminists leave open the question: what happens when that capacity is regarded as non-functioning? What happens to the identity of infertile women? Many infertile women express a sense of losing their identity, of feeling like non-women, even non-existent, as we will see in Chapter 1. The identity Woman=Mother (or Potential Mother) is so firmly embedded in our culture that the inability to become a mother in the biological sense threatens some women's very identity as women. Indeed, some infertile women express feelings of being non-beings.

Focusing on the body and women's capacity to give birth as both a source of power and women's group identity may inadvertently strengthen some infertile women's

sense of a lost identity. In fact, relying on a seemingly neutral term such as "capacity" in itself reveals a reliance of the body as "the ultimate constraint on speculation or theorization, the place where the empirical finally and always makes itself felt" (Doane 1990, 163). In other words, if nothing else is real, women can always take comfort in the reality of their capacity to reproduce. But I would argue that feminists must resist this locus of identity if we are to see and seize the possibilities presented by surrogacy, as well as fight its dangers. As Monique Wittig has argued, holding on to the idea that the capacity to give birth is what defines a woman naturalizes history and assumes "that there is a 'natural' division between women and men" and that "'men' and 'women' have always existed and will always exist" (1992, 10-11). If the crucial feminist task of disrupting the code of Woman is to be carried further, we cannot afford to stake our claims on certain motherhood and a body that is theorized as outside of discourse. Recognizing how inextricably linked the Mother is to Woman means resisting the urge to rely on the body as the one thing that remains beyond male cultural representation and uniquely defining of women. We need to think of the cyborg called surrogacy in ways that might lead it to be "exceeding unfaithful" to its origins.

CHAPTER 1

THE INFERTILE WOMAN

CRAWLING ON BROKEN GLASS

In late 1992, a psychologist on a morning television talk show neatly summarized the image of the infertile woman that has become the culturally given norm. The psychologist said she had never met a childless woman aged 42 or over "who wouldn't crawl on broken glass to have a child."¹ In that claim we have the key elements of the infertile woman: she is at or approaching middle age and desperately (if not masochistically) driven to have a child, no matter what the cost to her own health and/or sanity.

In this chapter I analyze the discourses of infertility (particularly in mass culture and medical literature) and examine how they produce a particular image of the infertile woman. I want to argue that the discourses of infertility, like those of surrogacy, are about more than their nominal subject; i.e., they produce the infertile woman simultaneously with the Mother and motherhood. With regard to the key qualities of the Mother outlined in the Introduction, the ones most frequently invoked vis-à-vis the infertile woman are the Mother's naturalness/embeddedness in nature, her selflessness to the point of self-sacrifice/abnegation, her asexuality and, of course, her configuration as white, middle-class and heterosexual. As we will see, the cultural practices of infertility constantly threaten the stability of, and often provide clear contradiction of, the Mother's representation as natural and self-sacrificing at the same time that they reinforce that representation. Often these contradictions arise because various strands of discourse

¹"A.M. Philadelphia," WKYW-TV, November 24, 1992.

come from different quarters (e.g., doctors, judges, journalists, the infertile themselves, and so on) and are mobilized at different moments when that seems appropriate. While there are discernible discursive themes to be read, by no means am I positing a kind of unitary, monolithic Discourse.

The image of the Mother that emerges is one who is desperately driven by the imperatives of biological time and instincts which come from the very fact that she is biologically female. The emphasis is always on nature and the natural, in an attempt to "fix" motherhood firmly in the bedrock realm of biology. This extends to her desire to sacrifice herself for the sake of a child, which is represented as a desire beyond her control; it is her nature which drives her to such extremes. Yet at the same time, the cultural practices of infertility, and indeed the very existence of particular infertility treatments, constantly undermine concepts of "nature" and "the natural." For feminists, it is in those sorts of contradictions, cracks and fissures that we may find opportunities to force a rethinking of motherhood and break down the Woman=Mother identity. If we can show how nature itself has a fluid, social meaning, we can also show that motherhood (which is supposedly embedded in nature) also has a social meaning, rather than being the sort of immutable female "instinct" it has been represented to be.

Both medical and popular literature have portrayed infertility in epidemic-like terms, leading at least one infertility specialist to describe infertility as our nation's "number one health problem" (Silber 1991, 1). Infertility is portrayed as an ever-escalating problem, spinning out of our control, which requires our immediate attention and medical intervention in order to be cured. Therefore, I will examine the available data on infertility to show more precisely how this image of an epidemic has been

produced and to think through why infertility is described as an epidemic. What must be borne in mind, I argue, is the social context in which this so-called epidemic takes place. The infertile woman's "nature" is classed, raced and (hetero)sexed. As I will show, it is only some women's infertility which is perceived as a problem (although it is never articulated in precisely those terms) while other women's fertility is perceived as a problem of another sort. Both "problems" need our attention, we are told, but for entirely different reasons. In other words, white, middle-class women who are unable to conceive are seen and portrayed as tragic and desperate figures at the same time that governors call for implanting Norplant in "welfare mothers" to control their fertility. Therefore, it is critical to explore the ways in which representations of the infertile woman and, by extension, the Mother, are based on particular racial and class assumptions.

Infertility is an example of discourse constituting the very object it purports to describe. The more one tries to pin down what infertility is, the clearer it becomes that infertility's meaning is culturally produced; there is no essence of infertility. How else could we understand a concept like "infertile grandparents," which a psychologist on a radio talk show used to refer to the parents of men and women who are infertile?² What meaning does the fact that a woman is unable to conceive (or any of the other meanings of infertility I will discuss) have in and of itself? Clearly, we are not talking about an entirely biological or ontological category. This is not to deny that many women are temporarily or permanently unable to conceive and bear children. It is also not to deny

²"Voices in the Family," WHYY 91 FM, Philadelphia, PA, December 7, 1992.

that many of them experience emotional pain because of that inability. Rather, my argument is that infertility is experienced within the cultural practices of infertility and within a specific social context which includes assumptions about what women and mothers are and should be. Certain language and ways of thinking become available to the infertile to give their experience meaning.

But I also want to make clear that discourse, while constructive of its subject, also reflects certain facts and social anxieties and perceptions about those facts. This is what enables us to explore why a particular discourse arose at a given socio-historical moment. It makes it clear that the so-called epidemic of hysterical infertile women not only has been produced, but also that it has been produced in large part as a response to social concerns centering around women's changing social/economic roles, delayed childbearing, perceived over-populating by certain groups and under-populating by others.

Without the infertile woman, I argue, we would not have the surrogate mother at this particular socio-historical juncture; her infertility grounds and authorizes the cultural practices of surrogacy. Clinics and brokers involved in surrogacy arrangements are careful to insure that a "qualification" for hiring a surrogate is that the woman is infertile, or at least has an impaired ability to bear a child (as in the case of Betsy Stern, the wife of "Baby M's" father, Bill Stern). Such qualifying status certifies that the infertile woman who participates in surrogacy has been sufficiently self-sacrificing and suffering. In turn, her sacrifice helps screen over potentially explosive aspects of surrogacy, including the idea that a woman who simply did not want to bear a child could hire a surrogate.

Exposing this idea, of course, would reveal that women are not all "desperately driven" to bear children.

THE SOCIAL CONTEXT OF INFERTILITY

Historical views of female infertility

Margarete Sandelowski has documented historical trends in medical attention to female infertility. She argues that infertility has been blamed, at least since the late 1800s, on a failure of female volition and desire. At that time, "increasing public attention was directed toward women's new educational and occupational aspirations, their assertions of independence and claims to political rights, and a declining birth rate among what many viewed as the most desirable segments of the population" (1990, 482). Sandelowski highlights the decline of fertility among white American women between 1870 and 1915, and the increasing availability of abortion at the same time.

Volition became the accepted explanation for infertility. "The failure to reproduce at all or in sufficient numbers was increasingly viewed as a consequence of the failure to want to reproduce" (484). A recurring theme in the medical literature was that "expanded education and women's ambition perverted their biological destiny.... their involvement in intellectual pursuits... diverted energy away from their reproductive organs to the brain" (485). Since most of the concerns centered on middle-class white women's failure to reproduce, it was posited that intellectual pursuits, rather than physical labor, led to reduced fertility. By 1901, a physician argued to the obstetric and gynecological section of the American Medical Association that sterility was "largely and

unequivocally independent of physical causes.... [He] stated the causes of sterility to be almost wholly 'moral' ones" (487).

According to Sandelowski, by the 1940s and continuing through the 1960s, the failure-of-volition argument had taken on a new cast. The emphasis was placed on psychological explanations that stressed an unconscious desire that was not apparent to the infertile woman. Infertility was seen as "a maladaptive disguise for and defense against the hostility or fear of reproducing. Psychic factors involving hostility to men and reproduction were included as causes of the structural organic changes... that reduced the chances of conception" (491). Repeated miscarriages and less-than-optimal cervical mucus were clinically described as "habitual abortion" and "hostile mucus," emphasizing the role the female will had in creating the conditions of her own infertility.

Race Suicide

A corollary of the "failure of volition" theory of infertility was that those selfish women who refused to have sufficient children were committing "race suicide." As one eugenics textbook of the early 1900s put it, "The birth-rate is so low among native Americans that it is feared by some that the native American stock will ultimately disappear" (Shannon 1916, 204). Linda Gordon points out that by "native American stock" was meant "Yankee elites" (1976, 138). The fear was that white Yankee Americans would be overwhelmed numerically, politically and economically by the "hunger-bitten hordes" (139) of non-whites, immigrants and the poor. The blame for the potential suicide of the "native" white race was placed squarely on educated/privileged women who, according to demographic statistics, "married less often, married later, and had fewer children than their less privileged sisters" (139). Gordon is careful to point

out that the "race suicide" hysteria, which lasted from the post-Civil War period into the first several decades of the 1900s, was not simply a matter of ugly racism. It was born of anxieties surrounding social changes, from urbanization to feminism, over which people had little or no control. Race suicide

provided a focus for distress among Yankee business and professional classes about the growth of working-class and non-Yankee groups and about shifts in family and sex-role patterns (that is, the increase in married women wage-earners) produced by industrialization and the feminist movement. Since traditional religious and moral scruples and belief in the system's economic need for population growth would not yet allow seeking remedy by urging birth control upon the poor, it was necessary to turn in the other direction and ask of prosperous women that they restore upper-class families to a competitive size. Women became the scapegoats (156-57).

As I will show, discussions of female infertility today contain many echoes of the past's women-blamers. The issue of "race suicide" remains as well, but in a much less blatant and more coded manner.

Female infertility today

By the late 1970s and 1980s and into the 1990s, women's infertility was and is still being blamed on the willful acts of women themselves. Some of the arguments for blaming the infertile for their own problem are quite similar to those made 100 years ago: women's ambition, desire to work, mental frame of mind, etc. are still seen as causes of female infertility. I will quote a 1984 Time cover article on "Making Babies" at length because it neatly summarizes many of the trends in determining "blame" for infertility that have become evident. Declaring that the "incidence of barrenness [a word which had virtually disappeared in the medical literature by the mid-1960s] has nearly tripled," the article went on to "explain" this tripling:

Doctors place much of the blame for the epidemic on liberalized sexual attitudes, which in women have led to an increasing occurrence of genital infection known collectively as pelvic inflammatory disease. Such infections scar the delicate tissue of the fallopian tubes, ovaries, and uterus. Half of these cases result from chlamydia, a common venereal disease, and 25% stem from gonorrhea.

Other attitudes are also at fault; by postponing childbirth until their mid- or even late 30s, women risk a barren future. A Yale University study of 40 childless women found that after 35 years of age, the time it takes to conceive lengthens from an average of six months to more than two years.

Other surveys have found that such athletic women as distance runners, dancers and joggers can suffer temporary infertility. The reason is that their body fat sometimes becomes too low for the production of the critical hormone estrogen. Stress can also suppress ovulation; women executives often miss two or three consecutive menstrual periods. ("Making Babies: The New Science of Conception," 50).

Male infertility is given a paragraph, which blames low sperm counts and blocked sperm ducts on varicose veins in the left testicle, and certain drugs and chemicals such as insecticides. So, other than perhaps taking drugs (and no distinction is made in the article between prescription, over-the-counter and illegal drugs), men are not at fault. But women, all women, it is implied, bear the brunt of "liberalized sexual attitudes" which lead to PID and STDs, they delay childbearing, they run, dance and jog too much, and last but not least, they are stressed out from their high-powered executive jobs. This last point, of course, reveals once again that it is women of a certain class who are of concern. Delayed child-bearing and refusal of child-bearing among middle-class women, those most likely to have "high-powered executive jobs," is what the anxiety is all about. Not enough of the "right" babies are being born.

Why the Attention to Infertility Now?

The previous discussion might lead one to ask: Why is so much attention being paid to infertility at this historical point? Why are white, middle-class women over 35³ at the epicenter of the infertility "epidemic"? Bearing in mind that the measured rate of infertility actually declined during the period 1965-1988 (a point I will demonstrate below), why has infertility (and the inter-connected delayed childbearing) become such a concern at this time? A look at popular periodicals in the Readers' Guide to Periodical Literature shows that 20 years ago, articles on infertility were relatively scarce. In the March 1971-February 1972 edition there were no articles on human sterility (the term many still used for infertility). In the March 1982-February 1983 edition, there were still only five articles listed under "sterility", but there were also two articles about female fertility (reporting on the New England Journal of Medicine study to be discussed later in this chapter), 15 articles under "fertilization (in vitro)", and one under "surrogate mothers". By the 1987 edition, there were 13 listings under "infertility", nine under "fertilization (in vitro)" and 30 under "surrogate mothers" (1987 was the year of the Baby M case). The increased attention to infertility paralleled anxiety-causing social changes: the continued second wave of the women's movement, the availability of reliable birth control which made it more possible than ever for women to plan their reproduction and which seemed to make sex and reproduction disjoint, the unmistakable trend toward delayed childbearing (would those women ever have babies?) and decreases

³Many of the articles in magazines and newspapers focus on women with careers and high-powered jobs who delayed childbearing in order to climb the corporate ladder.

in the numbers of children being borne by middle-class women, relative to women with high school educations or less. For example, in 1982, women aged 15-44 with more than 13 years of education⁴ had an average of 1.61 children ever born and expected to have 2.24 children by the time they finished bearing children. Women who had less than a high school education, in contrast, averaged 2.51 children ever born, and expected to give birth to 3.03 children. Clearly, less of the "right" kinds of babies were being born and planned. Women's social roles, particularly their roles as mothers, may seem threatened by these changes, just as they had in the late 1800s and early 1900s. These social trends may seem dangerous and/or uncertain and create ambiguities. People like Ben Wattenberg, who published The Birth Dearth in 1987, claimed that birthrates were precipitously declining and that women in general and the women's movement in particular were at fault. The institution of the family itself may appear to be threatened, if the "family values" rhetoric of the 1980s and 1990s is any indication. In response to these changes and anxieties, the perceived certainty of nature may seem an antidote; nature is apparently going to win over women, despite their willful attempts to circumvent their natural destiny.

I do not wish to make a simple "backlash" or conspiratorial type of argument that says women are being forced back into maternity now that they have made some social and economic gains, but rather, want to suggest that the rhetorical push back into nature

⁴Unfortunately, no data exist that classify female infertility by income or social status. The only proxy available for class is one that measures educational attainment: less than high school, high school and more than high school. Needless to say, this proxy is problematic, as it does not capture the category of "class" as well as I might like; i.e., class is a more complex category than just education.

may represent a desire for certainty about the Mother: despite all sorts of social changes, maternal instinct, even if delayed, will triumph. Nonetheless, feminists need to be vigilant against attempts to recreate a cult of motherhood (such as the post-World War II trend), as well as attempts to blame infertility on women's wills. Women have been struggling with the equation of Woman=Mother for centuries. But the problem is more complex than simple sexism. In order to begin to understand why there is such an emphasis on infertility now, we need to get a picture of how infertility is being defined, look at the social context in which the discourses of infertility are taking place, understand the uneasiness surrounding certain social trends, and so on. This will help us begin to see how certain medical procedures to "cure" (some women's) infertility have proliferated and become acceptable, and it will enable us to pull apart and analyze the cultural production of infertility. As disturbing as that production may seem, particularly as it represents infertile women as "desperate" and driven by nature, it also represents a place where feminists can point out how infertility, the Mother and motherhood are culturally produced.

The natural "need" to be a mother

Partially in response to social anxieties and partly in response to the perceived increase in infertility, popular magazines began running cover stories on infertility and infertility treatments in the 1980s. The emphasis was on the desperation and willingness of the infertile to attempt any procedure that held out the promise of a child. Life's cover story in June 1987 had a picture of a one-year-old white baby on the cover and a headline that screamed "The Try-Everything World of BABY CRAVING." New York's August 12, 1985 cover also featured a white baby, with a headline of "Last Chance

BABIES: The Wonders of In Vitro Fertilization." The rest of the cover read in part:

"More women than ever are having trouble becoming pregnant. For many, in vitro fertilization is the only hope" (Kramer 1985). Time's cover story of September 10, 1984 showed in a fetus in a bubble, supported by a pair of hands, with the headline, "MAKING BABIES: The New Science of Conception."

Social anxieties over delayed childbearing, coded in the language of the biological clock and women's "need" to become mothers seemed to take over many popular magazines. Even the single-woman oriented Cosmopolitan ran an article on "The Race Against Your Biological Clock" in 1989. The cover of the August 20, 1990 issue of People had a picture of news anchor Connie Chung. The headline read, "I WANT A CHILD. Connie Chung and a new generation of women over 40 are racing to beat the biological clock. Stars like Bette Midler and Glenn Close succeeded. Now Chung, 43, cuts back her TV career because time is running out" (Schindehette, et al., 1990).

Some articles attempt to convince us that the call of nature will get even the most determined women. For example, in February 1982, Time ran a cover article with a picture of an obviously-pregnant actress Jaclyn Smith holding her swollen abdomen. The headline read: "The New Baby Bloom." Inside, the story detailed a supposed "astonishing" rise in the birth rate of women in the 30-44-year-old age bracket. (The article gives no time parameters in which such a rise took place.) While recognizing that the size of the large cohort of baby-boom women was contributing to increased numbers of older women having children, the article goes on to give a mythological account of that numerical increase:

But sheer numbers hardly explain this flowering of fecundity. For many women, the biological clock of fertility is running near its end. Menopause will strike at midnight. The ancient Pleistocene call of the moon, of salt in the blood, and genetic encoding buried deep in the chromosomes back there beneath the layers of culture - and counterculture - are making successful businesswomen, professionals and even the mothers of grown children stop and reconsider. ("The New Baby Bloom", 52)

The startling language of this passage reveals a notion of motherhood that is embedded in nature, but somehow has become layered in culture. Yesterday's hippies who became the yuppies of the 80s apparently have come to their senses and realized that they want neither peace nor money; they want a child. Once the layers of culture and counterculture are peeled off, the moon, salt in the blood and genetic encoding make the call of motherhood irresistible; the maternal body is the point at which culture ceases to operate and it is the site of all those "instincts". It is implied that if we can somehow remove the layers of the social that have been heaped on top of the "natural" female body, we will discover the "natural core" of motherhood. No matter now much we analyze motherhood, no matter how much practices change, there is always and ultimately some eternal biological truth beyond which we can go no further. And, by extension, women had better answer that call to motherhood. They had better be willing to crawl on broken glass, if necessary. As Dr. Patrick Steptoe⁵ has said, "It is a fact that there is a biological drive to reproduce. Women who deny this drive, or in whom it is frustrated, show disturbances in other ways" (Stanworth 1987, 15). In other words, women's biology (i.e., their bodies) drive them to reproduce. Women who refuse

⁵Dr. Steptoe, along with Robert Edwards, takes credit for being the "creator" of the world's first "test-tube baby," Louise Brown.

motherhood or are denied it via infertility are unnatural and will show "disturbances". One wonders whether Dr. Steptoe would see some infertile women's willingness to sacrifice their health and sanity as a "disturbance" or merely a "natural" and expected product of that biological drive.

Implicit in Steptoe's statement, the Time article and similar arguments is that it is the physical aspects of motherhood that women are driven to; i.e., they are driven to seek pregnancy and birth, not simply the opportunity to nurture a child they may or may not have given birth to. Their bodies create in them both the desire and the need to procreate. The contradiction inherent in the emphasis on nature and biology, of course, is that while women are represented as nature-bound to seek a child, the practices of infertility treatment constantly threaten to reveal the construction of nature itself and thus, collapse the ground on which nature rests. Supposedly immutable nature drives women to sacrifice themselves to achieve motherhood, while infertility specialists constantly intervene in nature: they rearrange women's menstrual cycles, hyperstimulate their ovaries, remove ova from their bodies and then return them, etc. At the same time nature is immutable, medicine views it as infinitely plastic.

But whose infertility is the problem?

As I briefly mentioned in the beginning of this chapter, not all women's infertility is perceived as problematic, although the issue is never articulated in that way. The discussion is never as blatantly racist as the "race suicide" arguments of the late 18th-early 19th century, but the same fears of being overwhelmed by poor people and people of color, who are stereotyped as overly-fertile, apparently underlie current rhetoric and politics. Both delayed childbearing and the decision by some to have no children have

raised many of the old worries about the failure of people of "good stock" to fulfill their obligations to their race. In 1986, Time magazine ran a cover story entitled "No Baby on Board." Inside, under the title "Three's a Crowd," the subheadline read: "As demanding his-and-her careers become a way of life, more and more couples are opting out of parenthood. The rate of childlessness in this country reaches the highest it's been since the Depression" ("No Baby on Board", 68). The entire article focused on the decisions of white couples on the highest end of the upper-middle class spectrum not to have children, making it clear that what is worrisome is the decision of people of "good stock" not to have children.

Reference to the "infertile couple" is ubiquitous, whether in medical journals, mass-circulation literature, government reports or elsewhere. Infertility (and thus its treatment) is envisioned as residing in a couple, even when the male is azoospermatic (i.e., has a sperm count of zero); this constant reaffirmation of the couple is a way of implying that infertility is only a "problem" within the normalized heterosexual family. Dr. A. Toth expressed his preference for the term "infertile couple" as follows: "I prefer to define fertility and infertility in terms of couples rather than individuals because it is only in the context of the couple that an individual demonstrates his or her fertility or infertility" (1991, 24). The reference to the couple (and it is always assumed that the couple is married) makes heterosexuality hegemonic and erases all single women and men, heterosexual or homosexual, who might desire parenthood. By this definition, a single woman who was not in a heterosexual relationship would not be defined as "infertile", even if she had no uterus, because she could not "demonstrate" her infertility in the proper "context."

Infertility, it would appear, is only defined as a "problem" in the case of married women; single heterosexual women and lesbian women, infertile or not, do not have the "problem". As Sally MacIntyre has pointed out, for married (and, I would add, heterosexual) women, "pregnancy and childbearing are normal and desirable, and conversely a desire not to have children is aberrant and in need of explanation," while for single (and lesbian) women, "pregnancy and childbearing are abnormal and undesirable and conversely the desire to have a baby is aberrant, selfish, and in need of explanation" (quoted in Overall 1987, 141). This was made clear in 1991 when a letter to the British medical journal The Lancet sparked a furor and a great deal of international media attention. The letter-writer, a psychotherapist working for an infertility clinic, wrote asking for help in dealing with patients like a 32-year old woman who requested "assisted conception." The woman was a virgin and "was not interested in sexual intercourse," but wanted a child. She felt that having a child through medically-assisted technological means was better than being raped, or marrying the wrong man. The psychotherapist was worried that such desire really represented the desire "for sexual relations via technology" (Jennings, 1991). A letter in The Lancet several weeks later was typical of the response of many infertility professionals. The respondent found the woman's desire "disturbing", and argued that her "resolutely single status" might harm the development of a child. Additionally, he questioned how such an "asexual" mother would handle the adolescent sexuality of her child (Humphrey, 1991). Underlying both letters is a sense that something must be terribly wrong with a woman who does not desire sexual intercourse with a man, but who desires to have a child. Notice that in this case, the woman's asexuality is a "problem," despite the Mother's representation as

asexual. The Mother's asexuality, it seems, is desirable only as long as she is firmly within the space of heterosexuality.

The infertile woman then, is represented, along with the Mother (and thus, who is eligible or privileged to be a mother) as a married, white, heterosexual, middle-class woman. A visual inspection of stories in mass culture periodicals reveals pictures of white women and/or white couples and smiling white "miracle babies". As just one example, the cover story of the December, 1993 issue of Life magazine, entitled "Miracles of Birth," shows a white woman nursing a white baby (Dowling & Nyary). Other than articles in magazines geared toward a specific minority audience (e.g., Jet and Ebony magazines), I have yet to see an article on infertility that highlighted black or Hispanic women, despite the fact that their infertility is estimated to be 1.5 times that of white women (Mosher & Pratt 1985, 4). That statistical finding is rendered invisible and/or lost in the anxious discussions of desperate and tragic middle-class white women.

The seeming hysteria about the "epidemic" of white, middle-class women's infertility has taken place within a larger social context in which some women's fertility is perceived as a "problem," and discussed in terms no less apocalyptic. A specter of women's fertility out of control, costing taxpayers billions, resulting in child abuse, etc. is raised. The language is always coded, of course: hot-button phrases such as "welfare mothers" insure that no mention of racial or class status is necessary. Perhaps President Reagan set the tone in the early 1980s when he attacked welfare programs and referred to returning welfare programs to the "truly needy" (a throwback to the early days of this century) in his State of the Union Message ("Transcript of the President's State of the Union Message to the Nation", 1982). As Martha Fineman has pointed out, phrases like

the "deserving poor" and "truly needy" imply that we also have undeserving poor and not-really-needy people who are poor and needy through the choices they have made; it is their own fault (1995, 115). This adds to and feeds the idea that some people (notably single women on welfare) are "calculating individual[s] who live[] lavishly off the poor, victimized taxpayer. [They are] demonized into... 'bad' mother[s]" (117). As a result of this demonization, there is very little media coverage of the infertility of women of color, nor of the fact that these women are more likely to have been sterilized than white women (Nsiah-Jefferson 1989, 47). For example, a clinic Boston that treats mostly black patients reported in 1985 that 45% of its patients "chose" to have their tubes tied after the birth of their first child (Ibid). The silence about the infertility and sterilization of women of color (which occurs in tandem with anxious hand-wringing about middle-class white women's infertility) speaks volumes about which women and which babies are considered societally "worthy."

The political rhetoric about welfare has, in recent years, reached a level of hysteria, not to mention mean-spiritedness. Charles Murray of the American Enterprise Foundation, declared in 1993 that single women with children drained resources and "in large numbers...must destroy the community's capacity to sustain itself" (quoted in Fineman, 114). He recommended that single mothers should receive no economic support. We cannot dismiss Murray as an evil crackpot. Congressional Republicans indicate that they wanted to incorporate Murray's ideas in their plans to "reform" welfare. And throughout the decade of 1980s and continuing into the 1990s, various welfare "reform" packages, often taking aim at women with small children, were proposed and passed in both Federal and state legislatures (see, e.g., Stevens, 1988).

Early in 1992, Governor Jim Florio of New Jersey signed a law that denied women on welfare additional payments for any children they bore after they began receiving welfare. The New York Times headlined the signing as an end to the "bonus" women on welfare get for bearing more children (King, 1992). The use of the word "bonus" is significant, because it implies something that is gotten for nothing, an extra prize, and perhaps undeserved and/or unneeded.

Perhaps most chilling was Maryland Governor William Donald Schaefer's suggestion in 1993 that women on welfare be given Norplant (and that vasectomies be given to men leaving prison). He also suggested that the state should consider making such measures mandatory in certain cases. In defense of his suggestion, Governor Schaefer said, "I am concerned about whether it is smart to add to already overburdened parents or increase the number of abused and neglected children" (AP 1993b). The implication, of course, is that it is only poor people and people of color who feel overburdened and who abuse and neglect their children.⁶ By extension, it is only poor people who have more children than they can handle.

By now it should be clear that the Mother (and especially the good Mother) "ought" to be white; it is her infertility that must be attended to while we dream up ways to control the fertility of non-white, poor and working-class women. The class basis of

⁶This point was made again recently when a Bucks County, Pennsylvania woman was arrested for abandoning her newborn child, one year after she had abandoned another newborn. The District Attorney was quoted as saying, "This woman is not addicted to drugs, is middle class, lives in one of the more affluent communities in the area and has a college degree, in all things, of criminal justice" (AP 1995). The D.A. was obviously bewildered by the fact that an educated woman who wasn't poor or a drug user could have abandoned her child.

the practices of infertility and thus, the Mother, is equally as prevalent. Emblazoned in the American consciousness is the image of two professionals, Elizabeth and William Stern, representing the "typical infertile couple," and Mary Beth Whitehead, stay-at-home wife of a garbage man, representing the abundant fertility of poor and working-class women. In the December 1993 cover story of Life, one couple declared upon hearing that the woman was carrying three fetuses (as a result of gamete intrafallopian transfer, or GIFT), "We're going to have to buy a new car and build a new house" (Dowling & Nyary 1993, 76). Another couple in the article revealed that they had spent \$72,000 on IVF and implantation in a gestational surrogate. Clearly, such spending and sums of money are beyond the reach of poor and working-class people, but this fact is rarely highlighted. Instead, the ways in which the stories are presented, casually dropping in references to new homes and large amounts of money, makes invisible the infertility of poor and working-class women and implies that it is not a "problem." The image of the infertile woman is of the middle-class woman (especially "career women"), even though lower-class women are classified as infertile at a rate approximately 1.5 times higher than those in the middle and upper classes (Aral & Cates 1983, 2328).⁷

DEFINING INFERTILITY

Due to considerable medical attention paid to the subject of infertility, as well as well-publicized medical interventions, infertility seems like a medical and thus, scientific, "fact" and somehow a naturalized phenomenon beyond discussions of culture. But, I

⁷Education, as I explained in fn. 4, is the closest proxy for class available.

would argue, this "fact" attains its meaning through cultural practices of infertility that avail themselves of common sense language and expectations concerning what is "natural", "biological," etc. Indeed, "mother" and "motherhood" also have this characteristic. They seem to require no further discussion; it assumed that we all know what is meant by the terms. By employing familiar cultural ideals of motherhood, the discourses of infertility seem to be describing the real. Michael Shapiro cautions that this familiarity is what allows a particular representation to be seen as real: "because it is so familiar it operates transparently" (1988, xi). My goal in this section is to make infertility a bit more opaque by complicating its multiple meanings, in order to demonstrate how the image of the infertile woman is produced by the equally-produced idea of what infertility is.

As I examined various sites of the discursive production of infertility, it became apparent that infertility has no essence; its meaning cannot be circumscribed within any neat set of criteria. Infertility and fertility slide into each other in ways that make it impossible to capture the moment where one begins and the other ends. For example, what does it mean when women previously identified as infertile become pregnant without any medical intervention? What does it mean when a post-menopausal woman with several children who wants to have a child with her new husband is defined as infertile? These are just two examples of the ways in which attempts to define infertility are constantly confounded by other definitions.

I am not the first person to argue that the meaning of infertility is difficult to pin down; others (e.g. Kass 1971, Overall 1987) have made this observation. But I want to push this slipperiness of infertility farther than others have. Every definition of infertility

seems to be contradicted by yet another definition. Even the seemingly straightforward definition used by most clinicians (i.e., the inability to conceive after 12 months of unprotected intercourse) is confounded by the assumption of desire underlying the definition. In other words, it is assumed that women who cannot conceive after 12 months desire to conceive. But what does it mean, then, when women who may or may not desire conception are defined by others as infertile, as I will show? Or when women conceive after 13 months, 20 months or 30 months? Are they "really" infertile? This is not to say that when a woman wants to conceive and is unable to, her infertility is not real to her nor that it does not have a material impact on her life. But my task is not to say that any particular meaning of infertility is right or wrong or closer to the truth. Rather, it is to point to the fruitlessness of searching for the "truth" of infertility.⁸ I do not wish to suggest that if one could somehow come to a universal agreement about what infertility is, that that would somehow fix infertility's "real" meaning. Infertility is not some pre-existing truth or reality that needs only to be revealed; the meanings of infertility are embedded in the cultural practices of infertility at the same time that those practices are a response to social phenomena (i.e., delayed childbearing, changing social

⁸Definitions of infertility range from a "non-event" (Koropatnick, Daniluk & Pattinson 1993), to the fairly loose term "impaired fecundity" (the preferred category of analysis for the National Center for Health Statistics) to an extreme version put forth by an expert who claims to have found a miracle cure for thousands. Toth defines infertility by accepting the conventional definition of one year of intercourse without contraception, but adds two other conditions: "First, I don't consider a couple fertile unless the female partner has been able to carry a baby full term to a live birth. Second, I don't consider a couple fertile unless the baby they produce is healthy - that is, not underdeveloped, colicky, or unusually vulnerable to infectious illnesses" (1991, 22). Thus, Toth would cast the net of infertility much wider than most, including even those whose babies are otherwise healthy, but colicky, a common condition in infants.

roles for women, as well as the fact that some women are unable to conceive, even though they would like to). Infertility attains its meanings at varying sites of its production: a government study on infertility, a pamphlet published by a drug company, a magazine article, a doctor's self-help book, etc.

Does infertility=sterility? Infertility was formerly thought of as synonymous with sterility. In fact, the most-cited medical journal on the subject is titled Fertility and Sterility. When the journal was founded in 1950, it was a publication of the "Society For the Study of Sterility". In 1965, that name was changed to the "American Fertility Society." The Readers' Guide to Periodical Literature indexed articles on infertility under the category "Sterility" until 1983, when it was changed to "Infertility." The change in emphasis from "sterility" to "infertility" reflects a number of things. "Sterility" has a note of finality to it; it sounds as though nothing more is to be done. "Infertility", however, conveys the idea that one can be rendered fertile at some later time, even if one is infertile at the moment. The switch in terminology also represents both progress in reproductive research, as well as a continuum of increasing medical intervention into the processes of reproduction. The more medicine has attempted to "fix" these processes, the less immutable and final they have seemed.

Is infertility childlessness? Infertility could be thought of as childlessness. In fact, the founder of RESOLVE, a national support group for the infertile, employs this category in the title of her book, Infertility: A Guide for the Childless Couple (Menning 1988), and a recent book on infertility, Barren In the Promised Land (May 1995), implicitly employs "childlessness" as the definition of infertility throughout. But one problem is immediately obvious: some women choose to be childless and wouldn't

consider themselves infertile. So a common solution is to add the qualifier "involuntarily" before "childless". However, one could still not point to that definition and say "that's infertility." Many women who are identified as infertile have children from a previous relationship, or through marriage. And indeed, there is a careful distinction made in the medical and statistical literature between "primary infertility" and "secondary infertility." Primary infertility refers to women who have never borne a child; secondary infertility is the label given to those who have borne at least one child.

In the typical infertility story, an infertile woman is described as "desperate"⁹ because she has no children. She must have a child, no matter what the price. We are to feel empathy for her because her body has betrayed her; she has become in a sense, an unnatural woman. But even this idea of infertility as having some organic cause does not hold up. In an article in TV Guide, television actors Roseanne and Tom Arnold are described as "struggling with infertility" (Murphy 1993). But as we read the article, we are told that Roseanne has several children by a previous marriage and that she had a tubal ligation. "I had so many pregnancies that I had to go and get sterilized," Roseanne said (21). At the time of the article, surgery to reverse the tubal ligation had not resulted

⁹If I had to choose the single most common modifier employed with the word "infertility", it would be "desperate". In a TV guide article, the table of contents attention-grabber says, "It's a melancholy time for Roseanne and Tom Arnold, who are trying desperately to have a baby" (Murphy 1993). U.S. News & World Report ran a major article in 1987 titled "Desperately Seeking Baby." A male psychoanalyst quoted in the latter article stated, "For many baby-boom women, there is a trend toward desperately seeking baby. They're getting older, and it's constantly on their mind" ("Desperately Seeking Baby," 58). These are only two of the literally dozens of examples I came across. As will become evident later, this image of the infertile as desperate plays an important role in the representation of the would-be mother as driven by "instincts," "drives," etc.

in a pregnancy and Roseanne was undergoing IVF. The point here is not to say that Roseanne is not infertile. What is of interest is the fact that she is both identified and identifies herself as infertile, despite her previous pregnancies and births.¹⁰ This demonstrates infertility's plasticity as a concept, as well as the ways in which it slides into fertility.

Infertility and time

Currently, the most common definition of infertility is "the inability of a couple to conceive after 12 months of intercourse without contraception" (U.S. Congress, Office of Technology Assessment [hereafter referred to as OTA] 1988, 3). This is also the definition adopted by The American Fertility Society, the main organization of doctors involved in research and treatment of infertility. Time is crucial to the language and practices of infertility. The emphasis on time locates infertility and reproduction and thus, the Mother, more generally in nature and natural rhythms, a move which is constantly undermined by technology which makes time seem more and more meaningless. The infertile woman supposedly only has only so much (reproductive) time, and after a certain amount of time, twelve months, she is identified as infertile. But

¹⁰In a different situation, a woman who has had a tubal ligation might not be identified as infertile. In an article in Life, a potential gestational surrogate was described as having undergone a tubal ligation after giving birth to three children in four years. "She missed being pregnant. 'I love to feel babies fluttering in my tummy,' she told a friend, 'but I don't want another child. Her friend, a nurse, suggested she would make an ideal surrogate' ("Baby Craving," 38). The potential surrogate had no need to undergo a reversal of the ligation; the fertilization procedure would occur outside her body. All the woman needed in this case was a functioning uterus. In one case, a woman who has had a tubal ligation (and subsequent surgery to reverse it) is described as "struggling with (*Footnote Continued*)

12 months is an arbitrary cut-off, which doctors and researchers freely admit (e.g., Silber 1991). For example, in a British study of 17,000 women in the mid-1970s,

80 percent of women had a conception ending in a birth within one year after exposure to risk, but 39 months later, 91 percent had conceived. As a consequence, infertility estimates based on 12 months of exposure greatly exaggerate the risk of ultimate involuntary childlessness inherent in voluntary postponement of childbearing. (Bongaarts 1982, 77).

One can only assume, then, that some women identified as infertile after twelve months will actually be redesignated "fertile" when they conceive after a longer period of time.

Of course, some of these women will have undergone testing and treatment and will appear to have been "cured" of their infertility. The language of conception used by physician after physician and popular article after article contains a gambling metaphor: getting pregnant in the usual way (i.e., without medical intervention) is a "roll of the dice" or "basically a game of odds" (Silber 1991, 179); "the odds at the racetrack are often better" (Kramer 1985, 36). Conception, then, represents a "win"; continued infertility a "loss". But if conception is such a gamble, why is the definition of infertility fixed at twelve months? One possible answer is that medicine offers the "security" of scientific intervention that can overcome the bad "odds" of the reproductive "roll of the dice." The certainty of a scientific "cure" seems more reassuring than nature's probabilities, despite the fact that certain reproductive technologies have low success rates. For example, on average only about 20% of women undergoing IVF will give birth to a child as a result of the treatment (Gabriel 1996, 1).

infertility"; while another woman who has also had a ligation and no surgical reversal is described as an "ideal surrogate."

The biological clock

Time is critical to the cultural production of infertility in another way. Women (all women, not just infertile women) are described as having a "biological clock" which is constantly ticking. Nature prescribes this clock and its limiting effect on the time period of women's fertility. Women are described as being in a "race" with the biological clock, which both produces and adds to women's sense of desperation and time running out. The concept of the biological clock is not one that doctors use in their communications with each other about infertility (i.e., in medical and scientific journals).¹¹ Yet the idea of women having a biological clock that determines how much reproductive time they have has attained the status of the real and the biologically concrete for both American culture generally and individual infertile women. One infertile woman described her decision to enter an IVF program as the result of being "haunted by the imperative of the biological clock" (Davis 1987, 108).

As far as I can determine, the idea of women's biological clocks was popularized in the mid-to-late 1970s (see, e.g., Fabe & Wikler 1979). Periodical articles with headlines such as, "The Race Against Your Biological Clock" and "Racing the Biological Clock" reinforce and reify the idea of a "real" biological clock. Articles and books contain definitions of the biological clock:

¹¹Biologists use the term to refer to circadian rhythms, which occur in approximate 24-hour cycles. Sleep and activity patterns are examples of circadian rhythms.

A woman's reproductive clock begins ticking with her first period, at about age twelve, and runs out with the onset of menopause, when she is about fifty. ("The Race Against Your Biological Clock," 134)

Her biological clock is ticking and she's going to run out of fertilizable eggs fairly soon. (Silber 1991, 17).

[The biological clock] controls the life cycle of our reproductive system. (McKaughan 1987, 111; from a chapter entitled, "Our Real Biological Clocks")

The second quote, by Silber, is of particular interest because it is made by a physician who is regarded as an expert in the surgical treatment of infertility and whose works appear in medical texts. I have not come across an instance of Silber referring to biological clocks in his technical writing; it only appears in his self-help books. More importantly, note the reduction that occurs in these quotations. "Biological clock" is used interchangeably with "reproductive clock." Woman's biology is reduced to reproduction; woman is reduced to womb and thus, Woman=Mother.

The biological clock is used to refer not only to women who are infertile, but also to describe all women who delay childbearing. Ostensibly, it is based on notions that women become less fertile as they age. The idea of decreasing fertility with age has been fairly well-documented (Menken, Trussell & Larsen 1986; Mosher & Pratt 1990). That is to say, as a woman ages, it will (statistically speaking) take her longer on average to become pregnant than if she were a younger woman, assuming the same frequency of sexual intercourse. And it is true that recent decades have seen an increase in the numbers of women over 40 giving birth for the first time (a trend I will discuss below). But again, the imposition of the 12-month rule plays a key role in the definition of "fertility." One study showed that for married women aged 20-24 who do not use contraception, the percentage not conceiving in one year is approximately 7%; for 25-29

year-olds and 35-34 year-olds, the percentages are 11% and 17%, respectively, and for 35-39 year-olds, it is approximately 23% (Bongaarts 1982). So it would seem that as a woman ages, her ability to conceive within 12 months declines. But as previously noted, a large British study showed 91% of all women conceiving and bearing a child within 39 months.

Nonetheless, a 1982 study in the New England Journal of Medicine was given a great deal of attention. In that study, a French research team studied 2,193 women who had never had a child and whose husbands produced no sperm. The women were inseminated with previously-frozen donor sperm. In twelve months, the approximate percentages of women who had not conceived were as follows: under 25 years of age, 27%; 26-30 years old, 26%; 31-35 years old, 38%; and over 35 years old, 46% (Federation CECOS, Schwartz & Mayaux 1982, 406). Despite the fact that it is known that artificial insemination results in lower fertility rates than sexual intercourse (Bongaarts 1982; Schwartz, MacDonald & Heuchel 1980) and that frozen sperm likely lowers that fertility rate even farther (Bongaarts 1982), the study was widely reported, including a front-page story in the New York Times which declared that female fertility "drops sharply" after age 30 (Webster 1982). Significantly, the editors of the New England Journal of Medicine felt so strongly about the results of this one study that they devoted an editorial to it in the same issue. If the decline in female fertility after age 30 were as great as the French study indicated, the editors said,

[i]ndividual and societal goals may also have to be reevaluated. Perhaps the third decade should be devoted to childbearing and the fourth to career development, rather than the converse, which is true for many women today. Although this might entail restructuring educational and training programs and the labor market, it might be the best way to ensure

that women who desire to have both a family and a career are able to do so (DeCherney & Berkowitz 1982, 425).

So, on the basis of one study using frozen sperm, and on a definition of infertility employing the 12-month criteria, the editorial breezily suggests restructuring educational and training programs and, indeed, the very labor market, so that women can have children in their 20s and then be permitted to pursue a career in their 30s! Clearly, data are being employed to support the suggestion that certain social changes should take place as a "cure" for a problem of "nature": infertility. That those social changes entail women returning to (or not leaving) the home to have children does not trouble the editors of the New England Journal of Medicine, who close their long editorial with the warning: "In the mean time, the relation between age and the ability of women to conceive must be given more serious consideration by practicing physicians and patients" (426).

In the case of the infertile woman, the biological clock takes on an even greater urgency. Not only has she been identified as infertile, she has only so much time left to fulfill her reproductive destiny, so she must "race" against that clock. The very idea of a "biological" clock inscribes maternity in the realm of nature, instincts and drives and serves to locate reproduction, the Mother and thus, women, along a natural trajectory from which they cannot escape. If women have a biological clock, then they are obviously instinctively driven by nature to reproduce, and on a schedule at that. Magazine articles confirm this: In a cover story in For Women First on women over 40 having babies, a sub-headline read, "It must be instinct" ("Beating the Clock", 7). The cover of a Ladies Home Journal declared that a special report inside was "The Need to

be a Mom." The summary of the article inside, in large type, declared, "Married and single, young and not so young, women are once again deciding to have babies simply because they want them - even if it's not convenient, even at risk to their careers, health or relationships" (Casey 1992, 100). Women driven by their biological clock will apparently sacrifice anything to become a mother. The sacrifice itself is represented as being compelled by nature, and this is a point I want to emphasize, as it reaffirms the Mother's self-sacrifice as nature-driven. If she crawls on broken glass, it is because nature drives her to forsake everything - her career, health and/or relationships - for the chance to have a child.

Yet, despite the ways in which the infertile woman is represented as being desperately driven by instinct, the practices of infertility treatment challenge the inscription of maternity within nature-dictated drives. The idea of being driven by instinct elicits an image of being forced to obey nature, perhaps being out of control and lacking the will to do otherwise. But infertility treatment requires women to do a lot of planning and scheduling in order to pursue the quest of a child. Everything from doctor appointments, to laboratory tests, to temperature-taking, to sexual intercourse is planned ahead of time. Social processes of planning and scheduling evoke an image of calm, rational thought processes and of exerting some control, as does the engagement in contractual relations required of a woman who participates in the hiring of a surrogate. In this way, the infertile woman is quite different from her image as one driven by instinct to bear a child. The idea of desperation can act as a screen over these sorts of practices which threaten to reveal motherhood as not-quite-so-instinctive and nature-bound as the myth of the Mother insists she is.

Delayed childbearing and infertility

Delayed childbearing is the name given to the social trend of women delaying the age at which they have their first child. There is no doubt that women have been choosing to delay childbearing since the 1970s. For example, in 1970, 19% of all first babies were being born to women 25 years of age and older; by 1982, that proportion had risen to 36%. During the same period, women aged 30-34 doubled their rate of first births per 1,000 women, from 7.3 to 14.6. And between 1970 and 1981, the percentage of women aged 25-34 who were childless rose from 18% to 28% (Baldwin & Nord 1984, 3). It was during this time period that the idea of women's reproductive biological clock became not only popularized, but reified.

According to statistics issued by the National Center for Health Statistics, in 1971, 5.5% of all women between 40 and 49 years of age who bore children were bearing their first child. In 1979, the figure was 8.2%. By 1982, the percentage had risen to 10%, and in 1987, it was 16% (National Center for Health Statistics, 1975, 1981, 1984, 1989). Clearly, women giving birth for the first time in their 40s has become more common, although even in 1987, women over 40 represented less than one percent of all women giving birth.

Women over 40 bearing children highlight the historical specificity of particular discourses of infertility. As Deborah Gerson has pointed out,

[T]he desire for and expectation of bearing one's first child after forty is a particular social-historical fact. Only in a social world in which heterosexually active women could prevent pregnancy through contraception and abortion could childlessness persist until the age of forty... the confidence with which [Gerson's friend] approached the prospect of pregnancy in her forties bespoke a particular sensibility about

her own body's aging - or lack thereof - that was also historically specific (1989, 46).

In another historical period, the idea of a 40-year-old woman being "infertile" would be ludicrous; she would be considered too old to bear children. But the social trend toward delayed childbearing and childbearing after age 40 is unmistakable. The concept of the "biological clock" plays neatly into societal anxieties surrounding this trend, as well as worries that middle-class white women will choose to have no children at all:¹² it ensures that women will have to be mindful of "nature's will" and justifies the idea that women are risking much when they delay childbearing. The sub-headline of a newspaper article entitled "Downside to Delaying Pregnancy" read: "Delaying Pregnancy: Look again at the risks, doctors say" (FitzGerald 1993). Among the "risks" was a "teaser" quotation, in bold letters: "Fertility specialist Mark Sauer: 'In reality, only a few percent of women over 40 are truly fertile'" (A15). One can imagine how that frightening (and misleading - how is he defining "truly fertile"?) quotation would ring in the ears of a woman in her 30s who is considering waiting until she is in her 40s to have children.¹³

¹²The previously-discussed Time magazine article, entitled "No Baby on Board" is an example of this anxiety.

¹³Equally frightening is the specter of breast cancer that has been raised by many experts: if one does not have children early, one is at a greater risk of getting breast cancer. In fact, the lead paragraph in the Philadelphia Inquirer article quoted above read: "Alarmed by the growing incidence of breast cancer, a Seattle researcher is proposing the bold idea that women be encouraged to have babies by their late teens or early 20s." One might only speculate about whether or not women are throwing away their diaphragms and pills in response to that "bold idea." My point is not that there may not be some causal relationship between breast cancer and delayed childbearing. Rather, it is the "solution" to the problem that is troubling. Instead of proposing better ways to detect breast cancer, or seeking ways to counteract the theorized relationship between breast cancer and childbearing, and instead of seeing breast cancer as possibly caused by a complex interrelationship of factors, these experts are suggesting that women rearrange their life
(Footnote Continued)

At the same time that women are discursively inscribed within the ticking biological clock, reproductive technologies and social trends would seem to make the notion of the biological clock irrelevant, and feminists need to point that out. These technologies and trends seem to defy "natural time," and nature's rhythms and that very defiance brings into question the whole idea of "natural" reproductive time. With the advent of egg "donation",¹⁴ post-menopausal women can now become impregnated with another woman's egg. Arlette Schweitzer gave birth to her own grandchildren at 42; Geraldine Wesolowski did the same at 53 (Kolata 1991; Gruson 1993). Mary Shearing, 53 and already a grandmother, gave birth to twin girls who were born after another woman's eggs were fertilized with Ms. Shearing's 32-year-old husband's sperm and implanted in Ms. Shearing (AP 1992). Additionally, there is more social acceptance of women over 40 bearing children (and the widespread use of amniocentesis to reassure these women their children will not have Down's Syndrome). So one might expect that notions of a biological clock would die a quiet death, leaving women feeling less pressured to reproduce before it is "too late". Instead, the biological clock is now conceived as "beatable" (cf. the article in For Women First) or as "turned back" (Rosen & Moneysmith 1990). The idea of natural reproductive time lives on in new ways.

plans to accommodate the possibility of breast cancer, much as the editors of the New England Journal of Medicine did with respect to declining fertility over time.

¹⁴I put the word "donation" in quotes because it is difficult to think of anything for which the average payment is \$2,000 per cycle as "donation." This is the language used by those advocating and practicing the technique, however. Calling it "egg donation" instead of "egg selling" reinforces the Mother as outside the cash nexus and maintains the idea that the egg donor is an example of feminine altruism, an idea which will be discussed in greater detail in Chapter 2.

Why, then, does the notion of the biological clock persist in the face of changing technologies and social expectations? One answer is that it reinforces and underwrites the idea that women are naturally driven toward motherhood. It reassures us that motherhood is indeed "natural" and inevitable, despite changing social trends. But the idea of the biological clock could not persist if it did not have some resonance in modern culture. The emergence and resilience of the biological clock, rather than springing from nowhere, is connected with the fact that women have, in a sense, been living against the biological clock. The use of reliable birth control, along with changing women's social and economic roles has meant a rupture in the formerly taken-as-given timeframe of a woman's life: early marriage, followed by childbearing soon thereafter. Women's marriage and work patterns and delayed childbearing, coupled with the idea that female fertility does not last forever, have made it seem as if women had been denying nature's inevitable timing and rhythms, which are going to catch up with them sooner or later. The idea of the biological clock seems "right" because it resonates with social fears about these trends. Unfortunately, it can also be used to either keep women out of the workplace (c.f. the editorial in the New England Journal of Medicine discussed above) during their reproductive years, or it can convince women that they can slip out of the workplace for a while and then pick up where they left off at some future date. It can also make ideas like the "mommy track," in which women in their childbearing years are put on a slower track toward corporate success, more acceptable, more "natural" (Erlich 1989). But here we see how the meanings of infertility have subtly assumed the class status of infertile women: poor and working-class women do not have the same concerns about "corporate success" and the effects of leaving the workplace. I do not

mean to imply that the idea of the biological clock has no resonance for these women, but in a sense the whole idea of the biological clock has been directed toward convincing the right women to get busy producing babies.

But we don't want Grandma getting pregnant, either.

At the same time that the practices of infertility, with their talk of the "biological clock," concentrate on women who are over 35, a certain line seems have been crossed recently, as a small group of women in their 50s and 60s have borne children through ovum "donation" programs and in vitro fertilization.¹⁵ The concentration on infertile "career women" and the negative reactions to post-menopausal pregnancies make it clear that women in their late 30s and early-to-mid 40s should be terrified of remaining childless, while women older than that should not even think of having children.¹⁶ It seems the Mother ought to be of a "proper age." The arguments against such

¹⁵In most of the cases thus far, the woman, who already had children, had remarried and wished to have a child with her (younger) husband. The ova of a younger woman were purchased, fertilized with the husband's sperm and then implanted in the wife's uterus, after she had been given drugs to mimic the changes that take place in the uterus during conception and implantation.

¹⁶I do not wish to imply the trend toward women in their 50s and 60s bearing children is a desirable one. It goes beyond the idea of women as eternal mothers and creates a notion of women as eternal childbearers. One writer noted this tendency when she said, "When fiftyish women can conceive with donor eggs, menopause ceases to be the irreversible passage that only biblical characters can defy. How is one to stop when nature no longer bestows the stern solace of a final curtain?" (Hopkins 1992, 90). While I would take issue with the writer's appeal to nature as a kind of final arbiter, her point is important. It is difficult for younger women to say "enough" and give up infertility treatments when women in their 50s and 60s are having children. Feminists need to be very concerned about the portrayal of these women as sacrificing themselves completely to the desire to bear a child at any age, at any cost. However, the public arguments against such pregnancies are disturbing in their attempt to arouse disgust and horror at the very idea of a woman over 50 giving birth.

pregnancies are blatantly ageist and meant to conjure the image of a hag. Calling them "retirement pregnancies," opponents of the procedure argue that it is unfair to children to be born to these mothers, because either (a) the mothers will die while the children are young, or (b) the mothers will not have sufficient energy to care for young children. As Philippe Douste-Blazy, France's Deputy Health Minister, said in 1993, "To have a child after menopause, thanks to assisted procreation, is to challenge time, to show no respect for biological law. It could mean an 80-year-old mother for someone graduating from high school" (AP 1993a).¹⁷

Although the arguments against women in their 50s and 60s are often couched in language that seeks to articulate the "best interests" of the future child, I want to suggest that perhaps it is the idea of older women as sexual beings, as well as the ways in which they may remind us of our own mortality, that arouse such intense feelings of revulsion in the U.S. and other western nations. The idea of an 80-year old mother for a teenager is apparently disgusting to Douste-Blazy. As I discussed in the Introduction, the Mother's sexuality is denied and omitted, and her image is one of an asexual self-sacrificer. I also pointed out that Karen Horney's theory of the "dread of the vagina" could give us one way to think about why thinking about the mother as sexual could arouse such feelings of revulsion. In the case of an older woman, the very idea of being born via an old vagina may simply be too revolting for some to contemplate. In our

¹⁷Contrast this image of "biological law" as immutable, with the image of "biological law" employed when the subject is women in their 30s and 40s. There, the "biological law" that says women must have, and are driven to have, children is also seen as immutable, but to satisfy that "law", the lawful clock that regulates our reproductive time is seen as "beatable", or capable of being "turned back," and obviously not so immutable.

society, the grandmotherly figure is maternal, but without maternity. The old woman is represented as completely sexless, if not horrifying. "Biological law," one might assume, includes the image of the safe, asexual grandmother figure. And "biological law" need not remind us of an unpleasant reality: we, too, will grow old and die. Perhaps, then, the old-woman-as-mother is also frightening because she serves as a reminder of our own mortality.

THE EPIDEMIC OF INFERTILITY

Is infertility a "disease"? This is an ongoing debate even among infertility researchers (OTA 1988, 36). OTA resolves this dilemma by saying that infertility is "a clinical problem for which the medical community can sometimes offer a remedy" (36). Yet the language of infertility is couched in the terminology of disease. Infertility is routinely referred to as an epidemic (e.g., Silber 1991, 1.; Mann 1986, 135). The use of the word "epidemic" accomplishes a number of things. It conveys a sense of urgency; epidemics must be attended to before they get out of control. It also implies contagion, as if it were caused by a microorganism. (Using the word "epidemic" in the age of AIDS is sure to raise certain images and associations, conscious or unconscious, in people's minds.) The word "epidemic" also implies that the problem is growing and spreading, an idea which I will show is not borne out by statistical findings. Finally, "epidemic" implies that the "cure" for infertility must be found and once found, applied vigorously.

But if infertility is a disease, or a disability, or a physical ailment - however one wishes to characterize it - the question of what physicians refer to as idiopathic infertility challenges the "is" of infertility, as does a phenomenon referred to as "treatment-

independent pregnancy" and a concept of "social infertility". Idiopathic infertility refers to infertility that remains "unexplained" after all the tests a particular doctor deems necessary are done. Estimates of idiopathic infertility range from 3% to 20% of all cases (OTA 1988, 75). Of course, doctors find this frustrating, as there is a need to pinpoint a cause for every case of infertility. Silber discusses the lengths doctors sometimes go to to find "subtle abnormalities" (1991, 109) and OTA declares, "couples with unexplained infertility may actually suffer from subclinical expression of acknowledged causes of infertility that could be revealed by further testing or continued observations" (1988, 75). In other words, if the doctors just keep looking long enough, the odds are they will find some cause of the infertility. An infertility specialist at a public seminar held at a hospital said, "What's the worst scenario? All the tests are normal."¹⁸ (Worst scenario for whom, one might ask.) The question remains then: are these women infertile or aren't they? The answer seems to be: if the doctor says you are infertile, and you identify yourself as infertile, you are infertile, despite the doctor's lack of finding any particular cause of infertility. And despite a definitive diagnosis, treatment is often begun to "correct" the problem. For example, in cases of idiopathic infertility, Silber recommends "bypassing the whole process" and proceeding directly to GIFT or IVF, rather than waste time (1991, 110). This problematizes the idea of treatment, because there is no "cure" of the underlying "disease", or even an abatement of it. If a woman cannot conceive because she has badly scarred Fallopian tubes, IVF does not change that fact.

¹⁸Personal notes from a seminar from a public infertility seminar conducted at Kennedy Memorial Hospital, Turnersville, NJ, March 31, 1993.

But if she becomes pregnant as a result of IVF, is she still "infertile"? Trying to answer these questions about whether someone is "really" infertile (and the impossibility of actually answering them) illuminates the social meanings of infertility. The medical fact of a lack of conception after 12 months is given sensibility and takes on its meaning when culturally mediated.

"Treatment-independent pregnancy" can occur both in cases of idiopathic infertility and infertility with a designated "cause," thus disrupting the stability of any meaning of infertility. Simply put, treatment-independent pregnancy is a pregnancy that occurs after the infertile woman has stopped going for treatment for her infertility or in other cases, when she never went for treatment at all. Collins, et al. (1983) published a study that indicated in 35% of 548 couples (who were designated "infertile" by the 12-month criterion) who underwent no treatment, the woman became pregnant. Additionally, in 31% of the couples who were treated, the woman became pregnant more than three months after the last medical treatment or more than 12 months after adnexal surgery. (Notably, 69 of the original 1,214 "infertile" couples who registered at the infertility treatment center in question were dropped from the study on the first visit because the woman was pregnant.) One is tempted to ask, were those women and men "really" infertile? They were certainly identified and likely identified themselves that way. But again, the futility of attempting to answer the question points us back to where we started: the meaning of infertility is inscribed within cultural practices. And that leads me to the idea of "social infertility."

Social infertility might at first seem like an oxymoronic term, sort of like "social diabetes" or "social heart disease." But as I have tried to point out above, the disease

model of infertility is a problematic one. The idea of social infertility arises when a woman is fertile but her male partner is not. Judith Lorber refers to the concept of social infertility in her 1989 article, "Choice, Gift, or Patriarchal Bargain? Women's Consent to In Vitro Fertilization in Male Infertility." In that article, Lorber explored what might seem like a puzzling phenomenon, that of women who undergo IVF because of their male partners' infertility. IVF is used by practitioners of reproductive medicine as a solution to poor sperm count, motility or morphology because efficacious methods of correcting these problems have yet to be developed. The process may involve separating the "good" sperm from the "bad" sperm and fertilizing the ovum(a) in a petri dish by exposing it (them) only to "good" sperm, or it might involve intracytoplasmic sperm injection (ICSI), in which a single sperm is injected into an ovum.¹⁹ In order to do these procedures, of course, it is necessary to remove the ovum(a) from the woman's body, fertilize it (them) and return it (them) to her body, hence the "need" for her to undergo IVF despite infertility having been located in her partner. Lorber asks why these women would undergo this procedure. Part of the answer, she says, is that "whether the woman is or is not physiologically infertile may be immaterial because... she is socially infertile" (1989, 24). She is socially infertile because reproductive medicine "focuses on the couple as a unit" (Ibid) and, I would add, because she bears the stigma of childlessness

¹⁹A brochure from a Philadelphia-area infertility clinic touts ICSI in terms such as "simple and elegant", remarking that "the power of ICSI is that it only requires 1 sperm to be effective, not 60,000,000" ("Male Infertility and It's [sic] Treatment With Intracytoplasmic Sperm Injection (ICSI)" n.d.).

(in cultural terms, she might as well be infertile, because she cannot bear a child).²⁰ One infertile woman illustrates both points when she relates the way in which her doctors saw her inability to conceive and the ways in which she experienced her infertility:

[T]hough the suggestion was made that my husband might have some abnormality contributing to my inability to conceive, "our" infertility was generally considered to be due to something amiss with me. [Despite suspecting her husband was infertile, she continued treatments for herself because] infertility was deeply painful, humiliating and frustrating; there were also shame and stigma. I felt, "why me"? (May 1995, 169).

Because medicine sees the couple as the "patient" needing treatment, a couple's infertility may be "cured" by intervention into either party; the woman ends up as the seemingly logical site of that intervention. To avoid the pain, humiliation and/or frustration which marks her as socially infertile, the woman may see IVF as the only "cure" for that infertility. Obviously, an idea like "social infertility" challenges the notion that infertility is a disease; indeed, it challenges the idea that infertility "is" anything in particular. We could not understand a concept like "social infertility" if infertility were not inscribed within cultural practices.

Infertility statistics

It would be helpful at this juncture to examine some statistics concerning infertility. Anyone with some training in statistical methods should have a clear understanding of what statistics can and cannot tell us. And s/he should also have a healthy skepticism

²⁰In a later article, Lorber discusses the ways in which the social onus of childlessness impacts women's lives more heavily than men's. Additionally, she reports that some women take on the burden of their partner's infertility in order to "repair the damage to his sense of masculinity" (1993, 34). As one of Elaine Tyler May's respondents said, "I never told the families because I knew it would hurt his pride. Everybody just concluded it was my fault" (May 1995, 160).

about the "truth" revealed by statistics and read any conclusions based on them with caution. Statistics can be thought of as a site of discursive production, in what they do or do not "measure," and in how they define their terms. Nonetheless, the statistics collected about infertility can give us an estimate of the numbers of women designated as "infertile", however that term is defined for purposes of the study in question. They are also given a great deal of weight by the media, by doctors, lawyers and anyone else making an argument about infertility. For that reason alone, they deserve our serious attention. What is of interest about the statistics is the way in which they are usually exaggerated or simply ignored. That is why it is important to explore the statistics, in order to make clearer what is at stake in asserting that infertility is an "epidemic".

The most consistent collector of infertility statistics has been the National Center for Health Statistics (NCHS), a division of the United States Department of Health and Human Services. NCHS collects data approximately every six years in a survey titled the National Survey of Family Growth.²¹ NCHS' primary focus is the concept of "impaired fecundity", but it also disseminates data on "infertility" (based on the 12-month criteria), because data on infertility have been collected since 1965 and thus, long-term trends can be generated. According to NCHS, impaired fecundity and infertility differ in two ways: (1) infertility measures the difficulty in conceiving only (assuming the person is not surgically sterile), while impaired fecundity measures both the difficulty in conceiving and the difficulty (or danger) in continuing a pregnancy to term. All women who are

²¹The most current data available at this time is from the 1988 survey. A new survey was taken from January through October 1995; data will not be available from that survey until 1997. (Telephone conversation with NCHS statistician, 2/1/96.)

designated infertile are also designated as having impaired fecundity, but the reverse is not true. Thus, a woman who can conceive but who consistently miscarries would be designated by NCHS as "having impaired fecundity", but not "infertile";²² (2) data on infertility are gathered on married women only, while impaired fecundity is now estimated for all women, regardless of marital status (a change in data-gathering that took place in the 1980s) (Mosher & Pratt 1990). Despite NCHS's care in delineating a difference between impaired fecundity and infertility, the two concepts and their accompanying statistical estimates are often used interchangeably by the media and others under the term "infertility", and it is rare to see an article or hear a person familiar with infertility refer to impaired fecundity.

Who is "infertile" or "unfecund"? Several things of interest must be noted about the way NCHS collects data on infertility and impaired fecundity. Only women are surveyed.²³ This means that if a woman's partner is infertile (the survey asks whether the male partner can possibly father a child), then she is designated as having "impaired fecundity." The woman is designated as the "unnatural" one, not the man. For the data on infertility, women who are not married are excluded from the estimates. The authors

²²Because NCHS surveys all women (15-44) regarding impaired fecundity, but only married women regarding infertility, the estimated numbers of infertile women will appear much smaller than the estimated numbers of women with impaired fecundity (i.e., the population of all women 15-44 in 1982 and 1988 was nearly double the population of all married women 15-44).

²³Susan Faludi reports that she interviewed Dr. Mosher regarding the fact that only women are surveyed. "Why don't we do men?" William D. Mosher... repeats the question as if it's the first time he's heard it. 'I don't know. I mean, that would be another survey. You'd have to raise money for it. Resources aren't unlimited.'" (1991, 32)

of the study from the 1988 cycle of the National Survey of Family Growth give the following reason for only using married women to measure infertility: "the concept assumes continuous exposure to intercourse and no underreporting of pregnancies, which can be assumed only of currently married women" (Mosher & Pratt 1990, 5). They also express a wish for statistical continuity, since the surveys of infertility since 1965 only surveyed married women.²⁴

Clearly, including only married women in the definition of infertility represents a shoring up of the heterosexual family ideal (including the Mother as heterosexual), a process we constantly see in the discursive practices of reproduction.²⁵ And the assumption that only married women have "continuous exposure to intercourse" and might not underreport pregnancies is ludicrous. It seems to imply that single women are/should be sexually inactive. As I previously discussed, single and/or lesbian infertile women are not perceived to have a "problem." One has to wonder why NCHS would go through these contortions in the way it measures infertility, while all women, married or

²⁴Demographers and other statisticians like to have long-term trends to study, as more samples over a longer time period give statistically better estimates. If a change in data-gathering takes place, such as the definition of a key variable, or if the sample population's make-up changes (as it would if all women were studied, instead of just all married women, as it had been from the beginning of the time series), then that is viewed as a disruption in the series, and surveys from different time periods would no longer be comparable. It would be the statistical equivalent of comparing apples with oranges. The earliest surveys funded by the U.S. Department of Health, Education and Welfare were taken in 1965 and dealt only with in/fertility and not un/fecundity. Thus, the time series dealing with in/fertility would be longer and more statistically desirable, as they date back to 1965.

²⁵In fact, time after time, the implication is that a (married) "couple" is not a "family" until there are children present. The first sentence of the forward to the 400+ page OTA study reads in part, "much attention has focused on new options available to help infertile couples form a family" (1988, iii, my emphasis).

not, are included in the survey data on "impaired fecundity." In fact, NCHS originally only surveyed married women about impaired fecundity, but switched to surveying all women in the 1980s. Why didn't they make the same change in the infertility surveys? Despite protests that "statistical continuity" is the goal, it seems a subtle argument is being made that infertility is only a "problem" if married women aren't having babies. Single women do not have the "problem"; they are not defined as capable of being infertile. In contrast, demographers might now be interested in the fecundity status of all women, perhaps as a recognition that all women are capable of impacting on the population, by reproducing and by under- or over-producing.

The way NCHS defines impaired fecundity reveals a contradiction. In addition to women who answered that they have difficulty in conceiving, any woman who was continuously married or cohabiting, did not use contraception and did not become pregnant for 36 months or more was defined as having impaired fecundity. While the use of the 36-month as opposed to the 12-month criteria is interesting and may demonstrate an acknowledgment that the 12-month criteria may be too short (although both the 36- and 12-month criteria have an element of arbitrariness to them), what is more interesting is that even women who don't necessarily think of themselves as having impaired fecundity and/or as being infertile have the label imposed on them. They are infertile and they don't even "know" it. Some women might reject the label, leading to it being applied to them anyway, as if it were a sort of pathology.²⁶

²⁶ An argument could be made that this situation is no different than one in which someone is unaware of having diabetes, but is diagnosed and defined as such by certain medical criteria. That argument holds if one accepts the idea that infertility is a disease (*Footnote Continued*)

The statistics, from 1965 to 1988

In the 1988 cycle of the National Survey of Family Growth, 8,450 women were surveyed. Mosher & Pratt (1990) estimated that 8.4% of all women between the ages of 15 and 44 (or a bit more than one in twelve) were estimated to have impaired fecundity (this represents approximately 4.9 million women); the comparable figure in 1982 was 8.4% (approximately 4.5 million women).²⁷ Infertility estimates were calculated for all married women for 1965, 1982 and 1988 at 11.2% (3 million), 8.5% (2.4 million) and 7.9% (2.3 million), respectively. Notice that, according to these studies, the overall rate of infertility has actually declined since 1965.²⁸ From 1965 to 1982, the only age group that had a statistically significant increase in infertility was (married) women aged 20-24, whose rate of infertility increased from 3.6% to 10.6% (Mosher 1987, 43), not, as one

that needs to be cured. It is quite conceivable that some of the women who don't "know" they are infertile would have no desire to have their infertility "cured" and would not see themselves as having an illness that required a cure.

²⁷Impaired fecundity was not estimated in 1965. I am citing estimates for both impaired fecundity and infertility, even though the estimates of infertility have received the most attention. I will later show how the estimates are mixed and matched ad hoc, despite the fact that impaired fecundity and infertility are not defined as the same thing.

²⁸Primary infertility (infertility among women who have never had a child) has increased, from approximately 2% of the total population of married women 15-44 years old in 1965, to approximately 3-4% of the population in 1982 and 1988. Because secondary infertility (among women who have had at least one child) decreased substantially during the same period (from approximately 9.5% in 1965 to approximately 4.5-5% in 1982 and 1988), the overall rate of infertility decreased. (Statistical significance of these rates cannot be determined, as they were calculated using certain limited data provided by NCHS.) The fact that higher rates of women were determined to have primary infertility is unexplained by Mosher & Pratt; it may or may not be the result of delayed childbearing. Regardless of its source, the increase in primary infertility, despite the more-than-offsetting decrease in secondary infertility, may add to the perception that infertility is increasing.

might suspect from the attention that delayed childbearing has received, among women over 35. Mosher and Pratt are careful to note, however, that the numbers of childless older women (i.e., who have primary infertility) are increasing which, they say, might account for the perception that infertility is increasing. When one considers the large numbers of women in the "baby boom" cohort, the numerical increase is an entirely reasonable result. But, Mosher & Pratt add, the rate of infertility has not increased.²⁹ The fact that more older women are defined as "infertile" because of the 12-month cut-off plays neatly into fears about delayed child-bearing and supports contentions that women ought to stay home, cut short their careers and/or generally rearrange their lives to suit nature's dictates.

Finally, it is critical to note that the rate of infertility for black women has consistently been at least 1.5 times higher than that of white women (Mosher & Pratt 1985, 4).³⁰ Viewed in isolation from the social context, this statistic would seem to raise an alarm. Why wouldn't all the reports on infertility in the media and elsewhere trumpet the higher rate of infertility among black women, while they are trying to convince us that an "epidemic" exists? The answer, of course, is that we cannot view these statistics

²⁹Some infertility experts play loosely with the terms "numbers" and "rate". For example, Toth says that the number of infertile couples increased (without discussing trends in population growth and the large cohort of baby boomers of childbearing age) and then asks, "Why has the infertility rate continued to trend upward....?" (1991, 7-8, my emphasis). Let the consumer of statistics beware.

³⁰The only racial categorization in NCHS's reports is "black" and "white." Very few women who are neither black nor white are sampled. For example, out of a total sample of 7,969 women interviewed in 1982, only 191 were of "other races" (Pratt et al. 1984, 5); I found no reason given for this discrepancy, despite searching through numerous articles by Mosher, Pratt, et al.

in isolation; they are produced within a social context that says the Mother should be white, that black women are overproducers of babies, and that black babies are less worthy than white babies.

There are the statistics, with all the attendant caveats that statistics have. Now we can explore the way those statistics have been used to make the case for an "epidemic" of infertility, despite unequivocal statements like the following: "Physicians providing infertility services do not have more patients due to an 'epidemic' of infertility because there is no epidemic" (Mosher & Pratt 1991, 193, emphasis added). Everyone, it seems, from doctors to reporters to members of the U.S. Congress, uses a figure which is higher than the 8.4% estimate of impaired fecundity or 7.9-8.5% estimate of infertility (or approximately 1-in-12), figure cited above and nearly everyone implies or says that infertility has been increasing. I will discuss a few characteristic examples.³¹ A doctor says, "One out of five American couples cannot conceive. And that figure, some researchers say, may be even higher" (Bellina & Wilson 1986, 126). Another doctor tells us, "There is a worldwide, emotionally wrenching epidemic of infertility, making it our nation's number one public health problem.... What accounts for this dramatic increase in infertility over the last twenty years?" (Silber 1991, 1-2). A weekly news magazine says, "10 million Americans - 1 couple in 6 of childbearing age - are defined as involuntarily infertile" ("Desperately Seeking Baby," 58). A member of Congress writes, "[T]here are the 5 million American couples for whom infertility is not front-page news.

³¹I found literally dozens more.

For them, it is a personal nightmare. One out of every five to six couples has trouble conceiving a child" (Schroeder 1988, 765). A popular general-interest magazine claims infertility "has reached epidemic proportions in the United States" and "Nine million Americans - or over one in every six married couples - suffer from infertility" (Manning 1986, 135).

And so it goes, like a strange game of Telephone, where no one tells the same story: 1-in-5, 1-in-6, 1-in-9; ten million, nine million, etc.³² Many of the reports employed a statistical trick: to arrive at a figure of 1-in-6, they calculated the percentage infertile of all married women, excluding those who were surgically sterile (the 1-in-12 figure is arrived at by looking at the total population, including those who are surgically sterile).³³ In and of itself, there is nothing particularly sinister about doing that, and may give a better picture of those who want to conceive. But nearly always, the explanation that the 1-in-6 figure was derived from a subgroup of the total population was omitted, and the language was "one in six couples".³⁴ Then, nearly all the articles went back to

³²Other than the OTA report and academic and medical journals, it is rare to find NCHS's data presented in a non-misleading manner.

³³The "statistical trick" I refer to has to do with reducing the size of the population being referenced so that any discrete number looks larger than it does in relation to the larger population. In this case, the larger population is the total population, including those that are surgically sterile. The smaller population removes those that are surgically sterile from consideration. To give a quick example: If 100 women out of a total population of 1,000 are defined as infertile, then 1-in-10 women are infertile. If we remove surgically sterile women from the population, and that reduces the population to 600, then that figure of 100 women now represents 1-in-6, a seemingly much larger problem.

³⁴Notice that "Desperately Seeking Baby," cited above, uses the language that 1 couple in 6 of childbearing age is "defined as involuntarily infertile." That is as close as any article got to revealing how the 1-in-6 figure was arrived at.

the more dramatic 9-10 million people (or 4.5-5 million couples³⁵) estimate of impaired fecundity that is derived from the total population of women, rather than the 2.3-2.4 million women estimate of infertility derived from the population of married women. Granted, the population of all women 15-44 is roughly double that of married women 15-44, but statistically speaking, one cannot simply double the estimate based on the sample of married women and say that that new number represents the estimated number of "couples" who are infertile. This assumes every woman is one-half of a heterosexual "couple," which is not only heterosexist, but a ridiculous assumption.

I might be tempted to explain these (mis)uses of infertility statistics as a lack of journalistic honesty, but that is not my point. I am not trying to say that all those authors are lying and that there is some underlying "truth" to infertility that is being covered up. Rather, I ask the question: Why is infertility envisioned and constructed this way? What does the language of the "epidemic" accomplish? As I indicated previously, the language of "epidemic" not only raises the level of concern about infertility to near-hysteria, it tells us we need to be hysterical about infertility: something must be done right away about this growing problem. But epidemic-speak also reflects, as do other productions of infertility, social anxieties about which women are having how many babies and at what ages. What must be urgently attended to is the infertility of white, middle-class, heterosexual women.

³⁵The assumption is that each woman represents one-half of a (heterosexual) "couple," and thus, the estimate is doubled to arrive at the number of "people."

WHAT IS THE CULTURAL IMAGE OF THE INFERTILE WOMAN?

The September 26, 1992 cover of People magazine featured an actress holding a baby (both mother and child were white). The headline read: "DEIDRE HALL'S MIRACLE. After 20 years of infertility, the actress is a mother - thanks to a look-alike surrogate" (Levitt & Benet 1992). The article inside, written in the melodramatic tone of a soap opera (Ms. Hall acts in "Days of Our Lives") told a story that has by now become familiar. After 20 years of "desperately" trying to have a child, the actress and her husband had hired a surrogate who was inseminated with the husband's sperm and subsequently gave birth to a child. Ms. Hall's quest appeared martyr-like: Two of her marriages ended in divorce, in part she says, because of her inability to conceive. She underwent repeated rounds of artificial insemination, had surgery for endometriosis, injected herself for 10 days each month with hormones that "left her hips a mass of bruises and induced a moody mix of premenstrual angst and menopausal blues" (70), and underwent in vitro fertilization six times. On the sixth attempt, Hall remained unconscious for an unusually long time after the surgery, "and as a nurse worked feverishly to revive her, [her husband] entered the operating room. 'All I remember is Mike screaming my name,' says Hall" (71).

And in the tales of infertility, Ms. Hall is not unusual. Rather, I would say she is the norm. The infertile woman is nearly always shown as desperate and martyr-like, if not masochistic. The image of crawling on broken glass may not be so far-fetched. I do not want to imply that authors and experts merely concoct stories about these women; indeed, the women themselves often express their willingness to attempt nearly anything that might help them obtain the baby they desire. One woman who sought the help of an

embryologist declared, "I'll do whatever I have to in order to have a biological child. I'm willing to sacrifice my body" (Hotz 1991, 12). Klein's book (1989) is filled with stories written by infertile women who were willing to undergo an amazing array of medical procedures in order to conceive. They endured inflamed veins from hormone pumps, went through every possible test, no matter how painful and/or embarrassing, had numerous surgeries, undertook cycle after cycle of IVF, and kept at it for years (some for more than a decade).

My point is threefold: we need to understand what cultural work the language of desperation does, we need to look at where all that supposed "desperation" comes from, and we need to question why we only hear about how desperate infertile women are, with the implication that all women who are unable to conceive are desperate, if not crazed, due to their "instinct" to have a child. The language of desperation implies an absolute willingness to do anything, and as I have previously indicated, makes invisible the degree of rational planning and scheduling required by the practices of infertility treatment. If the Mother is embedded in nature and instinctively desires to have a child because her body tells her she must, then her desperation arises from nature and will lead her, like a salmon who swims upstream and so sacrifices itself for reproduction, to do anything and everything possible to get the child. As I have previously indicated, articles in wide-circulation periodicals remind us that it "must be instinct" for women to sacrifice their health and everything else for the sake of motherhood. Desperation derives from nature.

Anyone who reads these accounts has to ask herself, "How did these women get so 'desperate', or at least fixated?". Clearly, the mythical positioning of the Mother as

natural and self-sacrificing plays a role. Failing to conceive may be experienced as profoundly unnatural and threatening to women's sense of self, as will become clearer in the following section that asks whether the infertile woman is an oxymoron. Self-sacrifice may be a way to recover some sense of identity and self. The Mother is supposed to be self-sacrificing, and so by sacrificing their bodies some women may feel closer to being a mother and thus, a woman. (I will discuss this idea further in Chapter 3.) It may also be a way of carrying out the American ideal of working hard to get what you want (see the discussion of Sandelowski below). In other words, self-sacrifice may permit the infertile woman to see herself as working toward that which she desires, a child. Thinking about these possibilities makes it clear that when feminists position the infertile woman as the dupe or simple victim of patriarchy, they lose insight into the psychic return infertile woman may get from their participation in infertility treatments. This is not to say that we cannot be critical of those treatments for being harmful to women's physical and emotional health, or criticize the ways in which they do encourage women to feel desperate and self-sacrificing. Rather, it is a caution against seeing infertile women as empty subjects, unable to exercise agency and unable to extract any sort of benefit from the treatments in which they participate.

Another key to understanding desperation is the medical industry's attitude which, over the course of infertility workups, diagnosis and treatment becomes clear: if you try hard enough for a long enough time, you will become pregnant and if you haven't become pregnant, you haven't tried hard enough. All the "miraculous" technology will see to that. As Sherman Silber, an infertility specialist said, "There are... very few couples, no matter how severe their problem... who can't have a baby through use of the

new technology" (1991, 380). The headline of an article co-authored by a doctor in Redbook magazine reads, "Miracles Do Happen - Every Day!" (Bellina & Wilson 1986). IVF clinics have signs that say "you're not a failure until you stop trying" (Solomon 1988, 47). Popular articles and talk shows pick up on this theme of anything-is-possible, focusing on stories of women who overcame seemingly insurmountable odds to achieve their "prize." U.S. News & World Report related the following:

Wayne Decker [an infertility specialist] keeps looking for a reason why a couple can't have a baby; until he finds it, he won't tell them to give up hope. One woman had 133 artificial inseminations and two operations before giving birth. "Should I have told her to stop trying?" Decker asks ("Desperately Seeking Baby," 61).

The message is clear: the end product or the hope of an end product is worth it, even if it means the equivalent of 10 years of artificial insemination cycles.³⁶ And the field of reproductive technology continuously invents new methods for treating infertility and stretches the horizon of fertility to later and later ages in ways that make it difficult to give up hope. As one infertility specialist said, "There's always the latest snazzy technique to rekindle hope" (May 1995, 236). One infertile woman who tried IVF before adopting complained, "New methods would be coming out and they [her doctors] would say, 'Why don't you try this' or 'Yesterday they did a study, so why don't you try this'" (Begley et al. 1995, 44).

In a study of women and heterosexual couples struggling with infertility, Sandelowski found that the medical imperative to keep trying to become pregnant, coupled with an American cultural sense that hard work and persistence will pay off,

³⁶Or five years, if Dr. Decker employs the standard therapy of 2 inseminations per cycle.

were the strongest factors in the decision to continue infertility treatment, no matter how hopeless it seemed. I would add that the American idea that if you spend enough money, you can get what you want is also at work here. The result, according to an article on infertility in Newsweek, is that the infertile "seem trapped in their own private Vietnams: having spent \$10,000 and with nary a swollen abdomen to show for it, they can't quit until they have a victory - a baby" (Begley et al. 1995, 47). Sandelowski found that "giving up and then regretting it was much more powerful an incentive for persisting in treatment than any cultural mandate to reproduce" (1991, 41). In fact, infertile women sometimes insist on pursuing all treatment methods as quickly as possible; they are unwilling to wait (possibly for years) to become pregnant without medical intervention. Amanda, a respondent to Elaine Tyler May's survey of the infertile, said her doctor wanted her to be patient for a while before starting treatment. She said, "I could not possibly wait even six months to go for treatment.... We had to convince the doctor to start treating me. He was hesitant about it because he thought I didn't need it, but I was very, very impatient.... So we talked him into it, and he started me on Pergonal the following month" (May 1995, 230-231). On the one hand, one might congratulate Amanda for taking charge of her own medical care. On the other hand, she is behaving in precisely the "desperate" manner of the infertile woman: her infertility is an urgent matter that must be attended to immediately. No one, not even her doctor, will stand in her way.

Infertile women also cite other social pressures as factors contributing to their sense that they must try any and all possibilities offered them. Without an accompanying pro-natalist culture that emphasizes motherhood as the supreme achievement of female

adulthood and women's destinies as child-bearers, the medical imperative would be far less effective. Klein's (1989) book on infertility is filled with stories of women who say their families and friends ask "pointed questions," while television commercials, Christmas traditions, etc. reinforce the idea that all women either have children or should want to have children. As one infertile woman put it: "The socialized desire to mother is so strong and so deep-rooted that we rarely consider the option of rejecting it" (Klein 1989, 121).

In a cultural milieu that tells women they should be mothers and that they simply must keep trying, it is not surprising to read the following kinds of comments:

You cannot say no to IVF. It's a question of responsibility to one's own conscience. I think that I would blame myself for the rest of my life if I said no to this last cycle because it might result in a child (Klein 1989, 109).

The odds of giving birth for all of us were the same: about 20 percent. But percentages mean nothing: I know, like every woman who waits in an I.V.F. clinic, that anything less than 100 percent is failure (Davis 1987, 106).

Combining this social attitude with the loud sound of the "biological clock" ticking in every article, book and talk show reinforces the "desperation" of the infertile woman.

The idea of desperation serves to support and underwrite the belief that all women are driven by biological urges (over which they apparently have no control) to become mothers.

Women who hire surrogates are particularly desperate, so we are told, because they have been told by the medical community that there is no hope of their ever bearing a child. Such desperation, felt or not, covers over the fact that in the case of surrogacy, it is often the male partner who insists on having a child who is genetically related to

him.³⁷ The husband of Deidre Hall, the actress featured in People, felt that among the options of adoption and surrogacy, surrogacy was preferable and he "pushed for" it. "I felt it was important to have a child that was biologically related to one of us" (Levitt & Benet, 72). Bill Stern, the biological father of "Baby M," expressed a desire to carry on his family's lineage, as many of his relatives had been killed in the Holocaust (Chesler 1988a, 41-42). Another man, described in Noel Keane's book, refused to go along with his wife Jane's desire for adoption. Tom explained his desire for a surrogate plainly: "Maybe it's egotistical, but I want my own child. Adoption leaves me cold. I guess for some women, as long as they have a child, it's fine. But for me, it's like if I see my child do something, I need to know that he's really mine" (Keane 1981, 29-30). In the case of a man insisting that a child be genetically related to him, one has to wonder: Who is the "desperate" one here? As Carole Pateman reminds us, in the case of genetic surrogacy, the contract permits a man to use the surrogate's uterus in order to claim his "property," the child (1988, 214). And with the wonders of laboratory techniques that hold out the promise of guaranteeing paternity (i.e., that the proper sperm get mixed with the proper eggs), he feels he can "know that the child is really his," as Tom desires.

³⁷Of course, in the case of gestational surrogacy, it is possible to have a child that is biologically related to both the husband and wife. And I do not want to imply that women never express a desire for a genetic connection. One woman in a recent New York Times article described a desire for a child that was genetically tied to her because she was the child of Holocaust survivors. "It was a bloodline I wanted to continue," she said. "It was my family I wanted to continue. I wanted my child to be a biological Jew" (Lee 1996, 39). I will discuss the ways in which women may or may not be pressured into participating in surrogacy by male partners wishing to continue their genetic line in Chapter 3.

Infertility and Suffering

As one reads the story of Deidre Hall and other infertile women, one is struck by the way in which their suffering seems to be an inevitable and necessary element of the quest for the "prize" of a child. This notion bears closer examination, as it is connected with the idea that the figure of the Mother is altruistic and self-sacrificing to the point of self-abnegation and that that self-sacrifice is compelled by nature. As I discussed in the Introduction, in the mid-Victorian period, actual physical suffering during labor and delivery were seen as necessary to define a woman as a mother. Suffering "purified" women (Poovey 1988, 208, n. 11), according to one author, and attempts to relieve that suffering (via chloroform) would thus threaten to change women's nature and their relationship to God. The debate over maternal suffering also reflected the idea that women were naturally self-sacrificing. If they did not suffer, this idea would be disrupted, along with all that maternal love and self-sacrifice upheld: the separation of spheres (private/domestic and public/work), the alienation of the marketplace and the concomitant non-alienation of the home, and the fundamental difference between men and women (78).

Today, we do not speak of motherhood in terms that involve precisely the same suffering (indeed, the administration of anesthesia at the end stages of labor, assuming a vaginal delivery, is now routine), and yet the ideal of maternal sacrifice continues to lives on. Why does suffering in connection with infertility and its treatment seem so important? On one level, as Poovey's discussion of chloroform illustrates, it could be connected with Christian discourses of the sad and suffering Madonna (the ideal Mother figure) or Eve's suffering in childbirth. On another level, as I have already suggested, it

plays into cultural expectations that the figure of the Mother is completely self-sacrificing/self-abnegating for the sake of her children.³⁸ Such self-sacrifice serves as an effective screen over maternal sexuality, as I discussed in the Introduction. I would also argue that biologically-driven maternal self-sacrifice remains as "evidence" of the non-alienability of domestic relations, just as it did in the mid-Victorian period explored by Poovey. Read still another way, the idea of suffering infertile women can be connected with cultural concerns about women rejecting the physical maternal role. If women reject the physical role and disconnect reproduction from their bodies (although it will still be connected with another woman's body), this might further rupture not only the sex/reproduction connection, but women's roles more generally. Such a rejection by women could be perceived as quite explosive. Women's changing social roles arouse great anxiety, particularly when they seem to further threaten the certainty and stability of the Mother. Stressing suffering's role in infertility is one possible way to reinforce the idea that the Mother is driven by natural instincts to do anything, including sacrifice her body, to obtain a child. It assures us she is serious about her maternal role. With regard to the possibility of "career women using a surrogate to avoid the inconvenience of pregnancy," one infertility self-help book intoned, "It is our belief that any woman who does not wish her life to be disrupted by pregnancy will certainly not wish her life to be disrupted by a child and will most likely be an unfit mother" (Rosenberg & Epstein 1993, 224, emphasis added). The woman who is unwilling to be "inconvenienced" or have her

³⁸Although the two levels of analysis could be connected, one does not necessarily have to invoke Christian discourses of the Madonna and/or Eve in order to discuss the notion that the Mother is self-sacrificing and suffering.

life "disrupted" (suffer, in other words) is not worthy of being a mother. It is hard for these authors to believe that a woman who is not willing to undergo the physical aspects of pregnancy could be a good and loving mother.³⁹

If women cannot simply obtain a child without "paying" psychically and/or physically for it, social worries about women abandoning the maternal role may be somewhat assuaged. And doctors and others involved in the surrogacy industry are quick to reassure us that they are definitely not in the business of permitting women to obtain a child simply because they don't want to be bothered with giving birth. Self-preservation may motivate their proclamations, at least in part, because if they are seen as further eroding women's "natural" roles, their industry's viability may be jeopardized. As one gestational surrogacy program director stated, "We've been getting calls from working women who want someone else to have their baby for them. This is definitely not what the program's about" (Agee 1990). A doctor at a large urban hospital declared, "We feel strongly that surrogacy should be limited to medical need and should not be for profit. [Otherwise], we might have to deal with professional women who simply want to rent a uterus" (Sachs 1990, 53). Judge Parslow, in his lower-court opinion in the Johnson v. Calvert surrogacy case (which will be discussed in much more detail in Chapter 2), was quick to reassure us: "This is not a vanity situation, somebody looking to avoid stretch marks or something like that" (Johnson v. Calvert, Reporter's Transcript,

³⁹One might counter their statement with the example of adoptive mothers, who do not go through pregnancy's "inconveniences" and "disruptions," and yet can be "fit" mothers. But it seems clear that Rosenberg's and Epstein's quarrel is with the woman who is unwilling to undergo that process; adoptive mothers, they might reply, are willing but unable to do so.

6). Near the end of his opinion, he offered some suggestions for further legislation in the arena of surrogacy: "I would require that the wife, genetic, natural mother, should be medically unable to carry a child to term. That will take care of those folks who are concerned again that this will become a vanity thing. If you got enough money you can buy somebody to carry your child" (17).

Several things should be noted about these utterances. First, the class element rears its head again, as it becomes obvious that the assumption is that middle-class women of some means and/or "career women" will want to escape the physical demands of pregnancy and delivery. There also seems to be a real fear that these women would choose this option if they could. And that brings me to my second point. The very existence of some women who have inquired about having "someone else to have their baby for them," when they are presumably not defined as infertile, throws into question the Mother's nature-dictated self-sacrifice and drive to physically reproduce, no matter what the cost. Obviously, there are some women who desire a child, but who are unwilling to undergo the physical pain of bearing that child; their unwillingness is evidence that for them, self-sacrifice does not include their bodies. And so, these women must be cast as non-Mothers and as evil, narcissistic exploiters who simply refuse to accept stretch marks and want to "rent" a uterus. The irony, of course, is that everyone who contracts with a surrogate could be conceived of as "renting" a uterus and/or exploiting a woman financially and/or emotionally. Clearly, the desire to keep the Mother out of exchange relations and to reassert her natural "instincts" is evident in all the above statements. In making these declarations, the speakers make it obvious that surrogacy might reveal a Mother embedded in exchange relations and not so "natural"

after all. The veil of maternal self-sacrifice and suffering must quickly be lowered to cover up this revelation. Finally, all this energy devoted to insuring that women can't simply "rent a uterus" might be a response to fears that women could form a compact and agree to reproduce together, leaving men out of the cycle of gift exchange, as Levi-Strauss described it. In a sense, that is precisely what happens when lesbian couples obtain men's sperm and inseminate one another. I will explore the idea of women exchanging gifts with each other in more detail in Chapter 2.

Perhaps the most important revelation of doctors' and brokers' insistence that only infertile women can utilize the services of a surrogate is that those women's infertility provides the ground of surrogacy; infertility authorizes surrogacy, in other words. At this particular socio-historical moment, the practice of surrogacy would not be seen in a very favorable light, indeed would not seem culturally possible, if any woman could hire a surrogate. If that were the case, not only would the myth of the Mother be disrupted, the reified and normalized "family" would also appear endangered. If surrogacy appeared to make it possible, for example, for gay men to obtain children genetically-related to them (that is to say, if there is no infertile woman present who, together with her husband, "needs" to have a child), then the heterosexual, nuclear family would appear to be under attack. The reality, of course, is that surrogacy does create new possibilities for family formation that do not require heterosexual procreation. But in order to veil the threat to both the myth of the Mother and the family revealed by that fact, the infertile woman's infertility is called upon to anchor the contract within "family values."

The cultural image of the infertile woman, then, is one of an older (mid-30s at least), desperately-driven martyr/masochist. The woman who might have controlled her fertility with the Pill for 15 years is now shown to be controlled by her hormones, instincts, drives, salt in her blood, whatever. Or, as one woman put it, "Infertility is the final blow to all those brazen, self-assured, demanding, self-realized, liberated women of [my] generation" (Klein 1989, 72). The constant discursive push is toward the natural, toward the biological and toward immutable "instincts" and "urges" that drive women to sacrifice themselves. And yet, infertility treatment constantly undermines notions of the immutable and law-like "natural." Somehow, we are to believe that medicine must intervene in "natural" processes in order to help women carry out their "natural" destiny. What is "natural" about a lab technician mixing sperm and ovum in a petri dish? What is "natural" about microinjecting a single sperm into an ovum? My point is not that there is something wrong or "unnatural" about such procedures. Rather, my point is that at the same time we are told women are returning and must return to their immutable "natural" destinies as mothers, the procedures designed to aid them in that return undermine notions of an "immutable nature." In other words, what is revealed is the social production of the idea of nature itself. Why, then, should women accept the idea that their natures drive them to become mothers? The cultural practices of infertility both proclaim maternal naturalness at the same time they explode the idea of nature.

IS "THE INFERTILE WOMAN" AN OXYMORON?

The fixation on infertility that some women express seems to go even deeper than a susceptibility to an atmosphere of pro-natalism, cultural concepts of biological time and an emphasis on the exceptional and/or "miraculous" interventions of medicine. In many women, their very identity as a woman seems to be jeopardized or obliterated by infertility. As one reads their accounts, it begins to appear that "infertile woman" might be an oxymoron. The identity Woman=Mother is so firmly culturally entrenched that the inability to become a mother threatens some women's identity as women. As one woman said, "Every morning I measured my temperature before getting up, every day I had the feeling of failing as a woman" (Klein 1989, 13). Another wrote, "[O]ne of the worst times for me was when I felt terrible about myself as a woman. I felt that I wasn't complete. This was not because I hadn't given birth to a baby, but because... I couldn't have a baby" (Ibid, 23).

Some women express this loss of identity as death. The metaphor of the barren desert is employed to express this loss:

Infertile. She doesn't like the word. It is too smooth, too objective, too much connected with fertility. She prefers the biblical language. Barren. Arid, dry, empty, hollow, void, fruitless, wasted. She is an emptiness, a nothingness, a no one (Ibid, 68).

Another woman uses the striking image of a cemetery in conjunction with barrenness:

For I am sterile: sterile as a hospital, white, tiled, shining and clean, smelling of disinfectant. Not a speck of dust, nothing living.... Sterile just like me. Or in plain English: unfruitful. Like a drought-ridden field with thick, cracked clods of earth where nothing grows, nothing flourishes.... Sterility, that is a "cemetery belly", a woman friend once said to me. A cemetery belly, in which countless possible but defunct children, never to be awakened to life, are buried (Ibid, 30).

It is precisely the connections between the Mother and the identity of women that feminists need to keep in focus. And it is the task of feminists who take the reinscriptive potential of the cyborg seriously to disconnect the identity, rather than allow it to be reinscribed. If, as some feminists have insisted, women's power and very definition rests in their uteruses and capacity to give birth, they may inadvertently support the feelings of desperation and death of the self experienced by some infertile women, who feel they have no such power.

What about those women who are not "desperate"?

Without denying the pain and anxiety some infertile women experience, we have to ask the question: Why is the desperate infertile woman always the focus? There are many women who decide that infertility treatment is not worth it or even that motherhood is not something they need to pursue. A good friend of mine and her husband decided that if Clomid didn't work, they would simply accept infertility and get on with their lives.⁴⁰ Some of the women in Klein's book decided that at some point, they would simply discontinue treatment. They described themselves as relieved and describe strikingly similar acts of discarding the charts and the ever-present basal thermometer: "I felt relieved. We didn't have to have sex according to a timetable.... I could tear up the charts, throw the thermometer in the bottom drawer...." (26) "But I've had enough. The thermometer is thrown into a corner, a calendar for sexuality is no longer followed. It's high time we gave ourselves the chance again to enjoy sexuality as

⁴⁰Clomid, an ovulation inducer, is used fairly early in most infertility treatment regimens. Ovulation induction is one of the first infertility therapies doctors reach for.

a pleasure...." (33). These women are nearly always rendered invisible, perhaps because they bring into focus questions about the existence of the Mother's natural maternal drives, as well as refuse to hide their sexuality. If the urge to have children were so strong, so controlling, so instinctive, why would a woman ever give up? Why would these women be concerned with sexual pleasure, instead of pursuing motherhood? Is the only answer that they are "unnatural women"?

A review of the medical literature regarding the relationship between infertility and depression, anxiety, etc. shows that this literature usually poses a variation of one or more of the following questions: Do anxiety and depression cause infertility? Does infertility cause anxiety and depression? Is there a bidirectional causality between the two? (Daniluk, 1988; Kipper, et al., 1977; Leader, Taylor & Daniluk, 1984; Paulson, et al., 1988; Slade, 1981; Wright, et al., 1989). The key is that depression, anxiety, etc. are always the assumption and the research proceeds from there. Typically, the researchers study a group of infertile women or compare results between men and women in an "infertile couple". The research subjects are usually people who are enrolled in an IVF program or have received a diagnosis and are continuing with some sort of treatment. They are also people who have been attempting to conceive for a number of years by the time the research commences. As one might expect, these are the people who, for whatever reason, have decided to try what medicine can offer them. But we do not see, for example, women who decide not to pursue medical intervention when they are

diagnosed as infertile. We do not see women who drop out of IVF programs.⁴¹ We certainly do not see women who seek no assistance when they do not conceive within the standard one year. These women are not within the view of the curious medical eye. They have refused to be "desperate."

Desperate enough to hire a surrogate or seek IVF

The strength of the Woman=Mother identity is evidenced in Noel Keane's book on surrogacy. Keane, one of the first attorneys to arrange surrogate motherhood contracts, described a woman who called him and asked, "Noel Keane, are you my savior?" (1981, 150). Keane was surprised to find that the woman in question was a transsexual who had had a sex-change operation at the age of 21. The woman, named Lorelei, said that the urge to have children was strong, but given the fact that she could not conceive and her husband wanted a child genetically related to him, she looked into the prospect of hiring a surrogate, which Keane agreed to help the couple do (167).

Robyn Rowland notes the attention that the idea of male-to-female transsexuals giving birth received in Australia in the mid-1980s. She says that by July 1984, at least six male-to-female transsexuals had asked to be admitted to an Australian IVF program.⁴² One transsexual's desire to become pregnant was explained as a result of

⁴¹At most, the researcher will note that a certain number of subjects dropped out of the program and thus, out of the analysis, which makes obvious statistical sense. But no follow-up is done, no thought given to whether those women might have been the exception to the assumption of depression and anxiety.

⁴²Their requests were apparently prompted by the media attention given to an experiment in which a male baboon had an embryo develop after implantation in his abdominal cavity. The idea of male pregnancy seemed a possibility in light of this story. I will discuss the baboon experiment in more detail in the Conclusion.

wanting "to give birth to prove something to himself - that he has finally made it as a woman" (Rowland 1992, 291). Rowland says, "[t]here were suggestions that they could have their sperm frozen before the conversion operation and use a donor egg with their own sperm. They would then be both mother and father to the child." She reports that one transsexual said, "I am a woman. And like any woman I want to feel complete, I want to be fulfilled and for me that means having a baby" (290-291).

A transsexual expressing a desire for children strong enough to seek a surrogate mother or to seek IVF in order to become pregnant raises important questions for concepts of "maternal instinct" and "biological urges" that supposedly drive women to desire children. Lorelei and the other transsexuals were born male (although Lorelei said her doctor diagnosed her as "semi-hermaphroditic") and lived as males for a significant portion of their lives. Yet it would seem that to complete their transformation into a woman, motherhood is necessary. Transsexuals know very well what is needed to be a "real woman":

Transsexuals take their own gender for granted, but they cannot assume that others will. Consequently, transsexuals must manage themselves as male or female so that others will attribute the "correct" gender.... The transsexual's construction of gender is self-conscious. They make obvious what nontranssexuals do "naturally" (Kessler & McKenna 1978, 114, my emphasis).

Kessler & McKenna describe the ways in which transsexuals observe what the "correct" behaviors of women and men are, and learn to take on those behaviors (126-139).⁴³ But

⁴³Lorelei was unusual in that she freely defined herself as transsexual. Kessler & McKenna note that most transsexuals do not define themselves as such, and indeed do not think of themselves as being outside the two categories of gender, although they are (*Footnote Continued*)

their work on transsexuals, taken as a whole, makes it clear that many transsexuals do not merely "fake it." Rather, they live within their changed identity and learn to think in ways which appear to the rest of the world as simply "normal" female or male thinking.

To those who posit a primal maternal instinct and need to bear children based on innate and inborn biological processes that spring from women's bodies, Lorelei and the other transsexuals present a problem: how could someone who was born and lived as a man have the same "need" and "instinct" to be a mother as a woman? The potentially explosive answer is that the "instinct" has, in fact, been culturally produced.

Robyn Rowland is quite clear that transsexuals demanding physical motherhood should anger feminists. She argues, based on Janice Raymond's assertion that transsexualism "represents the final colonization of women," that "these are the most feminine women: woman made by man to be as feminine as man deems fit" (1992, 291). While Rowland has a point - transsexuals often utilize some of the most stereotypical notions of what it means to be feminine and thus may aid in the perpetuation of those stereotypes - I would emphasize that transsexuals who see motherhood as their feminine destiny, rather than simply being "colonizers," represent an opportunity for feminists to rethink motherhood and expose the ways in which the "nature" that is invoked in relationship to the Mother and motherhood is actually culturally produced. Lorelei's desire for motherhood makes the following questions visible: what is it exactly in

acutely aware that the rest of the world would be interested in their status as transsexuals and see them in that light (121-122).

women that makes them instinctively desire children? Is it their hormones?⁴⁴ The existence of a uterus and/or ovaries? Perhaps the Mother's "natural" desire to have a child isn't so natural, after all. Is Lorelei "infertile," or does she simply identify herself as infertile? And asking that last question raises the question of whether it is possible to draw the line between "real" infertility and someone who "feels" infertile. Thinking about these questions helps clarify the social construction of infertility and motherhood because formerly obvious and concrete notions of "nature" have become blurred and ambiguous. The dual edges of the discourses of infertility are exposed, as they simultaneously produce and destabilize the mythological foundations of the Mother.

⁴⁴It is possible that one might argue that transsexuals desire to become mothers because they are treated with female hormones. But that argument is not only far-fetched, it ignores the ways in which the feminine instinct to bear children is represented as a product of women's bodies, where those bodies are thought of in very concrete and physiological terms, not simply in terms of hormones.

CHAPTER 2

THE SURROGATE MOTHER

THE "SOLUTION" TO INFERTILITY

In this chapter, I will concentrate on representations of the surrogate mother, primarily in mass culture and in some key legal decisions. In the figure of the surrogate mother, all the elements of the Mother that I outlined in the Introduction come into play: her embeddedness in nature and biology, her placement outside the cash nexus and exchange relations, her altruism, her asexuality and her singularity. As is the case of the infertile woman, who so "desperately needs" to participate in surrogacy as the "solution" to her infertility, the representations of the surrogate mother, too, are filled with contradictions. At the same time the mythic qualities of the Mother are reinforced and rewritten by the practices of surrogate motherhood, they are also shown to be produced and thus, destabilized, by those very practices.

Central to representations of the surrogate mother are assumptions about her class, race and sexuality that result in normative notions of the "good" mother, coded in the universalized language of biology, nature, instinct, etc. Few observers of the practice of surrogacy are as blunt as Carmel Shalev, who says, "The tradition that attaches legal parenthood to biological relation does not meet the situation.... The question should, therefore, be rephrased in normative terms: Who ought to be the person in whose charge the child is to be nurtured after birth? Which of the women should be regarded as socially responsible for the child?" (Shalev 1989, 116, original emphasis). But Shalev has put her finger precisely on one element of what happens in disputes about which woman, the surrogate or the adoptive mother, gets to claim the status of the mother. What starts out as a biological question - Who is the mother? - becomes a normative question - Who should be the mother? or, Who is the good mother? As the certain Mother is produced,

familiar, comfortable, supposedly universal ideas about her and who she should be are deployed at given moments, whenever surrogacy threatens to confuse or destabilize the myth of the Mother, which might collapse the tenuous ground on which the practice of surrogate motherhood stands.

I will retain the use of the term "surrogate mother," despite some feminists' objections to it (e.g., Gibson 1992). These feminists prefer some variant of "contract mother," arguing that the term "surrogate" implies that the woman whose body nurtures the fetus for nine months is not really a mother, but a substitute for a mother. While I am sympathetic to this argument, I will use the term "surrogate mother" for two reasons. First, I am concerned with the cultural practices of surrogacy, and those practices employ the term "surrogate mother." Second, and more importantly, maintaining the terminology forces a confrontation with the language of surrogacy. It allows me to ask the question: What cultural work does that language do? What does it mean when we use a term which indicates that one woman can take the place of another? As we will see, the concept of the surrogate-as-substitute becomes especially significant insofar as the surrogate and the infertile woman whose place she (temporarily) takes are imagined as twins, an idea that has tremendous cultural power.

It is important to remember the social context in which the practice of surrogacy first arose. When Louise Brown, the world's first "test-tube" baby was born in England in 1978, a whole new world of reproductive possibilities seemed to open up. Media coverage of the event was extensive and sensational. Of course, the birth of Louise Brown and experimentation with in vitro fertilization did not happen in a vacuum; they were made possible in part by a specific social context. Although the birth of Louise

Brown made surrogacy seem a logical step, they were both made possible by the same social conditions that gave rise to anxieties about an "epidemic" of infertility: uneasiness about women's changing social roles brought on by the sustained second wave of the women's movement and gains by women in economic and political realms; improved contraceptive methods that gave women more freedom over their reproduction, made sex and reproduction more separate and permitted delayed childbearing or rejection of childbearing completely;¹ a large cohort of "baby boom" women, a certain percentage of whom experienced difficulty in conceiving; and worries that not enough white, middle-class women were bearing children at the same time it was imagined that poor women and women of color had an excess of fertility.

In the context of social concerns about motherhood, childbearing and white, middle-class women's infertility, and bolstered by advances in techniques of in vitro fertilization, the practice of surrogate motherhood seemed a natural next step in the search for a solution to the "epidemic" of infertility. By the end of 1980, Elizabeth Kane (a pseudonym) became the United States' first surrogate mother hired under a contract. Others quickly followed suit, although the numbers of paid surrogacies were initially small.² By 1984, the first case of gestational surrogacy was reported (Lawson 1990); by

¹The rejection of childbearing is not a new phenomenon, of course. See my discussion of historical views of infertility in Chapter 1.

²It must be noted that the infertility and reproductive technologies industry operates within a framework of medicine that is profit-driven and far less touched by changes in medical health insurance (especially downward pressures on costs) than other areas of medicine. Many insurance companies do not cover the costs of infertility testing and fewer still cover subsequent treatment for infertility, whether that treatment is in vitro fertilization, intracytoplasmic sperm injection, or whatever. If the surrogate mother has health insurance, her prenatal care and delivery costs are covered, but the health insurance
(Footnote Continued)

1988, approximately 600 children had been born via surrogacy (OTA, 267), and by 1993, that number had increased to an estimated 6,000 (McDowell 1993, 33).³ That the number of children born to surrogates had risen ten-fold in five years is an indication both of surrogacy's increasing cultural acceptance and the increasing ability of doctors to successfully perform the required medical procedures, particularly as improved techniques of in vitro fertilization and embryo implantation made gestational surrogacy an attractive alternative to genetic surrogacy.⁴

SURROGACY AND THE NATURAL MOTHER

It should be clear by now that surrogacy confuses ideas of natural motherhood, even as it is a response to a crisis of "nature" - the infertility of some women. The extent to which medicine intervenes in the "natural" processes of motherhood (in treatments for

company of the contracting parent(s) generally does not pay for the surrogate's health care. This means that the costs of infertility treatment and surrogacy are borne by the consumers of those services. The industry is limited only by the depth of its clients' pockets, which must be quite deep to afford the estimated \$25-40,000 needed to pay for the total surrogacy "package". I make this point to emphasize that technological changes and advances in the industry have been rapid, due in part to the willingness of those who fund it to pay whatever they believe it will take to obtain the object of their desire; the industry is not dependent on governmental agencies to fund research. Most of the constraints on the industry have come from the courts and state legislatures. Pressure to reduce costs may mount in the future, however, as 10 states have already passed legislation mandating insurance coverage for some infertility testing and limited treatment (no state yet mandates coverage for surrogacy) (Zuckerman 1996).

³These estimates may be a bit low, as they likely do not include some private surrogacy arrangements that occur outside formal surrogacy agencies and infertility treatment programs.

⁴Helena Ragoné notes that when she began her study of surrogates and adoptive parents in 1988, less than 5% of surrogates in the programs she worked with were gestational
(Footnote Continued)

infertility, in the birthing process itself, etc.) brings the naturalness of those processes into question. Beyond this, and more importantly for this chapter, surrogacy creates a dilemma: how can two women be a child's "natural mother"? The answer, of course, is that they cannot; in order to avoid the possibility of multiple mothers, one of them (the genetic mother) must be fixed as the "natural mother," while the other (the surrogate) is seen as a temporary stand-in for the "natural mother."

Surrogacy also renders natural motherhood ambiguous by making the following question visible: if both the desire for motherhood and maternal love spring from women's biology, why would a surrogate ever give up the child? In other words, wouldn't her "maternal instinct" drive her to keep the child at all costs? As I will soon make clear, the idea of the Mother as a self-sacrificing altruist is invoked in response to this question in order to prop up the idea of Mother as driven by nature. The surrogate is routinely portrayed as wanting (in a rather saintly way) to give the gift of a child to another woman (or couple) so that she (they) may experience the kind of maternal love the surrogate understands so well. When maternal instinct is revealed to be ideology and not biological "fact," the Mother is reinscribed in nature in order to preserve that instinct's "naturalness." The answer to the question of why the surrogate would ever give up her child, apparently, is that the same self-sacrifice underlying motherhood underlies the "gift" of a surrogate. Her nature-driven altruism is so strong that she will overcome nature and biology and present the child as her gift.

surrogates. When she completed her study in 1994, that percentage had risen to 50% (1994, 198).

Anna Johnson and Crispina Calvert: Will the Real "Natural" Mother Please Stand Up?

A gestational surrogate, as the name implies, is implanted with another woman's ovum (or multiple ova) that has (have) been fertilized in vitro. There was a time when the act of giving birth legally defined one as a mother, or so it seemed. The common law doctrine was stated as, "*mater est quam gestatio demonstrat*" ("the mother is demonstrated by gestation"; quoted in OTA 1988, 282). That is, the visible pregnant woman's body signified her maternity; no further discussion was required. As Lori Andrews put it, "It has always been the legal presumption that the mother who gives birth is the legal mother. It made sense. It was the only way, the one certainty. But it's not certain any more" (Mydans 1990b). In legal cases surrounding gestational surrogacy, the courts have had to find a "more natural," and hence, more certain, basis of motherhood than gestation. Gestational surrogacy brings the possibility of the Mother not being singular sharply into focus, as two women can make nature-based claims to motherhood: one woman's ovum(a) is (are) used; the other woman's body gestates the fetus and gives birth.

In a 1990 case in California, a gestational surrogate, Anna Johnson, made the claim that she was the mother of the child she bore, although she had no genetic relationship to him. Johnson was a nurse's aide employed in the same hospital as Crispina Calvert, a registered nurse who was unable to bear children due to a hysterectomy, but whose ovaries remained intact. Johnson and Crispina and Mark Calvert entered into a contract whereby Anna agreed to be implanted with Crispina's fertilized ovum, carry the child and deliver it to the Calverts for \$10,000. Late in her pregnancy, Johnson said she had bonded

with the child; she also said that the genetic parents had been unkind to her when she became ill during the latter part of her pregnancy.⁵ (Presumably this second point was raised to show that the genetic parents were cold-hearted and would not be loving social parents.) She demanded to be named the child's mother and to be given parental rights and visitation rights. But a child with two mothers was a situation "ripe for crazy-making" (Johnson v. Calvert, Reporter's Transcript [hereafter referred to as "Reporter's Transcript"], 14) the trial court said, and so it set about finding the elusive "more natural" basis of motherhood.

Ultimately, the search for this more natural motherhood settled on genetics, which confounds the field of the visible and the demonstrable⁶ that formerly provided the standard for determining who was the mother of a child. Johnson did not dispute the fact that she was not the genetic mother of the child, but tests were performed to prove, and thus certify, that she could not be the "natural" mother and that the Calverts were the only

⁵ Johnson was quite distressed due to her economic situation. She had gone into premature labor and was unable to work for the last two months of her pregnancy. At the same time, her landlady announced that Johnson and her young daughter would have to vacate their rented house because it was being sold. In a letter, Johnson pressed the Calverts for an expedited payment schedule because she could not afford the advance rent and security deposit on another home. (This letter was reproduced in full in Anna J. v. Mark C., 286 Cal.Rptr. at 372.) Johnson reminded the Calverts that they had not been very supportive of her during her pregnancy and, using the only "weapon" she had to get out of her financial straits, told them they could either "pay the entire sum early so [she would not] have to live in the streets, or... forget about helping [her] but calling it a breach of contract & *not get the baby!*" (emphasis in original). The Calverts responded by filing a lawsuit to be declared the legal parents of the unborn child; Johnson countersued to be declared the legal mother.

⁶ It might be more correct to say that genetics confounds the field of the visible and the demonstrable to the naked eye. As Emily Martin has pointed out, scientific use of the electron micrograph attempts to render everything visible and thus "achieve closure and finality in scientific arguments" (1994, 168).

"natural" mother and father with a 99.99% probability. In support of his opinion that Crispina Calvert, the genetic mother, was the sole "natural" mother, Richard N. Parslow, Jr., the trial court judge, described Johnson's role as a "host" whose role was "analogous to that of a foster parent providing care, protection and nurture during the period of time that the natural mother, Crispina Calvert, was unable to care for the child [i.e., in utero]" (Reporter's Transcript, 5). Judge Parslow was persuaded by testimony that the child might be "confused" by having two mothers and that genetics play a much more decisive role in who a person is than the "gestational environment" (8). His opinion was upheld by both a California appellate court and the California Supreme Court.⁷

The search for a "more natural" basis of motherhood than giving birth, rather than fixing the certainty of the natural mother (as it attempts to do), reveals the tenuousness and fragility of the notion of "nature" and thus of a natural basis of motherhood devoid of social meaning. It also reveals the ways in which the stability of "natural" motherhood has been produced by a reliance on the transparent message of the visible maternal body. As Mary Ann Doane reminds us, associating reproduction with a body stabilizes the whole notion of reproduction. And without that stability, the subject is unanchored in history. The Johnson decision represents a kind of search for the "lost" maternal body, "found" in the genes. In other words, reproductive technologies have confounded the idea of the visible maternal body as the ground of the Mother's certainty. Some other ground must be

⁷ For the appellate decision, see Anna J. v. Mark C., 286 Cal.Rptr. 369 (Cal.App. 4 Dist. 1991); for the California Supreme Court decision, see Johnson v. Calvert, 5 Cal.4th 84, 19 Cal.Rptr. 494 (1993). The Supreme Court of the United States denied certiorari in the case in 1993 (114 S.Ct. 206).

found by which we can anchor that certainty, and if it is not the Mother's literal body, it must be some stand-in for that body: her genes.

For the moment, we find that it is genetics that provides the "real" basis for "natural" motherhood. In his opinion, Judge Parslow consistently referred to the genetic mother as the "natural mother." One kind of nature (genetics) has displaced another (the pregnant body). If the child has your genes, you must be the mother.⁸ Genes supplant gestation because they hold out the hope of being more certain than gestation, now that gestation has been shown to be an unstable ground for determining who is a mother. We begin to see why gestational surrogacy might be seen as preferable to so-called classic or genetic surrogacy, in which the birth mother is artificially inseminated with the sperm of the contracting father. The arguments about genetics would not have worked against Mary Beth Whitehead; she was Baby M's genetic mother and thus, other reasons had to be given for granting custody of the child to the Sterns.

But if genes are today's basis for "real, natural" motherhood, what might be tomorrow's basis? Genes have already shown themselves to be an unstable basis for fixing legal determinations of motherhood. In the practice of egg "donation," young women "donate" (for approximately \$1,500-3,500) ova to women who can gestate a child, but who have no ova or who have a very small chance of becoming pregnant with their own ova. The egg "donors" are required to contractually sign away their maternal claims to the

⁸ This "solution" to some of the "problems" of surrogacy is, of course, indebted to decades of genetics research which occurred in tandem with, but not necessarily intentionally connected to, research in reproductive technologies. This research is then framed within other cultural practices, including surrogacy.

child;⁹ in these cases, it is the gestational mother who claims and is granted the status of the mother. So it would seem that in view of contradicting arguments about whether genes or gestation are the critical determinants of motherhood, it might come down to this: the woman who "belongs" to the man/father is designated the mother.¹⁰ As Carole Pateman has argued in the context of surrogacy, the contract provides a reaffirmation of father-right; the contract allows the father to claim his "property" (i.e., the child) (1988, 214). I would also argue that the determination to designate one, and only one, mother as the mother relieves anxieties about multiple mothers. The fear of creating multiple mothers requires that one woman be judged the knowable Mother. Whether it is genes or gestation or something else, the Mother must be found to be singular.

The above discussion opens up another possibility: could both genes and gestation be insufficient for determining and stabilizing the identity of the mother? It is possible, for example, for one woman's ova to be implanted in a second woman's uterus, while a third woman adopts the child. This might occur if the third woman had neither ova nor the capacity to gestate. In that case, what would the "real" basis for motherhood be? How might it be resolved if all three women claimed they were the mother? I know of no case in which this has actually occurred, but the possibility reinforces a point I have already made: saying that genes are now the basis of "real, natural" motherhood is no more and no less a construction than any other basis; nature yields no final determinant of what a mother is. The court in the Johnson case determined that it had to find some ground on

⁹Thus far, there have been no cases of egg "donors" later claiming that they are the mother and demanding custodial or visitation rights.

¹⁰I am grateful to Jyl Josephson for pointing this out to me.

which to grant one woman the status of mother, but that ground was as unstable as other grounds. There is no certainty here; looking to nature gives us no particular reason why gestation could not have been determined to be the basis of motherhood in this case.

Blood Ties. Most of the print media reporting on the Johnson case was silent on its racial aspects. Anna Johnson is of mixed racial heritage: black and native American, as well as Irish. Mark Calvert is Caucasian (of an ethnicity I have seen discussed nowhere). Crispina Calvert is Filipino. In the frenzy to report on the "novel" aspects of the case (i.e., that Johnson was not the baby's genetic mother), the media made it appear that race had nothing to do with anything. Yet, Judge Parslow wanted to avoid "crazy-making" and confusion. As Michelle Harrison, who testified about the importance of ethnic identity at the trial remarked, "When a Caucasian-Asian couple decide to place their embryo in the body of a black woman, they are giving the child a black birth mother. This may be part of the 'confusion' the judge would like to avoid" (Harrison 1990). And, I might add, it might partly explain the curious insistence on certifying with blood tests what Johnson had already acknowledged: that she was not genetically related to the child.¹¹ Old state statutes that used the concept of "tainted" blood to determine whether a person was of Negro heritage come to mind. The Calvert child apparently has nothing to fear from that quarter, thanks to a laboratory's certification; his "natural" mother was not a black or racially mixed mother.

¹¹Marc Shell (1993) reminds us that certainty about racial lineage is served by certainty about who the mother is. The blood test certifying Anna Johnson's non-maternity also certified Crispina Calvert's maternity and thus, the desired racial lineage she passed on.

The blood test conducted for the lower court trial became a crucial element in the appellate court's decision to uphold Judge Parslow's ruling denying Johnson any parental rights. Faced with a new situation in which two women had a biological basis for their claims of motherhood, the court applied the same standards as those used in determining paternity: if the blood test showed that Johnson was not the mother, then she was not the mother. In fact, in a curious slip, a report from the laboratory that performed the blood test, reproduced in the court's opinion, states, "Our opinion of non-paternity is based on the above noted inconsistency." Yet, several lines above, the lab had noted that Johnson was not the mother (Anna J. v. Mark C., 286 Cal.Rptr. at 373), indicating that the lab knew it was testing for maternity and not paternity. Why was this blood test performed, especially when Anna Johnson acknowledged that she was not the genetic mother? Why couldn't the lawyers in the case have simply stipulated that fact? Why did the court need to prove that Johnson was genetically unrelated to the Calvert child? On a first reading, the test appears as just an oddity, perhaps a response to a unprecedented situation in which maternity, and not paternity, was at issue. One might think that the court was simply reaching for the only standard of judgment it had available, a standard which had been developed for settling disputes of paternity.

On a second reading, however, the blood test is eerily reminiscent of state statutes that had used a "one drop rule": one drop of "colored" blood in a person's hereditary background would be sufficient to classify that person as "colored" and thus, deny her/him the same rights as "white" people.¹² Carl Rowan, a syndicated columnist, reminisced

¹²My thanks to Dorothy Roberts for clarifying this for me.

about a southern circuit judge who had warned that "one drop of black blood thickens the lips, flattens the nose and puts out the lights of intellect" (1995, 283). Rowan notes that black blood "was the feared substance" (*Ibid*) because one drop of it could destroy a white person. Michelle Harrison is correct: the Calvert child did have a black birth mother, and that might have raised fears and/or associations in the minds of many connected with and observing the case. After all, maternal and fetal blood commingle via the connecting umbilical cord, and this fact could raise unnerving images of blackness "leaching" into the fetus in utero.

This "leaching" may not be such a far-fetched idea. Racial identity is a fragile notion. What is it exactly that makes a person a member of one race or another? What makes one baby white and another black? One cannot point to the "race gene," although there are genes that influence features ascribed to certain races (e.g., general lightness or darkness of skin, kinky or straight hair, eye color, etc.). Numerous authors have argued that race as a measurable category does not exist and/or that it is simply arbitrary, a discursive invention applied to groups of people with particular physical characteristics, from particular geographical areas, etc.¹³ And when a person is of mixed racial heritage (as so many of us are), it becomes even more difficult to pin down that person's race(s). This is by no means to say that the idea of race and indeed racial identity does not hold

¹³The origins and meanings of the idea of "race" are a huge (and hugely debated) topic. The following citations will point the interested reader toward a tiny sample of the scholarship on this matter: Gould (1993), Livingstone (1993), Marshall (1993) and Washburn (1993); all in The "Racial" Economy of Science: Toward a Democratic Future, ed. Sandra Harding. (Bloomington, IN: Indiana University Press). For a discussion of the scientific debates over race and the ways in which the legal system both reflects and reproduces ideas of what race is, see Pascoe (1996).

tremendous political significance or that race does not impact materially on people's lives every day, but rather, it is to point out the difficulty of defining precisely what race is and what it is not. In this light, concerns about what might happen in the womb might seem perfectly plausible. Is there some way in which the child of a black gestational surrogate mother is black?

Similar types of concerns were raised a century ago in the context of wet nursing. The concept of heredity in the late nineteenth century did not rely on the modern obsession with genetics, and fears were raised about the effects wet nurses - who were usually from the working-class - might have on their upper-class nurslings. Janet Golden argues that, "[p]hysicians and families viewed heredity as a dynamic force, influencing development from the time of conception through weaning. Some believed that children literally drank up their wet nurses' moral and physical imperfections...." (1996, 152).¹⁴ Golden reports that one physician told of the brother of a medical student who had been nursed by an Irish woman and who "exhibited 'very decided Irish traits'" (153). Italian wet nurses might create children with "secretive disposition[s]," while Irish wet nurses might result in children who liked "tobacco and spirits" (152). Irishness and Italianness, it seemed, could be leached into the nursling.¹⁵

¹⁴I am grateful to Janet Golden for giving me chapters from her book on the history of wet-nursing in America before it was published.

¹⁵Interestingly, Golden notes that anxieties of these types were typical of Northerners. Southern families, with their long history of cross-racial wet nursing, developed a theory of heredity which indicated that a child's personality was inherited solely from its parents, and not from its wet nurse (153).

Although wet nursing and surrogate mothering are not the same, there are similarities. In both cases, one woman takes over a biological function associated with maternity for another woman. The wet nurse was usually of a lower class status than her employers; the same can be said of surrogates. In each case, the assumption of the maternal function by the wet nurse or the surrogate creates uneasiness about the effects she might have on her charge. Both the wet nurse and the surrogate have close, intimate contact with the child, one by suckling, the other by gestating and birthing. And in both of those environments, despite historical changes in cultural definitions of heredity, one might imagine all sorts of secret things might be going on that could have an influence on the child - indeed, that might bring up the question of the meaning of motherhood. In a fascinating self-described "digression," Judge Parslow mused about wet nursing:

It's interesting in a way, when you relate [the potential for women to simply pay someone to bear a child] back to a practice that went on for, into this century, of women of means hiring young girls from the village to serve as wet nurses, and oftentimes motherhood ended at birth as far as the work side of it, and I'm not sure anyone would argue that the person that nursed the child for a year from seven pounds to 30 pounds got parental rights and became the mother (Reporter's Transcript, 17, my emphasis).

Judge Parslow apparently sees motherhood in terms of its biological labor, and so motherhood for the birth mother "ends" when motherhood's "work side" ends. But this leaves open the possibility that the wet nurse could assume motherhood precisely because she begins performing that labor. Parslow quickly asserts that no one would argue that the wet nurse "became the mother," again reaffirming that there is really only one true mother. In one environment, the nursery, the wet nurse seems dangerously close to attaining the status of "mother" by her assumption of maternal functions. In another environment, the uterus, the fetus might well be attached to (one of) its mother(s), as the

surrogate gestates and gives birth to it. Such an ambiguity about who the mother is could not be permitted to remain in the Johnson case, because it both risks destabilizing the Mother as natural and singular as well as leaves uneasy images of the influence that that "other mother" - a woman of another race and/or class - might have on who or what a child becomes.

The influence and meaning of the "gestational environment" (i.e., the uterus) became a key issue in the lower-court decision in the Johnson case. Johnson argued that she had bonded with the child in utero and so a succession of witnesses argued about the "gestational environment" and what goes on in it. Judge Parslow was persuaded by the experts who argued that there is no definitive evidence of bonding between the fetus and the mother in utero. One might argue that he had to find that the "gestational environment" did not matter, because if he did, Johnson might have had a claim of motherhood. If the "gestational environment" were critical to establishing a mother-child relationship, Johnson's argument would already have been won. It is likely Parslow was aware of medical studies and debates about the ways that maternal alcohol abuse and use of crack cocaine may affect the developing fetus, and it is no secret that maternal nutrition is important to the future child's good health. The "gestational environment" apparently does matter. But in giving his opinion, Parslow displayed a sense that the "gestational environment" was still a big unknown:

The gestational environment is still not clear. We've heard some experts testify in this case both ways on that. It's difficult. Obviously, you can't interview a child. We know that there are various chemical things that go on and we know that there may be some factors there combined with the genetic factors that make you susceptible to some things and have strength and immunity from others, but there is still much disagreement as to the influence of the gestational environment (Reporter's Transcript, 8).

The uncertainty about the "various chemical things that go on" and the ways in which the mysterious "gestational environment"¹⁶ can make the child susceptible to some things and immune from others may have underlay the desire to prove that no trace - not one drop - of Anna Johnson remained in the child when it was born. Contractual controls of the surrogate's behavior (including the substances she takes into her body) reveal fears about "protecting" the fetus from the "gestational environment", but they can only go so far.¹⁷ The fetus is, of course, enveloped in the uterus for its gestation, and doubt about "things that go on" could make the seemingly "sure" genetics test all the more attractive in proving the child has not been affected or indeed contaminated by the birth mother.

The genetics test can raise complex associations of old and new ideas about heredity: it uses blood, which used to be the feared substance, to get to the modern "real" determinants of heredity, the genes. The test helped "prove" that the child had not inherited Johnson's genes, but there remained the troublesome matter of the blood connection via the umbilical cord. How might a white-Asian couple or any other couple that does not identify itself as black feel comfortable about hiring a black or partly-black surrogate? How can they be sure that "blackness" has not somehow inhaled in their child? Despite their supposed "desperateness" to have a child, disquieting thoughts about the

¹⁶The common use of the ultrasound to "see" into the uterus has the effect of making the womb seem transparent and less "mysterious." But without constant monitoring (i.e., instead of the "snapshots" of the uterus), there may remain a sense that all kinds of mysterious things still go on, unseen.

¹⁷See Ince (1989) for a discussion of the kinds of behavioral strictures surrogates are subjected to, from smoking, drinking and drug-taking, to agreeing to submit to whatever medical procedures are deemed "necessary." I will discuss these efforts to control the surrogate's behavior in Chapter 3.

effect of having a black birth mother might remain. The genetics test is one source of comfort, but when it is combined with the fantasy of maternal-fetal separation, it would seem to offer an even greater sense of security. By the "fantasy of maternal-fetal separation," I mean the complex of discourses which has constructed the fetus as unattached to the mother; it has become a floating image of a little "spaceman," unattached to a woman (Petchesky 1987). While the idea that the fetus is a separate being, unconnected to its mother, has been popularized by pro-life groups in the United States, this image has been accepted and employed by diverse sources. On magazine covers heralding the "miracle of life," on billboards advertising infertility treatments, and in photographic techniques which reveal the "secret inner life" of the fetus, the idea of the fetus as unconnected to a woman (who has disappeared) has become culturally normalized.¹⁸ In this context, the contracting parents are able to reassure themselves that the "gestational environment" does not matter (at the same time that they might worry about what goes on "in there" and attempt to control the surrogate's behavior), especially when science is able to "prove" that the child in question has no genetic trace of the gestational mother. It is the genes of the "real" mother and father that count.

Ultimately, after weighing the genetic evidence, the appellate court rejected Johnson's argument, which depended on a California statute that said a mother-child relationship "may be established by proof of her having given birth to the child". In other

¹⁸For a discussion of the political implications of this maternal disappearance in fetal photography, see Stabile (1992).

words, California law followed the common law doctrine of "*mater est quam gestatio demonstrat*." Playing on the word "may," the court argued that,

[t]he statute does not say the woman who gives birth is the natural mother. All it says is that one of the ways for the "natural mother" to establish a parent and child relationship is to prove she gave birth. The statute is silent on whether the woman who gives birth is automatically the "natural mother" (Anna J. v. Mark C., 286 Cal.Rptr. 377, emphasis in original).

These kinds of semantic juggling acts were typical of the Johnson case. The idea of the "natural mother" was so destabilized by the case that there appeared to be no language available to deal with it. Genes and gestation had competed for the status of "natural" and genes apparently won, but not without some nagging doubts about what went on in the "gestational environment."

The Class of the Surrogate

The Johnson case not only reminds us of the racial aspects of representations of the Mother via surrogacy; class is certainly an element. At the time she signed the contract, Johnson was a nurse's aide and the single mother of a young child. Crispina Calvert was a registered nurse working at the same hospital as Johnson, and her husband was an insurance underwriter. Johnson had originally thought she could work for most of the pregnancy, thus continuing to earn a salary in addition to the \$10,000 fee. But complications in the third trimester forced her to survive on disability payments. The fact that Johnson was distraught over being evicted from her home and unable to afford the security deposit on another (see footnote 5) speaks volumes about the economic gap between her and the Calverts, who were paying her fee, as well as doctors' and lawyers' fees.

Hierarchies of class are a frequent subtext in the practices of surrogacy, but rarely articulated plainly. Instead, as I pointed out in Chapter 1, discussions of women with "high-powered careers" or "executive jobs" and families spending large sums of money on infertility treatment allude to the issue of class (i.e., with regard to whose infertility is deemed important enough to address) without making it obvious. At least one physician, however, is unabashed in heralding what surrogacy might do in the future for women of the middle- and upper-class. Addressing a conference of obstetricians and gynecologists, Eugene Sandberg made it clear that surrogacy might be envisioned as a way of allowing women with important, high-powered jobs to reproduce without interfering with those jobs:

Should the President of the United States be prevented from reproducing during her tenure in office? Should the captain of the aircraft carrier *Independence* be cashiered for gestating while on sea duty or be denied reproduction except at the bidding of the Chief of Naval Operations? It might be wiser and healthier for us all to encourage women in these critical positions to have their genetic embryos grown in the uteri of "off-duty" gestational specialists (Sandberg 1989, 1444).

Sandberg's suggestion that some women (i.e., women who do not have "critical positions") would make suitable "gestational specialists," while other women in those "critical positions" presumably would not make such suitable "gestational specialists" is astonishing only in its bluntness; he suggests nothing that has not already been suggested numerous times in more coded language.¹⁹ In other words, the fertility of women of the "right" classes should be attended to, by using other women to gestate their babies. Never

¹⁹One might also read Sandberg's suggestion as saying that women in "critical positions" should not be seen in a pregnant condition; a visibly pregnant President or aircraft carrier (*Footnote Continued*)

mind that the women of the "gestational specialist" class as a whole might have higher rates of infertility than their high-powered sisters.

The surrogacy industry is generally sensitive to the charge that it exploits poor women, and for that reason, many surrogacy agencies will not accept surrogates who are on welfare - not because they do not think these women would make eager and obedient surrogates, but because they worry that the public perception would be that these poor women are exploited and that they are engaged in baby-selling (Ragoné 1994, 16).²⁰ It is also entirely possible that "welfare mothers," - a code word for women of color - who are regarded as social pariahs, are not seen as acceptable surrogates because it is assumed by both the industry and by contracting parents that they are likely to be drug users, alcoholics, etc.; in short, they are "bad mothers." However, even though women on welfare are not generally accepted as surrogates, it cannot be denied that there is usually a sizable gap in both income and education between the surrogate and the contracting father or parents, as Ragoné's research makes clear (1994, 54-55 and 90). But the language of altruism and mother love that is mobilized by the practices of surrogacy (which I will discuss at length below) obscures questions of class. And, as we will see, when Johnson disobeyed the contract, she became the lying, scheming villain to which her class and racial

captain might raise all sorts of anxieties about the state of the American security and/or war machine.

²⁰Ragoné notes that surrogacy programs make a concerted effort to "foster the belief that surrogate motherhood is not socially deviant and that it need not have negative or deleterious consequences for any of the parties involved or for society as a whole" (1994, 17). In other words, they do not want to risk being shut down because of perceived "deleterious consequences" for the normalized heterosexual family, motherhood, etc.

status consigned her. The "good" mother was the genetic mother of the right class; the "bad" mother was the gestational mother of the wrong class.

THE SINGULARITY OF THE MOTHER

As I discussed in the Introduction, one of the mythic qualities of the Mother is her singularity: we are certain that there is always an identifiable "true" mother we can point to as the mother. Psychologically, we need to believe in her certainty, or risk feeling unanchored in history (as Mary Ann Doane says) or feeling unstable as speaking subjects (according to Julia Kristeva). And, as I have argued, the certainty of being able to point to the Mother may assuage a sense (conscious or not) that we cannot ever really know who our parents are. The Johnson case made it clear that surrogacy challenges the singularity of motherhood at the same time that it reinscribes it via court decisions that literally determine who the mother is; that mother is the "natural mother," however that term is defined. In the Johnson case, giving birth was put in the category of "less-natural" (than genes), or perhaps pre-genetic. A subtitle in a New York Times article on the decision said, "In a debate over nature versus nurture, the winner is nature" (Mydans 1990a). Anna Johnson's giving birth was apparently "nurture", rather than "nature." Such semantic acrobatics reveal the move toward fixing the certainty of the mother. The mother is "natural"; everyone else must be something other than "natural." Otherwise, we might have to say that there is more than one "natural" mother.

What is so scary about having two mothers, anyway? Why can't the gestational surrogate make and sustain a claim for motherhood? One possible answer may lie in the idea that if there could be more than one mother, perhaps no one is the mother. If we let

go of the idea that there is some final arbiter of what a mother is, then perhaps an endless number of people could have a claim to be the mother of that child.²¹ As one of my students said, "What's next? Will the lab technician who mixes the sperm and the egg be able to claim she is the mother?". Perhaps nature yields no definitive answer to the question of who the mother is. That line of argument, of course, crumbles the edifice of maternal certainty and singularity. If the idea that there is one, certain mother is not maintained, the myth of the Mother risks collapse. Surrogacy may unintentionally reveal the production of the Mother as certain in the very process of producing that certainty. And so we have the counter-move, the re-veiling process whereby we are reassured (by genetics testing, for example) that we really can determine who the mother is.

But all this emphasis on fixing one mother as the mother reminds us again how the Mother represented by surrogacy is based on a middle-class white cultural ideal. It is within the context of the normalized white, middle-class family that two or more mothers seems an odd notion. Black feminists have pointed out that within the black family, networks of women, some related, some not, share the responsibilities of mothering. Patricia Hill Collins (1991, 119) refers to "bloodmothers," who are biological mothers, and "othermothers," who share mothering or sometimes take it over completely when the

²¹I am not suggesting here that genetics and gestation, or any other criterion and gestation, are the same thing, in the sense that each mother could have an equal say in what happens to the fetus. Clearly, the bodily integrity of the surrogate must be maintained so that she has the final say in any decision, including the decision to abort, that involves her reproductive autonomy. Rather, I am letting the possibilities play out here, to show why the idea of multiple mothers seems so frightening. I would suggest, however, that multiple mothers present a possibility for a feminist revisioning of surrogacy as collaborative reproduction, as I will discuss in the Conclusion.

bloodmother is unable to care for her child/ren.²² "Community othermothers" "often feel accountable to all the Black community's children" and the concept has "allowed African-American women to treat biologically unrelated children as if they were members of their own families" (129). For the women enmeshed in these networks of bloodmothers, daughters, othermothers and community othermothers, thinking about a sole individual as the mother and segregating feminine roles might seem strange. As Gloria Joseph remarks:

Black women play integral roles in the family and frequently it is immaterial whether they are biological mothers, sisters, or members of the extended family. From the standpoint of many Black daughters it could be: my sister, my mother; my aunt, my mother; my grandmother, my mother. They are daughters all and they frequently "mother" their sisters, nieces, nephews, or cousins as well as their own children. As women "We are, none of us, 'either' mothers or daughters; to our amazement, confusion, and greater complexity, we are both" (Joseph & Lewis 1981, 76, quoting Adrienne Rich).

The usefulness of Collins' and Joseph's concept of multiple mothers lies in its placement of the idea of motherhood in the realm of the social, as opposed to the strictly biological. It reminds feminists to be wary of unexamined assumptions about motherhood, no matter how innocuous they might seem, and it points to a way of reimagining motherhood in communitarian terms.

²²Collins borrows the term from Troester, who uses it in describing the various maternal figures in the life of the protagonist in Paule Marshall's novel, *Brown Girl, Brownstones*. Of othermothers, Troester says, "[They] can provide a safety valve [from mother-daughter tensions] and sounding board and release the teenage girl from the confines of a single role model" (1984, 13).

THE SURROGATE AS AN EXAMPLE OF FEMININE ALTRUISM

The certain figure of the Mother that is produced by surrogacy is altruistic to the point of self-sacrifice and gives her maternal love unconditionally. This maternal love is portrayed in terms which render it instinct-like. I raised a question earlier in this chapter: If maternal instinct is so strong, so driven by nature, why would a surrogate ever give up her child? Wouldn't she fight with all her being to keep it, just as Mary Beth Whitehead did? Surrogacy thus risks revealing that nature-driven maternal instinct is a social idea, because surrogates do usually give up the child. That revelation must be obscured or hidden by a focus on the surrogate's saint-like altruism. As I have already indicated, the answer given to the question of why the surrogate gives up her child is that her "natural" altruism is so strong, she will overcome her "natural" maternal instincts and present the child as her gift. The idea that the surrogate is an altruistic gift-giver who wants only to make an infertile woman "complete" (i.e., the mother of a child) is absolutely central to representations of her.

Apparently, the surrogate's altruistic love extends not only to her own children, but to the rest of the world that desires, but cannot obtain, their own children.²³ Examples abound: Advertisements soliciting women for surrogacy arrangements routinely tell fertile women to "give the gift of life;"²⁴ a 1989 Ladies Home Journal article about a woman who

²³ Adoption is an alternative option, of course, but the assumption underlying surrogacy is that it is the "only hope" for those women who are unable to bear children.

²⁴ See, for example, Levitt & Benet (1992, 75). An advertisement in a weekly "shopper's guide" distributed in my home town recently carried an ad for a gestational surrogate, seeking a "carrier mother" who is "a very special person" to "help give the gift of life to a stable, loving couple."

had been a surrogate four times was headlined, "GIVING THE GIFT OF LIFE" (Richards 1989). Noel Keane, an attorney whose agency arranged many of the earliest surrogacy contracts, made an "educational" video entitled "A Special Lady," which encourages young women to consider becoming surrogates. According to Janice Raymond, "[t]he video promotes the idea that it takes a special kind of woman to bear babies for others, and that women who engage in surrogacy do so not mainly for the money but for the special joy it brings to the lives of those who can't have children themselves" (1990, 8). Indeed, many surrogates, including Mary Beth Whitehead, state that the desire to help another person was at least part of what motivated them. Patricia Adair, a surrogate from the suburbs of Philadelphia, remarked in her book,

I can't imagine going through life without feeling the joy I get from my children, so I wanted to help another woman experience that, even if it meant carrying the child full-term and then giving it up after the birth. I truly feel fortunate that I can help someone in that way (Adair 1987, 16).

The fact that the surrogates understand their experiences as founded in altruism should make us think about what is at stake in the representation of the Mother as altruistic: what kinds of cultural work does it do? What kinds of psychic investments do surrogates have in seeing themselves as altruistic gift-givers? Discourses of altruism make available a language with which the surrogates can think and speak about their experiences. Maternal altruism is a familiar space for the framing of those experiences; it operates transparently because it tells us what we already "know" about what is "real" about the Mother (Shapiro 1988). As Freud reminds us, however, the altruistic urge can also provide the "narcissistic satisfaction of being able to think oneself better than others" (1961 [1930], 90). In modern parlance, "narcissism" is often conflated with its excesses: vanity, total self-

absorption/self-love and egotism. For Freud, a certain degree of narcissism is not inherently a "bad" thing; it is crucial to the formation of the self and the ego. He makes us think about the pleasure that can be gotten from altruism and the ways in which it increases our self-regard.

In a somewhat different vein, Melanie Klein points out that in order to be altruistic, we have to identify with the other person, but that identification allows us to share in what the other person gains from our gift:

We are only able to disregard or to some extent sacrifice our own feelings and desires, and thus for a time to put the other person's interests and emotions first, if we have the capacity to identify ourselves with the loved person. Since in being identified with other people we share, as it were, the help or satisfaction afforded to them by ourselves, we regain in one way what we have sacrificed in another (Klein 1975 [1937], 311).

In a sense, Klein is agreeing with Derrida: a gift is not really possible to give, because it always brings some sort of return (perhaps a psychic one) or expectation of a return back to the giver. Klein does not see the process of identification and the return gift-giving provides to the giver in a cynical way, but rather, argues that the capacity to identify with another human is an important element of human relationships and is "also a condition for real and strong feelings of love" (*Ibid*). In other words, the motivation toward altruistic gestures is founded in a process (identification) that is necessary for social relationships.

Freud and Klein can help us see the psychic return surrogates may get from their acts and from seeing themselves as altruistic. A more complex picture of the surrogate than as a simple victim of patriarchy emerges. Certainly we cannot ignore the fact that surrogates make their decisions and give meaning to their experiences within a culture that stresses how wonderful it is for women to be altruistic and giving. And they are most

likely well aware that being paid for their participation in surrogacy might be seen as a transgression of the ideal of maternal altruism; hence, the need to frame their acts as driven by the desire to give a gift. But that cultural milieu may not provide the entire motivation for surrogates. Helena Ragoné (1994) reports that some of the surrogates she interviewed felt empathy (Klein's identification) for the woman because they had known someone who was infertile. Many surrogates feel they are making a special, unique contribution to the world in helping an infertile woman and/or a couple have a child. As one surrogate said, "I hadn't given all that much to the world before, but now, you see, I've given a baby to that couple and made their lives complete" ("A Surrogate's Story of Loving and Losing," 77). Surrogacy may make these women feel quite good about themselves and give them a sense of importance, as well as a feeling that they are leaving a legacy for the future. A fairly common sentiment was expressed by one surrogate who said, "I'll never cure cancer or be an astronaut. This is my unique gift, the most important thing I could ever do in my lifetime" (Arking 1987, 56). Ragoné notes that surrogacy may permit the surrogates to take part in something they see as exciting, while also allowing them to fulfill traditional female roles (1994, 63). As one writer noted about a surrogate she interviewed,

"There are some women who just like to be pregnant," [the surrogate said].... When she carried a child, this woman continued, she felt important in ways she otherwise never did. The idea of carrying someone else's baby makes her feel even more important because then she is not just harboring a child, she is harboring a gift. The publicity about the surrogates is just an added bonus to these women; their gallantry shines back at them from the television set (Fleming 1980, 24, emphasis added)

There is plenty in this quotation and others to alarm feminists. Clearly, the idea of the Mother as a selfless altruist is at work here, as is the idea that women are reproductive

vessels whose lives are rendered exciting and meaningful only through maternity. Equally clearly, the language of gift-giving can create a romantic view of surrogates, as evidenced by the writer's description of the surrogates' "gallantry shin[ing] back at them." There is also no question that the idea of maternal altruism and the sense of obligation it carries can be used to ensure the surrogate's obedience to the contract. One surrogate has said, "I have made an obligation that is so sacred.... To deny [the couple] the child would be the worst thing I can imagine. After all, what right do I have to keep the child?" (quoted in Ragoné 1994, 41). But the sheer volume of surrogates reporting that surrogacy makes them feel good about themselves and the ways in which surrogacy provides them with a return for their "gift" should give feminists pause when we hasten to see these women simply as patriarchy's victims, blindly obeying the dictates of pro-natalist cultural imperatives.

The language of altruism and gift-giving does a tremendous amount of cultural work, and not only for the surrogates. As I will show in the next subsections, it veils culturally disturbing thoughts of baby-selling and body-selling. It also screens over any equation of the relation between the surrogate and the contracting father and/or mother as an employee-employer relationship and erases class differences. At the same time, it replaces the Mother's sexuality with a kind pure, holy, selfless mother-love. That the language of altruism performs so much cultural work becomes obvious when that language is discarded and exposes the contract with its exchange relations, as I will show.

Altruism and the Placement of the Mother Outside the Cash Nexus

As I discussed in the Introduction, the Mother and her mother-love are placed outside the cash nexus and exchange relations. Her existence outside exchange relations

defines what exchange relations are by providing a space where those relations are imagined not to be. But when a surrogate is paid to carry and give birth to a child, potentially-troubling questions surrounding the contract and the exchange of money are raised. The idea that she does it out of a near-saint-like altruistic impulse displaces these questions and makes it appear that the contract is not really a contract, but perhaps more of an "arrangement" that permits the surrogate to bestow her gift on the infertile. Framing surrogacy in altruistic language directs attention away from these kinds of questions, and toward familiar social assumptions about motherhood.

Baby-selling. The exchange of cash and the presence of the contract might raise the specter of baby-selling.²⁵ Selling babies, of course, is illegal in the United States, although the trend toward private adoptions has increasingly blurred the border between an adoption and a purchase.²⁶ Nonetheless, there are numerous legal barricades erected against the outright purchase of babies in the U.S. In Victoria, Australia, surrogacy was outlawed because "arrangements where fees are paid are, in reality, agreements for the purchase of a child" (quoted in Pateman [1988], 212). One might be tempted to cynically think, "So what? In this consumption-oriented culture, aren't babies one more commodity? Isn't everything for sale?". But that is precisely the point: the domestic sphere and its bonds of familial affection are seen as the one space where everything is not for sale. If the self-alienating relations of the contractual marketplace were seen as

²⁵For a critique of surrogacy as the commodification of children, see Gibson (1992) and Rothman (1989).

²⁶The practice by some adoptive parents of going to third world countries and spending many thousands of dollars for a child makes it clear that there is a world market for babies.

invading the domestic sphere, the entire idea of the contract would risk collapse. The use of the language of altruism and the "gift" is an attempt to negate the idea that surrogacy might be baby-selling. After all, the surrogate is not "selling" a baby; she is lovingly giving a "gift" to an infertile woman or couple. And here again, we can see how the surrogates themselves might have a psychic investment in understanding themselves as altruists. Seeing surrogacy as altruistic can allay anxieties about the baby-selling question for the surrogate and everyone else.

In the Baby M case, Judge Sorkow argued that surrogacy was not baby-selling, because William Stern, the biological father of the child, could not "purchase what is already his" (In Re Baby M., 1157). The child was Stern's "property" to claim. Father-right reared its head again. But Sorkow's declaration opened up the possibility that Mary Beth Whitehead also had a property right that she could sell. (I am not saying that the child was anyone's "property"; but rather, I want to point out the possible logical extensions of the argument used to say that Bill Stern was not buying a child.) Often, the language of "payment for service" or "payment for time and effort" is mobilized as a counter-argument to the baby-selling specter. In fact, Carole Pateman argues that within the logic and language of the contract, the surrogacy contract is a contract for services:

From the standpoint of contract, talk of baby-selling reveals that surrogacy is misunderstood in exactly the same way that prostitution is misunderstood. A prostitute does not sell her body, she sells sexual services. In the surrogacy contract there is no question of a baby being sold, merely a service (1988, 212).

Surrogates often see themselves as being paid for a service. Patricia Adair recounts an exchange on a radio talk show between herself and a caller who had been adopted:

[The caller said,] "If I had known that I was a Surrogate child, I wouldn't have been able to handle it at all! Especially knowing that I was so worthless, I had to be sold!"

My answer to her was that I felt Surrogate children are most definitely *not* being sold! She interrupted by saying, "You're getting money, aren't you?"

I tried to explain I was being paid for a service, not a child, but she just couldn't understand (118).

However, surrogacy contracts threaten to reveal that the surrogate is being paid to produce a "product": the baby. Despite the use of the language of "payment for service" or "payment for time and effort" to describe the contractual relationship, the surrogate typically receives little or no money if she miscarries early in her pregnancy; the fee is then graduated up to the birth and relinquishment of a live child. Adair outlined these provisions of her contract:

In the event that child is miscarried prior to the fifteenth week of pregnancy, no compensation shall be paid to the Surrogate, however any expenses shall be paid or reimbursed. In the event that child is miscarried between the fifteenth and the thirty-second week of pregnancy, Surrogate shall receive twenty-five percent of the compensation in addition to any expenses. In the event of a miscarriage or stillbirth after the thirty-second week of pregnancy, Surrogate shall be entitled to receive fifty percent of the compensation in addition to any expenses.

....

[I]n the event Surrogate's pregnancy has not occurred within a period of six menstrual cycles, this contract shall terminate by written notice....

....

In the event Surrogate and/or her husband fail to terminate parental rights pursuant to the provisions of this contract, such action will constitute a breach of said contract and Surrogate and/or husband will forfeit their rights to any fees and be responsible for any medical costs and other expenses incurred. In addition, Surrogate and/or her husband will immediately reimburse Natural father all monies which Natural father already paid (62-65).

I have quoted Adair's contract at length because it makes it quite clear that she was not being paid merely for her "services". Even if she faithfully went to all scheduled inseminations but did not become pregnant, she received no compensation; she received no compensation if she miscarried before the fifteenth week; she received only fifty percent of the fee if the baby was stillborn and she received nothing if she or her husband²⁷ refused to relinquish their parental rights. And in the last case, she and her husband would be liable for some hefty sums of money - a significant incentive to obey the contract when one is entering it to provide one's family with some needed money in the first place. Although this last provision might be ruled unenforceable by the courts, the fact remains that these sorts of clauses can be held over the surrogate's head as a threat. Clearly, Adair's fee was being paid for her relinquishment of a live child.²⁸

Body-selling. The contract and the exchange of money might also appear to put the surrogate in a position of selling her own body, like a prostitute. This implication of the contract might be even more disturbing than that of baby-selling, because it disrupts so many aspects of the Mother: her naturalness (because her nature-driven "gift" is being sold), her position outside the cash nexus and exchange relations and her asexuality. The

²⁷Under Pennsylvania law, as in many other states, Adair's husband was legally presumed to be the father of any child his wife bore. As a result, he had to terminate his parental rights.

²⁸Helena Ragoné reports that gestational surrogates are often paid a fee (of approximately \$500) for each implant attempt because they must see a physician daily to have their hormonal levels checked and/or to be given injections of synthetic hormones (1994, 73). She also notes that even though some programs pay the surrogates interim sums (upon confirmation of pregnancy, after the first trimester, etc.) in order to avoid the charge that surrogacy is baby-selling, a large lump sum is usually withheld until after the birth and relinquishment.

idea of the prostitute and the Mother occupying the same space is culturally abhorrent. In our consumer culture, women sell their bodies literally (as prostitutes) and figuratively (as participants in the culture of beauty) all the time. But the sexed female body that is sold must be kept apart from the asexual maternal body. Speaking of genetic surrogacy, Carole Pateman argues that one of the differences between a prostitution contract and a surrogacy contract is that the man does not make direct sexual use of the woman's body, but indirectly uses it through artificial insemination (1988, 214). Yet there remains a lingering association of sex and the exchange of money taking place; the model of prostitution is not so easily erased by the finer points of the contract.

In an early U.S. case of gestational surrogacy, the contracting parents had difficulty finding a doctor and/or a hospital program that would assist them in their quest to obtain a child via a gestational surrogate. (At the time, gestational surrogacy was a new idea, and many doctors and hospitals worried about the legal and ethical implications of the practice.) When a cooperative doctor was finally found, the contracting father (himself a medical doctor) lied, and told the doctor that the surrogate was an unpaid family friend. When the doctor found out, after the delivery of the child, that the surrogate had been paid, he said he would have delayed carrying out the fertilization and implantation procedure until he had consulted with his hospital's committees. He said, "I wanted the surrogate to have an altruistic motive so it wouldn't be construed as selling her body" (Johnson & Briggs-Bunting 1987, 97). The doctor clearly understood that the exchange relations present in this surrogacy arrangement could be linked to images of prostitution. But his statement also reminds us that the self-preservation of the surrogacy industry is at stake in the kinds of language mobilized to describe its practices, as he was

worried about the potential negative ramifications of surrogacy being construed as body-selling. When the surrogacy reveals contradictions that might explode the myth of the Mother - Why would such a loving, giving woman accept money for her "gift"? - those contradictions are replaced by "acceptable" ideas. The threat to motherhood is also a threat to the surrogacy industry.

An employer-employee relationship. The existence of the contract and the exchange of money risks exposing the relationship between the surrogate and the contracting father and/or mother as that of an employee and her employer. That, of course, would clearly place the Mother within the field of exchange relations and would disturb the representation of the domestic sphere as that place where unpaid (loving) labor takes place. It could have the effect of marking the surrogacy contract as a crass monetary arrangement. At least one researcher has found that money is an important factor in the decision to become a surrogate²⁹ and surrogates such as Anna Johnson and Mary Beth Whitehead have made no secret about the importance of the fee, but this incentive is often ignored and the surrogate is instead represented as motivated solely by her almost saintly desire to help others. Alternatively, when the issue of the money is brought up, the surrogate's altruism is mobilized in a slightly different way: yes, the surrogate is being paid for her "gift," but she is going to use that gift to help her own family. Many surrogates frame their acceptance of the money in this vein. Mary Beth Whitehead said that surrogacy "seemed like a good way to provide extra opportunities for

²⁹For example, Peter Parker found that 89% of 125 potential surrogates interviewed said that a monetary fee was a necessary condition for becoming a surrogate, although not a sufficient reason (cited in Shannon 1988, 62).

my children. I reasoned that it would help to pay for their college educations" (Whitehead 1989, 7-8).

But recent stories of women who have been a surrogate and/or have sold ova multiple times make it clear that some women do see reproduction as a source of employment. As Ragoné noted of the surrogates she interviewed, surrogacy "is viewed by the surrogate and her family as work" because she is paid (1994, 58). An article in The Ladies Home Journal described one woman who had served as a surrogate four times (Richards 1989); Ragoné discussed a woman who had also been a surrogate four times (1994, 81). "Robin B.," a divorced mother of three young children, was the surrogate mother for Deidre Hall and her husband twice and bore another child for a different couple, within a four-year timespan. Another woman was described in a New York Times article as staying at home with her two young children. She gave birth to a child for one couple in 1994 (for a \$12,000 fee), sold her ova after that birth for \$2,000, and was pregnant with twins for another couple as of January 1996 (her anticipated fee was \$15,000) (Hoffman 1996). The article said the woman had "figured out something extra to do while staying at home caring for [her] two children" and the woman said, "For now, this is perfect for me. I'm not going to just sit home and bake cookies for my kids. I can accomplish things." One could argue that reproduction has become a form of home work. It allows women to stay at home with their children and earn money. In some ways, it is easier than traditional home work, as gestating does not require the woman to have the same level of concentration as does, say, sewing. In other words, the woman's children can still receive her full attention, assuming the pregnancy does not make her ill and she does not have to go to her doctor or the infertility clinic frequently. Perhaps this trend

says as much about the structure of the American labor market and/or our lack of good child care as much as it says anything else, but this is a worrisome phenomenon. Women are seeing reproductive labor as wage-labor. I am not trying to make an argument that this is inherently evil, or wrong. On the one hand, it turns the whole idea of the naturalness of unpaid reproductive labor in the domestic sphere on its head, and might reveal what surrogacy tries to contain: the Mother embedded in exchange relations. On the other hand, this phenomenon feeds directly into images of women as nothing more than sites of baby-making; they are valued only because they can produce children. Their "accomplishments," as the surrogate mother said above, consist of the babies and ova they can produce for the marketplace. The Mother may become fixed in Woman more firmly than ever.

When the surrogate and the infertile woman are related.

In those situations in which the surrogate is a relative of the infertile woman, the theme of altruism and maternal love is played out most loudly.³⁰ On one reading, a woman giving birth to her daughter's (or son's, as was the case in "Scene 1" of the Introduction) children might seem bizarre, if not laden with incestuous undertones. On another reading, the one deployed in so many discourses of surrogacy and which attempts to avoid those sorts of uncomfortable questions, the mother's act is one of supreme selflessness and devotion to her daughter, who is distressed by her inability to bear a child. The first case of mother/daughter surrogacy that came to the attention of the world was

³⁰And it is in those situations that family pressures may be brought to bear on a woman to give a "gift" that she might be reluctant to give (Raymond 1990, 10; Anleu 1990, 70).

that of a South African, Pat Anthony, aged 48, who gave birth to her own triplet grand/children.³¹ People magazine carried the story on its cover (Levin & Reid, 1987), with a banner headline that read "A MOTHER'S LOVE". Inside, the headline over the story said, "MOTHERLY LOVE WORKS A MIRACLE." Anthony herself regarded her act as one of maternal devotion in the face of her child's unhappiness: "I am doing this because my daughter, not me, was desperate for children and unhappy because of it" (42). But the theme of motherly love and self-sacrifice is invoked endlessly throughout the article:

Perhaps no lesser motive than a mother's love could have made Pat Anthony do what she did.... [the birth of Anthony's second child in 1964] was so agonizing that Pat, a slim, small-boned woman just 4'11" tall, had sworn to her husband that she would never willingly endure anything like it again (40).

In 1991, the first known case of a woman giving birth to her own grandchildren in the U.S. was publicized. Like Pat Anthony, Arlette Schweitzer was in her 40s and was implanted with an embryo created from her daughter's eggs and her son-in-law's sperm. People magazine, ever-vigilant in reporting such matters, trumpeted Schweitzer's act as "A MOTHER'S PRICELESS GIFT" (Plummer & Nelson, 1991). The Ladies' Home Journal, printing excerpts of Schweitzer's journal from that period of her life, chose the following excerpt to print as their large-type "tease": "I am simply a mother trying to help her daughter fulfill her dreams,' Arlette says. 'Given the opportunity, what mother could do less?'" (Schweitzer 1992, 126). A made-for-TV movie about Schweitzer, entitled "Labor

³¹Anthony's daughter had had her uterus removed due to hemorrhaging after giving birth to her first child. Since her daughter's ovaries were intact, doctors were able to remove ova from the daughter and fertilize them with Anthony's son-in-law's sperm.

of Love," aired on Mother's Day in 1993. Before the introductory music, we are told that the movie is about "A mother's desire to fulfill a daughter's dream."³²

The language of altruism and "pure love"

Why is it important for the surrogate mother to appear altruistic to the point of selflessness? On one level, her altruism plays into existing notions of the cultural maternal ideal: loving, self-sacrificing, giving unconditionally, simply because she is a mother. As Francine du Plessix Gray tells us, we need to believe in the naturalness and immutability of mother-love, because if mother-love is a choice, we might feel we had been born into "a void of indifference." But Gray points us to the way in which we might tie altruism to the theme of stability and certainty, based on biology, that I have employed. The logic goes like this: women are driven by their biologically-based maternal instinct to bear children. And that same instinct creates in the woman a maternal love for her children and a sense of altruism toward them that is enduring and unquestionable. But of course, a contradiction is revealed: If the surrogate were controlled by her maternal instinct, why would she ever yield possession of the child to another woman? To neutralize this contradiction, the surrogate's maternal instinct and altruism apparently must be directed at

³²Starkly contrasting with the exuberance with which Arlette Schweitzer's surrogacy was reported is the more recent phenomenon called "post-menopausal pregnancy", whereby a woman who has reached menopause can, through the use of drugs, be implanted with another woman's fertilized ovum and carry a fetus to term. In these cases, these women, some over age 60, are attempting to fulfill their own desire for a child (albeit often under pressure from younger husbands), not that of their daughters. I discussed this issue in Chapter 1 and will simply reiterate here that among other things, public disgust with these "retirement pregnancies" can be linked to the idea of maternal asexuality. If the Mother's sexuality is disturbing, the Grandmother's sexuality appears to arouse feelings of downright revulsion.

another woman (whose own maternal instincts are screaming for her to get a child), as opposed to the child. That is why mother-daughter or sister-sister surrogacy arrangements can be so readily framed in the language of maternal instinct: they tell us what we already know about the Mother - that she loves us selflessly. They also can hush critics of surrogacy in general. The doctor who delivered Pat Anthony's grand/children said, "We feel that what Pat Anthony has done for Karen is the acceptable face of surrogacy.... There was no payment, no commercialism. It was an act of pure love" (Levin & Reid, 43, my emphasis). In these cases, the doctor apparently believes, the act of "pure love" is able to overcome objections to surrogacy by putting an "acceptable face" on it.

But the doctor's quote also reveals another reason why mother-daughter surrogacy arrangements might seem so appealing: the "pure love" of the mother is not bound by a contract. The contract, as I have tried to point out, creates all sorts of problems. It is required in order for the contracting father and/or mother to get the desired "product," the child. But it also brings up the specter of baby-selling and body-selling and images of motherhood as employment. Not only do these specters and images clash with the representations of the Mother as asexual and outside exchange relations, they threaten to destroy the foundation of contract relations itself by blurring the boundary between the unpaid domestic sphere and the public sphere of exchange relations. To re-veil what the contract might reveal, it becomes necessary to discursively construct a contract which does not seem like a contract, but which also provides the "guarantees" the contracting father and/or mother seek. The language of maternal altruism, maternal love and gift-giving are constantly deployed to hide the potentially explosive aspects of something that

is a contractual relationship. But when a mother is a surrogate for her daughter, there is no exchange of cash and there is no contract. With the erasure of the contract also comes the erasure of many of the uncomfortable images I have already outlined.

The twinning of the infertile woman and the surrogate

The idea of the surrogate directing her maternal love toward another woman also helps explain what might otherwise appear to be just another curious trend in the representational practices of surrogacy: the surrogate and the infertile woman are often described as twins or doubles and/or extremely close, like best friends or sisters. Indeed, they often describe themselves as being quite close. Patricia Adair describes herself and the adoptive mother as metaphorically joined: "I felt that she and I were part of each other during this special pregnancy" (Adair 1987, 145) and describes how she and the adoptive mother met for lunch and went shopping together. This twinning performs quite a bit of cultural work, which will become evident in this section. Not only does the twinning relieve anxieties about the non-singularity of the Mother (i.e., the two mothers - the infertile woman and the surrogate - are joined into one mother, thus reaffirming both the idea that there is only one Mother, as well as the general exchangeability of women), it elides issues of class. The idea of twinning "works" not only for those outside observing the relationship between the infertile woman and the surrogate, but also for the infertile woman, in reassuring her about what might be a disturbing experience: another woman carrying and having an exclusive relationship (for the period of gestation) with the child that is supposed to "belong" to the infertile woman. The surrogate, too, has an investment in this twinning in order to assuage doubts about the fact that she is supposed to relinquish the child she bears; she is giving the child to a part of herself. The idea that she is the

infertile woman's twin or double can also cement the process of identification that Melanie Klein has argued is such a critical motivation in altruistic gestures.

In a People magazine article about Deidre Hall, the idea of the double, both physically and psychologically, is raised repeatedly. On the front cover, there is an inset photo of Hall with her hand on the surrogate's (identified only as "Robin B.") swollen abdomen. The headline over the photo reads: "Deidre Hall's Miracle. After 20 years of infertility, the actress is a mother - thanks to a look-alike surrogate." (Their "look-alikeness" is apparently based on both women having blond hair that is similarly-styled.) Robin B. maintained a relationship with Hall and her husband from prior to implantation until after the birth of the baby boy. They are described in the article as, "more like sisters than surrogate and infertile mother-to-be.... Robin and Deidre got together at least once a week to shop, have lunch or just talk" (Levitt & Benet, 75). Near the end of her pregnancy, Robin moved into Hall's home, and both Hall and her husband were present at the baby's birth. In the case of Deidre Hall and others, surrogacy takes itself quite literally: the surrogate is one who can stand in the place of the infertile woman; she is a (temporary) substitute, melded together with her "twin". Surrogacy agencies may promote this closeness and friendship to avoid problems once the child is born. Numerous women have expressed the sentiments of a two-time surrogate mother: "I could never do what Mary Beth Whitehead is doing because I became so close to the couples" ("Two Successful Surrogate Stories", 52). If the surrogate and the infertile woman are very close, like "sisters," or "best friends," to wound the infertile woman (by refusing to relinquish the child) would be like wounding a beloved family member. And if they are so close as to be

a part of one another, to wound the infertile woman would be a wound to the surrogate's self.

But this "twinning" also renders class differences between the surrogate and the infertile woman invisible. They are linked by their maternal instinct, so that the maternal ideal seems classless and raceless. We are, it seems, merely supposed to giggle when Deidre Hall, a wealthy actress living in a Bel Air mansion, remarks in a mass-circulation women's magazine, "Steve [her husband] figured out that the surrogate mom gets about forty cents an hour!" (Radovsky 1993, 37). And an administrator for the Center for Surrogate Parenting in Los Angeles, California was described as claiming that:

[T]he average \$10,000 fee is too low to serve as the motive for most surrogate mothers. More commonly, she said, women offer their wombs to other women because they simply enjoy being pregnant, or because they sympathize with the unhappiness of infertile parents, or because they feel remorse over a past abortion and seek "to give back a child to society." The genetic parents and the surrogate mother often form a special relationship of shared attachment to the child, she said.

"In our program it is the couple and the surrogate who bond," she said. In our program, the surrogate often says she misses the couple, not the baby." (Mydans 1990b).

Apparently, the loving, giving surrogate, who doesn't really need the money, anyway, bonds with an infertile woman and/or a couple (thus assuring her obedience to the contract) as she gives them her "gift." This portrayal of the surrogate and the motivations for her actions attempts to avoid the whole question of class differences between the surrogate and the infertile woman/ contracting couple.

The psychological effect of this "twinning" or doubling may also be to allow a kind of narcissistic investment of one woman (the infertile woman) in the other (the surrogate),

coded in the language of friendship and sisterhood. Simone de Beauvoir argued that pregnancy opened up a space for female narcissism that is socially acceptable. Prior to pregnancy, she said, women may desire to scrutinize, admire and take pleasure in their own bodies, but feel constrained not to indulge this desire. But during pregnancy, it is acceptable, indeed desirable for them to do so, because "everything they do for their own benefit they are doing also for the child" (Beauvoir 1974, 560). In the case of surrogacy, the infertile woman is permitted a level of interest in the body of the surrogate that might otherwise appear "unnatural," if not downright sexual, because she and the surrogate are so close. Typically, this interest includes being present at the surrogate's doctor appointments. As Deidre Hall describes it, her relationship with Robin included an extraordinary amount of closeness:

Robin got a lot of joy out of letting me in on as much of the experience as she could. Whenever the baby kicked, she'd grab my hand and let me feel. I'd tag along to her doctor appointments, and when he would ask her if she had any questions, she'd ask me if I had any.... [W]e were the "dream team." And by the due date, we were so close that there was no self-consciousness.... Robin went through a ten-hour labor, and I was there, counting her contractions and monitoring her breathing.... As [the baby] came out I grabbed him, while Robin was saying, "Take it easy! He's still attached to me!" It was all so magical (Radovsky 1993, 38, my emphasis).

Hall's description reveals a sense of a melding together of the two women, to the point that there was no self-consciousness between them.³³ The twinning permits the infertile woman the fantasy that the surrogate is simply an extension of herself, having her baby.

³³Hall reports that she was profoundly influenced by an overheard conversation between a surrogate and a future adoptive mother years before she participated in surrogacy; she was astonished that the women seemed "happy and loving" in contrast to Mary Beth Whitehead and Betsy Stern. She was "so touched by this sweet glimpse into surrogacy" that she wrote a TV movie screenplay "showing the tender side of the issue." Her *(Footnote Continued)*

The language of twinning also erases the fact that attending obstetrical appointments could be read as a control tactic; i.e., the infertile woman could be "checking up" on the surrogate, insuring she is being obedient to the contract (which usually stipulates that the surrogate will keep all appointments with all doctors). Trust in the surrogate's goodness and desire to give her "gifts" may not give the contracting mother and/or father a sufficient sense of security, despite the existence of the contract that compels her to relinquish the child - their property. Even in the case of genetic surrogacy, there is often a sense that the child is the property of the biological father and the prospective adoptive mother, and that the surrogate is entrusted with that child during the period of gestation. As Deidre Hall describes it, she and her husband had to observe their surrogate with her own children before agreeing to employ her as a surrogate: "After watching Robin with her own children, we felt safe giving her ours" (Levitt & Benet, 72, my emphasis). The idea that the surrogate is simply a temporary baby-sitter, a "nest watcher," an "incubator" (Corea 1985, 222; "Baby Craving," 38) or a "hotel" (Ragoné 1994, 77) for her "double's" child is frequently expressed not only by surrogacy's promoters, but by the surrogates themselves, who sometimes also refer to the developing fetus only as "their baby" or "the couple's baby"³⁴ (Agee 1990). One surrogate said, "If it

relationship with Robin B. may have been, at least in part, the desired result of her discovery that "many mothers and surrogates become great friends who share every part of the pregnancy and rejoice together when the baby [is] born" (Hall 1995, 74).

³⁴Ragoné notes that the gestational surrogates in her survey thought of the fetus as someone else's baby precisely because the surrogates had contributed no genetic material. One gestational surrogate said she could not participate in genetic surrogacy because she would never be able to give up a baby that was "half hers" (1994, 74). However, it must be emphasized that many genetic surrogates do not think of the baby as belonging to them, either.

wasn't for this couple I wouldn't be pregnant," while another said she felt "like a vehicle, just like a cow; it's their baby, it's his sperm" (Ragoné 1994, 76-77). Seeing themselves as a stand-in or an inanimate incubator for someone else's child may represent a psychological strategy for dealing with the fact that the surrogates and the infertile women are not "twins" and may provide a kind of psychic distancing from and disembodiment of their experience of pregnancy and birthing.³⁵ It may help them avoid getting emotionally attached to the child they have already agreed to relinquish.

The idea that Robin was her "double" also permitted Deidre Hall to erase Robin during the birth when she seems to have wishfully "forgotten" that the child was still attached to Robin via the umbilical cord. Hall was even more frank about this in an interview when she admitted that when she accompanied Robin to her obstetrical appointment, she would think, "Gee, it sure would be nice if Robin would leave so I could be alone with my baby" (Levitt & Benet 1992, 75). The infertile woman who, together with her husband, hired Patricia Adair, remarked, "Sometimes I just wish I could be the one carrying the baby" (Adair 1987, 178). These expressions of envy on the part of infertile women make it clear that the discursive twinning of her and the surrogate do not completely obliterate a consciousness of the surrogate as being other than herself, carrying the prize she has desired and worked for so "desperately."

³⁵This disembodiment can have a dehumanizing effect, as evidenced by one woman who referred to her surrogate sister as a piece of luggage: "We are just using Jacki as a suitcase really, an incubator to carry it. At the end of the day it is our child" (Rowland 1992, 239).

Women as subjects of exchange

I want to suggest another reading of the surrogate and the infertile woman as each other's double and reconnect the doubling with gift-giving. On the one hand, the idea that the surrogate gives her "gift" of a child to another woman performs the cultural work I have previously outlined: it screens over the placement the Mother within exchange relations, it erases class differences between the surrogate and the infertile woman and it desexualizes the surrogate as a holy gift-giver. On the other hand, the idea of the gift can create women as the subjects of exchange, rather than as the objects of exchange Claude Levi-Strauss theorized them to be. Levi-Strauss argued that women are the gifts *par excellence* (1969, 481). As objects exchanged by men, women facilitate circulatory (i.e., reciprocal) exchange among men; women, in other words, permit social reproduction. The exchange of women, combined with the incest taboo "ensure the existence of the group as a whole" (*Ibid*). Women, then, allow culture and society to exist. Without the incest taboo and the exchange of women, there would be no society, only individual families not bound to each other. For Levi-Strauss, the exchange of women constitutes a form of communication/language. Women are produced as signs in the kinship system and circulated in the same way that words are.³⁶ Despite this argument, Levi-Strauss argues that women can never merely be signs; they are also "generators of signs" (496). Coming in the penultimate paragraph of his book, Levi-Strauss' assertion leaves one wondering: what are the implications of women as generators of signs? What if women choose to circulate their signs among themselves and leave men out of the system of exchange?

³⁶See Cowie (1990) for a clear explication of this idea.

According to Levi-Strauss' logic, this could be profoundly dangerous, as it would disrupt the entire system of social reproduction and civilization itself.

Noel Keane writes at length about a married couple and their female friend who decided to take surrogacy into their own hands. The two women were so close that Sue, the surrogate, describes the day she met Debbie, the adoptive mother, as "the day my life began" (Keane 1981, 61). When the childless Debbie became infertile after a hysterectomy, Sue said she thought of how she might repay Debbie's kindness: "'Why, I can have a baby for her!, I thought" (62). The two discussed the matter with Debbie's husband, George, who came up with the idea of inseminating Sue with his sperm, as opposed to Sue's simply giving them a child fathered by another man - thus insuring that the child would be genetically related to him. In perhaps the strangest twist, Debbie inseminated Sue, who was a virgin. The two women were so close that the pregnant Sue gave a baby shower for Debbie. In his book, and on television shows such as Donahue, Keane used the devotion of these two women to gain public sympathy for the arrangement: even if it seems strange, the devotion of these two "twins" produced a "blond-haired, blue-eyed" baby who made discussions of "abstract issues" unimportant (96). One might assume that "abstract issues" include a subtext of woman-woman desire present in this story. In a sense, the baby was that which mediated between the two women's desire; it was that which facilitated their exchange and their joining.

On one reading, the story of Debbie and Sue fits neatly into the images of the surrogate and the infertile woman as "twins", and of the surrogate as an altruist who wants nothing more than to give her "gift" to the infertile woman. On another reading, however, the story of these two women, or of Deidre Hall and Robin B., or of any two women who

exchange their "gifts" among themselves might be explosive. Gift-exchanging women are not simply the objects of sexual exchange who make possible the reproduction of social relations among men; they are the subjects of exchange. The language and act of gift-giving among women allows for the production of feminine subjectivity; exchange is not simply something that bears down on them from outside. In a certain sense, then, the infertile woman-surrogate circulation of gifts fulfills Levi-Strauss' gesture toward women as "generators of signs." But the implications for the reproduction of social relations among men are profound, considering the fact that Levi-Strauss uses the exchange of women, combined with the incest taboo as the basis for the production and maintenance of societies. Whether one accepts Levi-Strauss' explanation as the basis of civil society or not,³⁷ it is clear that leaving men out of circulatory exchange represents a threat to the normalized, heterosexual, patriarchal family. In Deidre Hall's words, the adoptive mother forms "a kinship with another woman as intimately as [she] can" (Radovsky 1993, 38); kinship in this case is not dependent on men's relations with each other. In the case of Debbie and Sue, the man seems to be "out of the loop" once he ejaculates. Men are threatened with becoming inessential; heterosexuality is not necessary for procreation. Lesbians, of course, have been practicing forms of reproduction which leave out men and heterosexuality; i.e., through the use of sperm donation and self-insemination or insemination by a sympathetic doctor. In the case of Debbie and Sue, the portrayal of

³⁷Carole Pateman, for example, argues that for modern civil society to come into existence, kinship is consigned to its own separate sphere and "reconstituted as the modern family" (1988, 112). Further, the exchange of women has to be converted into orderly marriage contracts, and women must be a party to that contract, because universal freedom requires that all individuals be able to enter into contracts (Ibid).

their practice as a kind of altruistic gift-giving among twins is necessary to obscure the fact that reproductive technologies make it possible for all women, and not only self-identified lesbians, to be the subjects of gift-giving in relations with other women.

SURROGACY AND HETEROSEXUALITY

The cultural practices of surrogacy and infertility constantly shore up the heterosexual family ideal and attempt to certify the Mother as heterosexual. At the same time, sexuality, in the sense of sexual pleasure, is written out of the Mother, as I will explain. I have already outlined, in Chapter 1, the ways in which infertility is only seen as a "problem" of (white, middle-class) heterosexual women. Lesbians who are unable to conceive are not viewed as having this "problem." The surrogate mother, too, must meet the standard of heterosexuality. The preferred surrogate is a young white woman (assuming the contracting couple is also white), married and already a mother.³⁸ This emphasis on her marital and maternal status is, according to surrogacy brokers and program directors, a precaution against her being uncertain about what she is getting into (i.e., what might be emotionally involved in giving up a child), but it is also a way to insure, to the extent possible, that she is heterosexual.³⁹ Potential surrogates are

³⁸Many surrogacy contracts not only require that the surrogate and her husband abstain from sex for a certain period prior and subsequent to insemination, but also require genetics testing after birth to insure that the child is not the genetic child of the surrogate and her husband. There is no set "rule" regarding this, but after one case that received nationwide attention in which a disabled child turned out to be the genetic child of the surrogate and her husband (Rowland 1992, 191-192), many surrogacy programs adopted the practice of post-natal genetics tests.

³⁹The requirement of previous children is an attempt to insure that she is a good "producer," or an "experienced uterus," in the parlance of the surrogacy industry (Ragoné *Footnote Continued*)

questioned closely about their relationships with men if they are not married or in a long-term heterosexual relationship. Susan Ince, a single woman who had made it clear that she did not intend to marry, describes her experience with a psychologist for a surrogacy agency:

He was extremely interested in my romantic life [Ince had told another psychologist she had no boyfriend and had no intention of marrying], and my intention not to marry was considered unusual and an indication of not planning for the future. He also wondered how, with no man in town, I managed to "feel loved and affirm my femininity" (Ince 1989, 109).

Ince does not offer a specific analysis of why the psychologist might have questioned her closely, but a reasonable assumption is that he suspected she might be a lesbian.

I would argue that the surrogacy industry finds itself in a bind. The practice remains controversial and commercial surrogacy has been regulated or banned in some states. Existing in a profit-motivated context, some agencies within the industry might very well not care if their clients and surrogates are homosexual or heterosexual, as long as the money flows. But, as Helena Ragoné has pointed out, the industry has a set of unwritten guidelines, designed to "protect [it] from potential negative publicity by averting situations that might be perceived as immoral, exploitative, or transgressive" (1994, 15). If the industry is seen as destructive of "family values" and the fragile heterosexual family ideal, then it risks its own destruction. For example, an attorney involved in surrogacy arrangements revealed that two gay men had approached him about hiring a surrogate, but

1994). Janet Golden points out that wet nurses in the late nineteenth century were also required to produce for inspection their own "fat and healthy baby" so that their employers could be reassured of their ability to produce good milk and good-quality babies (1996, 142-143).

he had turned them down. The men were both high-income physicians in a stable relationship. "I told them," he said, "it was a political choice I was making not to take them on. Chances are that the two of them would have made phenomenal parents" (Corea 1985, 218). One could argue that he was compelled to turn them down, because this is one of the most politically sensitive (and potentially explosive) aspects of surrogate motherhood. Surrogacy could certainly make it possible for gay men to hire a surrogate to bear a child for them, but that would reveal the tenuousness of the heterosexual family ideal and the image that surrogacy programs and agencies have carefully built up.⁴⁰ The ideal of motherhood rests firmly on the foundation of heterosexuality and the heterosexual family. Adoptions by gay and lesbian couples have already begun to bring to the fore certain questions that make clear just what is at stake in surrogacy's preservation of the heterosexual family ideal. If we start thinking about questions such as, "Which parent is the mother?", or "Which parent is the 'real' mother?", we begin to see clearly that motherhood is culturally produced, based on heterosexual norms. The languages of surrogacy try, to the extent possible, to contain or neutralize this train of thought, but it is precisely these types of insights that feminists need to articulate, if we are to see the radical potential of surrogacy.

The Mother as asexual. Although the image of the Mother as heterosexual is necessary for the maintenance of normalized heterosexuality, her sexual pleasure is written

⁴⁰I do not wish to imply in this section that no lesbian has ever served as a surrogate, no gay couple has ever contracted with a surrogate, and so on. There remain surrogacy agents, such as Noel Keane, who will take all surrogates and clients. But by and large, the industry is careful to keep its image as "family builders" in view.

out of surrogacy, and here I want to return to the idea of altruism. The maternal ideal is asexual; the idea of female sexual pleasure in reproduction has long been discarded, as Thomas Laqueur (1990) has so ably demonstrated. The Mother's instincts and absolute selflessness serve to render invisible questions of her sexuality, which never really go away. That the sexuality of the surrogate, whose pregnant body marks her as a sexual being, is anxiety-causing is revealed by the use of terms like "immaculate conception" ("Baby Craving," 42) to describe reproductive technologies. Noel Keane describes a newspaper article about a man who hired a surrogate to bear a child for him and his wife:

The natural mother [i.e., the surrogate] told her boss and co-workers what she was doing. Her boss at first reacted with, "That kind of thing isn't going on in my office," as though there were sexual pleasure involved, the man's lawyer said. He changed his mind when the mother argued that she was doing something morally positive (Keane 1981, 34, my emphasis).

Keane's description of the newspaper article encapsulates part of what occurs when the surrogate is represented as selfless and altruistic: it veils anxieties about her (and hence the Mother's) sexual desire and substitutes asexual morality for that desire. "Selfish" desire and pleasure are contained by a pure, "selfless" mother love.

On one level, surrogacy might raise images of adultery and illicitness, just as mother/daughter and sister/sister surrogacy raise thoughts about incest. Helena Ragoné (1994) reports that in her interviews with contracting parents, there was a lingering association of surrogacy with sexual intercourse, despite her interviewees' knowledge, at an intellectual level, that sexual intercourse was not involved. Patricia Adair reports that upon hearing of her plans to bear a child for a man other than her husband, her grandmother looked at her strangely. "Then after I had explained the program she said, 'My God, Patty, at first I thought you and that guy would have to...' 'No, Gram, I said,

'they use artificial insemination.' 'Thank goodness!' she exclaimed" (Adair 1987, 41, ellipsis in original). Declaring surrogacy as having nothing to do with sexual pleasure helps quiet those images.⁴¹ On another level, the erasure of sexuality and sexual pleasure serve to remind us that we are in the realm of the rational contract: the surrogate agrees to carry, bear and relinquish a child in return for a sum of money - it is all business. In the world of the contract, there is no sexual reproduction, only parties who agree to obey the dictates of the contract. The courts, of course, are the places where contractual disputes will be resolved. But too much emphasis on the contract is dangerous, for it might lead us to think about the fact that money is being exchanged. Here again, the surrogate's asexuality can be deployed via the language of altruism. Her absolutely self-sacrificing nature help erase both her sexuality and her desire and the meanings of the contract.

THE DISOBEDIENT SURROGATE

What about the surrogate who refuses to silently disappear after handing over the child and remain the "sister" or "twin" of the infertile woman? What if she makes a claim of motherhood? Then, the language of contract must be mobilized, despite the risk of exposing the market relations inherent in any contract for surrogacy. When the surrogate refuses to relinquish the child, the rule of law and contract must be asserted, because civil society, which is based on the idea of freely contracting individuals, is at risk if contracts

⁴¹In a 1993 lawsuit, a surrogate mother sued for custody of the child based on the fact that he was conceived via sexual intercourse, as opposed to the artificial insemination originally agreed upon. During the trial, it was reported that the contracting father had driven the surrogate to a motel "that featured a mirrored ceiling and porn movies" (AP 1993d).

are not obeyed (or so the Baby M case would have had us believe). Once the surrogate has broken the sacred contract she is worthy only of contempt; she has prevented the contracting father and/or mother from claiming their "property". The previously loving, altruistic woman becomes, in the words of Patricia Williams, "the evil stepsister who deserve[s] nothing" (1991, 224). Williams employs a notion of contractual disobedience that I find helpful:

Contract law reduces life to fairy tale. The four corners of the agreement become parent. Performance is the equivalent of passive obedience to the parent. Passivity is valued as good contract-socialized behavior; activity is caged in retrospective hypotheses about states of mind at the magic moment of contracting. Individuals are judged by the contract unfolding rather than by the actors acting autonomously. Nonperformance is disobedience; disobedience is active; activity becomes evil in contrast to the childlike passivity of contract conformity (Ibid).

Anna Johnson disobeyed the contract and claimed that she was the mother of the child. For her efforts, she was described by the Calverts as "trying to exploit them financially and emotionally" (Kantrowitz, Cohen & Dissly 1990, 66); she became the "greedy surrogate," instead of the "gift-giving surrogate". Judge Parslow accused her of lying about having bonded with the child: "There is substantial evidence in the record that Anna never bonded with this child until she filed her lawsuit, if then" (Reporter's Transcript, 11). In other words, Anna Johnson became the image of the scheming, untrustworthy lower-class woman of color. Her claim of motherhood was dismissed, and her body designated a temporary foster home while Crispina Calvert was unable to care for the child.

But the treatment of Anna Johnson was mild compared to that of Mary Beth Whitehead, who also disobeyed the contract and made a claim of motherhood. For that, she was vilified both in the press and by the parade of "experts" at the Baby M trial. It

was in that vilification that we not only saw anger directed toward a greedy, evil woman who had withdrawn her "gift" (and revealed that it was not a gift at all) and was now trying to break up a (perfect, white, middle-class) family, but we saw just how class-based notions of the "good mother" are. Ostensibly, the trial was about who the mother was, but instead, it became a trial about what a (good) mother is -- the biological had slipped into the social/normative, as Carmel Shalev has indicated should happen. At the outset, the case appeared to be a contract matter: was the contract enforceable, and could the court force Whitehead to honor the terms of the contract? But the testimony in court, and Sorkow's decision to completely sever Whitehead's parental rights made it clear that the case was about the meaning of motherhood.⁴² Mary Jacobus argues that Sorkow's shifting of the substance of the case from the realm of contract to the realm of parental custody disputes attempted to "off-load one set of highly prejudicial concerns with biology; but in the process others entered in, of which the most obvious were social and economic" (1990, 25). I would add that the change in the focus of the case was also a way of containing what the contract risks exposing: that the representation of the surrogate (and hence, the Mother) as an altruistic gift-giver is discursively produced. But Sorkow's shifting and off-loading could not completely contain the contract. Because the contract was so central to the case, discourses about the case constantly ruptured the cultural ideal of maternal altruism and brought to the surface everything that altruism serves to veil.

⁴²On appeal, the New Jersey Supreme Court reinstated Whitehead's parental rights, although it granted her visitation, not custody. The main thrust of the court's reversal of Judge Sorkow's decision was that it violated state statutes against baby-selling (Matter of Baby M, 537 A.2d 1227 (N.J. 1988)).

A Deal is a Deal

In the case of Mary Beth Whitehead, surrogacy revealed a contradiction I have already noted: the woman who gives her maternal love so willingly is also supposed to deny that love to the child she bears. One might ask, wasn't Whitehead simply obeying that natural, instinctive, biologically-based, immutable urge to love her child that she is imagined to have? Isn't that more straightforward than the logistic turns required to say that maternal love is what makes the surrogate selflessly give up the child to those who so desperately want it? Enter the language of contract and obligation, which reveals precisely that Whitehead had not simply altruistically given her "gift" to an infertile woman; she had made a contract with a man to deliver his child to him.⁴³ A deal is a deal, the editorials and much of the general public seemed to say. As Katha Pollit sardonically remarked, "[t]o hear the chorus of hosannas currently being raised to this sacred tenet of market economics, you'd think the entire structure of law and morality would collapse about our ears if one high-school-dropout housewife in New Jersey was allowed to keep her baby" (Pollit 1987, 685). Perhaps most telling was Lawrence Stone's response to the ruling at the trial court level, severing Whitehead's parental rights: "Contracts should be fulfilled. This is a rather bizarre contract, I agree. You're renting out your body. But one expects a prostitute to fulfill a contract" ("Baby M's Future"). Stone's comment, which reiterates the "deal is a deal" mentality of contracts, also implies that Mary Beth

⁴³The crucial role of the contract is made clear by Alexander Morgan Capron, who argues that in the Johnson case, "without the contract, the Calverts were simply egg and sperm donors to Ms. Johnson, without rights even to challenge her exclusive role as parent" (Capron 1991, 38). It is the contract that upholds the father's (and in the Johnson case, the genetic mother's) right to claim the child.

Whitehead is a prostitute, and thus reinforces what I have argued previously: the existence of the contract raises the specter of body-selling/prostitution. If the image of the surrogate as an altruistic gift-giver is discarded, there is little to prevent that specter from being raised.

Stone's comment makes clear the risks of unveiling the structure of the contract and relying on it to avenge the evil surrogate's acts. Once the language of altruism, gift-giving, mother-love, etc. is removed, the contract and the exchange relations it embodies stand exposed. Without that shielding language, the Mother is placed within the cash nexus; motherhood and the domestic sphere risk being inscribed within exchange relations. Headlines from media coverage of the Baby M case confirm that the emphasis on the contract forced the issue of motherhood and exchange relations. The cover of the January 19, 1987 issue of Newsweek showed a picture of Mary Beth Whitehead holding the child, with the headline: "MOTHERS FOR HIRE." Time magazine asked, "Is the Womb A Rentable Space?" (Lacaye 1986, 36). And the headline of a column in MacLean's Magazine opined that the case represented "Natural instincts under contract" (Amiel 1987, 13). The only way to prevent the reliance on the contract from exposing the Mother as embedded in exchange relations is to make it appear that the individual surrogate in question is unnatural. She is everything the Mother is not: she is selfish and narcissistic, greedy, unsympathetic to the plight of the infertile, and so on. Perhaps she is even crazy. This is precisely what happened in the case of Mary Beth Whitehead and, to a lesser extent, that of Anna Johnson.

The Anti-mother

At the trial, a line-up of witnesses described Whitehead as mentally suspect, if not completely unstable. Marshall Schecter, M.D., described her as having a Mixed Personality Disorder in part because she thought "being a surrogate parent [would] enhance a feeling of being novel and unique" (Harrison 1987, 303). Another expert witness, David Brodzinski, Ph.D., stated that when Whitehead indicated she wanted to "give the gift of life", it indicated "a deep-seated narcissistic need" (*Ibid*). Judge Sorkow, relaying his understanding of Brodzinski's assessment, said, "[h]er caring serves herself, not those served" (*In Re Baby M.*, 1154). Here the surrogate mother's "instinctive" altruism is turned on its head: instead of being lauded for wanting to help others, as is the case with most surrogate mothers, this disobedient surrogate was declared "narcissistic". As I argued earlier in this chapter, seeing altruism in light of narcissism (i.e., self-regard) is not necessarily a bad thing. It reminds us that each of us has a psychic investment in doing things that make us feel good about ourselves. But Dr. Brodzinski's assessment of Mary Beth Whitehead as narcissistic implies both that her sole motivation in "serving others" was self-serving and that her framing of her motivation as wanting to give a gift was narcissism in the sense of an overvaluation of the self, a kind of vanity. In the case of an obedient surrogate, her altruism is pronounced "loving," while the disobedient surrogate's altruism is declared "narcissistic."

Mary Beth Whitehead's Racialized Class. The class and race basis for notions of the "good mother" have perhaps never been so obvious as they were during the Baby M trial. Although Mary Beth Whitehead was of the same race as the Sterns, she was not of the same class. And in the process of her vilification, Whitehead's class became racialized.

In a sense, she was no longer "equally as white" as the Sterns; her brand of working-class whiteness appeared to take on the characteristics of a despised other race. One might think of her race (and that of her husband) as being only apparently white, but containing all the "bad" elements that are heaped on people of color and poor people: crazy, undependable, drunken, etc.⁴⁴

The trial judge, Judge Sorkow, perpetuated the fairy tale that all parties come to the contract from equal bargaining positions and strike a bargain to get what they want out of the contract:

Here, neither party has a superior bargaining position. Each had what the other wanted. A price for the service each was to perform was struck and a bargain reached. One did not force the other. Neither had expertise that left the other at a disadvantage. Neither had disproportionate bargaining power.

.....

Mrs. Whitehead was anxious to contract.... She knew just what she was bargaining for. This court finds that she has changed her mind, reneged on her promise and now seeks to avoid her obligations (In Re Baby M., 1159-1160).

The idea that a highly-educated, upper-middle class man and a woman who dropped out of high school and married a trash collector come to the bargaining table from positions of equality is ridiculous, but it is necessary to maintain a central fiction of the contract: that individuals entering a contract all have something to gain, and that those gains can be seen as equal. In fact, Judge Sorkow mused that Whitehead might have had the upper hand in

⁴⁴One might also think of "white trash," an epithet that comes to mind in reading the various descriptions of the Whiteheads, as a separate race. I am grateful to my colleagues at the Center for the Critical Analysis of Contemporary Culture for helping me think about the racializing of class.

bargaining, "for without her Mr. Stern had no other immediate source available" (1160)! In that declaration, Sorkow was playing on middle-class fears that people of the working and/or poor classes are always scheming to get something over on, or steal from, people of means.

In his opinion, Judge Sorkow employed notions of class in order to elucidate his ideas of "good" and "bad" mothers and/or families. Sorkow spent considerable time laying out the two couples' lives, in accordance with evidence that had been admitted into trial. The Sterns had met in graduate school, where they each earned a Ph.D. (Betsy Stern went on to receive her M.D. degree.). They had delayed having children until Betsy's residency was completed, because that would "make the family more economically secure" (1139). Ultimately, Betsy decided against pregnancy, out of fear that pregnancy might exacerbate her mild form of multiple sclerosis. Sorkow noted that the Sterns had a "close network of friends and neighbors who function as an extended family and provide the Sterns with love and support which is returned in kind by the Sterns" (1140). Reading Sorkow's narrative, one gets an image of a peaceful, if not bucolic, family that only needs a child to complete its perfection.

The Whiteheads, on the other hand, were portrayed as a family that appears pathological on the witnesses' and Sorkow's accounts. We learn that Mary Beth dropped out of high school and met her husband Rick at the deli where she worked. They married when she was 16 years old. They moved at least 12 times in 8 years, and separated for a while, during which time Mary Beth received welfare. Their filing for bankruptcy, Rick's arrest for failing to pay back the Monmouth County Welfare Board monies paid to Mary Beth, Rick's continuing alcoholism and suspension of driving privileges, etc. are all laid

out in Sorkow's narrative. And, of course, Rick Whitehead held the ultimate working-class job: he was a garbage truck driver who had had 7 jobs in 13 years (1140-41).

No aspect of Mary Beth Whitehead's former or current life was deemed irrelevant to the case. We learned that she had briefly been a go-go dancer. She dyed her hair, which was offered as further proof of her narcissism (Pollit 1987, 682). No matter what she did, it was interpreted as wrong and/or pathological. When she played "patty cake" with the baby, she played it wrong. When she brought the baby panda bears, it was declared "inappropriate" for the baby's age (then nine months). She was declared too "enmeshed" in her children's lives, and dominated her husband (1154).

Betsy Stern, the "good" adoptive mother, was described as "caring and affectionate," "articulate, "accomplished," and respectful of "Baby M's need for space" (1155). The Sterns had a "stable and financially secure household," their marriage was "warm and loving," filled with "mutual respect, empathy and support for one another" (1154).

When Judge Sorkow reached the part of his opinion where he ruled on custody of the child, he painted pictures of the two families that could not be more starkly different. Remarking earlier on the Sterns' financial stability and ability to plan for the future, the judge noted that the Whiteheads "have had severe economic difficulties including a bankruptcy." The Sterns "have a private, quiet and unremarkable life which augers well for a stable household environment", while the Whiteheads had experience with domestic violence, multiple house moves, and hence instability. The Sterns "would be supportive of education" and "would initiate and encourage intellectual curiosity", while "[e]ducation plays a subordinate role in the Whiteheads' milieu". The Sterns were able "to make

rational judgments in the face of most trying circumstances. They have obeyed the law."

The Whiteheads, on the other hand, in the person of Mary Beth, had an impaired judgment-making ability (Rick Whitehead is continually portrayed as a shadowy background figure dominated by Mary Beth) and certainly did not obey the law (court order) that directed them to give up the child. (All quotations appear on pp. 1169-70.)

I want to return to the quotation by Carmel Shalev from the introductory section of this chapter. Shalev argues that the question in surrogacy cases is, "Who ought to be the person in whose charge the child is to be nurtured after birth? Which of the women should be regarded as socially responsible for the child?" This is precisely the question Judge Sorkow set out to answer as he decided the Baby M case. But in doing so, he exposed the fact that what is represented as a question of biology: Who is the mother?, becomes a social question: What is a mother? And the question of what a mother is is really a question of what a "good" mother is. The "good" and "bad" mother, as we saw in the Baby M case, are constructed in racialized class-based terms, although their racial and class basis are rarely articulated bluntly. The surrogate mother who dared to disobey the contract and who withdrew her "gift" was paid back in spades by the legal system she failed to properly respect. But in that payback a risk was taken: relying on the contract revealed everything that the language of altruism and gift-giving carefully cover up: the Mother's position within exchange relations and wage-labor, the specters of baby- and body-selling, the production of her "natural" instincts, and her sexuality. The "solution" to this risk, which could only be incomplete (because, as we have seen, the language of contract did reveal what had been hidden), was to portray Mary Beth Whitehead as a sort of anti-mother, worthy only of contempt.

CHAPTER 3

THE ADOPTIVE MOTHER

SEEKING "REAL" MOTHERHOOD

It might seem curious to include a separate chapter on the adoptive mother.¹ After all, I have discussed her as the infertile woman in Chapter 1. My purpose in analyzing the infertile woman separately as the adoptive mother is two-fold: first, it permits me to explore the discursive construction of her as the adoptive mother (i.e., when she is recognized not only as the infertile woman who wants a child, but as the woman who will adopt or has adopted the child born of the surrogate). Second, analyzing the figure of the adoptive mother permits me to think about the movement from one identity (the infertile woman) to another (the adoptive mother). This movement may occur both psychically within the adoptive mother, in the way she thinks about herself, and discursively, in the way the previously "desperate" woman, who would have crawled on broken glass, is seen as the respectable, rational mother to whom the child will be handed. The movement from "woman" to "mother" is important to note here, as it linguistically reflects the process whereby the "unnatural" woman who cannot

¹I use the term "adoptive mother" to include both the case of genetic surrogacy (where the surrogate is both the genetic and gestational mother of the child) and gestational surrogacy (where the adoptive mother's ovum(a) is(are) used and the surrogate is not genetically related to the child). A third possibility exists, where neither the surrogate nor the adoptive mother are genetically related to the child; this would occur when purchased or donated ova come from neither woman. I use the term "adoptive mother" in all cases not only for the sake of simplicity, but because in many states the birth mother is the presumed genetic mother of the child. In those states, the surrogate would have to relinquish her rights to the child and the adoptive mother would have to adopt the child, despite her being the child's genetic mother. (If the surrogate is married, her husband often has to relinquish his rights to the child, as he is the presumed father of any children born to his wife.) I would not use the term "social mother" to refer to these women, as that would imply that other kinds of mothers (e.g., gestational, genetic plus gestational) are not also "social mothers."

bear a child, no matter how much nature directs her to, becomes representative of the Mother via the contract. The contract holds out the promise of motherhood to the infertile woman, although as I will demonstrate, certain other practices and processes are necessary to make her feel that her motherhood is "real," or at least as "natural" as she is going to get.

One could argue that the adoptive mother remains the infertile woman; the two identities are not so neatly bifurcated. That is an insight I want to hold onto while I explore the adoptive mother, for indeed, the two identities are often made to appear separate, if not actually incompatible. There is a way in which the infertile woman must give up that subject position in order to take on her new identity as the adoptive mother. This becomes especially apparent in the ways in which the adoptive mother is represented when the surrogate mother makes a claim for motherhood. In that case, the formerly hysterical infertile woman becomes the site of rationality (appropriate to the contract), as she battles the surrogate for the status of "mother." But, as I will show, the adoptive mother does not neatly switch from one identity formation to another, and indeed, some adoptive mothers never stop thinking of themselves as infertile women who must pursue the quest for a biological child.

There are four general ways in which the adoptive mother is represented: (1) as the twin/double or best friend of the surrogate; (2) as the worst enemy of the surrogate, who wants to destroy the infertile woman's dream of being a mother; (3) as the tragic figure who desperately wants a child and will do anything, even hire a surrogate, to obtain that child; and (4) as absent. I have discussed the first two representations in Chapter 2, and I will extend my argument about them here. I will pay particular

attention to how the image of the surrogate and the infertile woman/adoptive mother as twins performs certain psychic tasks for the adoptive mother. When the construction of the "twins" is shattered, the adoptive mother and the surrogate become "worst enemies," as if the adoptive mother has been betrayed by the surrogate. The third representation, the tragic, if not pathetic figure, is linked to the adoptive mother's identity as the infertile woman. Although I have discussed the infertile woman at length in Chapter 1, I want to discuss her infertility specifically as the ground of the contract and of the practice of surrogacy itself. The fourth representation, as absent, is the most difficult aspect to analyze. When I say the adoptive mother is "absent," I mean that there are silences in the discourses where the adoptive mother does not seem to exist at all. In fact, this presented one of the more frustrating aspects of thinking about this chapter. But silences can be "read" for what they "say" and allow me to ask why the adoptive mother is absent from any particular discourse.

Throughout this chapter, my goal is to make clearer not only how the adoptive mother is discursively constructed, but to explore what is psychically at stake for her in the practice of surrogacy. Why does surrogacy seem like the "only hope" for these women? How might it seem more "natural" and thus more like "real" motherhood than traditional adoption? How does the employment of a surrogate both aid in and impede her sense of herself as the "real" mother? Feminists need to see what is at stake in surrogacy for these women if we are to think about the meanings of motherhood and see both the dangers and possibilities of surrogacy. For example, troubling notions of "woman" equaling "the woman who can bear a child" are often at work both in the ways these women are represented and the ways in which the adoptive mothers themselves

understand what "woman" means. But the presence of these women, their struggle to find a place for themselves as mothers, and the proliferating and competing definitions of "mother" provide a space for feminists to do some thinking about motherhood in ways which complicate, rather than simplify (as so much of the language of surrogacy does) the idea of "mother."

FROM THE INFERTILE WOMAN TO THE ADOPTIVE MOTHER

The emphases on the supposed desperation of the infertile woman, her willingness to do anything to bear the child that her instincts tell her she must bear, and her general hysteria about the need to bear that child, would lead one to think it is nearly impossible for her to give up her quest. But that is precisely what does happen in many cases - she must give up the hope of bearing a child. How does this happen, especially within a medical economy that always holds out the promise of "the latest snazzy technique," in the words of one infertility specialist (May 1995, 236)? The decision to adopt often comes when an infertile woman feels she has "bottomed out," despite medicine's promise of a "cure" for infertility. This is the sense conveyed by an infertile woman, speaking of her decision to adopt, who said, "[M]y impression is that infertility is kind of like alcoholism. You don't... quit until you hit your bottom" (Modell 1994, 95). The use of the addiction model is telling, and reflects the sense that many infertile woman have that they simply cannot quit as long as there is the possibility that one more round of treatment might prove to be the cure for their infertility, as we saw in Chapter 1.

And yet, some women do "bottom out," because they are told by their doctors that all hope is lost (as happened to Deidre Hall), or they are financially drained, hear the "biological clock" ticking and decide they need to become a mother before it is "too late." Elizabeth Bartholet's decision to move from an IVF program in order to seek adoption reflects these last two points:

And then I got lucky. I ran out of money. IVF treatment was excluded from health insurance coverage during this period.... I had been paying the going price, \$5,000 for a full treatment cycle. I had about run through what savings I had.

I woke one morning in March 1985... and lay in bed thinking that I didn't want to use up my remaining funds on IVF. I would need them if I was to adopt. And I didn't want to use up any more time and energy or any more of my life on the fertility pursuit. I wanted a child, and I wanted to move on (1993, 28).

Bartholet describes herself as "lucky," despite the fact that she ran out of money for IVF. Her sense of luckiness came from the fact that her financial situation forced her to move on to adoption before she lost the "will, the energy, or the resources" to get through the adoption process, which she describes as barrier-filled (*Ibid*).

Adopting and continuing with IVF

But not all women who move on to adopt a child give up the hope of bearing a child. Linda Williams studied a small group (n=3)² of infertile women in Canada who had adopted children and who continued to seek biological motherhood via IVF. This might seem puzzling because these women had already obtained the child they desired;

²Adoptive mothers who pursue IVF have remained uninvestigated by most researchers. Williams' study is among the first attempts to interview adoptive mothers who are in IVF programs. The small n reflects the difficulty in identifying and locating these women, who are not believed to be a large group.

why would they continue to seek ways to bear their own biological child? All three women expressed the desire to physically experience pregnancy and childbirth. As Williams explained, some women see adoptive motherhood, or realize that others see it, as "second best," next to bearing one's own child. Adoptive motherhood leaves out the physical experiences these women have been denied, and for some women, "'producing' a child may be more important than the actual experience of raising one" (1990, 544). For such women, Williams says, experiencing social motherhood may not be enough to eliminate the desire for biological motherhood. For them, physically bearing a child is what makes one a mother. It is only through the body and the bodily experience of pregnancy and birth, that the idea of "mother" can be secured. The Mother, as I have indicated throughout this dissertation, is seen as embedded in nature, and it is nature, her body and the physical experience of bearing children that drive her maternal love and self-sacrifice. However much joy some women get from adopting a child, apparently they feel they are not a "real" mother because their motherhood has been conveyed via social "artifice" (i.e., the adoption process), not by "nature."

These women's feelings may be reinforced by the infertility industry which makes it appear that there is no reason to ever give up the hope of bearing a child, as I discussed in Chapter 1. And certain kinds of advertisements which regularly appear in the health sections of local newspapers reinforce this. One such advertisement from 1994 for an infertility practice near my home says, "When you want one of your own more than anything in the world" (emphasis added), next to a picture of a smiling white baby. A short description of the doctor's techniques and the ways in which he has "delivered results for thousands of satisfied patients" follows. Under the doctor's name is

the slogan, "Where motherhood can become possible." The message is clear. If you want to become a real mother, you need to get "one of your own" (and you should want it more than anything else). This doctor will "deliver results" for you. Motherhood, it is implied, can only "become possible" through the physical experiences of biological motherhood. This is "natural" motherhood, or the "real thing." When the television sitcom character Murphy Brown delivered her baby, the episode ended with Murphy singing "You Make Me Feel Like a Natural Woman" to the child (May 1995, 16). Murphy could only become a real mother and a natural woman through the process of giving birth.

Traditional Adoption versus Surrogacy

Thus far, I have discussed infertile women who make the decision to adopt in the sense of legally becoming the mother of a child who is a "stranger"; i.e., conceived by biological parents and born of a woman she most likely does not know. But becoming the adoptive mother of a child born to a surrogate is not precisely the same thing as a standard adoption. Surrogacy offers the infertile woman certain tantalizing "advantages": no long adoption waiting lists nor intrusive home studies to determine one's fitness to be a parent,³ a feeling of identification with the surrogate and her physical experience of pregnancy is possible, a sense of more control over the surrogate and her "product" (and indeed, there is often an attempt to exert such control), the child will be an infant, and, perhaps most importantly, the child will be genetically related to at least

³Some of these women will find that they are considered "too old" to even be considered by adoption agencies. For them, adoption ceases to be an option, unless they adopt privately (Bartholet 1993, Ragoné 1994).

one of its parents. The last point means that it is not necessary to become accustomed to the ideas of parenting a genetic "stranger"⁴ and, in the case of gestational surrogacy, of completely bifurcating the biological and the social aspects of motherhood. The possibility for a genetic tie might make the option of surrogacy seem more "natural," and closer to the "real thing", providing the sense of connective security that genes appear to give American society in the late 20th century. Deidre Hall expressed this sense when she discussed why traditional adoption was not appealing to her, while surrogacy was: "My fantasy of conceiving was based on memory of my own childhood - being one connected family" (Radovsky 1993, 37, emphasis in original). Genetic ties provide the sense of connection, a linking of family members by blood, that Hall longs for, and a surrogate can provide her vision of a family with that genetic tie, if only to her husband. In the case of gestational surrogacy, the genetic tie with the mother, as well as the father, can move the infertile woman that much closer to a sense of participating in "natural" motherhood. As one adoptive mother explained, surrogacy "was as close as [she and her husband] could get to having a pregnancy together" (Wright & Jacobbi 1987, 92). The surrogate does not give birth to a "stranger", even in the case of genetic surrogacy.

⁴For example, Judith Modell's study of traditional adoption notes that adoptive mothers "managed the transition into adoptive parenthood by putting family above pregnancy and birth." One adoptive mother said, "I was starting to talk about adoption because what I wanted more than anything else was a family.... [Y]ou realize that you don't have to be pregnant to have a family that you want" (1994, 100). In saying that, she was indicating that she had given up the idea that "family" means "related by blood." For her, "family" was about other kinds of relationships: social, nurturing, etc., so it was possible to create a sense of family with a child who was a genetic "stranger." But see the Williams (1990) article cited for an example of the ways in which infertility treatments make it possible for some adoptive mothers to continue to hope for biological motherhood as well.

Deidre Hall said she began to dream of a baby with her husband's skin and blue eyes (Levitt & Benet 1993, 72). Betsy Aigen, whose child, like Hall's, was born via genetic surrogacy, said that as she watched her daughter being born, she thought "she had Izzy's [Aigen's husband's] face. Squashed and purple, but it was Izzy's face!" (Arking 1987, 57). Surrogacy, even genetic surrogacy, allows the adoptive mother to "recognize" the child as being related. The visible plus the imaginary (in the form of "twinning," which I will discuss below) permit the adoptive mother the sense that the child "belongs" in the family and that she "belongs" as its mother.

The "Only Hope"

To return to my earlier question: how does the infertile woman move from that identity formation to that of the adoptive mother? Some women never had the hope of bearing a child (e.g., if they were born without a uterus), some give up after years of treatment, and others still hope for a biological child and attempt to have one, even after adoption. This is not to say that these women necessarily stop thinking of themselves as infertile, but rather, that they move away from the active struggle against infertility to varying degrees. Adoption counselors often try to ensure that infertile women have "resolved" their feelings about infertility (Bartholet 1993, 31), but I hesitate to use that term, as it implies that those feelings simply go away. As I will show, surrogacy offers a way to approach the "cure" for infertility in ways which may seem more attractive than traditional adoption, and which do not necessarily encourage infertile women to think of motherhood in more social terms.

Many of the women who hire (or whose husbands hire) a surrogate have no uterus or some other definitive physical condition that makes it clear they will never give

birth.⁵ This does not mean that they do not long to have children, but it presents these women with a certain cold reality. In these cases, rather than "bottoming out," and giving up on infertility treatment, the idea of surrogacy gives them a hope they never had: the possibility of a child who is genetically related to them or their partners. As one adoptive mother explained, she knew from age 10 that she had no uterus, so she "never had the chance to wonder what it might be like to be pregnant. [The surrogate] was [her] only hope" (Agee 1990). The idea that surrogacy represents the only possibility for infertile couples is frequently cited as a reason why surrogacy should be legal. A Newsweek article was headlined, "No Other Hope for Having a Child" (Shapiro 1987, 50). "Having" a child is understood as obtaining a child who is genetically related to at least one of the people who intend to raise it. And as one doctor who works in the field explained, "It's an only solution for many people, and it's bad for only solutions to be set back" (Cutner & Colt 1987, 42). The unspoken is that surrogacy appears to be an only solution to the problem of having a child genetically related to one or more parents; it certainly is not the only solution to childlessness.

But other women do "bottom out" before becoming involved in surrogacy. Deidre Hall went through years of infertility treatments, including surgeries, before she gave up. For her, the final decision came when her doctor told her that her body could not withstand any more IVF treatments. Additionally, Hall and her former husband had attempted gestational surrogacy, which failed. According to Hall, "I learned that not

⁵For example, Crispina Calvert, the genetic mother of the child born to Anna Johnson, had a hysterectomy which left her with no uterus but with intact ovaries. Christa
(Footnote Continued)

only was my uterus a problem but also the age of my eggs" (Levitt & Benet 1992, 72). The article goes on to describe Hall as "realizing that her biological clock had run down" (Ibid). The reified metaphor of the biological clock has done its work here: the combination of a sense of being out of time, plus her doctor's admonition not to attempt IVF again convinced Hall to give up her dream of bearing a child and instead seek motherhood in another way. Her tale might be interpreted as a warning to other women whose biological clocks are "running down."

Traditional Adoption's Perceived Drawbacks

Surrogacy may seem like a more direct path to obtaining a child than traditional adoption. One adoptive mother, Betsy Aigen, asserts that she and her husband had decided to take the traditional adoption route after giving up on infertility treatments, which she described as "a very expensive way of being tortured" (Arking 1987, 57). But adoption agencies told them they would be on a six-year waiting list, and by the time they got to the top of the list they would probably be too old. As Aigen explained, she "just got tired of not having a baby in [her] arms" (Ibid) and so she and her husband advertised for a surrogate. Long waiting lists for adoption agencies, or the perception of long waiting lists is frequently cited as one of the reasons surrogacy seems attractive.⁶

Uchytel, the daughter of Arlette Schweitzer, was born without a uterus. Pat Anthony's daughter had her uterus removed after the birth of her first child.

⁶Elizabeth Bartholet (1993) argues that adoptive parents will encounter long waiting lists only if they insist on a healthy white American newborn. Her own experience makes it clear that if one is willing to adopt a child who does not meet all those criteria, the wait can be rather short, particularly if one is willing to travel to another country. Significantly greater amounts of money will be required, however, if one obtains a child from another country.

And recent cases in which biological parents were able to reclaim their children after a number of years (e.g., the case of Baby Jessica [Franks 1993; Taylor 1993]) have been cited by infertility counselors as one additional reason adoption seems unattractive (Begley et al. 1995, 47), particularly as gestational surrogacy becomes more common. The final outcome of the Johnson v. Calvert case provided some reassurance that gestational surrogates will not be able to claim the children they give birth to.

The psychic stakes for men and women in surrogacy

The man's desire to pass on his genetic line. In the case of "Baby M," Elizabeth and William Stern briefly considered adoption, but gave up on the idea without pursuing it because they believed they would have to wait for years, and then would be too old to adopt. Additionally, they believed that their differing religious backgrounds would make them less attractive candidates in the eyes of adoption agencies (In Re Baby M., 1139). The Baby M case made it clear that a distaste for the adoption process was not the only, or even the main, factor at work in the Sterns' decision to investigate surrogacy. In fact, it was Bill Stern who saw an advertisement for the agency that matched him with Mary Beth Whitehead, and it was he who suggested looking into hiring a surrogate. Stern said that most of his family had died in the Holocaust, and that after his mother had died in 1983, he had a strong urge to have a biological child to carry on his family line (Chesler 1988a, 41-42). Initially, he and Elizabeth Stern desired to hire a gestational surrogate, but in 1984, gestational surrogacy was still experimental and not widely available (In Re Baby M., 1141-1142). Therefore, a genetic surrogate, who would bear a child related to Bill Stern, was the next best alternative.

Similarly, Deidre Hall's husband made it clear that traditional adoption turned him off: "I felt it was important to have a child that was biologically related to one of us" (Levitt & Benet 1992, 72). That the "one of us" just happened to be the man is not insignificant. In stories about genetic surrogacy, this theme is repeated over and over. The male partner sees surrogacy as a way to continue his genetic lineage, and the female partner agrees and participates, perhaps to please her partner, perhaps for her own reasons (including Hall's desire to feel like her family was "connected"), as I will explain. The male partner believes it is important to pass along his genetic "seed";⁷ genes confer both ownership status to the parent and psychological assurance that the child really is the child of the father.⁸ In fact, Noel Keane says that when he interviewed the first

⁷However, as I have previously discussed, mix-ups and errors do occur in the laboratory. An objection to the model of male insistence on passing on a genetic line might be made on the grounds that artificial insemination by donor (AID) has been practiced for some time, and in those cases, the man does not get to pass on his "seed". When a woman conceives by AID, the man is not the genetic father of the child. However, the use of AID is often kept a secret from other family members for many years, and the child may not have a clue that her/his father is not her/his genetic father (see, for example, Orenstein 1995). It is much more difficult to keep the fact of surrogacy a secret, and thus, the infertile woman's "unnatural" status is highly public. Further, practitioners of AID report that they sometimes load the semen of the donor and the husband into the syringe or catheter, to permit the possibility (and the fantasy) that the woman's ovum is fertilized by the husband after all (Fleming 1980,20). If the parents do not have the child genetically tested, they can believe that s/he might have been the product of the husband and wife, and not the donor and the wife. In this case, paternal uncertainty is purposely kept in view, and the man does not even have to believe that his sperm did not fertilize his wife's ovum.

⁸I do not wish to imply that all men feel this way, but rather, that one comes upon this phenomenon over and over in stories about genetic surrogacy, particularly in mass-circulation periodicals. Linda Williams (1990) reported that in some cases, men push for traditional adoption over the woman's objections, particularly if they are worried about the effects of drugs and surgeries on their partner. And Helena Ragoné notes several men in her study who initially rejected surrogacy because they were worried about the
(Footnote Continued)

couple he was eventually to help find a surrogate, it was the husband who had come up with the idea. Keane recounts the conversation as follows:

[The wife said] For years we would have these deep discussions and every time I would bring up adoption, Tom would counter with this crazy idea about finding someone else to be artificially inseminated. I thought it was just an excuse, that every time I would say 'adoption,' he would dig up this bone.... So I decided to call his bluff... That's why we're here (1981, 29).

As I discussed in Chapter 1, surrogacy holds out the promise of curing anxieties surrounding paternal uncertainty; it seems to offer a guarantee that the man is truly the father. As Tom, the husband referred to in the above quotation said in explaining his reasoning for rejecting traditional adoption, "I need to know that he's really mine" (Keane 1981, 30). The child would not be "really" his, in this man's eyes, unless it was the product of his sperm and a woman's egg. In fact, he made it clear that almost any woman would do:

[I]t seemed that, say, if a woman had a couple of children and her husband was killed in the [Vietnam] war, and, say, she needed a few extra dollars for the family, well, then maybe she could help somebody out who couldn't have children. The Lord intended women to have children and I thought maybe one would want to do what came naturally and maybe help somebody else out while helping herself and her family (30).

Women naturally have children, Tom says, and if one can make a few bucks while helping out "somebody" (Tom? or his wife? or both?), then so much the better. Women apparently are interchangeable in this view; the important thing to Tom was that he got a child that was "really" his. As always, the class basis of the practices of surrogacy

psychological effect it would have on their wives, who would not be the child's genetic mother (1994, 98).

becomes clear. Women who need a "few extra dollars" are most likely to "help out". They are also most likely to be obedient to the contract, since they need the money.

But this focus on genetic lineage reveals the ways in which surrogacy normalizes and/or universalizes the desires and viewpoints of white Americans. Dorothy Roberts points out that in the United States, "perhaps the most socially significant product of the genetic link between parents and children continues to be race" (1995, 223). After dissecting the ways in which race has been constructed and invented, Roberts continues,

In America, whites have historically valued the genetic tie and controlled its official meaning. As the powerful class, they are the guardians of the privileges accorded to biology and have a greater stake in maintaining the importance of the genetic tie (231).

Thus, according to Roberts, genetics takes on a powerful symbolic role in defining who gets to be "white" or "black". The concern with genes reflects white America's obsession with purity and contamination of its bloodlines, as I discussed in Chapter 2 in connection with Anna Johnson's blood test. Black people, Roberts asserts, have a far smaller investment in the idea of genetic ties and shared genetic material, in part because of the mixed racial heritages they share, in part because their race is more of a political identity than a biological one, and in part because a black parent's "essential contribution... is not passing down genetic information but sharing lessons needed to survive in a racist society" (234). Ultimately, Roberts argues, the emphasis on genetics serves to preserve the value of white children, whose genetic lineage must be assured, while simultaneously devaluing black children. At the same time, she notes, genetics provides a convenient and dangerous possibility: white men can use black women "to produce their valuable white genetic inheritance" (261). As we saw in the case of Anna

Johnson, genetics became central to Judge Parslow's opinion, while he downplayed the role of gestation. Referring to the Johnson v. Calvert case, Roberts asserts that in cases where a black surrogate is used, "[i]t becomes imperative to legitimate the genetic tie between the (white) father and the child, rather than the biological, nongenetic tie between the (Black) birth mother and the child" (261). We might conclude, therefore, that any argument that asserts the primacy of the genetic tie as a reason why surrogacy ought to be permitted participates in the unexamined universalization of white values.

The woman's desire to experience pregnancy and give her gift to her partner.

Feminist writings on the subject of surrogacy have tended to view an infertile woman's agreement to participate in surrogacy rather unsympathetically. As I discussed in the Introduction, anti-surrogacy feminists tend to see the infertile woman as being an individual man's or patriarchy's dupe, going along with surrogacy in order to fulfill her man's desire to pass on his genetic line. Some, like Robyn Rowland, see their participation in reproductive technology as "collusion" (1992, 293). Many other feminists follow the same reasoning, seeing the woman as a victim of patriarchal thinking and/or its naïve proponent. Speaking of Elizabeth Stern, Phyllis Chesler wrote:

"Despite her advanced degrees and despite her choice not to become pregnant, Betsy is hardly an emancipated woman.... Betsy knows that a woman's first duty is to obey and please her husband...." (1988a, 26). Margaret Radin has argued that infertile women, "believing it to be their duty to raise their partners' genetic children, could be caught in the same kind of false consciousness and relative powerlessness as surrogates" (1987, 1931). Radin's use of the term "false consciousness" is revealing, indicating as it does

the idea that there is a superior consciousness that infertile women should have.⁹ These views of the infertile woman also have the (perhaps unintended) effect of letting her "off the hook" for her participation in a practice that can be quite abusive of working-class women, as I will show later in this chapter. If she is merely a victim of patriarchy, she cannot be held responsible for surrogacy's abuses. If, however, she is seen as having agency in the decision to participate in surrogacy, it is not possible to see her as blameless.

Rather than seeing the decision by an infertile woman to participate in surrogacy as evidence of her false consciousness or naiveté, or simple obedience to the dictates of patriarchy, I would argue that surrogacy provides certain psychic benefits for the infertile woman who will become the adoptive mother. While I would not disregard the ways in which women may be pressured by their male partners into accepting surrogacy as a "cure" for their infertility, I want to argue that some infertile women may have a stake in the practice; i.e., it has something to offer them.¹⁰ Those benefits may be obvious early

⁹Radin's statement also implies that infertile women do not think of children born of surrogates as their children, as well as their husband's. I would argue that they certainly do think of the children as belonging to them, even before they are born. Radin overlooks the power of the imagination to create relationships with fetuses, even when they are in the body of another woman.

¹⁰Judith Lorber has argued that fertile women who agree to undergo in vitro fertilization as a solution to their male partner's poor sperm count, motility or morphology may be making a free choice to do it, may be bestowing a gift on their partner, or they may be making the best "patriarchal bargain" they can under the circumstances (1989). The patriarchal bargain results from women's unequal power in the marital relationship. In her original article, Lorber was skeptical that it was possible for these women to make a genuinely free choice or freely give a gift; i.e., she thought all decision-making was shaped by the same power dynamics that created the patriarchal bargain. In a later article, based on field work (1993), Lorber allowed for the possibility that these women were exercising agency and that they were not all in unequal power relationships.

on, as one adoptive mother noted about surrogacy: "My first impressions were that it was a good compromise between adoption and my desire to become pregnant" (Ragoné 1994, 97).

A couple profiled in Life magazine make it clear that both men and infertile women may receive benefits from surrogacy. Norma Peters was born without a uterus; she and her husband had adopted two children. Despite their having adopted, they pursued gestational surrogacy when it became available, as Norma's ovaries were intact. They were told their chances of taking home a baby were only two to three percent, but they went ahead with ovarian stimulation, egg retrieval, cryogenic egg preservation and the location of a surrogate (Cutner & Colt 1987, 42). The Peterses' quest is described in the article as follows:

Why, with two adopted children, are the Peterses so persistent in their pursuit of a biological child? Bob, whose grandfather pioneered in the Pacific Northwest, would like his genetic line to continue. Norma's reasons seem bound up in her sense of identity: for her, "a woman is someone who can have a child" (42).

Bob's rationale for pursuing surrogacy is consistent with the previous discussion: the continuation of his "genetic line." One must infer that his "genetic line" is particularly macho, or of "good stock"; why else would the author refer to his pioneering grandfather? Norma's reasons demonstrate a complex relationship with the idea of surrogacy. Like so many infertile women, her sense of herself as a woman has been wounded: she cannot "have" a child in the sense of giving birth to one, so she is less of a

woman and/or she is an "unnatural" woman.¹¹ But the practices of infertility treatment have left open a space for getting as close to being a "real" woman as she will ever get. And, despite having adopted, she still desires to have a child that is biologically hers, as well as her husband's. New techniques have permitted her to think about having her "own" child, even though she is 41 years old and her adopted children are in their teens. In this sense, Norma is like the adoptive mothers who pursued IVF after traditional adoptions. The technology constantly offers the possibility and hope of something new that just might work. Surrogacy offers Norma the next best solution to her problem. She cannot make herself a "whole" woman, but she can use the body of another woman to gestate her fertilized eggs. Her first meeting with Alexis, the surrogate who would be implanted with the embryos, made it clear that Norma had already begun thinking of the surrogate in this manner. As the author of the article described it, "[a]t one point, when a bug flew in Alexis's face, Norma shooed it away. 'I've got to keep her clean,' she said. 'She's going to carry my baby'" (36).

Some infertile women's willingness to participate in the practice of surrogacy may stem either from guilt about being unable to give the man the "gift" of a child or simply the desire to give him a gift, and the realization that surrogacy will still enable him to have a child that is "his." These women see not having biologically-related children as a

¹¹I would not for a moment suggest that we can ignore the ways in which Norma's sense of being less-than or not-quite a woman is shaped by cultural ideals that view women's "essential nature" and "naturalness" as lying in their maternal bodies that can reproduce. As I argued in Chapter 1, these ideals can be quite harmful to women's identities and their sense of self. My point here is that it is possible to see Norma as something other than an unwilling or falsely conscious participant in patriarchal discourses of medicine, fertility, and so on.

kind of punishment men should be spared; the woman's "defect" should not be an unpleasant obstacle to the desired genetic connection. One adoptive mother said, "Why take it out on my husband, just because I couldn't have children?" (McDowell 1993, 33). This woman's husband made it clear that he would refuse to take the traditional adoption route; surrogacy would give him the "biological connection" he wanted (*Ibid*). Another adoptive mother, who had decided to continue with IVF after adoption, said,

I... want to be able to give my husband a child.... And I hate to see him deprived of that because of me. I guess it's a guilt thing or, it's hard when the person you love most in the world you can't give one of the things that you think is the most important thing to them" (Williams 1990, 546).

The idea of the Mother as an altruistic gift-giver is clearly at work here. This woman wants to give her husband a child because she believes it is important to him; the child becomes the gift which women can give to men. Carole Pateman argues that surrogacy allows men to present their wives with the gift of a child, in what she calls a "spectacular twist of the patriarchal screw" (1988, 214), but I would not take that line of argument. Instead, I would argue that surrogacy presents the possibility of women giving men their "gifts" through the mediation of another woman. In a sense, it takes two women to present the gift to the man, and here I want return to the theme of "twinning" that I discussed in Chapter 2 because it becomes clear that the idea of twinning not only does a lot of cultural work, but it performs much psychic work for individual adoptive mothers.

THE ADOPTIVE MOTHER AS THE SURROGATE'S "TWIN"

In Chapter 2, I discussed the portrayal of the adoptive mother and the surrogate as twins, doubles or best friends at some length. I argued that this twinning performs a

great deal of cultural work; i.e., it elides class differences between the two women, it relieves anxieties about multiple mothers, it cements the surrogate's obedience to the contract (because wounding the adoptive mother would be wounding herself or her best friend) and it opens up a space for female narcissism. But I also indicated that the idea of the twin permits the adoptive mother a level of fantasy about what must be an uneasy, if not painful, reality: someone other than she is carrying and having an intimate bodily relationship with the child she so desires and/or which she desires to give to her husband. Someone else is undergoing the physical experiences that the "natural" woman undergoes when she bears a child. That is the argument I would like to extend and refine here, as it gives us further insight into what is at stake in surrogacy for the adoptive mother.

If the adoptive mother feels that she and the surrogate are extremely close, the anxiety about another woman carrying the child who "belongs" to her can, to a certain extent, be relieved. The surrogate becomes the next best thing to bearing the child, the literal surrogate who temporarily takes her place. As Norma Peters said of Alexis, "She's going to carry my baby" (my emphasis). The surrogates' own descriptions of themselves as baby-sitters, incubators and nest-watchers reinforce the idea of surrogates as someone who temporarily watches over the child until the "real" mother can step in. At that point, the surrogate must politely disappear; the two women must literally become one again, and that "one" is the adoptive mother. When Anna Johnson refused to silently go away and instead, asserted a maternal claim, the judge used the idea of the surrogate as a temporary baby-sitter against her to deny her claim. He referred to Johnson as a "host" whose role was "analogous to that of a foster parent," who cared for the child while

Crispina Calvert was unable to (Johnson v. Calvert, Reporter's Transcript, 5). In some cases, the law reassures the adoptive mother that she is the "real" mother before the child is even born. "Pre-Birth Judicial Orders" have been filed in California. A sample order in the Office of Technology Assessment's book said in part, "Plaintiff John Smith is the father and Plaintiff Mary Smith is the mother of the child to be born to defendant Jane Jones on or about July, 1987.... Jane Jones is not the mother of the child to be born on or about July, 1987, by reason of "'ovum implantation'...." (OTA 1988, 283). The significance of such orders should not be overlooked, as they establish maternal and paternal claims before the child is even born (a reversal of the usual legal procedure), further cementing the notion that the surrogate is merely temporarily standing in for the adoptive mother and is not the "real" mother.

Body Doubles

The idea that the two women are "twins" permits the adoptive mother to, in a sense, take over the surrogate's body; it allows her the fantasy that she is having the child.¹² In this way, the singularity of the Mother is maintained not only culturally, but for the individual adoptive mother as well. Sometimes the fantasizing can get out of hand; one adoptive mother is reported to have kept a pillow under her dress so that she appeared pregnant to the outside world (Rowland 1992, 163), while another wore "padding to simulate a pregnancy.... [She planned] to keep the child's origins a secret and

¹²In a similar vein, Helena Ragoné has noted that surrogacy permits the infertile woman a kind of "pseudo-pregnancy" (1994, 127), which "allows the adoptive mother to bond with the child while it is in utero" (128). Ragoné does not, however, explore the ways in which this fantasy of identification with the surrogate can be a way to control the surrogate, nor how it can thinly-veil jealousy on the part of the adoptive mother.

to pretend that it was her own biological child" (Ragoné 1994, 28-29). And as I discussed in Chapter 2, Deidre Hall seemed to "forget" that Robin, the surrogate, was present during the birth, as she grabbed the child while it was still attached to Robin via the umbilical cord. Hall described the experience as "magical"; it seems part of the "magic" was the temporary erasure of Robin. This theme of the adoptive mother being so close to the surrogate that she "takes part" in the conception, gestation and birthing processes is repeated over and over, by doctors, lawyers, observers and the adoptive mothers and surrogates themselves. Betsy Aigen reports that the surrogate provided her with breast milk for the baby for a month after birth, while Aigen used a "lactation device" to nurse the baby; eventually, she was able to lactate on her own.¹³ As a result, Aigen's surrogate disappeared more gradually than other surrogates, but in due time, Aigen was left as the sole mother. As Aigen put it, "We agreed we both needed separate time. She needed to get back to her family and routine, and I needed to be the real mother (Arking 1987, 57, emphasis added). Being the "real mother," apparently meant having the surrogate out of the picture so that Aigen's transformation to the baby's sole caretaker could be complete - after the surrogate had provided a month's worth of breast milk, of course.

The practice of gestational surrogacy requires that the two women's hormonal cycles be synchronized so that the surrogate's uterus is physiologically ready to permit the implantation of the embryo formed of the contracting mother's ovum and father's

¹³Some adoptive mothers can begin lactation right away, if they are given hormones to stimulate the process in the months prior to birth. Pat Anthony's daughter did this, and (*Footnote Continued*)

sperm.¹⁴ Via this practice, medicine constructs one female body from two women; they are melded together so that they metaphorically recreate the natural Mother, who is able to conceive and bear a child. In this manner, the adoptive mother gets as close to the "real thing" (i.e., giving birth) as she can. If her ova are retrieved, fertilized and implanted in the surrogate, the sense of being closer to the ideal is strengthened, not only because it is the adoptive mother's ova (and thus, genes) being used, but because of the physical aspects of the procedures. In fact, the process of ovarian stimulation and ova retrieval can give the adoptive mother a sense of having suffered (see Chapter 1) in order to have a child, as the procedures can be quite painful. Arlette Schweitzer, the woman who gave birth to her own grand/children recalls the day her daughter's ova were retrieved. She says, "I told her to remember this day, in case anyone ever tells her that she didn't endure the pain of childbirth. I really feel this was Christa's labor" (Schweitzer 1992, 189). That particular scene was played up considerably in the made-for-TV movie about Schweitzer, "Labor of Love." Schweitzer was telling her daughter that she could think of herself as a real mother because she had suffered in the process of ova retrieval, just as a birth mother would have suffered during labor.

Taking part in the conception, gestation and birthing of the child extends, for some adoptive mothers, to going to obstetrician appointments, being present at

even practiced on other women's babies, before her mother gave birth to triplets (Levin & Reid 1987, 43).

¹⁴This is true when the embryos are implanted within a couple of days after fertilization. If the embryos are frozen, as often happens (because multiple embryos are formed from the multiple ova the woman's hyperstimulated ovaries have released), then this synchronization is not necessary.

ultrasounds, shopping together for baby clothes, and so forth. It helps to reinforce the fantasy of the "twins" or oneness and makes the fantasy seem more real. Betsy Aigen accompanied her surrogate, Jane, to her doctor visits because, as she said,

[i]t was vitally important to me to see the belly growing, to hear the heart beat, to feel the kicking, to actually see the baby with the sonogram. It helped make it real for me. It's very unreal - getting ready for a baby but not having a belly! I wanted with all my heart to identify with Jane (Arking 1987, 57, emphasis in original).

For Aigen, the lack of physically experiencing the pregnancy, including the development of a swollen abdomen, made the process "unreal". By wanting to identify with the surrogate, she seems to be indicating that she wanted to get as close as possible to being Jane - to take her place and experience the pregnancy. As I have already indicated, this is what must be the distressing "impossible" of surrogacy: the adoptive mother wants to experience the physical processes of conception, gestation and birth, but she cannot. She can only vicariously experience them through her closeness with her "twin."

The identification with, and/or erasure of, the surrogate by the adoptive mother may also function (especially in the case of genetic surrogacy) to assure the adoptive mother that the primary bond of affection is between her and her male partner. As I noted in Chapter 2, a lingering association of infidelity and/or illicitness surrounds surrogacy and the adoptive mother's desire to be one with the surrogate may stem from a certain sense of jealousy. Ragoné notes, "[I]f the surrogate were to focus her affections and attention on the father rather than the wife, thereby forming a primary attachment and bond with him, she would threaten not only her own marriage but also the couple's marriage" (1994, 127). The surrogate is in a symbolic dyad with the adoptive mother's husband, a dyad united by the child they have created. By becoming one with the

surrogate and displacing her as the pregnant one, the adoptive mother inserts herself into that dyad and makes the surrogate as unimportant as she can. According to Ragoné, adoptive mothers may have good reason to worry about the psychic implications of the surrogate-husband dyad. Images of sexual intercourse hang over the practice of surrogacy, despite the ways in which surrogacy is portrayed as a sterile medical procedure. As one father she interviewed said of a surrogate, "I thought to myself, here she is carrying my baby. Isn't she supposed to be my wife?" (121). Another said, "I would be prepared to pay her another fee so that she would not have a child for someone else.... You didn't ask me, but I wouldn't do it with another surrogate" (129-130). This man's comments carry a subtext of fidelity to "his" surrogate, the only woman with whom he would "do it" and a desire on his part to see her be equally faithful. The association of sex with surrogacy is also illustrated by one potential adoptive mother who rejected the idea of the surrogate as a physical twin, saying she wanted the surrogate to look different from her so that her husband "wouldn't have to feel he was doing it with my substitute. I wanted a blonde, not a little Italian girl like me for our surrogate" (Rosenberg & Epstein 1993, 236). This woman apparently did not want her husband to get too comfortable about the idea of "doing it" with the surrogate and perhaps forget that she was not his wife.

Under a Glass Bowl

There is a thin line between taking part in the social processes of bearing a child and attempting to exert control over the surrogate's life and activities. Here is where the limitations of the twinning fantasy for the adoptive mother become obvious, and where it becomes clear that the idea of the "twins" veils the possibility of mistrust of the surrogate

and/or uncertainty regarding the surrogate's likelihood of fulfilling the contract. At some level, reality must be dealt with by the adoptive mother. When I say "reality," I mean the fact that it is not the adoptive mother who carries and bears the child; it is the surrogate. This reality may express itself as jealousy, as Deidre Hall indicated when she said she wished the pregnant Robin could have left the room and left her alone with her baby. Norma Peters freely admitted that she was jealous of Alexis for being able to carry the baby she could not (Cutner & Colt 1987, 42). And Patricia Adair recounts how the adoptive mother expressed the wish that it was she, and not Patricia, who was carrying the child (1987, 178). These expressions of envy indicate that the idea of the "twins" can only do so much work; at some level, the adoptive mother must acknowledge the fact that someone else is going to bear the child.

This acknowledgment can result in attempts to control the surrogate. The surrogate may not act precisely as the adoptive mother believes she should; i.e., their notions of the "good mother" may differ. Attempts may be made to bring her in line with how the adoptive mother thinks she would act if she were carrying the child. As one adoptive mother said of her surrogate, "I wanted to put Carol under a glass bowl. You know, don't do this, don't do that. Are you eating right?.... Are you taking your vitamins? All the things I would do if I were pregnant" (Keane 1981, 82, emphasis added). This adoptive mother expresses the wish to make the surrogate behave as if the adoptive mother were inhabiting her body. Further, the desire to put the surrogate under a glass bowl is revealing. The glass bowl metaphorically "contains" the surrogate, permitting the adoptive mother to gaze at her, watch and circumscribe her activities and vicariously take part in those activities. Surely, one of the frustrating aspects of hiring a

surrogate is that the contracting parents cannot literally control her every move, as much as they might like to. In their minds, she is, after all, carrying their child. But, as I will make clear, attempts are made, both contractually and extra-contractually, to construct a "glass bowl" around the surrogate, to the extent possible.

Many adoptive mothers (and their male partners) appear to have a profound distrust of the surrogate. She is usually a stranger to them before they contract with her, and they have no particular reason to trust either her motives or her behavior as she carries their precious child. There is also no guarantee that she will actually relinquish the child when the time comes. Deidre Hall has remarked, "If I were able to conceive a baby and someone tried to take it away, I would fight to the death" (Hall 1995, 80). In this way, Hall rhetorically distances herself from her "twin," implying that the surrogate's altruistic "gift" giving is incomprehensible. In one light, this incomprehensible act might be seen as a type of moral flaw - she is unwilling to "fight to the death" for the child. But Hall's statement also reveals that the disturbing fear of the surrogate refusing to relinquish the child must nag at contracting mothers and fathers. This fear can be partly assuaged by the belief that the surrogate is simply an incredibly altruistic woman - indeed, superwoman - who will give up her child in order to give her "gift" (an alternate reading of Hall's remark about fighting to the death) but the specter of the Baby M case haunts many contracting parents, who fret that their surrogacy will turn out equally nightmarish. Hall's made-for-TV movie about her life indicated that the Johnson v. Calvert case, which was being decided at the time their surrogate was pregnant, troubled Hall and her husband at least as much as Baby M, particularly since the birth would take place in California, as did Anna Johnson's. To some extent, contracting mothers and

fathers must feel they can establish some faith in their surrogate. As one article on surrogacy was subtitled, "Choosing a surrogate mother is an act of faith" (Shapiro 1987, 50). This provides yet another reason why mother-daughter surrogacies are seen as so wonderful: who can we trust more than our own mother? She is even better than a twin or a best friend; she is the one who will always give us her love (and what we want) unconditionally.¹⁵ An article about Arlette Schweitzer acknowledged the problem of trust with the following teaser under the headline: "Unable to bear children, an Iowa woman found a surrogate she could trust: her mom" (Plummer & Nelson 1991, 40). Her daughter, Christa, "went on with her life" after her mother promised to carry her children for her while Christa was still a teenager, "sustained by the security that she had an 'option'" (*Ibid*). And Pat Anthony, the South African woman who gave birth to her own grand/children, felt that she was the only one her daughter could trust. "An outsider, however, close, might have wanted to keep the babies, and that would have been dreadful," Anthony said (Levin & Reid 1987, 39).

But many adoptive mothers and fathers do feel distrustful, or at least uncertain, of the surrogate, and this distrust is expressed in attempts to control her via intrusive and privacy-violating contractual provisions and equally intrusive non-contractual methods.

¹⁵The mother-daughter surrogacy seems to offer a security that even an arrangement between siblings cannot offer. In a personal narrative about a sister-sister surrogacy, one woman admitted that even though she and her sister were very close and had an "unselfish, loving relationship," she "realized that there was always the slight possibility that [her sister] might want to keep the baby." Her sister admitted that the thought had occurred to her. In order to "prepare [herself] emotionally" to deal with this reality, the surrogate-sister distanced herself psychologically from the process of giving birth. When she was asked how she could give up her own child, she said, "[T]he answer is simple; (*Footnote Continued*)

The presence of the contract, of course, disrupts the fantasy of the surrogate and adoptive mother as "twins", and the vision of the surrogate as a trustworthy, self-abnegating woman who only wants to give her gift to another woman or a couple. If the surrogate were such a loving gift-giver and she and the adoptive mother were so close, why would the contract be necessary at all? The answer, of course, is obvious. The contract is the instrument by which the contracting father and/or the contracting mother attempt to insure that the surrogate will carry out the "deal", that she will behave according to pre-established norms and that her "product" will be subject to a certain degree of "quality control".¹⁶ The contracting parents cannot be faulted for wanting what millions of other parents want: a normal, healthy child. But because the gestation of that child takes place in the body of someone else, anxieties are raised about whether she will properly care for and nurture the fetus so as to avoid delivering an abnormal, unhealthy child. It must also be remembered that large sums of money are spent in obtaining that child and that the contracting parents may want to "get what they pay for."

It is crucial to keep in mind that the "someone else" who carries the child and the contracting parent(s) are usually of differing classes, and here I want to emphasize that the adoptive mother may very well participate, along with her husband, in the abuse of a

Kristen isn't mine. I had just loaned my sister my body for her baby to grow in. I was merely baby-sitting for nine months" (King 1986, 34-35).

¹⁶Dr. Howard Jones who, together with his wife Georgeanna, founded one of the United States' earliest and most famous in vitro fertilization clinics, once remarked on the fact that IVF was expensive: "Just as there are people who would like to buy a fine car and have to settle for something else, so there are people who cannot afford [IVF]" ("Baby Craving" 1987, 26). By making the equation baby=fine car, Jones perhaps unintentionally furthered the idea that so-called high-tech babies are subject to quality control like any other expensive purchase.

woman of a lower class status. Contractual provisions and other efforts attempt to make the surrogate mother conform to white, middle-class norms about what the "good" mother does. Patricia Adair's contract stipulated that she was not to take part in any "dangerous sports and activities", and that her "activity level" would "conform[] to the recommendations of her treating obstetrician" (Adair 1987, 64). "Dangerous activities" were nowhere defined. Mary Beth Whitehead's contract had several provisions which are typical of many other surrogates': she agreed to undergo a psychiatric evaluation, and to have a report of the evaluation made available to William and Betsy Stern (Stern was not required to undergo any such evaluation); she agreed not to abort the fetus unless her physician said her life was in danger; if the fetus was determined to be "abnormal", she was obligated to have an abortion upon Stern's demand; she agreed to undergo amniocentesis and any other genetics tests deemed necessary; she agreed not to smoke, drink alcohol, take illegal drugs or even any prescription and non-prescription drugs without her doctor's written authorization; and she agreed to follow a predetermined schedule of prenatal obstetrical visits (Matter of Baby M, 1267-1268). Of course, Whitehead also agreed to relinquish the child as soon as it was born and cooperate in any legal proceedings necessary to terminate her parental rights.

Arguments about the enforceability of certain provisions (such as the requirement of amniocentesis and the requirement to abort if William Stern said she had to) aside, it is clear that an attempt was being made to control Mary Beth Whitehead's actions for as long as she carried the child. (Prior to conception, many surrogates' contracts require them to agree to avoid sex with their partners during the insemination period - sometimes for months - in order to assure the contracting father and/or mother that the

child is genetically "theirs". Post-natal genetics testing can confirm who the genetic parents are.¹⁷) She was told what she could not ingest, when she had to go to the doctor, what tests she had to submit to (she did have an amniocentesis at Elizabeth Stern's insistence, but refused to tell the Sterns the sex of the child), and the results of her mandatory psychiatric examination were made available to the Sterns. Apparently, these provisions were not enough to satisfy Betsy Stern that Whitehead was "behaving" herself, and Stern, who was a doctor, took it upon herself to "appropriate the pregnancy," in one reporter's words, by calling Whitehead's doctor and recommending to a him a drug Whitehead should take (Fleming 1987, 87). When Whitehead developed high blood pressure in her fifth month of pregnancy, Elizabeth Stern told her, "I want you in bed. You're not to get up" (Whitehead 1989, 94). The phrase "appropriate the pregnancy" is important, as it links up with what I have already said: the idea of the "twins" allows the adoptive mother to take over the body of the surrogate and use it to obtain a child. This bodily take-over is not only at the level of fantasy, as Elizabeth Stern made clear; fantasy can begin to slide over into deeds aimed at making the fantasy real.

In some cases, the attempt to make the surrogate mother conform can be incredibly intrusive. One surrogate complained that the prospective adoptive mother "tried to control and limit the types and quantities of food she consumed" (Ragoné 1994, 25). The surrogate put up with this situation for four months, apparently unaware that she had the right to have the situation remedied, or perhaps afraid to anger the

¹⁷Ragoné notes that most of the adoptive parents she interviewed did not have a paternity test done, saying, for example, that "it really didn't matter; he was ours no matter what" (1994, 132).

contracting parents. But adoptive mothers are not the only ones who partake in these sorts of activities. One contracting father said, "Every month I phoned Martha's doctor to see how the pregnancy was going and that she was keeping her appointments. I chose this route rather than calling Martha because I didn't want to appear mistrustful" (Shapiro 1987, 51). But of course, he was mistrustful, and his attempts to make sure she was keeping her appointments were an effort to control her. And while the surrogate was in labor, Shapiro "suggested that the doctor tell the delivery-room nurses not to put the baby in Martha's hands immediately after it appeared because [he] didn't want the mother to bond with the child" (Ibid). That is the fear, of course - that the mother and child will "bond" and form some sort of relationship.¹⁸ Once the working-class woman has given birth and discharged her duties under the contract, she should simply disappear, leaving no trace. The Mother is one again. It is to the case in which the surrogate refuses to disappear that I will turn in the last section.

THE ADOPTIVE MOTHER AS ABSENT

There is a way in which the adoptive mother has been, and continues to be constructed as absent. As I researched this chapter and tried to pull materials together, it became apparent that the discourses of surrogacy often make the adoptive mother

¹⁸The idea that the surrogate will "bond" with the child at its birth participates in the notion that all mothers experience "bonding" (with all the emotional, physiological and sociobiological connotations the term has come to have) at their child's birth. At the same time, it ignores the ways in which some women may form a relationship with the fetus in their imaginary before birth. For a discussion of the ways in which "bonding" has come to have a nearly sacrosanct place in the American birth experience, see Eyer (1992).

perform a disappearing act - she simply is not present. But of course, silences can say a lot while they say nothing, and I want to try to analyze those silences here.

Of course, the adoptive mother as the infertile woman is everywhere present. As Chapter 1 made clear, every book, article, documentary, etc. concentrates on her "desperate" infertility, and her "instincts" to have a child, because her infertility creates the ground on which the practice of surrogacy rests. At this particular socio-political and historical moment, her infertility is essential in creating a sense of why surrogacy seems like a necessary and proper solution - an "only hope" - to the "epidemic" of infertility. Her infertility serves as a screen over some disturbing possibilities about surrogacy and other reproductive technologies. In 1984, then-Congressman Al Gore, the father of four children, remarked,

There is something unnatural, even violent, about a procedure that takes a newborn from its mother's arms and gives it to another by virtue of a contract. But I don't think I'm in favor of outlawing it. The touching search for children may justify a great many things that make others of us who are more fortunate uncomfortable (Friedrich 1984, 56).

Gore's statement implies that even if people who have already "got theirs" are disturbed by surrogacy, they should not act on their discomfort. The tragic infertile, in their "touching search" to "get theirs" can justify their means by their end: a smiling (white) baby.

Ever since the story of surrogacy broke in the early 1980s, attention has been concentrated on this new creature, the surrogate, the supposed creation of technology. The surrogate is the object of attention, because she, the gift-giving Mother, would give the greatest gift of all to an infertile woman, the gift of a child. As I have outlined in Chapter 2, the surrogate becomes the embodiment of the self-abnegating, altruistic

Mother. At the same time, the fact that she is paid for her conception, gestation and delivery of a child makes her the object of public curiosity and scrutiny. What sort of woman would do this?

Left out almost entirely are the adoptive mothers; this was especially true when surrogacy was a new/novel idea and the Baby M drama had not yet unfolded. Yes, they are still present as the tragic infertile women who will do anything to get a child. And of course, the idea that the adoptive mother and the surrogate are "twins" has been reiterated almost endlessly. But in their roles as adoptive mothers, they remain either absent or shadowy background figures. Little attention has been paid to how they adjust to motherhood once the child is turned over to them, what their relationship with their child is like, whether obtaining a child has satisfied their "desperate" search, and so on. This silence could reflect the general silence surrounding adoption, perhaps because these "unnatural" women are seen as somehow defective, unable to give their male partners the gift of a biological child. As I have shown, many women see their inability to bear a child as a wound to their sense of what a "real" woman is and feel ashamed about their failure to perform as a "real" woman ought to. The stigma and shame of infertility might not go away once the wished-for child had appeared, particularly since the adoptive mother may have given up the hope of bearing a child (or never had that hope) and/or "bottomed out". She is unable and/or unwilling to attempt any more medical fixes so that she might bear the child herself. Or perhaps the adoptive mothers are seen as the ones doing the violence that Al Gore referred to, ripping children out of mothers' arms and "stealing" them.

Wanting to Be the "Real" Mother

I have found only a few instances where adoptive mothers were willing to write their own stories about surrogacy or give interviews after the child was born. This is especially true in the case where the adoptive mother is not the genetic mother of the child. Most often, their thoughts are reported second-hand by the surrogate, or the broker (such as Noel Keane) or someone else.¹⁹ Deidre Hall, of course, has given numerous interviews and has written a made-for-TV movie about her experience. But we are accustomed to television stars endlessly telling us their life stories, replete with personal tragedy. We expect them to "confess all," even as we know it is probably good for their careers. Hall has become a one-woman cheering squad for adoption via surrogacy, and her appearance on numerous magazine covers might give one the impression that all adoptive mothers are as open about their experience. Betsy Aigen wrote a short piece in a women's magazine about her experience; she just happens to run a surrogacy agency in New York City and so has an interest in speaking about it. Elizabeth Stern, by contrast, has given very few interviews to this day, and what statements she has made have been brief. The general silence on the part of the adoptive mothers might reflect a desire to protect their children, or just get on with their lives and be the "real mother," as Betsy Aigen said. In other words, dwelling on the experience of surrogacy and the fact that they did not give birth to their children could be a painful reminder of something they might like to forget, to the extent possible. Some adoptive

¹⁹Helena Ragoné's (1994) ethnographic study of 28 surrogates and 17 adoptive parents is one of the very few attempts to interview adoptive mothers and/or fathers before, during and after the birth of their children to surrogates.

mothers reject the surrogate immediately after the birth, in an apparent attempt to claim their status as the sole mother. One surrogate mother was deeply hurt that the adoptive mother refused to meet her, even at the child's birth. The hospital staff told the woman that "the baby's mother could think of herself as the real mother only if she didn't meet [the surrogate]" (Richards 1989, 28). Another surrogate, who bore a child for an old friend for no fee, was cut off by the woman and her husband after the birth. When she sent the child a birthday gift, it was returned with a note that said, "Don't send any presents. Just because you're her biological birth mother doesn't mean you're her mother" (Wright & Jacobbi 1987, 94). The "twin" or "best friend" model of surrogacy apparently works best when the adoptive mother's wish for oneness with the surrogate is fulfilled and the surrogate disappears, leaving only the one. The practice of allowing the contracting father to cut the umbilical cord (Ragoné 1994, 42) functions to symbolically sever the surrogate's relationship and assert the primacy of a new triad: contracting father, contracting mother and child. After Deidre Hall's surrogate, Robin, reminded Hall that the child Hall had just grabbed was still attached to its birth mother, Hall's husband, in the words of a People magazine writer, cut the cord and "severed that connection" (Levitt & Benet 1992, 75).

These adoptive mothers may have the same fears that any adoptive mother might have: that the birth mother might someday reappear and try to be the "real" mother. Despite all sorts of public rhetoric to the effect that what makes a mother is all the caring and nurturing she does, these adoptive mothers' positions as the mother may feel tenuous. As we have seen, a great deal of energy has also been expended telling us that biological motherhood is ordained by nature and that it fulfills women's destinies. It is

not surprising that many adoptive mothers would be unwilling to write or speak about their experiences.

Absent From the Contract

The most obvious place from which the adoptive mother is absent is the contract. When the contract for a genetic surrogacy is signed, the potential adoptive mother usually is not a signatory. Since she is contributing no gametes to the mix, she is deemed unnecessary: the contract is between the contracting father and the surrogate. But even though she is absent in name, her infertility is called upon to legitimate and authorize the contract. Section 2 of the Stern/Whitehead contract's Recitals says, "The sole purpose of this Agreement is to enable WILLIAM STERN and his infertile wife to have a child which is biologically related to WILLIAM STERN" (Matter of Baby M., 1265). Elizabeth Stern's name was unimportant. What was important was the fact that she was the "infertile wife" and that she was preventing Bill Stern from having a child that was biologically related to him. The contract was to provide him with that child. Without her infertility, the contract would be suspect; with it, the contract is authorized. With her infertility, surrogacy is seen as family-creating; without it, surrogacy might be seen as family-destroying, as I discussed in Chapter 1. The husband of the surrogate, if she has one, does sign the contract, indicating that he has agreed to his wife's artificial insemination. Richard Whitehead signed the contract, and agreed to "rebut the presumption of paternity" that might be imposed by law (Ibid). Elizabeth Stern had to give no such "permission" for her husband to inseminate another woman; his right to do so was secure whether or not she agreed.

When Mary Beth Whitehead refused to relinquish Baby M, the case was initially seen as a contract dispute between Whitehead and Bill Stern. Elizabeth Stern was again absent, despite the fact that she was a named plaintiff in the case, and some early reports on the case (before the trial began or in its early phases) made this clear. A cover story on the case in Newsweek had three opening paragraphs that began as follows: "The mother. She already had a son and a daughter when she agreed to carry a stranger's child.... The father. He is a 40-year-old biochemist, married for 12 years to a pediatrician.... The baby. She is the reason for the heartache" (Kantrowitz et al., 1987, 44). Magazine reports frequently characterized the case as similar to a bitter custody fight between two divorcing parents. Time magazine referred to Baby M as Mary Beth Whitehead's and Bill Stern's daughter (which of course she was) and also characterized the fight as one over custody (Lacaye 1986, 36). Elizabeth Stern was absent, unimportant.

But as the trial progressed, the reporting on it began to characterize it more and more as a catfight between Mary Beth Whitehead and Elizabeth Stern over possession of Baby M, especially since it became clear that the trial would be about the "best interests" of the child: in which family would she be better off? (In Re Baby M., 1132). The contract issues, Judge Sorkow indicated in his opinion, were secondary, although the remedy he imposed, specific performance, is a remedy for broken contracts. That is not to say that those "secondary" contractual issues (such as the legality of the contract) did not take up a substantial portion of his opinion. Rather, it is to say that from the Judge's perspective, what was really important was the question of "best interests"; he ruled accordingly.

Some reporters declared that Whitehead and Stern looked eerily alike (e.g., Fleming 1987, 38). But this was not to be the story of the happy surrogate-adoptive mother "twins." It was the vision of a good twin and her evil twin, with the innocent child trapped in the middle, that began to dominate the discourses within and around the trial. As the date for Judge Sorkow's opinion drew nearer, People magazine ran a cover story (March 23, 1987) with pictures of a smiling Elizabeth Stern on the left, a tense-looking, unsmiling Mary Beth Whitehead on the right, and Baby M between the two. The headline was "The Tragedy of Baby M & Other Custody Cases: KIDS CAUGHT IN THE MIDDLE" (Fine, et al., 1987). And, as I have shown in Chapter 2, Judge Sorkow's opinion, as well as the testimony of the experts he relied on, also clearly drew the boundaries between the "good" mother, Elizabeth Stern, and the "bad" mother, Mary Beth Whitehead. As I will show in the next section, this discursive switch from Elizabeth Stern as absent, to Stern as the protagonist in a battle for the precious child was necessary for the "good" mother to "win". The singularity of the Mother would be retained, and the law of the contract would be upheld.

FROM TWINS TO WORST ENEMIES

When a surrogate refuses to relinquish a child upon its birth, the fantasy of the "twins" is shattered: how could a surrogate refuse to give her gift of the child to her twin, her double, her best friend? She was supposed to politely disappear after handing over her "gift" (and receiving her payment for that "gift," of course); the "twins" were supposed to become the "one" of the adoptive mother. I have outlined, in Chapter 2, the ways in which the surrogate becomes the evil twin, or perhaps the wicked stepsister. A

binary is set up: the surrogate and the adoptive mother must be seen as different as can be, in order to lay out the boundaries between the "good" adoptive mother, who should get the child, and the "bad" surrogate mother, who deserves only contempt. The previously hysterical and desperate infertile woman, who would crawl on broken glass to get her child, must become the embodiment of calm rationality as befits a contractual relationship; she must become the mother to whom the court will hand over the child. Rather than being one with the surrogate, she must be aligned with the father within the contract and against the surrogate. The surrogate, who was previously seen as lovingly and self-abnegatingly bestowing her gift, must become the hysterical woman, irrationally refusing to carry out the duties the contract imposed on her, so that her punishment, the removal of the child, seems equally rational and just. If the surrogate was a gestational surrogate, the adoptive mother must be found to be the "natural" mother - the natural mother. The surrogate's biological relation to the child - her gestation - must be transformed into something other than "natural," in order to avoid the creation of multiple mothers who have competing claims to the status of the mother.

The Baby M Trial

Once the "best interests" criterion was established in the Baby M trial, the stage was set for a situation in which the two families had to be starkly drawn and where any aspect of either party's life was fair game, because the watchword for deciding such cases is stability. Which family would be the most stable, emotionally and financially? The Sterns' lawyer, Gary Skoloff, publicly said that he looked forward to the opportunity to "sling mud" at the trial, while Whitehead's lawyer, Harold Cassidy, said he would avoid that tactic (Landau 1988, 92). Mary Beth Whitehead, it turned out, made a

perfect target for mud-slinging. As I discussed in Chapter 2, there was no aspect of her life that was off-limits. From her brief occupation as a go-go dancer, to her financial difficulties, to her alcoholic husband, to the fact that she dyed her hair, "evidence" was mustered to show that she was unstable in every way. She was declared a liar, controlling, narcissistic, with a "mixed personality disorder" and an "exaggerated sense of aggrandizement and self-importance" (In Re Baby M, 1153). She was, it was implied, the hysterical woman who acts impulsively. Evidence of her impulsiveness concentrated repeatedly, by both expert witnesses and Judge Sorkow, on the fact that she and her husband had fled to Florida with the baby, ostensibly without thinking of the consequences.²⁰ Perhaps most damning was a taped telephone conversation to Bill Stern in which Whitehead threatened to kill herself and implied that she also had the power to kill the baby if Stern persisted in his attempt to take the child from her.

Elizabeth Stern, along with Bill Stern, was found by the court to be able to "make logical reasoned decisions in all circumstances" (In Re Baby M, 1168). They were, it seems, extremely rational. She and her husband could provide a stable and peaceful life for the child, and by their advanced education, it was implied, they would have a superior attitude toward "education and [the] motivation to encourage curiosity and learning" (Ibid). Here, of course, the class element becomes obvious again. The fact that the Sterns had advanced educations was taken as evidence that they would

²⁰Whitehead and her family had fled when police arrived with a court order to literally seize the child. Whitehead handed the child through a bedroom window to her husband, Rick, and then later joined him with the baby and their daughter, Tuesday for a flight to Whitehead's parents' home in Florida.

encourage educational achievement and curiosity in Baby M, while the fact that Mary Beth Whitehead had dropped out of high school and her husband admitted he had done enough in school "to get by" (Ibid) was evidence of their lack of commitment to education. The Sterns, obviously, were of the proper class to pass on middle-class values, while the Whiteheads were not. This was the conclusion, despite the fact that Mary Beth Whitehead had said she wanted the \$10,000 to pay for her children's college educations.

The issue of Elizabeth Stern's infertility was a tricky one. Stern had diagnosed herself with multiple sclerosis (which was later confirmed) while in medical school. At the time, it was believed that pregnancy exacerbated multiple sclerosis, and so Stern decided she would not bear any children. By the mid-1980s, however, current medical knowledge indicated that exacerbation of symptoms during pregnancy was not likely, particularly given the mild form of m.s. Stern suffered. Stern testified that while she was "willing to accept all risks of pregnancy for a 36-year old woman, she was not willing to accept the added risks to her that potential exacerbation of the multiple sclerosis would bring" (In Re Baby M., 1139). On the one hand, Elizabeth Stern's attitude clearly contradicted the popular image of the infertile woman as being willing to sacrifice anything, even her body, health or sanity, in order to obtain a child. She was not willing to hysterically crawl on broken glass to get that child. On the other hand, her idea that pregnancy would make her symptoms worse could have been seen as hysterical, given that: (a) she diagnosed herself (she is not a neurologist), and (b) four experts testified that the possibility of exacerbating the m.s. through pregnancy was remote. But, it was found, Elizabeth Stern was not hysterical. Rather, she had made a "medically reasonable

and understandable decision" (1139) based on information she had obtained in the 1970s. My point here is not to decide whether Elizabeth Stern was "really" infertile, nor to debate her logic and reasoning. Rather, it is to note that in a situation in which Stern could have been seen as irrational, or at least unduly nervous, and certainly not Motherly (in the sense that she refused to be the self-sacrificing Mother), she was found to be calm and reasonable - understandable. But when Mary Beth Whitehead made the decision to flee with the child that police were attempting to literally take from her arms (when she would appear to be overcome by mother-love, as one would expect the Mother to be), she was seen as impulsive and destructive, and certainly not understandable.

The desperate infertile woman and the thoughtful, altruistic surrogate had changed places.²¹ The surrogate was hysterical, and the infertile woman was now the calm embodiment of the type of rationality needed to uphold the contract and her husband's father-right. The infertile woman was now precisely the type of mother to whom the court would be willing to hand the child. The surrogate was the sort of woman whose claim to motherhood could be disregarded; she was an unfit mother. Public opinion on the matter was anti-Whitehead: she had wreaked havoc on two

²¹It could be argued that Elizabeth Stern had turned out not to be so desperate to have a child at all. In that sense, she countered the popular image of the infertile woman. But I am arguing at a level which moves beyond each individual and her personal traits, to one which sees them as representatives of particular symbolic characters. In public debates over the case, Elizabeth Stern's search for a child came to stand for the searches of all those "desperate" infertile women who supposedly were willing to crawl on broken glass. Article after article on the case contained separate sidebars or stories about the desire of the infertile to have children, and their willingness to attempt just about anything to obtain a child (see, e.g., Arking 1987, Kantrowitz et al., 1987, Shapiro 1987).

families and on Baby M herself, had caused an "emotional mess" (Fleming 1987, 36), had reneged on a "bargain" and had made adoptive parents feel threatened (Chesler 1988a).²²

The appeals court decision

When the New Jersey Supreme Court rendered its decision in the Baby M case, it ruled that paid surrogacy was a form of baby-selling and thus, was illegal. The contract was invalid. One of the things any surrogacy contract threatens to reveal, as I have discussed in Chapter 2, is the fact that money is being exchanged for the delivery of a child, and this was a key element on which the Court rested its decision: "We have no doubt whatsoever that the money is being paid to obtain an adoption and not, as the Sterns argue, for the personal services of Mary Beth Whitehead" (Matter of Baby M, 1240). The court also reinstated Whitehead's parental rights, ruling that she had not been given a chance to rescind her decision, as is any mother who gives up a child for adoption. Her consent to the contract was irrelevant, they argued, as "[t]here are, in a civilized society, some things that money cannot buy" (1249). Because Whitehead's parental rights were reinstated, the adoption of Baby M by Elizabeth Stern was invalidated, and remains so to this day.

Does this mean that the appeals court decision reverses everything I have said about the lower court decision? Hardly. On the issue of "best interests" and custody, the appeals court was in agreement with the lower court: Baby M should stay with the Sterns, while Mary Beth Whitehead would be granted visitation rights. They asked the

²²A CBS/New York Times poll, taken in April 1987, found that 74% of the poll's respondents supported the decision to turn the child over to Bill Stern ("Poll Shows Most in U.S. Back Baby M Ruling").

question: "which life would be better for Baby M, one with primary custody in the Whiteheads, or one with primary custody in the Sterns" (1257). The court's conclusion that primary custody should rest with the Sterns was based on the "strongly persuasive testimony" of the expert witnesses regarding each couple's family life and the personalities of each of the individuals (1258). The court recited a summary of all the negative things that had been said about Whitehead and her husband, while emphasizing how stable, financially and emotionally, the Sterns were. At the same time, the Court criticized the ways in which Whitehead had been portrayed as a bad mother for doing things it saw as motivated by love (1259-60). The bottom line, of course, is that the Sterns got custody of the child; Whitehead got limited visitation rights.

The Johnson v. Calvert case

In the case of Anna Johnson, who made the claim for maternal rights vis-à-vis the child she bore for Mark and Crispina Calvert, Johnson and Crispina Calvert did not become the "worst enemies" Mary Beth Whitehead and Elizabeth Stern had become. Rather, they were constructed as rivals, competing for the status of the "natural mother." As a result, Johnson was not represented as hysterical to the same extent Mary Beth Whitehead was. To be sure, the letter she wrote, threatening not to turn the baby over if the Calverts did not expedite their payment to her (see fn. 5 in Chapter 2) was used as evidence of her hysteria and her willingness to "exploit" the Calverts. The desperate infertile woman and the thoughtful surrogate had definitely changed places, as they had in the Baby M case. Judge Parslow also accused Johnson of being both cold and a liar. The bottom line was that she had broken the contract, reneged on the promise of her "gift" to an infertile woman. And underlying the entire debate, as I have shown, was the

fact that Johnson was of a mixed African-American-Indian-Irish racial background. She was of neither the proper race nor class to be the "good" mother.

But the conundrum faced by the courts in Anna Johnson's case was this: both Johnson and Crispina Calvert could make a claim for motherhood based on "nature": one woman's ovum had been used, another woman had gestated the fetus in her uterus. This would not be a trial about the baby's "best interests," but rather, about which woman had the right to claim the status as the natural mother. Which was "more natural," genes or gestation? As I have tried to make clear, the possibility of two "natural" mothers could not stand; multiple mothers threaten to disrupt the singularity of the Mother. And so, as I have said, the two women were set up as rivals, if not exactly enemies, but certainly no longer "twins."

I'd like to take a moment here to discuss something that might not be obvious at first. In an odd way, in both the Baby M and the Johnson cases, the father's naturalness is unquestioned; paternity is taken as certain.²³ This, of course, reverses the scenario wherein it is the father's paternity that is uncertain. As I have previously explained, surrogacy holds out the promise to the man that his paternity is guaranteed. When the surrogate makes a claim for motherhood, it is maternity that is acknowledged as needing resolution and "fixing". (It should be clear to the reader by now that I do not subscribe

²³I say this despite the fact that in each case, blood tests "proved" that each man was the father. In the Baby M case, Mary Beth Whitehead made a desperate attempt to claim the child by saying Baby M was the child of Rick Whitehead, despite the fact that Mr. Whitehead had had a vasectomy. Therefore, a blood test was ordered. In the Johnson case, the blood test proving paternity was a by-product of testing for Anna Johnson's non-maternity. When I say that these cases assume that the father is natural and certain, *(Footnote Continued)*

to the notion that maternity is suddenly rendered ambiguous/ uncertain by the practice of surrogacy. My point is that these cases become one of the sites where it is revealed that maternity is uncertain and that it must be "fixed.") In both cases, William Stern's and Mark Calvert's status as "natural fathers" was certain, and this was reinforced in the Baby M case by the reference to Stern as the "natural father" in the contract and in the decision. The assumed certainty of paternity provides part of the ground on which each case rests, leaving only the questions: Who is the "best" mother? and, Who is the "natural" mother?

In the Johnson case, the unarticulated assumption was that whoever was determined to be the "natural" mother would automatically be the "best" mother. Johnson, of course, was not determined to be the "natural" mother; she had not provided the critical (in the court's assessment) genes. But she was not determined to be a natural mother, either. She was "just" a host, a foster parent, a gestational environment, etc.

In this context, the rivalry that was set up between Anna Johnson and Crispina Calvert went like this: it was "nature [Calvert] versus nurture [Johnson]" (Mydans 1990a); "genes versus gestation" (Tiffit 1990); "natural mother versus foster mother" (Johnson v. Calvert [lower court]) and "natural mother versus birth mother" (Anna J. v. Mark C. [appeals court]). Judge Parslow, in fact, refused to see the competition in terms of two natural mothers.²⁴ He specifically said the case was "not a Baby M type case

I mean that the practice of surrogacy has permitted the cases to be seen as the battleground for motherhood and not fatherhood.

²⁴The appeals court was more circumspect, allowing for the possibility that there was indeed a question as to who was the natural mother (Anna J. v. Mark C., 286 Cal.Rptr. (Footnote Continued))

where we had natural parents on two sides of a situation competing" (Reporter's Transcript, 3). He appeared to see Crispina Calvert's motherhood as one of interrupted naturalness, or perhaps naturalness with a gap, as the following quote will make clear:

[Crispina Calvert] was able to produce the beginnings of a child with her husband. She was not able to carry the child, but as soon as the child is born, my understanding is she's ready, willing and able to assume the care of the child from that point on. The arrangement was Anna Johnson was to help take care of nurturing, feeding, protecting the child during the period that Crispina Calvert was unable to do so (Reporter's Transcript, 7).

Calvert could "begin" a child and nurture it after it was born, but she could not care for it "in between," in utero. Calvert, according to Parslow, was the child's "genetic, biological and natural mother" (5) and Anna Johnson appeared to be some sort of nanny or baby-sitter whose "gestational environment" did not influence the child nor create some sort of in utero bonding. Their rivalry, in Parslow's view, came down to the "fact" that Crispina Calvert was the "real" natural mother, and Anna Johnson was merely a pretender. He apparently also saw her as a home-wrecker, breaking up a nice family, much as Mary Beth Whitehead had been seen. Musing on the possible public policy problems inherent in a situation where a child would have "three natural parents or two natural mothers," Parslow said,

I can see public policy problems with having three parents; protracted custody disputes, bitter custody disputes. We have one going here. I think it invites emotional and financial extortion situations.

In this case we have a family unit, all genetically related. You have Mark Calvert, Crispina Calvert and their child they call Christopher; three people in a family unit (10, emphasis added).

at 371). The appeals court upheld Parslow's decision and reinforced its reasoning, based on blood tests, which I have discussed in Chapter 2.

Anna Johnson, in this view, was attempting to destroy a representative of the normalized heterosexual nuclear family. Parslow's opinion seems to romanticize the family, and ignores the number of multiple parent situations created via divorce and remarriage; he also ignores the fact that bitter custody disputes occur every day and that "emotional and financial exploitation" takes place in them. Anna Johnson's claim of motherhood, if successful, apparently was going to destroy the American family, as Judge Parslow saw it. Of course, Crispina Calvert won the competition and got to wear the crown of "natural mother," while Anna Johnson got nothing, not even visitation rights.

* * * *

As we have seen, then, the figure of the adoptive mother is neither as transparently obvious nor as simple as she might have initially appeared. Without denying that she may indeed agree to participate in the practice of surrogacy because her male partner desires it, I have tried to show that surrogacy may offer her certain benefits. In the representation of her as the surrogate's "twin" lies the possibility for mentally healing her sense of incompleteness as a woman. Surrogacy permits the adoptive mother to participate closely in the experience of pregnancy, and, at the level of fantasy, allows her to be "pregnant." If all goes well, after the birth of the child she desires, the surrogate will quietly disappear, leaving the adoptive mother to be the child's only "real" mother. And if the surrogate does not cooperate, the adoptive mother can depend on the contract and the courts to do their work to rid her of her rival.

CONCLUSION

NATURE UNBOUND

In a 1996 advertisement for an infertility group practice which appeared in The Gloucester County (NJ) Times, we find a picture of a happy-looking white infant. The copy under the picture reads: "This miracle of life... was made possible by the miracles of science" (ellipsis in original). How are we to read this assertion, in which the miracle of life is dependent on the miraculous intervention of science? Doesn't this assertion flip the usual hierarchy of nature and culture, where nature is seen as prior to, and independent from (certainly not dependent on) culture? According to Sarah Franklin, late 20th Century reproductive practices have helped shift cultural conceptions of nature. While nature is still seen as inevitable, immutable, and as the foundation of science - as authorizing science, in other words - it also seen as needing "assistance" or a "helping hand" (1995, 329). In order to legitimate the "need" for reproductive technologies, the industry paints human reproduction as natural and inevitable, yet vulnerable and in need of scientific intervention because it is "miraculous, sloppy, and prone to high failure rates" (332; cf. my discussion of gambling metaphors in Chapter 1). The processes of reproductive technology, Franklin argues, ultimately undermine the foundational quality of nature and substitute science/technology. Science "is both conflated with, and yet also displaces, nature.... The helping hand of technology becomes foundational through its promise of enablement and manifest instrumentalism" (334). In the advertisement for infertility services, life/nature is made possible and made miraculous only through the intervention of science/technology. Since nature is what is produced by technology and

is not possible without technology, technology appears to be conflated with nature at the same time that it is an improvement over, and thus a displacement of, nature.¹

The displacement of nature's "foundational authority" onto technology is, in Franklin's view, both foundational and anti-foundational (334) because technology, unlike nature, is conceived of as promising unbounded possibility. In other words, science is nature, only better. This unboundedness makes Franklin somewhat nervous, because it can result in the following scenario: unbounded technology has the ability to create in vitro embryos which appear to have a certain liminal kinship status (336) and might, therefore, be interpreted as having citizenship and/or personhood. The "natural facts" of the embryo are insufficient to determine its status as an object of research, and so the appearance of the so-called primitive streak² is what marks the cut-off point for permissible research on embryos in several countries. The primitive streak is assumed, within British legislation, to occur at 14 days, and as Franklin says, "the primitive-streak argument both appeals to the authority of nature and renders it redundant. The natural facts alone, in this case, are insufficient to provide a clear boundary, so a specified time

¹A brochure from this same infertility group practice touts the advantages of intracytoplasmic sperm injection (ICSI), in which a single sperm is injected by an embryologist into an ovum. Anticipating questions about the possibility of damaging the ovum through this practice, the brochure assures the reader that the ovum can stand up to this treatment. And in a complete reversal of the usual nature/culture hierarchy, the reader is assured that "most importantly, mother nature lends a hand: the egg has the ability to rapidly repair the small hole in its membrane" ("Male Infertility and It's [sic] Treatment With Intracytoplasmic Sperm Injection (ICSI)." n.d.) Rather than science "helping" nature, nature is imagined as "helping" science.

²The primitive streak is an early spinal column which appears at approximately 14 days after fertilization. The primitive streak represents what is thought to be the border between placental tissue and human tissue.

period is substituted for them" (338). The seemingly bedrock authority of nature in determining both kinship and the definition of "life" is replaced by a legal standard (14 days) and the technological achievement of extra-corporeal fertilization. Feminists, Franklin argues, must establish "boundaries around the technological enablement provided by assisted reproduction" (339), by placing technological changes in a cultural context. Such a context would make clearer that unbounded technology can continue a long process of medical intervention in and control of women's bodies which makes reproduction subject to surveillance and control by medicine, the state and the market system. In the specific case of the embryo's status, a cultural context elucidated by feminists would make clear that arguments over the status of the embryo must be grounded in the fact that an embryo can only develop in a woman's body. And, since an embryo can only be created extracorporeally by intervention within a woman's body, giving it civil or individual rights "creat[es] a conflict of interest between two persons over one body - a conundrum that confounds the entire basis of liberal democratic freedoms grounded in individual integrity and autonomy" (337).

I use Franklin's example of the extracorporeally fertilized embryo for two reasons. First, she articulates some of the ways in which reproductive technologies render the nature/culture distinction disrupted and ambiguous, a point I have tried to emphasize throughout this dissertation. Second, her concerns remind us of Donna Haraway's statement that feminists must take not only pleasure in the confusion of boundaries engendered by the cyborg, but responsibility for the boundaries' construction (Haraway 1989, 174). I part company with Franklin to the extent that she views

contextualization as a way to reconstruct boundaries, albeit new, feminist ones.³ The idea of creating new boundaries could have the effect of negating the potential in leaky boundaries to be "exceedingly unfaithful" to their origins. I want to make an argument similar to Franklin's regarding surrogacy, but without employing cultural contextualization in ways which reify and rigidify surrogacy's tropes in new ways. Contextualization, in other words, does not necessarily have to lead us to establish rigid new codes of meaning. Surrogacy's leaky boundaries create a great deal of indeterminacy that feminists might want to keep in play, rather than reinscribe.

Clearly, surrogacy has the potential, as Franklin puts it, to implode nature into culture (339). But all our feminist arguments about surrogacy have to take place within a specific context that situates that potential implosion. What joy, for example, should we get from the displacement of a "nature" that remains deeply binaried onto a "culture" that is equally binaried (along multiple axes)? How can we balance a celebration of the radical aspects of surrogacy (insofar as it confounds definitions of reproduction) and a political critique of the idea of women as fetal vessels?

In the Introduction, I stressed that, from a feminist perspective, surrogacy is double-edged. On the one hand, it can be seen as a practice with a lot of potential for exploiting women physically, economically and emotionally. It can "fix" the mythic Mother and motherhood in the realm of nature, where the Mother is positioned as

³My argument with Franklin here may simply be the result of her choice of words. In some ways, it is unfortunate that Franklin uses the term "boundary" for what feminists should do, as it connotes rigidity and a sense of reestablishing some sort of final arbiter. But Franklin's point about feminists contextualizing apparently unbounded technology is an important view that I want to maintain.

altruistic, self-sacrificing, loving, asexual, outside exchange relations and singular.

Surrogacy and other technological changes help create a cultural imperative where all infertile white, middle-class women must obtain a child genetically related to at least their male partners, and/or they must bear children themselves, simply because the technology makes it possible to do so. Feminists need to elucidate and speak about those tendencies, and resist them where that seems appropriate.

On the other hand, there are radical moments and opportunities present in surrogacy, and feminists also need to think about and seize those moments. Surrogacy can permit feminists to ask questions about the meaning of the Mother and motherhood, to deconstruct the Mother, to disentangle the identity Woman=Mother, and to envision a different sort of future in which the white, middle-class heterosexual family norm would be disrupted. In the process, nature is dislodged as something that is immutable, inevitable, separate from culture, and determining of women's destinies.

As I discussed in the Introduction, feminists need to attend to the ambivalent politics of surrogacy. In viewing the cyborg we call surrogacy, it is possible to "see from both perspectives at once" (Haraway 1989, 179). In this first section, I would like to reemphasize and/or point out some of those places where it is possible to see from both perspectives, and to suggest ways in which feminists might find radical moments and opportunities. I will suggest a range of actions feminists might take, from simply speaking out to working on specific public policy issues to rethinking our theory. These are possibilities, and I am not attempting here to "wrap them up" into a neat, consistent picture of what a feminist politics of surrogacy ought to look like. Rather, my task is to think about the ways in which feminists might take advantage of surrogacy's dual edge.

The Mother and Nature

The cultural practices of surrogacy, I have argued, place the Mother and thus, Woman, within the realm of bedrock biology, hormones and instincts. Nature and the "natural" mother are constructed so as to insure the Mother's certainty and her singularity, as well as to inscribe both the desire for children and mother-love within an eternal instinct and outside the history of exchange relations. Thus, as we have seen, the infertile woman's desire for children is thought of as being driven by the very fact that she is female, with biological urges and a "biological clock" that compel her to want a child. When that desire is frustrated, the infertile woman becomes "desperate" and will try anything to obtain the desired child.

From a feminist point of view, the (re)inscribing of the Mother within nature is both detrimental to women and dangerous. It amplifies and confirms the idea that women are first and foremost baby-makers. Feminists have been struggling to disentangle Woman and Mother from the earliest days of the second wave of feminism. The identity Woman=Mother creates a sense among some infertile women that they are nothing, valueless and/or less-than-women because they cannot give birth. When feminists make women's reproductive capacity the source of their power and identity, they too contribute to infertile women's sense of valuelessness. Further, the reification of the "biological clock," combined with the "never enough" quality of infertility treatment (Sandelowski 1991) has the effect of contributing to some infertile women's feeling quite "desperate" indeed, and agreeing to undergo repeated drug therapies and surgeries in order to give birth. Many women undergo infertility treatment for years, and there have

simply been no long-term studies on the health effects of these treatments, a fact which needs to be emphasized.

It is critically important for feminists to foreground the social context in which reproductive technologies are practiced in order to show that the concept of "nature" is racialized, classed and heterosexed. Not all women get to be the "natural" mother, because the "natural" mother is also the "good" mother. Notions of the "good" mother are grounded in a white, middle-class, heterosexual ideal. As a result, the infertility and reproductive abuses of women of color, poor and working-class women and lesbians are ignored, while the imagined abundance of fertility of women of color and poor women becomes the convenient target of critics of welfare policies. These women's reproductive decisions and their relationships with their children are seen as more "deserving" of state control and retribution in the case of "fetal abuse" via alcohol and drugs (Daniels 1993, Nsiah-Jefferson 1989). And when as surrogates they make a claim for motherhood, they are unlikely to succeed.

But there are moments where the idea of the Mother as embedded in nature is exposed for the construction it is; indeed, nature itself is revealed as something that can only have meaning within social discourse.⁴ The verbal contortions required to see Anna Johnson's gestation as non-nature and Crispina Calvert's ovum/genetic contribution as nature are but one example of the ways in which the nature/culture dichotomy is revealed to be unstable. The twists and contradictions in the discourses of natural motherhood

⁴Here the work of feminist anthropologists (e.g., Strathern 1988) is very useful in illuminating the fact that there is nothing predetermined about a split between nature and culture.

have shown that there is no single ground for determining who is a mother. Looking to "nature" does not provide us with an answer, for "nature" provides us with multiplicities of mothers, despite the legal system's need to fix one woman as the mother. This is an important insight for feminists to hold onto, because once nature is exposed as an unstable ground for determining who the mother is, it becomes possible to expose nature as an unstable ground for determining what a mother is. As long as motherhood is thought of as an inevitable result of women's biology, fixed in one woman's body, that identification is less amenable to shifts. But when what once seemed so stable is shown not to be stable, new possibilities emerge. It becomes possible to argue, for example, that motherhood is a social idea that has shifted culturally and historically. Motherhood can be thought of in terms which no longer rely on a certain, visible, naturalized maternal body as its defining site. It might be argued, for example, that the idea of multiple mothers represents a new possibility for social and collaborative reproduction, rather than something unnerving and "unnatural."

There are other moments feminists can seize and speak about, in order to turn the mutually imbricated discourses of motherhood and surrogacy on their heads. For example, I have pointed out the ways in which the idea of the biological clock as an inevitable biological "reality" is constantly undermined by technology which stretches the horizon of fertility further and further. Feminists can publicly ask why women should feel so driven by something that is not inevitable and/or immutable. Why should women believe that they must have children on a schedule in order to satisfy the "biological clock"? Why should delayed childbearing be the cause of such anxiety when it is possible for women to bear children at a time later in life? Isn't it possible for the

childbearing decision (if it is made at all) to be based on something other than a biological imperative?

The Mother Outside the Contract

The Mother is conceived of as outside the contract, and yet the surrogate is usually subject to a contract. While the Mother as that "other space" props up the idea of the contract, the surrogate's contract constantly threatens to reveal motherhood embedded in exchange relations. These contradictions provide a place for feminists to clarify the ways in which the ideas of the contract and exchange relations are dependent upon the idea of a place where those relations are imagined not to be present. Further, they provide a way of thinking and speaking about the ways in which some acts of mothering have been, and continue to be, subject to exchange relations, at the same time that other acts of mothering have remained unpaid in the naturalized domestic sphere. In other words, these contradictions expose the myth of the Mother as ex-contract for the idealization it is. Taking wet nursing and child care as just two examples, we can see that motherhood and mothering have historically been, and currently are, embedded within exchange relations. Putting gestation and birthing within the sphere of the contract does not suddenly sully nor vulgarize motherhood by connecting it with the cash nexus. Why should women receive no economic rewards for performing labor within the domestic sphere, simply because that sphere is seen as that place where women are self-realizing and unalienated? The answer is that in order to be horrified by the idea of gestation and birth as embedded within exchange relations, but not horrified by paid child care workers, one has to see a complete bifurcation between motherhood's biological functions of conception, gestation and birth, and social functions of nurturance and care-

giving. Demonstrating the ways in which the myth of the Mother as outside the contract is contradicted by social practices, feminists could argue that all women should be compensated for their reproductive acts, biological and social.

On the other hand, there is plenty about the contractual nature of surrogacy to be alarmed about. It is disturbing that biological motherhood becomes the only way for some women to see themselves as valuable, socially and economically.⁵ Because we live in a society in which money is equated with power and status, the contract validates the idea that women's value lies in their reproductive abilities. Further, as I have pointed out, the contract becomes the instrument whereby the surrogate's autonomy is threatened via restrictions on what she eats and drinks, how often she should see a doctor, etc. This fact should alarm feminists, even those who see the contract as evidence of the surrogate's reproductive decision-making autonomy. In terms of public policy, it would seem reasonable and wise for feminists to work to make such contractual provisions unenforceable, if not illegal, precisely because they threaten women's autonomy. An argument can also be made that the terms of the contract make it obvious that a baby is being traded for cash, even though the contract is defended in terms of its payment for "services." If a live baby is not delivered, the surrogate often gets nothing or a very reduced amount of money. Despite social cynicism regarding the commodification of all things, buying babies (with the attendant "quality control" efforts) does not strike me as a goal of feminism. I am not making an argument based on the mother's and child's

⁵And, as I discussed in Chapter 2, some women, through multiple surrogacy arrangements and sales of their ova, have come to see reproduction as a new form of home work.

"sacred bond" (as Phyllis Chesler has done), but rather, on a view of the ultimate child as a human, embedded in social relationships with other humans, who should not be traded for cash. If indeed the woman were paid for her time and effort (i.e., if she got paid for every insemination, every ovarian stimulation, each day of pregnancy, even in the case of miscarriage) and she were not contractually bound to relinquish the child, then one might be able to make an argument that a baby is not being commodified and sold. Structuring the contract in this way would make it clear that the surrogate is in an employee-employer relationship with the contracting parents. It would not, however, insure that women would not feel pressured to give up the child by those who had paid her. For example, one surrogacy broker has publicly stated that in order to prevent a surrogate from keeping the child, he tells her "he would 'follow her for 20 years and that she would never get a house or a car etc. if she kept her baby'" (quoted in Rowland 1992, 170).

I have, of course, set up a quandary for the practitioners of surrogacy: if the contract itself is filled with all sorts of problems (and I am not making any one problem primary), then the obvious answer seems to be to get rid of the contract. It is hard to imagine a feminist practice of surrogacy that would include the contract, especially the way it is presently constituted. But of course, if the contract were eliminated, the practice of surrogacy would be severely curtailed. That is because the contract provides a ground of surrogacy; the contract appears necessary to the practice of surrogacy, to insure that the contracting parents get what they want and to discipline the surrogate.⁶

⁶An argument might be made that the surrogacy contract could be an implicit contract, as opposed to a written contract, of the sort most people enter into when they apply for a job and are hired: do your job and get paid for that day, week, etc. In the case of
(Footnote Continued)

Otherwise, the relationship would have to be based on trust, and perhaps only sister-sister, mother-sister or friend-friend surrogacy arrangements would flourish. Who would want to sign a contract with a stranger that did not require the woman to relinquish the child? The idea of the contract, of course, is embedded within property relations; the child is the property that is both "owned" and desired. Questioning the terms of the contract threatens to reveal this fact. And if the potential social parents refused to go through with a surrogacy arrangement without a contract, then it would also become obvious that they do not trust the surrogate, despite the popularized image of her as the adoptive mother's best friend or twin.

The Mother As An Altruistic, Self-Sacrificing Gift-Giver

My extended discussions of the representation of the surrogate as wanting nothing more than to selflessly give her "gift" of a child to an infertile woman should have made clear just how wide-spread and insidious this idea is. Additionally, some infertile women become so fixated on becoming pregnant that they literally sacrifice their health, careers, social lives, etc. in order to fulfill what they perceive as their feminine destiny. The fact that some women accept the role of selflessness to the extent they sacrifice their selfhood, if not their physical and mental health, is alarming. The language of altruism threatens to erase women's subjectivity and make anything less than total

piecework, it is more like: produce the product and get paid for that one product. It is doubtful, however, that this would improve the appeal of an unwritten contract to the contracting parents, as it is difficult to think of an analogous product in which an employer has an emotional investment equivalent to that of the contracting parents in the ultimate child. The written contract provides the legal framework for the parents to insure the delivery of their child, to the extent that that is possible.

maternal devotion seem "selfish";⁷ it sets up an impossible standard for women. Exploring the idea of altruism can lead to an exposure of the ways in which that language acts as a screen over culturally disturbing thoughts of baby- and body-selling, removes maternity from the realm of exchange relations, erases the Mother's sexuality, and elides class differences between the surrogate and the adoptive mother, who ostensibly is also driven by the desire to give her "gift." Discourses of altruism and self-sacrifice make the contract seem like something other than a contract, or a "special" type of contract, and feminists can make that chimera visible. And in the case where there is no contract (e.g., when a relative acts as a surrogate), feminists can make clear the ways in which such a "gift" may be given under pressure from emotional intimates.⁸ Women's sense of altruism and familial obligation might be taken advantage of by others, in a sort of emotional blackmail.

But even within the seemingly reactionary language of maternal altruism and self-sacrifice, feminists might find a moment or two of opportunity. For one thing, we need to think seriously about the psychic investment women have in seeing themselves as altruistic. I do not want to lose the feminist insight that women make certain (constrained) choices within a system of power where it is likely they are not dominant. But rather than see surrogates and infertile women as victims or dupes of the system of patriarchy, a more complex feminist analysis would see the ways in which these women participate in their own self construction. This strategy would grant these women more

⁷For a psychoanalytic account of the ways in which women feel torn when they discover they may actually feel ambivalent about their children, see Parker (1995).

⁸For an effort to do precisely this, see Narayan (1995).

agency than some feminists have been willing to see. We need to think about the likelihood that they may gain a measure of self-regard and pleasure from being altruistic, even if that means bearing a child and giving it up, or going through painful infertility treatments. The surrogate may get a psychic return on her act; the infertile woman may take pleasure in the imagined child she will bear; the adoptive mother may agree to be part of a surrogacy arrangement so that she can vicariously experience pregnancy and ultimately have the child she desires. In giving, the surrogate may receive something in return, and that fact may help feminists think about why a surrogate might give up the child she bears. In articulating this position, feminists might be able to counter the image of the rather empty subject that emerges from a discourse which paints the surrogate (as well as the Mother) as a near-saint. The political danger, of course, is that women will see themselves as worthy only when they are being altruistic and self-sacrificing and fulfilling of their "destiny" as women, and this is something to be guarded against while acknowledging the psychic investment women may have in altruism.

As I indicated in Chapter 2, another possibility appears when we consider the ways in which women might give their gifts to each other, making them subjects, rather than objects, of exchange. The story of Debbie and Sue and of other women who exchange their gifts with each other could be explosive. Surrogacy represents a constant shoring up of the fragile heterosexual family ideal. Without men in the circulation of exchange (other than symbolically via their sperm, which women can simply buy), the entire structure of the heterosexual, patriarchal family is threatened; indeed, heterosexuality itself is revealed as inessential for procreation. Of course, lesbian

motherhood has always made heterosexuality's inessential role in procreation obvious. But reproductive technologies, and surrogacy in particular, have made it thinkable that one woman might have the uterus or ova another woman lacks, whether or not either woman thinks of herself as a lesbian. From there, it is but a short logical leap to think about the ways in which women might collaborate with each other in reproduction and possibly leave men "out of the loop." The concept of collaboration is an one to keep in mind in trying to envision surrogacy's possibilities, as it implies mutuality and sharing, and does not require a hierarchy (e.g., an employer-employee relationship) to function.

The Mother as Asexual

Maternal sexuality, it seems, is frightening, revolting and dangerous, all at the same time. Frightening and revolting because of the dread of the maternal vagina, which Karen Horney argues threatens to wound or diminish the male sense of self. Frightening too because, as Sarah Kofman argues, maternal sexuality reminds us of that void from which we came and which threatens to engulf us. Dangerous because it represents the possibility that the Mother is not always selfless and self-sacrificing, but instead, concerned with her own needs. Dangerous too because women's asexual morality props up bourgeois civil society as the counterweight to the amoral sphere of exchange relations. Dangerous too because it represents, in Gayatri Spivak's estimation, an excess of (re)production that cannot be contained (1987). And let us not forget that the unfettered sexuality of poor women and women of color is seen, in the estimation of people like Charles Murray, as having the potential to collapse our economy around us.

In merely thinking about and bringing up maternal sexuality, and exposing the ways in which the Mother is represented as asexual, feminists provide a radical moment.⁹ Surrogacy attempts to contain maternal sexuality within the sphere of heterosexuality, while denying the surrogate's sexuality. That maternal sexuality is anxiety-causing is made evident by the vigor with which it is denied that surrogacy has anything to do with sexual pleasure - it is all just sterile medicine and business and asexual altruism. On one level, this covers over images of surrogacy as connected to adultery. And the idea of women giving birth to their sons' and daughters' children is bound to elicit questions about incest and incestuous fantasies. Focusing on the surrogates' maternal altruism can function to displace those sorts of questions. But on another level, maternal sexuality simply seems incompatible with altruism, gift-giving and self-sacrifice. Thinking and speaking about maternal sexuality opens up the possibility that there is someone else in the Mother's field of vision besides her child; it asserts her desire. And that is precisely what feminists can do.

The Mother As Singular

The idea that the Mother is singular serves a number of functions, as I outlined in the Introduction, and is tied to the desire to believe in the certainty and knowability of the Mother. That desire springs from the speaking subject's fragile position in the symbolic order, as well as the impossibility of anyone ever being sure of who her/his

⁹For years, I wondered why so much maternity clothing had teddy bears on it. I kept thinking, this woman's body marks her as a sexual being, and yet her clothing has childish teddy bears. It was only after thinking about the ways in which the Mother is constructed as asexual that I realized that the teddy bears were a way of denying and deflecting the pregnant woman's sexuality.

parents are. If paternity is acknowledged as uncertain, then maternity must be clung to as certain. Hence, there must be only one mother for each of us.¹⁰ On the one hand, surrogacy can fix the idea of the singular mother more firmly than ever, not only in legal decisions, but in the ways in which surrogates and contracting parents think and speak about surrogacy. Some surrogates declare that they are not a mother, that they are merely baby-sitters who are guarding someone else's child. The trope of the double or twin gives adoptive mothers a sense that they are experiencing the pregnancy and are the only "real" mother. And contracting parents feel free to violate the surrogate's right to privacy and bodily integrity because, after all, she is carrying "their" baby. But on the other hand, surrogacy creates a space for thinking about multiple mothers, despite rhetorical efforts to deny this.

From my earliest forays into research on surrogacy, it appeared to me that gestational surrogacy in particular exploded the singularity of the mother, by creating competing claims for the status of the biological mother. Nature, as it turns out, does not give us a basis for determining which one of the biological mothers is the "real" mother, and so the legal system is called upon to provide the answer. The fact that genes have been declared determinant in the case of gestational surrogacy, while gestation is determinant in the case of ovum-donation (assuming the gestator will also be

¹⁰ An argument could be made that adoptive children are forced to acknowledge that they have more than one mother. But in the case of adoption, a clear demarcation is made between the biological mother who gives up the child and the social mother who takes over the biological mother's role, only after the legal system declares her the mother and the biological mother the ex-mother. The movement by adoptees to open their adoption records so that they can find their biological mothers reveals a desire to find the originary mother, the one who gestated them and whose genes they carry.

the custodial mother) means, from a feminist perspective, that nature has been shown to be a social construction and that there is no single ground for determining what a mother is. This opens up a space for new ways of thinking about what a mother is, even if the mother in question has no biological relationship to the child's birth. For example, one might imagine an appeal to nature being made on the basis of the "environment" the social mother provides that acts as a "catalyst" for the fulfillment of the child's genetic destiny.¹¹ I want to make it clear that that is not the sort of argument I envision feminists making, as it still attempts to find some sort of referent in something called "nature." But what it does show is the ways in which nature and culture slide into each other, until it is impossible to separate and distinguish them. And that is the radical moment, because it opens up possibilities for rethinking motherhood as social, in ways that do not rely on nature to ground them.

At the level of theory, the idea of multiple mothers presents feminists with opportunities to complicate and rethink a number of theoretical frameworks. I will not attempt to do that complication and rethinking here, but instead will suggest some possibilities. In the field of psychoanalysis, the triadic relationship between the child, its mother and father has long been axiomatic. The Oedipal drama, of course, is built on this triad. What would it mean if there were multiple mothers present, or for that matter,

¹¹Such an argument would further confound the field of the visible, upon which knowledge of the Mother had previously been based. No longer can we "believe our own eyes." Genes, as I noted in Chapter 2, confound the field of the visible, but one could argue that genes can be "seen" under the right technological circumstances. It cannot, however, be argued that one could "see" (in any immediately sensible way) the ways in which the child's "environment" affected her/his development.

multiple fathers? Could the analytical framework simply be extended to include more parents? What would it mean to the psychic development of the individual if s/he had more than one mother, in fact or in fantasy? What would be the psychoanalytic implications of creating "mothers" who had never been born, if aborted fetal ova are "harvested," as has been proposed in several countries (Raymond 1992, 142; Los Angeles Times Service 1994)?

What if one or more of the mothers were a woman of color? Elizabeth Spelman has made a compelling argument for the inclusion of race in any theory of motherhood by showing how the lack of racial theorizing in Nancy Chodorow's Reproduction of Mothering gives Chodorow's model less explanatory power (1988, esp. Chapter 4). Spelman shows how it is impossible to independently analyze the ways in which children learn hierarchical gender relationships without taking into account the ways in which they learn other hierarchical relationships. The mother whose mothering results in the perpetuation of gender hierarchies is a mother of a particular race and/or class. Spelman asks,

Are we to believe that a woman's mothering is informed only by her relation to a husband or male lover and her experience of living in a male-dominated society, but not by her relation to people of other classes and races and her experience of living in a society in which there are race and class hierarchies? (85)

Spelman does not address the question of multiple mothers that I am suggesting feminist psychoanalytic theorists might need to take up, but her argument about the failures of one psychoanalytic theory of mothering should serve as a warning for any psychoanalytic account of motherhood or indeed, any account of motherhood at all. The nervousness expressed by the court in the Johnson v. Calvert case about the supposed "identity

confusion" caused by multiple mothers provides evidence that these are not "merely" theoretical questions.

Within another theoretical framework, that of kinship, feminists anthropologists have already been rethinking what "kin" means and would mean, as reproductive technologies reconfigure the notion of kinship. Sarah Franklin has written about the possibilities engendered by the scientific production of a creature, the extracorporeal fetus, who has come to occupy a liminal kinship space (1995, 336) due in no small part, I would add, to its being rendered "visible" by technology which makes it seem like a tiny "citizen" (Condit 1995).

Marilyn Strathern points out that the idea that "kin" is defined by the "natural facts" of biogenetics is a "distinctively Euro-American" idea (1995, 349). As she emphasizes, when Euro-Americans think of people reproducing themselves, "they mean first and foremost through procreation. In this sense, procreation is at the core of reproduction" (Ibid). Strathern argues that reproductive technologies have created a kind of "dispersed kinship," brought about by "dispersed conception" (352); this dispersed kinship includes all those who produce a child via technological assistance, as well as those who assist in that production. This not to imply that the "family" is withering away; indeed those who utilize the technology often describe what they are doing as using assistance to create a "normal" family. Helena Ragoné, in her ethnographic study of surrogates and adoptive parents, discovered that from the adoptive parents' perspective,

surrogacy is conceptualized not as a radical departure from tradition but as an attempt to achieve a traditional and acceptable end: to have a child who is biologically related to at least one of them.... This idea is

consistent with the emphasis on the primacy of the blood tie in American kinship ideology and the importance of family (1994, 136).

Ragoné's work makes it clear that cyborgian practices, such as surrogacy, have the potential to reinforce and further reify existing meanings, as Haraway warns us.

Yet, within that reinforcement, there exists a radical possibility. As Strathern points out, "dispersed conception may provide a model for relations that can take on a kinship character even where they cannot take on a family one" (1995, 353). Could this perhaps mean that the idea of multiple mothers is becoming, culturally speaking, less strange and less frightening? Could surrogacy be the undoing of the singularity of the Mother? Ragoné argues, for example, that surrogacy allows both surrogates and adoptive mothers to think of motherhood as "composed of two separable components: the biological process, conception, pregnancy and delivery; and the social process, the intentionality, love and nurturance" (1994, 127). In a sense, they invent the idea of two mothers to understand the role each of them plays. But Strathern notes that dispersed kinship at the level of procreation may not necessarily lead to those relations being activated as social relations (1995, 353). In other words, "kin" does not necessarily translate to "family" or "relative." She argues, for example, that reproductive technologies, by the ways they separate procreation from reproduction, permit the infertile to understand that their intention, rather than their biogenetic capacity, is primary in reproduction,¹² the child "reproduces" their intention. This understanding,

¹²Strathern distinguishes between procreation and reproduction as follows: procreation is the process of conception and birth, whereas reproduction refers to "both the biological process of producing new children and to the perpetuation of aspects of personal identity over time" (1995, 347).

along with ideas about the separability of the biological and social components of motherhood that Ragoné observed, rather than creating multiple mothers, can lead to the adoptive parents' rejection of the surrogate's role as that of a "real" mother, as I discussed in Chapter 3. The radical moment may be displaced by this continuing drive to reinscribe the naturalized idea of the family, even where it might seem that the family is being exploded.

Yet, I want to hold on to the insights into kinship relations developed by feminists because the disruptive potential remains. If the status of "mother" of a child can be located in more than one woman, then the argument can be made that the bedrock characteristic of motherhood, based on nature, is crumbling because of the ways in which "natural motherhood" relies on finding and fixing the natural mother. The foundations of the seemingly natural, inevitable and immutable connection of Woman to Mother could also be slipping away; because there is nothing inevitable to what a mother is, there is nothing inevitable to what a woman is. "Nature," which has grounded definitions of the Mother and motherhood, constantly threatens to be revealed as a shifting ground of cultural meaning. All mothers are, then, social mothers, whether or not they have something called a "biogenetic connection" to a given child; their status as "mother" has gained its meaning within social discourse.

Theorizing about the potential of surrogacy vis-à-vis multiple mothers can, I think, inform feminist work at the level of policy. If, for example, feminists are concerned that both genetic and gestational surrogates should be permitted to make a claim for motherhood, then we are going to have to argue that each has a kind of kinship relation to the child, in order to persuade judges and legislatures to see that there might

be more than one mother for the children born of reproductive technologies. We might use those sorts of arguments to win, at the very least, visitation privileges for all surrogates. If the courts remain unwilling to grant surrogates co-parent status, they might at least be persuaded by a version of Patricia Hill Collins' idea of community othermothers (see Chapter 2), wherein women who may or may not have a biological connection to a child nevertheless have a special importance and status in that child's life. Indeed, I could envision an argument being made, similar to Collins', that such an arrangement is beneficial to the child's mental well-being, as it provides an additional person on whom the child might depend, might relate well to, etc.

Of course, were this type of policy ever enacted, it is entirely possible that the market for surrogacy would shrink dramatically. The white, middle-class American ideal of the family does not include the concept of sharing "ownership" of the child, as evidenced by many bitter custody battles. Given the ways in which contracting parents fear the surrogate bonding emotionally with the child, and their frequent desire for her to "disappear," the knowledge that they might have to share their child with this woman could dissuade many from engaging in the practice of surrogacy. After all, my student's nightmare could seem close at hand: would the lab technician soon be demanding visitation rights? And ova sellers might have a claim for motherhood, since they have a kind of kinship with the child, based on the assisted procreative process. Contracting parents might be less-than enthusiastic about sharing their child with a woman of a different race and/or class, as my analysis of the blood test in the Johnson v. Calvert case shows. This might lend new urgency to research aimed at creating an artificial gestational environment and/or the "harvesting" of aborted fetus' ova, or even the use of

brain-dead women's wombs to gestate other women's fetuses (a "magnificent use of a corpse" and "a wonderful solution for the problems posed by surrogacy," said the doctor who suggested it [Raymond 1993, 49]) to create a situation in which no woman other than the adoptive mother (who might have provided the ova) would have a claim on motherhood. In the case of fetal ova, a "woman" who had never been born would be the genetic mother; obviously, she could assert no claim. On the other hand, those who continued to desire to hire a surrogate might come to understand her parental rights as a necessary part of the entire process of "having" a child via surrogacy. "Having" a child might take on the sense of collaboration that I indicated above surrogacy makes thinkable. Within such collaboration, kinship could be reshaped in ways Strathern has suggested is possible and which Patricia Hill Collins asserts already is possible; multiple mothers might become more thinkable as "blood ties" became less critical to conceptions of what it means to be and have kin. Dorothy Roberts' (see Chapter 3) vision of a world in which the genetic tie is downplayed might move closer to reality.¹³

Before I leave this section, I feel it is important to note the ways in which feminist anthropologists and psychoanalytic theorists might inform each other's work. For example, in their reconsideration of kinship theory, anthropologists might do well to think about the psychic consequences of a kinship landscape with multiple mothers. The idea of a more complex kinship involving multiple mothers appears to create a great deal

¹³But I do not want to lose Roberts' insight that the emphasis on blood ties and genetics is, at bottom, a way of valuing white genes while devaluing black genes. It is those sorts of insights that caution us against unbridled optimism about surrogacy's potential, while simultaneously indicating the multiple fronts on which naturalized kinship might be attacked.

of anxiety, as evidenced by the constant attempts to stabilize the mother's certainty. As I indicated in the Introduction, the need to find certainty in the Mother and to point to one woman as the mother, has deep psychic roots: the fragility of the speaking subject (Kristeva), the need for certainty in historic knowledge (Doane), the possibility that we really cannot know with certainty who our mother is and that she knows who we are (Shell) and the fear of a powerful mother (Klein) all set up a psychic investment in a belief that there is only one "real" mother. This belief could provide a limiting effect on changes in kinship thinking, even as reproductive technologies make changed kinship relations all the more possible and thinkable. I think feminist anthropologists need to think about the psychic consequences of rethinking the meaning of kinship. Thorny questions about the incest taboo, a subject investigated by both psychoanalysts and anthropologists, are also inevitable in any theory that expands notions of who our kin are.¹⁴ At the same time, feminist psychoanalytic theorists might think about how to take shifting conceptions of kinship into account as they rethink theories that rely on ideas of the Mother and/or the Father.

ENVISIONING THE FUTURE

In this section, I want to suggest a few ways, admittedly speculative, in which feminists might think about the possibilities for the future that surrogacy and attendant reproductive technologies make thinkable. As always, I want to keep in mind both

¹⁴For an extended analysis of the trope of incest in connection with expanded notions of kinship, see Shell (1993).

radical potential and the possibilities for reinforcing oppressive meanings of what a woman and a mother "are."

Reconceiving Pregnancy

Surrogacy and other reproductive technologies make it possible to think about pregnancy as happening in multiple bodies and/or as extracorporeal, because that is one of the discursive offshoots of surrogacy, and feminists need to think about the implications of this idea. In other words, pregnancy is thought of less and less as something that happens exclusively in one woman's body, or even in women's bodies, period. For example, surrogacy permits two women to think about collaborating in the creation of a child; each of them gets to be the subject of gift-giving, as I discussed in the previous section. One might imagine a scenario in which one woman gives her ovum(a) to another woman who gestates the fetus and both of them care for the resulting child. In this view, the male need not be "present;" only his sperm, which can be purchased, is necessary. As the story of Debbie and Sue makes clear, neither woman necessarily has to be a self-identified lesbian for this possibility to be thinkable. Each woman can think of her self as experiencing pregnancy, albeit at different levels, as happens, for example, in the way the adoptive mother may come to think of herself as pregnant at the level of fantasy while the surrogate lives the physical pregnancy.

Like infertility, the meaning of pregnancy itself, which might seem a biological foundation, is discursively produced. In addition to a couple being pregnant, which I will discuss below, even when the woman is designated the site of pregnancy, that meaning shifts. Historically, pregnancy was defined as "existing" with certainty when a woman felt quickening, the first movements of the fetus in the womb (Duden 1992, 1993).

Later, with the increasing medicalization of pregnancy and the development of medical specialties, such as obstetrics, confirmation of pregnancy was firmly placed in the realm of medicine, as determined by various laboratory tests. With the advent of reproductive technologies, however, the meaning of pregnancy has shifted once again. Researchers and doctors define several pregnancies: "chemical pregnancy" (determined by measuring minute hormonal changes within several days of fertilization, making it indeed possible to be a "little bit pregnant"), pregnancy determined by ultrasound and pregnancy determined by the standard laboratory tests (OTA 1988). The woman's body's cues are largely irrelevant in determining when or whether pregnancy has "occurred." These varying definitions of pregnancy have served some IVF clinics well, as they have been able to inflate their pregnancy rates by reporting every chemical pregnancy, although the federal government recently began demanding that clinics use a measure of pregnancy that is less misleading to consumers of IVF and even filing charges against clinics that disseminate misleading data (Pear 1992). Understandably, those consumers want to know how many women were able to take home a child, not how many of them were chemically pregnant. Defining pregnancy by these small hormonal changes is problematic in that spontaneous abortion often occurs in early pregnancies and a woman may have been determined chemically "pregnant" and miscarry, all within the length of her normal cycle. She could be "pregnant," therefore, and not even "know" it. The woman's understanding and experience of changes in her body are not necessary in order for medicine to have knowledge of her pregnancy. In fact, it is probable that most women would not have felt any changes in their body at such an early stage in their pregnancy.

But reproductive technologies can take the displacement of the woman a step further. A passage from Designs on Life demonstrates that pregnancy, and not just fertilization, can be thought of as happening outside a woman's body:

Under magnification, the fertilized egg glistened in its plastic dish like a seed pearl.

"She is pregnant," said Alikani [an embryologist], looking very pleased. "Well, she is pregnant in a dish, I suppose."

She carefully replaced the dish in the incubator and shut the door. Now the incubator was pregnant (Hotz 1991, 35).

Hotz is only able to conceive of the incubator as pregnant by erasing the maternal body; "pregnancy" becomes a free-floating signifier that can attach itself to any object. The concept of extracorporeal "pregnancy" was used by a U.S. District Court in 1983. In Smith v. Hartigan, 556 F.Supp. 157 (N.D.Ill.), the court agreed that an IVF patient is pregnant as of the moment the egg is fertilized, prior to placement in her uterus and the hoped-for implantation, which is by no means assured.¹⁵ Pregnancy, which previously

¹⁵Suit was brought in Smith v. Hartigan because an Illinois couple and their physician wanted to challenge an Illinois law which read in part, "Any person who intentionally causes the fertilization of a human ovum by a human sperm outside the body of a living human female shall, with regard to the human being thereby produced, be deemed to have the care and custody of a child for the purposes of Section 4 of the Act to Prevent and Punish Wrongs to Children... except that nothing in that Section shall be construed to attach any penalty to participation in the performance of a lawful pregnancy termination" (159-160). The plaintiffs argued that the "custody" provision did not specify who on the medical team would be responsible for custody, nor did it say how long the period of custody should last. In its opinion, the District Court accepted the argument of the defendant, Illinois' Attorney General, that the law was meant in part to prevent experimentation on and/or mutilation of the embryo. According to the Attorney General, "pregnancy termination" referred to non-implantation of an embryo created in vitro (161). He argued that to decide not to implant a non-viable embryo for any medical reason was "simply to participate in a lawful pregnancy termination" (Ibid). The Court agreed with the Attorney General that the statute "preserves the constitutional (*Footnote Continued*)

was intimately connected with processes within the female body, is determined to have occurred, despite the fact that the fertilized egg is in a petri dish. In 1988, an Italian experiment that succeeded in creating the implantation of a human blastocyst in an artificially perfused human uterus was described in an article entitled, "Early Human Pregnancy In Vitro Utilizing An Artificially Perfused Uterus" (Bulletti et al., 1988). Again, pregnancy was thought to have occurred, despite the woman being present only synecdochically through her uterus. The uterus, of course, was all that was "necessary"; the woman and Woman had been reduced to a uterus that supported a "pregnancy." The authors of the study could have titled their article, "Implantation of a Blastocyst in an Artificially Perfused Uterus," but they did not; to them, this was a pregnancy.¹⁶ Are the incubator, the petri dish, and the artificial and/or technologically maintained uterus simply an extension of the idea of surrogacy? Could extracorporeal uteruses actually make surrogacy obsolete?

Viewed optimistically, the discursive displacement of women's bodies in constructing the meaning of "pregnancy" could be the beginning of the feminist utopia Shulamith Firestone (1970) envisioned. Biological reproduction could be separated from the body, particularly if methods of egg and sperm cryopreservation, cloning or even

rights of women who have become pregnant either naturally or through in vitro fertilization to terminate their pregnancies" (*Ibid*). By accepting the Attorney General's argument, the Court, in effect, said that a woman was "pregnant" as soon as her ovum was fertilized and that she had the right to terminate that "pregnancy" by not having it implanted.

¹⁶The uterus in question was removed from a woman for reasons of cervical cancer. Of three uteruses used and perfused for this purpose, one was able to support the implantation of a blastocyst for 52 hours.

synthesis were developed and/or improved. Women might eventually become freed from the physical demands of pregnancy by the technological invention of artificial uteruses and/or by other means to develop fetuses outside the female body, while the pregnant citizen, whose pregnant body presents so many issues for the workplace and the courts (Daniels 1993), would simply cease to be a "problem." Any woman who wanted a child could get one, perhaps making "infertility" an archaic term. Many of the problems associated with surrogacy could be eliminated, including arguments about economically exploiting women, attempts to control the surrogate's actions, worries about the connection of surrogacy with prostitution, and so on.

But the optimistic view overlooks several problems, and here I want to consciously invoke the model that Sarah Franklin advocates, that of situating technological change in a social context. First, not all women want to be "freed" of pregnancy; listening to infertile women (who want to be pregnant and many of whom insist it is the physical aspects of pregnancy and closeness to the fetus they yearn for) and surrogates (many of whom say they enjoy being pregnant) makes that clear. Second, feminists need to think about the ways in which the imagining of pregnancy outside the body of a woman is occurring today, when women still gestate, nurture and deliver fetuses by and from their bodies. In other words, the linguistic movement of pregnancy away from women's bodies, which becomes thinkable through reproductive technologies, is occurring prior to the actual technology that makes possible anything other than fertilization of an embryo and perhaps (brief) implantation outside of women. The political implications are significant, particularly as they continue the process of personification of the fetus, as well as its symbolic floating in space, separate from a woman's body. The idea that

pregnancy occurs outside of women might result in women having even less control over their reproductive decisions because they are not seen as connected to the fetus; the fetus takes on an even more public quality when it is thought of as attached to no one and it is even more likely it would be constructed as having kinship with everyone, as Franklin argues (1995, 336). Therefore, it would have to be "protected" as "one of us."

Vigilance is called for here; feminist insistence on speaking about gestation as something that continues to happen in women's bodies at this particular historical moment is critical to avoid some of the oppressive ways in which the idea of extracorporeal "pregnancy" may be used.¹⁷

Even if the technological possibility becomes a reality, and "pregnancy" can be carried out through conception and delivery outside of a woman's body, certain dark possibilities arise. Could the insistence on carrying a fetus in utero come to have the connotation of the "bad" mother, who refuses to do what is "best" for her child, assuming the technological alternative were judged superior to a woman's body (Murphy 1989)? Could this lead to a distopia, in which women were forbidden to gestate fetuses? Some technologies, such as ultrasound and amniocentesis, have become so routine and considered so important to the delivery of a healthy child, that women are pressured to undergo the procedures (Rothman 1986). A student of mine, pregnant and in her 30s, complained that people asked her when, not if, she was going to have amniocentesis.

¹⁷By invoking the concept of "women's bodies," I am not suggesting that we should speak of those bodies in ways that position them as knowable, prediscursive and/or the thing that defines us as women. Rather, I am saying that the political and strategic move is to ground our discussions (and demands) about women's material bodies and women's reproductive decisions in history and cultural practice.

When she replied she was not, the reaction was invariably one of, "But you have to have it. Everyone does." How might a woman resist a technology that promised to provide a "better" environment than her own uterus?

Could women be pressured to have hysterectomies to provide the uteruses?

Referring to the experiments on perfused uteruses carried out by an Italian team, an editor of a journal of reproductive research wrote in 1988:

It seems like the perfect solution to the diminishing number of practicing obstetricians. Maternal-Fetal medicine specialists would ply their trade on this artificial womb, which would be referred to them by the specialist in techniques of assisted reproduction. The extracorporeal womb could be tossed aside after development was complete. The need for a continuing supply of temporary uteri would keep former obstetricians in work doing the necessary hysterectomies, unless someone should be resourceful enough to develop a method to recycle these used specimens (quoted in Murphy 1989, 67).

Statements like this are enough to make even the most optimistic feminist proponent of extracorporeal conception and gestation shudder. The language of uteruses being "tossed aside" invokes questions of whose uteruses would be deemed unfit enough to be removed and used like any other disposable medical product. Perhaps most disturbing is the way in which the author implies that the technique should be developed to solve an economic problem of medicine; i.e., the shortage of obstetricians, presumably due to high malpractice insurance rates. Women's uteruses would be removed to create this "perfect solution."

Could this technology be used to persuade and/or force women of color, poor women and lesbians to forego pregnancy in vivo? And could their fetuses be manipulated to be more "perfect" than they would otherwise be? It is highly unlikely that racism will have been eradicated by the time technologies of extracorporeal conception

and gestation are viable and so it seems equally unlikely that the deeply race- and class-based foundations of the Mother and who gets to be defined as a "mother" will have disappeared.

Pregnant Men?

Some cultural "moments" to consider: One often hears men and women saying "we" are pregnant, while medicine sometimes refers to them as "pregnant couples" (Kirejczyk & Van Der Ploeg 1992). Visual technologies, such as ultrasound, have created the possibility for the male to participate more directly in the processes of pregnancy, albeit at the level of fantasy (Rapp, forthcoming). An article recently appeared in a national Sunday newspaper magazine section, in which a man repeatedly referred to his frozen sperm as his "children"; the article's title and subtitle, "Count Down: Men, too, can have biological clocks" (Handler 1996) indicated that men can also be thought of as having a fertility time line. A trip to my local Wal-Mart turned up a device that tells men they can participate in the process of nursing babies; two latex breast-looking objects are filled with milk and strapped around the man's neck so that the child can nurse. The December 1985 issue of Omni magazine had a cover story on "Pregnant Men." Arnold Schwarzenegger starred in a movie in which he became pregnant. A male baboon has had an embryo implanted in his abdominal cavity, and carried the developing embryo for four months (Teresi & McAuliffe 1985, 52). The idea of male pregnancy received serious academic discussion at a 1984 conference of sex researchers, who debated whether men would need to be "primed" with female hormones (Teresi & McAuliffe, 56). A story on reproductive technologies in a women's magazine had a reproduction of a picture of a pregnant Bruce Willis that Spy Magazine had done

as a spoof on Demi Moore's famous Vanity Fair cover, with the headline, "This was a spoof... but could it become reality?", along with a blurb about the baboon experiment.¹⁸

In bold print was a quote by Jonathan C. Peck, of the Institute for Alternative Futures:

If women are willing to give up the pregnancy and birthing experience, technological barriers to creating an artificial womb will be resolved within 30 years.

And with some genetic manipulation men probably could grow breasts capable of breast-feeding and possibly also a womb. But would they be men anymore? ("Beating the Clock," 13, emphasis added).

I take these "moments" to mean that biological reproduction has begun, in certain small ways, to be conceptualized as happening in multiple bodies, sexed female and male. The idea of male pregnancy may not seem so far-fetched, from a technical perspective, due to cases of women becoming pregnant after hysterectomies (the embryos lodged in their abdominal cavities). Some of the pregnancies have resulted in a live birth (Rowland 1992, 290; Teresi & McAuliffe 1985, 52). And after the experiment on the baboon received media coverage, the writers from Omni reported that

[s]cientists doing work on the cutting edge of human reproduction were barraged with letters from men who wanted to become mothers. Some were transsexuals. But others were conventional men who simply wanted to experience the joys of pregnancy (Teresi & McAuliffe 1985, 52).¹⁹

¹⁸The experiment on the male baboon is also cited in Rowland (1992, 290). There remains some controversy about the veracity of the reports of the experiment, as the researcher never reported it in a scientific journal (Teresi & McAuliffe 1985, 54), but there have been verified "male pregnancies" in other species, such as mice (*Ibid*). The fact that it was a primate being experimented on is significant. As Londa Schiebinger (1993, 113) has pointed out, science has repeatedly looked to our "close cousins" the primates to figure out what they have to tell us about human biology and human behavior.

¹⁹Male-to-female transsexuals who desire to give birth are discussed in Chapter 1.

But it is the human reproductive technologies (including surrogacy) of the last 15-20 years, rather than isolated stories of baboon experiments or post-hysterectomy births, that have made male pregnancy more imaginable, in part because they have convinced us we cannot always "believe our own eyes." Reproduction and the maternal body have become more and more disjoint.²⁰ Seeing a woman's pregnant body does not tell us enough to determine whether the woman is the genetic mother or whether she required any technological intervention to become pregnant. The fetus could be the genetic "product" of two other people, or of the woman's husband and another woman, or of the woman and another man; fertilization might have occurred in vitro or in vivo. The child might be "hers" or it might be designated as "someone else's" (i.e., she might be a surrogate). "Reading" the pregnant body has become ambiguous at best. Under these conditions, it becomes cognitively possible to extend ideas of biological maternal functions to men. I am not trying to argue that this has become the cultural norm. Rather, I am arguing that certain ideas have become thinkable to some people in small ways that add up to an apparent ongoing reconceptualization of reproduction.

On the one hand, the move away from conceiving pregnancy as associated with the female body could be read as the radical feminist nightmare come true: men really are going to take over pregnancy and birth and make women obsolete. As Robyn

²⁰Conceptive technologies that separate reproduction from the body are, in a sense, indebted to contraceptive technologies, which made it possible to think about reproduction as separable from sex.

Rowland wrote of some of the same moments I pointed out at the beginning of this section:

These developments would have seemed impossible and unbelievable ten years ago. Like Mary Shelley's book, Frankenstein, it shows how strong the desire is in man to be the creator to rival God and women in the control and creation of human life, and to determine what kind of life thrives (1992, 292).

Even if one does not subscribe to that dark scenario, the moments I have described might make many a feminist nervous. What is happening to women here? If men can participate in the physical aspects of pregnancy and lactation, some might ask, what will be left to define women as women? Here of course, I am referring to my argument that some feminists may feel they have a stake in maintaining the idea that maternity binds all women together; maternity (at least the ability to give birth, if not the actualization of that ability) is at the core of what it means to be "women." In response to Jonathan Peck's question, "Would they be men?", feminists might ask, "Would women be women?". But I would argue that the key for feminists is to look at these moments in ways that do not seek to reify the certainty of a prediscursive maternal body and thus try to fix the meaning of "women."

I want to suggest another way for feminists to read these moments; I want to argue that we might be seeing yet another shift in the ways in which the body (female and male) is being conceptualized. It is impossible to say, at this historical moment, whether such a shift would be "good" or "bad" for women's liberation (if one is ever able to make such a simplistic judgment), but we might think about the possible implications of the shift and have a say in how that shift is theorized and culturally shaped. In order

to say more about this shift, I want to first briefly trace some of Thomas Laqueur's argument in his book, Making Sex.

Laqueur argues that prior to roughly the late eighteenth century, female and male bodies were thought of in terms of a "one-sex" model. What we think of as sexual dimorphism was interpreted as a hierarchical vertical ordering, with each female and male body part (and body fluid) having a homologue in the other, the male part in each case being superior to the female. For example, the vagina was seen as an internal penis, the womb was homologous to the scrotum, the ovaries were internal testicles, both men and women produced sperm and orgasm was required of both sexes for conception. Hierarchies were ordered along axes of hot and cold, strong and weak, hard and soft. In the one-sex model, Laqueur argues, gender was read into sex, rather than the reverse. In this sense, gender was more "real" than biological sex:

Gender - man and woman - mattered a great deal and was part of the order of things; sex was conventional, though modern terminology makes such a reordering nonsensical.... In the world of one sex, it was precisely when talk seemed to be most directly about the biology of two sexes that it was most embedded in the politics of gender, in culture. To be a man or a woman was to hold a social rank, a place in society, to assume a cultural role, not to be organically one or the other of two incommensurable sexes. Sex... in other words, was a sociological and not an ontological category (1990, 8).

Laqueur reads the one-sex model from a political perspective, as "an exercise in preserving the Father, he who stands not only for order but the very existence of civilization itself" (58). Debates about the nature of bodies in the one-sex model were not debates about bodies at all; they were about "power, legitimacy and fatherhood" (57).

By approximately the late eighteenth century, a shift in the conception of male and female bodies had taken place; the one-sex model was displaced (although never completely obliterated) by a two-sex model of incommensurate sexual difference. The vertical hierarchical ordering of one-sex female and male bodies was replaced by horizontally ordered opposites (10). In opposition to the one-sex model, which read gender into sex, "[t]wo sexes," Laqueur tells us, "were invented as a new foundation for gender" (150). As some examples: ovaries and testicles were linguistically distinguished, the vagina was named and differentiated from the penis, female and male skeletons were shown to be different and the role of the female orgasm came to be seen as inessential for conception. The ovaries, in particular, were designated the female organ(s) *par excellence*, setting up a synecdochic relationship between one part of the body and the entire woman, despite the fact that science knew very little about the functioning of ovaries. One French physician declared in 1844, "It is only because of the ovary that woman is what she is" (175).

Prior to the eighteenth century, Laqueur argues, "no one was much interested in looking for evidence of two distinct sexes, at the anatomical and concrete physiological differences between men and women"; it was only when "such differences became politically important" that they were "seen" (10). To that end, science became the tool that "found" the politically important differences.²¹ Why were such differences politically

²¹This is not to say that every scientific discovery was only politically motivated. Rather, politics made certain scientific questions visible that had previously been invisible. And any new scientific information would be filtered and understood through a specific socio-historical-political lens.

important? According to Laqueur, they were important largely because political theorists, including Hobbes and Locke, developed a theory of civil society that included no divine or transcendent basis for authority, whether it was that of a king over his subjects or a man over a woman. Contract theory envisioned the ability of all humans to freely contract; Locke articulated marriage itself as a contract. But how could this theory be the basis of a civil society in which men did hold political, social and economic power over women? The answer was found in the bodies of men and women, in the fact that men were often physically stronger than women and because women's biological reproductive functions incapacitated them for long periods of time (157). From theories of women's and men's different biology would flow theories of their different morality and the demarcation of separate spheres, as Mary Poovey (1988) shows us. Gender difference was fixed by sexual difference that was "discovered" and endlessly refined in science, literature, art and political/social theory.

My brief summary of Laqueur, I am aware, is too neat and simple to capture the complexities of his argument. But it has provided, I hope, enough of the contours of that argument to make it clear that shifts in scientific conceptions of female and male bodies, from a one-sex model to a two-sex model, cannot be understood outside a specific social context. Scientific thinking did not occur in a political vacuum. My own view would perhaps articulate a more nuanced and two-way relationship between science and politics than Laqueur makes clear (although he by no means sees the relationship as uni-directional). In other words, in the current context of reproductive technologies, politics makes certain scientific questions thinkable (e.g., Why are some [i.e., white, middle-class] women infertile? With what medical techniques can we

provide these "desperate" infertile women with babies?), but the science itself then reflects back to/on the political/social context and scientific changes must be filtered through that context. Once certain questions become thinkable, there can develop a certain scientific momentum that precipitates the development of new technologies. Or developments in one area of science (e.g., microsurgery, the search for genetic origins) are put to use in another area. To the extent that such developments, such as surrogacy, ovum "donation," etc. threaten existing politics, they must be framed, reframed and reinscribed within those politics at the same time that they reshape politics. Thus, as the configurations of the Mother are threatened by science, the Mother is reinscribed within that science. And yet, certain leakages, which have the potential to fundamentally alter the way we think about what is grounding and immutable, inevitably occur in the boundaries of that reinscription.

Could the potential new shift in the conception of male and female bodies be such a leakage? Has the science caused the shift, or has politics required science to create the shift? Or is it some combination of both? As someone present during the shift, I find it hard to achieve any sort of historical distance from it in order to answer that question, or to even say if such a shift is definitely occurring. It seems possible that a changing social context, in which women's social, political and economic roles have changed, where sex and reproduction and reproduction and the body itself have become disjoint, could drive the ways in which science looks for and creates such a shift.²² But it also seems possible

²²I emphasize the last part because, unlike the scientists of the 18th, 19th and 20th (most of it) centuries, it is possible for science in the late 20th-early 21st century to think of ways of technologically engineering new kinds of bodies. The idea of a pregnant man
(Footnote Continued)

that certain scientific developments in reproductive technologies, which were themselves the product of a particular social context, have made it politically possible to think about female and male bodies in new ways.

I want to pose a number of questions that I can only begin to think about, but which I think feminists might want to consider as possible consequences of surrogacy and other reproductive technologies. Laqueur has given us two models of sex: a hierarchical vertical model, and an oppositional horizontal model. What would this new conception of the body, where men could also be thought of as partaking in the intimate bodily processes of reproduction, look like? Would it be a unitary model (which would, of course, require that women be seen as sperm producers once again), neither hierarchical nor horizontal, rather more like a pinpoint? Or would new forms of hierarchy be inscribed on bodies? Would the idea of "male" and "female" change or disappear if particular reproductive functions were to be interchangeable? Would women have to "give up" pregnancy, birth and lactation, as Jonathan Peck suggests they would? If women "gave up" their monopoly on the biological processes, would women still mother children? What if methods were developed to create and maintain "pregnancy" outside the body entirely - would this shift I am envisioning merely be an intermediary stage? And in either case, what would happen to "women" and "men" if "female" and "male" changed, given the ways in which ideas of reproduction (who does

with some biologically physical female attributes is not nearly as far-fetched as it would have been 100 years ago.

it, in what bodies, with what body parts) shape the ways we culturally think about what "women" and "men" mean?

For feminists, this last question is perhaps the most interesting question, and the most politically important one. Could social ideas about what "women" and "men" are be maintained in the face of an elision of the differences between "female" and "male"? The answer, of course, is that they certainly could. Laqueur makes it clear that even when two morphologically different (from a 20th century perspective) bodies were seen from a one-sex model, the social binary of "women" and "men" was maintained. I want to make it clear that I am not envisioning the possible current shift in conceptions of bodies as a return to the kind of one-sex model Laqueur described. Rather, it is possible that any sexual dimorphism that remains could be conceived as irrelevant to the processes of reproduction. And given the ways in which Woman and women are so closely tied to reproductive functions, I am trying to imagine what kinds of shifts in thinking would be necessary to maintain or explode "women" and "men." The political consequences of either event are significant, because they have so much to do with citizenship. If, for example, women and men could become pregnant, or if neither became pregnant any more, would the question of the status of the pregnant female citizen (and all that follows: questions about her autonomy, ability to make rational decisions, etc.) disappear? Would women's citizenship still be viewed through the lens of motherhood, given that the changes in human reproduction would not necessarily lead to men performing the social labor of mothering?

If we use race as a model for thinking about the question of "women" and "men," it becomes quite apparent that social distinctions can co-exist and proliferate even in the

face of a fading "scientific" biological basis for difference. Even as old scientific theories that were the basis for maintaining belief in the biological superiority of one race over another seem to fade and even seem ludicrous now (e.g., the techniques of phrenology), new ways of thinking about racial difference bloom and thrive. The book The Bell Curve (Herrnstein & Murray 1994) is just one example, and significant in the ways in which it purports to use science and the scientific method to prove that people of color are different, inferior, etc. There is no particular reason to believe that new ways of creating difference between women and men would not be imagined and scientifically validated once sexual difference was deemed unimportant. The spate of scientific articles about the differences in men's and women's brains that proliferated in the late 1980s-early 1990s (see, e.g., Goleman 1989) could be an example of this scientific shift - as it became possible to think of men and women both carrying out the biological functions of motherhood, difference was located in some other area of the body.

The introduction of race into what has so far been a discussion of gender makes it clear that "women" and "men" are never just "women" and "men". They are "white women," "black women," "gay men," "Latino men," "poor women," and on and on. Therefore, we might ask, whose bodies might be reconfigured? Could all female bodies and all male bodies be imagined in the pinpoint model? Would the reconfigured bodies be those of white, middle class men and women? This is one of the disappointments of Laqueur's book. He never seriously takes up the idea that "women" and "men" are conceived within all sorts of categories, not simply some universal human abstract. We might ask him, were slave men in America also thought of as irreducibly biologically different from slave women, given the ways in which slave men were seen as feminized?

Without answering my specific question, Londa Schiebinger indirectly replies. At the same time that incommensurable difference between European men and women was being postulated and scientifically confirmed, "Europeans were not particularly interested in whether African females were physically and morally superior or inferior to African males, rather both sexes were compared to Europeans" (1993, 160). The sexuality of African women, for example, was scrutinized and compared to that of European women. It was the general consensus that African women embodied sexual promiscuity, in comparison to their modest European counterparts. To that end, science "found" sexual differences between women to indicate that African women were more promiscuous. European naturalists and scientists wrote endlessly of the supposedly more pendulous breasts and elongated labia minora of African women, constructing and taking both as a sign of their abundant sexuality. It seems likely, then, that any imagining of future shifts in body reconfigurations cannot take place solely in terms of gender. The ways in which racial differences are likely to play out must also be theorized.

The Feminist Infertility Clinic - Transforming the Practice of Surrogacy

Inevitably, in thinking about feminist responses to surrogacy and other reproductive technologies, the question arises: Is the feminist infertility clinic possible? Would it be oxymoronic? Certainly, radical feminists would see the establishment of infertility clinics as antithetical to feminism. In her 1993 book, Women as Wombs, Janice Raymond unequivocally states, "I contend that the best legal approach to reproductive technologies and contracts that violate women's bodily integrity... is abolition, not regulation" (1993, 208). Raymond includes IVF, surrogacy, sterilization abuse, egg donation and other aspects of reproductive technologies in her list of things

to be abolished. Robyn Rowland is equally adamant: "In reproductive technology the 'choice' presented to infertile women is either to live the life of the infertile with all the social stigma and negativity which is currently attached to that, or to undergo abusive, violent and dangerous procedures... This is not choice as feminists would construct it" (1992, 279). In condemning all reproductive technologies as abusive, violent and dangerous, Rowland cedes authority to the reproductive technology industry as it is presently constituted. She does not suggest ways in which feminists might construct a better vision of "choice" and she does not seem terribly sympathetic toward the desire of infertile women to bear children.

I would disagree with both Raymond and Rowland and I want to argue that feminists need to at least seriously consider the possibility of feminist infertility clinics, especially if we are unhappy with the model of infertility treatment that is now available in the U.S. If feminists opt out of the treatment of infertility, then we will leave women no choice but to go to the same doctors and practices that we criticize. In what follows, I cannot and would not attempt to draw a blueprint for a feminist infertility clinic, but I want to sketch out some possibilities.

Given the ways in which the current political economy of reproductive medicine operates to intensify and feed off both women's desire for children and their feelings of frustration and emotional upset when they are unable to conceive, it seems that an alternative feminist model of treatment for infertility is called for. That model might include a commitment to counseling (for women and men) prior to the inception of infertility diagnostics and continuing throughout whatever course of medical treatment is decided upon. In one of the few articles I have found on this subject, Alison Solomon

recommended that counseling start where the patient is now, by understanding her guilt, anger, frustration, etc. She says, "A feminist counselor must always accept the very real suffering of an infertile woman, however sure she may be that it is possible to live a full life without children" (Solomon 1988, 47). Solomon may be right, but I also think the issue of pronatalism and the ways in which women are pressured to think of themselves as having value only when they can give birth have to be explored, either in individual counseling or in structured support groups, before diagnosis and treatment commence. Because so much infertility treatment does reinforce women's sense that they must have a child to be a valued person, remaining silent on this issue could have the effect of acquiescing to its rhetorical power, if not actually reinforcing it. Patients could also have certain aspects of the definition of "infertility" explained to them. For example, the arbitrariness of the 12-months-without-contraception rule could be explained so that they would not feel pressured to rush into treatment after one year. They could be told about the percentages of people who become pregnant independent of treatment. The social characteristics of infertility could be made clear in ways that would not deny the anxiety the patients may feel over their inability to conceive and bear a child.

Counseling could provide the infertile with as much information as possible about various treatments, including their side effects, the unknowns surrounding the treatment and the realistic odds of conception and ultimately birth using a given technique. And simply because a particular technology is available, does not mean a feminist clinic would have to utilize it, unlike the rest of the reproductive technology industry. If a technique were thought to be dangerous, ineffective, untested etc., it could be ignored. It is entirely possible that such a clinic might choose not to use some of the most commonly

used techniques, such as ovarian stimulation, or use them far less frequently, because of the potential danger of hyperstimulation, large ovarian cysts, etc. Additionally, treatments from branches of medicine that are usually laughed at or ignored by the standard medical establishment could be explored: herbal medicine, homeopathy, acupuncture, etc. The techniques that are used would have to be carefully thought out, to avoid the dehumanizing character of so much infertility treatment. By "dehumanizing," I mean the ways in which patients have reported being rushed about, treated like an assembly-line product, asked to do things they consider embarrassing with no explanation, questioned about the intimate details of their sex lives in ways that seem irrelevant to the treatment, and so on.

One of the critical aspects of the feminist infertility clinic, from my viewpoint, would be the avoidance of the frenzy to do everything and anything right now, today, given the ways in which that mode of thinking contributes to women's sense of "desperation." Everything possible should be done to avoid making women feel like they are less-than-women or less-than-human because they are unable to have a child; counseling about social attitudes toward infertility might help those who already feel that way. And ultimately, the clinic could help infertile patients decide when to end treatment, if they had not had a child (something it is hard to imagine most infertility clinics doing). Many infertile women express the idea that if the doctor had just told them when to stop, they could have accepted their infertility and explored their options (Hopkins 1992, 83). In the absence of any guidance on when to stop treatment, these women feel like they must continue endlessly. By the time they eventually stop treatment, they are often emotionally, as well as physically drained. I am not advocating

that feminists "tell" their patients when to stop; that would infantilize those patients' decision-making abilities. Rather, the idea that it is acceptable to stop treatment, as well as the laying out of criteria the patient may want to consider in making that decision, plus the physician's/clinician's guidance regarding the realistic possibilities would all contribute to the patient's ability to make that decision.

The question of access to infertility services inevitably comes up when reconsidering treatment from a feminist point of view. It seems clear that a feminist infertility clinic might choose to consciously work against the heterosexual family norm, as well as the white-middle class assumptions of motherhood. Laurie Nsiah-Jefferson and Elaine Hall are adamant about the need for all women to have access to infertility treatment in order to provide them with options (1989, 113). But Dorothy Roberts (1996) points out that merely providing access to infertility treatment may not solve the infertility of many poor and working-class women. These women need infertility prevention, in the form of better workplace conditions, nutrition, post-abortion treatment, etc. And, she points out, certain techniques, such as IVF, require a lifestyle that permits numerous trips to the clinic. This makes one stop and wonder if the same women who have trouble getting their kids vaccinated because of the health clinic's schedule would be able to get to the infertility clinic frequently. A rethinking of a concept as basic as "office hours" might be necessary,²³ but this would still leave open the problem that many poor and working-class people have: transportation.

²³ A Philadelphia-area infertility clinic, part of the IVF America network of clinics, touts itself in its promotional brochure as open seven days a week, 365 days a year for clinical (i.e. lab) services, while having evening doctor appointments. Presumably, these services
(Footnote Continued)

The issue of the ability to pay would also have to be addressed. Assuming the clinic's commitment to helping poor women, who are more likely to be infertile than women of more means, it seems likely that the clinic would be run on a non-profit basis, like Planned Parenthood. In fact, the clinic might be conceived as part of a total reproductive health clinic, including contraception, abortion, birth services, general gynecology for women of all ages, etc. Infertility, then, would be constructed as one possible facet of reproductive health.

I turn finally to the question of whether a feminist infertility clinic would participate in surrogacy contracts. Despite the ways in which I have suggested feminists could think about "improving" these contracts, I have my doubts that they can be salvaged and made a part of feminist practice, although I suspect my libertarian feminist sisters would think otherwise. I have several reasons for my doubts. As I have already indicated, the contracts as they are now written make it clear that the surrogate is paid for turning over a child. If the surrogate were paid for each and all of her efforts to conceive and deliver the child and if she had the right to claim the status of a mother, then perhaps an argument could be made that she really is being paid for her labor. But the idea of the contract is so loaded with ideas of property and obligation to turn over the "goods," it would still be likely to create a situation in which the surrogate feels pressure not to make a claim of motherhood.

are provided for the convenience of those who can afford them, rather than for poor and working-class people who have difficulty getting time off from their jobs (and affording that time off).

At bottom, surrogacy as it is presently constituted contributes to the reification of the always-loving, giving, self-sacrificing Mother and it tells women that they are only valued (usually in terms of money, but sometimes in terms of family relationships) for their ability to bear a child and "gift" it to another. I say this despite my understanding that surrogates may get some pleasure out of their act, while adoptive mothers may get to experience the birth of a child in a way they would not otherwise. The need for the contract betrays the instability of the representation of the surrogate as motivated solely by altruism; it reveals that surrogacy is a market transaction between the contracting parent(s) and a surrogate who they feel cannot be trusted to act only out of altruism.

Could feminists use surrogacy's radical potential, as I have outlined it in this dissertation? Could we practice it in such a transformative way as to explode existing discourses of "natural" motherhood? (Here I am drawing the distinction between a feminist view of surrogacy that says, "Surrogacy is here, already being practiced by the reproductive technology industry, now let's utilize its contradictions in radical ways" and one which says, "Let's not only utilize the contradictions of surrogacy as they exist now, but let's practice it in ways that will reshape it and motherhood.") Could we take Donna Haraway's message about the cyborg to heart and use the cyborg itself to create something its creators never imagined? Given everything I have said about surrogacy's contradictions, leaky boundaries, radical moments and the ways in which it both produces and destabilizes the Mother, I think that might be possible. For example, we might envision surrogacy as a kind of collaborative reproduction (not a "gift") in which, for example, two or more women, none of whom was the mother, were needed to create a child. A proliferation of family forms not modeled on the heterosexual nuclear family

norm, and not dependent on conceptions of nature to ground what a mother (or, for that matter a father) is, might result, ranging from two women and (a) child(ren), to two women, one or more men and (a) child(ren), one woman, two men and (a) child(ren) and so on. In tandem with the revisioning of surrogacy's meanings, we would need to rethink infertility and practice infertility treatment in ways which collapsed the "desperate woman" foundation that undergirds so much thinking in the field of reproductive technology.

Because we live in the American context, we would also need a legal structure that supported the idea of multiple mothers, despite the fact that only one woman would be the child's genetic mother. This may prove to be quite difficult. Judge Parslow said of the child Anna Johnson bore, "It took three of them to get [him] here" (Reporter's Transcript, 7), but then refused to give that acknowledgment any legal standing. A custody/ visitation case in the early 1990s in which two lesbians were pitted against each other provides another example. They had decided to co-parent, and to that end, purchased some sperm. But only one of them was inseminated, of course, and she was designated the biological mother. When the two women split up, the woman who had not been inseminated sued for visitation rights. The final decision in the case denied her all visitation rights because she was not a biological or adoptive parent. The court's decision stated,

expanding the definition of a 'parent' in the manner advocated... [could expose] other natural parents to litigation brought by child-care providers of long-standing, relatives, successive sets of step-parents, or other close friends of the family (quoted in Lewin 1995, 115).

The court apparently had the same nightmare of multiple mothers that surrogates raise, despite the fact that the women had collaborated in the procreative act, as well as in the reproductive labor required in mothering. The decision is reminiscent of Judge Parslow's portrayal of Anna Johnson as similar to a foster mother who could not make a claim for motherhood. Clearly, feminists would need to work within the legal field to create the possibility of non-exclusive multiple mothers.

But is possible for some courts to think about a child having two mothers, and an example, again from lesbian reproductive practices, shows how. In 1993, a New Jersey Superior Court judge approved the adoption by a lesbian of her partner's biological daughter, who had been conceived through artificial insemination. A court-appointed investigator noted in a report that the child "moves back and forth between her two mothers with relative ease," while one of her mothers noted that the child "will always say to friends and people she meets that she has two moms." In his opinion, Judge Philip Freeman found that the two women were "loving and warm people who are providing the child with a secure environment in which to grow and develop" and he ruled that

state policy seeks to protect the interests of the child above "rigid constructions of the term 'family.'" The court's recognition of this family unit through adoption can serve as a step in the path towards the respect which strong, loving families of all varieties deserve.... The court is convinced that this adoption will cause no change to the child's daily life, but will provide critical legal rights and protections to her safety as well as her physical and emotional well-being" (AP 1993e).

Judge Freeman's decision demonstrates that feminists could successfully work to reshape the idea of motherhood. His opinion that the two women provided a "secure environment" for the child's development is similar to the kind of argument I indicated (in the first section of this chapter) feminists might use: that the surrogate mother could

be another person to nurture the child, and on whom the child could depend for support. This is just one way in which surrogacy, a medical and technological practice embedded in a particular culture at a particular moment, might be utilized to reshape that culture. In conceptualizing the ways in which we might utilize and transform the practice of surrogacy, feminists will make it clear that surrogacy is not ultimately or simply a medical, technological or science question, but a social and political one.

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