

“India is our Twins’ Motherland:” Transnational Cross-Racial Gestational Surrogacy and the Maternal Body in “IP Memoirs”

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ABSTRACT

Memoirs by women (from the Global North) who have employed a gestational host (from the Global South) to become mothers are situated in a force field of intersecting discourses about gender, race and class. The article sheds light on the characteristic dynamics of this special sub-genre of ‘mommy lit’ (Hewett), labelled ‘IP memoirs,’ with a special emphasis on memoirs featuring transnational cross-racial gestational surrogacy arrangements in India. These texts do not only present narratives of painful infertility experiences, autopathographic self-blame, and scriptotherapeutic quests towards happiness, i.e. (a) child(ren), but also speak back to knotty issues such as potential exploitation, commodification, colonisation and disenfranchisement, as well as genetic essentialism in the context of systemic inequities.

Keywords: India, gestational surrogacy, IP memoir, autopathography, matriography

INTRODUCTION

In April and May, 2015, two massive earthquakes and their aftershocks hit Nepal and caused not only terrible natural disaster, but also human and humanitarian tragedies; more than 8,000 people were killed, more than 24,000 injured, nearly 3.5 million lost their homes (Fuller and Buckley, 2015; Government of Nepal, 2016). Among the news coverage of this crisis, of reports of widespread destruction, of killed, injured, and missing people, collapsed buildings, cut off electricity, and diminishing clean water supplies, of humanitarian aid arriving, and rescue teams struggling to reach and assist as many people as possible, there were also accounts of a group of 26 newborn babies and their Israeli parents being airlifted from Katmandu to Israel,¹ while the women who had given birth to the infants – most of them Indian citizens² – were left behind.³

The earthquakes in Nepal, one of Asia’s poorest countries, shook up and brought to the surface one node of a global network in which bodies, body parts and tissue are traded and transported worldwide. Every year, many people from the Global North seek reproductive services from women in the Global South – either as egg donors or gestational surrogates. That privileged Global Northerners and their children were airlifted out of catastrophe and misery leaving behind those who had laboured and suffered on their behalf is a very strong image for a cluster of central race, class, and gender issues, for concerns about transnational gestational surrogacy as an exploitative, racist, and classist practice that is contributive to the (re)creation of the subaltern subject, of victims of (re)colonisation efforts under neoliberal global capitalism.

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¹ Under the Israeli Surrogacy law of 1996, the practice of gestational surrogacy is only legal for married heterosexual couples and, since July 2018, also for single women; Prime Minister Netanyahu backed away from his earlier promise to vote for an amendment granting also single men (and thus implicitly gay couples) access to surrogacy (Azulay and Alon, 2018; Sharon and Weber Rosen, 2018; Staff, 2018).

² In 2013, India passed a first restrictive law excluding foreign gay couples and singles from entering into commercial gestational surrogacy contracts with Indian women; since 2016, all foreigners have been banned. Nepal was one of the few open doors for singles and gay couples seeking low-cost surrogacy services (ca. US\$ 40,000 (Zevloff, 2015) to create a family. Thus, many women from India, contracted for gestational surrogacy, crossed the border to Nepal to spend the time of their pregnancy and birth there. Nepal closed its doors to reproductive tourism in September 2015 (Abrams, 2016).

³ Exact numbers on how many surrogates and commissioning parents were in Nepal during the earthquakes are unknown. According to media reports, close to thirty couples were in Nepal for the births of their children from Indian surrogates at the time of the first earthquake on April 25 (JPost Editorial, 2018).

In the following, I will discuss in due brevity three memoirs by women/heterosexual couples who have employed a gestational host in India to conceive a child: *The Sacred Thread* by Adrienne Arieff (2012, USA), *Namaste Baby* by Susan Clare (2013, England) and *Baby Ava: An Irish Surrogacy Story* by Caroline and Niall O’Flaherty (with Antoinette Walker, 2012, Ireland). These memoirs belong to a special literary subgenre of ‘mommy lit’ labeled ‘IP memoirs’ (Zehelein, 2017 and 2018a). After some explanatory remarks on gestational surrogacy and how this procedure has revolutionised motherhood and mothering, I will briefly introduce ‘mommy lit’ and lay out the key characteristics of ‘IP memoirs:’ these texts are situated in an extraordinary force field, at the junctures of personal trauma narrative, autopathography, matriography, scriptotherapy and biography. By drawing on contextualising ethnographic studies on gestational surrogacy in India, my analysis of the memoirs also aims to show that and how ‘IP memoirs’ speak about and narratively construct maternal bodies, and how at the intersection of various discourses about race, class, gender and the effects of global neoliberal capitalism, the authors define and frame their own motherhood *vis à vis* the Indian birthmother.⁴

In gestational surrogacy, the surrogate is not genetically related to the child(ren) she carries. Intended Parents⁵ use their own oocyte(s) and sperm or sperm and/or oocyte(s) from an (anonymous) donor. Through ICSI (IntraCytoplasmic Sperm Injection), one oocyte is fertilised with one sperm *ex utero* and one to three blastocysts are transferred to the uterus of the gestational carrier. Genetic and gestational maternity are disconnected. Thus, a second woman can ‘be the mother, too’: although she does not share in the pregnancy and birth process, she is genetically related to the child and can therefore claim the infant as ‘hers’. To separate gestation and genetics allows for a truly revolutionary act in human history: the severance of the symbolic umbilical cord – the cultural convention that to nurture an embryo *in utero* establishes automatic and exclusive motherhood status and a unique natural bond between the pregnant woman and the embryo. The ‘mother’ is no longer ‘only’ the woman who gives birth; nurture is not necessarily nature.

Many women write about their individual mothering, that is, about their road towards being a mother and their experiences of childrearing within the broader context of the patriarchal institution of motherhood.⁶ This proliferating literary subgenre has been labelled ‘mommy lit’ (Hewett, 2006) with the special subcategory ‘mommy memoirs’ (Brown, 2010: 123) or ‘mo-moir’ (O’Reilly, 2010b: 203). The core element of this genre is that woman ‘tells it how it is’, explores the ‘truth’ about being a mother and the challenges accompanying all practices of mothering. For Andrea O’Reilly – the spearhead of what she herself christened ‘motherhood studies’ some ten years ago – one aspect is central to these memoirs: a new ideology of motherhood, namely ‘new momism’ or ‘intensive mothering.’ ‘The new momism is a highly romanticised view of motherhood in which the standards for success are impossible to meet’ since ‘a woman has to devote her entire physical, psychological, emotional, intellectual being, 24/7, to her children’ (Douglas and Michaels, 2004: 4). I concur with O’Reilly’s assessment that the motherhood memoir as a discourse by presenting women as mothers actively engaged in intensive mothering ‘naturalizes and normalizes the very patriarchal conditions of motherhood that feminists (...) seek to dismantle’ (O’Reilly, 2010b: 205).

Under the patriarchal institution and ideology of motherhood, the definition of *mother* is limited to heterosexual women who have biological children, while the concept of good motherhood is further restricted to a select group of women who are white, heterosexual, middle-class, able-bodied, married, thirty-something, in a nuclear family with usually one to two children, and, ideally, full-time mothers (O’Reilly, 2010a: 7).

Although motherhood memoirs aim to unmask ‘good motherhood’ by spelling out the truths and colorful facets of life as a mother, they fall short of challenging and rejecting gender essentialism.

‘IP memoirs’ – memoirs by Intended Parents, and, in this case, by women who have received a child via a surrogacy arrangement – are a rather recent literary and cultural phenomenon and even less prone to challenge a dominant cultural discourse of gender essentialism. Quite the contrary: the narratives of why women want children so much and how they finally become mothers are suffused with romantic(ised) notions of motherhood and mothering. These memoirs present a double-bind: on the one hand written against normative understandings of

⁴ In this contribution I explicitly and deliberately focus more on how IPs construct and represent the surrogate from the Global South as the (birth) mother of their child(ren), than on how IPs view and talk about themselves, confronting infertility (“infertility narratives”) and negotiating their own position towards the surrogate.

⁵ The term “Intended Parent(s)” entered the vocabulary through the *Johnson v. Calvert* case (California, 1993). The Calverts, publicly presented as a white couple (they self-identified as mixed-race), had commissioned an African American woman, Anna Johnson, as a gestational surrogate. The relationship between the three deteriorated rapidly and after Johnson had given birth, both parties filed for custody. The final court decision rested on the understanding that the commissioning woman, the woman who intended to raise the child, is the legal mother and not the woman who has given birth to the child to whom she is also not genetically related (Johnson v. Calvert, 1993).

⁶ Following Adrienne Rich, Andrea O’Reilly distinguishes between motherhood and mothering: “Within motherhood studies the term *motherhood* is used to signify the patriarchal institution of motherhood, while *mothering* refers to women’s lived experiences of childrearing as they both conform to and/or resist the patriarchal institution of motherhood and its oppressive ideology” (O’Reilly, 2010a: 2).

motherhood by adding an intended parent and genetic mother to the mythologised mother-child bond they contest, or at least broaden both the definition of ‘mother’ and the practice of mothering, while on the other hand they reaffirm core tenets of patriarchal motherhood through depictions of ‘new momism.’ This double bind might be caused by the protean nature of ‘IP memoirs.’ They are framed by an extraordinary force field, situated at the intersections of personal trauma narrative, autopathography and matriography, as well as scriptotherapy and biography (Zehelein, 2018a). The authors work through their very intimate trauma of not being able to conceive their own children.⁷ For these women there is no female agency, they do not ‘own’ their bodies and make decisions about when to be pregnant. If they possess any agency at all then only to the extent that they can try and conceive by opening body and mind to expensive, complex, invasive and painful medical interventions. Thus, they render their personal ‘road to surrogacy’ as a transformative performative process from ‘whole woman’ to ‘unhealthy woman’ to ‘incomplete mother’. By detailing the medical aspects of ART (Assisted Reproductive Technologies) treatment and pregnancy, necessitated by their ‘dysfunctional’ bodies, they engage in normative discourses about health and disease. G. Thomas Couser (1997) was the first to suggest the term ‘autopathography’ for narratives about illness or disability that challenge socio-cultural discourses othering the writer as not-normal, deviant, or pathological. The biological becomes biographical when not only the technical aspects of modern conception through ART (including hormone treatments, genetic screening, ICSI, and embryo implantation) are detailed, but also non-pregnancies, miscarriages, still-births and D and Cs, the times of high hopes and utter despair. The ‘IP memoir’ as matriography is thus also a story of and about the sick body, the emotional hardships of becoming an intended parent and finally a mother to a child to which one has not given birth. In the face of the socially constructed and culturally mediated notion that there is a special natural / biological bond between birth mother and child, the texts inscribe the genetic mother into the motherhood discourse and broaden the definition of the performative act of mother(hood); they do not challenge but reaffirm the notion of the ‘sacred’ bond and simply yet powerfully add the genetic mother as a third term to the equation. The ‘good mother’ paradigm conflates with the ‘good woman’ assumption: it is natural that a woman can conceive; infertility is thus a disease and woman discursively framed as having a sick body. After intervention, she must strive to be the ‘good mother’ in order to justify the pains, ordeals and expenses she has borne on her rocky road to motherhood. In scriptotherapeutic mode *à la* Henke (1998⁸), working-writing through the trauma and undergoing a process of healing, the women reach motherhood and enter mothering after arduous times, justifying and accounting for the individual decisions made to eventually find closure.

As all ‘IP memoirs’ illustrate, (commercial) gestational surrogacy is for many individuals and couples the final stop on a long and painful journey towards parenthood. It has (had), however, wide-reaching socio-cultural, legal, and ethical implications, and is illegal in many countries around the world. In both the UK and Ireland, altruistic surrogacy is legal, yet commercial surrogacy is (UK) / soon will be (Ireland) prohibited,⁹ and the law considers every woman who gives birth as the legal mother of the child(ren); parenthood, however, can be transferred by parental order and adoption (Government of the UK, 2014; Citizens Information Ireland, 2016). When the commissioning father is also the genetic father of the child, he can, via a DNA test, prove his status as legal parent and pass on his nationality. Due to the strong emphasis on birth as the decisive factor for establishing paternity, surrogacy arrangements require the crossing of a number of legal hurdles in the UK and Ireland, but also in many other countries, especially for commissioning mothers. Due to the liberal legislation in some states such as California, the USA is one of the few attractive destinations in the Global North for cross-border reproductive care (CBRC) – the ‘practice of couples or individuals crossing national or state borders to access assisted reproductive treatment that is illegal, unaffordable or unavailable in their home jurisdiction’ (Crokin, 2011 as cited by Hammarberg et al., 2015: 690).¹⁰ Costs, though, are high. Costs are much lower in countries such as India (until 2016), Thailand (until 2015), Nepal (until 2015), the Ukraine, China and Guatemala, where transnational gestational surrogacy was/is/soon might be a flourishing multi-billion dollar business; Amrita Pande speaks of ‘wombs sans frontières’ (in Davies, 2017: 329).

Three fundamental lines of argument against cross-border commercial gestational surrogacy concern welfare and exploitation of the surrogate and commodification of both surrogate and gestated child(ren) (e.g. Humbyrd,

⁷ For a discussion of causes and consequences of global infertility and future directions for infertility and IVF activism cf. Inhorn and Patrizio (2015). For a history of infertility as a transformative term cf. Jensen (2016).

⁸ “The act of life-writing serves as its own testimony and, in so doing, carries through the work of reinventing the shattered self as a coherent subject capable of meaningful resistance to received ideologies and of effective agency in the world” (Henke, 1998: xix).

⁹ In Ireland, surrogacy had been unregulated; in March 2018, the Assisted Human Reproduction Bill was submitted, making commercial surrogacy illegal (Tighe, 2018). In France, Italy, Germany, Austria, Switzerland, Poland, Finland and Spain, all forms of surrogacy are banned; the Netherlands, Portugal and Denmark allow altruistic surrogacy. Greece and Russia are among the few countries worldwide where surrogacy is fully legal.

¹⁰ Inhorn (2015) has conducted a large anthropological study of CBRC interviewing 125 infertile couples from 50 countries who sought ART services in Dubai. She found that not only prohibitive laws, but also extremely high costs for fertility treatments in the home countries caused the couples’ “reprotravels.”

2009: 112). Academic discourse has framed the surrogates as either exploited and colonised victims of a capitalist colonising Western/globalised hegemony (e.g. Saravanan, 2018), or as at least in part active agents with reproductive autonomy and freedom, that is, with the right to self-determination and the right to enter a contractual agreement to 'sell' or 'rent' their bodies in order to improve their lives (Pande, 2014; Rudrappa, 2015). Krollokke even (in)famously declares surrogates as 'repropreneurs' (Krollokke, 2012). When a woman is paid to deliver a baby for someone else, the child might be perceived as a good, a commodity, exchanged for money on the basis of a capitalist contractual agreement. Thus, concerns for the welfare of the child but also of the gestational host pre-birth and – often neglected or outright forgotten – post-birth arise. After all, surrogacy involves for the surrogate invasive medical procedures, pain, physical risks, and possible death. The extent to which poor women with limited to no literacy and education living in a system of colossal structural inequalities can perform any practice of agency, or can willingly and knowingly enter contractual agreements, and how far the money earned is actually money they can use for their own improvement, has divided scholars as well. Ethnographic studies by Amrita Pande and Sharmila Rudrappa (2015), based on hundreds of interviews in Indian surrogacy clinics and hostels, have suggested to frame gestational surrogacy as a specific form of bodily labour which, despite all criticisms, provides otherwise disenfranchised and disempowered Indian women with at least some form of agency, i.e. the possibility to use their bodies for work which yields a much higher income than any other work they could ever find within their socio-cultural and economic situation, offering at least a chance for financial improvement.

In cross-racial gestational surrogacies, that is, in cases where a gestational surrogate carries a child of a different race for Intended Parents, race and genetic essentialism enter the stage as additional important vectors in the intricate power matrix. The cross-racial gestational surrogacy compact is based on and therefore cements the idea that race and ethnicity are 'encoded' in our DNA (Nelkin and Lindee, 2004), so that hegemonic ideologies of race and gender collapse with eclectic scientific discourses. This narrative also reduces the surrogate even further to a mere 'vessel' or 'carrier', separate and distinct from the child(ren) she bears. The emphasis on genetics over gestation – a facet of 'IP memoirs' I will return to – serves to discursively fragment the maternal body into that of the birth mother and the 'real' mother and glosses over how indispensable the uterus and the female body *per se* are in every pregnancy – as the fetus is part of and supported by the female body's blood and hormone systems, a pregnant women's diet and healthy lifestyle are central to the healthy development of the fetus.¹¹

Arieff, Clare, and O'Flaherty write before the backdrop of intense and mediated moral, ethical, and legal debates, about the pros and cons of transnational cross-racial gestational surrogacy which crystallises a plethora of intersectional issues, among them first and foremost constructions of race and class, negotiations of gender (roles), and re-framings of kinship.

'...EVEN THOUGH WE WILL BE WORLDS APART' (p. 205)

Adrienne Arieff begins her narrative with the representation of India as the exotic other – 'the carnival of life in the street' (p. 1), the heat, the 'riot of sensation' (p. 2) created a 'foreign planet. A dry, screaming-hot planet with no cheeseburgers' (p. 2). Her trip to India was a 'new adventure' (p. 3), the exploration of 'a brand-new frontier of emotional and ethical hills and valleys, without a clue as to where I'm headed' (p. 4). In Anand, the capital of India's surrogacy industry, Adrienne and her husband Alex seek to become parents with the help of Dr. Patel of *Oprah* fame. After multiple miscarriages, Adrienne, who could not afford a US surrogacy arrangement, moves into Anand's 'Surrogacy Camp' (p. 121). The relationship to the surrogate is one of cautious friendship or courtship, complicated by the language barrier. The chasm between the white middle-class American from the Bay area who wishes for a family and a cold martini, and the poor illiterate woman from an Indian village who hopes for a home with clean running water and an education for her children, remains a constant presence. Yet in view of, and despite the contractual arrangement they have made, Adrienne seeks bonds, harmony, understanding, and togetherness. She envies the surrogate; she misses the feeling of being pregnant, of having:

...that connection that only a mother can have with a child when it is within her body, when that baby is wholly reliant on its mother to feed, shelter and protect it (...) I try hard to remember that I am not a failure. Alex and I have only come to this place in our journey after being through death and sorrow. (...) Yet, it is a double-edged sword. (...) As much as I feel guilt for what I have asked of Vaina, I am also envious. She is having an experience of my children that I will never understand myself (...) my heart still wishes that I could have carried all my children to term (95-96; 154-155).

¹¹ Just think of the serious negative impact smoking (e.g. Cooper et al., 2018) and alcohol consumption (e.g. Lan et al., 2017) have on the foetus.

Adrienne has her audience in mind; repeatedly she writes that she ‘worried about what other people would think’ of her decision to go to India (p. 35¹²); on every other page she justifies her action towards potential critics. Framed by liberal feminist thought, she decides to lobby for the freedom of choice of infertile women:

‘I don’t feel that I have anything to ‘defend’. It was a choice that Alex, Vaina, and I all made willingly, and there’s no reason for anyone to call our motivations or actions into question, and I am constantly educating everyone I know about every minute detail (...) I believe more firmly than ever that each couple should be granted the respect and privacy to make the fertility choice that is right for them’ (p. 99-100).

The book is thus a liberal feminist pro-choice pamphlet just as much as a personal story of becoming a mother. It also is a couched PR for the clinic of Dr. Patel which has prospered into a state of the art modern medical facility. Yet Adrienne fends off criticism of lifestyle choice and the exploitation of other women by clearly stating that she had suffered and more than anything wished she had been able to carry her child herself. The depiction of her three miscarriages provides a glimpse of the hardships she had endured emotionally and physically over the years and serves as justification for the road finally taken. And there remained enough ache: stimulation of the ovaries through hormone shots for eleven days, accompanied by nausea, mood swings, sore muscles and growth of her four uterine fibroids each to the size of an orange, oocyte retrieval under full anaesthesia. After years of being told that she was not performing well, that her body was deficient, even the number of eggs retrievable after hormone stimulation became an indicator of prowess: “Carlotta, who is my age, has four eggs, which is pretty good. Lynette has six, which is outstanding, and I think I detect a note of jealousy in the crowd as she announces her stellar sum” (p. 58). Adrienne has five. She performs well. Four are transplanted into the surrogate’s uterus – a very high number *verboten* by many reproductive practitioners due to the high risk of multiple pregnancies! – two hatch and grow into twin daughters. She admits she does not feel like a mother right after their birth – “I wish that my mother were here to tell me what is normal, what is to be expected (...) I don’t feel like a mother yet, but I’m getting to know my daughters” (p. 189, 191). She detects physical similarities, though, between herself, her husband and the twins which facilitates the bonding experience and establishes her visible and emotional ‘claim’ to the children. As a counter narrative to the socially constructed ‘natural’ mother-child bond, Adrienne presents a sacred triad of herself as intended and genetic mother, the surrogate as birth mother, and the twins.

Adrienne returns once more to India after the twin’s birth and the relocation of the family to the USA. “My life is everything that I had ever hoped it would be. But something is missing. *Someone* is missing. And that someone is Vaina” (p. 217). In view of the poverty she encounters it becomes clear that any future connection to the surrogate mother will be extremely complicated. The money Vaina has earned has been spent on a taxi for her husband that he has already crashed and so Vaina plans to be a surrogate again – out of free choice? Adrienne at first sticks to the liberal feminist creed: “Vaina has found a marketable skill that allows her to be an independent woman. (...) [surrogacy] allows women like Vaina to do the good work that they do, with respect and honor, as they deserve” (p. 221). But she realises that Vaina’s interest in her is predominantly commercial, because the family needs the money. The depictions make it quite clear that Vaina performs different roles – submissive wife, altruistic and caring birth mother; she is much more than just a carrier of a child (‘good mother’), as well as a business woman eager to find a new client for her reproductive labour services (‘good worker’) (Pande, 2014: 64, 75); as Pande writes, reproduction and production collapse into each other (Pande, 2014: 9). Adrienne Arieff tries to do justice to the surrogate and her situation, yet at the same time to herself and to her children. With *The Sacred Thread* she creates (also) a romantic genesis story for her twins. But to be ‘worlds apart’ is and remains much more than a topographical category here.

‘INDIA IS OUR TWINS’ MOTHERLAND’ (p. 300)

Susan Clare, too, depicts her journey to mothering as a story of a sick and suffering and hurt(ing) body – psychologically as well as physically. She provides a heart-wrenching depiction of three miscarriages, elucidates how incomplete and inadequate her infertility made her feel, and how traumatizing it was to be pregnant and lose the babies (‘universal angst’, p.157). She depicts how she agonized over whose ‘fault’ it was, until finally, after years of hope and destitution, her medical identity comes down to this autopathographic shorthand: “I’ve got antiphospholipid antibodies and a bicornuate uterus and have had three miscarriages. The first two were late and there was nothing wrong with the babies” (p. 142).

“There was nothing wrong with the babies” – so there must be something wrong with the woman. McLeod and Ponesse (2008) have underlined that women often morally blame themselves for infertility (p. 127) and thus revert to the pro-natalist and patriarchal motherhood discourse in order to justify their reproductive activities,

¹² See also e.g. p.10 and 94.

simultaneously employing the liberal feminist standpoint. Here, Vimla, the 23-year old surrogate, married, and mother to a five-year old boy, is depicted as strikingly beautiful, beaming, and literate (pp. 162-64). The fact that she could sign the surrogacy contract makes Susan feel morally reassured that Vimla is capable of informed consent, although Susan is aware that Vimla's schooling and education have in all probability been minimal. Five (!) embryos are implanted, and Vimla becomes pregnant with twins.¹³

When Susan and her husband are saying goodbye to Vimla, Susan asks: "I hope you don't feel bad about surrogacy?" and Vimla "laughed. "This has made a big difference to my life. You know what is exploiting? Working on a building site for fifteen hours a day, and earning seventy rupees, like my husband"" (p. 269). Instead of exploitative hard manual labour on a construction site for little pay, she can multiply her remunerations by selling her reproductive labour and becoming a reproductive service worker. But it is because Susan has the money that she can have a child, and it is this cultural moment that enables a white married middle class woman with fertility issues (from England) to hire another woman (from India) to carry her genetic baby to term. And Vimla is financially really challenged – so how much free choice is there, then? Is this not yet another case of exploitation, a commercialisation of pregnancy and objectification of the female body and self? Is this a form of slavery, where a woman on the basis of pecuniary inferiority connected to hierarchies of class and race, labours and produces wealth/children as commodities to increase the wealth of her 'owners'? Rudrappa (2015) has pointed out that the situation is more complex and suggested to take a closer, perhaps anthropological, look; she argues that since many women in India have experiences with work in manufacturing, such as the garment industry (that is to say, of low wages, long hours, no protections at the workplace, and high disposability of workers), they move rather smoothly from the production to the reproduction industry:

In Bangalore's garment factories, women constantly shift from being valuable workers to becoming waste. (...) Over time they felt used up, their physical and emotional health compromised, and their lives slowly destroyed. However, they need to pay the rent, put food on the table, and educate their children so they could hopefully escape a life of precarity. Under these circumstances Bangalore's reproduction industry offered hope" (Rudrappa, 2015: 91-92).

In all 'IP memoirs,' the gestational host is presented as a free and independent woman who has the right and ability to make decisions about her body; logically, if she wants to 'rent out her womb', she should have every right to do so. For Susan, the burden of guilt and failure caused by her infertility was finally taken off her shoulders (p. 132), the responsibility for the pregnancy and birth was no longer hers and, in contrast to Adrienne, who longed to spend as much time as possible in India with her surrogate during the pregnancy, the geographical distance turns out to be liberating: "When I was carrying my own babies, the daily scares of potential miscarriage kept me in a perpetual state of fear, but now I almost welcomed the separation I experienced" (p. 198f.).

The memoir makes no attempt to hide the chasm of class difference and power imbalance that exists between our author/now mummy and the gestational host. It does not gloss over another constitutive element of all 'IP memoirs:' the difficulty an intended parent often faces once the baby is materially there: it is yours, but you were not pregnant with it and you did not give birth to it, and you cannot breastfeed it – so how much of a mother are you? The role of the mother is conceived of as an assemblage of aspects or job descriptions, and Susan is 'incomplete', her gender role under-performed, her identity as a mother 'crippled' since she cannot fulfil all the parameters of 'being a proper mother'. In order to countermand this 'deficit', the genetic-as-natural bond between child and intended mother is accentuated. Since the intended mother is the passive part during both pregnancy and birth, she actively works on the narrative creation of her self as mother and the textual disappearance of the hired other. Although "India is our twins' motherland," Vimla, the Indian surrogate, has done nothing more than 'looked after Freya and Louis throughout the pregnancy' (p. 300). Her role as birthmother is downplayed as one of carer or kindergarten teacher.

We paid a high price going to India – not only financially but emotionally as well. Our whole surrogacy journey cost us about £20,000 and was one that was fraught with complications due to the twins' early arrival and the bureaucracy involved with bringing the babies home. But we didn't feel that we had a choice. Our three months in India was a necessary evil [sic!] in our quest to have children. (p. 299)

At this point, the surrogate mother is eclipsed from the narrative, and the emotional price Susan had to pay is here reduced to the worries caused by the twins' premature birth, their health issues, and the bureaucratic troubles they must endure. Although Susan calls India the twins' 'motherland,' it seems there is no more than a light metaphorical meaning to this. After all, Susan is the mother, and she takes the twins home to England, and she has the authorial power to reduce the birthmother to a person who merely 'looked after Freya and Louis

¹³ Freya and Louis had a difficult start; they were born prematurely, weighing 2kg and 2.2kg respectively, and Louis needed weeks of neonatal care.

throughout the pregnancy' (p. 300). Whereas Adrienne and Caroline emphasise the value and importance of the journey – literally and metaphorically – here the time in India is 'a necessary evil.' This was not by means an easy journey. And this memoir as a matriography also illustrates vividly how strong the desire to be a mother can be, and to what lengths women go to achieve this 'goal'. Part of the reasons given for this strong desire (bordering on an obsession) is certainly an intrinsic urge and desire to be a mom – not having children creates a 'void' and thus a child would 'make my life complete' (p. 112). However, underpinning her desire is surely a heteronormative value, that of the ideal woman who is just not fulfilled or lived up to without being a mother, too.¹⁴ This idealised form of femininity manufactures competitiveness amongst women: Susan 'had passed every test and exam I'd ever taken, but I'd failed in the ultimate test – to be a mother' (p. 112). And secondly it produces envy: she 'felt more and more estranged from people who had babies. (...) I resented people who got pregnant and had children effortlessly and I kicked myself for feeling that way' (p. 111f.). In autopathographic mode, Susan others herself by depicting her own body as deficient, sick and 'letting her down,' and contrasting that with the 'normal woman' which is itself a discursively created ideal: "That was what I wanted more than anything in the world, to be like everyone else, to be like every other woman who watches in amazement as her stomach grows bigger as the weeks go by and then experiences the wonder of childbirth" (p. 129). By narratively constructing and idealising 'every other woman,' she ostracises herself; the glorified 'wonder of childbirth' is not granted to her, the 'deficient failure'. This narrative mechanism, so typically pervasive in 'IP memoirs,' is a serious, worrying matter. But for Susan, the 'quest' has been successful, and 'it was all worth it.' This story is not only one of suffering, but also one of resistance, resilience, reconciliation and healing (Harris, 2003: p. 1). "Even the pain from the miscarriages began to fade. (...) My determination paid off and I was given the greatest gift" (p. 299).

'IT'S JUST TECHNOLOGY' (pos. 1919)

Baby Ava follows the same narrative strategies in relating the long and excruciatingly painful journey Caroline O'Flaherty and her husband Niall had to make to finally be parents. Yet it is a special 'IP memoir' for at least four reasons: it also depicts a (failed) adoption journey, part of it is told from the narrative perspective of the father/husband Niall, it was a legal precedent case in Ireland, and mother Caroline and daughter Ava became a big newsmedia story, the 'Woman and Child Not Allowed Home' (Chapter 16, pos. 3316).

Caroline O'Flaherty was diagnosed with cervical cancer at age 27, underwent experimental and radical treatment and this deeply painful and devastating experience left its marks on her body and her psyche. Her only possibility to carry a child would have been IVF/ICSI, with all the accompanying strains and low chances of success; Caroline, deeply traumatised by her cancer experience, decided not to go down that road; instead, she and her husband Niall chose 'the adoption option' (pos. 754). Their 'bureaucratic expedition' is described as a *rite de passage* dominated by constant scrutiny and judgment by authorities; the ways and degrees of being vetted – 'medically, socially, financially, legally, you name it' (pos. 775) – became so humiliating and draining to the couple, that they finally withdrew from the process; the 'adoption option' had taken five years, weighed heavily on each of them and on their relationship, and come to nothing. When the couple saw a TV-documentary featuring Dr. Patel and her Indian clinic, they began to consider surrogacy in India.

Caroline does not really buy into any of the points of criticism that have been raised against transnational gestational surrogacy in the Global South. In great detail she presents the terms of the contractual agreement, and the processes at the clinic which all aimed to ensure that the parties involved were well-informed and the processes consensual. Her narrative normalises ART and surrogacy; she creates an atmosphere of rationality, transparency and organisational clarity which may serve at least two purposes: to criticise via positive counter-example the adoption process in Ireland, and secondly, to diffuse potential counter imaginaries of nebulous deals and exploitative practices in 'rundown,' unsanitary conditions in Indian clinics (pos. 1332). She also emphasises the diligent care Dr. Patel provides for her surrogates as well as for her commissioning clients. In Caroline's rendition, the surrogacy hostels are not luxurious from a Western point of comparison, but given the general situation in India, these hostels – with clean running water, electricity, good medical care and no physical work chores for the surrogates – are a comfortable hotel and thus a far cry from any orientalist stereotype of institutionalised surveillance, disenfranchisement, and objectified medicalised bodies. "The money end of thing" (pos. 1425) is important – after all it is 'cheap' for the Intended Parents and highly 'profitable' for the Indian women – but in her story and, as she retells it, also in the conversations with the clinic and the surrogate Nita, the narrative rhetoric of altruistic gift-giving is accentuated. Money needs to change hands to cover costs at the clinic and to compensate Nita, who clearly states that the money is essential for her family, but reassures Caroline and the reader that it is not the primary motivation. However, Caroline also reports that the relationship between her and Nita becomes difficult when Nita expresses her wish to serve as Ava's nanny (which the clinic strongly discourages), and when

¹⁴ For in-depth discussions of infertility and infertility discourses in general please see Inhorn and van Belen (2002) and Jensen (2016).

she visits on various occasions the hotel where intended mother and newborn were to stay, and finally begins to request personal items, like clothes and toys for her two children and a mobile phone for herself; Caroline willingly buys some things and then ‘gradually eased off’ (pos. 2938). Just as with Adrienne Arieff’s surrogate, there remains a low-key storyline involving the complex relationship between the rich visitors from the Global North and the poor Global Southerners in which both parties take on different, sometimes nearly contradictory, roles oscillating between difference and sameness. The IP performs as the woman not different from the surrogate, ‘just infertile’, and thus reliant on the other’s (altruistic) help to become a mother, too, but also as the rich person hiring a gestational surrogate, as ‘another form of development aid, with the hiring couple playing the role of brave missionaries battling all odds to help the needy’ (Pande, 2014: 101). The surrogate accordingly shifts between what Pande has called the roles of ‘good mother’ – emphasising how much she cares for the child(ren) she carries – and ‘good worker’ – diligently abiding by the contract, but also trying to (re)negotiate some of the terms to her advantage.

However, despite the plethora of thorny issues surrounding the practice, for the O’Flaherty’s there is nothing fundamentally wrong with commercial gestational surrogacy in India and when it comes to the surrogacy itself, they even follow a deterministic line of argument; surrogacy is ‘just technology and you can’t hold back the advancement of science, despite how hard you try’ (pos. 1919). If it is ‘just a technology,’ then is the surrogate, too, nothing other than a cog in the machinery, a maternal body as receptacle, devoid of maternal attributes?

While Caroline remains in India to nurture the newborn child named Ava, her husband stays at home in Ireland fighting the legal battle against the courts; this may remind some readers of the classical heteropatriarchal role model. In Chapter 16, the narrative perspective begins to shift back and forth between Caroline and Niall. He provides a detailed explanation of the legal situation in Ireland, including the five essential pieces of legislation he has identified that supports the situation of his family, citing sections and clauses of the Irish Nationality and Citizenship Act, the Passport Act, the Guardianship of Infants Act, the European Convention on Human Rights, as well as the UN Declaration on the Rights of the Child. He also narrates that he wrote to politicians and Government departments explaining their case, the appropriate pieces of legislation, asking for support. “Despite my pleas for the individuals to respond in person, they never did” (pos. 3327). Through the courts, Niall and his legal team finally succeeded, Ava was issued an Irish passport, and Niall could fly to India to bring his family home.¹⁵

More than the other two ‘IP memoirs,’ this is written before the backdrop and experience of a legal battle and high media exposure. Caroline’s brother had set up a Facebook page “Bring Ava Home,” and even in India, there were many media teams trying to film and interview her, the surrogates, and clinic staff.¹⁶ It appears as if these factors guided the compositional strategy of the memoir: in order to lobby for legal change in Ireland, the couple emphasises the deep trauma, the pains of infertility, the ordeal of the (failed) adoption process in Ireland, the transparency and decency of gestational surrogacy in India, their battle over Ava’s human right to national citizenship, and the conventionally happy ending of finally being mom and dad. ‘IP memoirs’ write against notions that surrogacy is an ‘opt-out’ for the wealthy few who just do not want the potential discomforts of pregnancy and birth (‘too posh to push’) and who therefore simply want to ‘buy a child in India’. The O’Flaherty’s aim to disseminate information about surrogacy and lobby for legislative change in Ireland, so that finally, Irish citizens who become parents via cross-border reproductive care are no longer in legal limbo.

CONCLUSION

“There is a thin line between paternalism and exploitation when considering the surrogate’s needs. Similarly, there is a thin line for the intended parents between reproductive autonomy and accountability” (Braverman et al., 2012: 304). Thus, all memoirs by intended parents are situated in an extraordinary force field. They serve to explain and justify the action taken to finally be (a) parent(s), being rather reminiscent of a confessional-meets-how-to-manual. The intended audience/implied reader might look for advice and support, but also be highly critical of surrogacy arrangements. The authors (re)present themselves, their bodies and their deficits, in a form of quasi-confessional, with extremely intimate health and medical details engaging with, contesting, yet at the same time also reinscribing the cultural norms of health and sickness as well as patriarchal motherhood and pro-natalism. To justify and explain why they want a child so much, the narratives often revert to notions of the sick body which deserves treatment, confronting the parents’ own trauma of incapability (Marsh and Ronner, 1996: 252-253) through a scriptotherapeutic quest taking them from hopes to pain and ordeal to ultimate happiness: a child. They

¹⁵ For an anthropological ‘version’ of this story cf. Deomampo (2015), providing more detailed background on national citizenship and family law (examples India, USA and Norway) and bringing together various previous research threads from e.g. Gupta, Imrie and Jadva, Pande, Krollokke, Spar, Steiner, Teman.

¹⁶ Cf. also the BBC World Service radio episode *Your World: Womb for Rent* (2011).

idealise heteronormative mothering and motherhood as something they cannot imagine living without. This desire for a child is – as all needs and desires are – partly socially produced (Marsh and Ronner, 1996: 252) and infertility, a medical condition, is also culturally framed and deeply embedded in discourses about true motherhood and pro-natalist worldviews (Jensen 2016). But then a third term is added to the mother-child equation – the genetic mother. Despite the sacred/natural bond emphasised by the gender essentialists, an IP can also claim a child as hers. And because she is ‘incomplete’, she will do her best to make amends and be ‘super mom’, steeped in the romantic-repressive antics of ‘new momisms’ and ‘intensive mothering’.

With transnational surrogacy arrangements the matrix becomes even more complex: we are confronted with a huge and multilayered subtext about various potentially exploitative practices made possible by systemic inequities – (post)colonialism, biocapital, neoliberalism and global trafficking in human bodies and body parts to name a few. Gestational surrogacy, understood as a very special form of bodily labour, is articulated via a veneer of altruistic rhetoric, with deep financial and emotional needs lurking underneath. To depict the practice as a ‘win-win’ (people desire a child and can pay, other people live in financially dire straits and offer to ‘help’) can easily gloss over many knotty issues such as potential exploitation, commodification, colonisation and disenfranchisement. But, as Pande (2014) and Rudrappa (2015) have cautioned, we must keep in mind the lived realities. Indian surrogates are dominated and controlled by patriarchal institutions of family, clinic and state. They live in a culture where women are considered inferior human beings, frequently victims of gender-based abortions, child labour, prostitution, forced marriage, gang rapes and wife burning. Pande’s and Rudrappa’s intersectional analyses of surrogates’ lives in India have exposed such reproductive oppression. The work of carrying a child for someone else can even carry moral value, as compared to the work of producing a T-shirt for, let’s say, GAP, and a surrogacy hostel can be a ‘curiously liberating place’ (Rudrappa, 2015: 94), offering time free from familial duties and full of life affirmation. This complicates the narrative of exploitation and turns an ‘unalienable life experience [in]to an alienable form of employment for which they received wages’ (Rudrappa, 2015: 99). Such surrogates negotiate a form of agency in which they should not be deprived, after all. The ‘IP memoirs’ revert to this line of argument to justify reproductive actions and pathways towards parenthood and write against Western feminist neoliberal thought inclined to condemn surrogacy outright.

In the end, one crucial factor in all the discourses and debates should not be forgotten: the children. So far, they surface in public discourse primarily in the context of custody disputes, matters of nationality, and in their parents’ reproductive stories. Although scholars such as W. Penn Handwerker had proclaimed already in 1990: “The birth of a child is a political event” (as quoted in Scheper-Hughes and Sargent, 1998:1) although Sharon Stephens had pointed out that ‘there is no way of insulating children from the ‘culture politics’ of everyday life’ (in 1995; as quoted in Scheper-Hughes and Sargent, 1998: 2) and Scheper-Hughes and Sargent had four years later demanded a radical paradigm shift towards a child-centred anthropology, scholarship on reproduction and ART to date has hardly begun to move in this direction. In the medical sciences, research on the overall health and thriving of ART children is growing, and a priority should be to explore what it means to be gestated by a woman who is neither your genetic nor your social mother? And why, in view of the proliferation of stories by people so desperate to become parents that they undergo myriad cycles of treatments, revert to egg and/or sperm donation, and often also seek the assistance of a surrogate, is there no conversation, really, about why there is so much social pressure on people to be parents and mothers?

No matter what our individual take is on all of these issues – ‘IP memoirs’ are also about the first chapters of babies’ biographies and maybe, despite all our academic abstractions, the children deserve that their personal creation and identity-constituting stories should also be enfolded by the warmth of a little romance, after all.

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