A Narrative Inquiry: How Surrogate Mothers Make Meaning of the Gestational Surrogacy Experience

by

Ann Muriel Fisher
BA CYC, University of Victoria, 1998

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

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Supervisory Committee

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Supervisory Committee

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Supervisor

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Abstract

Research about gestational surrogacy is limited from the surrogate’s perspective, yet third party reproduction is on the rise worldwide, and specifically in Canada. The experiences, relationships, and meanings of Canadian surrogate mothers are the focus of this research. Eight women’s narratives are studied to better understand the process of their gestational surrogacy experience. The purpose of this study was to learn more about surrogacy by paying attention to how surrogate mothers story/narrate their experiences.

The good surrogate discourse, which influences meaning making, was uncovered when analyzing how surrogate mothers narrate their experience within gestational surrogacy positions, roles, and procedures. Further analysis focused on discourses of motherhood, gender, biomedical practice, fertility, ethics, and legislation which actively shape the stories that can be told, and limit the identities that are available. Similarly, these discourses influence relationships as surrogates monitor their need for connection with the surrogate child. Professionals in the field of child and youth care (CYC) including family practitioners, counsellors, and anyone working with children, youth, and families need to be mindful of their practice if third party reproduction is an issue as counselling support for grief and loss may be necessary.
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Acknowledgments

I am interested in studying gestational surrogacy because four years ago I was a gestational surrogate for a couple who are long-time friends. We began our gestational surrogacy process as close friends, and as a result of this highly interpersonal and emotional experience, our friendship expanded into family relations. Happily, a healthy baby girl was born surrounded by family, and I am her honored Auntie. My daughters also have another cousin to grow up and play with. Although our gestational surrogacy experience was rewarding, it was not without issues as there were few resources of support for my family. The limited resources and assistance during our surrogacy process was a problem and this informs my research.

Thank you to Simone and Ben for helping me with recruitment for this research and for being open to me sharing our experience, as my story is your story. I would also like to acknowledge Dr. Hudson and the Victoria Fertility Centre for recruitment support, and Dara for your enthusiasm and recruitment help. A special thanks to the gestational surrogates who participated and for your openness in sharing your stories, as this research would not be possible without your involvement.

To Dr. Marie Hoskins, my supervisor, I am grateful for your teachings, collaboration, mentorship, and willingness to support my research topic. I feel privileged to have worked with you and thank you for your steadfast dedication and guidance in supporting my graduate work. Your calming manner influenced my ability to complete this study. I look forward to continued conversations and new research possibilities with you in the surrogacy field.

To Dr. Jennifer White, my committee member, thank you for your fresh perspective, editing prowess, attention to ethics, and overall support of my research. I appreciate your presence in this study and contribution to my learning.

Last but not least, thank you to all my family and friends. My parents, Pat and Ervin, thank you for your financial support and belief in my abilities. My mother- in- law, Jackie, thanks for helping me maintain my household in the last few months of writing. Keanna and Sierra thank you for putting up with Mommy’s endless reading and writing, and even typing during our bed-time routine! Chad, my wonderfully supportive husband, thanks for pretending to know what I was talking about, editing, and for being there.
Chapter 1- Introduction: Why Gestational Surrogacy?

_I celebrate her being that extends so far beyond mine. I miss her. And I cherish her. I walk into my future on this new ground, on the many gifts I have been given by this child. Those truths take me ever away from suffering and entanglement and ever toward the healing wholeness of Home. All in all, what is lost is nothing compared to what is found._ - Mary Ann Thompson

The personal nature of my own gestational surrogacy experience prompted me to conduct research on the topic of surrogate mothers and their process of meaning making. The minimal literature and research available on third party reproduction from the gestational surrogate’s perspective worldwide, and specifically in Canada, presented itself when I decided to enter into a gestational surrogacy contract with friends, thus prompting my curiosity. It is through my experience with gestational surrogacy and by witnessing how the experience impacted my family members that I discovered there was a need for Canadian research. As such, I titled this chapter “Why gestational surrogacy?” to provide the context for this third party family building experience.

I was curious about the experiences and meanings of gestational surrogacy for surrogate mothers and their family members within Canada. I intended to study the narratives of surrogate mothers in relation to the process of their gestational surrogacy. The purpose of this study was to learn more about surrogacy by paying attention to how surrogate mothers story/narrate their experiences of surrogacy. More specifically, I was interested in analyzing how surrogate mothers narrate their experience within gestational surrogacy positions, characters, roles, and procedures. Further my analysis focused on how current discourses of motherhood, gender, biomedical practice, fertility, ethics, and legislation actively shape the stories that can be told and limit the identities that are
available. In addition, my aim was to make sense of various relationships connected to
the process and procedures of gestational surrogacy through research.

My experience with gestational surrogacy inspired my research pursuit, as there
were few published resources, minimal support, and many unknowns for my family and
me. The main support and information we did receive was from our friends (the intended
parents) and the fertility clinic, which was helpful, but limited in terms of providing
emotional support. The lack of research, information, and support for gestational
surrogates is a problem for many families going through the surrogacy process, and for
the field of gestational surrogacy. Hanafin (2006) states, “to this day, there remains a
paucity of psychological research on surrogate mothers and gestational carriers, the
infertile couples who contract with them and the children born as a result of this
technology” (p.371). Overall, the pressing need for research on the gestational surrogacy
phenomenon is an issue in the field of third party reproduction. However, before I
continue a discussion of the rationale for my research, a definition of gestational
surrogacy is necessary.

Gestational surrogacy occurs when a women carries a genetically unrelated
pregnancy to term for another couple, called the intended parents (Hammer Burns, &
Covington, 2006). For the purposes of my study, the family refers to immediate and
extended family members, intended parents, and close friends of the surrogate. I believe
focusing on the family network surrounding a surrogate and their experiences may extend
current knowledge about the surrogacy process to counter societal assumptions that
gestational surrogacy is fraught with problems. For example, Shuster (1992) claims,
“problems arise at each step of the reproductive process using in-vitro fertilization and
embryo transfer (IVF – ET)” (pp.1029). Additionally, focusing on the family network is important because another argument used against gestational surrogacy concerns the perceived negative impact on the surrogate’s family including her partner, parents, and children (Jadva, Murray, Lycett, MacCallum, & Golombok, 2003). Hence, the research undertaken thus far focused primarily on the negative impacts of the gestational surrogacy process on the surrogate’s family; I intended to bring a more balanced view into my study. Plus, on the whole there is a gap in research in this growing area of third party reproduction. This leads into an overview of relevant terms pertaining to third party reproduction, in conjunction with the definitions of gestational surrogacy and family used in this study.

Terms and Definitions

Third party reproduction.

Third party reproduction is a family building alternative where assisted reproductive technologies (ART) are used to help with becoming a parent which may include surrogacy, donated embryos, oocytes, sperm, and gestational surrogacy (Hanafin, 2006). Collaborative reproduction is another term for third party reproduction (Teman, 2008). Multiple configurations of surrogacy are included under the umbrella of third party reproduction, and each type of surrogacy has its own unique ethical, psychological, physical, social, medical, and legal challenges. My study focuses on gestational surrogacy, although I recognize there are many other aspects that could be researched within third party reproduction. The word ‘surrogate’ is derived from Latin and means ‘elect as a substitute’ (Melbourne IVF, p. 1). Other definitions related to gestational surrogacy are as follows.
Traditional surrogacy.

The first type of surrogacy is traditional surrogacy, and it occurs when a woman chooses to donate her egg, becomes pregnant, and relinquishes the baby to another family. Traditional surrogacy is also known as partial surrogacy (van den Akker, 2005). The medical procedure for traditional surrogacy is artificial insemination and it happens “when a surrogate mother uses her own egg fertilized by the intended father’s sperm” (Nakash & Herdiman, 2007, p. 246). Traditional surrogacy may also involve donated sperm, which adds to the complexities of the practice. Historically and currently, traditional surrogacy may happen without the use of technology and medical interventions and personnel. Evidently, this is dependent upon the intended family and surrogate family’s decision, but is not recommended by the Canadian Royal Commission due to the risk of HIV with donated sperm (Baird, 1995). Traditional surrogacy is on the decline because of the increased emotional challenges and ambiguities that the “genetic tie” represents in this third party reproductive practice (Thompson, 2005; Twine, 2011). On the other hand, gestational surrogacy may only occur with the use of assisted reproductive technology, unlike traditional surrogacy.

Gestational surrogacy.

The second type of surrogacy is gestational surrogacy, which happens when a woman carries a genetic embryo of the intended parents in pregnancy, delivers the baby, and relinquishes the baby to his/her parents. Gestational surrogacy is also called full surrogacy (Ragone, 1994; van den Akker, 2005). A gestational surrogate may also carry a donor embryo or oocyte, egg cell, for an intended parent(s). In Vitro (which literally means “in glass” (Twine, 2011)), Fertilization (IVF) is the reproductive process used for
gestational surrogacy (Hanafin, 2006). The embryo, whether donated or not, is not genetically connected to the surrogate mother. A gestational surrogate is often characterized as a gestational carrier. In Israel, a gestational surrogate is called a carrying mother (Teman, 2009). Gestational surrogacy is the third party reproductive practice that is on the rise due to the lack of “genetic tie” between the birth mother and infant thus representing a sever in this relationship (Twine, 2011).

**Gay surrogacy.**

In third party reproduction, gay surrogacy is one of the most complex, exclusive, and costly arrangements, according to Kashmeri (2008). Gay surrogacy challenges the dominant societal assumption that solely women desire having children and legitimizes men choosing to become fathers (Kashmeri, 2008; Twine, 2011). Kashmeri (2008) states “the emergence of gay surrogacy is uniquely Canadian, and the product of contemporary trends in social policy” established through the Charter of Rights in 1982 and in the Assisted Human Reproduction Act (AHRA) of Canada (p. 126). Other language used to describe gay surrogacy is queer reproduction or queer surrogacy (Kashmeri, 2008).

**Interfamilial surrogacy.**

Interfamilial surrogacy is a new term for a surrogate who is a relative such as a sister, mother, aunt, or cousin, or close friend of the commissioning couple (Hanafin, 2006). Along with the three forms of surrogacy described here, there are also two orientations towards being a surrogate mother: altruistic surrogacy and commercial surrogacy. Commercial surrogacy has an additional dimension, namely international surrogacy. Each orientation will be discussed below.
Altruistic surrogacy.

Altruistic surrogacy is legal in some countries worldwide. Canada is one of the countries where altruistic surrogacy is legally sanctioned, and according to the Royal Commission on New Reproductive Technology in keeping with Canadian values surrogates are not financially rewarded for the pregnancy (Baird, 1995). Although, all expenses related to the surrogate arrangements including insurance, medical expenses, maternity clothing, and other related expenses are usually reimbursed by the intended parents. The Canadian values inherent in supporting altruistic surrogacy can be understood through the “…tension between the political benefits the technologies can bring- which are to enable people to have children, a goal important to most men and women- and the potential harms to health and wellbeing they can also bring- to individuals, to groups and social institutions” (Baird, 1995, p.492). Besides altruistic surrogacy, commercial surrogacy needs further explanation.

Commercial surrogacy.

Commercial surrogacy occurs when a woman is paid for the process of surrogacy by the intended parents. The payment includes coverage of all expenses related to the pregnancy and birth, plus money to be a surrogate. This form of surrogacy is controversial because it can be argued that payment for the service of surrogacy reduces the surrogate mother’s choice, and increases her vulnerability. Moreover, it has been described as baby selling due to the surrogate receiving payment (Sharma, 2005; Twine, 2011). An outcome of commercial surrogacy is international surrogacy, which has emerged significantly since the first American gestational surrogacy in 1986 (Mechanick, Braverman, & Corson, 1992; Twine, 2011).
International surrogacy.

International surrogacy is “commercial, gestational surrogacy which takes place across country borders, typically with prospective parents from wealthier countries and surrogate mothers from poorer countries” (Humbyrd, 2009, p. 112). Heightened concern about the exploitation of vulnerable women is expressed in relation to international surrogacy practices (Twine, 2011). More recently, international surrogacy is also being called reproductive tourism (Hanafin, 2006).

Assisted Reproductive Technology (ART).

Willmott (2006) defines the various medical techniques of assisted reproductive technology as, “artificial insemination, in vitro fertilization (IVF), gamete intra-fallopian transfer (GIFT), and zygote intra-fallopian transfer (ZIFT)” and intracytoplasmic sperm injection (ICSI) (p. 227). Donor insemination (DI) is also classified as an assisted reproductive technology (Hanafin, 2006). The different ART techniques are used by medical professionals to assist with pregnancy. IVF is the reproductive technology most used in surrogacy. Assisted conception technology is an anthropological term for ART (Pender, 2007). In addition to the list of terminology already specified with regards to the orientations of surrogacy above, there are legal, ethical, medical, and social constructs used to describe the people involved in third party reproduction that I will proceed to define.

Birth other.

The term birth other is coined by Ehrenshaft (2007) and “is an appropriate term for the outside parties that donate gametes or the use of the womb, a term that would not label that person as either a mother or father but more accurately as an outside party who
does not intend to be a parent, yet is involved in the birth process” (p.139). *Birth other* is a term only used by some in the field of third party reproduction, as it is a more recent non-medical phrase.

**Intended/commissioning parents.**

Couples who choose surrogacy as an option to become parents are referred to as intended or commissioning parents. Richey (2006) adds, “intended parents are the people who form the gestational surrogacy agreement with the gestational surrogate and who will be the legal parents of the child when it is born” (p. 173). A feminist term for intended parents is social parents or recipient couples (Brakman & Scholz, 2006).

**Social parents.**

Social parents are similar to adoptive parents in that they have no genetic relations to the child. However, unlike adoptive parents, social parents become parents through assisted reproductive technologies involving donor egg and sperm, and these parents experience and partake in the pregnancy and child birthing process from conception (Golombok, Cook, Bish, & Murray, 1995).

**Kinship.**

Western notions of kinship focus on genetics and biological elements of connecting family members (Thompson, 2005; Teman, 2009). “Kin are divided into blood relations and non-blood relations and blood relations are usually assumed to share biological substance with one another in a manner that simply reflects genetic relationship” (Thompson, 2005). On the other hand, more feminist ideas of kinship emphasize social relationships such as adoptive parenting, gay parenting, and social
parenting which include multiple third party reproduction configurations as defined above.

**Contractual parenting.**

Surrogacy is commonly known as *contractual parenting* (Ciccarelli & Beckman, 2005). The term *contractual parenting* is used interchangeably with surrogacy throughout the research articles. *Contractual parenting* is a legally based term for surrogacy arrangements. The language used regarding surrogacy is further diversified by regions and different countries around the world, as is seen in the proceeding definition.

**Pre-conception arrangements.**

In Canada, the term pre-conception arrangements are used to describe surrogacy and gestational surrogacy situations (Baird, 1995). As apparent by the list of terminology related to third party reproduction present in this section, language is crucial in defining the gestational surrogacy experience. Moreover, multiple explanations, concepts, words, and vocabulary are utilized in an attempt to articulate gestational surrogacy with minimal uniformity due to the diverse values, beliefs, laws, medical practices, ethics, and misconceptions about gestational surrogacy as a process. According to Hanafin (2006) “language and appropriate definitions in the field of third-party family building have been the source of debates among mental health professionals, ethicists, lawyers, and physicians, in a struggle to agree on what words accurately describe and define the roles of various parties involved” (p. 370). I point out that nowhere in the above directory of professionals suggested by Hanafin (2006) is the gestational surrogate or her family members included in the language debate, which is telling given that they are the main characters in the process. This is one of the reasons more research is required in the
controversial area of gestational surrogacy. Many other reasons for continued research pertaining to gestational surrogacy are noted subsequently.

**Rationale**

Gestational surrogacy and the number of pregnancies by gestational surrogates increases yearly, according to Hanafin (2006) and Twine (2011). For instance, in the United States, roughly “1000 births result from surrogacy” per year, according to Brakman and Scholz (2006). In Canada, the most recent statistics are from 2006, which indicate 111 gestational surrogates underwent embryo transfers, also known as in vitro fertilization (IVF), and 31.6% resulted in live births (Gunby, Bissonnette, Librach, & Cowan, 2009). Furthermore, Gunby et al. (2009) note there is approximately a 5% yearly increase of IVF treatments with gestational surrogates in Canada, as reported by the Canadian Assisted Reproductive Technologies Register (CARTR). As a result of the continuous medical and technological advancements associated with gestational surrogacy, there is a substantial need for research of surrogates’ lived experiences, their family members’ experiences, and the social context surrounding the surrogacy process. Western cultural privileging of medical and technological discourses in the gestational surrogacy process generally overshadows the lived experiences of gestational surrogates and their family members.

Compared with the multiple books, and articles that address the intended parents’ perspective, only a small amount of literature focuses on the surrogate’s perception and experience. To date, three American books: *A Matter of Trust: The Guide to Gestational Surrogacy* by Gail Dutton, *Inconceivable* by Savage and Savage, *The Gift of a Child* by Mary Ann Thompson, and one Australian book *My Sister’s Child* by Kirkman and
Kirkman are written by surrogate mothers about their firsthand experiences. Four other American books: *Surrogate Motherhood Conception in the Heart* by Ragone, *Outsourcing the Womb* by Twine, *Making Babies, Making Families* by Shanley, *Making Parents* by Thompson, and one Israeli book *Birthing a Mother: The Surrogate Body and The Pregnant Self* by Teman are written using surrogate participants’ commentary and data. Finally, one Canadian thesis by Shireen Kashmeri (2008), and a few articles from the United Kingdom, Israel, and the United States explore the surrogacy process from the surrogate mother’s perspective, based on my literature search and review. Jadva et al. (2003) state “only a handful of studies have included interviews with women about their experiences of surrogacy and their reasons for choosing to be a surrogate mother” (p. 2197). Consequently, I believe there is a need for further research from the surrogate mother’s perspective in relationship to family in general, that is situated within Canada in particular.

The gap in the literature may be due to the legalities of gestational surrogacy. For instance, in Canada altruistic surrogacy transpires when a surrogate is unpaid, and it is legal, whereas, commercial surrogacy, which involves financial compensation for the surrogate mother, is illegal. As such, surrogate mothers may not be willing to share their stories for fear of the intended parents being criminalized, as suggested by Kashmeri (2008). In addition, some surrogacy contracts actually have a clause limiting a surrogate from talking about their situation (Kashmeri, 2008; Teman, 2010). The shame and secrecy surrounding gestational surrogacy may also contribute to the lack of narratives and language outside of the medical model for gestational surrogates and their families. Another possibility for the lack of research on gestational surrogacy may be due to the
number of intended parents from Canada who go to the United States or overseas for gestational surrogacy procedures, as commercial surrogacy is legal in other countries. In these cases, statistical data is not collected, thus underestimating the number of gestational surrogacy situations initially from within Canada (Gunby et al., 2009). To follow is my guiding research question for this qualitative study.

**Research Question(s)**

I began this study with the question: How do surrogates make meaning of the experience of gestational surrogacy?

Alongside this primary question, three additional questions became focal points for this narrative inquiry.

**Secondary Questions**

- How do surrogates narrate their experiences with gestational surrogacy?
- How do gestational surrogates position themselves in relationships with their family members?
- According to the surrogates, how do other family members experience the gestational surrogacy process?

**Thesis Framework**

Chapter one outlines the framework, context, problem, definitions, rationale, and research questions. Chapter two provides an overview of surrogate motherhood literature and the need for future research. In Chapter three the narrative methodology and the methods involved in this research are described. Chapter four presents the gestational surrogates’ narrative accounts using excerpts in their own words, while Chapter five
examines discourses that shape surrogacy. The thesis concludes with practice implications for gestational surrogates and their families.
Chapter 2- Overview of Surrogate Motherhood: Literature Review

This chapter reviews the literature on gestational surrogacy. Very little research is Canadian. By examining the families who choose gestational surrogacy as a family making option, the psychology of gestational surrogates, and family members’ experiences of surrogacy, the literature review sets the stage for the research questions that are used in this study. Very few studies have been conducted from the perspective of the gestational surrogate and her family, therefore signifying a need for future research.

The key surrogate motherhood articles in the field of gestational surrogacy are summarized and critiqued. A commentary tracing the history that outlines the choices of families who engage in the process of gestational surrogacy is presented as background in the literature review. First, however, the overall approach to the literature review is described.

Literature Review Process

The scope of this literature review includes journal publications and books published over the last twenty-three years. I used six databases including, PsycINFO, Social Work Abstracts, ERIC, Academic Search Complete, Google Scholar, and Summons. The key words used to search the data bases were *gestational surrogate mothers, gestational carriers, gestational surrogacy and family, gestational surrogate motherhood, surrogate mothers, and third party reproduction*. International, multi-cultural, and multi-disciplinary studies on gestational surrogacy were found. Literature from the disciplines of medicine, psychology, anthropology, ethics, and law were found as a result of my literature search, and form the basis of this review.
Why do Families Choose Gestational Surrogacy?

In 1987, the first baby was born by gestational surrogacy in the United States through IVF embryo transfer, as stated by Hanafin (2006). More recently, Ciccarelli and Beckman (2005) report, “from 1991 through 1999 there were 1600 babies,… who were born as a result of IVF surrogacy” in America (p. 23). In the twenty-first century, Brakman and Scholz (2006) report each year in the United States “about 1,000 births result from [gestational] surrogacy” (p. 59). Gestational surrogacy in its most simplistic description is a means of reproduction.

Family matters, illness, infertility challenges, and aging populations in Western societies precede the decision of gestational surrogacy, and account for the rise in gestational surrogacy as a family building option (Hanafin, 2006). Griswold (2006) states, “the trend for women to wait until “later” in life to have children has perhaps contributed to the number of those seeking fertility treatment today” (p. 46). Daniluk (2011) adds, “by 2003, the percentage of Canadian women who were 30 years or older at the time they had their first child had jumped to 48%” from 14% in 1983 (p. 40).

Likewise, gay families are choosing to become parents with the medical and technological advancements in gestational surrogacy, and the slowly changing societal acceptance of gay parenthood. Ehrenshaft (2005) suggests “gay families, single parents, lesbian families, [and] infertility” are the “different forms of family issues” connected to surrogacy (p. 455). Primary and secondary infertility of both men and women is also a reason couples choose gestational surrogacy, in addition to gay families. For example, “the World Health Organization (WHO) estimates that, globally, about 8-10% of couples experience infertility in their reproductive lives” (Widge, 2005, p. 226). In Canada, 7% of
couples trying to become pregnant experience infertility (Baird, 1995). Evidently, family composition and medical issues such as infertility are the two main factors involved in choosing the process of surrogacy. However, Nakash and Herdiman (2007) add “other factors like age, health or even poor adoption odds” play a part in choosing surrogacy as an option for parenthood (p. 246). Many women are deciding to delay childbearing to acquire increased financial stability or for career advancements, and this family planning postponement increases the chances of infertility and other health problems surfacing, which may result in families choosing gestational surrogacy. Plus, gestational surrogacy is often chosen because adoption is no longer as viable an option for many intended parents.

Another reason commissioning parents choose gestational surrogacy is to maintain family lineage. According to Hanafin (2006) “most couples choose surrogacy out of a desire to be connected genetically, to participate in the pregnancy, and to know the child’s birthmother” (p. 381). Edelmann (2004) explains further, “a number of studies have noted the expressed desire of infertile couples to have a biological connection between the child and one of the prospective parents rather than to adopt an unrelated child” (p. 128). Furthermore, van den Akker (2007) states in the UK, “adoption tends to be seen as the last resort option, or second best choice” (p. 55). Thus, the desire of a genetic connection by intended parents is often important and prompts the decision of gestational surrogacy.

Finally, a women’s education level is linked with the choice of surrogacy as an option to parenthood. According to Ciccarelli and Beckman (2005), the higher education of women is positively associated with approval of surrogacy in Canada, whereas age,
religion, and women’s family of origin size are negatively associated. Therefore, women with advanced education are more open to choosing gestational surrogacy if problems in family building\(^1\) transpire.

**Psychology of Gestational Surrogates**

The British research article by van den Akker (2007) focuses on the psychological characteristics of surrogate and intended mothers. This long term quantitative analysis used comparative data of four groups of women including: traditional surrogates, gestational surrogates, intended mothers, and gestational intended mothers. Information was collected through questionnaires pre and post-delivery from a larger study. A total of 81 participants, 61 traditional and gestational surrogates and 20 intended mothers were assessed by postal questionnaire. A personality inventory, anxiety questionnaire, perceived social support scale, attitudes towards pregnancy and baby semi-structured interviews, and postnatal depression survey was utilized to assess the surrogate and intended mothers.

van den Akker (2007) found personality characteristics of all four groups of women showed similarities and stability, which is the opposite of the researcher’s assumptions that surrogates are different, psychologically unstable, and atypical women. This researcher assumption is apparent in the following statement “personality profiles have not been adequately investigated in SMs [surrogate mothers] and IMs [intended mothers] in the UK, and these may well be different from population norms…” (van den Akker, 2007, p. 1). van den Akker (2007) also points out none of the surrogate and intended mothers had historical or current psychiatric illness. Furthermore, the

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\(^1\) A euphemism for infertility problems
psychological health of the surrogates involved in third party reproduction is established since anxiety was low for surrogates throughout pregnancy whereas, intended mother’s experienced increased anxiety in the last trimester based on research results (van den Akker, 2007). A consistent difference in the findings is that surrogate mothers received significantly less social support from all sources including parents, partners, relatives, and friends’ pre- and post-natally than did intended mothers (van den Akker, 2007). Higher marital disharmony was also noted in surrogates during pregnancy and post-delivery (van den Akker, 2007), however this finding may be due to the limitations of the study that include high attrition rates of surrogates, significantly more surrogate participants overall, and low compliance and participation by intended mothers. Finally, van den Akker (2007) claims surrogates develop coping skills to minimize bonding, manage relinquishment, and reduce feelings of loss regarding the baby, based on attachment theory. This narrow interpretation based on one specific theoretical orientation only drawing on attachment theory for data analysis of gestational surrogates is another limitation of the study (Teman, 2008).

A second British study was undertaken by Javada, Murray, Lycett, MacCallum, and Golombok (2003). They retrospectively studied thirty-four surrogate mothers by conducting semi-structured interviews at their homes (Javada et al., 2003). Again the surrogates psychological state, motivations, and experiences as a result of the surrogacy process were analyzed (Javada et al., 2003). For instance, the women were asked about their motivations to become a surrogate mother; their relationship over time with the commissioning couple and the child; their experiences during and after relinquishing the child; and their openness with family and friends about the surrogacy (Javada et al., 2003, p. 2197).
Javada et al. (2003) specify 44% of the surrogate mothers in this study were gestational or full surrogates.

According to Javada et al. (2003), all of the women happily relinquished the child to the commissioning couple, when together it was decided upon, with no doubts or difficulties. In addition, the concern about negative psychological consequences of surrogacy on the surrogate mother was dispelled yet again. Instead, Javada et al. (2003) found surrogate mothers repeatedly reported a sense of self-worth resulting from the experience of surrogacy. The majority of surrogates were open about their surrogacy experience with family and friends, even though some family members and friends reacted negatively in the beginning. In the end, family and friends frequently accepted the surrogacy arrangement, and felt proud of the surrogate mother. Finally, Javada et al. (2003) state the surrogate mother’s partner was mainly supportive. Additionally, the surrogate’s own children did not experience major problems due to the surrogacy experience. Two noteworthy limitations of this study are subjectivity due to retrospective reporting and the possibility of socially desirable responding by the surrogates, as discussed by Javada et al.

Teman (2008) provides a critical analysis of the empirical research on surrogacy to date. This postmodern qualitative research study challenges three main assumptions in the field of surrogacy research; the theme of surrogates as not normal, the premise of the reasons for surrogacy which includes the idea of a reparative motive or financial desperation on the part of the surrogate, and supposition that a surrogate will experience signs of traumatic loss after relinquishment due to natural motherhood instincts (Teman, 2008). More specifically, Teman (2008) questions the scientific community about the
constant characterization of surrogate women as deviant and psychologically disturbed based on the decision to take on the role of gestational surrogacy. This scientific empirical cultural bias is also evidenced by the number of analogous studies that focus on the psychology of intended mothers, surrogates, and children born through assisted reproductive technologies. Nearly all of the multiple empirical research findings suggest that surrogate mothers are normal and maintain natural motherhood tendencies (Hanafin, 2006; Ragone, 1994, van den Akker, 2005; Braverman & Corson, 1992) yet scientific researchers mistrust their own findings as they state possible explanations for their unfounded biases (Teman, 2009). In essence, the findings that gestational surrogates were in “the normal range” of intelligence, moral standards, and psychological stability (Teman, 2010) challenges the dominant discourse of mothering and the attachment theory it is based upon. Teman argues that longitudinal studies show surrogates reported high satisfaction with the gestational experience, even after relinquishment, and many surrogate mothers expressed an interest in being surrogates for a second time.

Furthermore, Teman (2010) troubles the Western societal notions of attachment and bonding arguing that these cultural phenomena are socially constructed rather than instinctive or “natural.” For example, the theory of attachment does not fit with the lived experience of a surrogate mother happily relinquishing a child to commissioning parents, since according to attachment theory a mother naturally attaches to her baby, making it difficult to “give away” a child she birthed. However, the social construction of attachment supports the practice of capable women making sound personal decisions to become surrogate mothers by performing detaching practices (Teman, 2010). The social constructionist paradigm in the world of gestational surrogacy opens up a whole new
research dialogue in understanding lived experiences of surrogates and their family, as illustrated further by Teman’s qualitative ethnographic research conducted in Israel.

Teman (2010) conducted an in-depth ethnographic study using a comparative cross-cultural interpretative approach with Israeli surrogate participants. In her research, Teman introduces the phenomenon of “the shifting body” to describe a gestational surrogate’s experience of body disassociation and detachment with the surrogate pregnancy, while simultaneously the intended mother experiences her formation of a pregnancy identity. The shifting body is the occurrence of a shared pregnancy experience that moves between the two women, gestational surrogate and intended mother throughout their pregnancy. Teman suggests the maternal role, self-identity, and femininity are all part of the shifting body phenomenon that is experienced inversely by both surrogate carriers and intended mothers throughout the pregnancy, and pre- and post-delivery. The concept of the shifting body is an important occurrence in the process of surrogacy because if a surrogate’s physiological and emotional experience goes well then her family’s encounter with surrogacy will most likely reflect her experience. This may be part of the experience of the surrogate’s children and partner during pregnancy and after surrogacy, as my research seeks to explore. Likewise, Teman (2009) proposes that the notion of the shifting body is meaningful to Israeli surrogates and intended mothers as they are constructing their own ideas of motherhood and identity throughout the experience of gestational surrogacy. As such, the shifting body experience is important for my thesis as it may or may not hold meaning for gestational surrogates in Canada and their family members.
Like others before her, Teman (2009) found that there were few psychological challenges noted by intended and surrogate mothers as a result of surrogacy. Therefore, Teman states the majority of the researchers devalued their own findings based on the argument of study limitations rather than accepting the results and attempting analysis from another theoretical perspective. Further, Teman suggests other researcher’s assumptions reflect the dominant Western cultural discourse about the damaging nature of gestational surrogacy to motherhood and traditional family values, whereas, Teman’s study employs a constructionist comparative methodology. At this point, it is important to note that different methodologies and research paradigms shape what can be seen and known. In the next section I explore the literature on gestational surrogacy and family.

**Family and Gestational Surrogacy**

As a result of assisted reproductive technology multiple types of family building practices and parenthood exist. Golombok, Murray, Javada, MacCallum, and Lycett (2004) examine both genetic and social parenthood in the United Kingdom. For instance, their quantitative study compares parent adaptation and parental psychological well-being of egg-donation, surrogacy and natural-conception family types (Golombok et al., 2004). Specifically, it was believed that of the three types of families studied, the surrogate families would have the most psychological difficulties due to the contentiousness of surrogacy. However, the findings are contrary to the hypothesis and this was clearly not the case. Gombo lok et al. (2004) discovered that parents of surrogate children indicated greater adaptation and psychological well-being than did natural-conception parents. Therefore, Golombok et al. conclude that surrogate children are extremely valued and wanted by highly loving and committed parents, which accounts
for the parent’s increased psychological well-being and adaptation to parenthood. It was also found that “surrogacy arrangements involving a relative or friend are associated with more positive outcomes with respect to the parenting of commissioning mothers” (Golombok et al., 2004, p. 409). The next article establishes similar findings that children created by means of reproductive technologies experience less psychological difficulties and greater parental efficacy than children of natural families.

In the quantitative study by Golombok, Cook, Bish, and Murray (1995) the findings indicate that the children born from assisted reproductive technologies experience more positive parenting than naturally born children. Moreover, the strong desire for parenthood by couples is more important than genetic ties (Golombok et al., 1995). The outcome of this study is important for the field of third party reproduction because it is contrary to the societal, cultural, and empirical scientific assumption about children, parenting and family building through assisted reproductive technologies, which believe that negative psychological issues, and child development compromises permeate these families. The researchers use comparative analysis of parenting in four types of families defined by reproductive technologies. Parenting stress, marital satisfaction, and emotional state questionnaires, as well as standardized interviews of mothers and fathers were used to assess the quality of parenting in the different families (Golombok et al., 1995). A comparison of children’s separation and anxiety, family relations, social acceptance, and competence were studied in donor insemination, surrogate, adoptive, and natural families to compile the above findings.

Clearly these two studies by Golombok et al. (2004) and Golombok et al. (1995) are similar in methodology and findings. I included these articles that focus on families
created through the surrogacy process rather than on the families of gestational surrogates
to offer a glimpse of the studies on families that are taking place in the field. These
studies are the closest explorations of families in gestational surrogacy and they provide
background for my research. In addition, these studies exemplify the narrow scope of
most of the literature on gestational surrogacy, and the lack of multiple methodological
and contemporary research in the area of third party reproduction. As my search on
gestational surrogacy continued Goslinga-Roy’s modern qualitative research surfaced.
In contrast, this feminist ethnography by Goslinga-Roy (2000) provides an analysis of
gestational surrogates and their family members beyond quantitative research.

Previously, Teman’s (2009) ethnography proposed the phenomenon of the
shifting body concerning gestational surrogacy and in a similar fashion Goslinga-Roy’s
(2000) feminist ethnographic research discusses body boundaries of gestational surrogacy
from the relational perspectives of the surrogate and intended parents. Goslinga-Roy
(2000) conducted video taped interviews with intended parents, gestational surrogates,
their families, and professionals involved with the gestational surrogacy with a focus on
noteworthy turning points. Even though Goslinga-Roy conducted interviews with the
gestational surrogates’ family, there is no mention of family members’ experiences
outside of the intended father and gestational surrogate’s husband. This is a limitation of
the article, since it claims to focus on family (Goslinga-Roy, 2000).

Goslinga-Roy’s (2000) qualitative research on body boundaries of gestational
surrogates discusses notions of power to establish how women re-envision body
territorialities. In her research, surrogates declare feeling empowered within the public
practice of gestational surrogacy. The empowerment noted by gestational surrogates in
this research parallels the findings of previous studies (Braverman & Corson, 1992; Ragone, 1994). Goslinga-Roy analyzes these empowering experiences of women using a combined phenomenological methodology and gender discourse analysis.

Shireen Kashmeri’s thesis is one of only two available Canadian theses on the topic of surrogacy. Kashmeri (2008) explores four areas within the world of surrogacy namely, federal legislation, surrogacy contracts, parentage concepts, and gay fatherhood. Kashmeri analyses Canadian law at length to understand more about the world of surrogacy.

Subsequently, Kashmeri (2008) discusses surrogacy contracts as more than mere legal and financial contracts. She suggests surrogacy contracts represent some of the social behaviors, norms, and values of both intended parents and surrogates. As such, Kashmeri claims surrogacy contracts are actually documents of the relationships formed in creating a baby.

Kashmeri (2008) also takes up the notion of kinship, from an anthropological, poststructural feminist perspective, in researching surrogacy. She establishes that parentage is determined through kinship law and her study analyzes three specific cases that determine parentage through surrogacy. According to Kashmeri, the quality of support that emerges from those who embrace feminist kinship practice is recognized in her research. Feminist kinship practices disrupt the “gender-role expectations and essentialist connections between motherhood and women’s identity that intensify infertile women’s suffering in addition to disrupting “normative nuclear-family scenography” in third party family building (Thompson, 2005, p. 55).
Kashmeri’s (2008) thesis touches on family in gestational surrogacy through kinship theory, while a second Canadian thesis written by Pender (2007) discusses kinship in relation to fertility clinic websites. Pender (2007) employs discursive analysis to establish how concepts of nature and kinship support the nuclear family discourse, as displayed on fertility clinic websites in the United States and Canada. In Pender’s (2007) qualitative research kinship is defined socially by asserting family connections between intended parents, gestational surrogates, egg donors, embryos, fetuses and potential children created through third party reproduction, which supports the nuclear family narrative in Western society. Pender found that assisted reproductive technology kinship practices support the nuclear family discourse and described this practice as troublesome, because in reality there are multiple family building options and a magnitude of family constellations and cultures in society.

Additionally, Pender (2007) uses a thematic analysis of nature and kinship metaphors located on websites through graphics of babies, flowers, bees, birds and Caucasian families that represent the discourses of assisted reproductive technologies and the nuclear family. She highlights the discourse of power in the biomedical field of third party reproduction by referencing Foucault and Rose. Finally, Pender states genetics are drawn upon by fertility clinic websites as the most significant aspect in family building to promote gestational surrogacy practice, which connects to my research on gestational surrogates and their family. A limitation, however, is that Pender’s (2007) anthropological study only examines gestational surrogacy and families by way of the nuclear family narrative as shown on fertility clinic websites, therefore limiting the findings.
Lastly, the qualitative research by Winter and Daniluk (2004) also incorporates kinship practice and specifically includes family member’s perspectives in their third party reproduction research. Winter and Daniluk (2004) study the experiences of women whose egg donations help their sisters become mothers. Egg donation and gestational surrogacy are both practices in third party reproduction. Furthermore, the qualitative narrative study by Winter and Daniluk (2004) focuses on family members and found donors may need some assistance in dealing with the issue of when to talk to their own children about their donation and how to explain this in a way that acknowledges the unique nature of their children’s genetic relationship with their half-brother or half-sister, while reinforcing and privileging their social relationship with their cousin(s) (p. 493).

In my research on the experiences of gestational surrogates and their relationships I plan to adapt the methodology used by Winter and Daniluk (2004) in their study on egg donors. Winter and Daniluk’s (2004) narrative research focused on temporal sequences, while attending to content and meaning making of women involved in third party reproduction and their family experience. They conducted three highly unstructured interviews ranging from 65 minutes to an hour and a half in duration, which ended when the participants expressed that they had fully shared their stories (Winter & Daniluk, 2004). This occurred through open-ended questions that covered relevant themes from the literature in an attempt to gain a more in-depth understanding of the participants’ egg donation experiences. Participants verified that the written narratives represented their experience (Winter & Daniluk, 2004). I describe my methodology in the next chapter.
Chapter 3 - Methodology and Methods: Following Polkinghorne

In this chapter I discuss why narrative methodology is appropriate for studying the experience of gestational surrogacy. After a brief overview of the value of narratively informed research, I outline the study design including the methods employed for data collection. Based on the eight interviews I conducted, I summarize the characteristics of the gestational surrogates. A discussion of the ethical considerations involved with human participants and an explanation of the data analysis are provided. The chapter ends with a discussion of reflexivity, trustworthiness, and limitations.

Narrative Approach

Qualitative research is social research with longstanding historical roots that endeavors to understand the meaning of human events by collecting and analyzing textual data in their transcription form rather than altering them to numbers for analysis (Schwandt, 2000, as cited in Carter & Little, 2007). The narrative approach is within the qualitative knowledge paradigm and centers on temporal stories in human experience. Surrogate motherhood is a temporal human experience wherein narrative is the way meaning is constructed (Polkinghorne, 1988). Narrative research does not search for universal truths rather it looks for specific connections between events (Polkinghorne, 1988). In addition, “narrative inquiry highlights ethical matters as well as shapes new theoretical understandings of people’s experience” (Clandinin & Huber, 2010, p. 436)

Methodologically, I chose a narrative approach as it fits with the study of meaning making in gestational surrogacy experiences. According to Polkinghorne, (2000) personal stories of lived experiences result in significant, yet often neglected knowledge about human life. As such, personal lived stories are events in which humans construct meaning
through experience (Polkinghorne, 1988). Meaning making is an active human process that occurs in the mental realm and requires linguistic data to make relational operations and experiential implications explicit (Polkinghorne, 1988).

In this study I explore the meaning making process of gestational surrogates, thus relying on collaborative dialogue to further understanding. Collaborative dialogue emerged during interviews between the researcher and participants while in relational conversation. Polkinghorne (2007) adds,

> narrative interpretation focuses on relationships internal to a storied text by drawing out its themes and identifying the type of plot the story exemplifies; in other cases it focuses on social and cultural environment that shaped the story’s life events and the meaning attached to them (p. 483).

In interpreting the gestational surrogates’ narratives, key themes, plots, and discourses are focal points for analysis.

Critics of narrative research argue that in using language to describe an experience something is lost between the cognitive process and available language (Nesbitt & Wilson, as cited in Churchill, 2000). Additionally, Polkinghorne (2005) states “...the translation of a reflective awareness of an experience into a languages expression might further distance the evidence of an experience from the experience itself” (p. 139). In capturing oral recollections of the gestational surrogate’s experience with written language for the construction of data there are additional losses beyond language expression. As well, participants may be more concerned with relaying stories that they believe a researcher wants to hear, often conforming to the dominant discourse, thus editing their experience (Averill, as cited in Churchill, 2000; Javada et al., 2003). In response, Churchill (2000) suggests, “If verbal reports do not accurately reveal the
cognitive mechanisms underlying human experience, that is not to say that they are not revelatory of the meaning or “intentionality” of human experience” (p. 46). When I apply these critiques to my research, essentially Churchill is saying that it is not whether or not a story is true but more importantly how the surrogates have chosen to tell it, thus revealing their emotional truth and meaning. There are limited ways that stories can be told in our culture, especially given the secrecy and taboo that surrounds certain aspects of gestational surrogacy. Surrogacy is currently shrouded in secrecy, assumptions from the medical community, discourses of motherhood, and contract law matters. Hence, careful attention to how the stories were told are particularly relevant to my study of images, plots, storylines, and metaphors related to the experience of surrogacy as told by the women.

Denzin and Lincoln (2003) suggest epistemology is evident in the relationship between the participant and researcher, and is often described as knowledge theories. Knowledge and meaning making related to the gestational surrogacy experience are formed through the dialogue between the participant and researcher, as surrogates tell their stories. Further, knowledge is understood in how the gestational surrogates tell their narratives.

**Study Design**

**Sight Seeing.**

*Sight seeing* is a term I use to explain my experience of exploring third party reproduction through literature, media, and websites around the globe while looking specifically for Canadian content. I explored many Canadian, American, and Australian fertility clinic websites, fertility counsellor websites, and joined three online websites to
read blogs. Further, I am a member of the Canadian Fertility and Andrology Society of Canada (CFAS). Therefore, I received and read bi-monthly newsletters and frequently visited the CFAS website for current research and information, which assisted with my *sight seeing* method.

*Sight seeing* provided me with a current meta-perspective of happenings in the field of gestational surrogacy. Other times I was *sight seeing* with the woman being interviewed across Canada depending on where the conversation took us literally and figuratively. I needed to remain open when seeing the location of others when traveling in Canada and through other countries, as was necessary when collecting data in this narrative research. The *sight seeing* position I took up allowed me to remain open to the gestational surrogates’ stories through active listening. This *sight seeing* researcher position allowed me to explicitly notice language and dialogue which is consistent with narrative methodology.

In keeping with my method of *sight seeing*, part of my process for writing and analysis was to remain open to the individual women’s stories and their experiences whether they were similar or different to my own. In order to maintain this openness to other narratives, I wrote my story first. Writing my story prior to starting my research allowed me to see my own experience and then take a step forward from it. In essence, I travelled through my own gestational surrogacy narrative seeing the sights of my experience. Then I took a step forward to travel into the space of the other surrogates stories. In going through this process I was then able to listen more openly by attending to other women’s experiences during the interviews and while writing their stories’. Reissman (1993) describes five levels that represent the research process: attending,
telling, transcribing, analyzing, and reading. Attending is the beginning step. Attending helped me to listen more openly and carefully without confusing participant’s experiences with my own narrative, although I believe stories construct other stories. In keeping with my emergent research path, I included written excerpts from my individual story throughout the research. According to Polkinghorne (1988) meaning is interpreted through introspection and the use of self-reflection while recalling events.

Further, in the discussion chapter I explored the tensions that surfaced and trouble my own gestational surrogacy story instead of the surrogates’, as most of the participants expressed that they wanted their narratives portrayed, in their words, “positively”. Surrogates mainly stated at some point in the course of the interview process that they chose to participate in this study to show that surrogacy is a positive experience. Most added that surrogacy is mainly portrayed negatively in the media, therefore participation in this research was important to them. Hoskins and Stoltz (2005) state, “our struggle lies in finding a balance between a respectful collaborative alliance with participants, and drawing on our body of academic knowledge (both intellectual and experiential) gained from working in academic and practice settings” (p. 97). In the spirit of reflexivity, I, too, was motivated by this pressure to “tell a positive story” of gestational surrogacy which almost inevitably requires a censoring of the negative experiences, doubts, and problems in the telling and interpretation.

**Participant Recruitment**

In order to recruit participants, I approached my professional contacts in the fertility field and posted my study on websites. Moreover, I contacted four professional counsellors that support and counsel gestational surrogates in the cities of Victoria,
Vancouver, and Toronto, and requested their assistance to distribute my research recruitment and consent form to gestational surrogate clients. I discussed my research briefly in person and by phone with these counsellors and each one offered to assist me with participant recruitment for my study through their professional counselling practice. Next, I followed up with an email of my research information and recruitment advertisement. Three counsellors responded by email stating they would pass on my research to gestational surrogacy clients. In addition, one counsellor posted my research recruitment and consent form for gestational surrogate participants on her website. My study was also posted on one British Columbia website, the Victoria fertility clinic, blog, and in that particular office. Having my research presented through my professional connections in the fertility community either online or in public offices increased my accountability as a researcher and augmented the validity of my study.

Subsequently, my research information and advertisement was posted in the office at the Strong Start Program in Sydney, as this program is for young children and their families. I joined IVF.ca and applied for permission from the website administrator to post my research on the website. I posted it in three places on this Canadian website under Introduction, Donor Eggs, and Surrogacy forums. I also posted my research advertisement on two other websites Surrogacy.ca (Surrogacy in Canada Online), and Surrogatemothers.com (American website with a Canadian blog page) with permission from the website administrators.

Once I received replies from gestational surrogates I informed them of the research aims and expectations to establish their suitability for the study by email. Three participant criteria were required for suitability in this research:
- Women who were previously surrogate mothers with a willingness to be interviewed about their gestational surrogacy experience.
- The gestational surrogate needed to have gone through this third party reproductive process in the past three years.
- A gestational surrogate is willing to be video taped and/or audio taped during the interview.

If a gestational surrogate met these parameters then an interview was scheduled by phone or through email. Also, I asked interested gestational surrogates about other possible gestational mothers for recruitment for the study. This is called snowball sampling. Weiss (1994) suggests, “if the people you want to interview are likely to know others like themselves, you can ask them for referrals” (p. 25). Snowball sampling occurred in that a consultant that I do not know posted my research advertisement on her closed facebook page for gestational surrogates, and a gestational surrogate posted my research advertisement again on this facebook page with her personal endorsement of the study after being interviewed.

**Gestational Surrogate Participants**

**Demographic information and gestational surrogacy methods.**

All eight gestational surrogates and the researcher are Caucasian and live in Canada. Four women live in British Columbia and four live in Ontario. Two gestational surrogates’ first language is French; one is Francophone and the other is from France originally, and all speak English fluently. All gestational surrogates delivered their surrogate babies in the past three years while one delivered the first gestational surrogate child seven years prior to her interview, although her second surrogate experience was
within three years. All surrogates were between the legal ages of twenty-one and fifty, as outlined by the Assisted Human Reproductive Act. The demographic table below lists the names (pseudonyms) of the women and their family constellation including if they had a partner during their surrogacy experience, how they connected with their intended parents, if they were represented by a surrogacy agency, and the number of children they parent. Table 1 shows the surrogates employment demographic as well.

Table 1. Participant demographics.

<table>
<thead>
<tr>
<th>Name</th>
<th>Partner involved in Gestational Surrogacy</th>
<th>Type of Gestational Surrogacy</th>
<th>Contract Process</th>
<th>Number of Children in Family</th>
<th>Job Titles/Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cecile</td>
<td>Partner</td>
<td>matched</td>
<td>agency</td>
<td>3</td>
<td>Foster parent</td>
</tr>
<tr>
<td>Meredith</td>
<td>No partner</td>
<td>matched</td>
<td>agency</td>
<td>2</td>
<td>Financial Sector</td>
</tr>
<tr>
<td>Helen</td>
<td>No partner</td>
<td>matched</td>
<td>agency</td>
<td>1</td>
<td>Early Child Care Educator</td>
</tr>
<tr>
<td>Susan</td>
<td>Partner</td>
<td>Inter-familial</td>
<td>independent</td>
<td>2</td>
<td>Nursing</td>
</tr>
<tr>
<td>Sabrina</td>
<td>No Partner</td>
<td>matched</td>
<td>agency</td>
<td>2</td>
<td>Nursing</td>
</tr>
<tr>
<td>Angele</td>
<td>Partner</td>
<td>Found one another on internet website</td>
<td>agency</td>
<td>2</td>
<td>Social Worker</td>
</tr>
<tr>
<td>Laura</td>
<td>Partner</td>
<td>matched</td>
<td>agency</td>
<td>2</td>
<td>Teacher</td>
</tr>
<tr>
<td>Allison</td>
<td>Partner</td>
<td>matched</td>
<td>agency</td>
<td>1</td>
<td>Doula</td>
</tr>
</tbody>
</table>

**Relationship-building.**

Relationship-building was key in the study design and recruitment process of this research, since participants were being asked highly personal and emotionally-laden questions. Additionally, relationship-building is part of a narrative approach to qualitative research. Bochner (cited in Newbury & Hoskins, 2010) suggests “a relational approach to qualitative research is about generating new ways of comprehending subjective
experiences, not documenting results” (p. 185). Hence, my relationship with many of the surrogates was enhanced because of my willingness to share my own surrogate mother history. This occurred through extensive email conversations to build trust prior to the interview and/or during the initial moments of the interview process. In disclosing that I had been a gestational surrogate, a sense of trust was established and many of the women were more willing to participate and engage in collaborative dialogue. As such, in sharing my insider knowledge I was taking up dual roles, that of researcher and surrogate mother. Peshkin (2000) characterizes this researcher position as “the phenomenon of dual identity” and suggests reflective research practice as an aim for interpretation in these circumstances (p. 5). Prior to this information sharing some women questioned my outside researcher position. Here is an illustration of the email response from a surrogate once I shared my dual identity of researcher and former surrogate mother that highlights relationship building based on insider knowledge, “So nice to hear you have been a surrogate as well. Maybe you can understand some of this, as I’m sure most can’t.” The following is another example of a surrogate asking at the onset of the interview: “How come you are interested in surrogacy?” When I explained that I, too, was a gestational surrogate, her verbal and nonverbal communication displayed her acceptance of my dual role of researcher and former surrogate thus forming a more open relationship between us. According to this and other responses of the participants my insider knowledge established a sense of trust for the women interested in participating, which was evident in their email exchanges and in their interview excerpts. Another surrogate commented, “of course you understand what I am saying, because you went through it too.”
Method: Data Collection and Analysis

Interviewing.

I interviewed eight gestational surrogates for this in-depth narrative study. The research interviews took place from January to May 2011. Interviews were about one and a half to two hours in duration. The interviews were non-structured emergent conversations about the experience of gestational surrogacy. I conducted all of these voluntary open-ended interviews with gestational surrogates, using the questions outlined in appendix B, as a starting point. According to Weiss (1994) “most of the significant events of people’s lives can become known to others only through interview” as interviewing opens a window to the past and “rescues events that would otherwise be lost” (p. 2).

I recorded all of the interviews using video, skype and/or audio. I transcribed the dialogue with gestational surrogate participants. During the interviews participant questioning and answering switched as often a gestational surrogate would ask me a question(s) about my experience, which created more in-depth dialogue. From the interview dialogue, I arrived at themes for analysis as they emerged in the non-structured interviews and in the emergent telling of participant’s stories. More about themes is discussed later in this chapter.

Why use photographs?

I invited surrogates to provide a photo of their gestational surrogate experience that had meaning for them. This opened up conversations and provided them with a way of being seen when often they are rendered “invisible” once that baby has arrived. I was prompted to do this because I felt the visual aid of a photo would enhance the written
narratives as pictures provide another way of accessing experience. Newbury and Hoskins (2010) suggest digital technologies have shifted people’s experiences with images thus co-constructing a link between researchers and participants. Also, the photograph is a tool for making meaning of the gestational surrogate’s experience. Six women chose to provide photographs and two did not. What transpired as a result of my request for a picture was that the photographs became important symbolic documentation of the women’s gestational surrogacy experience. Surprisingly, sharing the photographs became a political act of personal agency and advocacy on the part of the gestational surrogates. Frank (2010) states, “how vital yet precarious the relationship is between stories as expressions of AUTHENTICITY and stories as works of witness and advocacy” (p.11). The women who chose to send a photo expressed their delight in sharing the photograph as it allowed the women to be seen, and illustrated their stories as they see them. Therefore, as a researcher who wanted to respect the participants, I included these symbolic photos, with their permission.

Data Analysis and Organization

During my analysis of the narratives on gestational surrogacy, I paid particular attention to how the participants described their familial relationships, the meaning they gave their experiences, their choice of language, and how these accounts fit with various discourses. My approach to analysis involved understanding the themes in more depth in the narratives to assist with meaning making and understanding the experiences of gestational surrogates, their family relationships, and the social context. Themes with points of resonance that were similar and different from my own experience, and themes that were similar and different amongst the women’s stories were included. I chose
issues and topics that had relevance for the research literature and the broader community.

Themes that were related under the overarching research question were highlighted. Themes connected to how surrogate mothers make meaning of the experience of gestational surrogacy were also included. In addition, themes were interpreted by focusing closely on language in each of the stories while using a temporal lens. This means following and exploring themes in chronological order from the start to the end of a story. Winter and Daniluk (2004) explain, “we identified themes for each personal narrative and followed these themes throughout the story as they evolved from beginning to end” (p. 486).

Prior to writing the narratives, I read all of the transcripts for themes with similarities, points of difference, insights, and how the women made sense of these various topics within gestational surrogacy. Further I paid particular attention to how the story was being told by each gestational surrogate during the interview. In essence, I immersed myself in the transcripts through multiple readings and sat with the interview dialogue cognitively and emotionally before starting to write.

I approached the task of writing the narratives by organizing transcripts in the chronological order in which the interviews occurred. In addition, I wrote the surrogates stories using the temporal ordering of their experiences. I used the interview questions as a guideline to begin asking about different topics within gestational surrogacy. However, theme groups arise through the emergent non structured interview process, which often took an unexpected path. For example, a discussion about the challenges of full surrogacy versus gestational surrogacy unfolded in the emergent interview process even though this
was not a question I asked. Also, I wrote the narratives by identifying similar themes that emerged most often and evolved within and across the eight stories. For example, the recurrent theme of story telling to explain gestational surrogacy to the surrogates’ child (ren) was a noticeable similarity that emerged across the narratives. Therefore, I included these storied excerpts in the surrogate’s words for the personal narratives. Reissman (1993) suggests “the challenge is to identify similarities across the moments into an aggregate, a summation (p. 13).

In bringing out the implicit and explicit themes within and across stories, words from the surrogates were directly used. Fear of keeping the surrogate baby is an example of an implicit theme, and medical practice and procedures is an illustration of an explicit theme that was identified within and across the stories. Headings for the thematic segments in the personal narratives come from the surrogate’s own words. Points of difference that were revealed when we spoke about our shared experiences became a site for analysis. For example, one surrogate decided to breast feed her surrogate baby which was a point of difference amongst the eight stories. In the individual narratives after the photograph, (except for Helen and Laura who did not submit a photo) an analysis of a main emergent theme from the personal story is undertaken and an overarching heading was created. This piece of analysis is included within the personal narratives that following each individual story to provide a breakdown of some main themes in gestational surrogacy as they arise.

After I identified significant themes including categories of emotions/ feelings, points of resonance, distinctions, relationships, and politics, the interview transcripts were re-constructed into the individual narratives with analysis that make up chapter four. In
analysing the themes I drew on social constructionist references (Gergen & Gergen, 2004; Thomson, 2005). Subsequently, I looked across the transcripts and focused on the influence of various discourses for analysis from a meta-perspective. An in-depth inquiry of the unspoken rules within and across the narratives was undertaken and this is presented in chapter five. This analysis entails a closer look at the language, positioning, and narrative construction of the stories told and how these stories are influenced by dominant societal discourses.

**Ethical Considerations**

**Voluntary informed consent.**

In the event that the gestational surrogates I interviewed experienced intense emotions while engaged in dialogue and required professional services, I found counselling support to offer participants, although none felt it was necessary. Needless to say, I acquired verbal consent at the beginning of every interview before proceeding and received informed written consent from all participants for video taping, audio taping, providing names or pseudonyms, and/or pictures prior to the interviews. The Informed Consent form is in Appendix B.

**Pseudonyms.**

Names of gestational surrogates were changed if requested and each woman was asked to provide a pseudonym of her choice. Additionally, all the names of family members, professionals, and children were altered or eliminated and replaced by their role or professional title by the researcher, even if used by the participant in conversation, in an attempt to maintain confidentiality.

**Confidentiality.**
Confidentiality is another central ethical consideration for my study. As Shultz, Sheppard and Shepard (2006) state, “confidentiality provides assurance of trust or confidence in the person with whom private matters are shared” (p. 53). In the spirit of maintaining confidentiality, I transcribed audio recordings myself, and eliminated identifying information in narratives as requested by participants. On the other hand, if a gestational surrogate agreed to video taping through written consent then confidentiality concerns were not applicable. However, due to the small network of people involved in the world of gestational surrogacy I informed participants that although confidentiality will be of the upmost importance in this research, it might not necessarily be maintained, even if participants chose to use a pseudonym and declined sending a photo. For the participants who provided verbal and written consent to use their names and photographs it was explained that anonymity could not being preserved.

**Reflexivity**

Amulya (2006) states that reflexivity is shaped by questions, dialogue, and narratives. Stories and dialogue can be effective technologies for the reflective process because they provide cognitively complex and culturally potent systems for conveying the way we think about, feel about and make connections to experience (Amulya, 2006). In looking at research through the meta-perspective that I call *sight seeing* alongside my willingness to self-reflect on my own gestational surrogacy experience, the reflexivity of this study is visible. The richness of experience is unpacked through stories and in reflection an evaluation of these stories informs emerging themes of individual and collective knowledge (Amulya, 2006). While writing the individual stories of the gestational surrogates and using reflexive practice, emergent group themes and
discourses became noteworthy knowledge. White (2007) suggests, “by critically reflecting on our intellectual traditions and ways of knowing we are practicing an important form of accountability” (p. 242). My willingness to use reflexivity during the interviewing and interpretation processes also contributed to trustworthiness in this research. Reflexivity is thinking, doing, and acting critically (White, 2007). In questioning, interpreting, and analyzing gestational surrogates’ experiences and dialogue I willingly practiced reflexivity, which established accountability and trustworthiness.

**Establishing Trustworthiness**

I attempted to stay as close to the data as possible by transcribing the interviews verbatim. At the end of each interview I made written notes about my immediate observations and reactions from the interview. My rationale for commenting on each interview is based on the understanding that analysis occurs throughout the research process not only when all the data is collected. Weiss (1994) adds researchers undoubtedly develop insights, theories, and the beginnings of analysis during the first interview. Hence, by writing my initial reactions and observations after each interview I began the analysis phase as well.

Chamberlain (2000) suggests when evaluating qualitative research, trustworthiness is necessary. In establishing further trustworthiness, I explained the context of this research and my position in relation to the research topic, as Winter and Daniluk (2004) did in their study of egg donors.

I checked out some of my interpretations with some participants, the literature, my own experience, dialogue with committee members, and websites. I also kept a research journal to check out my own assumptions. According to Polkinghorne (1988),
validity in narrative research is addressed by an intersubjective consensus that minimizes falsity and arbitrariness in interpretation. This intersubjective consensus is apparent in the telling of the surrogates’ stories as they unknowingly follow a similar sequential pattern of their individual gestational surrogacy experiences beginning with their first thoughts of surrogacy and the screening process while ending with the birth of the surrogate baby and their understanding of this experience. The individual stories mainly follow an analogous timeline that includes similar themes and plots thus establishing intersubjective consensus or coherence according to Reissman (1993) in the data collection and interpretation. With similar thought, Averill, as cited in Churchill (2000) suggests, “…validity is always relative to the inferences being made” (1983, p. 1154 –1155).

As mentioned earlier, many of the surrogates indicated that it was important for them in telling their personal stories to position gestational surrogacy in a positive light. This created a challenge for me as a narrative researcher who sought to analyze the stories from social, political, and cultural perspectives. Ethically, I wanted to respect the participant’s wishes in representing their personal stories however, as a researcher, I needed to engage with and analyze their narratives without the limitation of only one perspective, a positive one at that. In finding a balance between the tension of participant desires and analytic research, I elected to bring my own narrative forward for analysis.

As a way of respecting my participants, I consulted with one woman about her written narrative to receive feedback, particularly because she expressed concern about how her story would be written and thus read by others. Therefore, in the spirit of trustworthiness, respect, and ethical research practice I consulted with her about her story once written and made the changes she requested. I did not seek validation from all of the
participants as only one woman expressed concern. Plus, in going back to the women my interpretations for analysis would most likely not align with theirs. I am privy to all of the eight interviews alongside my own experience and extensive research literature, whereas, the women only have their own personal stories to reflect upon.

**Insider/Outsider Knowledge**

Before actually sharing my dual identity of researcher and gestational surrogate to participants, as I describe above, I needed to make sense of this insider / outsider phenomenon while maintaining reflexive practice for my research. To do this, I needed to be aware of my identity when I started an interview. Had I already shared my gestational surrogacy identity before the interview proceeded? If I did not share my insider knowledge in an attempt to build relationship, I needed to decide when and how to share this dual role. In deciding this, I was aware that too much self-disclosure might take away from the participant’s story and monopolize the conversation. Therefore, with reflexive caution, I was willing to share my experience openly by answering any question I asked of a participant, establishing my authenticity as a researcher. Moreover, sharing my insider knowledge helped me establish credibility, too, as I knew much of the medical and legal terminology and procedures customary in gestational surrogacy practice with fluidity. Participants further tested my credibility when they questioned me about my opinions, personal experience, and research literature knowledge. For example, one surrogate questioned my academic researcher status when she asked if I read Elly Teman’s book. With honesty, I disclosed reading two of her articles and an interest in reading her book, which established my credibility and authenticity. Overall, my personal
experience (insider knowledge) legitimized my decision to conduct research on
gestational surrogacy.

Next, I acknowledged my partiality which is to value research that has been done
by an insider and identified my position as an insider in this research. Yet, through the
process of conducting my study there were times during the interviews when my outside
researcher status was evident. On one occasion, I was not allowed entry into a private
agency facebook page for gestational surrogates even though I experienced surrogacy and
asked for access. I also noticed that I was in the outsider detached researcher role while
sight seeing on fertility clinic and surrogacy websites before, during, and after conducting
participant interviews. How did I make sense of this tension between insider and
outsider? Essentially, reflective practice about my insider and outsider identities along
with attentiveness concerning my social location influenced the study design and
interpretations. Nevertheless, my insider knowledge may be seen as a limitation as
discussed further below.

Limitations of Research Approach

My insider knowledge of gestational surrogacy may be seen as a limitation to this
research due to a lack of objectivity. Qualitative researchers regard subjective knowledge
as valuable in research (Denzin & Lincoln, 2003). However, Gitlin, Peck, Aposhian,
Hadley, and Porter (2002) contest the quantitative research notion that privileges
objectivity and outsider knowledge over insider knowledge. On a similar note, my own
motivations that included wanting to make a positive difference may have made it hard
for me to ‘hear’ certain themes which is a limitation.
A final limitation of this research that needs consideration is the participants who volunteered. Most of the surrogates that participated believed that their surrogacy experience was positive, thus they were willing to share their personal gestational surrogacy experience. It is possible that surrogates who perceived their gestational surrogacy experience negatively or ambivalently declined participating during the relationship building process. The next chapter focuses on the gestational surrogates’ narratives.
Chapter 4- The Gestational Surrogates’ Narratives

In this chapter I present the individual narratives told by the gestational surrogates with the intent of respecting their wishes to tell their stories in what they refer to as a “positive” manner. The individual narratives include re-constructed stories that I have shaped and presented using excerpts from interviews with participants according to key themes that emerged. I introduce each of the women I interviewed: Cecile, Meredith, Helen, Susan, Sabrina, Laura, Angele, and Allison. Themes and feelings specific to their surrogacy experiences are highlighted using their words as much as possible.

Cecile

A big party.

Cecile strongly believes that she wants to help others through third party reproduction. Cecile originates from France and now lives in Canada while raising her family. She speaks proudly about not only one but two experiences with gestational surrogacy. According to Cecile she claims that she befriended her intended parents, and helped them with their infertility struggle while they waited for the nine months of pregnancy to pass. Readily, she takes on the gestational surrogate role and describes it as “fun”.

*It was just something I had to do, every month go to appointments. I did LOVE² the ultrasounds. I always love the ultrasounds. The ultrasound is always fun. The c-section was fine. I knew what to expect.*

*At the birth it was like a big party at the hospital. The grandparents showed up unexpectedly. The Aunts and Uncles, it was a big party. It was really really fun. There was not a hint of sadness in me because it was just so much fun. It was just joy. Joy that day.*

² Capital letters are used for emphasis in participant transcriptions.
Cecile believes that becoming a surrogate is a personal sacrifice. She shares that the first couple she helped through gestational surrogacy clearly acknowledged her personal sacrifices. The intended parents said to her, “All of the things you are doing, you could be on bed rest. You’re not allowed having sex for three months. Your whole life is focusing on getting this baby.” Likewise, prior to being a gestational surrogate when Cecile was an adolescent living in France, she recalls her belief that surrogacy is the ultimate sacrifice, which is stated in the following commentary.

“Oh my god, that is the ultimate sacrifice.” I thought it was a wonderful thing to do, and I was still very very young but I thought this was something that I would love to do. I love to help people. I love to make things better. I want to find a desperate couple and give them this baby. I know it’s really corny but I do like to be the person-making things better.

Cecile has carried, nurtured, birthed, and fostered six children. She says she loves children. During the interview in her home, Cecile provided a photo of the children in her life, which I am unable to present in order to maintain their anonymity. Looking at the color 4x6 photo, I was struck how the five little children were lined up side by side on a sofa, replicating a picture taken by the famous photographer Anne Geddes. Cecile’s says her second gestational surrogacy experience is illustrated by this photo because her second gestational baby son is in the picture with her other children, although she points out that her first gestational baby girl was missing from the photo. Below Cecile excitedly describes this photo she chose to her second gestational surrogacy experience.

“It’s all my babies. I love babies. I love children. Unfortunately the baby girl is not here. It would have been nice to have both surrogate babies in it. So my three biological children, my foster child, and the baby I carried. The second experience would be more illustrated by this.

As Cecile reflects on both of her gestational surrogacy experiences, she describes the children she has raised and brought into this world with a sense of pride and
accomplishment as a woman, mother, foster mother, and gestational surrogate. Although her experiences of gestational surrogacy were different, Cecile openly comments on her desire to do it again if her health would allow it.

_I was thirty-seven at the time, and I had a newborn. A foster child that had just come into my care when he was two weeks old and I got pregnant, so I had a newborn and dealing with the pregnancy. So just for medical and physical reasons I would not do it again, but not at all because it was a bad experience. If I had a natural easy birth, I would do it again. I just love it. I love to be pregnant but I have to think of my own kids and I have to think of my health. Three c-sections is a lot and I started having health problems. I need to just take it easy. But, I contributed five beautiful kids to this world. I think I did my part. I have three of my own and two for someone else. That’s pretty good._

**Money matters.**

To accept the money or not is a private tension Cecile holds to this day. She struggles with accepting compensation money from the first intended parents because she believes by taking the payment she is tarnishing her reputation and devaluing a part of her identity as a generous, kind, and helpful woman. She is also concerned about public perception. More specifically, how will others perceive Cecile and her actions if they learn that she has accepted compensation money for being a gestational surrogate?

_I did agree to receive some payment but I was always EXTREMELY uncomfortable around it. I hated it. People think that I am such a good person for carrying a baby for someone else, if they knew I was getting money they would say, “Oh, that’s why she’s doing it! She’s doing that to earn money,” which OBVIOUSLY isn’t the reason._

The discourse of “altruistic” which permeates surrogacy practices in Canada, positions Cecile in the role of self-less gestational surrogate even though she accepted the money from the intended parents. This is a moral dilemma for Cecile. In addition, it is taboo to discuss payment for gestational surrogacy in Canada. Shortly after Cecile delivered her first gestational surrogate baby, there were changes to Canadian reproductive laws
making compensation illegal in 1994. Cecile’s identity as a helpful, caring, self-less, kind person as a gestational surrogate is the dominant script. Therefore, accepting compensation money challenges her sense of self and challenges her morals. Cecile strongly believes she should not have accepted the money.

It’s always been my dream, if I win the lottery, to repay Danielle and Paul for that money, because I still don’t like that I took the money. Even though they have explained a million times, “of course you should get the money!” I still don’t feel comfortable. I still feel bad about it. It kind of taints the whole experience. It’s not such a good generous experience anymore because there was money involved.

Hiding surrogacy.

Cecile was very concerned about telling others in her small town community about being a gestational surrogate. She even went so far as to consider making up a lie to tell others, but she decided that was too unethical.

It was mostly because I feared the reaction of people and I didn’t know what to say. For the first couple of months I was hiding it or if it was people that I would never see again like on the street people congratulating me for being pregnant, “oh this is your third child, it’s so great to have a third one” I went along. It was not needed, it is on a need to know basis. But I have a lot of really close friends and eventually they would know so that is why I had to come up with the horrible scene that the baby died at birth. I can’t do that. It’s really awful but it did cross my mind. I have to find a way out of I am going to get big and there’s going to be questions. I have to somehow explain what I am doing. It was a bit nerve-wracking for a few weeks.

Again, Cecile is trying to reconcile that in our society women do not have babies and give them away (more about this will be discussed in the next chapter). Ragone (1994) adds, “casting surrogacy as the ultimate act of love serves to counteract conventional or traditionally held views that to keep and nurture a child is the best way to show love to a child to whom one has given birth. (p. 41) The gestational surrogate act goes beyond the boundaries of the acceptable mothering role created in our society. Dominant discourses of mothering suggest that there must be something wrong with a woman who does not
keep a child she birthed. Cecile describes the tension between societal beliefs and her experience which invoked fear within her as she claimed her surrogate identity in a small community.

It was positive also because of the reaction of others, which I feared when I first got pregnant I was living in small town Ontario. I was trying to decide how am I going to tell this very Christian conservative group of people I’m doing this. Are they’re going to shun me? Are they going to be very negative about this?

Religious convictions.

Religion is a theme that weaves in and out of Cecile’s narrative. Religious beliefs surfaced in her understanding of small town culture, other people’s values, her values, and in relation to gestational surrogacy and medical discourse. Cecile recalls,

You have to understand the town that I was living had 7000 people now, but the major infrastructure is going to church. The people are so Christian, except for the few of them that were Catholic. Oh my god! The Catholics and infertility treatment, but they were all able to go past their faith. So I even confronted my Catholic friend I said, “I know the Pope is really strongly opposed to that and you are suppose to go with what he said.” They still have their own personal thoughts, beliefs and values on their religious convictions. I think the Christians would have had a problem if I had had to sleep with the man, maybe if it was my egg it would have been a bit more tricky. But the way it was done they all asked questions and they were satisfied that there was nothing immoral.

Next, Cecile describes a dialogic interlude with a religious male community member in the following excerpt.

One of them did tell me “oh yeah I am not sure. I think its a bit too much like playing God,” and I am not going to go into that debate with him. I strongly disagree because all medicine is playing God. Heart transplant, anything that’s playing God too. Maybe God meant for that person to die, but the Doctor heals it, that’s playing God. That’s the only slightly negative thing I heard.

Cecile equates the technological and medical advancements of IVF in gestational surrogacy with organ transplant procedures using the metaphor of “playing God”.
Heart wrenching stories.

The next three themes of gender, family perspectives, and surrogacy versus gestational surrogacy emerged through open discussion between Cecile and me. Cecile started asking me questions about my gestational surrogate experience. The following is an example of the typical interview conversation.

Ann (A): Anything I haven’t asked that you think is important that we talk about?
Cecile (C): I can’t think of anything but I could email you later if I think of anything. (pause) I am actually curious how you did it because you said that you didn’t go through an agency. So how did you find a couple?
A: They were friends of mine. Long time friends of mine and I knew their infertility struggles from being a supportive friend. And then at some point it kind of happened.
C: Did they ask you?
A: No, I offered. I don’t know where it came from for me. There were a few different moments where surrogacy popped up in my life and with my continued friendship with them and hearing their experience then I offered.
C: You had kids of your own already?
A: Yep, I had two of my own children and I was devastated for them [my friends].
C: Oh yeah, oh for sure. I have heard the worst stories. Reading all those profiles and your heart goes out and you want to help them all. Even now if I read profiles I would say, “that’s it I have to do it again.” You want to help all of these couples but I only have one womb. But you feel like you want to help all of these people. You hear the most heart wrenching stories. So these are the people who make me want to help them, rather than lets say they’re a gay couple. Well they can’t have babies cause that’s not the way it’s suppose to work. They are not the people I would like to help, but reading the stories makes me want to cry. What some people have to go through to have babies, even though we all grew up as baby girls thinking we are going to be mom’s one day. For some of us it happens and
for the others it’s awful. My heart always goes out to them. I wish I could help all of them, but you can’t.

The statements “I have heard the worst stories” and “my heart goes out to them” by Cecile, combined with my comment of “being devastated for them” refer to the struggles with infertility that many intended parents’ experience. Both Cecile and I are narrating our surrogate stories as responses to tragedy, devastation, and the worst intended parent scenarios. This emerging storyline seems to be the only plot available to surrogates in telling their/our stories, as it fits with the political and legal notion of altruism in Canadian gestational surrogacy practices. Further the dominant script of the good surrogate discourse, which is discussed in Chapter 5, shapes this emerging storyline.

**Boy, boy, boy.**

During our conversation, I shared a concern with Cecile about gender that my husband and I needed to work through with my own gestational surrogacy process. More specifically, my apprehension was about giving birth to a male for the intended parents because my husband really wanted a boy for our family. Surprisingly, this detail from my story prompted Cecile to share her own desire to have a gender-specific child. From her perspective Cecile narrates a scenario in the following excerpt.

> Yeah, actually. At the time I was pregnant the second time, I had three boys and a girl and I did think “if I give birth to a girl, oh man so I give birth to girls for other people but not for me!” But it was a boy so that was fine. It just briefly occurred to me that, “will I be bummed if I give birth to a girl and it’s not for me when all I had was boys? “Yeah I did think of that, its funny. I wouldn’t have changed anything if it had been a girl. I wouldn’t have tired to keep her, but “ah man, I keep having girls for other people”. I want one so badly! Well another one I guess, I had one first and then boy, boy, boy. It’s always been boys. So that’s fine.
Family perspectives.

According to Cecile her parents were concerned about her health when they learned that she was considering gestational surrogacy. Based on her experience Cecile concluded that her mother expressed a generational attitude about gestational surrogacy. This generational belief system Cecile experienced coincides with the reactions of my own parents when they learned that I was planning to be a gestational surrogate. Interesting, that Cecile’s parents are similar in age to my parents who are in their early seventies.

My mom is seventy something now, she’s French, she’s old school. So the surrogacy was really really pushing it. That was a bit extreme for her. But in the end, it worked out well. We talked about it if we need to.

Cecile remembered that her sister-in-law didn’t agree with the concept of gestational surrogacy at all, like her mother. Cecile says, “Just like my sister-in-law she was outraged. Well that’s too bad.” Unlike her mother who was able to come around to talk about gestational surrogacy and meet the intended family on a visit to Canada, Cecile states that her sister-in-law maintained her objection.

Genetic material.

Towards the end of our interview Cecile asked me a question regarding the genetics of the embryo transferred into my uterus. After explaining that the embryo was genetically not related to me in any way, Cecile shared that she felt the genetic connection of traditional surrogacy would be far too complicated for her.

At first I thought there wouldn’t be a big difference so I said “oh sure I can do either.” Then when I thought about it, I thought there’s a major difference here. It would actually be my child! My whole life knowing that I have a child of mine that carries my genetic material somewhere out there. I would probably want to know that person. Now it’s easy. It’s clear-cut and people always ask me “was it actually your baby?” I say, “no ABSOLUTELY not.” It’s the mom and dad’s
baby. Again I think it would be more negativity thinking that you gave up one of your own kids. Cause really it would be my child right, even if from the beginning of the pregnancy I had the mindset. This is not my child, but really it is! So let’s not do that.

Cecile said she felt it was too difficult to perform traditional surrogacy as opposed to gestational surrogacy, which is a common statement for women who choose gestational surrogacy according to Ragone (1994). Below is the photo Cecile chose to share as an illustration her first gestational experience. Cecile wrote that she would “love for [the researcher] to convey how deep of a friendship we developed with Danielle and Paul.” Her intended mother is in the photo with her and the surrogate baby that was taken at the hospital.

*Figure 1. *Cecile, intended mother, and surrogate baby.
Contractual law and monetary challenges.

Many themes are raised throughout Cecile’s story, however I noticed that money tension seemed to be a highly perplexing subject for Cecile based on her narrative. Other gestational surrogate participants discuss money challenges too, including Meredith, Sabrina, Laura and Allison. Their narratives are to follow. Hence, I am choosing to analyze this theme in more depth here.

The monetary side of gestational surrogacy is a contentious issue for intended parents and surrogates alike (Ragone, 1994; Teman, 2010; Thompson, 2005). As noted in chapter one in the definitions related to gestational surrogacy for this study, commercial surrogacy is illegal in Canada. For intended parents Medicare does not cover IVF procedures or gestational surrogacy except for in the Province of Quebec, which was recently passed in 2010. The passing of medical coverage in Quebec evokes the connection between gestational surrogacy and nationalism, specifically, Canadian Francophone nationalism.

Teman (2010) analyzed Israeli nationalism and its link to gestational surrogacy and suggested it is the main rationale for the legalization of surrogacy in Israel. McElroy (2002) states surrogacy narratives are also nationalist narratives in the United States. However, I am choosing not to analyze this politically charged topic any further than to say that it is a contentious discourse that needs to be studied further in Canada, but is not within the realm of my research questions.

Evidently, gestational surrogacy is not only an emotionally-charged endeavour it is a fiscally taxing one for intended parents and may cost upwards of ten thousand dollars. Plus, the common contractual practice for expenses a gestational surrogate incurs
such as vitamins, maternity clothing, health insurance, any and all travel costs, child costs (to name just a few), which are all above and beyond the medical procedure fees is to be paid by the commissioning couple. For surrogate mothers, the gestational surrogacy experience is designed not to cost any monetary sum but there are many physical and emotional tolls incurred. Canadian laws, Cecile’s personal beliefs, and the act of compensation by the intended parents contributed to her stress over money. Based on her experience, Cecile stated that it felt wrong to accept any money for being a surrogate, yet the offer of money is a way that her intended parents could show their appreciation in a tangible manner. This is evident according to Cecile’s memory of the intended parents dialogue with her from above and in the following excerpt, “They always said, “No of course we would not think of it any other way you are helping our family, we’re helping you. That’s money you can use for your own kids or to do something as a family.”” Cecile stated she “received no payment whatsoever for her second surrogacy”. Since financial compensation is illegal in Canada, the law was not passed when Cecile was first a surrogate, this is the reason many intended parents gift their surrogates with special jewellery, a vacation, or with cash after the surrogate baby is born, to acknowledge and honor the surrogates experience of suffering physically and emotionally, as Cecile’s first experience displays. Teman (2009; Kashmeri 2008; Shanley 2001) refers to altruistic surrogacy as gift surrogacy for this reason. Ragone (1989) also discussed the importance surrogates placed on intended parents recognizing their affection and generosity, even in commercial surrogacy arrangements. In the next section, Meredith’s experience of receiving a gift parcel from the intended parents with presents for all her family members and a CD of the delivery for herself is discussed.
Meredith

**Talk about it openly.**

Meredith is a 33-year-old single mother of two, with an 11-year-old boy, and a four-year-old girl living on Vancouver Island. She has shoulder length medium brown hair, light blue eyes, and a smattering of freckles across her nose and cheeks set against fair skin. Her mother, Sally, and daughter, who was resting on the living room couch during the in-home afternoon interview, were present as Meredith shared her story. Meredith addressed their presence saying, “We talk about it openly.” Meredith said she first thought of becoming a gestational surrogate when she was an adolescent of fifteen years and stated “then it went away.” Sally, who unexpectedly participated in the interview, whenever she felt it important, confirmed this. Meredith stated that after she had her own babies the idea of gestational surrogacy came back. Meredith claimed, “I wasn’t done being pregnant but done having my family.” Clearly, she was finished having children of her own and she was still young and healthy enough to be pregnant again. Plus, Meredith exclaimed, “I love being pregnant!” As a result, she explained that she began looking into gestational surrogacy online and found a Canadian fertility agency.

**The consultant’s girls.**

Meredith claimed the consultant who runs the agency is professional and “takes care of her girls.” The consultant was a gestational surrogate herself according to Meredith. Meredith explained that the agency provided assistance for gestational surrogates regarding the legal documentation, personal support, financial dealings, intended parent matching, clinic selection, and overall guidance throughout the
gestational surrogacy process. Based on her experience, the agency was clear about the need for separate lawyers for her and the intended parents, for the purpose of the contract drafting, negotiating, and signing after the baby was born. Meredith said she signed the legal papers after the birth with her separate lawyer, and she added, “I would not do gestational surrogacy without a consultant.” Meredith described her relationship with the consultant as “best friends.” According to Meredith, her consultant was living close but has now moved away. Meredith referred to other gestational surrogates as “the consultant’s girls” during our interview and she explained that some ‘girls’ tried gestational surrogacy independently\textsuperscript{3} and then came back to the agency.

**Facebook Support.**

Meredith described the use of social media such as facebook as a beneficial support network for her gestational surrogacy “journey”\textsuperscript{4}. “Surrogates from across Canada write every day on facebook to support each other’s journey. We talk about needle injections, IVF procedures, issues with intended parents and our emotions. You need to be invited into the facebook page.” According to Meredith, the consultant of the Canadian fertility agency she signed with created a private facebook page accessible only for gestational surrogates of that agency as noted by Meredith’s commentary. Meredith added, “there are at least 12 other girls on the Island and we have contact online and in person.” Based on Meredith’s account, they maintain daily connection on facebook and meet occasionally on Vancouver Island for lunches and to spend time together. Meredith specified, “A group of us girls are meeting for lunch in Victoria this Sunday.”

\textsuperscript{3} Independently or independent is the language used to refer to a surrogacy arrangement that does not involve an agency.

\textsuperscript{4} The word journey has become common language used to describe the gestational surrogacy experience.
Keep the baby?

“My mom was supportive from the start” Meredith declared. Sally interjected and said, “Meredith is a caring person and I was not surprised that she wanted to be a gestational surrogate, although her father was worried about her.” Meredith jumped in and explained further, “he was worried I would want to keep the baby.” From her perspective, Meredith described her Nana as “okay with it.” Meredith described her Nana by saying “Nana is over 80-years-old and lives in the UK.” According to Meredith, she told her son about the gestational surrogacy before she was pregnant because she believed he was old enough to know since he was 11-years-old. She explained that she told her daughter later in the process due to her younger age. Based on her experience Meredith concluded that her daughter understands the baby is not related to her and her brother. Meredith shared that her daughter loves babies and she insists on calling the surrogate baby by her first and middle name when referring to her in any conversation or situation. In addition, Meredith said her daughter helped her with taking the medication, as she was curious about it since Meredith needed to perform self-injections and remember to take multiple pills daily.

The joy on their faces.

According to Meredith, the intended heterosexual couple lives in Ontario and they came prior to the birth at twenty-one weeks of pregnancy to visit her for five days. Meredith stated that they flew to Vancouver Island again before their baby was born to be present for the birth. Meredith recalled on both occasions, the intended parents met her family members, including her children and parents. She explained that the intended
couple stayed in British Columbia for a month as the baby was overdue and Meredith was medically induced.

At the hospital, two rooms on the maternity ward were assigned, one for the patient, Meredith, and another for the intended parents, as Meredith recounted. She described giving birth after being induced multiple times with the gel. Meredith stated, “then my water broke and the baby born was born in just over forty minutes”. Based on Meredith’s account the baby was handed to her after the birth, and she gestured with her arms as if the baby lay against her chest. Meredith stated that the meaning of her gestational surrogacy experience was “to see the joy on their faces. I would do it again to see the joy on their faces.” She is referring to the faces of the intended parents when they were with their baby in the hospital after delivery. Meredith’s mother Sally agreed with Meredith’s account when she added, “The joy on their faces was amazing!” Meredith shared that she delivered their baby girl in January 2011. According to Meredith, six days after their daughter was born the parents returned to Ontario as a family.

**Surreal.**

Two months post-delivery Meredith stated, “it feels surreal that it happened.” Meredith shared that last week the couple sent gifts for her whole family. Meredith says she is most pleased with her gift of photographs of the delivery and a film of the birth, because she did not have any pictures or footage of the event. Hanafin (2006) recommends post birth symbolic gift giving, keepsake exchanges, and/or letters of thanks as a healthy component of reciprocity in gestational surrogacy. The culturally discursive notion of reciprocity will be taken up further in chapter five.
Different things.

Meredith describes divergence between pregnancy with her own children and with what she refers to as her “journey”. Specifically Meredith said she recognized the growth of the surrogate baby but not in the same way as with her own children. Meredith added, “I tried to do different things during pregnancy than with my own children.” She described using a midwife, birth coach, and doula for her journey and attending a prenatal class with her birth coach, which she claimed was different than her children’s pregnancies. Meredith mentioned that she liked that the intended parents lived in Ontario and she lived in British Columbia, and stated, “I didn’t want to be an auntie or anything for the baby like other gestational surrogates I know.” Post pregnancy, Meredith shared that she cried on day eight while doing a load of laundry of her pregnancy clothes, and “nothing else.” Lastly, according to Meredith she identifies the intended parents as acquaintances.

Expenses covered.

At the end of the interview, Meredith revealed that reasonable expenses were remunerated by the intended parents as stipulated in the contract facilitated by the consultant. She further stated, “it’s illegal to pay a gestational surrogate in Canada, but my expenses were covered.” Sally quipped in spontaneously adding, “You don’t do it for the money!” Both Meredith and Sally’s remarks rally against the all too common misconception that gestational surrogates often engage in surrogacy for the financial rewards, even though Canadian legislation prohibits commercial surrogacy arrangements as of March 2004 due to the regulation of the Assisted Human Reproduction Act, AHRA
(Reilly, 2007). Here is an excerpt from the AHRA from Section 12 (AHRA, 2004:8, in Kashmeri, 2008):

(1) No person shall, except in accordance with the regulations and a licence;
   (c) reimburse a surrogate mother for an expenditure incurred by her in relation to her surrogacy.

(2) No person shall reimburse a donor for an expenditure referred to in subsection (1) unless a receipt is provided to that person for the expenditure.

(3) No person shall reimburse a surrogate mother for a loss of work-related income incurred during her pregnancy, unless
   (a) a qualified medical practitioner certifies, in writing, that continuing to work may pose a risk to her health or that of the embryo or foetus; and
   (b) that reimbursement is made in accordance with the regulations and a licence.

A positive experience.

Emphatically, Meredith and her mother Sally both described the experience of gestational surrogacy as a positive one. According to Meredith, others in the community referred to her as an “angel” and they were surprised by her generosity to birth a baby for someone else. Recently, Meredith and Sally watched a special on the television program W5 and the journalistic segment spun gestational surrogacy in a negative light in their opinion, and they clearly stated their displeasure with the show. As a result, Meredith said she decided to contribute to this research when she saw it online. Below is the photo Meredith chose to characterize her gestational surrogacy experience.
The experience of family members.

Meredith’s interview was unique in that her mother, Sally, contributed to the dialogue, which was unexpected yet welcomed. Sally signed an informed consent for agreeing to participate in this research. In particular, the intent of this research is to highlight the way family members experience the gestational surrogacy process and Sally’s sporadic commentary offers some insight into her perception of her daughter’s experience. Sally takes up the position of supportive mother for Meredith as noted in the interview excerpts above. On the other hand, Sally and Meredith described Meredith’s father’s reaction as that of worry in regards to her possible desire to keep the surrogate baby. This concerned parental reaction is similar to my experience and to that of Cecile,
Laura, Sabrina, and Allison. Here is an excerpt from my story as I write about my parent’s reaction to my gestational surrogacy pregnancy, “They were not okay with my plan to become a gestational surrogate and chose not to even talk about it with me after our first few initial arguments and discussions.” According to Cecile, her mother displayed an “old school” response towards gestational surrogacy although she stated that her mother came around to support her eventually. Allison commented on her perception of her mother’s need to be included in the gestational surrogacy process which came across as her mother disagreeing with her decision to be a gestational surrogate. Hanafin (2006) states that if a gestational surrogate experiences negativity and/ or has little support, the intended parents’ role becomes more significant, and further I argue the need for outside professional support increases in these instances of familial disapproval. In sum, the need for further research in the area of gestational surrogacy from the perspectives of family members is palpable, as the tension family members experience is apparent from this research.

It is important to note that Meredith repeatedly narrates her gestational surrogacy experience using the term “my journey”. Sally also used this term. Further, Meredith used the word “journey” to encompass other women’s gestational surrogacy experiences. This description refers to the overall gestational surrogate experience, which I have discovered is common language shared by most of the participants and is included in more recent literature. I will only use the term “journey” in writing if the surrogate herself refers to her experience using this descriptor. The use of the word “journey” to describe the gestational surrogacy experience is evident in many of the surrogate narratives that follow.
Helen

Helen is a 28-year-old single mother with a four-year-old daughter who lives in Ontario, Canada. Her light brown hair was in braided ponytails and she has soft hazel colored eyes. Helen shared that a month prior to the date of our skype conversation on April 4, 2011, she delivered a four pound one ounce surrogate baby boy on March 4, 2011.

Experiencing pregnancy again.

According to Helen, the first thoughts of gestational surrogacy entered her mind when she was in high school and then resurfaced again when she was in her early twenties. Here she lightly reminisces,

Okay, well the idea first came for me when I was in high school. I had my best friend at the time and he’s gay, and we used to talk about him having kids and we’d make all sorts of inappropriate jokes about how he would get me pregnant with his child without us actually having sex. (laughing) And, it was one of those things that it was kind of a joke, but it was kind of serious and that’s what put the idea into my mind and we went to college and sort of grew apart over the years. Then when I was in my twenties I guess, maybe twenty-one, I started really thinking it was something. That if I could do it for him, I could do it for someone else you know.

Helen openly vocalized her compassion for others who are not able to have children.

This, plus her own family situation, specifically that of being a single parent in which she is not certain if she will have any more children of her own, and her love of being pregnant all contributed to her choice in becoming gestational surrogate. In the following dialogue, Helen provides rationale for her decision to endeavor gestational surrogacy.

The idea of wanting a child and not being able to have one really broke my heart. Before I even had a child of my own. Then I had my daughter when I was 23 and I loved being pregnant. Loved being pregnant with her. Aside from the morning sickness, I just really liked, enjoyed pregnancy even at the end when you’re huge and kind of tired of it, I still liked it. I was tired of it but I was still enjoying it, so that even more cemented it for me that it was something that I really wanted to
do. She was an unplanned pregnancy and I didn’t know if I would get the change to have another pregnancy of my own. So, it was also that thing of I liked pregnancy so much this could be an opportunity for me to experience pregnancy again if I didn’t get the chance to have more kids of my own.

Moreover, Helen indicated numerous emotions that noticeably underlie her early thoughts and rationale for taking up the role of gestational surrogate. Altruistic thoughts and motivations are common rationalizations for surrogates, even in commercial surrogacy agreements, in deciding to pursue the act of surrogate mother (Ragone, 1994; Teman, 2010).

**Mixed emotions.**

Helen expressed a multitude of mixed feelings she experienced after her gestational surrogacy process. Some of the mixed emotions Helen discussed are in relation to the early unexpected delivery and birth of the baby boy that did not go according to plan.

> It was so happy. It was, I felt really guilty almost that he had come early, even though the logical part of my brain says, “that wasn’t my fault. There wasn’t anything I could do about it.” I still felt like it was my job to keep him in there and it was my job to make that happen so I felt really guilty that he had come early and they were going to have to stay and they weren’t going home with this chubby little baby the next day. Other than that, I felt so happy. Seeing their crying faces when they came in. I didn’t get to see them with him until the next day but it was really overwhelming how good I felt. They walked in and they were crying and I started crying. Like I said, I feel like I did a good job keeping separate from them so it wasn’t sad for me that they were having him and I wasn’t. I have said to people that I have a lot of mixed emotions, but the mixed emotions aren’t around him and aren’t around him going home with them. The mixed emotions are around everything that went wrong. Feeling like there should have been something I could do.

In this one interview excerpt alone Helen mentioned a wide range of emotions about events she says went wrong such as the premature birth, and the death of one twin during her gestational surrogacy experience.
It wasn’t my sadness.

Helen recounts that the IVF procedure resulted in her carrying a fraternal twin pregnancy for the intended fathers. She shared that tragically, one of the twins, a little girl, died in utero between twenty-four and thirty-one weeks gestation. Helen refers to this twin as Baby A. She acknowledged her sadness and helplessness for the loss of baby A and sadness for the intended parents, as the membership of their family was altered early by death.

*It was hard because for me I feel like I did a really good job of keeping separate from them and as unattached as you can be from them. But watching their dads go through this, and it wasn’t like “oh she could die” and she did die right away. We had seven weeks of this dragging on of, it could happen, it might not happen and they were emotional wrecks the whole time. It was really hard to watch the picture of their family falling apart. And to be able to do nothing, I felt so helpless about it. The Dr. said, “there’s nothing you can do.”*

Helen clearly feels guilt and disappointment about not carrying both babies to term, although she believes there was nothing she could have done about it. Simply, she recalls, it was out of her control. She affirmed that her sadness was more for the intended fathers as she tried to distance herself from the grief for the loss of the twin.

*It just felt like, “they’re in my body I should be able to do something about it. But as far as emotionally around her death, I mean it was really sad but it was more, I felt sad for them. It was more that I felt sad for them, and of course I felt sad she had died, but it wasn’t my sadness you know."

I didn’t get the journey.

Helen also noted her grief for the loss of her “ideal gestational surrogacy journey,” which she illustrated as a full term pregnancy, with a big pregnant belly, and growing a chubby baby for the intended parents to take home. Helen explained it best herself,
And the feelings of disappointment where I didn’t get the (crying) journey – they call it- that I expected. I had all those weeks of stressfulness where I didn’t really get to enjoy the pregnancy, which was part of the reason why I did it. And I didn’t get that last couple of months of pregnancy of feeling him move and getting that huge belly that most people hate that I actually really liked. So my own disappointment for, calling it a loss isn’t right, but my own stuff that I did not experience because of what happened.

Helen clearly differentiates between herself and the surrogate babies. Thompson (2005) argues that the notion of the separation of a pregnant woman from her embryo is a result of the abortion debate and assisted reproductive technologies. Women have rights around making choices about their own bodies, which may be in the form of abortion and/or reproduction. Thus, both women’s rights and embryo rights emerge from this argument contributing to the idea of two separate entities rather than one until the baby is born. This is an important concept pertaining to gestational surrogacy since the surrogate and embryo can be looked at separately.

**Tough question.**

Helen said she identifies with being a gestational surrogate because she birthed a baby boy, albeit not the way she planned. However, her gestational surrogate identity is hampered by her belief that she is an unwanted future surrogate due to body betrayal. More specifically, the premature birth of the baby and death of Baby A undermine her sense of self worth as a surrogate even though she did deliver a baby through gestational surrogacy. During the interview Helen was asked the very personal question if she would consider attempting gestational surrogacy again. She responded in the following manner,

(A loud sigh) That’s such a tough question, because if nothing had gone wrong, if all had gone according to plan, knowing what I know now about him going home with them [IP’s] rather than with me. I would say 100%. Absolutely, I would do it again. But because so much did go wrong, it’s hard to know. (Sighing again). I feel like it would be hard not to be stressed the whole time and I don’t know if any IP’s would want me as their surrogate. Even though medically it was not
something wrong with my body, it’s hard to explain that to people who have had lots of loss. For same sex couples, they don’t use a surrogate on a whim it’s because they have had lots of loss. For a same sex couple they’re putting all their stakes in their family in you. I don’t know that there would be any couple that would want to use me after what happened. Maybe there are, but I feel like it would be hard to assure someone that that wasn’t going to happen and even to assure myself.

This exemplifies the part of gestational surrogacy that derives as sense of worth from what one’s body can or cannot do. Helen feels her body betrayed her by not carrying the pregnancy full term therefore she experiences doubt and mistrust with her own body.

**Belly shots.**

Helen chose not to send a photo of her gestational surrogacy experience, but commented that most of her photos during the surrogate pregnancy are of her growing belly with no head and/or face shot. Helen explains,

*I have a couple of belly shots without my head in them, but I don’t have pictures that mean something to me. I have pictures of my pregnancy belly and it’s fun to look at that but I don’t have a picture that is sentimental for me.*

Not having meaningful photos may provide safety and separation from the gestational surrogacy experience for Helen. Teman (2010) argues Israeli gestational surrogate’s detachment from the baby is noticeable in many distancing rituals including not acknowledging the pregnancy through bonding with the fetus, and in the denial of being pregnant at all. Pictures of Helen with no head further remove her from the experience of her pregnant body, while also providing anonymity. According to Teman (2010), Helen is engaging in a detaching practice similar to those described by Israeli surrogates. For a fuller discussion see Chapter five in regards to this issue.
Self-talk is important.

Helen remarked on the importance of self-talk and her thought processes pre and post pregnancy. This “self-talk” is itself shaped by dominant cultural discourses and provides interesting access to taken-for-granted ways of thinking about surrogacy. Helen explained how she used specific words to describe the babies when talking about them and the way in which she envisioned the gestational surrogate babies outside of her womb in their father’s arms in the following excerpt.

I ALWAYS made sure I never said “the babies” I always said “their babies” or used their names. B and L’s babies are kicking, or we are going to see B and L’s babies on an ultrasound. When I talked to my daughter the same thing, “the boy’s babies” and it was all about just the way I talked to myself and her, and had things in my mind. In my head they were never, when I pictured them as babies, as you always do, out of the womb, I always pictured them in their dads’ arms and not in my arms. I feel like that is what did it for me the way I talked to myself and thought about things.

Helen articulated the purposeful construction of her cognition and language when discussing the surrogacy in an attempt to emotionally separate from the babies. “That was my plan from the beginning was to talk purposefully.” Helen further described a conversation with her brother about the importance of self-talk during gestational surrogacy.

I was talking to him about self-talk and he said you know that makes sense cause if we tell ourselves, we’re not worth anything we start believing it. So our self-talk is important. It does affect the way we think.

Helen carefully constructs language to support detaching from her surrogate baby. According to Gergen and Gergen, cognitive scripts pertaining to the inner realm of an individual are socially constructed through relationship (cited in Sparkes & Smith, 2008). Helen follows the discursive script of distancing herself from her surrogate baby relationship in using language that denies their relationship and by implementing the
notion of the mind/body split to differentiate her thoughts from her pregnant body. In relationship with her brother Helen is discussing the co-construction of her cognitive scripts or “self talk” in her words. These cognitive scripts follow the unspoken rules of gestational surrogacy that will be discussed more in chapter five.

**Your worst nightmare.**

Helen recalled her mother and brother’s concern initially at the thought of gestational surrogacy but explained that they both adjusted to the notion. She also recounted her younger teenage sister’s response in the following piece.

*My mom was really concerned when I told her. She was really concerned that I was going to end up being hurt by it. You know, like your worst nightmare what happens afterward of feeling like you wanted that baby but it’s not yours and being emotionally upset by it or hurt by it...After she expressed her concern and got over that a little bit, she was really supportive. My brother was too. He expressed concern as well but he’s not my mom so he’s not as protective about it but he was the same. As soon as we talked a little bit about it, he was supportive. My sister, well she was 14 when we started, so she was “yeah that’s good.” I have a really really supportive family which is great. They supported me through the whole thing and there was never an issue.*

Overall, from Helen’s perspective her family members responded with support for her decision. Additionally, based on her experience Helen concluded that she explained gestational surrogacy to her pre-school daughter in a matter-of-fact way consistent with her parenting style. Here, Helen narrates how she told her daughter about surrogacy:

*She’s four and I’m a truth kind of mom. We never use pretend words for anything, body parts or anything else. I’m an age appropriate truth kind of mom, so I just told her. She met them before we had the transfer and I said, “they want to be dad’s but they don’t have a uterus so they can’t. Their baby is going to grow in my uterus.” The great thing about 4 year olds is they will just accept what you tell them. She’s a question kid. She asked a million questions, but it’s not complicated to them. What your mom tells you is how it is. I just said, “the doctor will put their babies in my tummy and they’ll grow and that’s what will happen.” She asked about how babies come out of tummies? So I told her how babies come out of tummies. Then she went and told everyone at her daycare (laughing).*
According to Helen, she constructs the honest age appropriate clarification of gestational surrogacy to fit her daughter’s pre-school cognitive developmental stage.

**Life insurance.**

Helen declared that she planned for her own daughter in the legal contract, although the protection is limited. She stated, “they agreed to pay for life insurance in case anything was to happen to me [during the pregnancy and delivery]. She’s not protected emotionally, but financially her future is protected that way with the life insurance policy.” Helen considers and stipulates her daughter’s needs within the legal contract due to the vast complexities of gestational surrogacy in regards to her family and possible outcomes. From her perspective, the contract document provides Helen with a sense safety, confidence, and security by addressing the potential negative impacts on her daughter, in the event of a tragedy resulting from her gestational surrogacy experience.

**Luckiest babies.**

From Helen’s perspective she commented on her intended father’s desire for a child and emphatically stated,

*You can’t do it accidentally! You have to really really want it if you’re going to do this, and I feel the same way about the men who I did it for, the whole time I told people, they are the luckiest babies in the world because they are going to be fantastic dads and they are.*

Helen rallies for intended parents and the children born through gestational surrogacy in the following suggestion: “these babies are wanted so badly that their parents are willing to- I’m sure lots of parents take out loans just to pay for the IVF because IVF is SO expensive. If it doesn’t work the first time, God.” Helen’s commentary contradicts earlier notions related to surrogacy that infertility is an indicator of unavoidably incompetent parenting (Fisher, 1989 in Kirkman & Kirkman, 2002). According to Helen she is
referring to the drive, willingness, desperation, and love intended parents exhibit when creating a family through gestational surrogacy. These qualities intended parents are expected to possess follow the discourse of altruism, which permeates Canadian surrogacy practices. Further it seems if these qualities are not present or visible then the preferred storyline is compromised, which prompts the question: What if the intended parents don’t seem “desperate enough?”

Helen concluded based on her experience that the desire of intended parents can be equated with the parenting skills and strengths in which surrogate children benefit. Edelmann (2004) concurs children born through surrogates show good adjustment with parents who function well based on limited research (Shelton et al., 2009).

Joyful.

Helen shared her feelings of happiness and joy that emerged upon seeing a photo of the intended father holding his son for the first time.

*The first time I saw a picture of one of the dads, the first time he got to hold his son, which wasn’t until several days after he was born, the picture just made me cry with happiness. Seeing the look on his face holding his son for the first time was just (pause) just (pause) joyful.*

A need for post surrogacy support.

Grief related to loss is an underlying theme throughout Helen’s narrative. Based on her account above, Helen identifies her sadness more for the intended parents than directly for the baby, which may be a form of coping with the death and the gestational surrogacy experience on the whole. Ragone (1994) found that fertility clinic professionals in the United States encourage gestational surrogates to identify and attach to the intended parents, by forming a relationship with them during the pregnancy, rather than attaching to the surrogate baby. Sabrina, a participant who is introduced later in this
chapter, also commented on her feelings of grief due to the change in relationship with the intended parent(s) post-delivery. In essence, Helen is grieving the death of a child she attempted to give life to, challenging pregnancy complications, and dealing with the loss pertaining to her relationship changes with the intended parents since she is no longer a surrogate mother. Savage and Savage (2010) write about the complexity of this unique loss following their gestational surrogacy experience, “There is no ritual for this loss… It would be wrong to have a funeral or a baby shower” (p. 255).

As our co-constructed interview progressed I gently encouraged Helen to frame the disappointment, by actually calling it a “loss” in an attempt to support her processing and acceptance of the grief she described above. Hanafin (2006) states common problems in gestational surrogacy arise around struggles with surprises. Helen’s phrase for her experience of challenging surprises was, “the loss of her ideal journey.” This raises ideas about post pregnancy support and if more is needed. See chapter five for more on this topic.

Susan

Susan is a 49-year-young married woman with two children and three grandchildren who lives on Vancouver Island. She participated in an interview for this research via skype on April 6, 2011. Her intergenerational familial gestational surrogacy story is very public as it has received global attention from multiple types of media including many newspapers, magazines, and websites.

Maybe I could be one?

According to Susan, her stepson and his wife experienced infertility and were exploring third party reproduction when the idea of gestational surrogacy surfaced for
Susan. She recalls mentioning it to her husband saying, “I have the equipment and I’m not using it, maybe I could be one” [referring to being a gestational surrogate]. She recounted her husband’s response, “Yeah that would work.” Later in our interview, Susan added that personal experiences with her own children and media discourse played a role in her decision to become a surrogate as well. Susan states,

*My oldest daughter was born severely handicapped and I remember watching an Oprah show when I wasn’t sure whether she was going to live or die, and she [Oprah] had these women on that got pregnant by accident and really didn’t want the kids but kept them. The kids were not being cared for and I remember being really angry and I think that did shape my thinking process behind the whole surrogacy thing.*

From her perspective, at the juncture when Susan was pondering the idea of gestational surrogacy for her son, her daughter-in-law’s friend already offered to be a gestational surrogate. According to Susan, a month into the pregnancy with their gestational surrogate friend, she miscarried and thus decided it was too difficult to try again. Susan explained that her daughter-in-law also explored international surrogacy while looking at various paths of third party family building.

**India.**

International surrogacy as described in the literature review is now an option in third party reproduction. Also, commonly referred to as reproductive tourism, international surrogacy is on the rise (Hanafin, 2006; Humbyrd, 2009; Pande, 2009; Twine, 2011). Susan expressed her concern for gestational surrogates in India when she discovered that her daughter-in-law was investigating international surrogacy to have a baby. She commented, “Gloria was talking about going to India, which is one of the ways of doing it, expensive, but one of the ways. None of us were really that keen on her doing that because you really don’t know what goes on and what those women are treated like.”
Concern about the challenges of international surrogacy and the first surrogate miscarriage contributed to Susan’s willingness to be a gestational surrogate for her stepson and daughter-in-law.

**Intrusive at times.**

According to Susan her stepson told his wife in their despair that, “My mom said she would be a surrogate.” Susan explained what happened next, “She phoned me that night blown away saying, “I didn’t even know this, are you still interested in doing this?” Susan added in retrospect, “It wasn’t a conscious thought. I just thought I would help my kids out.” Susan said she became pregnant through IVF with a singleton birth following the transfer of three fresh embryos. Susan described times when she felt like she was intruding in the middle of their intimacy as a couple, as their healthy pregnancy progressed. Here Susan explains, “Just the fact that a couple usually goes through this together and there is not usually an outside influence or somebody else in the room when they view their baby, right. It was kind of neat to watch but it also felt intrusive at times.” Susan is referring to the ultrasound and medical appointments for the baby that both her stepson and daughter-in-law eagerly attended. Another time during the interview Susan expressed her struggle with intrusive feelings, “I was really honored that I was doing it, but I almost felt like I was intruding into their personal stuff sometimes.” Judith Daniluk suggests that there are added boundary challenges between family members who engage in gestational surrogacy (personal communication). The intrusive feelings Susan comments on in her narrative seem to be a result of the familial dynamic, as none of the other seven gestational surrogates in this study refer to feelings of intrusiveness during the surrogacy experience.
Grandbaby on board.

From Susan’s perspective she and her family decided to reveal the gestational surrogacy during Thanksgiving dinner. Susan shares the tale as follows.

We didn’t tell anyone what was going on until Thanksgiving. Then we sprang it at dinner. What we did was I had a t-shirt made up that said grandbaby on board with an arrow down and I had a hoodie on while I was cooking dinner and then when we all sat down [my grandson] sat down and said he was thankful he was going to be a big brother. There was a silence, because he has a mom from a previous relationship and [my daughter in law] stood up and said, “just to clarify its not from his mom.” And everybody was like, “What? Who’s your surrogate?” Then I stood up and unzipped my sweatshirt and it was kind of obvious because I was getting fat at that point. Then pandemonium broke out and it was fun. I did tell my mom earlier and [my daughter-in-law] had told her mom just cause we didn’t want them dropping dead from a heart attack at the dinner table! (laughing)

Susan laughed openly as she reminisces about their new family Thanksgiving tradition of springing important news adding:

It was actually lots of fun. And my daughter repeated the scenario this year because she’s now pregnant and due in May and she stood up at the Thanksgiving table and announced that she was pregnant. So everybody’s like, “we’re not announcing anything like this next year!” (laughing)

A release of everything.

Susan further shared that her family made up t-shirts with funny sayings and wore them during the pregnancy. From Susan’s perspective, her husband also enjoyed joking with their friends about her surrogate pregnancy. Susan disclosed the following comical family activities:

I had that t-shirt and I actually wore it at the end because it was nice and big and I could fit my belly in it at the end. Also, [my daughter-in-law] had a t-shirt made up, “Not my baby not my husband’s baby either, proud surrogate mother. “ [my husband] had a similar t-shirt, “not the father, my son’s baby”. I can’t remember exactly. We had lots of fun during the pregnancy. My husband is a practical joker and he would go up to his friends when we started telling people and he would say, “Sue’s pregnant and they would kind of look at him cause he has white hair and he’s 53 so they were kind of shocked and he would go “It’s not mine.” Then
they would ask, “Did Sue have an affair?’ and he would say, “No. It’s my son’s!” And they would say, “what!” Finally he would get around to telling them but he would string them along. By the time he actually got to the situation we would be all killing ourselves laughing. It was pretty fun.

Based on her experience Susan recognized that the humor and fun their family chose to take up throughout the gestational surrogacy experience helped with the release of emotions. Susan explains,

Yes, it’s kind of a release of everything. We just had total fun the whole time. When we found out before the government levied the charge for finding out what sex your baby is, the day we did we had it put into an envelope because [my stepson] couldn’t be there at that time. We had the guy put it in an envelope, I sort of knew cause I could see it on the ultrasound. We had it put on a note and [my daughter-in-law’s] dad was in the emergency department so I said I’ll meet you downstairs and we’ll reveal it outside. When I opened it up and it said “it’s a girl” [my daughter-in-law] started jumping up and down saying “mini me, mini me!” David was stunned because he thought it was a boy for some reason. We had lots of fun with things like that.

Above, Susan confirmed that the meaning and significance of family members relating with one another through humorous events was a form of emotional emancipation.

A very positive experience.

The response from community members when they found out Susan was a gestational surrogate was fraught with questions and excitement from her experience, which she perceived as positive. Susan shared some of the questions and feedback people exclaimed to her in the following quotation. “Most of the questions that I get from people when they found out was I was a surrogate was, “How does this all come about? How? We read about people like this but never actually met one.” Based on her experience Susan goes further to evaluate the dialogue she encountered with others in this next piece.

Most of it was really really positive. I can’t think of anybody who was really very negative. Everyone was really very excited and it was a very positive experience actually. I was sort of prepared for negative reactions, but that never came up.
All my friends were really excited. So, no, I really didn’t have anything too negative.

A big thing for him.

From her perspective Susan described her husband’s active role in the gestational surrogacy process at the hospital on the day of their granddaughter’s delivery by c-section. She stated,

It was an experience, and he experienced things that he had never experienced with his own kids. Because when his kids were born fathers weren’t even allowed in the delivery room let alone into the OR [operating room], so that was a big thing for him.

Susan is referring to her husband cutting the babies umbilical cord since their son was not allowed in the operating room. Susan recalled that he did not experience this with his own children. Furthermore, Susan added, “So, as soon as the baby was born, well he [my husband] cut the cord because he [our son] had asked him to, and then he [grandfather] took her out there to see “the parents!” The baby’s grandfather played a large role on the day of his granddaughter’s birth, not only was he there to support his wife, the gestational surrogate, he cut the umbilical cord and presented his granddaughter to her excited parents, according to Susan. Hanafin (2006) suggests partners of gestational surrogates routinely participate in counselling in anticipation that the partner will be involved in the experience.

The most difficult thing.

The gestational surrogacy experience constructs multiple challenges for surrogates and their family members. In the following interview excerpt Susan tells all about the struggles in her marital relationship due to gestational surrogacy from her husband’s perspective.
He’s glad that it’s over with because I think it was hard on him. Especially at the beginning when I wasn’t allowed to do anything, I don’t know about you, but I live at a lake and I wasn’t allowed to go swimming. So he found that pretty difficult. Then when I was spotting, nothing, I was not allowed to do ANYTHING. He pretty much had to become cook and cleaner and everything, so he found that difficult. Also the whole sex thing was difficult. He was teasing Gina “you owe me big!” (laughing). He came through it fine.

Hanafin (2006) argues the partner makes numerous sacrifices during the surrogacy process and the strength of this partner’s support to the surrogate requires assessment by a professional counsellor.

Additionally, Susan shared their familial challenges of living in a small town and keeping the surrogacy private until they knew it was a viable pregnancy. Not to mention, from her perspective Susan is more publically visible in the medical field and as a community member because she is a nurse by profession therefore people know her in both roles. In the following dialogue between Susan and I, my insider knowledge deepens the conversation in Susan’s story telling as she explains her struggle for privacy.

Ann (A): Did you only have to have the one shot then?
Susan (S): Yep.
A: Was that for Lupron?
S: Yep.
A: That was the same for me, sounds like Dr. H does it that way. I have talked to some women out in Ontario and they had to do the shots everyday for the first so many weeks, so they had a different medical regime. I am quite thankful I only had to have the Lupron shot once.
S: Yeah, me too. My husband too (laughing) cause I wouldn’t be able to do an IM injection on myself and I didn’t really want to go to the Dr.’s office. Dr. H said, “you can always go to your GP”, but my next door neighbor’s daughter works at the GP office so next thing you know it might be all over town and we were trying to really keep it under wraps from everybody until we knew for sure it was
going to be a successful pregnancy. That was the only thing that really drove us crazy. *(laughing)*

A: Yes that’s a double challenge in a small town.

A third tension Susan discussed based on experience is in relation to the medical procedures of the gestational surrogacy when she needed to take a Lupron injection. Again, because she was a nurse trying to maintain her privacy in the first trimester of the surrogate pregnancy in a small town, Susan felt unable to go to her general practitioner doctor to administer the shot. Therefore, she relied on her husband to give her the Lupron injection much to his dismay, according to Susan. Below she narrates the difficulty the shot presented in her marital relationship and her physical reactions to the medication.

*Being in a small town when we had to do the suppression IM injection, my husband had to do it and he is afraid of needles, so that was an exciting time for us. I made him watch youtube videos until he felt comfortable enough to do it. Then I landmarked it and I actually froze my leg just in case! *(laughing)* That was the most difficult thing for me, the IM injection. Otherwise, I had some headaches when I first started the estrace. After that, I got used to it and it was fine. I had to take ASA as well with the estrace so I wouldn’t get clotting. I got bruises from banging into things. I’m a bit of a klutz but other than that *(laughing).**

Gestational surrogates and their partners in marital/common law relationships are assessed for strength and stability within this relationship prior to taking up surrogacy in the United States (Hanafin, 2006). From my surrogacy experience and based on the narratives of the eight participants in this study, social supports, specifically partners, are part of pre-screening counselling in Canada as well.

**The way the medical system is.**

Post-delivery Susan remained at the hospital in order for her daughter-in-law to receive the medical support she needed to nurse her new baby.
Well I stayed just because of the way the medical system is, not really geared for surrogate. So I stayed for 3 days after the birth just so that Gloria, she breast-fed. She had taken the supplements before to stimulate her milk for breast-feeding. So she wanted to get that sorted out before she left, and if I had left the baby would have had to leave. So I hung out (laughing), we hung out.

Alongside her comment that the medical system is not prepared and equipped for gestational surrogacy Susan added,

The only way Gloria could stay is if we had a private room, so we got a private room and that was okay. She had a bed beside me and it worked out good. Otherwise, if I had had a vaginal birth I could have gone home that day with a c-section they keep you overnight, at least one night. I would have come home the next day, but I didn’t have anything really to do anyways so I might as well stay. Help out.

On top of delivering her grandchild, Susan supported her daughter-in-law to establish breast-feeding by staying in hospital past the time necessary for her own health since the medical system was not aligned to support her daughter-in-law according to her dialogue. Based on her experience Susan challenged the lack of acceptance within the medical system in regards to gestational surrogacy and the laboratory rules concerning the number of people and who are allowed to witness ultrasounds, all the while supporting her daughter-in-law. Susan explained her actions related to ultrasound procedures.

That was a bit of a fight that we had with VIHA. Because they allowed only one person and I said, “yeah but I normally would not be there.” It would normally be the mother and the father at the ultrasound, especially the 18 week one when they look in detail. So I actually had to write to the client relations type person and she dealt with it so then my son was allowed to come to all the ultrasounds.

Clearly, Susan advocated for her son and daughter-in-law based on the medical complexity which gestational surrogacy presented, and the system’s inflexibility to change.
Legal system.

From her perspective, Susan brought to light a challenge with the legal system too. Susan stated that her son and daughter-in-law experienced financial difficulties with their lawyer’s fees since they needed to hire a lawyer twice due to the miscarriage with their first gestational surrogate. Susan illustrates their financial challenge that surfaced due to the Canadian family law governing surrogacy.

*My son and daughter-in-law had already gone through it with Lauren (name changed), so they already had an experience with the legal system, especially not a really good experience. The lawyer they had hired was charging exorbitant rates. Even Dr. H has taken her off the list that he had of people to go to.*

Evidently, fiscal challenges with legal system costs need to be considered and changed according to Susan’s narrative.

Fixing the health care system.

Susan’s unique perspective throughout her gestational surrogacy experience is a result of her background as a medical professional. Her nursing background situates her in a position to analyze and critique some of the medical practices she experienced as a result of her surrogacy. Her nursing identity enhanced the interpretation of medical practices in gestational surrogacy and she commented on these observations during our interview. More specifically, Susan believes our medical system is not set up for surrogacy and certain practices necessitate change to meet the unique needs of the families going through gestational surrogacy. Based on her experience Susan stated,

*Certainly they could go along way to fixing the health care system to allow the surrogacy thing. This is a surrogacy situation: this is how we are going to handle ultrasounds. This is how we’re going to handle the birth. Cause clearly there is differences between your experience and my experience even. That would be nice if anything came out of it that would be nice, cause it’s already an emotional time for parents and surrogates without having to fight for everything.*
It was always their baby.

Susan described that she made a Christmas ornament for her daughter-in-law with the sound of the baby’s heartbeat. The notion behind the gift was to provide the daughter-in-law with an early connection to her baby to build attachment even though she was not pregnant. Attachment, she believes is fostered through these kinds of rituals. Teman (2010) argues rituals in gestational surrogacy construct attachment between the intended mother and baby while supporting the relationship between surrogate and intended parent. Susan described her experience,

*I’ve always treated it as their baby. I tried to include them in everything including I had my friends at work help audiotape the babies heartbeat. We took the Doppler at work and recorded it on one of those recordable Christmas decorations and gave it to them so Gloria could listen to it every night before she went to bed. It was always their baby.*

Based on Susan’s narrative, listening to the ornament enhanced bonding for the soon-to-be mother towards her baby. Susan used the Canadian cultural gift-giving ritual at Christmas to socially construct attachment between the unborn baby and her daughter-in-law in this gestational surrogacy situation. The type of gift given is unique to gestational surrogacy, however the ritual of gifting is common cultural practice, and encouraged between intended parents and gestational surrogates by counselling professionals in the United States (Hanafin, 2006). Figure 3 shows the photo that Susan sent to illustrate her gestational experience. Susan explained that her husband, son and daughter-in-law are with her in the photo at the hospital prior to the birth of her granddaughter.
A call for systemic changes.

The theme of navigating the Canadian medical system is a focal point in Susan’s story. As a nurse, she noted the inconsistencies and flaws pertaining to the medical practices of gestational surrogacy that she experienced in her narrative. Because of the medical practice incongruencies she experienced while acting as a surrogate mother, she supports a call for systemic changes. For example, part of the process as a surrogate is to have ultrasounds at multiple junctions in the pregnancy, yet the medical labs stipulate rules that do not compliment or support gestational surrogacy since the intended parents are not allowed in the ultrasound room. Only one family member is allowed in the ultrasound lab room that being the partner of the pregnant woman. As Susan reported, she advocated for her son and daughter-in-law, the intended parents, to participate in the
ultrasound by writing a letter to medical personnel. My experience was similar in that our
general practitioner predicted the ultrasound technicians would not allow my friend
Simone, the intended mother, into the lab room. Therefore our doctor gave us her
personal cell number to give to the lab to call for verification of the surrogacy situation.
This process took an extra hour and some effective communication with the medical staff
on my part, as I was a practicing Social Worker at the time, while we waited to be
permitted into the ultrasound room together.

In both Susan’s and my position as surrogates we were able to advocate for
ourselves, although this increased tension and is unhealthy for pregnancy. Furthermore,
Meredith commented on her experience of being charged for an ultrasound by a Victoria
medical lab because the image was for gestational surrogacy and not her own pregnancy,
even though the surrogate had medical coverage. Likewise, Cecile, Meredith, Susan,
Allison and myself all delivered in the province of British Columbia and Helen, Sabrina,
Laura and Angele delivered in Ontario. Based on our conversations, each of us
experienced different medical procedures, and our hospital birthing experiences varied
vastly, aside from the expected differences that surface with each individual labor. As
such, universal medical protocols for handling surrogacy in Canada is necessary to
minimize tensions and complexities throughout the process. Overall, this is what Susan is
suggesting and I concur as a result of my experience. Thompson (2005) argues, “the
major political and moral issue is not assisted reproductive technologies in particular but
is access to medical care in general (p. 25) and I add, to consistency in gestational
surrogacy protocols. In chapter five, I take up the issue of politics in assisted reproduction
as it relates to the Canadian medical system.
Sabrina

Sabrina was interviewed by phone on April 10, 2011. At the time when her experience took place two years ago in Ontario Canada, Sabrina described that she was a single mother of two children. She clarified that her son was ten and her daughter was eight when she ventured into her gestational surrogacy experience.

At a cross point of my life.

Sabrina openly shared her experience of going through a divorce and feeling bad about herself due to what she refers to as an “emotionally challenging life event.” As a result of her divorce, she explained how she changed her religion from Pentecostal to Catholic since the Pentecostal faith does not support divorce. Amongst all of the upheaval in her life Sabrina said she decided to become a gestational surrogate. In the following excerpt Sabrina explained her gestational surrogacy choice and the impact religion played in this decision.

I’m really proud at having been a surrogate to be honest. It means to me that there’s a lot of good that we do in our lives and there’s a lot of things that we do that we’re not always proud of and I have to be really honest, at the time in my life when I decided to be a surrogate, I was at a cross point of my life. I had been really heavily involved in the born again Evangelical Baptist Pentecostal church for many years; was married into it, taught Sunday school and getting divorced and going out into the world, leaving that kind of faith behind me because it didn’t fit anymore they wouldn’t accept me as a divorced person. I felt a little bit like not worthy not good. When you’ve been in that it really becomes a part of who you are and so my sense of who I was under a lot of renovations at that time shall we say and being a surrogate to me was a way to do something that was really awesome in the big picture of life. For myself, it was a way to show my redeeming-ness that I still was a good person.

According to Sabrina, she sees her experience with altruistic surrogacy as a way to privately and publically show her value and worth in this world given that her religion did not recognize her worthiness due to her divorce. Sabrina narrated further about her
spiritual identity being challenged by religion and how gestational surrogacy was a spiritual journey for her. “Surrogacy had a deeper meaning to me in that way because I got a lot out of it spiritually, cause my spiritual self was at a bit of a crisis. I got a lot out of it in that respect.” Sabrina spoke of her gestational surrogacy experience through a reciprocity lens. In other words she believes she is giving herself physically, emotionally, and mentally in gestating a child for another family. From her perspective, the experience of growing the child fulfilled her spiritually in return.

A way to show my redeeming-ness.

In contrast to the dominant story of gestational surrogacy as “unacceptable” and “damaging”, Sabrina shared how gestational surrogacy actually supported the shifting process of finding the self she was seeking. Through gestational surrogacy Sabrina constructed her spiritual identity, which she described as an emergent process.

For myself, it was a way to show my redeeming-ness that I still was a good person. I could do something good in the world. I didn’t have to be coloring in those lines that people told me I had to. I could go out of those lines and I could do something that was really different, really wonderful, even if it was out of people’s comfort zones, which it most certainly was.

From Sabrina’s perspective, her identity shifted through her experience of being a gestational surrogate and for her this felt like a spiritual endeavor. Sabrina further shared how the nine months of pregnancy through gestating a surrogate baby provided her with time and space for identity construction.

But it was a very good experience for me as I said, spiritually. I needed that time to pause in life and to reconnect with myself, and that little baby was the perfect excuse to do it. I got a lot out of it for sure though. I’m really thankful for that time that I had.
There will be no mom.

According to Sabrina, she was grappling with the decision to become a gestational surrogate again, however this time she noted that she wanted to gestate a child for a gay family. Kashmeri (2008) suggests gay surrogacy occurs in Canada due to an inclusive context of social policy supporting gay rights.

There are a lot of surrogates who refuse to carry for gay people and that’s really unfair. I think they are just as deserving as a straight couple and I would love to be somebody that says “yes” to a gay couple and gets to help them start their family. I’m a little more partial to that now.

Plus, Sabrina discussed the significance of her children’s input in her decision-making about a second surrogacy experience, given they are older. Here she re-tells her conversation with her children.

They are a little older a little more wise. I thought that would be good to get their input into it and they both were like, “oh yeah, sure if that’s what you want to do.” I’m talking to a same-sex couple about doing it for them and I said to my older daughter, who is 12. I said, “if I do it, I’m probably going to do it for two dads. There will be no mom. It’s two dad’s”’. She said to me, “Oh mom, that’s so nice!” So it didn’t matter to her at all. She thought, “that is wonderful”.

This excerpt speaks to the dynamic of family members supporting other families in gestational surrogacy as a family building option. Clearly, the decision to engage in gestational surrogacy is not a solitary one for women. The decision impacts many people within the two surrogate family constellations, as Sabrina’s future surrogacy plan dialogue highlights. The multitude of players involved in gestational surrogacy includes professionals, the surrogate child, intended parents and family of the gestational surrogate namely husbands as all contributing to the construction of a gestational experience. More specifically, the perspective of a gestational surrogate’s husband and children are significant in decision-making.
A pretty special man.

Sabrina noted that she was a single parent while she was a gestational surrogate. However she commented on the importance of the husbands married to women who are surrogates in the decision-making process and throughout the pregnancy and delivery. Here Sabrina explained,

I truly do believe that because it’s such a dynamic when you watch your wife carry a baby and you go through all that. To go through all that for somebody else’s baby as a man, I think the man is almost as special as the woman to be honest.

Again in our conversation she stated, “I think it takes a pretty special man to go through that experience with a wife.” From her perspective, Sabrina brings up a significant position because the majority of the research about gestational surrogacy focuses solely on the baby and women involved, specifically the intended mother and surrogate mother. Expanding the parameters of the influence of surrogacy to all of the family members involved creates a more holistic picture of the experience and unique family building dynamics, which is a key purpose of my study. Sabrina recognized the significance of the surrogate’s family members as she speaks of the husband’s position in the process, as noted above, and particularly the experiences of children of surrogate mothers.

They seem quite fine.

Sabrina mentioned that she sent her children to a counsellor following the birth of the gestational child to ensure they were emotionally okay with the experience of surrogacy in their family. Based on her experience Sabrina concluded that she believed her children adjusted appropriately to the surrogacy, yet she wanted to make sure given there is so little information and literature on the topic.
After it was over, I sent them to counselling just to sort of check in. I thought they seemed fine and that it didn’t have an effect on them but I thought you never know. Take them to a place where maybe they feel more comfortable to let it out and who knows. They were totally fine. The counsellor said, “They seem quite fine. I wouldn’t worry about it.” Not that I was worried about it but you just like to know that your own family isn’t having a negative effect from something you have done for someone else’s family.

**Too posh to push.**

The language used to discuss, describe, and share gestational surrogacy experiences is continuously evolving while new expressions emerge as illustrated by the following conversation between Sabrina and I.

Sabrina (S): Yeah, I don’t know if you’ve ever heard the saying “too posh to push” (laughing). You’ve heard that saying?

Ann (A): I think I get the gist of it but go ahead and explain.

S: I think it might have been a little bit of that with this mom. She has a lot of imagined illnesses and things that are wrong with her. She has a lot of anxiety. She’s a very nervous woman. Beautiful woman and it’s not for me to judge whether or not somebody like that should have a child or have more children, but the experience of carrying for them. It was a good experience but at the very end it was a very stressful time for me. She thought I should postpone being induced because she was sick, which to me is completely illogical. Here I am carrying your baby. The doctor thinks its time for the baby to come out. He doesn’t care if you’re sick. He cares what’s going on with the baby carrier myself and what’s going on for the baby. It’s time to come out!

From her perspective Sabrina is explaining a new term “too posh to push” that emerged as a result of the dominant discourse opposed to gestational surrogacy and is a stereotype of the women, intended mothers, who become mothers through surrogacy. Above Sabrina used this expression in an attempt to describe a frustrating moment with her intended mother during the delivery.
It’s a scam.

Another emergent term in third party reproduction is the expression “trolling”. Trolling is used to describe agencies going on to websites and looking for gestational surrogates to sign up with their agency. More specifically, trolling by agencies occurs when searching for a gestational surrogate through Canadian and American social media sites such as; surromoms.com, IVF.ca, surrogateMother.com, facebook, Craigslist, Kijiji and SMO online message boards. If an agency gets a response from an interested surrogate and/or from intended parents online, they will then reveal their agency status and suggest signing up with their company. The benefit of this is that an agency may assist with the matching process between gestational surrogates and intended parents. The disadvantage is that both parties need to sign up with the agency and there is a fee for service, whereas many intended couples and surrogates would rather find a match independent of an agency by means of the same online processes without the additional agency costs. Here is an example of trolling that Sabrina described from her perspective while relaying her friend’s experience:

She’s been involved in an online forum as well. She met her second surrogacy on there and she’s going independent when her first one was with the consultant as well, and she said to me that the amount of trolling that goes on is unbelievable. In fact I have heard from 4 to 5 people and I’m imagining this has worked for more than those 4 to 5 people that they read ads on KIJII. A couple looking for a surrogate and when they contact that person they say oh we have found somebody but here is the woman that we used and they give the consultant’s name. I think it’s a scam.

Their desperation gets exploited.
Not only are women who become gestational surrogates in a position to be exploited during surrogate endeavors, but intended parents are too. Third party reproduction involves dynamics with power and vulnerability for all parties involved in the process, however often we only hear about the exploitation of women who are surrogates in the debate. What about the other end of the spectrum with the intended parents? Based on her experience, Sabrina commented on her understanding of this complex power dynamic in the following interview excerpt:

*People are so taking advantage of the intended parent! They are so desperate and their desperation gets exploited so much. It’s really really sad. This 80% that I’m speaking of that I think are not suitable, they’re not all crazy, but some of them are in it for the money. As somebody that works full-time and who had to take time off at the end because I was having problems dilating after 32 weeks and I work in the nursing field. As a single parent, it cost me money, cause I had to take time off work to do it. Of course that needs to be compensated and taken care of and it wasn’t a money making venture for me. I never set out for it to be so I was quite satisfied with that, but I’ve heard women who say, ‘it’s not going to cost me anything. It’s going to cost them exactly what it cost me PLUS X amount of thousand dollars. I want at the end of it to have made X amount of thousand dollars.’ You know, to me you’re not suitable for it cause you’re not doing it for the right reasons.*

The non-fiction book *Surrogacy or Conspiracy* by Gwyn and Tom Lamitina is a story that illustrates intended parent exploitation as Sabrina discussed. Gwyn and Tom are American intended parents who entered into a commercial surrogacy agreement with a woman that not only decided to keep the child, she attempted to acquire all of the money stipulated in the contract. The surrogate also tried to seek child support from Tom Lamitina for the surrogate child (2009). Their story is an illustration of the vulnerability and exploitation some intended parents encounter in their quest for a family through surrogacy.
In closing, throughout her interview Sabrina was willing to share her personal experience with gestational surrogacy while raising her concerns with the general practice, ethics, and politics pertaining to surrogacy. She also articulated the spiritual nature of gestational surrogacy that is often omitted from conversations. Lastly, Sabrina wrote the following commentary in an email that she sent with a photo of her gestational surrogacy experience for this study:

Here's a picture of me at 8.5 months pregnant.. looking a little lumpy.. yay for the pregnancy curves!

*Figure 4. Sabrina’s surrogate pregnancy curves.*

*The murky underbelly of gestational surrogacy.*

Not all agencies practice trolling, as described above by Sabrina, but it is unclear as to how many actually do because there is no monitoring of this kind of practice.
Sabrina talked about trolling, which aligns with commercial surrogacy, and it is illegal in Canada. Yet, there are agencies throughout Canada that are set up to help commissioning couples find a gestational surrogate match and the agencies charge for their services, which is contrary to the Canadian AHRA.

This act makes it a criminal offense to pay or offer to pay a woman to act as a surrogate; to pay or offer to pay a person to arrange for the services of a surrogate; to advertise payment for surrogacy or the arrangement of surrogacy; or to assist or counsel any person under 21 years of age to become a surrogate (Reilly, 2007, p. 484).

Who is monitoring the legalities of gestational surrogacy in Canada? Kashmeri (2008) states if the AHRA guidelines are broken the following criminal sentence results are stipulated:

A person who contravenes any of section 5 to 9 is guilty of an offence and (a) is liable, on conviction on indictment, to a fine not exceeding $500,000 or to imprisonment for a term not exceeding ten years, or to both; or (b) is liable, on summary conviction, to a fine not exceeding $250,000 or to imprisonment for a term not exceeding four years, or to both (AHRA, 2004:29).

To date, no penalties have been issued that are documented publically according to the Assisted Human Reproduction Canada Legislation, Monitoring and Compliance Department website (AHRC, 2011). On October 17, 2011, Amy Chung from Postmedia News which is an online version of The Province Newspaper in British Columbia wrote, So far, the federal agency Assisted Human Reproduction Canada has received 20 allegations of violations of the law, mainly pertaining to payment for surrogacy and purchase of gametes from a donor. Most of the issues were resolved through outreach and co-operation, the agency says.
Furthermore, professionals involved with gestational surrogacy including clinics, doctors, nurses, lawyers, counselors, social workers, doulas, midwives and now agencies receive payment for their services, although it is illegal to pay a surrogate in Canada. The surrogate gives the most emotionally, mentally and physically, however it is considered taboo to even mention payment in Canada for her services due to the Canadian AHRA penalties. Furthermore, the secrecy surrounding infertility, which is often based on shame extends to gestational surrogacy. Gestational surrogacy practice also challenges notions of motherhood and highlights the shift in perception about privacy in third party reproduction. Thompson (2005) suggests assisted reproduction technology has undergone a shift in philosophy from the historical best interests of the child to reproductive privacy in modernity. Kashmeri (2008) adds “motherhood is supposed to be antithetical to the logic of the marketplace, but mothers are persons too, and cannot abdicate their role as producers and consumers in a capitalist economy” (p. 40). More on the political discourse of surrogacy is discussed in chapter five.

Laura

Laura chose her own pseudonym and those of her intended couple for this version of her story. She also opted out of including a photo of her experience for this study. Laura is a teacher by profession, a married woman, and a mother of two daughters living in Eastern Canada. Her participation in this study occurred through a skype interview. According to Laura, she is a gestational surrogate who gave birth to twin boys for her intended couple. Although, based on her experience she does not self-identify as a surrogate mother, but rather described it as something that she did which is not a part of her identity. This is noticeable as Laura said,
One thing too, is I don’t really identify myself. Like some women they’ll say, “I’m a surrogate mother.” I can’t say that to people. It’s something that I did once in my life and I might do a second time but I don’t like it when people refer to me as “she’s the surrogate mother, she’s the surrogate mother” like it’s a job that I do or a hobby. The way I identify myself with the role of the surrogate mother, like I don’t identify myself as a surrogate mother. I identify myself as; it’s something that I’ve done. Like it’s a part of my life experience but it’s not necessarily a part of who I am now. As opposed to being a mother, I am a mom and I always will be a mom for my own children even if I were to die or something. I would always be a mother. It is something I identify myself with who I am not just something I did.

A lot of reassuring to do.

Laura shared her mother’s, father’s and brother’s reluctant reactions to her becoming a surrogate from her perspective in the following dialogic interludes. Laura is referring to her mother when she said,

She was afraid about me losing my husband. She was afraid of it being rough on my family. She was afraid of me losing my reputation. She’s a teacher as well. She knows how reputation is very important in a school community. I work in a public school, which has a lot of different cultures and religions and surrogacy is not always well seen. So I think she was worried about that, she was worried about all the drugs that I would need to take. All the hormones and she didn’t know much about that. I had a lot of reassuring to do.

From her perspective Laura added,

My dad and bother were both lawyers and they were both scared about the medical stuff. My friends were afraid about the detachment part; the emotional and psychological. So I had to talk about it with them, and when they saw I was well informed they were a little less worried. When they saw that I had done thorough research, that it was not a spur of a moment thing. It was something that I had thought through very deeply. They were very reassured by that.

Clearly according to Laura, much of the fear from her family and friends seemed to be based on their lack of knowledge of gestational surrogacy policy and procedures, which is a common tension for gestational surrogates. Therefore, surrogates often take up being advocates and educators for those around them in an attempt to construct the support network needed to go through the experience.
I can grow her babies for her.

Essentially, Laura describes a story she shared with her daughter and explains gestational surrogacy.

They were young at the beginning. When we were preparing for the transfer, my youngest was almost three and my oldest was a little over four. My oldest is very curious even as a baby. She has a lot of questions a lot of very smart questions too. I had already explained to her how babies were made. Not all the details but basically what I said was, all woman even little girls we all have baby seeds in our tummy. Then when we get older and meet a nice man we decide to get married or live our lives together. Then there’s a special kind of magic cuddle that only adults do and then that helps the baby seeds grow in the mommies belly and when the baby is ready to be born she pushes really really hard on her belly and you go to the hospital and the nice doctors and nurses they help the baby to come out. She knew all that stuff first. Then I told her mommy and daddy we didn’t want to have any more babies because we had two beautiful girls already and our family is big enough as it was and we are really proud and happy of what we have. Mommy didn’t want to have any more of her own seeds grow into babies anymore but there was this really nice lady called Sylvie and she had a really nice husband called Guy and they were trying to grow their own baby because they wanted to become a mommy and a daddy but the ladies tummy was broken and she couldn’t grow her baby seeds like she wanted to. They went to see a special kind of Doctor and he tried to fix the belly but he couldn’t. They went to see another special Doctor and he tried something different but that didn’t work either, so they were very very sad and they had been trying for a long long time. I told her, what we were going to do was go and see ANOTHER Doctor but this one is not going to try and fix the mommy’s belly he is going to take her baby seeds and put them in mommy’s belly, so I can grow her babies for her. She understood right away.

This story is developmentally tailored for Laura’s daughters, which is noticeable in the language she used and how she explained the concepts of reproduction, pregnancy, and gestational surrogacy.

Is that her own baby?

According to Laura her oldest daughter, who is pre-school age, commented on and questioned her mother’s surrogacy experience in the following manner. She said,

“that is a very nice thing to do, and is your belly going to get really big?”
“Where are you going to go when the babies want to come out?” She understood
that those babies were not ours. They are not a part of our family. We didn’t have any preparation to do like preparing a room or buying baby stuff. I think children will adapt to any reality that their parents present. For them their life is normal and she didn’t have any questions about that being different or weird. She never really realized how extraordinary or special that is for her and I think she took it for granted that is was something regular. She even asked me about some of my pregnant friends cause I’m at that age where all of my friends are pregnant, or are new moms or trying to become pregnant, so she had seen a lot of my pregnant friends and she asked me many times, “is that her own baby or is she growing it for another lady?” (laughing) She was okay with it. It was normal for her.

From her perspective Laura’s daughter asked clarifying questions about gestational surrogacy, yet she is untroubled by it due to her mother’s honest, open, and concrete explanation and clear responses to her questions.

Twins.

Overall Laura described her gestational surrogacy experience as positive as she carried and delivered twins for her intended couple. Here, she provided explanation for this outlook and shared her feelings of fear as well.

At the 6 week ultrasound the technician confirmed that I was indeed carrying twins. It was very very exciting news. I was a little scared at first, cause although my pregnancies went very well with little complications, twins was a little different. I’m a very small person. I’m only 4-foot 11inches and weighed 105lbs at the time. I was really afraid of getting huge and having all those complications and being handicapped. But everything went really really well. I can’t even say it was harder than my two pregnancies because it was really well during the whole time. It was very positive.

Laura’s fear of carrying twins most likely stemmed from medical discourse in which statistical information reports higher complication rates with twin pregnancies and deliveries. Thompson (2005) states assisted reproduction technologies are based on a culture of statistics that overrides other ways of interpreting experiences to a detriment. Furthermore, Laura reported that she only experienced singleton pregnancies previously, so a twin pregnancy was unknown to her body and psyche thus causing fear.
A strong instinct to protect them.

Attachment discourse plays a large function in societal misconceptions and deliberation pertaining to gestational surrogacy. The significance of attachment in motherhood, adoption, and gestational surrogacy discourses is fraught with debate. Further debate surrounds a growing discourse of detachment practices. Detaching practice is described as a surrogate’s ability to disconnect from the infant she carries. Attachment is considered to be relational and constructed through relationships that are comprised within social behaviors, interactions, and rituals, which coincides with many of the surrogate’s commentary in this study (Gergen & Gergen, 2004). Laura explained her understanding of attachment differences as a new mother, second time mom, and as a surrogate based on her experience.

I had a very strong instinct to protect them and take care of them. Eat well, rest. I wasn’t concerned cause I trusted my body to do a good job, but the emotional attachment it was very different that it was with my own babies. With my first daughter, I can’t say that I became really emotionally attached to her. I was happy to become a mother. I was happy about that. I think I was more attached to the idea of becoming a mother than to the baby herself. I was excited about preparing the room. Having all the attention. About being pregnant, but I hear of some women who sing to their babies and talk to them and I never really had that for my first daughter. Even after giving birth to her I would say that I never really had that love at first sight period. I never cried. I cried but it was more because I was traumatized about how painful and intense labor was! People tell you it’s painful and it’s intense, and then you give birth and you wonder why people didn’t tell you how painful and intense it was, oh my god! That was really a shock for me. After giving birth to my daughter, I was more absorbed about the whole labor experience itself than to the baby. Then you have this tiny little crying thing that’s beautiful but very very scary so it took me a few weeks to really fall in love with my baby and get to know her. I had the instinct to protect her but I was not really in love with her, but the more she grew it was indescribable. It was amazing, especially once the colic stopped. Then I was really able to enjoy her and thought that was magical. I saw her growing into this wonderful toddler with her very specific personality traits that were fascinating to me to see her becoming her own little person. When I became pregnant the second time, I was more attached with my second daughter because I was in love with the potential. I knew that there was baby and I kept questioning myself, “oh is she going to be a
lot like her sister or different? Is her hair going to be blond or is it straight or curly? Is she going to love blueberries like crazy just like her sister?” I was more attached to the potential of life. Then with the twins, I was very attached to the idea that I was about to give this priceless gift to this wonderful couple who had been trying so hard and who had such a hard time and they had lost babies already. So I was more focused on being proud and being happy for giving that gift. I think that’s why I was so protective of the pregnancy.

Laura described her attachment in all three of her pregnancies to ideas and possibilities rather than to the infants, which fits with notions of attachment construction instead of instinctive and automatic bonding as dominant attachment theory poses. Teman (2010) adds, “prenatal and postnatal maternal-infant bonding and attachment have long been contested in anthropological scholarship as matters of choice rather than innate, instinctual, universal behaviors (p. 127). In the same light, Laura’s experience with attachment as learned or constructed behavior does not differ with motherhood or gestational surrogacy as supported by her dialogue. This may surprise many who believe attachment is automatic between a woman and the infant(s) she births.

Teamwork.

From her perspective Laura talked about her relationship with the twins in a conspirators’ voice as follows.

*I talked a lot to the babies during the pregnancy, not necessarily verbally, but I meditated a lot and I like to think that they could feel my energy and my conscience and I felt like we were doing teamwork, me and them. I was helping them come to life and our project was to bring them to their real parents. That was our work together and I felt like I wasn’t alone in that. I felt they were living that with me. So I think that was our attachment, sort of like when you prepare a surprise party for someone and you have some accomplices. I felt like I had this complicity with them, “we are going to do such a nice gift to your parents and I was telling them what nice people they were and how lucky they were because they were so wanted and so loved and I was really really happy to be a part of it all.*
Based on the dialogue above, the teamwork Laura engaged in with the babies occurred for the intended parents. She takes up the position of being a member in a project of surrogacy with the babies and imparts her feeling of privilege in being part of it. As such, according to Laura her relationship with the babies is as a comrade in a life-altering endeavour.

**It’s more than luck.**

Throughout my conversations with surrogates I recognized the huge role of advocacy these women took up in support of intended couples and the gestational surrogacy process. Based on her experience Laura spoke directly to the emergent theme of advocacy in the excerpt below. She is relating a conversation she experienced with her mother concerning the possibility of participating in gestational surrogacy a second time.

*Now I started talking about doing it a second time and last time and then take my official retirement of the stork. She was a little peeved about me wanting to do it a second time but she said “oh, what the hell. You’ve done it once, you do it a second time and after that I hope your going to be okay.” I said “oh no mom, I’m not doing it a third time.” I think doing it a second time I wanted to prove to myself, and maybe others that I was not just lucky the first time. Yes I was lucky, but it’s more than luck. It has a lot to do with preparations. With choosing the right intended parents and listening to your heart. If I do it a second time I want to show people it’s not a matter of chance or luck. It’s a matter of being prepared and when the processes are all taken care of surrogacy can be a very positive experience.*

Laura is advocating for surrogacy by highlighting the elements of the process such as preparation, choice, and personal connection that she believes are essential for a positive outcome. Personal connection and relationship with the intended parents that Laura is referring to is a key element in a positive gestational surrogacy outcome (Hanafin, 2006; Ragone, 1994; Teman, 2010).
The moral aspects.

The relationship that develops between a surrogate and her intended couple becomes a central component of the gestational surrogate’s process for many women (Hanafin, 2006; Ragone, 1994; Teman, 2010). In essence, the emergent relationship involves a form of bonding amongst the adults as Laura described below.

So legally if I could go and talk about the whole thing without having their consent but for me it’s more about the moral aspects of it not “who’s right legally” and the respect that I’ve always had and still have for them. It’s important for me.

From her perspective Laura articulated the importance of her loyalty to intended parents as a result of their gestational surrogacy experience together.

Very proud.

Based on her experience Laura answered the research question concerning meaning making with this explanation.

To me it, the whole experience, I’m very proud of what I have done. Not really because I gave this gift or shared this gift with someone. I’m proud to have made a decision to follow my heart despite what people were thinking. I think that was very brave of me to make that decision. I’m mostly proud about that. I’m happy that everything went really well because I think I sort of wanted to prove to myself and to other people that I could do this or we could do this. That is something that’s really important to me how everything went really well. I’ve gained a lot of confidence in myself because I trust my decisions more and I’ve gained a lot of admiration and appreciation from my surroundings from what I have done. That’s important to me too. Everybody likes a little attention! That has been part of the gift of what I gave to that couple and what I received in exchange in the form of gratitude not just from the parents, but from my surroundings. What I’ll have with me forever is how this couple would not have been parents without my help. And for that I’m so proud and so happy. Even if things would not have gone so smoothly with my surroundings or if the pregnancy had been very difficult I think it would still have been worth it for what it gave in the end. To be able to create a family I think that has no price and there’s no words for that really either. I think that’s my main motivation for wanting to do it again. I know I can’t carry babies for all the infertile couples of the world but if I can do it just one more time then it will be one more family that will, I don’t know. It has no price so it means a lot. It means a lot to me.
The autonomy of decision-making for Laura increased her feelings of confidence, bravery and satisfaction with being a surrogate according to her description. Thompson (2002) suggests that choosing a difficult experience rather than an easy one is not common practice, yet astoundingly rewarding as she discovered in her personal surrogacy narrative. Laura explained that the private appreciation she received from the intended parents and public admiration underlies how she made sense of her experience and the value she gave it.

Never forget.

Once the twins were born Laura said she had the opportunity to spend time with them alone in the hospital, and this was supported and encouraged by the intended parents. Having a moment with the babies was a significant piece of closure for Laura based on her illustration subsequently.

*Even after the delivery, that day I came to visit them at the hospital, two days after they were born and the parents they said, “would you like to have a little while alone with them so you can talk to them or say bye or say whatever you want to tell them without having us around?” I think they respected that I had some intimacy with them that they were not a part of and I thought that was great from them to be able to give back to me. They said, “We’re going to go and have lunch. You stay with them you cuddle and hold them and talk to them.” So that’s what I did. I talked to them and told them I was very happy to see them in real life and see them healthy. That was really great for me. That we did nice work together, and I would never forget that we had lived together. I hoped that they were happy that I was sure that they would be, and I would think about them. I’m glad I had that chance to detach with them at that moment. That was a very important part of the closure. I was never really sad. Emotional? I was but sad, no I was never sad, or angry or hurt or felt rejected.*

**The embodiment of gestational surrogacy.**

Laura summarized her experience gestating the twins as their work together, and says she honors this pregnancy by promising to remember this special time and the
babies. This approach is different from many of the Israeli gestational surrogates who, according to Teman (2010) attempted to forget their entire pregnancy experience with the surrogate baby. Also, Laura commented on the babies and herself as “living together” since the gestational surrogate pregnancy offered a form of shared space in her body. Her body becomes the growing accommodation for the twins throughout the pregnancy in which they live together for nine months. This farewell conversation Laura had with the twins is similar to one of the surrogate mother programs in the United States where a program expectation is that the intended parents agree with the surrogate’s “right to request a few hours alone with the child while in the hospital ‘to say their good-byes’” (Ragone, 1994, p. 25). As an example of this kind of practice, the next participant in this study, Angele, sends in a photo of her good-bye moment with her surrogate baby.

**Angele**

Angele is a married woman and mother of two children living in Eastern Canada. By profession, she is a social worker and our interview took place by phone after some technological difficulties with skype. According to Angele, the idea of gestational surrogacy entered her consciousness once she and her husband had completed their own family planning. Up until this point she was uncertain if surrogacy even happened outside of the movies and specifically in Canada. Angele said she began searching online for information about surrogacy in Canada only to find the intended father who she would embark on her surrogacy journey with. Here she described a conversation with her husband about her gestational surrogacy research online.

*You could type in your specifics of what you wanted in an intended couple, single gay, straight, and I typed in specifically I choose gay couple or single father cause I knew they would have a harder time finding a surrogate. I’m a social worker by trade so my intent was go for the people who were probably the longest*
on the waiting list and help them out. Like work against the odds kind of thing. So I saw his picture pop up and I thought, wow this is really do-able. It just kind of spoke to me. After that I went up to my husband and said, ”I’m going to do it. I’m going to be pregnant for someone else.” He said, ‘you can really do that?” I said, “yeah apparently so.”

From her perspective, Angele signed on with a surrogacy agency the next day, had her application approved in forty-eight hours and returned to the website to contact her intended father. Eleven months later, at 29- years-of-age, Angele delivered a full-term healthy baby girl for her intended father.

Princess Bean.

According to Angele, she created multiple nicknames for the baby as a way to cope with the pregnancy challenges of doctor instructed bed rest and to separate herself from the baby. She explains, “I nicknamed her Princess Bean the whole time and then she turned into Queen bean and then it was Drama bean by the end, cause it was one thing after another.” Nicknaming the baby allowed Angele a way to relate to the baby without engaging in the customary naming ritual that is a parental responsibility. Not formally naming the baby allowed Angele a way to reference the child in her body, yet left the legal name for the intended father to decide as a parental attachment practice. Angele said,

Even when I did find out her name, it was between two names, he didn’t give me the name cause he wasn’t sure, but I think the nickname of the baby definitely helped with the detachment as well. That’s why she had a nickname. Again, not setting anything up was a definite detachment thing too. It was like I was witnessing a pregnancy as opposed to living a pregnancy. Saying it out loud makes no sense but yes it does.

When Angele said “not setting anything up” she is referring to the exclusion of regular parenting rituals such as not keeping a baby book, not organizing and painting a baby nursery, and not planning the arrival of a baby. Complying with these “norms” or
surrogacy rules, Angele leaves these parental rituals, which contribute to feelings of attachment, to the intended parent(s).

**Our birth plan.**

Bonding and attachment of the intended parent(s) to their baby is of significant importance to gestational surrogates, since they are detaching from the baby (Teman, 2010). From her perspective, Angele supported her intended father in attaching to his child through rituals from afar since they live at least a four-hour drive away from each other. For example, Angele recalled that she recorded the sound of the baby’s heartbeat at the doctor’s appointments the father could not attend and sent it to him. In addition, Angele claimed she encouraged her intended father to record himself reading bedtime stories, nursery rhymes, and talking so that she could play it nightly to her growing belly. Here is what occurred in Angele’s words,

> Every time I would go to the doctor I would tape the heart beat on my blackberry and then just send it to him. I had had the idea of him reading bedtime stories or nursery rhymes or whatever and put it on a USB key and he mailed me that. So every night after the 12 week mark, I just put the headphones to the belly and play out his talkings.

During the delivery according to Angele, she ensured and fostered attachment between the intended father and the baby by constructing a delivery plan with the nursing staff in which the father held and spoke to the baby first. Angele illustrated,

> Anyway so we pushed she came out and right away I remember my hands going up over my chest, and I remember our birth plan was that I was not going to be the one to put my hands on her and I wanted the room to be quiet and him to be the first one to say something to her. I wanted the closest connection he could have to her right from the get go. So sure enough everything followed suit that way. I didn’t touch her she was cleaned off. The doctor she was fantastic she just held her there for my intended father. He just looked at her and said, “hi and he said her name” and then she looked right up at him and we all started crying doctor included was sobbing. It was just THE most amazing thing!
After the delivery, in the hospital Angele excitedly met and held her surrogate baby with the father’s approval. She recounted,

> I didn’t hold her until I think it was 6 hours till after she was born. It didn’t even cross my mind. It was really really weird, cause then my intended father came up to me and whispered, “do you even want to hold her?” I’m like, “oh my god yeah! Of course.” But it never crossed my mind to say, “hey can I hold your child?” Cause I couldn’t imagine someone asking me, can I hold your baby the minute I had my own. After everybody was cleaned up and everything was good that’s when I finally met her. And it was SO surreal. I was holding her going, “I don’t want to hurt her. I don’t want to drop her.” But with my own children, I stripped them down naked and checked them out and inspected them. I had to see. And with her it was “oh I don’t want to hurt you. I’ll give you back to your dad.” It was really surreal. In my head I was like “I’m totally okay with this”. I was right all along that I would be okay. It really just is surreal.

Based on her experience Angele also described her confirmation and discernment that she was able to detach enough from and part with the baby in acceptance of the gestational surrogacy arrangement, once that baby was born. Ragone (1994) substantiates a key psychological determinant is a surrogate’s ability to separate from the baby post-delivery.

Language is another important aspect of detachment for the gestational surrogate, as depicted in Helen’s story previously. Angele stated, “I would have never entered a surrogacy had I thought I’d have any feelings of this is MY pregnancy. I never even called it ‘my pregnancy’ it was always ‘his pregnancy’. I think that sort of detachment is healthy”. The word choice and language Angele used consciously constructs a boundary that fosters detachment from the surrogate baby thus making space for the intended father to attach. These creative pregnancy and birthing rituals, behavior strategies, and language selections displayed above support the bonding of the intended father to his child, and the distancing of the gestational surrogate from the baby. Ragone (1994) reports professionals and fertility clinics in the United States encourage surrogates to focus on her relationship with the intended parents rather than on her relationship with the baby.
Hanafin (2006) notes that the clinical pre-screening interview with the potential surrogate should include issues such as: “expectations about relationship with the intended parents; [and] expectations about relationship with the potential child” (p. 378). Implicit in the research arguments above is the expectation of detachment by the surrogate that Angele refers to her in her dialogue. See chapter five for more on this discussion.

**Borrow my belly.**

According to Angele, she shared her surrogacy with her children who were eight and four-years-old at the time by explaining:

*Listen this man named Stan, he doesn’t have a mommy for the baby, so he doesn’t have a belly to hold the baby in. They need to borrow my belly. Is that okay for you guys for them to borrow my belly? You are going to see my belly grow big but whenever we go to the hospital you’ll get to visit the baby but the baby goes home to Stan. My oldest daughter was so easy, “yeah that’s cool. I’ll tell all my friends that you’re just babysitting for nine months.” She was really easy going about it.***

A year post surrogacy, from her perspective Angele shared both of her daughters differing opinions and processing about their gestational surrogacy experience.

*My oldest daughter she’s still perfectly fine with it. She tells, “my mom was a surrogate, that’s so cool.” She says, “I see your belly now mommy I kind of want to surrogate later.” She’s at that point where she understands it really well. But my youngest just started actually a couple of days ago to me, hands on the hips, attitude, saying, “you had a baby for someone else and you should have kept it for us. Next time you have a baby in there its ours.” I had to go back and explain to her. I had to go back to the pre surrogacy discussion and I had to see where was this coming from for her? Then I spoke to her teacher and I found out that four of her friends in class just had baby siblings. She’s the youngest so she’s like when is it my turn? We had to explain to her, no you have a baby cousin. We’re not ever having a baby again. This was never your baby to have. I think she’s five and she’s seeing her friends have siblings. I didn’t expect it to come back especially a full year later. Especially when there were no conversations beforehand. She comes with the attitude and I explained it to her and she said, “oh okay” and went to play with her dolls. It will be interesting to see where that goes later.*

According to Angele, she needed to re-visit her gestational surrogacy a year later due to her youngest daughters’ developmental stage of concrete thinking, according to Erikson,
since she continues to grow and her understanding of her world is changing. Based on her experience Angele concluded her oldest daughter is able to engage in more abstract thinking patterns so she understands gestational surrogacy in a different way than her little sister. Angele’s daughter’s reaction is not unique, as my youngest daughter also requested that I have another baby for our family about two years after my gestational surrogacy experience.

On the topic of the children of gestational surrogates, Angele narrated one of her aspirations from gestational surrogacy was to teach her children selflessness and helpfulness. Here Angele explained her expectation,

_I’m really hoping that what I’ve taught them through doing surrogacy will outweigh their questions of why did you have to do it? I told my husband, I want to do surrogacy to teach them selflessness and I want to teach them to help out. The way I felt, what better way to teach them to help and to be selfless and to be giving._

Clearly, from her perspective Angele’s motivation for gestational surrogacy is twofold. First, to help a gay father create a family, and second, teaching her children virtues of generosity and benevolence.

**Not looking to play games.**

Angele mentioned when she was first trying to connect with her intended father in response to his website personal ad that there is often game playing that occurs online between gestational surrogates, agencies, and intended parents. The game playing Angele is referring to happens when women who contact intended parents to discuss the possibility of gestational surrogacy then change their minds for multiple reasons including money, motivation, and commitment. This offering of the possibility of
gestating a child without serious deliberation and dedication is devastating for intended parents and from Angele’s perspective she refers to it as game playing.

I went on the website and sent him a quick instant message. Unfortunately on the site you would see lots of women contacting intended parents and you could see through their, how do you say that, their fakeness on their messages. Do you know what I mean? Obviously for your research you signed up on some boards, you must of seen a little of the crap that goes on? I can see right through that so my message, I’m a kind of very upfront person, so my message said exactly that. I’m not looking to play games.

In the above excerpt Angele openly acknowledged the unethical subversive power dynamic and behaviors online between intended parents and potential gestational surrogates as ‘the crap that goes on’. I, too, noticed this behavior online prior to starting my interviews for this research and through conversations with my friend whom I was a surrogate for. It is obvious that exploitation, power relations, and unethical behavior surfaces on third party reproduction websites. Evidently, the lack of governance of agencies, surrogates, intended parents, lawyers, doctors, clinics and contracts foster’s this unethical slant to the practice of surrogacy in Canada. The legislation of altruistic surrogacy in Canada promotes this type of questionable behavior and practice by not acknowledging what is really happening in Canadian third party reproduction. To date, no one is taking up this issue in a concerted way, as I was unable to find any literature on this theme.

Accepting our new relationship.

From her perspective, Angele described her relationship with the intended father as more significant than her embodied relationship with the baby. The expression embodied relationship refers to the physical, emotional, and psychological relationship that emerges during pregnancy between a mother and baby. This embodied relationship
is often seen as highly important in forming attachment, although Angele suggests that her relationship with the intended father is more valuable. After the gestational surrogate baby is born Angele shared her fear of losing the close relationship she has fashioned and hoped for with the intended father. The baby’s birth poses a shift in the relationship between the gestational surrogate and the intended parent(s), which Angele illustrated below.

*My brain was like, he’s not going to message you every day. He has a newborn. You know how big that is. But my heart was also, how come he’s not messaging me? And then my hormones would go into overdrive, he forgot about me. He’s not going to talk to me anymore. So it was a real battle the first three weeks between brain and heart. Subconsciously I knew how I was feeling irrational and it was just hormones but I still had to live through the emotions of it all. I remember it was a week before he had messaged me and I went, that’s it, I’m not friends with him anymore. We’re not going to talk again. It was just so completely irrational.*

Angele articulated her sense of loss for the relationship with her intended father after the gestational surrogacy experience was over. In keeping with the dominant discourse on relationships in surrogacy, this shift in relationship dynamics was to be expected as Angele acknowledged, however it does not make the change any easier for her. Wanting to be the *good surrogate*, she added, “It was just a matter of accepting our new relationship.”

On the same note, the relational change between Angele and the intended father is also connected to a shift in identity for Angele post-delivery based on her experience. More specifically, Angele described,

*Getting back into the groove that I have two kids and a husband and a home to take care of. I no longer have that pat on the back any longer, “Hey good for you. You’re a surrogate.” Just to come back down to normal life. I had a bout where it was like, “now what? What’s my point now? What do I do now? What’s the point of me being here kind of thing.”* I was a surrogate before. What am I now?
Evidently, according to Angele, as her pregnancy ended she questions her life purpose and identity. Angele refocused her attention on her family after many months of commitment and concentration on creating a family for someone else. Angele referred to her surrogate baby as a cousin to her children in conversations as noted above. Further she described her gestational surrogacy journey as “fate brought us together as friends but surrogacy brought us together as family”. From Angele’s perspective, the strong connection of kinship that resulted from her gestational surrogacy experience with her intended father is often a theme in American and Israeli surrogate narratives according to Ragone (1994) and Teman (2010) respectively. Based on my interview data and my own experience, it is apparent that it is a key theme in Canadian gestational surrogacy as well.

**Able to help.**

Retrospectively, according to Angele she makes meaning of her gestational experience in her words.

*To me being a gestational surrogate is just the fact that I was able to help a family come to realization. He planned her or a family for 11 years with no luck. I’m extremely proud of the fact that I was ABLE to help that, not do it, but help it. I realize he could have had any other surrogate as well. But I’m just proud of the fact that I was able to help that. To me being a gestational surrogate, it made me proud and realize that I did do something good. Even though my work I know what I do, but this was more hands-on. I was in control of actually doing something GOOD for somebody else.*

Helping create a family by practicing what she sees as “altruism” through third party reproduction constructed feelings of pride in Angele based on her narrative. In closing, Angele wrote in an email that she sent with a photo of her gestational surrogacy experience:

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5 The word “good” is capitalized for emphasis as Angele emphasized this word with voice intonation in her conversation.
Here is a picture I think of every time I mention my surrogacy. This was when I was saying my “See you later” to Princess Bean! Please also notice the necklace I am wearing in this photo, It was a gift from my IF after giving birth, its a BEAN! How perfect!!

*Figure 5.* Angele and Princess Bean.

**The surrogate mother’s own children.**

Angele openly shared her daughter’s responses to her gestational surrogacy experience. On the one hand, Angele said her oldest daughter is considering being a surrogate when she is older due to her experience witnessing and participating in gestational surrogacy. On the other hand, Angele’s youngest child is upset that the surrogate baby was not a part of their immediate family constellation based on the
previous interview excerpt. Clearly, both of Angele’s daughters were impacted by their
mother’s gestational surrogacy pregnancy. The response of the children of gestational
surrogates up until this point have only allowed for the single script of a surrogate’s
children needing reassurance that they will not be given away or relinquished like the
surrogate baby (Baird, 1995). However, in Angele’s narrative it is apparent that this is not
an outcome or issue for her children at all, as their responses are vastly different. Again,
as mentioned briefly earlier, my youngest daughter has brought up the conversation of
our family having a baby “for us” multiple times over the past four years since her cousin
was born. Angele and her children refer to the surrogate baby as their cousin, which is the
same as my family refers to Gwyneth. To my knowledge, both of my daughters were
unconcerned with the assumed notion that they would not remain with our family
because of their cousin’s gestation and birth through me.

In a similar fashion, Sabrina’s story of taking her children to a counselor based on
her concern for their well-being and emotional health parallels Angele’s narrative of her
children’s responses. This is a topic that does not seem to be discussed professionally or
personally post surrogacy based on my research, experience, and the participant’s stories
in this study, but it is definitely on the minds of the majority of women who choose to
become surrogates. Women who are gestational surrogates in Canada are also mothers to
their own children, and yet most of the literature on the subject is mainly about the
concern for that surrogate child. The conversation about the effects of the experience on
the surrogate’s children is missed altogether due to societal discomfort with gestational
surrogacy. This is evidenced further by the lack of terminology for the relationship
between the surrogate’s children and the surrogate baby. Braverman and Corson (1992)
state, “the gestational carrier’s own children need to be studied with regard both to their reaction to the pregnancy and to the surrendering of the baby to the genetic parents” (p. 357). Furthermore, if the children of surrogate mothers experiences are openly discussed then the dominant discourse of motherhood and family in Western culture is disrupted. The practice of a woman agreeing to bear and then relinquish a child resists the connection that social practice and law make between the childbearing capacity of women, their personalities and motherhood characteristics (Shanley, 2001). This would trigger a shift in the social construction of mothering away from the ideology of it being an innate ability or a natural part of being a woman towards a learned co-constructed experience involving personal choice for women and men in family building. Shultz (cited in Shanley, 2001) argues both forms of surrogacy make parental responsibility assumptions more gender-neutral and disrupt dominant discourses of procreation, as intended fathers may engage in contract pregnancy.6

**Allison**

Allison (pseudonym used) is in a committed relationship, a mother of one, and a Doula by profession living in British Columbia. Her telephone interview for this study occurred on May 9, 2011. According to Allison, she decided to become a gestational surrogate because she wanted to experience another pregnancy and her partner does not want to have more children. Gestational surrogacy was the solution. Allison claimed she researched gestational surrogacy as follows,

*I started doing some research because I heard a lot of information on the CBC on the Assisted Human Reproduction Act, more the legislative information, so at*

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6 Contract pregnancy is a term used to refer to traditional surrogacy and gestational surrogacy in third party reproduction.
least I knew it was on the radar of current policy makers. I started doing research to see where we had gotten to with that in Canada and where things stood.

**She doesn’t want siblings.**

Upon telling her ten-year-old daughter about her gestational surrogacy endeavor, according to Allison her daughter’s initial response was anger.

*Her biggest fear was that I would keep the baby (laughing). I was prepared for the opposite. I was prepared for the tears about wanting a brother or sister. Her biggest concern is that she doesn’t want siblings. So she took a lot of reassurance that no this baby isn’t staying. So what we did in the end was I actually put her on the phone with the intended parents. I got the okay that they’d be comfortable with that and once she heard there was real-life in the flesh people waiting to raise this baby she was good. That was all the reassurance that she needed. But her initial reaction was anger.*

From her perspective, Allison’s daughter responded in anger and her partner was supportive during the pregnancy. Allison stated that she and her husband together decided, “let’s do the world a service here” as they were appalled at hearing surrogates on websites discussing their unhealthy diets while pregnant for other intended parents. Conversely, Allison recalled that the rest of her family was unsupportive. From Allison’s perspective, her mother, a previous counselor for women with postpartum depression (PPD), was concerned she would be admitted into hospital for PPD.

**She wasn’t short changed.**

According to Allison she breast-fed her surrogate baby after she was born for eight days and continued to pump breast milk and send it across Canada. Allison was the first surrogate I spoke with who breast-fed their surrogate child and found it supported her physical and emotional recovery and separation from the baby. She described it as providing her with closure, which is contrary to the advice of the professionals. Allison illustrated her experience best below.
We have a very unusual situation in that the intended parents and I are both firm opponents of the formula industry itself and proponents of breast milk for a variety of reasons. But they live half way across Canada from me, so we basically needed to get my milk in fast and furious. I said, “look I have done this before, I nursed my daughter for almost 2 years and the fastest way to get milk in is to nurse the baby.” Breast pumps, even the most sophisticated one of them, have nothing on a nursing baby. So that’s what we did. I nursed her on demand through our time at the hospital. We were given separate rooms but they would bring her in whenever she was hungry and they were great about not to stall her or anything. I know that was against all the advice. The social worker said, “it’s not a good idea.” And the Psychologist at the fertility center said, “it’s not a good idea your going to get attached.” But for ME, my feeling with it was really that this baby didn’t decide to come into the world this way so I felt like that adults who made that decision on her behalf were responsible for ensuring that she wasn’t short changed at all just by virtue of how she came into being. I was very fortunate the intended parents felt the same way and for me it actually provided a lot of closure. I breast-fed her directly for the first 8 days. So for the whole time that they stayed in my hometown, when we were discharged I didn’t go home I went back to the hotel with them and stayed another two nights so we were just nursing on demand. Then we gradually started weaning onto the pump, if that makes sense? So we gradually said, “okay I’ve got enough pumped so I can go for two hours and do whatever and come back. It was a very very gentle separation process for the baby and myself, cause breast-feeding it’s not, my feeling and research supports it that for the infant it’s not JUST nourishment. There is so much more that goes on for them neurologically, physiologically you name it. So I felt really good that I was able to give her that experience as well.

Allison believes breast-feeding did not increase her attachment to the baby as predicted by professionals. Rather, it assisted her in letting go while meeting the baby’s needs’ as she believed it was her responsibility to do so with the intended parents. Next Allison demonstrated her detachment process, “ I would never do a surrogacy again unless I could find some intended parents who felt the same way and were able to trust me when I say “no this isn’t going to get me attached its actually how I let go in a healthy way.” For Allison, based on her experience, breast-feeding is a gradual healthy way to simultaneously provide for the baby’s basic needs and her recovery needs.
I felt responsible.

In her narrative, Allison articulated one of the key components for many surrogates in detaching and letting go of the surrogate baby, which is believing that the intended parents are committed, competent, nurturing, loving and capable. When a surrogate mother can ascertain these qualities in the intended parents a sense of comfort and relief constructs the surrogate’s ability to part with the child. Otherwise, birthing a child into a family situation where s/he may not be appreciated and cared for is a nightmare for surrogates, thus making parting and detaching a larger challenge. Allison recounted that fortunately her intended parents met her parenting standards as she explained in the following conversation.

*Actually the really close time I spent with the intended parents the week following the birth was very helpful because I saw what good hands she was in. They were so very nurturing, and they did everything shy of birth this little one. They did skin on skin and they were responsive to her cues. I guess in a very biased way they parented up to MY standard of excellence in neonatal care. So that also went a long way to help me feel very good about who was taking her home, cause I never felt proprietary over the baby but I felt very responsible because I did bring her into the world, right?! I felt responsible for ensuring that she was going to be well cared for and loved and nurtured and all of that and seeing them in that role went a very long way to ensuring that I had no concerns whatsoever for her.*

Allison’s feeling of responsibility is often felt by surrogate mothers as Helen, Susan, Sabrina and Angele all mention in their interviews for this research. In my surrogate experience I knew beforehand what wonderful parents my friends would be due to our established friendship, otherwise I would not have offered to be their gestational surrogate. Furthermore, the responsibility I felt for the baby before, during, and after the surrogacy is depicted in this excerpt from my story.

*I was constantly aware of how important this baby was for Simone and Ben, and often thought I needed a red flashing sign on my forehead or a bright yellow shirt that read caution precious cargo. I made sure to exercise regularly and I found*
myself to be even more nervous growing their child than I was with my own daughter’s pregnancies! This surprised me.

Additionally, based on Allison’s dialogue her sense of responsibility may be heightened due to her profession as a Doula, which is possible for the other surrogates too, who are professionals in the helping field and/or working directly with children.

**Shoplifting.**

Interestingly, according to Allison she constructed the analogy of shoplifting to describe her understanding of gestational surrogacy to close friends. Here she shared,

*a lot of close friends voiced their concern about quote 'giving up the baby' but I tried to explain to them that it would be like shoplifting. If something is not yours in the first place, why would you think to keep it? So that was the analogy that seemed to get through to those people.*

The idea that children are owned is a Western cultural concept and ownership notions in relationships make people commodities or possessions (Thompson, 2002). This commodity discourse is significant in creating the tension with gestational surrogacy in Canadian culture. A common misconception about the gestational surrogate experience is that it is similar to adoption, however this is not the case as Allison spoke to subsequently, and Teman (2010) ascertains in her Israeli surrogate mother research. “I said, this is not like adopting out my own baby. Would that be hard? You bet! There is no decision to be made here. You know right from the beginning exactly what your getting into.” Based on this commentary, Allison is referring to the differences in the decision-making process for adoption and gestational surrogacy. With surrogacy, the decision is made prior to the conception of the child and the surrogate mother knows the expectations of her role that she is choosing to take up. Whereas, with adoption, the biological birth mother often makes the decision to relinquish after the child is born for a
multitude of reasons. The difference is subtle according to the dominant discourse, but unwaveringly clear to all gestational surrogates that adoption and gestational surrogacy are entirely different due to decision-making and genetics.

**Cathartic intention.**

When questioned about the meaning of gestational surrogacy Allison thoughtfully replied,

*Um (pause), I don’t know how to answer that (laughing). That’s a first. I think for me it was trying to recapture some experience that I missed out on with my daughter. As much as I physically had a good pregnancy, the marriage I was in at the time was very tumultuous, I didn’t get to enjoy my pregnancy. I didn’t get to slow down. I didn’t get to do any of the things that I wanted to do. I didn’t have any maternity photos taken. I didn’t get to go to prenatal yoga any of those things and so I wanted the opportunity to do that. I also wanted to know what a pregnancy was like in a supportive relationship. So for me it was very much experiential and very much it had a cathartic intention.*

From her perspective, Allison received much from her gestational pregnancy in the form of catharsis and embodied knowledge. With much humor, Allison also shared that her biggest risk in the gestational surrogacy experience was engaging in this private cathartic experience with strangers. Here she exemplified,

*That was probably the biggest risk that I took was going ahead with things with essentially a couple I didn’t know before I got into this. There were absolutely no guarantees that that is how it would evolve. That was really my hope but I accepted that maybe it would turn out differently. And who knows, it ain’t over until the fat lady sings!*

Based on her experience Allison is referring to her vulnerability in the relationship with the intended parents due to their lack of relationship at the beginning and the shift in their relationship once the baby is born. The catharsis that Allison experienced relates to the intimacy in her relationship with the intended parents via gestational surrogacy.
Medicine is not standardized.

From her perspective, Allison stated that her involvement with a surrogacy agency was helpful in introducing her with the intended parents. She added,

*The other thing is, reproductive medicine is not standardized right. There are all these independent clinics and they are FOR profit. It’s a very different set up than our medical traditions here in Canada, so that’s very very foreign compared to what we’re accustomed to.*

Reproductive medicine in Canada is based on the American for-profit model of health care discourse, yet we are accustomed to a universal medical system. This is a challenge for the government to monitor reproductive medicine in Canada because our legislation permits altruistic gestational surrogacy. However, the private fertility clinics and agencies are based on the business model, which makes the process ethically tricky to navigate as commercial surrogacy is usually connected with for-profit clinics. As such, fertility clinics and agencies are profiting, although commercial surrogacy is illegal in Canada. Herein lies the ethical predicament of our reproductive medical system that intended parents and gestational surrogates must puzzle through. Not to mention, the debate about assisted reproduction technologies and their stratification and classist cultural underpinnings continues as these technologies are expensive and thus unavailable to all families experiencing infertility and/or childlessness (Thompson, 2005).

Demographic is different.

According to Allison, a cultural difference exists around surrogacy between Canada and the United States. This corresponds with the ideas expressed above in regards to the medical system by Allison, Susan, and Sabrina. Allison described the gestational surrogacy cultural differences in the following dialogue.
I think it stems from the legislation that drives the culture and what I’m observing from the online discussion forums with US surrogates is very much money driven. It was very very financially driven. Whereas in Canada, I don’t know if this is purely coincidental that the demographic is different of gestational surrogates or it’s because the legislation has taken the lead on that but that definitely seems to be the case. Predominantly it seems like there is more personal motivations here, rather than financial.

I wasn’t her Mama.

From her perspective, Allison described her relationship with her surrogate baby during pregnancy as absent in comparison with her in utero relationship with her daughter. When referring to their relationship she said,

I didn’t really have one. Like I said, she just wouldn’t connect. With my daughter I had the sensation that I was never alone. When I was carrying her she was very much a conscious being right from that first kicked in for me from 8 weeks along, really early. I felt absolutely no connection with this baby. We were sharing space in time and that’s about as deep as it went. I really tried to be nurturing so she would kick, I would rub back. I would play music to my belly. I did a lot of good self-care and I noticed I didn’t have a relationship with her. It’s very interesting because I wonder on what sort of intuitive level this baby knew that I wasn’t her mama.

Sharing space in time is a phrase in which detachment is implicit. In reading the dialogue above, Allison used language to denote emotional separation.

Honor that fourth trimester.

Allison touched on an important aspect of gestational surrogacy, which is society’s discomfort with the family building practice since it challenges dominant discourses of motherhood, family, and gender roles. Ragone (1994) states surrogacy “…can be understood as a radical departure from traditionally held beliefs surrounding motherhood and reproduction” (p. 66). Allison provided insight by stating,

I think there’s a danger there in that people know how to support a pregnant woman and they know how to support a recently birthed woman with a tiny baby, as soon as you take that tiny baby away from that picture people don’t know how to do that anymore. I think that’s a big disservice because the surrogate
community just as much as any other woman who has recently birthed needs that down time. We need to honor that fourth trimester.

Furthermore, Allison added, “If the surrogacy itself is misunderstood I think the postpartum period is even more so.” This dialogue depicting societal uneasiness, misconception, and disfavor concerning gestational surrogacy that Allison highlighted is cause for change in supports services for surrogate mothers post-delivery.

Favorite Auntie.

According to Allison she described her relationship with the intended parents as “fantastic and very open and supportive and a friendship.” Her closeness with them is evident in the familial role of Auntie that is constructed for her as a result of the gestational surrogacy experience.

I was still pregnant and we were talking and they said, “You’ll always be a favorite auntie.” Since having had the baby my new nickname is “auntie moo”! (both laughing) You know whenever I ship to them, I’m shipping 1400 ounces of milk. I’m shipping a month’s supply at a time sort of thing. I’m very lucky in that what I hoped for was a friendship with IP’s, but of course I came into it with the understanding that a friendship isn’t something you can manufacture and either it evolves or it doesn’t. I’m very very grateful that it just happened to evolve that way.

However, once the baby was born Allison experienced a change in relationship dynamic with the intended parents which is what the majority of gestational surrogates’ report (Teman, 2010: Ragone, 1994). This phenomenon seems characteristic of gestational surrogacy post birth, as Allison also noted that this can happen with first time and new parenting relationships along with social networks in general.

I know that that connection is still there and I’ve been given special Auntie status. I think that will remain it’s just a matter of establishing a new equilibrium. And I’m grateful for my work in perinatal care cause I’ve seen this transition so many times, especially with the first baby. I’ve seen new parents make this transition so many times that the rest of life comes to a screeching halt and somewhere around 18 months to 2 years they come out of the fog and they start perusing their social
relationships again. For me this is very normalized. I missed the little updates at first and the pictures but I think it’s healthy that they’re getting on with their lives and also healthy for me to move on for mine. With how seriously I perused the surrogacy, for a while my identity was very wrapped up in being pregnant and not just pregnancy but pregnant FOR someone else. That role and social net that gets created around that experience is very distinct and very all encompassing. And that was probably my biggest challenge immediately postpartum was: who am I now? You come home and physically I need rest, but what’s my excuse? Where’s my tiny baby to say I’ve been up all night with you, I get to sleep in. That by far was a bigger challenge; even now gradually getting my identity anchored to something more tangible that just being the milk provider.

Allison described that she grappled with her identity adjustment post-delivery. Also, she linked the theme of being in limbo post-delivery to personality type in the following statement, “So this is the thing where there’s this interesting risk between the personality style of women who seem to be attracted to surrogacy, at least in Canada, versus the postpartum outcome: how do we go on about life?” From her perspective, Allison is referring to women who are high achievers or type A personalities when she mentions personality style in the previous account. She believes that women who are type A personalities are more attracted to gestational surrogacy because they are high achievers, yet when the surrogacy experience is over they do not know what to do which leaves them unsettled. This identity questioning and the theme of being in limbo that Allison illustrated surfaced in the majority of the interviews in this study. McCormack (2000) argues people use narrative lenses such as context, language, moments, and listening to make meaning in their lives for identity construction and reconstruction. As such, it appears that for some gestational surrogates, identity changes need therapeutic attention, in an attempt to support them through this inevitable part of the third party reproduction process.
Lastly, Allison emailed this photo of her gestational surrogacy experience below.

The photo is titled “BUMP”.

*Figure 6. Allison and “Bump.”*

**Canadian cultural differences.**

The demographics of this study support the noticeable cultural difference between gestational surrogates in Canada and the United States, as Allison discussed earlier in her story. The dominant media discourse suggests that gestational surrogates are often of a lower class than their intended parents (Shanley, 2001; Twine, 2011). However, in this Canadian study, out of the eight gestational surrogates, seven are working in the helping field or working with children outside the home. All eight surrogates are employed. Job titles of gestational surrogates include: a social worker, nurse, nursing assistant, elementary school teacher, early childhood educator, foster parent, doula, and financial worker. The job information can be seen in the participant-identified employment.
demographics column of Table 1. Accordingly, based on the average pay scale of these employment positions, Canadian surrogates in this study are mainly middle class with professions unlike surrogates in India (Twine, 2011) and the American surrogates who Ragone (1994) interviewed, who were primarily women in lower-income households. Hence, Canadian laws pertaining to altruistic gestational surrogacy may account for much of this culturally different demographic. Shanley (2001) argues commercial surrogacy in the United States should be prohibited because economically secure intended parents are hiring financially vulnerable women’s procreative labour and parental rights through paid surrogacy agreements. Although the sample size of this study is small, the class differential is lessened and may be explained by Canadian legislation that encourages altruistic surrogacy, thus prompting women with financial stability to enter into third party reproduction based on personal motivations rather than due to compensation alone.

Within and across the gestational surrogate’s narratives, feelings and tensions arise due to the impact of medical, legal, and familial discourses. These discourses are noted in the language that gestational surrogates use, the positions in which they are discursively placed, and the scripts they follow in the meaning making process of their gestational surrogacy experiences. In chapter five, I analyze these discourses by examining the tensions in my own gestational surrogacy experience.
Chapter 5- The Good Surrogate: Discussion

In chapter four I attempted to stay as close to the surrogates’ words as possible to emphasize key themes in gestational surrogacy. With chapter five, I bring a meta-perspective and analyze the stories as a whole as mentioned in my methodology chapter. I followed Polkinghorne (1988) who explains that “descriptive narrative research, then, attends to the collection of narrative schemes that operate for a person or group and to the situations that trigger or draw the particular narratives into interpretive expression” (p. 162). I add in my experience for specific points of analysis to avoid treating each participant as if they are divorced from the constraining discourses that surround the issue of surrogacy in contemporary society. I also avoid over analyzing the participants as isolated individuals and minimizing what could be perceived as less than flattering portrayals of the women and the intended parents. Hoskins and Stoltz (2005) suggest “researchers find themselves in a bind about how to avoid offending participants with the results of their analysis” (p. 95). The intent in using my own experience to illustrate points of difference within the discourse of what I have deemed to be the good surrogate is to reduce the possibility of offending surrogates. The good surrogate discourse that permeates all of my participant stories, and my own experience, is a central finding in this research.

As a result of studying the participant narratives, I am left with multiple tensions that I analyze further by exploring the dominant theme of the good surrogate. Amulya (2006) states “by examining the way we have constructed a narrative account about a significant event, it suddenly becomes more possible to observe the meaning we have taken from that experience and to excavate the underlying qualities that made it
significant” (p. 3). Looking at discourses that position gestational surrogates and the
telling of their experience is consistent with certain narrative methodologies (Frank,
2010; Polkinghorne, 1988). Frank (2010) suggests that the analysis of narratives shifts
from “how stories work – what they consist of – to how stories do their work for people
and on people” (p. 28). In Canada, the single story of the good surrogate is related to
cultural expectations and societal beliefs in which discourses of motherhood, gender,
power, family, and gestational surrogacy all intersect. This good surrogate discourse is
apparent in all eight stories as the women navigate through their gestational surrogate
Choreography of Reproductive Technologies, she writes a chapter specifically on
different variations of surrogacy from the context of an American fertility clinic, in which
she references the common medical role of the “good patient.” In exploring the ‘good
patient’ role, Thompson (2005) describes the surrogate as “subordinate to those whose
procreative intent they were working to realize” (p. 158). The dominant script that arose
when analyzing my data reveals several rigid and unspoken rules embedded within the
surrogacy experiences. It permits only one script for how gestational surrogates should
act. Below is the list of main rules in which a surrogate must adhere, but first I provide an
explanation of how this central theme emerged.

The Good Surrogate

The good surrogate discourse came to realization during a discussion with my
supervisory committee as I updated them on the data collected with the eight participants.
The discourse of the good surrogate permeated the story plotlines and shaped the telling
of the narratives consequently becoming glaringly apparent as a site for analysis in this
research. For example, in telling their gestational surrogacy experiences the women often followed “positive” depictions of the plots and characters within their stories and across their narratives. This was an overwhelming pattern that emerged in how the surrogates told their surrogacy experiences. Polkinghorne (1988) notes people adopt available cultural plots conveyed within a culture when constructing the self, including dramas, romantic accounts, mythical stories, heroic chronicles, and fairy tales. Gestational surrogate stories were told through “positive” narratives, since the only other North American cultural alternative in surrogacy are tragic stories that are often sensationalized in the media and newspapers. None of the surrogates, myself included, told their gestational surrogacy experiences along tragedy plotlines. If gestational surrogates included tragic plotlines they would need to acknowledge their contradictory emotions and their possible grief and loss, while accepting their position of constrained agency during the experience.

Twine (2011) suggests both American and Indian surrogates exercise constrained agency in contractual surrogacy as their options are austerely limited by inequalities of class, race, legalities, and education. The “positive” plot embedded in the surrogates’ narratives in this research allows space for agency and autonomy in the telling, which is significant for surrogates in making sense of and being at peace with their experiences. In addition, since all of the participants tell their surrogacy experiences along “positive” plotlines, I looked within the individual stories for themes of difference and resistance to attain a fuller understanding of the discourses in action. If I had not done so, all eight stories would read as similar optimistic tales of gestational surrogacy, thus missing points of difference, resistance, and discursive positioning that are key to the “positive”
storyline of surrogacy which is embedded in the *good surrogate* discourse. Based on my own experience, the perpetuation of a positive story (as illustrated in most of my participant stories) may be necessary for a surrogate to adopt as a way to cope with the ambiguity, loss, and societal pressures during the gestational surrogacy process. Many of the surrogates speak about the covert societal pressures in complying with the rules of the dominant discourse of the *good surrogate*. These are analyzed below.

**No crying or grieving allowed.**

One rule in being a *good surrogate* is not to cry when separating from the baby, whether this occurs in the hospital immediately after delivery or any time following the birth. The dominant discourse of the *good surrogate* imposes this rule as a way to ignore any possible feelings of a close relationship that may occur between the gestational surrogate and the baby. In essence, this rule requires a woman to disregard the embodied relationship that develops in utero from growing and gestating the child. None of the surrogates interviewed discussed any feelings of grief or loss due to separating from the child after nine months of gestation. Instead they discuss their feelings of loss and vulnerability within the parameters of the *good surrogate* discourse, which states that it is only acceptable to discuss these feelings due to the loss of their relationship with the intended parents. Within this relationship it is acceptable for a surrogate to express feelings of grief due to the change in relationship dynamic, but not because of the loss of the baby.

Most of the surrogates shared their angst about the relationship dynamic change with the intended parents after the baby was born. This is not to say that feelings of grief were not experienced by surrogates with the change of their relationship with the
intended parents post birth. Rather, it is important to note that it was unanimously discussed in this manner by the surrogates with no mention of the relationship change with the surrogate baby. Not one surrogate discussed emotions of loss concerning her surrogate baby. What was unsaid about the separating process for the surrogate and the baby is an indicator of the good surrogate discourse at large. This is where in my experience a point of difference is evident: I cried upon separating from the baby, which was against the rule, because it was much more difficult than I imagined possible. I cried when my surrogate baby, Gwyneth, left our house, our family, and me. Here is the excerpt from my story in which I write about my grief in separating from Gwyneth,

It was the most amazing moment for me, to see my daughters so loving, gentle and connected to Gwyneth the first time they met her in our living room. I was so proud of Keanna and Sierra. I loved all three of them so much I started to cry. No, cry is an understatement, in fact I sobbed uncontrollably. I actually left the situation for a few seconds after the girls stopped singing because I was so raw with emotion. Even as I write three and a half years after Gwyneth was born, I am not able to recall this memory without a rush of emotion and a stream of tears. The profound experience is vivid and forever in my memory.

In breaking this rule and crying the day we separated, I displayed my grief to the intended parents and my family, which caused feelings of discomfort from my perspective. It seemed that no one knew what to do in this moment, myself included. Shanley (2001) states, “in the case of surrogacy, the embodied relationship of the gestational mother (who may or may not be the genetic mother) is stronger than that of the commissioning parent and fetus, or her own, “intentional self” and the fetus prior to conception (p. 118). My tears were the tangible expression of my embodied resistance to the discourse of the good surrogate. I was clearly breaking the rule.

Months later, the initial grief I felt spiralled into symptoms of depression and I refused to ask for counselling support due to the immense societal pressure I felt to
follow the script of the good surrogate and denied my profound loss. At the time I was denying my feelings of pain, I didn’t realize that my grief was valuable and an important part of my surrogacy experience. Furthermore, the surrogacy pre-screening counselling did not prepare me for the fact that loss in surrogacy was inevitable. Again, this is something that was not talked about because the good surrogate discourse renders feelings due to loss as unmentionable and invisible. Other surrogates in this study also experienced feelings of grief, pain, and anguish because of their gestational surrogacy experiences, however, they, too, suffered silently and did not mention their pain in following the good surrogate discourse. This was evident by one participant’s visible anguish at certain points when sharing her story, as she cried, while claiming she was happy. In addition, many surrogates briefly mentioned their painful emotions post-delivery with minimizing statements, in passing, or by rationalizing their feelings of grief. Lastly, two surrogates that declined participation in this study stated that they were unable to participate due to their unsettled emotions and the difficulty of their gestational surrogacy experiences. These subjugated stories provide insight into the profound influence of the good surrogate discourse.

**Don’t form a close relationship with Their baby.**

Another rule of the good surrogate discourse is “do not form a close relationship.” Again, I am not a good surrogate, as I formed a close relationship with their baby. Through my own experience of forming a close relationship I realized how little genetics had to do with the experience and how important carrying a baby genetically related or not truly is. I knew this from my pregnancies with my daughters but my surrogacy experience heightened my learning. A participant in Thompson’s (2005)
research focused on the biological significance of her gestation role saying, “the baby would grow inside her, nourished by her blood and made out of the stuff of her body, all the way from a four-celled embryo to a fully formed baby (p. 156). Shanley (2001) adds that studies show women regard the gestational connection to be as significant as the genetic connection to their parental identity and role. I also learned how easy it is to attach to another human being when you live in a shared space for nine months thus forming a relationship even though you are trying to remain neutral or detached. For me, the physical event of pregnancy, the cognitive understanding of a human being growing inside of me, and the emotion of life forces joining together in a relationship of space and time, all contribute to my close relationship with my surrogate niece. I tried to remain detached from the baby growing inside me by using specific “detaching language” and denying ownership of the pregnancy as other surrogates in this study did as well, such as “our experience”, “their baby”, and “the baby”. However, the embodied experience of my surrogate pregnancy took precedence over any detaching behaviors I employed. Embodiment is the experience of physicality, psychology, and emotionality within the body (Teman, 2010). Most surprisingly, I did not recognize the extent of my close relationship to the baby until after she was born. The fear that a surrogate mother might want to keep the child is linked to the emphasis on detachment practices, such as discourses found on websites in gestational surrogacy. Shanley (2001) argues, “to assume that only irrationality or mindless flightiness would induce a woman to change her mind about relinquishing a baby she has borne through months of pregnancy ignores the months she has spent in relationship with a developing human being” (p. 116). It is the

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7 Niece is a term some surrogates use when referring to their surrogate child.
embodied relationship that may change her (Shanley, 2001). Plus, if a surrogate acknowledges her embodied relationship and possible attachment with the surrogate baby it is discouraged by the good surrogate discourse. For example, one surrogate participant in this study decided to breast-feed the surrogate baby to meet the baby’s needs and her own recovery needs, as she described in her own words. According to the surrogate, her decision to nurse the baby created tension amongst professionals and family members since breast-feeding was discouraged. Breast-feeding the surrogate baby is highly discouraged because of the belief that nursing builds a close relationship between the surrogate mother and baby.

Thompson (2005) and Teman (2010) suggest kinship is established through naming practices and recommended that gestational surrogates are to refrain from this parental task. Participants used language that promoted their cognitive separation from the surrogate baby including pronouns such as “our experience”, “their baby”, and “the baby.” Teman (2009) suggests that Israeli surrogates accomplish ritualistic detaching practice when they focus on the ‘dual body-project’ with the intended mother. The ‘dual body project’ is the phenomenon that unites the surrogate and intended mother during surrogacy by constructing the intended mother as the Mom with a capital m, and deemphasized the role of the surrogate mother to that of the carrier (Teman, 2009). This ties into much of the literature on mind/body splits, the commodification of women’s bodies, and the notion of body-as-machine (Goslinga-Roy, 2000; Teman, 2010; Ragone, 1994). Thompson (2005) contends that the abortion debate and the technology of the ultrasound contributed to the distinction and hierarchy between a mother and her fetus. This notion of separation and detaching of mother and fetus is further premised on the
mind/body split in contemporary society. The *good surrogate* discourse, which fosters mother and fetus detachment, provides a site for the commodification of women’s bodies that many feminist critics of gestational surrogacy contest. Shanley (2001) states contract pregnancy\(^8\) commodifies a woman’s body based on her reproductive capacity and the selling of her genetic material. Metaphors of surrogates with a “bun in the oven”, and as a “living incubators” permeate the literary debates on gestational surrogacy, as they signify the notion of the body as a machine (Goslinga-Roy, 2000; Teman, 2010; Ragone, 1994).

Goslinga-Roy (2000) described a gestational surrogate who joked that her belly button at the end of the pregnancy as a “pop-up timer.” In her study, some surrogates referenced body-as-machine metaphors including ‘cow’ and ‘milk’ analogies (Goslinga-Roy, 2000). Some participants in this study also made comments about their bodies using cow and milk analogies, whereas I often used the metaphor of my uterus as an incubator when describing my gestational surrogacy to others.

One of the main concerns in forming a close relationship to a surrogate baby is that it creates ambiguity in the gestational surrogacy process causing discomfort for everyone involved from the fertility clinic staff to the intended parents (Thompson, 2005). Ambivalence is a threat because if a gestational surrogate is unsure about her relationship with her surrogate baby then she may chose to keep the baby, which is a personal, political, and legal problem in surrogacy agreements. Thompson (2005) states recipient parents and surrogates expressed a “zero-tolerance” paradigm for ambiguity when it comes to claiming the role of mother. The *good surrogate* discourse stipulates that a surrogate exudes certainty about her decision to pass on the baby, her parental

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\(^8\) Another term for surrogacy and gestational surrogacy.
rights, and parental role to the intended parents. The importance of role certainty was noted in all participant narrative accounts in this research, as surrogates conformed to the good surrogate discourse. It is the scenarios when a surrogate changes her mind about relinquishing a baby and her parental rights that become media sensations, although there are relatively few of these situations given “the surrogate baby boom” (Twine, 2011, p.ix). Still, the dominant discourse of the good surrogate emphasizes detachment behaviors and techniques such as not naming the baby, and building a relationship with the intended parents in place of forming a close relationship with the surrogate baby to reduce feelings of closeness and notions of ownership. In following detachment practices many of the surrogates used language that did not imply emotional connection as illustrated throughout the themes raised in chapter four. Thompson (2002) argues that ownership of children is a Western ideology that privileges genetics over kinship practices of social parenting and adoption. Nevertheless, genetics do not override embodiment and relationship in gestational surrogacy.

**Don’t expect too much or put any demands on intended parents.**

In the relationship between the intended parents and the surrogate, power dynamics shift before, during, and after pregnancy. Thompson (2005) notes a gestational surrogacy situation in which the intended parent chose a friend as her egg donor because “she wanted to have the emotional attachments of friendship and the ability to make corresponding demands on the woman who was to be her donor” (p. 156). This example illustrates the power dynamics in the relationship between the surrogate and intended parent. However, in most pre surrogacy situations the surrogate holds more power in the relationship as she has the potential to bear a child for the intended parents, rendering
them vulnerable, given that there are more intended parents than surrogates. Some of the participants discuss the vulnerability of the intended parents in their thematic excerpts, and particularly intended parents who are gay because their sexual orientation renders them even more vulnerable. The intended parents are positioned as the ‘desperate other’ in the *good surrogate* discourse in which the surrogate must help as a moral agent. Many of the participants in this research commented on the intended parents’ abilities, skills, efforts, and deservingness to parent the surrogate baby they carried and birthed. In addition, most surrogates shared their moral desire to help the intended parents, while emphasizing the significance of their agency in this decision. One surrogate even suggested that her decision to become a surrogate has increased her confidence in herself when making decisions in other areas of her life, as is evident in chapter four.

The relationship imbalance continues, yet it shifts because the surrogacy contract stipulates that the intended parents have power over the surrogate and her body during pregnancy. Then, once the baby is born the power dynamic changes rendering the surrogate completely powerless in the relationship, as her role is complete and the intended parents assume their parental responsibility for the baby. At this point, the surrogate must wait for contact with the baby as the intended parents see fit due to the *good surrogate* script. Most of the surrogates in my research acknowledged their angst and worry post birth about their relationship with the intended parent(s) but do not mention these feelings (in relation to the baby or at all) because a surrogate must not expect too much from the intended parents.

Thompson (2005) states surrogates are “dekinned” once the baby is born and the contract ends, allowing the recipient parents to sever their relationship with the surrogate
mother. When a surrogate is “dekinned” by the intended parents she is expected to abide by the good surrogate discourse and avoid placing demands on the recipient parents. The majority of the surrogates in this study mention feeling uncertain, vulnerable, and uneasy about the shift in dynamics in their relationship with the intended parents once the baby is born. Although, they wait for the intended parents to make contact first, as the good surrogate discourse requires. Ambiguity surfaces at this point as the surrogate’s position changes. She hangs back to provide space for the intended parents to step into their parental role with the baby, yet the surrogates’ desire established contact, which unless guaranteed, is the underpinning of their unease and vulnerability. This process is unclear, vague, and awkward for all of the gestational surrogates in this research, according to their narratives.

Recalling my own experience, I clearly remember how difficult it was to follow the good surrogate script. In refraining from putting any demands on my friends, the intended parents, I recall the day that I stood in Old Navy on a shopping trip for my daughters with a pile of pink baby clothes in my arms approximately four weeks after Gwyneth was born. I looked down to discover I was shopping for my surrogate niece and realized I was denying my need to see her. In recognizing my embodied need to be near my surrogate niece at that moment I felt a rush of pain and anguish as I ran out of the store in tears. The good surrogate discourse that I was following did not allow me to call, contact, or request the visit that I absolutely desired since the rule is to respect the intended parents’ space and parental rights.

On another occasion, by following the rule of the good surrogate I felt trapped, as I needed to know what was happening with my body and the fertility clinic’s protocol
stipulated that the intended parents find out if I was pregnant first. Here is an excerpt from my story in which I resisted the good surrogate discourse by doing my own pregnancy test because I felt uneasy with someone else knowing something about my body before I did.

*The pregnancy test showed a bright blue line. I was pregnant and Simone and Ben were going to have a baby!* I hurried out of the bathroom, into my office, and closed the door. I sat for a couple of minutes deciding if I should call Simone and Ben. **Would they be mad at me for taking a pregnancy test?** I decided to take the chance and call, because they were having a baby! I hoped the good news would mitigate any feelings of anger they may have, since I had administered a pregnancy test. My hands were shaking as I dialed their phone number. I felt like there were butterflies flying in circles in my tummy.

Noticeably, within this written excerpt of my narrative, even though I resisted the good surrogate discourse I was very concerned about upsetting the intended parents. The good surrogate discourse suggests a surrogate is to provide support and nurture the intended mother in addition to gestating the child, since the intended parents have been through so much with their infertility challenges (Ragone, 1994; Hanafin, 2006). Teman (2010) explains Israeli surrogates focus on a team philosophy in providing support for the intended mother through the dual body phenomenon mentioned earlier. One of the participants in my study articulated her experience of team work with the surrogate twins she carried. She stated that her role with the twins was to conspire and grow together for their mother, the intended parent, which is a varied notion of the team philosophy Teman discusses. In a different way, some of the surrogate participants from this study discuss medical and political advocacy for the intended parents during the surrogacy experience, as to not put any demands on the intended parents and abide by the good surrogate discourse.
It’s a secret.

Assisted reproductive technology challenges dominant discourses of motherhood, the nuclear family, and fidelity. As mentioned in chapter two, third party reproduction is practiced by multiple families in modernity including, single parents, gay and lesbian parents, older parents, and parents with terminal illnesses: therefore, they engage with another family to help with their family building process through third party reproduction. All of these types of families challenge the ‘nuclear family’ discourse of the heterosexual two parent, two child household (Thompson, 2005). Surrogacy practices are also shrouded in secrecy due to the shame associated with infertility that is experienced by many intended parents (Covington & Hammer Burns, 2006; Daniluk, 2001; Hanafin, 2006). When intended parents discuss their gestational surrogate pregnancy publically, they are also disclosing their private struggles with infertility. Hence, it is discouraged to discuss surrogate motherhood publically.

Secrecy in surrogacy also maintains the fidelity of the intended couple by keeping the idea of adultery at bay (Thompson, 2005). For example, a participant in this study commented on her experience of dispelling the notion of adultery publically with a curious community member. Plus, there is no cultural repertoire of stories available because of the newness of the practice, yet the gestational surrogacy experience needs a plotline. As a result, in many situations, hiding the surrogate pregnancy seems like a viable option for intended parents, their family members, and for the surrogate herself, as one participant contemplated.

In exploring the secrecy that surrounds surrogacy, it is important to discuss the legalities of surrogacy contracts as often there is a confidentiality clause stipulating that
the surrogate is not allowed to discuss the surrogacy experience. This often has the effect of rendering her invisible. Thompson (2005) suggests that a shift is occurring in assisted reproduction from the best interest of the child to a privileging of reproductive privacy which fosters secrecy in gestational surrogacy. Further, the ambiguity of motherhood and parenthood is reduced when the recipient couple keeps the surrogate pregnancy a secret outside of the fertility clinic setting (Thompson, 2005). In commercial contracts, Thompson explains gestational surrogacy “contracts assume that the transaction itself is limiting and does not set up any subsequent relationship or further obligation” (p. 171). As such, secrecy can be maintained if there is no obligatory relationship expected after the birth of the child. Not only does this speak to the rule of secrecy, it is linked to another rule, don’t expect too much from the intended parents.

Another area where secrecy surfaces is if, and when to tell the surrogate child about his or her birth story. Kirkman and Kirkman (2002) explain when and how her gestational surrogate daughter, Alice, was told about her family birth narrative. “From the day of her birth I talked to Alice about how she began as an egg inside me, but grew inside Linda because I no longer had the special nest that babies need.” (p. 142). In sharing Alice’s birth story from the time of her birth Kirkman and Kirkman (2002) note “we decided that she would know the words and gradually grow into their meaning” (p. 142). The Kirkman family confidently engaged in the parenting practice of telling Alice’s birth story early and consistently. Ehrenshaft (2007) suggests it is parent’s anxieties about assisted conception that underpins secrecy in the decision to not to tell birth other children of their birth story. According to Ehrenshaft (2007), intended parents need to consider their child’s perspective, “that I came from the body of another woman, not my
mother” can generate a strong desire to seek out the birth other, not to find a long-lost parent or replace the existing ones, but to lay claim to one’s own heritage and future” (p. 136). Many of the participants expressed their desire that the intended parents share the gestational surrogacy birth story with the child, as a means of recognition, although in abiding by the good surrogate discourse they would not ask for this to occur.

In summary, the secrecy surrounding gestational surrogacy silences women’s stories and experiences. In following the good surrogate discourse, surrogates are emotionally isolated, and professionals as well as clinics do not change practice based on their valuable input and feedback. This often seems to result in significant miscommunication between surrogates and professionals, and possibly the failure of best practices in the field of third party reproduction.

**Only display selflessness.**

The good surrogate is only allowed to show altruistic motives in surrogacy based on being a selfless mother and woman. Many of the participants state reciprocity was a significant part of their gestational surrogacy experience as intended parents expressed public recognition of their selflessness, which was important to them. Public recognition and the notion of reciprocity in surrogacy suggests there is a strong self-interest in deciding to be a gestational surrogate and to redeem oneself as a worthy person, to which some surrogates refer. This is a tension in contrast with the altruistic script available in the good surrogate discourse. An unanswered question remains. Is gestational surrogacy really an act of altruism if a surrogate receives something in return, even if it is not monetary? Western cultural notions of gendered altruism permeate the dominant discourse of selflessness in motherhood as well. The act of mothering involves socially
constructed boundaries, rules, and scripts of selflessness and naturalness that are analogous with gestational surrogacy. Pender (2007) argues that the nature debate in concepts of motherhood is at the core of all infertility treatment and is played out visually on fertility clinic websites. Again, the dominant discourse of the good surrogate creates a double bind for surrogates who may choose surrogacy for other reasons besides altruism, selflessness, and gendered natural mothering. Thompson (2005) discusses one surrogate’s “religious idiom to do good and make a fresh start” as offered by God in her decision to try surrogacy (p. 164). Some of the surrogates in my research shared spiritual and or religious beliefs in choosing surrogacy as well.

Reproduction and motherhood is scripted as a woman’s natural calling and ability, yet procreation is often seen as a choice a woman is not capable of making. Shalev (1989) argues, a double standard concerning “sexual-reproductive morality” which is linked to the debate between altruistic and commercial surrogacy implying that “…women are not competent by virtue of their biological sex, to act as rational, moral agents regarding their reproductive activity (p. 11). Plus, motherhood is devalued in Western society as being a mother is considered a ‘natural’ role for a woman based on discursive gender norms (Thompson, 2005). In gestational surrogacy a similar pattern occurs in which the act of gestating a child is minimized through altruism debates, language, and legislation, and surrogates are to refrain from discussing the challenges of the experience publically. Clearly, the taboo topics about motherhood also permeate gestational surrogacy.

Selflessness further restricts a surrogate from requesting contact with the child post birth. All the while, the good surrogate discourse presumes that surrogacy ends
abruptly after delivery, yet it does not end when the baby is handed over. The ending is often messy in the fourth trimester for many surrogates. Plus, the expectation of the gestational surrogacy story ending when the baby is born is problematic because stories are part of us and live and stay with us whether there is continued contact or not. This experience may be like people who give up a child for adoption in that the birth mother, in this case surrogate, carries the birth story for a lifetime with or even without contact. Therefore, when does the story end? Most surrogates in this study maintained their expectations of selflessness and refrained from asking for contact with the baby, even though they most likely wanted connection.

Thompson (2005) states reproductive technologies coordinate the ontologies of the self, nature, and society through fertility clinics in producing children, parents, and their recognition. Ontological choreography is the term she uses to describe this deeply personal, extremely technical, and powerfully political practice of assisted reproduction. **Who benefits from the discourse of the good surrogate?**

The politics of gestational surrogacy come to the forefront in uncovering the answer to this question that is at the heart of the surrogacy debate. Fertility clinics, doctors, and lawyers, all benefit financially from the good surrogate discourse. This is apparent based on a question and answer section of the Canadian Assisted Human Reproduction website which is sponsored by the federal government. Assisted Human Reproduction Canada monitors the AHR Act by compliance and enforcement policy endorsed within the federal agency. The goal of the compliance and enforcement policy is to minimize the risk to the health and safety of individuals who use assisted human reproduction and the offspring of AHR. Here is the question and answer segment:
What impact does the prohibition on arranging surrogacy services—for payment—have on AHR clinics, doctors, and lawyers? Section 6 of the AHR Act prohibits anyone from receiving payment for arranging, offering to arrange or advertising to arrange for the services of a surrogate mother. It does not, however, prevent:

- an AHR clinic from being paid for providing AHR services to a surrogate mother;
- a doctor from being paid for providing medical care to a surrogate mother; or
- a lawyer from being paid for providing legal advice or services to a surrogate mother.

Thompson (2005) states large pharmaceutical companies also have a vested interest in gestational surrogacy due to the profit they make off the reproductive medications and hormones. Similarly Section 6 of the AHR act excludes the clinics, doctors, and lawyers from the impacts of surrogacy prohibition allowing their fee-based services in assisted reproduction practices. The average cost of medications for gestational surrogacy in Canada is estimated between $2500 to $6000, according to the Victoria Fertility Clinic website. This is a large expense that is in addition to the fees for the IVF procedure. Many surrogates in this study commented on the high costs of the medications that their intended parents paid, which are not covered by Medicare. As a result, the good surrogate discourse serves pharmaceutical companies as well as clinics, doctors, and lawyers because if surrogates stopped volunteering to gestate babies then third party reproduction would diminish, thus reducing profits.

Intended parents and gestational surrogates interests are served as well, although there is more risk involved for these characters in the surrogacy plot. Intended parents benefit from the good surrogate discourse as they become parents receiving the child they sought without having to deal with the surrogates’ feelings of grief, ambivalence, and vulnerability. Surrogates benefit financially from commercial surrogacy agreements in some countries, whereas in Canada most gestational surrogates receive
acknowledgement and attention for their altruism. The acknowledgement and attention surrogates in this study received was in the form of public recognition at family gatherings, being named “Aunt”, cards, flowers, letters of thanks, and gifts of gratitude such as jewellery, birth videos, CDs, and photos. The vast majority of the participants in this research mentioned that the only payment they received was reimbursement for pregnancy expenses incurred and the participant that accepted financial compensation did so prior to the Canadian legislative changes on March 29, 2004.

**Implications for Practice**

Practitioners in the field of child and youth care (CYC) including family practitioners and anyone working with children, youth, and families need to be mindful of their practice if third party reproduction is an issue. Further, it is necessary for CYC practitioners, family practitioners, counsellors, and other professionals to be aware of the discourses that affect women going into surrogacy. In analyzing the stories as a collective body, I learned that the discourse of the *good surrogate* potentially restricts surrogates in how they experience gestational surrogacy, limits how they think about their experience, and confines how they tell their surrogacy stories. This research has affected me as a practitioner by providing me with a knowledge base to expand on the single storyline of romance and disrupt the *good surrogate* discourse when working with surrogates, intended parents, medical, and legal professionals involved in third party reproduction. By acknowledging this discursive lens through open conversations with surrogates, intended parents, and professionals I hope to provide support and possibly shift current practice.
As a result of my research, I hope to change perceptions of surrogates in following the *good surrogate* discourse so that they are more comfortable asking for counselling support post surrogacy. At this time, it is not acceptable to request post surrogacy counselling due to the restrictions of the *good surrogate* discourse on surrogates. The danger of the single surrogacy story for women needs to be acknowledged by clinics, medical, legal, and helping professionals working in third party reproduction in order to support the women choosing surrogate motherhood and throughout their gestational surrogacy processes. Professionals in third party reproduction also need to be open to working with multiplicity, contradictions, and ambiguities that may be present for some women. “Positive” versions of gestational surrogacy pressure women to tell their individual stories along similar plotlines. This is restrictive and may devalue alternate surrogacy narratives post-delivery, especially when a positive experience is not encountered. Surrogates may experience feelings of failure, inadequacy, and regret if they think that no other story is allowed other than one with a positive plot. These significant feelings are perpetuated when we collude with the narrow versions of experience surrogates are expected to abide by. Plus, we risk colluding with the dominant discourses of motherhood, gender, family, and genetics in society as along with the medical, political, and pharmaceutical industries that are mentioned above. Therefore, I hope this research opens up ongoing discussion and discourages secrecy about the experience of gestational surrogacy so that potential surrogates, intended parents, and professionals in the field of third party reproduction are more aware of how dominant discourses, including the *good surrogate* discourse, influence meaning making.
What can be done?

In the counselling setting, prior to the surrogacy experience occurring, professional helpers need to discuss themes of grief and loss related to the gestational surrogacy experience with potential surrogates, providing them with helpful information regarding third party reproductive practice. Surrogate experiences with grief and loss in surrogacy effectively illustrate the need for professional post pregnancy counselling for gestational surrogates. Hanafin (2006) reports that pre surrogacy counselling has become standardized practice in the United States and I would suggest in Canada as well based on my experience, women’s accounts, and research. However post surrogacy counselling is not mandatory and only some fertility clinics, agencies, and/or legal contracts stipulate post birth support in either group or individual counselling (Hanafin, 2006). Optional post surrogacy counselling is a double bind issue for gestational surrogates because in the role of the *good surrogate* women will not ask for support even though it may be offered verbally and written in the surrogacy contract. Therefore, I argue that any counselling support and pre-screening counselling must acknowledge and discuss grief and loss issues, and the prevalence of the *good surrogate* discourse that permeates third party reproduction right from the beginning and throughout the surrogacy experience, as this discourse may be especially damaging in the fourth trimester of the surrogacy process. Not only would discussions about grief and loss issues and the *good surrogate* discourse be beneficial in post pregnancy counselling to help prevent possible depression and support surrogate mothers with grieving and potential closure, it would acknowledge and value gestational surrogates as worthwhile women after delivering the surrogate baby.
Clearly, knowledge of the *good surrogate* discourse, and its potential for exacerbating grief and loss issues, needs to become part of the fertility clinic and counselling support dialogue overall, and especially in the fourth trimester, the recovery stage, of the gestational surrogacy process. Likewise, it is important for professionals to allow space for grief and encourage surrogates to share their feelings of loss after the surrogacy experience is over. Medical, legal, and counselling professionals might also encourage multiple story lines in gestational surrogacy to develop a proliferation of narratives in third party reproductive discourse. Lastly, hearing more about surrogacy from the voices of the gestational surrogates may encourage a shift in or enhancement of practice in gestational surrogacy cases.

It is important to learn about the surrogate mother’s experience and the impact on the gestational surrogate’s various relationships because hearing such challenges may encourage a shift in counselling support and medical coverage for surrogates and their families. Social injustice rears its ugly head as an issue for gestational surrogate funding and opportunities for families without fiscal means for counselling and reproductive treatment in Canada, since surrogacy procedures are not covered by Medicare (Baird, 1996; Nisker, 2008). As such, a lack of medical care and the high costs of assisted reproductive treatments are socially unjust for couples needing third party family building (Hanafin, 2006; Kashmeri, 2008; Nisker, 2008; Thompson, 2005), and for gestational surrogates and their families who may require counselling support. Nisker (2008), a Canadian physician, states Canada is the only country with governing legislation of assisted reproduction that is without distributive justice for access to
infertility treatment. Hence, societal injustice informs a need for future research on gestational surrogacy to assist with policy change and Medicare coverage.

Narratives of surrogate family relationships in gestational surrogacy may also provide new understanding from continued research endeavours. I suggest the findings by Winter and Daniluk (2004) of women who are egg donors parallels the experience of a gestational surrogate when her children need to be informed about the surrogate pregnancy and the unique nature of her children’s relationship with the baby, while establishing social relationships with their cousin. Hanafin (2006) suggests pre-screening counselling which focuses on the surrogate, her partner or support system and her child(ren), as professionals have a responsibility to psychologically protect the children involved in the gestational surrogacy process. Discussions about the secrecy and shame implicated in the *good surrogate* discourse may assist women in re-negotiating relationships with their own children, the surrogate baby, and other family members. Likewise, disrupting the dominant discourse of the *good surrogate* and re-conceptualizing family and motherhood by including the embodied practice of gestational surrogacy, as a way to eliminate the shame and secrecy of the surrogacy process, is highly necessary (Brakman & Scholz, 2006).

Future research on the impact of children born through surrogate mothers is essential in addition to the study by Shelton et al (2009). Plus, Child and Youth Care practitioner programs may benefit from more education around discourses of gender identity including the good surrogate discourse alongside the family counselling course already offered.

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9 Cousin is a term some intended parents and surrogates use when referring to the relationship between the surrogate child and the surrogate’s own child (ren).
In summary, further research in the area of third party reproduction is essential due to the controversial nature of this subject. Plus, implications for cultural shifts as a result of third party reproduction growth are dependent upon changes within Canadian society. In particular, focusing on gestational surrogates and their families’ experiences of the surrogacy process is necessary for shifts in societal understanding, enhanced counselling support, extended medical coverage, and policy reform in Canada.

In closing, research is always in progress. These ideas about gestational surrogacy are not the final way of thinking about this research. With each new story spoken about gestational surrogacy shifts in thinking arise influencing the stories already told and the ones yet to come.
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Appendix A: Recruitment Advertisement

Have you been a gestational surrogate in the past three years?

Are you interested in sharing your gestational surrogacy story?

You are invited to participate in a study entitled A Narrative Inquiry: How Surrogate Mothers Make Meaning of the Gestational Surrogacy Experience that is being conducted by Ann Fisher, BA CYC. Ann Fisher is a Graduate student in the department of Child and Youth Care at the University of Victoria and you may contact her if you have further questions by e-mail at fisheram@telus.net or by phone at 604-314-3579.

Declining participation in this study will not impact the services or remuneration you receive from the fertility clinic or counselor.

Thank –you.
Appendix B: Recruitment and Consent Form

A Narrative Inquiry: How Surrogate Mothers Make Meaning of the Gestational Surrogacy Experience

You are invited to participate in a study entitled A Narrative Inquiry: How Surrogate Mothers Make Meaning of the Gestational Surrogacy Experience that is being conducted by Ann Fisher, BA CYC. Ann Fisher is a Graduate student in the department of Child and Youth Care at the University of Victoria and you may contact her if you have further questions by e-mail at fisheram@telus.net or by phone at 604-314-3579.

As a Graduate student, I am required to conduct research as part of the requirements for a degree in Child and Youth Care. It is being conducted under the supervision of Dr. Marie Hoskins. You may contact my supervisor at 250-721-7982.

Purpose and Objectives
The purpose of this research project is to learn more about gestational surrogacy, by paying attention to how surrogate mothers tell their stories. I am interested in how surrogate mothers talk about gestational surrogacy roles and events. My objective is to make sense of family relationships connected to gestational surrogacy through research. To date, only a small amount of literature focuses on the surrogate’s experience, and the number of pregnancies by gestational surrogacy increases yearly in Canada and specifically in British Columbia.

Importance of this Research
Research of this type is important because there is a gap in knowledge about gestational surrogacy in the family context. The contributions of the research are to enhance knowledge in the area of gestational surrogacy through in depth qualitative study and to add to the literature in the field of third party reproduction.

Participants Selection
You are being asked to participate in this study because you were a gestational surrogate within the past three years.

What is involved
If you agree to voluntarily participate in this research, your participation will include a one and a half to two hour video or audio interview. The interview may take place in your residence or wherever you feel comfortable being interviewed. If distance is an issue for an in person interview, Skype or phone interviews may be a secondary option. Video, audio, and written notes will be taken with your permission. A transcription will be made of each interview. The transcriptions will be used for research analysis. The rationale for videotaping and photographing participants is to assist with analysis and interpretation of the data collected. Also, videotaping and photographing participants may be used for a book, articles, presentations, posters, and teaching about the research findings.
Inconvenience
Participation in this study may cause some inconvenience to you, including the volunteer time to set up and complete the interview.

Risks
There are some potential risks to you by participating in this research and they include emotional discussions that may lead to psychological distress due to the personal questions asked about your gestational surrogacy experience. To prevent or to deal with these risks the following steps will be taken; you may decline answering any question(s) during the interview; you may withdraw from the interview at any time, and if you indicate that you need support post-interview I will provide a counselor referral to help you in working through any emotional or psychological distress.

Benefits
The potential benefits of your participation in this research include the opportunity to share your personal gestational experience, which may be rewarding to discuss at length. In addition, your story will have an impact on current knowledge in the infertility field specifically, and generally in our society concerning third party reproduction.

Voluntary Participation
Your participation in this research must be completely voluntary. Also, it is recommended that you discuss your participation in this study with the intended parents and abide by your legal surrogacy contract. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will be used only if you give permission. Otherwise, the written and electronic data will be shredded and deleted.

Anonymity
In terms of protecting your anonymity information such as address, phone numbers and e-mail will be protected to maintain privacy for participants even though confidentiality will not be protected if written consent for video, audio and identifying information is agreed upon. Any identifiers of children of gestational surrogates will be edited out of video and audio recordings. Alternate names for children will also be used in writing research analysis or in any publication coming from this study.

Confidentiality
Your confidentiality and the confidentiality of the data will be protected by the use of pseudonyms and changing identifying information unless written consent is attained. You may choose to waive your confidentiality for participation acknowledgement and credit in this research. The confidentiality of children, family members and intended parents will be maintained using pseudonyms and changing identifying information. In addition, the confidentiality of data will be protected by a locked filing cabinet and password protected computer files. There is a limit to confidentiality as your fertility counselor may be referring you to this study.

Dissemination of Results
It is anticipated that the results of this study will be shared with others in the following ways; thesis/dissertation/class presentation; presentations at scholarly meetings; published article/chapter/book; media, and directly to participants. The video and audio data may be used in the media for the purposes of education, awareness, societal knowledge and current events.
Disposal of Data
Data from this study will be disposed of by shredding any paper documents, deleting all computer files, electronic videos, and audio recordings.

Contacts
Individuals that may be contacted regarding this study include researcher, Ann Fisher, and supervisor Marie Hoskins. Please refer to contact information at the beginning of this recruitment and consent form.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Visually Recorded Images/Data
Participant to provide initials:

- I voluntarily consent to the use of my photo brought to the interview for:
  Analysis _________  Dissemination* _________

- I voluntarily consent to videos taken of me for:
  Analysis _________  Dissemination* _________

- I voluntarily consent to audio taken of me for:
  Analysis _________  Dissemination* _________

- I voluntarily consent to this data being used in future research for:
  Analysis _________  Dissemination* _________

*Even if no names are used, you may be recognizable if visual images are shown in the results.

[WAIVING CONFIDENTIALITY]

I agree to be identified by name / credited in the results of the study.

______________  (Participant to provide initials)

______________  Name of Participant  ________________  Signature  ________________  Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.
Appendix C: Draft Interview Questions

The following is a list of possible open-ended questions for participants to answer during the 11/2 - 2 hour interview.

1. What is your gestational surrogacy story? If the surrogate brings a photo to the interview the question will be: How does the photo illustrate your gestational surrogacy story?
   a. How did you decide to become a gestational surrogate?
   b. How was your gestational surrogacy experience?
   c. What does being a gestational surrogate mean to you?

2. How did your family members feel about you becoming a gestational surrogate?
   a. How would your family members describe the experience of gestational surrogacy (husband/ partner, children, parents, siblings, friends)?

Gestational surrogates and their family members may have different relationships with the surrogate child and intended parents. The following questions are an invitation to describe your experience and the experiences of your family members regarding these relationships. Please remember, you may choose not to answer a question at any time.

3. How do you describe your relationship with the intended parents before, during, after surrogacy?
   a. What do you and your family members call the intended parents? Or How did you refer to the intended parents in your family?

4. Describe your relationship with the gestational surrogate baby during pregnancy?

5. Do you have a relationship with the surrogate baby post-delivery? Answer: Yes or No?

If yes,
   b. What are you and your family members role’s in the child’s life?
   c. How often do you have contact with the surrogate child and intended parents, if any?
   d. What does the gestational surrogate child mean to you and to your family?

If no, proceed to question 6.

6. How did you and your family make meaning of the legal process of gestational surrogacy?

7. Describe how you and your family made meaning of gestational surrogacy medical procedures?