2022

RHETORIC OF SURROGACY: RE-CONSIDERING AGENCY THROUGH EMBODIED PERFORMANCE

Ann Kitalong-Will
Michigan Technological University, amkitalo@mtu.edu

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By

Ann Kitalong-Will

A DISSERTATION

Submitted in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

In Rhetoric, Theory and Culture

MICHIGAN TECHNOLOGICAL UNIVERSITY

2022

This dissertation has been approved in partial fulfillment of the requirements for the Degree of DOCTOR OF PHILOSOPHY in Rhetoric, Theory and Culture.

Department of Humanities

Dissertation Advisor: *Marika Seigel*

Committee Member: *Oren Abeles*

Committee Member: *Stefka Hristova*

Committee Member: *Erin Frost, Eastern Carolina University*

Department Chair: *Scott Marratto*

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Acknowledgements

I'm not one to rhapsodize emotional, but in this case, I will make a small exception. There is a long list of very special people who have provided me with support, encouragement, and feedback that I certainly want to acknowledge. My dissertation advisor, Dr. Marika Seigel, patiently guided, mentored, and supported my research over the many years that I pursued this project, and my sincerest thanks go to her. Likewise, my committee's feedback and support were integral to my ability to develop and research this project: Drs. Oren Abeles, Erin Frost, and Stefka Hristova each helped me to grow as a scholar.

Importantly, my family saw me through this process, as much as I might have kicked and screamed along the way. My love and appreciation to my mother, Dr. Karla Kitalong, always my reader, my mentor, and role model; and to my father, who would never, ever let me give up. You're both my heroes. My husband, Cayce Will, kept me grounded, nourished, filled with coffee, and moving forward. And my kids, Connor Will, Duncan Will, and Logan Will never let me forget why I was doing this crazy thing, and always kept me laughing.

And, of course, my thanks to friends, supporters, and partners in crime: AL, LL, RZ, JR, PH, SK, AG, SK, DC, EHG.

Abstract

Surrogacy as a medical practice goes back, in a practical sense, to 1988, when the court case, “In the Matter of Baby M, A Pseudonym for an Actual Person,” was tried in the Supreme Court of New Jersey. At the heart of the issue, was the question of who Baby M’s legally-recognized mother was in the relationship between the contracting parents and the woman who gestated and gave birth to Baby M. Using this case as a jumping off point, this dissertation traces a history of surrogacy as a global industry. This project explores rhetorical agency in the embodied performance of surrogates telling their own surrogacy stories. I take a cultural-rhetorical approach to understanding how the surrogacy industry persuades potential surrogates to enter into formal contracts to gestate a fetus for another person, and how surrogates’ agency might be overtly influenced by the industry. Situating surrogacy within the realm of alternative birth stories, my analysis begins with a critique of digital advertising media, particularly in how the trope I call “insidious madonna-mother” is deployed in the textual and visual representations of pregnancy on surrogacy brokers’ websites. I then extend my analysis to podcasts produced as part of the digital marketing media. I argue that the podcasts, as an important extension of surrogacy brokers’ digital marketing media, do provide surrogates an opportunity to reclaim rhetorical agency in a medical and legal system that exerts control over their embodied experience. However, the subtlety of the insidious madonna-mother trope permeates the discourse, limiting the potential for surrogates to truly reclaim and exercise agency within a rhetoric of surrogacy, impacting the wider issues of agency within reproductive healthcare discourse.

1 A Rhetoric of Surrogacy

1.1 This Story Starts with Baby M

In 1988, the Supreme Court of New Jersey stated, with regard to the contractual dispute, “In the Matter of Baby M, A Pseudonym for an Actual Person,”

> In this matter the Court is asked to determine the validity of a contract that purports to provide a new way of bringing children into a family. For a fee of $10,000, a woman agrees to be artificially inseminated with the semen of another woman's husband; she is to conceive a child, carry it to term, and after its birth surrender it to the natural father and his wife. The intent of the contract is that the child's natural mother will thereafter be forever separated from her child. The wife is to adopt the child, and she and the natural father are to be regarded as its parents for all purposes. The contract providing for this is called a "surrogacy contract," the natural mother inappropriately called the "surrogate mother." (Justia Law)

“Baby M” refers to the pseudonym of the child at the center of this first surrogacy case in the United States. William Stern and Elizabeth Stern entered into a contract with Mary Beth Whitehead, where Whitehead agreed to be artificially inseminated by William Stern’s sperm, in exchange for a fee of $10,000. Whitehead agreed to carry the baby for the Sterns, and to give up her parental rights when the baby was born so that Elizabeth Stern could adopt Baby M, thereby becoming the child’s legal mother. Biologically, the child was produced with Whitehead’s ovum and Stern’s sperm, and so is genetically

related to both[1] the contracting father (William Stern) and the surrogate (Whitehead). When Baby M was born, Whitehead refused to give up the baby she had agreed via contract to carry for the Sterns. The case went to court, and ultimately relied on custody law precedent to award custody to the father, William Stern, with Whitehead's parental rights reinstated and Elizabeth Stern's adoptive parent status revoked. The Court's decision, as stated in the case brief, reflects the issues that have continued to concern us about surrogacy. The briefing states, "We invalidate the surrogacy contract because it conflicts with the law and public policy of this State. While we recognize the depth of the yearning of infertile couples to have their own children, we find the payment of money to a 'surrogate' mother illegal, perhaps criminal, and potentially degrading to women." (Justia Law, 1988)

The Baby M case marks the beginning of the story of surrogacy as it has grown in our public perception. Over the past four decades, and as surrogacy became increasingly more technologically possible and accessible to a wider range of contracting or intended parents[2] (CPs or IPs), many items mentioned in the Court's decision—infertility, reproductive policy, commercial surrogacy, and whether the practice is degrading to women—continue to be of concern. Today, surrogacy is a socially and legally complex

[1] The type of surrogacy arrangement that Whitehead and the Sterns had arranged is now referred to as "traditional" surrogacy, where the gestating woman is also the egg donor. This is now much less common in commercial surrogacy, and is discouraged by the American Society for Reproductive Medicine (ASRM). See ASRM 2018 *Third Party Reproduction: A Guide for Patients*.

[2] Parents who hire a surrogate to gestate their child are referred to as CPs (contracting parents) or IPs (intended parents) in the surrogacy industry. In this dissertation, I use these terms interchangeably to refer to these same individuals regardless of their genetic relationship to the developing fetus.

practice. Whether considered a medical intervention to treat fertility or an altruistic act on the part of the surrogate, surrogacy practices today carry the legacies that are rooted in Baby M's case, and recent popular culture reflects and amplifies these concerns. For example, Margaret Atwood's popular dystopian novel, *The Handmaid's Tale* (1985), along with the movie (1995) and the online streaming TV series (2019) of the same name, connects surrogacy to the Biblical Old Testament story of Rachel and Jacob seeking to have children through the slave, Bilhah, thereby connecting surrogacy with reproductive enslavement, subjugation, and abuse of women.

Movies and television shows have brought surrogacy discourse to more mainstream audiences. The movie, *Baby Mama* (2008), and one of the plot lines in the TV show, *Friends* (1998), depict surrogacy along with some of its related socio-economic issues like infertility, financial need, women's career trajectories, and that pesky biological clock that tells women to have babies before we're too old. Celebrities are now more frequently publicizing that they had children via surrogacy, further normalizing surrogacy as public discourse about infertility treatments become part of popular culture lexicon. For example, heterosexual couples, like Sarah Jessica Parker and Matthew Broderick, were "older" at the time of their surrogacy, and so pregnancy would have been considered high-risk; Kim Kardashian and Kanye West had twins via surrogacy due to Kardashian's health issues. Gay couples like actors Neil Patrick Harris and David Burtka have shared that their children were carried by a surrogate; and news caster Anderson Cooper famously announced the birth of his son via surrogacy in April, 2020. As popular culture normalizes surrogacy and its concomitant discourses, it

becomes clear that rhetoricians should be considering how a rhetoric of surrogacy might be of value in a rhetorical-cultural context.

Surrogacy, pregnancy, and parenthood as rhetorical-cultural texts have emerged as key sites for analysis in rhetoric of health and medicine (RHM). (See, for example, Lay, 2000; Koerber, 2006; Seigel, 2013; Owens, 2015; Frost and Haas, 2017; and Vinson, 2018.) Through examining texts produced by and for pregnant women, scholars have expanded rhetoricians' understandings of the ways women participate (or not) within a western, medicalized system of reproductive health care. Rhetoricians have studied socio-cultural nuances presented through artifacts including, for example, fetal sonographic images (Frost and Haas, 2017), texts intended to "guide" women through pregnancy (Seigel, 2013), and women's birth experiences posted in online forums (Owens 2015). Through this deep dive into how women negotiate reproductive medical discourses, rhetoricians have been able to further understand how embodied experiences are embedded and even eclipsed within institutionalized pregnancy systems. For example, in her book, *Embodying the Problem*, Jenna Vinson (2018) argues that pregnant teen bodies were positioned as an exigency in the 1970s and 1980s to establish a dominant narrative of the "problem" of teen-aged pregnancy. In these decades, multiple "concerned" organizations funded ad campaigns using visuals of pregnant and mothering teens to establish and reinforce the "problem" of teen pregnancy. Vinson writes, "Images of young mothers' bodies are persuasive texts, and visual representations of young women have always been central to 'proving' that there is a teen pregnancy problem." (45) Her analysis bears this out, and further demonstrates how the images don't just establish teen

pregnancy as a national problem, but also that representations of pregnant teen bodies reinforce "problems" of women's reproductive choice and the "cycle of poverty" (which can also be "blamed" on pregnant women).

1.2 Pregnancy as a Biological Imperative

Pregnant bodies are a powerful visual, and thus representations of pregnant bodies are powerfully persuasive texts through which western narratives surrounding expectations of pregnancy and mothering can be read. Representations of surrogacy, comparatively, are based upon an easily recognizable pregnancy trope that occupies a space in our collective milieu. I refer to this trope as *insidious madonna-mother*, an image that calls forth our deep-seated ideal of motherhood, represented through madonna-like mother images cradling a baby—or, in the case of surrogacy, cradling a pregnant belly. Insidious madonna-mother represents what Laura Harrison (2016) refers to as "the apotheosis of femininity" (11), motherhood, while also working against that feminine ideal through a subtle bisection between the nurturing mother and the mother who gives the child away.

Socio-cultural narratives about womanhood tell us that it is women's biological imperative to give birth and to become a mother by a certain age as determined by a supposed "biological clock" ticking away our youth. To be a woman means to become a mother, and women who do not "have" children (i.e., become mothers via pregnancy and childbirth) by a certain age are viewed as abnormal. There is a gap, however, in the ways rhetoricians have understood the pregnant body, thus opening up a new angle to how we

consider embodied rhetoric. In this dissertation, I begin to address this gap by analyzing representations of surrogate pregnancy (visual, verbal, and textual) used in digital marketing materials produced by the surrogacy industry. Specifically, I seek to understand how the surrogacy industry uses such representations of pregnant bodies to persuade women to become surrogates. I use my analysis to enter discussions of rhetorical agency, and how women's bodies are deployed as a rhetorical device to persuade contracting parents[3] and potential surrogates themselves. The exigency of surrogacy, then is a "malfunctioning" body, and the device wouldn't be effective if we didn't already associate women's bodies as necessary to motherhood. And of course, at its most basic biological level and given our current reproductive technologies, women's bodies are a requirement to pregnancy. However, my point has more to do with how we perceive the socio-cultural connections between pregnancy, motherhood, and women's bodies.

Iconographic imagery bears our perceptions out and cements our social association of pregnancy to motherhood, and of motherhood to women's bodies. Ideals of *motherhood* are embedded in our discourses, thereby deepening the sense of a

[3] The surrogacy industry uses terminology I consider clinical or medicalized when they talk about the relationship between those who desire a child and those who gestate a fetus. Those wanting to have a baby via surrogacy are typically referred to as intended parents (IPs) or contracting parents. The woman who agrees to gestate the fetus is usually referred to as "the surrogate," and occasionally the "gestational surrogate" or "gestational carrier;" the term *gestational surrogate* refers specifically to a woman who is gestating a fetus but is not genetically connected to the fetus. In other words, the fetus is not produced using the surrogate's egg. In this dissertation, I use the terms "intended parent(s)" and "contracting parent(s)" interchangeably depending on context; I use the term "surrogate" because the women in the podcasts I analyze tend to refer to themselves this way.

biologically determined fate connecting motherhood to womanhood. This entanglement of motherhood and womanhood shows up in our language and in images we use, even pulling in the notion of wifehood as a necessary step in the journey to ideal womanhood. In her book *A History of the Wife,* Marilyn Yalom (2001) traces attitudes toward women's roles as wife and mother back to ancient Roman, Greek, and Hebrew societies. She writes, "Throughout the ancient world, the primary obligation of a wife was to produce offspring. Woe to the barren wife[4] of biblical times—not only would she be enveloped in shame, but often replaced by a second (or third) wife." (xiii) Yalom points out that even in more recent times, wives could be "disposed of" for not producing a legitimate heir. While in mainstream US American culture it isn't explicit that a woman's role is to become a mother through pregnancy, deeply ingrained gender roles reinforce a narrative of womanhood that tacitly supports the notion of "successful" or "true" womanhood as motherhood, ideally achieved through pregnancy and childbirth. Producing a "legitimate" child continues to be an expectation for women; likewise, an inability to do so, due to infertility or other, often medically-framed, problems, continues to result in some level of shame.

[4] Recalling the Biblical story above, the exigency posed by Rachel's inability to produce offspring for Jacob led them to using the slave Bilhah's body to produce the child for them. Infertile women's bodies have long been framed as a problem, an illness, and an exigency for some form of reproductive intervention, else the woman be socially or physically cut off from her life.

1.3 Agency and the Pregnant Body

As an embodied rhetorical agent, a pregnant individual engages with medical systems that are intended to "support" their pregnancy, their agency is articulated through the discourses of the body and medical technology. Scholars in the rhetoric of health and medicine (RHM) have provided a strong foundation upon which to engage in rhetorical critique in pregnancy discourses. As a rhetorical agent, the body is often framed in an exterior/interior metaphor, where engaging with medical discourse prompts us to, as Judy Segal (2008) suggests, construe our body as "hardbound, anatomized, and deferent to the institution." (26) This deferential vision of *body* grew out of the medicalization of care discourse, as modern medicine moved from the home (as care) into the clinic (as treatment), removing the patient from their own "lifeworld" and resetting them in the authoritative institution of medical science. Segal argues that as we moved to the modern, institutionalized view of care, we transformed the cared-for individual from a state of *personhood* to a state of diseased *patienthood*, thereby signaling a shift in how physicians engage with the people they treat to "construct the body they both construe." (25) Segal points out that as discourses of medicine changed and medical authority shifted to the institutional and clinical model of care, the discourse's persuasive elements became more associated with scientific discourse.

We can trace a general timeline of the medicalization of pregnancy and childbirth that begins in about the early to mid-eighteenth century. During this time, viewing technologies like microscopes and medical training practices like dissection allowed pregnancy to be visualized externally, with drawings and eventually photographs

of a developing fetus becoming more the norm. As medical viewing technologies developed, those scientists engaging in embryologic study were able to view and in turn produce more and more detailed images of the developing fetus. This in turn helped to shift the way the pregnant body was treated both medically and socially, with medical approaches becoming more standardized, shifting from home-based care to clinic-based treatment. During this shift from home-based care to clinic-based treatment, medical discourse also shifted as the way language describing the patient's own embodied experiences shifted from internal-facing to external-facing metaphors.

Body historian Barbara Duden (1993) traces this history back to the seventeenth and eighteenth century by analyzing visual and iconographic representations of pregnant women's bodies in medical texts. Her analysis suggests that pregnancy, once a private experience mediated by women, has become a public experience mediated by medical technologies that interpret and control the process. As an example, women as the mediators of their own bodies practiced a self-confirmation of pregnancy through their experience of feeling the first fetal movements, or "quickening," and making their own experience public through the telling of the quickening to others. Quickening was an important moment, as it was believed that it was the moment of the child's ensoulment: once the soul entered the child, the mother's embodied experience confirmed that she was indeed "with child." It was only through the pregnant woman's own embodied experience, and her sharing of that experience with others, that her pregnancy became a social fact; agency was exercised by the pregnant woman. In an account of a dinner that

took place in 1663, for example, Samuel Pepys[5] recorded in his diary that the king's mistress felt the first movement of her pregnancy during dinner. Duden writes, "The quickening of the king's mistress derived its decisive social power from the then acknowledged fact that women experience a bodily reality unknown to men." (81) As medical knowledge and technologies have developed, however, we no longer rely on the "quickening" to confirm pregnancy. Rather, pregnancy is mediated through medical technologies, and the language of pregnancy has changed. (80) Today, for instance, pregnant individuals rely on technologies like fetal heartbeat monitors or ultrasound images to confirm what was once an embodied social experience. Confirmation of pregnancy is now experienced external to the body, and much earlier in the pregnancy than a quickening.

As pregnancy came to be mediated through medical systems, rather than through women's lived experience, and childbirth shifted from a social event managed by women—specifically, pregnant women, female relatives, and midwives—in the home (Wertz and Wertz, 1989), to a medically managed event taking place in a clinic under the watchful gaze of medical professionals, agency itself shifted from the pregnant woman communicating her embodied experience over to an institutionalized medical authority. In other words, agency shifted from embodied, internal-facing authority ("I felt the baby kick!") to an external-facing, technological authority ("I heard the baby's heartbeat at the doctor's office!"). This move towards a medicalized pregnancy system positions the

[5] See Duden (1993), pp. 79–82.

pregnant body as a diseased body in need of treatment (rather than care) in the form of proceduralized medical interventions. Within this medicalized system, pregnant bodies are disciplined by technologies and statistical norms—an ultrasound not only gives us a peek into the world of the fetus, it also allows medical professionals to measure and estimate/predict fetal health and growth by comparing these measurements against collections of curated data that provide us with average expectations of where a fetus "should be" by X number of weeks into a pregnancy.

For example, an amniocentesis (a procedure involving removing amniotic fluid from the uterus by inserting a large needle into the amniotic sac and extracting some of the amniotic fluid for later testing) is normally done between weeks 15-20 of a pregnancy. The purpose of this procedure is to conduct prenatal screening for various potential fetal abnormalities, like poor lung development or genetic conditions like Down Syndrome. Over the past 20-30 years, amniocentesis has become more available, and as such, has also become a more regular and normalized part of medicalized pregnancy systems. Having myself given birth three times in three different decades (1990s, 2000s, and 2010s), it's interesting to me to note the different ways that an amniocentesis was offered to me as an example of how—even over just 20 years—pregnancy discourse has become more medicalized. For my first child in 1994, the test wasn't mentioned—I didn't even have ultrasound as an option at our rural hospital. With my second child in 2008, the test was offered, but only as an option. When pregnant with my third child in 2013, it seemed to be a given that I would consent to the test because one of the fetal measurements taken during an earlier ultrasound indicated a small potential for a genetic

fetal abnormality. According to the Center for Disease Control, “In the United States, the current standard of care in obstetrical practice is to offer either CVS or amniocentesis to women who will be greater than or equal to 35 years of age when they give birth, because these women are statistically considered to be at increased risk for giving birth to infants with Down syndrome and certain other types of aneuploidy.” (Centers for Disease Control) I was 41 years old when pregnant with my third child, so I fit in to the defined risk category

In my case, I was able to prioritize my own lived experience to refuse the procedure, exercising some level of agency within the medicalized pregnancy system that said that, as an “older,” pregnant woman, I should, as Seigel (2013) describes, *piously adhere* to the doctor’s advice. My own lived experiences in this case allowed me to engage with the medical system to consider potential risks to the baby, as well as potential risks to me and to the pregnancy itself, ultimately creating a space that allowed me to rather un-piously refuse the procedure despite the fear discourse so often utilized to persuade women to uncritically undergo this risky procedure. Seigel’s work points out that prenatal care, as reflected in the language we use to talk about pregnancy, is largely about risk management. She writes, “[T]he maternal body is unreliable, risky, and dangerous and that left to its own devices, it will produce degenerate, abnormal babies.” (92) At the time, my body was considered an older pregnant body (I was 41), increasing the risk my pregnancy posed. Coupled with the questionable measurement on the ultrasound, my risk level increased. Certainly, I was aware of the risk that these standardized, statistically-based expectations indicated. My own evaluation of the

situation, and certainly a level of emotionally-rooted "gut instinct" and my own prior experiences with pregnancy were taken into account, by me, to manage this particular risk to the fetus and to my own body.

This dissertation considers rhetorical agency in pregnancy, and who is "allowed" to exercise agency. More specifically, my research examines a particular type of rhetorical agency and how it works in a particular type of pregnancy (surrogacy). As embodied individuals, women are often discouraged, and even not allowed, to be agents of our own pregnancies. Certainly, this problem speaks to draconian policies limiting and preventing women from choosing specific medical treatments. It also speaks to policies that drastically limit formalized discourse like sexual education, birth control education and access, gender discourse, and what our own doctors are allowed to talk to us about in regards to reproductive health. The surrogacy industry attempts to manage any risk that might come forth during a contracted pregnancy agreement by pre-defining the level of agency a surrogate may exercise during her pregnancy, but this approach is problematic because it can also limit surrogates' agency as well.

1.3.1 Rhetorical Agency

Reproductive technologies allow us to keep an eye on the fetus as it develops in the womb; the fetus is no longer shielded from public view, no longer internally mediated. Rather, these technologies effectively allow us to externalize pregnancy to a flat-screen monitor; the uterus, safely transporting its fetal passenger, becomes a wholly separate vessel from the body, allowing us to both surveille the fetus' development and to

manage any potential risk as we engage in data collection through systematic medical procedures. And while a "traditional" (e.g., non-surrogate) pregnant body is managed and watched by the mother and her entourage of medical and social relations, compared to traditional pregnancy, surrogate pregnancy is hyper-managed by a complex, cross-functional team of people and technologies that distribute agency by distributing risk management across multiple bodies and multiple technologies. This distributed risk management leads me to question how rhetorical agency plays a role in surrogacy discourse, and how it might be exercised—or not—by the surrogate herself. Kim Hensley Owens (2015) suggests that there is a limit to feminist rhetorical agency, which she defines as, "women seeking to challenge or express issues with the male-dominated Western medicine status-quo of modern American hospital births." (10) In her study of online birth stories, Owens argues that rhetorical and material choices are limited by Western medicine's dominant discourses, and that exercising one's own agency does not necessarily equate to "success." Instead, pregnant women's efforts to assert agency in these rhetorical spaces do not equate to individual control of the experience. Rather, Owens finds that women can reclaim agency through the telling of birth stories, reshaping the story across time and space. (10) In Owens' work, then, asserting agency becomes a type of reclamation effort, a textual performance that allows women to frame their own birth stories after the fact. Asserting agency becomes a type of performance taking place in a particular moment in time that allows women who have perhaps been silenced or whose risk has been managed for them to reclaim agency in childbirth. Agency has become an increasingly urgent problem in rhetoric of health and medicine, with pregnancy discourses complicating the matter.

In this dissertation, I argue that the ways surrogates are represented in the industry interferes with and even impedes surrogates' own ability to exercise meaningful agency within a rhetoric of surrogacy. My analysis of digital marketing materials produced by surrogacy brokers centers on a common trope deployed by brokers as a rhetorical device that appeals to both potential surrogates and intended parents alike. I refer to this trope as "insidious madonna-mother," as its basis in Virgin Mary iconographic imagery can be clearly traced. Where the Madonna icon is typically a mother-and-child image, however, insidious madonna-mother depicts a nearly standard image of a pregnant body in Madonna-like pose. In Chapter 3, I examine how the insidious madonna-mother trope permeates surrogacy marketing, from imagery to textual representation. My analysis demonstrates how insidious madonna-mother works from a position of conflicting ideals that purport to represent ideal womanhood. In Chapter 4, I build on this analysis by analyzing stories told by and about surrogates in podcasts produced by surrogacy brokers, and published to the same websites. The podcasts function as an additional marketing layer based on the common marketing method of using testimonials as part of the sales pitch. The stories told in these podcasts may appear to be an attempt by the surrogates to reclaim their agency (Owens 2015), but the disruptions apparent in these stories reveal the extent to which insidious madonna-mother has infiltrated the telling. By studying discourses surrounding this particular type of pregnancy (surrogacy) and how these particular types of pregnant women (surrogates) may be reclaiming agency—or not—in the telling of their surrogacy stories, we can come to understand how surrogacy rhetoric becomes complicit in wider issues of rhetorical agency with regard to reproductive health discourse.

1.4 Burkean Agency and Surrogacy Discourse

Kenneth Burke's rhetorical theory frames agency as an instrument to be possessed by the agent; possessing this instrument (agency) is what allows the agent to accomplish an act. For Burke, agencies are human-made or human-originated symbolic tools, existing externally to our embodied selves, that an embodied actor uses in the course of performing an act. In *A Grammar of Motives,* Burke (1945) writes,

> Instruments are "essentially" human, since they are the product of human design. And in this respect, the pragmatist featuring of agency seems well equipped to retain a personal ingredient in its circumference of motives. But as regards the functioning of Agency on the Symbolic level, we are advised to be on the look-out for a personal principle of another order, stemming from the fact that the human being, in the stage of infancy, formatively experiences a realm of personal utility in the person of the mother. (283)

Burke's dramatistic approach uses a stage or performance metaphor as a way to critique texts, which are then framed as an interconnected collection of five elements (the pentad): act, scene, agent, agency, and purpose. For Burke, the rhetorical act (the performance) itself is important, and agency is a type of symbolic instrument or means to accomplish this end. In this dissertation, I am primarily concerned with agency, and how rhetoricians conceive of agency as performed, attributed to, or possessed by a subject. Agency is a material instrument: something that is used to accomplish a goal, separate from humans, but, *essentially human* because such instruments are a product of humans: we conceive of

and create material agencies in order to *do* rhetorical action. In a brief nod to motherhood, that an infant configures the mother's body as its own type of agency: to an infant *mother* is an embodied instrument that serves the baby's rhetorical and physical needs. A baby's cry of hunger, for example, might serve as a rhetorical action that causes the mother to feed it. For Burke, rhetoric is simultaneously symbolic and material. It is symbolic in that his focus is on language as rhetorical action, but his conception of agency is material: agency is something we can "possess and use to accomplish an objective. Agency may be *of humans*, but it isn't itself human. Indeed, in this configuration, the human body is both materially and symbolically separate from the mind and is "designed" for specific biological functions. Burke writes, "[T]he bodily organs are means toward ends; each, insofar as it is functioning properly, carries out the kind of 'purpose' for which it is designed; and it serves a use in furthering the survival of the organism." (279) Without specifically *naming* his configuration as body commodification, in defining agency, Burke commodifies the body into its component parts as he engages with the materiality of language. Performance, for Burke, is outside of the body; the body, in this sense, is dehumanized, and becomes, materially, *instrument* or *agency*.

The concept of rhetorical agency poses a problem for rhetoricians. Where Burkean rhetoric considers agency to be instrumental, scholars have more recently theorized agency as relational and distributed. Cheryl Geisler (2005) suggests that agency "does not lie in the hands of any one person...but rather lies in the interaction among them." (112) Agency is negotiated within the relationships between rhetors, and

is, in turn, impacted by fragmented forces that influence rhetorical invention. Rhetorical performance, then, becomes a competitive act of persuasion. Marilyn Cooper (2011) points out that agency as a possession is problematic, where the agent is "inescapably defined by an agonistic relation to the object/other." (423) Rather than agency as a possession or instrument, Cooper argues that "agency is an emergent property of embodied individuals" and is "based in individuals' lived knowledge that their actions are their own." (421) For Cooper, the nature of agency is responsive, and individuals must engage in "responsible rhetorical agency" while also acknowledging their own responsibility to engage in deliberative (i.e., thoughtful, reflective) discourse. Agency in Cooper's methodology, emerges from embodied individuals who are reacting and responding from their own lived experiences. Further, agency carries with it the responsibility to approach rhetorical discourse deliberatively, rather than necessarily or strictly persuasively.

Returning to Duden's discussion of pregnancy becoming less mediated by the *internal* embodied experience of the pregnant individual to the *external*, medicalized and technologically mediated phenomenon. This shift from internal to external mediation signals a key moment in our understanding of agency when we consider pregnancy as a rhetorical performance. Scholars have discussed agency in terms of, "Where does it come from?" and, "What do we do with it?" But at a more fundamental level, I am interested in *what* agency *is.* Is "it" an external attribute? An instrument that allows us to accomplish a rhetorical act? Does agency "exist" internally? And how might we exercise our agency rhetorically to the intended or hoped for effect?

Lawrence Weinstein's (2020) consideration of agency is a good place to start because it provides a baseline understanding of *what* we are talking about when we talk about rhetorical agency. He writes,

> To my understanding, human beings' first need of all—even more fundamental than Ghandi's bread—is agency, the animating sense we have (but have in greatly varying amounts, one person to the next) that we are capable of taking action that would yield us good results. That self-belief precedes even our great need of food, since it is what permits us to do *all* things, *including* to obtain the means of survival. A person's sense of agency is his or her foremost enabler. (Wienstein, loc. 168; emphasis in original)

Weinstein envisions agency as an internal sense, nebulous yet experienced by agents as a feeling of self-empowerment. Where many scholars describe humans as *exercising* agency or *attributing* agency to another human (agency as external), Weinstein configures agency as something that exists within an individual (agency as internal), with the following caveat: "We can get things done in life, but doing so requires joining agency with its essential opposite, receptivity." (loc. 501) Similarly to Cooper, agency for Weinstein requires that the actor also engage in some level of understanding of responsibility or receptivity. In Weinstein's framework, like Geisler's, rhetorical agency is important to making connections with other humans, which is, in turn, important to persuasion—or, at the very least, important to enabling understanding between humans who are engaging in rhetorical deliberation or debate. Agency, whether internal or external to the agent, is a uniquely human "thing," and involves some level of intent.

But, to complicate the matter, what if agency doesn't involve intent?

In Bruno Latour's (2005) actor-network theory, agency is attributed to non-humans as well as humans. Latour's theory of action posits that everything exists in constantly shifting relationships, where agency is not always attributed by intention or consciousness. Andrew Martin (2005) suggests that Latour's approach means that "objects are really the end result of a long process of negotiation between the material world, historical associations and people—who give things names and relationships." (284) In other words, agency emerges from interactions between the different objects and representations of artifacts that are causing change: agencies can be exercised by non-human objects. However, non-human objects don't necessarily exercise agency with intent. For Latour, agency shouldn't be construed as an item gaining sudden and momentary awareness; in Latour's configuration, agency is even more essential than Weinstein's definition. Agency is an ability to make change in the surrounding environment, and can be attributed to an object (non-human) through the object's own nature. A hammer, for example, affects its environment through acting upon a nail—not through any awareness, but simply by its nature and purpose.

These understandings of agency become important to my own analysis as we consider the ways that women's bodies and, in particular, their physical capacity for gestation is objectified in common parlance. We are socialized to accept that the value of women's bodies is their reproductive potential. To be a woman is to be generous and nurturing, and their body's reproductive capacity serves these patriarchal motives. Further, women as selfless nurturers are understood to embody altruism by our very

nature. Surrogacy, as a medical industry built on the commercial wielding of women's bodies to create life, amplifies this perception. At once both embodied and objectified, gestational surrogates are represented by the industry as both an actor and an instrument. My project explores agency in surrogacy through analyzing how embodiment and objectification take place within this sphere. I examine digital marketing materials produced by "surrogacy brokers[6]." Surrogacy brokers serve as a type of consultant, recruiting women who want to earn money as gestational surrogates as well as the prospective parents who, for various reasons, choose to build their families via surrogacy. The brokers mediate the contractual relationship between surrogates and IPs by providing liaison and screening services to both surrogates and contracting parents. Such services might include connecting the two parties with legal representation, fertility clinics, psychological professionals, and serving as the monetary managers of the agreement (e.g., payments to the surrogate might be held in escrow, and only released to her by the broker upon the pregnancy reaching certain pregnancy milestones).

The surrogacy business is built upon existing narratives of womanhood, motherhood, and pregnancy to persuade their clients and the women who provide the service of pregnancy. The surrogate, however, is represented *not* as a woman who is motivated by earning money through working as a surrogate, but rather as a woman who is "giving the gift" of a child to an infertile woman. The surrogate's motivations are

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[6] "Brokers" isn't the commonly-used term in the surrogacy industry. Rather, surrogacy brokerage companies are typically called "agencies." To reduce verbal confusion as I explore rhetorical agency in this dissertation, however, I refer to these companies as brokers instead.

represented as purely altruistic, despite any contractual or economic arrangements that exist between the surrogate and the contracting parents. My analysis suggests that the brokers amplify the altruism—what I call the madonna-mother—narrative, even engaging surrogates' own voices as testimonials when introducing the idea of surrogacy as paid labor to potential surrogates. Some brokers extend this narrative through not only textual testimonials on their websites and downloadable materials, but also through vocalized (and likely highly edited) interviews with women who have been surrogates, usually published via podcasts to the brokers' websites. These podcasts tend to adhere to the madonna-mother narrative, with surrogates emphasizing their sense of "giving the gift of a child," and how they (along with their surrogacy team) overcame any physical problems that may have come up along the way. These stories also tend to emphasize how much the surrogates and prospective parents "fell in love with" each other, drawing on notions of kinship to cement any codified relationship delineated in the surrogacy contract. It isn't uncommon, however, for surrogates to be left with a sense of loss afterwards, though, as the newborn baby goes home with its intended parents, the surrogate often expresses sadness at losing that relationship with the IPs.

As Laura Harrison (2016) suggests, the idea of altruism is prevalent in surrogacy discourse—the notion of "women helping women" reinforces the dominant narrative of womanhood by presenting surrogacy as taking place "primarily through the relationship between women, in which altruism motivates one woman to help another reach the apotheosis of femininity by becoming a mother." (11) The ideal of the altruistic surrogate is performed in public spaces, like podcasts and pop culture news stories, reinforcing the

messaging put out by the surrogacy brokers themselves, becoming a type of self-sustaining loop to bring more potential surrogates into the industry.

1.5 Birth Stories

I often tell people that I've been raising children my entire adult life; the stories I tell about my pregnancies have become performative and even scripted to an extent. My oldest was born in 1994 when I was twenty-one, in college, and living with my now-husband in a little house only two blocks from our hospital. I went into labor around seven o'clock in the evening, and we dutifully called the maternity ward for instructions. At eleven o'clock, my contractions were around five minutes apart; we called again but there was no answer. We were a little confused—*Why would no one answer a phone at the hospital?* But we thought nothing of it and called back a few minutes later. The person who answered let us know that someone had called in a bomb threat, not only to the hospital but also to at least ten other medical facilities in the area.

This was pre-9/11, and in a small town. No one really *believed* there was an actual bomb in any of the facilities, but they were still required to evacuate everyone and bring in law enforcement with bomb-sniffing dogs. As a result, all the area ambulances were being used to transport the elderly, the terminal, and other higher-risk patients to alternate locations. We learned we were to be sent to a different hospital that had not gotten a bomb threat call, about fifteen miles away. At about 11:00 PM, we drove to the other hospital and were joined shortly by a nurse sent from our local hospital. Later, at about 4:00 the next morning, we were given the all-clear to return to our hospital. We dutifully

drove fifteen miles back to our hospital through a heavy fog, and with me in full and active labor. The nurse and my partner had to carry me in because I wasn't able to walk more than a few steps before the next contraction hit.

I was rushed to the maternity floor and settled into my room, attached to all the monitoring devices: blood pressure cuff, pulse oximeter, fetal heart monitor. Over the next several hours my contractions slowed, then stopped. After a while, the baby's heartbeat began to slow and I was taken to x-ray to see if there were any issues with how the baby was positioned (there was no sonogram technology at our little hospital in 1994). The baby's head was tilted and stuck, and with his heartbeat slowing it was decided I would have an emergency c-section (I don't really remember consenting, though I do remember crying) rather than the "natural" birth we had expected and planned. The happy ending is that the baby was born healthy and I recovered well, enjoying my status as the only birthing mother in maternity for a full 24-hours since they had already sent home the other mothers when the bomb threat was called in. (We were told that one woman had to give birth in the ambulance bay while the bomb sniffing dogs and state police were actually searching the hospital the night before; she was sent home after her baby was born.) The amusing ending is that when my second child was born fifteen years later, as I was being prepped for my planned c-section, our OB discovered we were "the bomb-threat-baby couple," and exclaimed, "That was you?!" incredulously.

My own first birth story follows the script Della Pollock (1999) describes, right down to the happy little anecdotes, like our OB remembering hearing our bomb-threat story (it's the stuff of legend), and acting thrilled to learn our identity. But what is left

out? Quite a bit, in fact. And further, what is left out of our second and third children's birth stories in those intervening years? For me, what is left out—what is "secret"—involves those moments of physical and emotional pain, the disappointment and anguish I felt upon learning that I would be having a c-section, the infertility treatments and miscarriages over the fifteen years between my first and second children's births, and our unexpected third child. Those pieces of my story don't fit the script: that birth happens in a flurry of labor pains, gushes of water and other fluids, and always ends happily with madonna-mother cradling a healthy baby. Those left-out parts of my birth stories didn't always have a happy ending.

My point in telling my birth story here, however, is not to get into my family history, nor an attempt to entertain, but to help illustrate first, how birth stories as performance serve to re/ritualize maternal identity. (Pollock 8), and second—and perhaps more importantly—as a way to enter into the idea that our birth stories become embodied rhetorical performances, and that embodied performance further becomes embedded within a socio-cultural narrative of pregnancy, birth, and motherhood. I will revisit this idea in Chapter 4 as I analyze the surrogacy stories told in podcasts produced by the brokers. Where these stories do represent embodied rhetorical performance—similar to "traditional" birth stories—there is a subtle difference in how the surrogate represents herself in the story she tells that can be revealed when we consider how the texts can provide clues to her motivation. This, in turn, can help us understand how agency is exercised within surrogacy relationships.

My birth story as I typically tell it adheres to a sort-of ritualized script we expect, with secrets left out, and through the telling and re-telling over the years, it reaffirms my own status as a "natural" woman (even though I've never given birth "naturally," but by c-section). It's easy to see where in my story we followed that embodied, scripted performance: a rushed drive to the hospital, labor pains included, potential trouble with the baby during birth. When I remember my lived experience giving birth, embodied memories spill forth. But what is never spoken are those deeper body memories: the warm gush of wetness that instantly soaked my legs and the front bucket seat in our little car when my water broke, the IVs and catheters "they" inserted and how much I *still* hate getting those devices jammed into my body, the nurses checking my dilation (ouch), my panicked sobbing when the doctor said they needed to do a c-section, the nurse who told me to watch the tube above my head because when I saw the fluid come through the tube that meant I was done. The nurse neglected to mention the fluid would be blood and tissue, not clear like I assumed it would be. These are the moments that stand out for me, but they aren't the moments included in my performance.

Childbirth is a messy, fast-moving, at times painful, and deeply embodied experience. Typical birth stories exclude this mess, and many exclude any "messiness" that may have taken place prior to a pregnancy, such as infertility, needles, miscarriage, or other reproductive experiences like surrogacy. It's important to consider how these exclusions are left out—at what points do we skip over unpleasantness in the narrative, and why? This, in turn, is important as we consider the ways that motherhood is constructed and complicated through the articulation of reproductive technologies and

embodied rhetorical performance. With more medical intervention available, the script is becoming more complicated, and the actors are more numerous.

This dissertation is built on interwoven methodologies with a feminist approach to cultural-rhetorical analysis. (Scott 2003) Drawing on methods from cultural studies, feminism, and rhetoric, my research focuses on performative embodied rhetoric as a way to understand how women express and exercise agency as they participate in the surrogacy industry. My larger argument—that the transnational surrogacy industry as it is practiced in the US—can be seen as complicit in larger global concerns involving female[7] bodily autonomy. How might surrogacy discourse impact our ideas of rhetorical agency? How might rhetorical analysis of the sites of surrogacy impact pregnancy rhetoric as an emerging conversation in health and medical rhetoric? I begin my consideration in Chapter 2, describing the dominant surrogacy narrative through a critical review of pregnancy rhetoric and popular cultural artifacts. Such a history is indelibly tied to ideals of womanhood and motherhood. In Chapter 3, I examine several surrogacy brokers' websites, focusing in particular on representations of pregnancy (visual and textual) in surrogacy discourse to examine how the surrogacy industry draws upon traditional notions of motherhood to appeal to potential surrogates and intended parents (IPs). In Chapter 4, I analyze podcasts produced by these brokers as a way to demonstrate how

[7] I use the term *female* in this in this dissertation to refer to the sex or sex-assigned-at-birth bodies that might be used as gestational surrogates. Where I use gendered terms—like woman, mother, girl, etc.—I am referring to the social construct of gender and how a person identifies and/or is typically perceived and/or represented in the surrogacy industry.

traditional motherhood ideologies are amplified through the alternative birth story performance the podcasts present. I specifically seek to understand how rhetorical agency plays out in surrogacy industry discourse. Finally, Chapter 5 synthesizes these analyses, and considers what they might mean in the wider socio-cultural conversation about pregnancy, women's bodies, and how our collective reaction to this particular and critical political moment in the summer of 2022 must be informed by deeper understandings of embodied rhetorical agency.

My analysis of different websites focuses on how the altruism/madonna-mother discourse that is evident in Western surrogacy narrative is used to both persuade women to become surrogates and to ensure that these same women detach themselves from forming an emotional bond to the fetus. Instead, surrogates are encouraged to emotionally connect to the intended parents who are paying the surrogate's fees. My analyses are influenced by Kenneth Burke's dramatistic theory of rhetoric. If we consider the websites as a type of pentatic scene (Burke 1945), we can then extend analysis to birth stories told by surrogates themselves. Using Della Pollock's (1999) notion of birth story as embodied performance, I argue that where "traditional" birth stories are indeed embodied performances, ritualized over time in their telling and re-telling, surrogacy stories follow the same expected ritual script while, at the same time, being told through the altruistic discourse that is amplified in surrogacy marketing. This influence by altruistic discourses can explain why so much is left unsaid—even silenced—with regard to surrogacy. Pollock suggests that as much as language reveals, it also hides or keeps secrets. For Pollock, secrecy, or the unspoken, is a "border space" where the private and the public

become intertwined and transformed as we move between public and private discourses. Each of the selected podcasts represents the type of embodied performance by a surrogate (and sometimes, with the surrogate's "intended family" for whom she carried the pregnancy) that Pollock discusses, and I argue that as reproductive technologies expand possible pathways to parenthood, our notion of the female body also expands while recognizing that the site of the female body is in a constant state of contention.

2 Natural Woman

In the early 1990s, the feminist television sitcom, *Murphy Brown* updated our notions of motherhood by portraying a single woman as both a successful career woman and as an unmarried mother. The key scene opens with main character and sitcom's namesake, Murphy, a television journalist who had just given birth in the hospital, was tentatively cradling her new son in standard madonna-like fashion, talking to the baby as a nervous new mother who isn't sure whether she's bonded with the baby yet. Murphy's friend enters the room to ask her to let him video record her with the new baby as part of a gift he's preparing for her son. She is hesitant, but he convinces her: "Send a message. Just a few words to let the kid know who you are. Whatever you're comfortable with." As the episode shifts to simulate a camera-framed view, Murphy cautiously begins to sing the popular Carole King song, "Natural Woman," to her new son. Murphy's rendition of the song's refrain, "You make me feel like a natural woman," gives viewers a clear message: the fiercely independent Murphy Brown, who represented the so-called third wave feminist ideals of the 1980s and 1990s that sought to abandon old stereotypes, didn't feel like a *natural woman* until she gave birth. This chapter explores what I am calling the madonna-mother trope, represented in the above scene from *Murphy Brown,* and how this representation tends to play out in pregnancy rhetoric. Entwined as it is with motherhood and womanhood, madonna-mother

Mothering discourses are steeped in the ideal that to be successful and acceptable as a woman, we must strive to embody the ubiquitous Madonna-like image of the mother—what I call the madonna-mother—who has recently given birth via "natural" childbirth,

gazing lovingly and with amazement at the newborn cradled in her arms. A woman is not a Woman until she performs the miracle of pregnancy and childbirth, all while embodying virginal purity. And, like Murphy Brown, only giving birth to our child will make us "feel like a natural woman," despite whatever accomplishments we have already completed in our lives.

This madonna-mother configuration can be traced over timeframes that are generally agreed-upon by feminist scholars, and review of scholarship examining motherhood reveal certain themes that emerge when we look at mothering discourses. Generally, these themes revolve around the idea that motherhood is the ultimate goal of womanhood, and that even the state of motherhood is a woman's "natural" state. Further, as both a natural state and an end-goal, motherhood discourse places a lot of pressure on women to listen to that biological clock and get to having babies. From Colonial era US/North America, woman's role was to be married and to ensure the economic viability of the family through pregnancy and childbirth, raising children and caring for the material assets in the home.

Lara Freidenfelds (2020) describes it this way: "Colonial American women's lives, like those of their contemporaries in much of the early modern world, revolved around childbearing." (13) Friedfelds' historical tracing points to socio-cultural attitudes toward pregnancy and miscarriage from the US's Colonial era to present-day, when from about the mid-1400s to the mid-1700s, most women who married spent the majority of their adulthood pregnant or breastfeeding. Marriage was intended as a partnership of sorts in working-class families, with both husband and wife contributing to the economic

success of the family; having children was one of the ways that long-term financial stability and continuity of colonial era families was achieved. Wives were expected to give birth to many babies who (if they survived childhood) would help with the work in the home as they got older, and who would even work outside of the home earning money to contribute to the family's finances. As adults, children were expected to care for their elderly parents; childbirth, then, had its practical, economic purposes, and women were often married at relatively young ages in their teens to early twenties. Further, mortality rates for children were high, and it wasn't unusual for a woman to give birth frequently with roughly 18 months to three years between each child. (Yalom 2001) If a woman didn't die in childbirth, it wouldn't be unusual for her to give birth ten or more times during the fertile years in her lifetime.

Through the eighteenth and nineteenth centuries, views of motherhood shifted as social and political circumstances changed. In the Victorian era, as Queen Victoria ascended to the throne in Great Britain, she was seen to embody ideals of womanhood—purity, nurturing generosity, motherhood, displaying deference to her husband. The ideals of madonna-mother discourses coalesced and settled in the public consciousness. Marilyn Yalom describes Queen Victoria's curated public image: "With Prince Albert at her side and surrounded by her nine children, Victoria became a regal icon of domesticity throughout Britain and the world." (183) Historians point to the Victorian era as the beginning of our modern-day motherhood narrative. The ideal Victorian mother was, first and foremost, married. She prioritized her husband and children, and kept a good household. In this way, pregnancy, motherhood, and heterosexual wife-hood have

become bound together in our public consciousness, with women being expected to strive for that madonna-mother ideal that Queen Victoria represented. And as the madonna-mother ideology permeated mothering discourse from the nineteenth and into the twentieth centuries, medicalized prenatal care and childbirth became the standard, gradually displacing the more traditional, midwifery-based and female community support a woman could expect in prior eras.

At about the same time, two interesting turns in prenatal care took hold that helped to establish the standards we now expect in fetal and pregnancy representation. The first turn during the Victorian era was toward the nascent field of embryology where medically-trained artists (often medical doctors) were able to utilize new microscope technologies to see expelled (i.e., miscarried) fetal tissue up close, and the inclusion of embryological and fetal drawings became more common in pregnancy manuals of the time (Freidenfelds 2020). The second turn was through the professionalization of the medical industry, where physicians began to establish standards of medical care, including prenatal care, that excluded "non-scientific" (i.e., midwifery) knowledge. In other words, physicians began to encourage their patients to view pregnancy as a medical condition that should be managed by a doctor rather than as a "normal" stage in a woman's life that was mediated by a community of women, including midwives and close friends and family. With this shift, prenatal care's focus moved to treating the fetus as the primary patient by medically managing a pregnant woman's body, leading to surveillance and control of her behaviors, habits, and other pieties to which she would have been expected to adhere (Seigel 2013).

Through the 1900s and into the 2000s, and corresponding with WWI, WWII, and the feminist and civil rights movements, prenatal care and childbirth became increasingly technologized, moving toward a well-recognized surveillance approach to managing the pregnant body (Taylor, 2008; Tropp, 2013; Seigel, 2013; Freidenfelds, 2020). Today, pregnancy and even pre-pregnancy are highly managed, pregnancy having become an industry unto itself with many commercial, medical, and social facets. For example, with the advent of birth control pills and increasing availability of different forms of birth control, pregnancy can now be planned. A woman who plans to have children often understands that her body is constructed as "potentially pregnant" rather than "not pregnant," therefore, she knows she must prepare her body through the correct diet, the correct amount of rest and exercise, and a rigorous self-care agenda to reduce stress that can have negative effects on her fertility.

There is a lot of pressure for women who are planning pregnancy, with at-home ovulation tests, early pregnancy tests, and medico-scientifically based monitoring methods—like tracking basal body temperature and cervical position and fluids—to time intercourse correctly to maximize the chances of pregnancy. With our current knowledge about pregnancy prevention, and the ability to plan ahead for a family, women have been able to postpone pregnancy till later in their lives, with many women now waiting until they are in their 30s or 40s to "try" to become pregnant. According to a recent report published by Social Finance, Inc. and Modern Fertility, more than 50% of people in their 20s and 30s have delayed having children until after their personal finances are in better shape (e.g., student loans are paid off, their salaries are higher, they've saved more). This

correlates to the median age of first-time childbirths rising to 26 years old in 2018, compared to 23 years old in 1994. (Livingston 2018) Of course, as the infertility industry is quick to point out, delaying pregnancy to the late 20s or even the 30s reduces a woman's chances of becoming pregnant and carrying the pregnancy to full term. Enter the assisted reproductive technology industry.

With the birth of the first "test tube baby," Louise Brown, in 1978, assisted reproductive technologies (ARTs) opened the door for more and more people to seek out parenthood in spite of any barriers that a woman's infertility may have presented. Brown was the first person to be conceived by in-vitro fertilization (IVF), or fertilization that takes place outside of the woman's reproductive system. From these early-stage ART practices in the 1970s through to the 1990s, reproductive technologies and medical understanding of reproduction have shifted to various technologically-mediated and controlled ways to manage pregnancy, from medications taken by a woman to increase ovum production (and thus increase the likelihood that her ovaries produce a viable egg to fertilize) to donating eggs and sperm, as well as increasingly precise and complex procedures that allow for freezing and storing sex cells and embryos for later use. Along the way, ultrasound imaging, first used as a diagnostic tool, shifted to a standard in prenatal care. By the early 2000s, ARTs made it possible for more women to become pregnant who would have otherwise been considered "barren" in previous generations. Achieving that "apotheosis of womanhood" (Harrison 2016) became a real possibility for women whose bodies have been deemed malfunctional: genetic parenthood is now a viable option in family planning for individuals who would otherwise not have been able

to get pregnant. As ARTs become more technologically advanced, we are seeing increasing numbers of ART users, with surrogacy becoming a more accepted and common form of infertility treatment. As I discuss in the previous chapter, for example, public discourses surrounding pop culture figures like Kim Kardashian or Anderson Cooper who have had children via surrogacy are helping to normalize the practice through their public discussions of their experiences.

Pregnancy itself is a more public endeavor than ever before as the textual and visual artifacts of pregnancy increasingly imbue our social media: pregnancy announcements are posted on Facebook or Instagram, we hear about celebrity "baby bump" sightings in entertainment news, gender reveal parties are streamed online, and social media platforms dedicate online space to pregnancy, infertility, and childbirth. Normalizing infertility discourse, likewise normalizes the medical and technological tools that are used to treat such "malfunctions" of the body. And as infertility and its related treatments, like surrogacy, become more amplified in the public discourse, rhetoricians need to take up this valuable area of research. Rhetoricians, however, are only recently becoming interested in critical analysis relating to pregnancy, ART, childbirth, or even mothering/parenting; surrogacy, however, remains a gap in the research.

We do have important works in pregnancy rhetoric. Marika Seigel's (2013) book, *The Rhetoric of Pregnancy*, marks an important turn toward pregnancy as a site of analysis, extending medical rhetorical analysis and technical communication to explore pregnancy and the discourses that frame the way pregnancy is performed in western culture. A key point in Seigel's work is how prenatal care has become increasingly

concerned with managing risk, with the pregnant body representing the risk that threatens the fetus. Seigel argues that the maternal body, framed as a risky body, has become the site where we try to manage social problems—like public health concerns (smoking, substance abuse)—through modifying pregnant women's behaviors (pieties). The message here is that the emphasis on managing risky and excessive pregnant bodies is that the fetal body is now the focal body of prenatal care. This risk-benefit approach to pregnancy management weighs the mother's behaviors against fetal development as the basis for decision making during pregnancy. For example, in her analysis of popular pregnancy manuals, Seigel writes,

> On the one hand, "threats to the pregnant" exist outside of the control of the pregnant body. They are produced by other (governmental, corporate, medical) bodies, and they are "in the air we breathe." On the other hand, the pious user must manage those risks through the site of her pregnant body, by making choices that weigh the welfare of the fetus against the welfare of the pregnant woman. (95)

As reproductive technologies become more ubiquitous, so too do the opportunities and perceived need to increase surveillance of pregnant—and even pre-pregnant—bodies, which in turn opens the door wider for public control over women's reproductive lives. The *Healthy Lifestyle* section of the Mayo Clinic website, for instance, encourages women who hope to become pregnant to make healthy lifestyle choices above all else: "If you're hoping to get pregnant, you might wonder about your fertility and whether you can improve it. Some factors might be beyond your control, such as medical issues that affect

the ability to conceive. But your lifestyle choices can have an effect on your fertility, too." (Mayo Clinic) The web page goes on to list potential causes of infertility, including age: "Age also plays a role. Delaying pregnancy can decrease the likelihood that you'll be able to conceive. A decline in the quantity and quality of your eggs with age makes it harder to conceive." There is a certain level of shaming that happens here that is common in the infertility industry. Women who "put off" having babies until their thirties, for whatever reason, are cast as unnatural and selfish. Further, as Jenna Vinson (2018) points out, women who have had children at ages considered "too young" are also deemed unnatural and therefore, shameful. The overall implication is that women cannot be trusted with their own pregnancies—indeed, with their own bodies, leading to an uncritical acceptance of medical advice in the form of behavioral pieties that are largely expected of women during pregnancy. Pregnant and pre-pregnant women are, subject to increased medical surveillance but they do still retain some measure of agency with regard to their pregnancy. Surrogacy, on the other hand, places an entirely new layer of surveillance and control over the pregnant body, one that can be problematic to the way we understand rhetorical agency with regard to reproductive discourse.

2.1 Surrogacy's Global Market

A surrogate is all things to the intended parents—or, at least, that is how the surrogacy brokers market her. She is pure and virginal. She is clean. She is healthy, and she is dedicated to growing the best baby she can for the intended parents. As part of the workforce in a globalized industry, surrogates are occasionally afforded some level of agency over their pregnancies, depending on the country in which she is working. In the

US, she is entitled to her own legal representation, and ultimately, to autonomy over her own body in cases where invasive procedures might be warranted, like selective reduction of embryos or whether or not to abort an unacceptable fetus. (What defines the fetus as "unacceptable" may not be up to her.) These decisions are normally made and agreed upon before her fertility treatment begins, and formalized in a contractual agreement between the surrogate and the intended parents. In countries modeled after India's industry, for example, she may not have as much autonomy or decision-making authority. The transnational surrogacy industry is largely unregulated, often leaving parents, surrogates, and the resulting children in a legal limbo involving legal parentage, citizenship, and international policy regulations that govern who is responsible for the child after it is born.

Anthropologists have been studying the transnational surrogacy market for nearly two decades, and as such, there is a growing body of literature exploring the social, economic, and ethical dimensions surrounding and supporting the business of surrogacy. (See, for example, Bailey, 2011; Deomampo, 2013; Harrison, 2016; or Saravanen, 2018.) Much of this work reveals and critiques systemic structures that build globalized bio-markets that exploit women's bodies. For example, Sheela Saravanan (2018), points out that development of global bio-markets, particularly in reproductive services, means that certain bodies are more at risk of exploitation within existing inequities, like poverty, poor educational opportunities, political and social strife, or uneven distribution of goods in a given geographic area. She writes, "These markets raise ethical questions of exploiting the needs of the poor particularly where disadvantaged participants enter into

unjust contracts, its relevance to informed consent, unequal distribution of health resource, unfair distribution of benefits, violation of good medical practices, and commodification of women and children." (8)

Like Saravanan's work, much of the existing literature focuses on India's surrogacy industry where, until recently, transnational surrogacy was a thriving market, with thousands of mostly economically disadvantaged women working as gestational surrogates. Up until 2018, commercial surrogacy was largely unregulated in India, contributing to its global status as a destination for medical tourism in the form of commercial surrogacy. In 2018, India passed the Surrogacy (Regulation) Bill, 2016 which made it illegal to pay gestational surrogates (other than reimbursement for medical and related expenses) and placed restrictions on who could enter into these "altruistic surrogacy" relationships[8]. Intended parents are now required to be heterosexual and married, and must be Indian citizens; the gestational surrogate must be a close relative, effectively shutting down the international clientele. In 2019, following criticism that the Surrogacy Regulation Bill's language was too broad and therefore difficult to enforce, India passed an updated version that claimed to further clarify who could enter into a surrogacy agreement, and under which conditions an altruistic surrogacy relationship is permitted. It is not yet clear, however, whether some restrictions—like the requirement

[8] In the surrogacy industry, the term *altruistic surrogacy* is usually used to refer to a surrogacy agreement where the surrogate is not paid beyond medical and related expenses. For instance, Canada, the United Kingdom, Australia, and now India, only allow altruistic—unpaid—surrogacy agreements. In the U.S., five states expressly outlaw compensated surrogacy: Arizona, Indiana, Louisiana, Michigan, and Nebraska.

that contracting parents be married and possess medical documentation of their infertility—have actually been removed from the bill's language.

With the new restrictions on India's surrogacy market, new destinations have taken India's place (e.g., Ukraine and the US) in reproductive tourism. Similarly, to India's pre-2018 surrogacy market, the new markets are inconsistently regulated, and they allow for reproductive workers to be paid for surrogacy and egg donation. In the US, these regulations differ from state to state, with a wide range of policies governing whether or not surrogacy is permissible in the state, and if so, under what circumstances. As of 2014, about half of the fifty US states had legislation or legal precedent to guide whether and how the state handles surrogacy. (Finkelstein, MacDougall, Kintominas, and Olsen 2016) California, for example, is considered a highly surrogacy-friendly state, and is one of the more popular destinations for medical tourists both from the U.S. and internationally. Other states in the US have much more stringent laws disallowing commercial surrogacy, ranging from legislation that makes surrogacy illegal, to court precedent that does not allow for the enforceability of a surrogacy contract. For example, Michigan does not allow compensated surrogacy but does allow altruistic agreements; Louisiana only allows heterosexual married couples to use a surrogate, but does not allow compensated surrogacy; and in Indiana, surrogacy contracts are considered void and unenforceable by the courts.

Beyond enforceability of surrogacy contracts, in states like California, courts are generally favorable toward contract surrogacy agreements, and will even release parentage (birth) certificates prior to the child's birth, allowing for the listing of intended

parents as the child's legally-recognized parents right from birth, rather than the more typical listing of the woman who gave birth to the child and her husband as the parents. In other states, and in many western countries, birth certificates listing the intended parents rather than the surrogate or birth mother and her husband as the child's legally recognized parents can only be issued several weeks to months after the birth of the child[9].

In the US, the surrogate body occupies a complex and contradictory social space. In one sense, the surrogate is painted with a broad brush as dangerous and devious. Movies like *When the Bough Breaks* (2016), *The Surrogacy Trap* (2013), or *The Surrogate* (2013) play on fears of mental illness and murderous intentions on the part of the surrogate—often one where the surrogate seek to displace the meek and infertile wife by taking her place in the marriage. Other representations of surrogacy are comedic—like *Baby Mama* (2008), or *Together Together* (2021)—with goofy foibles for the characters to go through and happy endings all around. And there are dystopian representations, like the book, *The Handmaid's Tale* (Atwood, 1985), where politics and reproductive rights are explored through the lens of surrogacy. More recently, surrogacy is departing from a space of secrecy and entering a space of normalcy with regard to pregnancy and

[9] The role birth certificates play in surrogacy is important, and the purpose of a birth certificate is contested in discourses surrounding parentage and childbirth. In most states, by default, the woman giving birth is listed as the "mother" on the birth certificate. The "father" is typically that woman's husband, if she is married and regardless of whether the husband is biologically or genetically related to the child. An unmarried woman can usually opt to include the "father" on the certificate, or not, depending on the rules of the state.

childbirth. As I suggested earlier, when the famous begin to publicly practice and openly discuss that which was once taboo, like surrogacy, the practice itself becomes normalized in social discourse even when it's not accessible for most people. And surrogacy, as a specialized form of infertility treatment, is largely inaccessible for most from a financial perspective.

2.2 Insidious Madonna-mother

Infertility treatments are expensive, and surrogacy is often the last resort for many intended parents. Anecdotally, it isn't unusual for intended parents to take out second and third mortgages to pay for treatments, reflecting the level of desire and/or importance that having children means to the IPs. These costs are frequently unexpected and unplanned for. The Modern Fertility and Social Finance, Inc. (2022) report, cited above, found that 46% of respondents have not considered future cost of infertility treatments as part of their family or financial planning, and thus did not save for them. Surrogacy brokers list overall costs of surrogacy to the intended parents to be anywhere from $60,000 to $150,000 per pregnancy. For instance, Surrogacy.com cites other surrogacy agencies' overall costs, listing ranges from $75,000-125,000 from the American Surrogacy agency, or $100,000-150,000 from Circle Surrogacy. Costs are typically higher for international clients, and many surrogacy brokers include an itemized list of specific costs, like the surrogate's fee which can vary, and depends on the surrogate herself, although many brokers have a suggested range or impose a flat fee for the surrogate. In other words, there is a lot of potential money to be made in surrogacy brokerage and consulting.

How, then, do brokers appeal to potential surrogates while also de-emphasizing financial costs to the intended parents who are paying for these reproductive services? This is where the altruism discourse becomes important—and insidious—constructing an identity for the surrogate herself to negotiate what it means to be a mother and yet not. This discursive space is where the surrogate occupies contradictory subject positions: she is, at once, a generous and pure madonna-mother, a reproductive laborer who earns her fee, and an all-important member of the team of professionals who work together to facilitate the gestation of a child for the intended parents. The surrogate's rhetorical agency is negotiated within this embodied space. The surrogacy industry draws upon this madonna-mother trope as a highly persuasive text, and builds upon this trope with altruistic discourses that paint the gestational surrogate as a generous giver of life. However, at the same time, the industry must discourage the aspect of madonna-mother bonding with the child once it is born. The gift that the generous and insidious madonna-mother of the surrogacy industry gives is a child for another family.

Please bear with me as I reveal my *Star Wars Trilogies* nerdiness to explain. To be *insidious* is to be subtly or secretly harmful. The character, Emperor Palpatine's alter ego is called Darth Sidious, a play on the term insidious. Palpatine is a Sith Lord, an adherent to the dark (evil) side who is secretly gaining power in a very subtle, manipulative fashion. He eventually succeeds, all while keeping his harmful motivations hidden. The insidious madonna-mother functions similarly. She is an image we are likely familiar with, and she represents an ideal of sorts with regard to motherhood. Her image draws upon feminine ideals, like nurturing, generosity, altruistic sacrifice. Her insidiousness lies

in how her image manipulates our social perception of ideal womanhood, and how her imagery is used in marketing and other popular culture artifacts undergirding many of our perceptions of what is "natural" with regard to womanhood.

Motherhood, in western culture, is seen as a "natural" state for women, even seen as the ultimate goal of womanhood. And, as a natural state of womanhood, its concomitant attributes, like nurturing and self-sacrificing behaviors, are, by extension, natural for women. What is insidious—or subtly harmful—is how madonna-mother imagery is deployed in popular culture texts to subtly normalize our expectations of womanhood, allowing for a type of socio-cultural manipulation of paternalistic and patriarchal control over women and women's bodies. Insidious madonna-mother, and similar tropes, are what allow western cultures to define what type of body is a woman's body, what a woman's body should be allowed to do in public and private spaces, and how a woman's body appropriately functions. I argue that the surrogacy industry draws on the insidious madonna-mother imagery to accomplish three objectives. First, this imagery helps to cement the notion that women's bodies are best used for pregnancy, while also turning the notion of madonna-mother on its head in how the surrogates are positioned as incubators that do not experience embodied pregnancy. The industry accomplishes this by subtly shifting any emotional connection the surrogate might experience toward the fetus she is gestating to encouraging an emotional connection with the intended parents. This rhetorical move is where the insidiousness of madonna-mother is revealed. Secondly, positioning madonna-mother imagery in connection with surrogacy also serves to downplay one of the industry's greatest ethical and moral

objections: that surrogacy is a type of human trafficking; if what is given (the child) is a gift by the surrogate herself, who embodies the madonna-mother ideal, then whether money changes hands or not can be deemed irrelevant and therefore cannot be considered as the buying-and-selling of a child. Finally, an insidious madonna-mother is disaggregated across many bodies and functions, thereby distributing risk both materially and conceptually. I explain this third objective later in the chapter.

Art history theory has produced a wealth of analyses of Virgin Mary imagery over the centuries. Rona Goffen (1999) describes the trope clearly in her analysis of DaVinci and Michelangelo's Madonna paintings:

> In paintings, such Madonnas are usually blonde, and always fair, small-featured, even fragile. Bluntly put, these women are not beings of flesh and blood-or at least not very corporeal flesh and blood. It is not only their porcelain complexions, oval faces and delicate features that relate these Madonnas and others of their generation; it is their air of delicacy and gentleness, psychological qualities reflected in the physical. Smiling as they behold the Child, these Madonnas express a muted joy. (41)

The otherworldly appeal of the Virgin Mary contributes to our perception of ideal womanhood and the objectives of motherhood. Mothers must be (oddly) virginal, pure, nurturing. Such qualities are reflected in classical Virgin Mary pieces of art, and in their popular culture counterparts, imagery that much of surrogacy marketing pieces draw upon. Surrogacy websites are replete with images that draw upon madonna-mother

ideals: a pregnant woman, shown from the neck down, and cradling her smooth, pregnant belly. Similar to the classical Virgin Mary images, this madonna-mother pregnant woman conjures comforting notions of gentle and loving mother, while simultaneously separating the image from the notion of *motherhood*. This body is pregnant, it is not a mother; this body is protecting the unborn fetus, it is not intending to be mother. This body's head isn't shown, so this body cannot be seen by viewers to be gazing lovingly at the unborn fetus/child. The surrogate as madonna-mother cradles her smooth, pure pregnant belly with arms that protect the fetus while it's in the vessel of her womb; she does this for the intended parents. The implication is clear: she is gestating a child for you, that she will gladly give to you as a gift.

A simple Google image search for "surrogate" yields thousands of pregnant madonna-mother images: a pregnant belly (usually bare) with the pregnant woman's arms cradling it. The mother's body (not her head or face) is shown wearing cozy-looking, yet somehow sexually appealing, clothing, with her tank top pulled up to reveal her flawlessly smooth and pregnant belly. We can see that she has a light complexion as she cradles her belly with one arm. She has no stretch marks. The image's colors are muted, the pregnant body is wearing white, and she is surrounded by a white background, signaling a certain type of virginal purity about this pregnant woman. And finally, a light blue bow is tied around her pregnant belly, signaling that idea that her pregnancy is a gift. The message is subtle, but clear: what matters about a surrogate is the fetus, and her responsibility is maintaining her own pregnant body's physical attractiveness while also

ensuring the fetal body's safety. This is the insidious madonna-mother trope that is ubiquitous throughout surrogacy marketing.

As I mentioned above, there are three objectives that the use of insidious madonna-mother imagery easily accomplishes and downplays the first two. The image calls out our association of women's bodies with pregnancy—that the best use of a woman's body is to reproduce, through such a glorification of the smooth and pregnant belly that is central to the insidious madonna-mother image. Secondly, by deflecting our attention away from financial aspects associated with surrogacy, the image works to deflect our attention away from the major ethical objection to surrogacy practice itself: that surrogacy amounts to human trafficking. The third objective, described below, works to dehumanize the surrogate while framing her as a madonna-mother: one who willingly gives up the child she gives birth to.

Figure 1 Image of pregnant belly with white bow. (Source: Grill, 2022)

2.2.1 Distributed Embodiment, Distributed Risk

As a medical procedure, surrogacy carries quite a bit of risk—physical, legal, financial, emotional, and mental. Risk management, however, must be communicated carefully. This third objective can be identified when we consider themes that emerge from surrogacy discourse. Laura Harrison (2016) points to three primary themes emerging from her analysis of surrogacy news media stories from 2000 to 2010: a "'women-helping-women' theme, the call for regulation, and 'the kinship question.'" (11) My focus is on Harrison's "women-helping-women" theme—what I refer to as altruism discourse—which Harrison argues is largely what normalizes the multiple and novel ways that a person might become a *mother*. For Harrison, the women-helping-women theme helps to explain how surrogacy has become constructed as an emotionally generous relationship "in which altruism motivates one woman to help another reach the apotheosis of femininity by becoming a mother." (11) While I agree with Harrison's summation, my concern is that it reflects an incomplete portrayal of how we imagine surrogacy. In other words, appeals to an individual's generosity are certainly strong, and framing feminine generosity with madonna-mother imagery certainly amplifies such an appeal, particularly in marketing materials directed to both surrogates and intended parents. However, it's important to also consider the silent sides of these altruistic stories to unpack how we understand and grapple with deeply embedded socio-cultural ideologies of motherhood. As reproductive technologies develop further, and as scientific understanding of reproductive processes and systems continually shift, so too do the rhetorical constructs of pregnancy and motherhood shift.

Gestational surrogacy, when framed as a reproductive technology, challenges deeply-held beliefs about femininity and motherhood, particularly those involving motherhood as the "apotheosis of femininity," as Harrison points out. Motherhood can be now achieved technologically, not only through so-called "natural" pregnancy and childbirth, where the technology's presence in the process can obscure social notions of "natural" motherhood. Consider how we configure adoption, for example. As a path to motherhood, adoption practices have been normalized for centuries, and are typical and accepted social practices in many cultures. In adoption discourse, women who gave birth to the children who are then adopted often retain their status as mother, typically being described as a *biological mother* or *birth mother*. In adoption, discourse giving birth to a child secures the status of motherhood, even when a woman gives the child up for adoption (often also framed as an altruistic act). Discourses that arise from the surrogacy industry, however, seek to distance motherhood from these processes. Terminology becomes more clinical, thereby removing the "mother question" from discussions of kinship. Surrogacy represents one such discourse, where participants are consciously careful about how the mother in the relationship is named—legally, socially, and colloquially. Women who agree to undergo pregnancy in a surrogacy relationship are rarely referred to as *surrogate mothers*; rather, the more clinical terms *gestational carrier* or *gestational surrogate* are used. The concept of motherhood in its more familiar social form—as the woman who gives birth to/adopts and raises a child—is a complex socio-cultural construct, tied to femininity, which—at least in the US—emerges from cultural histories about gendered roles and racialized ideologies that define motherhood. (Freidenfelds, 2020; Taylor, 2008; Yalom, 2001)

Surrogacy as it is currently practiced can be understood as complicating and even challenging the historical social and legal practices that police women's bodily autonomy, and involves clarifying the borders of self/other prior to engaging in a surrogacy agreement. This is the gray area between self/other where rhetorical agency exists. Harrison suggests that much of the way we understand surrogacy, for example, can even be connected to the West's history of racialized reproductive labor. Consider the practice of cross-racial/cross-class wet nursing, where middle- and upper-class white women in the US and Europe hired poor women, or used enslaved women's reproductive labor, to care for, breastfeed, and act as primary caregivers for their children. Harrison writes,

> Gestational surrogacy highlights this disaggregation of the concept of motherhood into a series of biological, genetic, embodied, and social processes. Traditionally, giving birth to a child has served as unquestioned evidence of maternity, with alternative means to social motherhood available primarily through adoption. Surrogacy and ARTs complicate this pattern, distributing motherhood across multiple bodies, spaces, and places: the egg donor, surrogate, and contracting intended parent all have potential claims to biological, gestational, or social motherhood. (26)

For Harrison, motherhood itself is distributed across many bodies and social processes. Harrison's work raises important questions regarding our current concepts of motherhood and what is at stake when medical practices and technologies are used as an intervention for infertility. What happens to agency when our embodied experiences are spread across

multiple bodies, technologies, and practices? How can we reconcile our experiences and the complications that arise when seeking to exercise agency in such situations? Where does agency sit? And whose interests are served by distributing embodied experiences in this way?

Traditionally, to be a mother means a woman has experienced pregnancy and has given birth "naturally;" alternative, technologically facilitated ways of becoming pregnant/giving birth were not feasible. Since the mid-1970s, however, pregnancy has become a much more medically and technologically mediated experience. In a surrogacy relationship, pregnancy involves a host of people—often an egg donor, occasionally a sperm donor, a surrogate and her family, intended parents, and teams of business, medical, legal, and psychological professionals—as well as medical and technological interventions, particularly for the surrogate herself. This arguably creates a conceptual separation of the fetus from the pregnant body, more so than earlier eras of prenatal care. For example, when fetal imaging technologies became more commonplace in the early 2000s, they enabled a visual and conceptual separation of the fetus from the mother's body. Janelle S. Taylor (2008) argues that such a separation psychologically increases a woman's awareness of the fetus earlier in the pregnancy, with medical professionals able to uses that image to help to modify the pregnant woman's behavior in such a way that it potentially improves the physical health of the fetus, opening the pregnant body to a more risk management approach to prenatal care. Taylor writes,

> Both in the case of women's visual encounters in clinical settings with the fetuses they carry, and in the case of the broader viewing public's visual encounters with

> fetuses on television, bringing these fetuses on to the screen has arguably brought them "to life." Routine ultrasound imaging of the fetus during early pregnancy has made it possible to visualize the fetal form and document fetal heartbeats and movements long before the moment of "quickening." In this sense, ultrasound technology has brought the fetuses of today "to life" in a different way, and far earlier, than in decades past. The women who carry today's fetuses would, back when they were fetuses themselves, not have seemed "alive" to their own mothers at the same stage of pregnancy, or in quite the same way. Even beyond these more narrowly "medical" diagnostic functions, however, the routine ultrasound examination itself has, in contemporary U.S society, become a scene of commodification and consumption, bringing the fetus "to life" in part by inserting it in various ways into the mass circulation of goods and images. (27)

Taylor's argument that fetal imaging contributes to our seeing the fetal body as separate from the maternal body connects well to Harrison's suggestion that surrogacy practices effectively distribute motherhood bodies and places. (Harrison 29) Motherhood ideals permeate surrogacy discourses just as surrogacy complicates motherhood ideals. What happens, then, is an attempt by the surrogacy industry to distribute and disaggregate aspects of madonna-mother across the multiple bodies that are involved in producing and gestating a fetus. Madonna-mother becomes part of a team of people and technologies that are all brought together for the sole purpose of creating a viable fetus that will grow to be a healthy baby. Surrogacy discourse undergirding this sense of distributed and disaggregated embodiment, becomes an important persuasive framework employed by

surrogacy agencies to market to potential surrogates and IPs. This distribution/disaggregation, then, allows for rhetorical moves that both emphasize altruistic discourse employed by surrogacy agencies in their marketing, while simultaneously amplifying the levels of risk management and surveillance that surrogates must agree to once they enter into a surrogacy relationship.

In the case of surrogacy, this distributed/disaggregated embodiment asserts a set of familiar binaries: self/other, mother/not-mother. In surrogacy, motherhood is both embodied as it is also commodified: the uterus becomes a manufacturing plant, gestation becomes a service, the resulting baby is often seen as the product sold to the contracting parents. Though not an unusual configuration in surrogacy discourse, it is a tricky rhetorical move to make: a gestational surrogate is simultaneously represented as mother (by virtue of her pregnancy) and not-mother (because the fetus doesn't "belong" to her).

In the next chapter, I describe how insidious madonna-mother imagery is deployed by surrogacy brokers to market to surrogates and intended parents. I analyze websites belonging to three different surrogacy brokering agencies to show how madonna-mother accomplishes the three objectives I describe earlier in this chapter: that women's bodies are best used for pregnancy, to downplay the concerns about surrogacy relating to body commodification in the form of human trafficking, and to manage risk relating to social, physical, and legal aspects in surrogacy agreements. My analysis takes a dramatistic approach, where I suggest that the websites themselves are a type of scene that is set where the motives of the different actors can be revealed. (Burke 1945) I specifically analyze insidious madonna-mother imagery (visual and textual) to describe how the

surrogacy industry uses such imagery to persuade the actors—specifically surrogates—to ascribe to complementary and complicit motives in the telling of surrogacy stories. Chapter 4, then, explores how the telling of surrogacy stories reveals such complicity.

3 Persuading Surrogates: Insidious Madonna-Mother

In common parlance, the term *surrogate* refers to a person who is appointed to act for another in the second person's absence, often in the case of governing or decision-making situations.[10] For example, a voting member of a public organization might appoint a surrogate or substitute to vote in-absentia at a meeting. There is a certain amount of trust placed upon this surrogate/substitute that they will act according to the wishes or interests of the person for whom they are subbing-in: that the surrogate will, in good faith, accomplish the tasks assigned to them by the person for whom they are acting. This substitute actor, then, exercises agency on behalf of the original actor. In the cases of gestational surrogacy, an alternate body is entrusted with the precious fetus that is longed for by the mother/parent whose body is malfunctioning/incapable of carrying a pregnancy. Value statements on the female body's functionality notwithstanding, it is clear that during a woman's fertile years, her body is seen to exist in a state of perpetually-possibly pregnant, always subject to social and medical surveillance. Through such surveillance, a level of socially-accepted control is exercised over her body, from her diet (e.g., Don't eat fish from the Great Lakes more than once per week!), to her body mass index, to her day-to-day behavior. When becoming pregnant is the goal, the social pressure to adhere to prenatal pieties (Seigel 2013) is high, and part of this social pressure includes giving up a certain amount of bodily autonomy, effectively

[10] Merriam-Webster Online Dictionary's first definition listed reads, "One appointed to act in place of another: DEPUTY." (https://www.merriam-webster.com/dictionary/surrogate. Accessed 10/15/21)

erasing the woman's body while the fetal body is placed in a more highly valued role in the pregnancy.

In 1992, Carole Stabile pointed out that,

> Feminists have invested a great deal in theorizing mothering as work women do (but not necessarily reducible to biology) within the context of a particular social order, but they have been loath to discuss pregnancy as work women may, or may not, choose to undertake. Put bluntly, at this particular historical moment, only "women" can carry out the work that is pregnancy. Furthermore, as long as this specific laborer remains invisible, the discourse of fetal autonomy is going to be difficult to overcome. (198)

In an earlier draft of this dissertation—about May-June, 2022—I was struggling to write in this section about how, in the decades since the *Roe vs. Wade* ruling in 1973 made abortion legal, very little has changed in how pregnancy and motherhood are socially and politically constructed. Only a few days ago as of the writing of this draft, the Supreme Court struck down the *Roe* ruling on June 24, 2022 through the *Dobbs vs. Jackson Women's Health Organization* case. Prior to 1973, women's bodily autonomy had been constructed with contradictions upon contradictions; during the nearly fifty years that *Roe vs. Wade* was the law of the land, we've worked toward a conception that women's bodily autonomy and medical privacy was a right. As of today, these ideas are in question, calling to the forefront the importance of this research and other projects like it, particularly questions of the status of the female body. Such research can query the

tension between the pregnant-body-as-a-vessel within which the fetal body is conveyed, and that same pregnant-body-as-excessive-and-risky requiring medical surveillance to control risk.

In pregnancy discourse, the fetal body effectively is given primacy over the maternal body. Pregnancy rhetoric promotes ideal motherhood as *natural,* yet also emphasizes racialized, gendered and class-based expectations that normalize the image of the insidious madonna-mother; surrogacy rhetoric builds upon this, and adds a layer to "motherhood" that tells us it's natural for a woman to generously and altruistically become pregnant, then give the baby she gives birth to *as a gift*, to the couple who cannot have children "of their own." The implication is that, when construed as a gift, the resulting baby in a surrogacy relationship cannot be also construed as a commodity; likewise, if a woman's body is being used to give a gift, her body also cannot be thought of as a commodity. Insidious madonna-mother functions as a type of terministic screen that directs our attention away from the living, breathing, maternal body and toward a fetus as the central component of pregnancy.

As I discuss in the second chapter, pregnant bodies are medically and socially managed and under increasing amounts of medical surveillance as reproductive technologies develop. Thanks, in part, to ARTs becoming more available and affordable, and a more public approach to managing pregnancy, women's bodies exist in a state of *potential* pregnancy, continuously monitored through ovulation test kits and recording basal body temperature to maximize chances of conception, all the way through to giving birth. This risk-management as a model of prenatal care has largely replaced even the

medicalized care approach, allowing potential parents a sense of control over reproduction from pre-conception through birth. Pregnancy is no longer a wholly embodied experience mediated through the pregnant body's experience; rather, pregnancy is measured, viewed, and controlled in the pursuit of the perfect (legitimate) child. Through surrogacy, the embodied experience of pregnancy is refracted across many bodies (e.g. egg donor, gestational carrier, contracting parent), and managed by an entire team of medical, legal, and psychological professionals—not to mention the surrogacy consultant who brings everyone together.

3.1 Methodology

My overarching theoretical framework in this project is informed by what J. Blake Scott (2003) refers to as rhetorical-cultural theory. Scott writes that this approach, "examines specific texts as a way to elucidate shifting cultural entanglements." These entanglements, then, become the primary objects of study, rather than a way to "situate and elucidate texts." (25) In this way, rhetorical artifacts can be read through a mapping of their intertextual relationships as well as the dynamic relationships among the many actors in the discourse at hand.

My specific analyses in this and the next chapter are based on Kenneth Burke's works in theorizing agency, framed through his dramatistic approach to rhetorical critique. Dramatism provides a way to do a close reading of these rhetorical artifacts, allowing an analysis of what is present as well as what is absent. For Burke, language is a symbolic act. He writes, "Even if any given terminology is a *reflection* of reality, by its

very nature as a terminology, it must be a *selection* of reality; and to this extent it must function also as a *deflection* of reality." (45, emphasis his) The language we use, then, reflects our reality; language directs our attention by calling out or concealing different aspects of reality. As an example, Burke describes specific photographs portraying the same object from different angles, with different lighting, using different color filters, and so on. Through the use of angles, lighting and other methods, Burke's photos manipulate our perceptions of the object by *selecting* what the viewer focuses on, and *deflecting* what the photographer wants to de-emphasize.

For Burke, agency can be understood through such discursive selection and deflection. Burke suggests that the rhetorical act (the performance) itself is important, and that agency is a type of symbolic, material instrument or tool used by the actor to accomplish the act. In his formulation, agency is separate from humans, but, as I discussed in an earlier chapter, agency is also essentially human because such instruments are a product of humans: we conceive of and create material agencies in order to act. Language, then, is simultaneously understood as the symbolic, material instrument *and* the symbolic act. Such selections and deflections are rather familiar to us, and, for example, can be seen in basic marketing techniques used in advertising from television ads for prescriptions to billboards along the interstate advertising vacation destinations. Advertisements routinely select what they want us to focus on—the benefits of a particular medication, for example—and deflect our attention from the things they want to deemphasize, like the medication's unpleasant side effects. These selection/deflection techniques can even be thought of as a type of risk management

deployed by a company: emphasize what we want our audience to focus on (the value proposition) through selecting what they see, and downplay what we want them to not worry about (the risk) by deflecting their vision elsewhere.

As an example, Anna Curtis's (2010) qualitative analysis of egg donor marketing suggests this understanding of selection/deflection is in alignment with her analysis, and I suggest her critique can easily be transposed to current surrogacy marketing as well. She writes, "Agencies[11] and clinics consistently emphasize altruism over compensation. They primarily attend to recipient couples, and so need donors who can meet the primary expectations of recipients: reliability and altruistic motivations...clinics (and agencies) serve as gatekeepers to the world of donation and play an important role in how donors come to understand what it means to donate their eggs." (87) Like Curtis's donor marketing analysis, the surrogacy marketing materials I surveyed emphasized the altruistic feminine ideal of a generous madonna-mother, while simultaneously de-emphasizing compensation-as-motivation for the surrogates.

Much of Burke's work relates to methodologies intended to gain a deeper understanding of the rhetor's motives or worldview, cluster analysis being one such method that lends itself to critiquing different types of media artifacts because it can be adapted in both textual and visual analyses. For my project, cluster criticism provided a

[11] In the surrogacy industry, the businesses that broker surrogacy agreements and act as consultants through the process are typically referred to as "surrogacy agencies." This terminology presents somewhat of a challenge for my critique of rhetorical agency, so for this reason, I will refer to these businesses as consultants, brokers, or liaisons, which is reflective of the role these businesses generally play in the surrogacy industry.

starting point from which I reviewed websites, which, as mixed media, are both visual and textual. Because I was looking at the relationship of particular images—like madonna-mother, described in a previous chapter—this approach helped to examine how text and images were related, and how they worked together to create a worldview where gestational surrogates can occupy two potentially conflicting subject positions. Burke (1941) explains the underlying ideas of cluster criticism in *The Philosophy of Literary Form*, writing, "Now, the work of every writer contains a set of implicit equations. He [sic] uses 'associational clusters.' And you may, by examining his work, find 'what goes with what' in these clusters—what texts and images and personalities and situations go with his notions of heroism, villainy, consolation, despair, etc." (20) Sonja J. Foss (2009) further explains cluster criticism as a method of analysis that provides insights into the rhetor's mind and the meanings behind key (significant) terms in a particular text by analyzing the way other important text and imagery clusters around them. Cluster criticism can reveal how such terms are related. Foss provides specific procedures for cluster criticism: selecting the artifact, identifying key terms based on frequency and/or intensity of the term, chart the clusters around the key terms, and explain the artifact by finding patterns and linkages that are identified in the charting of clusters. Foss particularly calls attention to God terms and devil terms, explaining that, "God terms are ultimate terms that represent the ideal for a rhetor, while devil terms represent the ultimate negative or evil for a rhetor." (67) God terms and devil terms are important, but are not the focus, in my analysis because of the ways surrogates and intended parents (particularly intended mothers) are described in these texts.

To code the web pages, I conducted 2-3 reviews where I identified clusters of themes. My approach was to code key phrases and their associated phrases to chart how each of the themes I identified worked together. An example of my coding appears below as a screen shot:

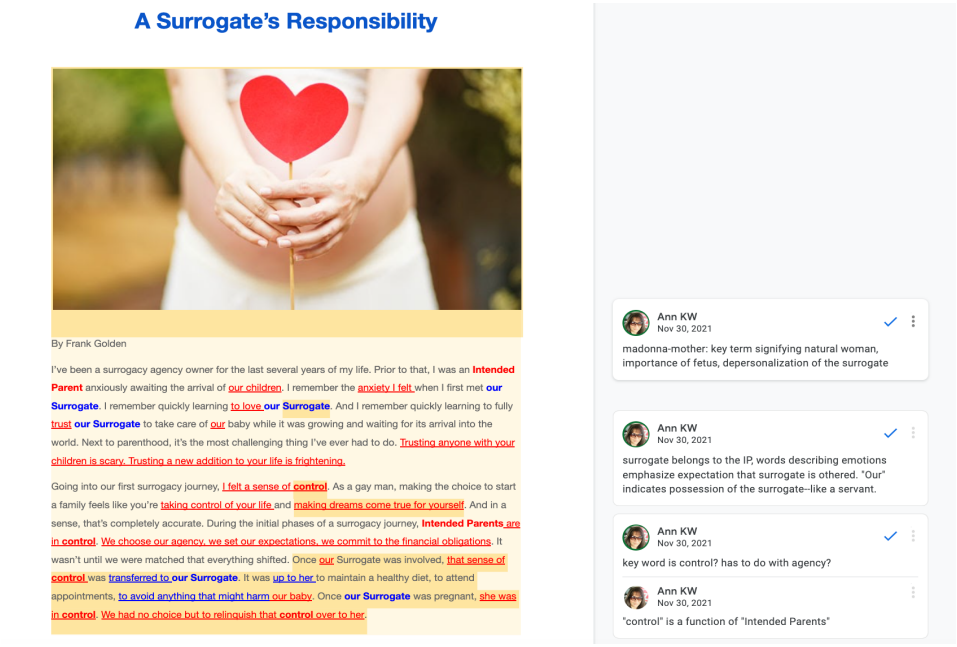

Figure 2 Sample of cluster critique with sidenotes. (Image my own.)

The above cluster critique sample, is from my review of a blog post from Golden Surrogacy, written by the owner of the company, Frank Golden. This particular post was selected because the text itself was paired with an insidious madonna-mother image, including the "headless" pregnant body dressed in white, with the focus of the image on the fetus, represented by a heart held in front of the pregnant belly. In the textual portion, my first read-through identified the word "surrogate," always being paired with an ownership modifier, such as "our surrogate." The multi-colored text in this example

indicates the key terms, like “our surrogate,” where I used color-coding and related font styles to map out which terms supported each key term. In this sample, key terms are coded with boldface text—blue for “our surrogate,” and red indicating “intended parents” or their associated described emotions or goals—the word “control” emerged as a prominent theme that IPs associate with their objectives in surrogacy relationships.

The specific pages that I followed a cluster-criticism approach each included representations of surrogate pregnancy, whether in the form of a “standard” insidious madonna-mother photo, or a graphic of a pregnant body, or even a line art style drawing that implied *fetus*. I read these representations as the key term in a terministic screen that direct our attention to that which the IPs desire most fiercely: a baby. From there, the supporting terms in the clusters work to continue directing our attention to babies or diverting our attention from the pregnant body itself as a wholly autonomous being. In all of these websites, the fetus is of primary importance.

3.1.1 Website Overview

Citing Erin Frost’s earlier work theorizing apparent feminism, Frost and Michelle Eble (2015) define a technical rhetoric as “any assemblage that attempts to persuade a specific audience with a specialized set of knowledge,” (2) arguing that, “Whenever a particular category of people is unequally affected by [a text], a technical rhetorical approach can help to analyze possible reasons, effects, and interventions” (5) by interrogating what is at stake for the users, and how we can intervene in social justice exigencies presented by the artifacts. I used Frost and Eble’s discussion as a jumping-off

point in narrowing down the websites and podcasts I analyze. While I acknowledge that each of the websites represent a significant piece of each company's digital marketing kit, they are not necessarily objective in the sense that Frost and Eble—and perhaps, many other technical communications scholars—might describe as objective.

I argue websites like those I selected for analysis do "signify as objective." (Frost and Eble 3) As my analysis will show, the specialized information and persuasive elements the websites present are intended to be received passively and uncritically by their two primary audiences: potential surrogates and intended/contracting parents. Frost and Eble also point out that a social justice exigency should be apparent in the analysis. In my research, social justice becomes exigency when we consider these texts through a reproductive justice lens. Reproductive justice is generally defined as theory-based activism that at its core advocates for "the right *not* to have children by using safe birth control, abortion, or abstinence; the right to *have* children under the conditions we choose; and the right to *parent* the children we have in safe and healthy environments." (Ross and Solinger 171, emphasis theirs) The exigency in this project, for me, is the question of whether we have the *right* to use someone else's body or bodies to have our children. Where does agency and bodily autonomy sit in such an arrangement? And finally, are we complicit—and to what extent are we complicit—in commodifying women's bodies, particularly the bodies of women of color, as we become socially acclimated to the ideas about bodies that the surrogacy industry is helping to normalize? My analysis suggests that through texts like those in this and the next chapter, as we normalize the ways surrogacy happens, we are also cementing certain ideologies about

women's bodies that can be problematic for women in the wider social and political sphere that already works to surveille and control women's reproductive capacity and choice.

For my analysis, I selected three primary websites produced by surrogacy brokerage companies, all of which were selected specifically because they included a section to a surrogacy podcast produced by those same companies. Each company is located in the US, and each website states that they do work with international clients. Because I wanted to examine how western ideologies are engaged in normalizing gestational surrogacy—the idea of using someone else's body to have a child—and whether this normalization poses a risk to the type of exploitation we have seen in biomarkets where surrogacy has now been largely regulated (e.g., India, Thailand) after having been a booming market in recent years. With the United States becoming a popular destination for international surrogacy services, alongside states' inconsistent laws regulating surrogacy, it's important to consider the ways that the US might be complicit in the potential for the same or even new ethical and moral problems presented by transnational surrogacy.

The websites I analyzed are GoldenSurrogacy.com, HopeSurrogacy.com, and SurrogateAlternatives.com. Each of these companies is located in the United States, and all three include information for intended parents who are gay, infertile, and/or international. Hope Surrogacy is based in Madison, WI with an office in Excelsior, MN; Golden Surrogacy is located in Chicago, IL; and Surrogate Alternatives has offices in Arlington, VA and Chula Vista, CA. All five of these states are considered by most

infertility organizations as surrogacy-friendly, meaning their laws generally support and will enforce contractual surrogacy agreements. Further, California is anecdotally reported to be one of the most surrogacy-friendly states, and has formally codified surrogacy in its legislation (California Code, Family Code - FAM § 7960), delineating the minimal elements that surrogacy contracts must contain, how the finances are to be handled with regard to the escrow account where the surrogate is paid from, and under what conditions the contract can be contested in court.

Many surrogacy brokers require that the surrogate travel to or live in a specific state to give birth, mainly as a risk management measure to ensure that the resulting baby is born in a state where surrogacy contracts are enforceable. Golden Surrogacy, for example, requires that surrogates "[l]ive in a surrogate-friendly state regarding surrogacy law and adoption." (Golden Surrogacy 2020) Likewise, Surrogate Alternatives provides a map showing where they are accepting surrogates, below. To be a surrogate with Surrogate Alternatives, a surrogate must live in one of the blue states; the map is reportedly updated as laws and court cases in different states change. Surrogate Alternatives does not work with surrogates living outside the United States.

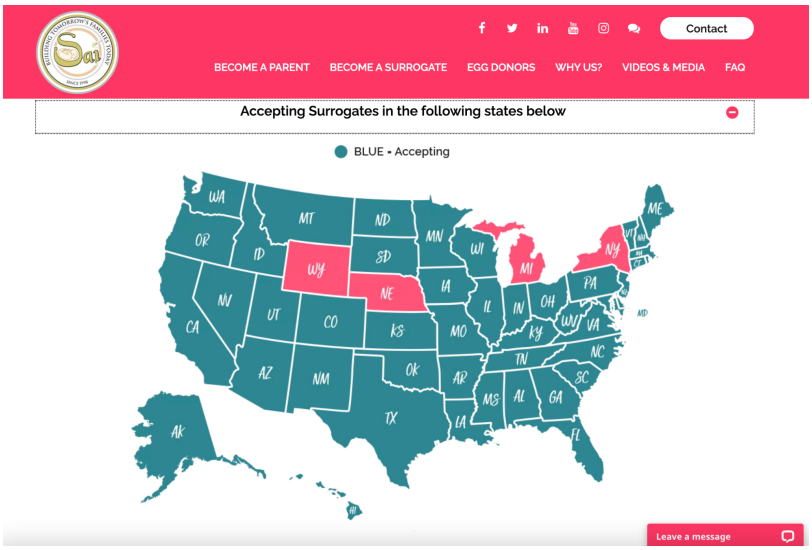

Figure 3 Map: From: *Accepting Surrogates in the following states below*. (Source: Surrogacy Alternatives).

Finally, Hope Surrogacy requires that the surrogate live "in the Midwest," although they don't specify which states this includes. Their online "Surrogate Interest Form" states:

> Hope's Surrogates are moms living in the Midwest. We work with surrogates outside of the Midwest region under special circumstances. If you are living outside the US, though we are grateful for your interest, our program will not work for you, and we wish you the best as you pursue your journey with another agency. (https://hopesurrogacy.com/become-a-surrogate/)

The surrogacy websites I analyzed follow a fairly standard navigational and structural schema, with a top- or side-navigation bar that includes links to sections for intended parents, potential surrogates, and a media link that takes users to the podcasts and other

marketing materials that might be included in a typical media kit produced by any company, like news stories, press releases, informational "about us" pages, testimonials, blogs, and contact information. The websites follow a simple design, using pastel color palettes and including common imagery of babies' hands or feet, pregnant bellies accompanied by either a heart or an ultrasound image overlaid on the pregnant belly, and common metaphors invoking ideas of *growth* and *journeys*. Clicking on the link for prospective surrogates leads to content relating to minimal requirements for surrogates (e.g., age range, body mass index, prior pregnancy/childbirth history, financial health), the initial gatekeeping and surveillance that potential surrogates encounter, often including an initial interest form for a potential surrogate to fill out.

3.2 Procedures for Managing Risky Bodies

A pregnant body is a risky body, prone to malfunction and disease—at least, that's what pregnancy scholars have argued is a prevailing social belief we have come to accept as normal. (For example, see Duden, 1993; Harrison, 2016; Seigel, 2013; or Vinson, 2017.). As such, as part of our social contract as pregnant women, we agree to the medical and social surveillance and intervention that Marika Seigel (2013) describes as pious pregnancy behaviors and attitudes that focus on the fetal body and its development rather than on the pregnant body and its health. Surrogacy rhetoric is not much different in as much as the pregnant body is constructed as risky to the fetus, except that these concerns about risky pregnant bodies are amplified, and madonna-mother tropes are used somewhat disingenuously to manage a risk to the fetal body. In the next sections, I analyze the three surrogacy brokers' websites while considering how risk

management may be working through the procedural texts that are intended to ensure the surrogate's adherence to the "program," and the insidious madonna-mother trope and how she works to position surrogates as both mother and not-mother, further laying the groundwork to manage the biggest risk to the fetus—that of a surrogate who wants to keep the baby.

3.2.1 Procedural Text as Risk Management

Each of the three websites includes a process description summarizing the steps that a woman can expect to go through in order to become a surrogate, presented as physically simple and straight-forward, with the emphasis being on the gatekeeping steps, like physical and psychological evaluations, setting up legal representation, and a meet-and-greet with the intended parents before final approval to becoming a surrogate. Common steps included among all three websites include professional evaluations of the potential surrogate's physical and mental health, fertility evaluations with a fertility specialist, legal screenings and negotiations for the contract, with the fertility treatments and the hoped-for pregnancy glossed over quickly. The more physically invasive components tend to be downplayed, as is evident in Golden Surrogacy's summary of the Embryo Transfer Step:

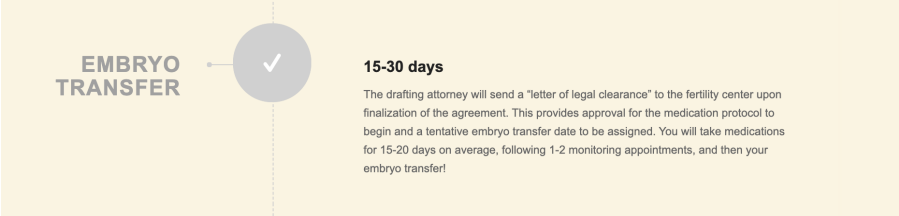

Figure 4 Image from "Surrogacy Timeline." (Source: Golden Surrogacy)

In this step, the process description states that the surrogate will "take medications for 15-20 days on average, following 1-2 monitoring appointments, and then your embryo transfer!" The information that is emphasized ("your embryo transfer!") serves to deflect any critical consideration by the surrogate about those medications and monitoring appointments, which the surrogate will later find out are much more intensive and medically invasive than the website suggests. According to the American Society for Reproductive Medicine (ASRM), prior to the IVF cycle when the embryo is inserted into the uterus, the surrogate will likely need to take hormonal medications to suppress her own ovulation, typically administering her own progesterone injections on a daily basis to prepare the uterine lining for embryo implantation. During this time period, she will usually undergo several ultrasounds and other tests to evaluate the quality of the endometrium as the hormones stimulate its development to maximize the ability of the embryo to implant. After the embryo implants, she is likely to continue on-going progesterone treatment daily, usually for about 10-14 weeks, to improve the chances that the pregnancy is sustained. Additional medications might include prenatal vitamins, steroids, aspirin, birth control pills, or antibiotics, among other medications. The surrogate will typically start taking the medications about a month before the embryo

transfer, and continue medications (depending on her body's reaction to pregnancy and her fertility doctor's practices) at least through the first trimester of pregnancy when she is released into the care of a general practice OB/Gyn. The OB/Gyn will evaluate whether she should continue these medications and will monitor the pregnancy and fetal development, as with any other pregnancy. It's clear that the medical procedures that a surrogate will undergo are complex. Certainly, the medications the surrogate must take carry the potential for significant and even long-term side effects[12]. However, it's also typical that surrogacy websites present these steps similarly to the way Golden Surrogacy presents them. By generalizing the description of "tak[ing] medications" and emphasizing "your embryo transfer" with an exclamation point, the more rigorous and invasive steps to the process are downplayed and even presented as a simple or easy step along the way.

Similarly, Hope Surrogacy represents the process with a circular graphic, below. Each graphic has a pop-up with additional information and an invitation to "find out more" about the step, all surrounding a central graphic that emphasizes the growth metaphor with a plant and leaves, and an expected surrogacy timeline of 15-18 months.

[12] Short-term risks are better understood than long-term. Short-term can include ovarian hyperstimulation, pre-eclampsia, and other pregnancy-related conditions. Long-term risks may include higher risks of cervical and ovarian cancer, diabetes, and other hormonally-connected illnesses. (Gelbaya 2010)

Figure 5 What is the surrogacy process? (Source: Hope Surrogacy)

Clicking on one of the “find out more” pop-ups will usually link the user to content that is interchangeable for either audience (potential surrogate or intended parent) in the form of a testimonial from a surrogate or IP. For example, the Psychological Screening pop-up links to a post from an IP, who writes about why the screening isn’t as scary as it sounds. He explains in the screen shot, below:

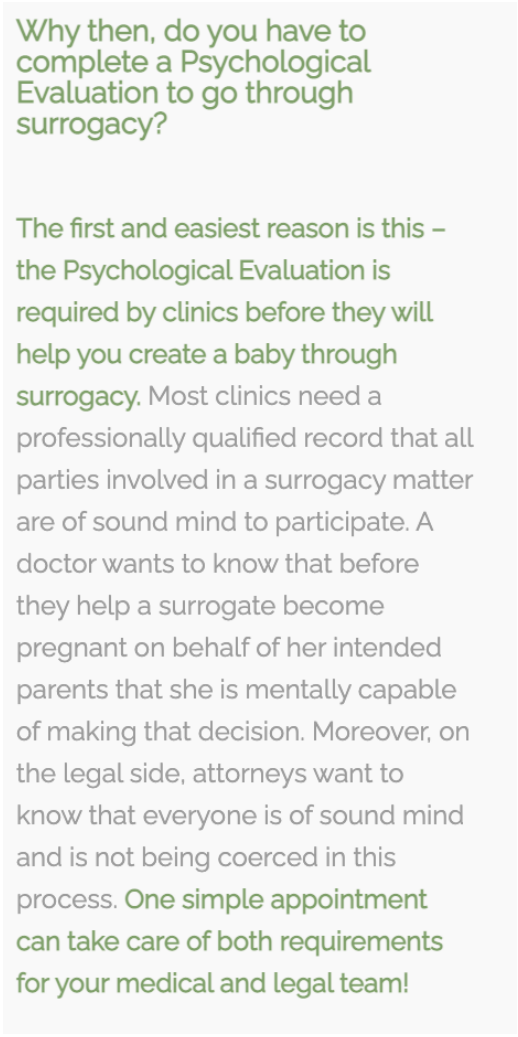

Figure 6 Psychological evaluation is not scary. (Source: Love, B.)

In so-called surrogacy-friendly states, surrogacy consultants are required to conduct a psychological evaluation of both potential surrogates and intended parents. While it's certainly the "right thing to do" when it comes to working with someone to ultimately make a baby, it's clear that the benefit of this step is for the surrogacy consultants themselves as a risk-management and regulatory compliance activity; phrases like *of sound mind* and *not being coerced* are both legal terms that evaluate an

individual's state of mind and awareness of their own actions. Cornell Law School's Legal Information Institute calls out both phrases as being associated with the making and signing of wills and contracts. A person who is *of sound mind* is considered competent to enter into agreements; a person who is *not being coerced* is someone who can sign a contract and is not under any duress to do so. This particular example demonstrates risk-management efforts from which the websites are attempting to deflect our attention. The Psychological Screening's pop-up takes us to additional information that is largely targeted to IPs, but can be informative for potential surrogates, however, the websites downplay the risk-management aspect. This particular section of the website helps to reassure IPs that "their" surrogate can be managed with regard to her risky maternal body. The article that the above screen shot is from concludes with the reassuring statement for IPs that, "you'll know that whoever you're matched with has gone through the same process, had the same counsel, faced some of the same questions, and gotten all the same information that you have. When you finally meet each other, you'll know you're on the same page." (Love, Accessed 2/12/2022)

3.2.2 Insidious madonna-mother

The three websites I analyze can be described as user-centric and audience-focused. The sites are very aware of who their audience is, and while their paying customers are intended parents (IPs), each part of the site is rhetorically structured to magnify the madonna-mother trope, which serves to both "hook" potential surrogates and to sell their product (the surrogate) to the customers (IPs). The madonna-mother trope serves an important role in surrogacy websites, both as the "hook" that initially attracts

potential surrogates and as the underlying ideological structure that "sells" surrogates to IPs as a product. As I argued in the previous chapter, madonna-mother imagery transcends the idea of mothering by embodying the ideal that motherhood is the ultimate form of femininity. Madonna-mother represents nurturing, generosity, selflessness: the natural state of womanhood, all of which are all invoked by images and textual representations of motherhood in surrogacy websites. Recalling Burke's discursive selection/deflection, the madonna-mother trope serves to shape our reality by selecting madonna-mother as our focal point, while simultaneously deflecting our attention away from the rather unmotherly act that a surrogate is expected to perform: giving away the baby after she gives birth. The deflection occurs in the altruistic language that somehow both amplifies madonna-mother ideals and downplays the more traditional (for lack of a different term) objective of pregnancy: to have a baby.

In surrogacy rhetoric, madonna-mother is an insidious presence, functioning as both a representation of ideal womanhood—pregnant, natural, generous—while at the same time embedding itself in the altruistic discourse that this is "not your baby," and so giving the baby as a gift to a unfortunate family that cannot have a baby "of their own" is the ultimate act of womanhood. Normally, as Harrison points out, motherhood as the "apotheosis of womanhood, implies that motherhood is the natural state of the female-assigned body, which implies that a woman will enter the role of mother once she gives birth; giving birth and motherhood are intrinsically connected, with other forms of social motherhood (adoption, surrogacy, and other more informally-recognized forms of mothering) positioned in a condition of *less-than* the ideal, natural state. The rhetorical

logic works like this: It's natural for an ideal woman to want to be pregnant and have babies. It's also natural for an ideal woman to be generous and giving. Therefore, if you are an ideal woman, you will naturally want to lend your uterus (not your entire body) to carry a baby for someone else, and then give them that baby once it is born. The joy, then, is not in mothering; the joy is in the act of giving.

Each of the websites takes potential surrogates on a similar journey, first appealing to their own emotional connection to pregnancy and motherhood. Hope Surrogacy (below) frames the experience as miraculous, which recalls the holy madonna-mother imagery. Our attention is directed to the image of a woman partially obscured by a person in medical-looking garb, and what appears to be a baby wrapped in white. The image works by appealing to the surrogate's personal experiences with giving birth, but it also appeals to the intended parents—this photo could be of the surrogate after completing the rigors of childbirth, or it could be of the intended mother being handed the baby for the first time. The text directs our attention through an appeal to her altruism as the surrogate is told she will "forever change the lives of the new parents" as she is "realizing their dreams" for them because, "they are parents who couldn't carry a baby on their own." The next line, then, deflects attention by telling the surrogate that the baby "goes home with the new parents" and her "surrogacy journey is complete."

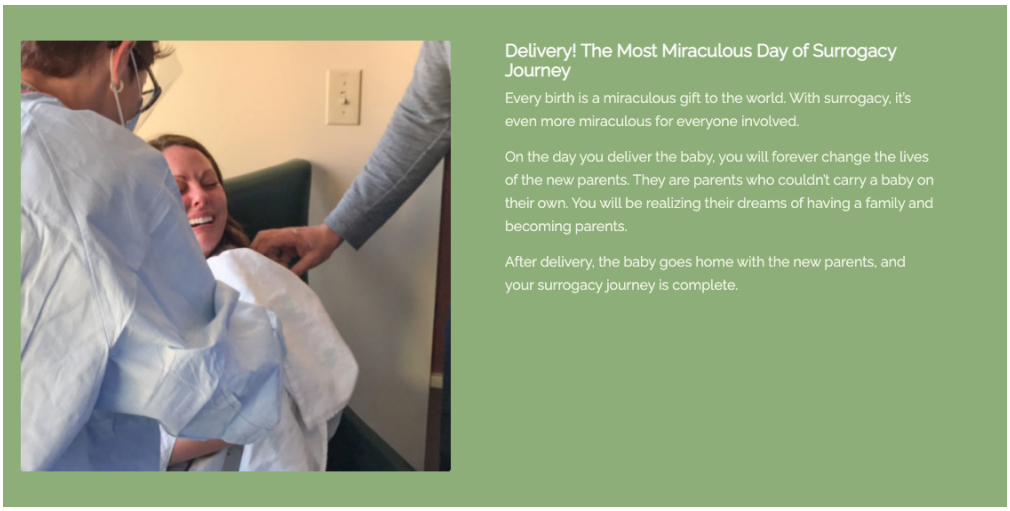

Figure 7 Image: *Delivery*! (Source: Hope Surrogacy).

The madonna-mother trope and altruistic language work together here to structure expectations and to preemptively to deal with potential risk that the surrogate will want to "keep" the baby. This is why surrogacy consultants require their surrogates to live in and give birth in states that are "surrogacy friendly:" if she does decide to try to keep the baby (and in non-surrogacy-friendly states, the woman giving birth is legally recognized as the mother regardless of her genetic relationship to the baby), the state will be more likely to support the surrogacy contract. This is also why gestational surrogacy is the preferred method, as opposed to "traditional" surrogacy where the surrogate's own egg is fertilized. If the surrogate is not genetically related to the fetus she is gestating, she will be less bonded to the fetus, and therefore less likely to refuse to give the baby up after giving birth. Further, surrogates have some high expectations placed upon them. Not only are they expected to piously take good care of their own bodies as the IPs expect (all for the purpose of growing a healthy fetus), surrogates are also expected to be emotionally

supportive of the IPs as well. In other words, altruism is expected at every stage. For example, Golden Surrogacy describes the ideal surrogate like this:

> There are a number of reasons why an Intended Mother might need a Surrogate. Many times, unfortunately, the reason is because she is unable to carry a pregnancy on her own. Every woman handles this differently. Some women might be devastated by their struggles with fertility and might bare (sic) resentment and anger when they are faced with the prospect of Surrogacy. We're sure they are incredibly grateful for the opportunity to have a child, but that doesn't mean it's easy for them to watch their Surrogate carry their child to term, to carry a pregnancy that they desired for so long. In these cases, it's important for Surrogates to check in with their Intended Mothers to see how many updates or how many baby bump pictures they desire. For some Intended Mothers, it can be upsetting to receive too much insight about the pregnancy. For others, it might be more than welcomed. It's really a matter of having an open discussion about the expectations of all parties involved. If an Intended Mother does not want frequent updates, we would hope that her Surrogate respects that and does not take it personally. (Golden, Frank, blog post)

Not only is the surrogate expected to care for her own emotional and physical well-being (for the sake of the baby, not for her own self), but she, as an ideal madonna-mother, must also exhibit care and emotional generosity to the IPs. A madonna-mother is nurturing, and as she is gestating the IPs' baby, she must also provide emotional support to the IPs throughout the process. But why is emotional support and sacrifice—don't take

it a stand-offish IP's attitude personally—the surrogate's responsibility? A brief quote earlier in the above post is telling: "Intended Parents fund the entire journey, but Surrogates are the ones "doing" the pregnancy. There are a number of ways Surrogates can make Intended Parents feel like they are a part of the pregnancy." (Golden, Frank, blog post) Here, the surrogate is constructed as a servant of sorts: the IPs are funding everything, so it's important to behave according to their wishes at all times.

The above excerpt is from a blog post titled, "A Surrogate's Responsibility," published on August 13, 2018, a portion of which I discussed earlier in this chapter as a sample of my cluster criticism analysis. The text is accompanied by a photo of a woman dressed in white with her bare, pregnant belly slightly out of focus in the background. The woman is holding a cut-out of a heart in front of her, positioned over the belly. The heart image is in sharp focus, and the woman's head is not included in the photo. (See screen shot, below.) The image is typical of what I've been referring to as the madonna-mother trope, which as I argue in the previous chapter, is a significant part of surrogacy rhetoric. Recall that madonna-mother imagery typically consists of a pregnant woman, often dressed in white, with a representation of a fetus—often a heart—positioned over her pregnant belly. Further, madonna-mother images rarely include the woman's face, thereby de-personalizing her and emphasizing her body as the incubator. The trope calls to mind the feelings of our idealized mother as the natural state of the woman's body (or, in the case of surrogacy, *pregnancy* as the natural state). The madonna-mother trope invokes the surrogacy-specific ideal that this natural madonna-mother finds altruistic joy in being pregnant (for someone else) and giving away the baby at its birth. This image

directs our attention to our social conception of motherhood, while deflecting our attention away from the unmotherly idea of (altruistically) giving away the child.

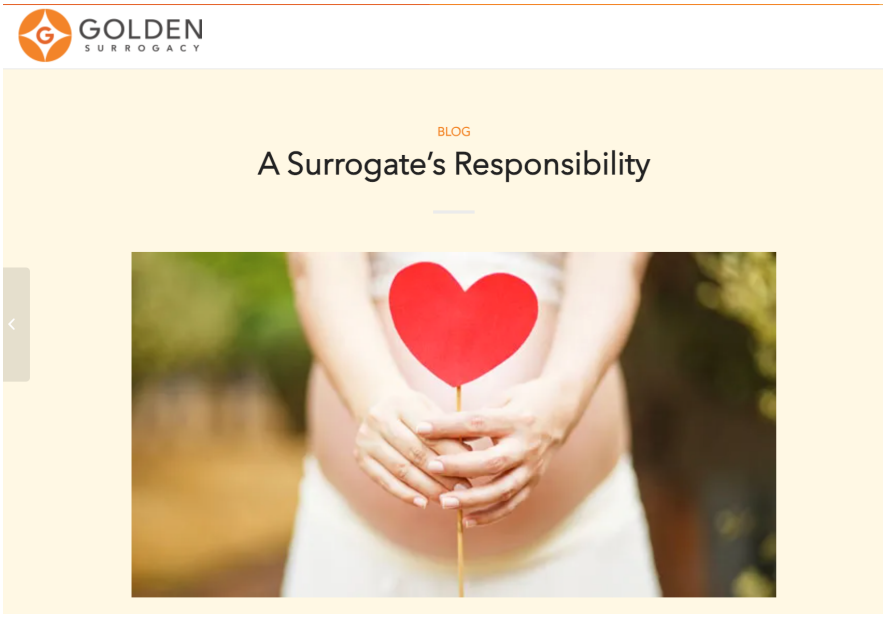

Figure 8 Image from *A surrogate's responsibility.* (Source: Golden, F.)

The surrogate's role in the relationship between her and the IPs is complex, and certainly unique. In this blog post, overtly directed at the IPs, but indirectly addressing the surrogate to outline the expectations placed upon her throughout the process, Golden Surrogacy is directing the audience's attention to the emotional toil the IP—and particularly the intended mother who is likely infertile—is feeling. The entire piece calls on the surrogate to sympathize with the intended mother's emotional fragility by highlighting the expectation that the surrogate should take responsibility for the intended mother's emotions: the emotional burden throughout the process is largely the responsibility of the surrogate. Golden Surrogacy further indicates to the IPs (and

indirectly to the surrogate) that, "There are so many options to stay connected, especially in this modern day of technology[.] There's no reason for Intended Parents to feel disconnected from their Surrogate throughout any period in the pregnancy, and if they do, their agency should be able to help, but even more so, the Surrogate needs to recreate that connection." Though the piece is directed to IPs, positioning them as the customers, the surrogates are indirectly addressed, and the piece deftly moves between two distinct roles that the surrogate is expected to take on: surrogate-as-servant and surrogate-as-concierge. The surrogate-as-servant is evident in the text when the blog's author and the company owner, Frank Golden, is directly addressing the IPs. Phrases indicating possession of or control over the surrogate's body, like *our surrogate*, or *our baby* dominate the direct address to IPs, and emphasize the sense that the surrogate is an employee. This is where the madonna-mother imagery is important, revealing the themes text that represent the highest ideal of that madonna-mother. For Frank Golden, the ideal surrogate is represented by his first surrogacy experience where he and his partner had hired a surrogate he calls Debi. He describes Debi in a loving manner, as a generous woman who worked very hard to make sure he and his partner felt like they were part of the pregnancy. The feelings and emotions of the IPs are highly important, and the emotional connection that Frank Golden describes toward Debi comes across as an almost artificial kinship—similar to the ways a family might describe a housekeeper or a nanny—fondly, but without emotions of his or her own. He writes,

> My first Surrogate lived in Pennsylvania and while we felt emotionally close to her, it wasn't always easy knowing that our baby was growing and developing in

> a time zone different than ours. Fortunately, our Surrogate Debi was amazing. Her attentiveness and dedication quickly evaporated any sense of distance. Debi kept us informed, sent pictures, called us during appointments we couldn't make. Her emotional closeness removed any sense of geographical distance, and we couldn't have been more grateful, relieved, overwhelmed with love. Our Surrogate made the entire journey feel relaxed. We were informed on each step. We were never left guessing.

In the above passage, Debi takes on the characteristics of the madonna-mother who is also the ideal surrogate. Golden describes the fear that lack of control presents to IPs, shifting between fear of the unknown (pregnancy and its risks) and appreciation for Debi as the balm that soothes those fears through her extra efforts toward emotional support that placed the IPs' fears above all else. Frank Golden goes on to say, "*Debi set the tone for how every Surrogate should manage their journey*. Debi lived over 600 miles away, in a different state, in a different time zone, and yet, we felt involved with every step of the pregnancy. *I want all Intended Parents to feel this way*." (Emphasis mine.) Debi is clearly the ideal surrogate, and in this piece, the IPs' expectations are framed as clients with Debi serving as their pregnancy concierge. It is in this passage where the surrogate is shifted from madonna-mother role to customer service.

These are further emphasized in the ways that IPs are described: as fully-emotional and embodied individuals who are, as Frank Golden puts it, are "funding the entire journey," while surrogates are "the ones 'doing' the pregnancy." When Frank Golden shifts to describing concierge-surrogate, the possessives are dropped: the

surrogate is no longer *our surrogate*. Instead, the surrogate becomes essentially disembodied from her pregnancy, and is assigned a role intended to take care of the clients, with the text taking on a rhetorical structure that reminds me of past training I've participated in for typical customer service jobs I worked in the early stages of my working life. The following excerpt describes how the surrogate is expected to take care of the IPs with whom she is working.

> There are a number of ways Surrogates can make Intended Parents feel like they are a part of the pregnancy. Our agency stresses the importance of strong relationships between Intended Parents and Surrogates. We suggest that Surrogates help build this bond immediately after matching. Exchange phone numbers, learn each other's schedules, gain an understanding of what everyone is expecting from this journey. We recommend for Surrogates to review their own profile, their Intended Parent's profile, and the "Dear Intended Parents" letter Surrogates are required to write. Surrogates should make sure that they are staying true to the values, the goals, the expectations they initially shared with their Intended Parents. Early in the relationship, Surrogates can show Intended Parents that they are trustworthy and dedicated by being open, honest, and by staying true to how they presented themselves in their profile. We recommend that Surrogates introduce Intended Parents to their families and loved ones. Show them pictures, tell them about your day, normalize yourself. *By doing these things, Surrogates become more than just a Surrogate; they become a human being with a full life.* (Emphasis mine.)

This excerpt contains many descriptions of what is expected of a concierge-surrogate, with implied commands to the surrogate that she comply with these expectations. Nowhere in this text does it say that the surrogate *must* do anything (except for writing a Dear Intended Parents letter during her application process), however, implied commands are frequent—*We suggest…, We recommend…* Frank Golden clearly intends for the surrogate to make the surrogacy journey more pleasant for the IPs by making them "feel like they are part of the pregnancy" and helping to build a strong relationship with the surrogates. Surrogates are asked to demonstrate that they are trustworthy by "being open, honest, and by staying true to how they presented themselves in their profile" through actions and behaviors that are intended to address the IPs' fear of the lack of control they have over the pregnancy. The next paragraph describes some of those actions, phrasing them just as the above implied commands are phrased:

> Once pregnancy is achieved, Surrogates might want to send Intended Parents regular updates. Early in the pregnancy, there are several appointments at the fertility clinics and with their personal gynecologist. Surrogates should inform Intended Parents about each one. They should be completely transparent with the day, time, and purpose of the appointments. Upon leaving appointments, they should fill Intended Parents in on the results. Intended Parents are under a lot of stress as it is. It's important not to add to that stress by being secretive or by withholding information.

In addition to telling surrogates what behaviors are expected of them in their concierge role, there is also an implicit warning to surrogates not to exacerbate the

emotional turmoil the IPs are undergoing (who, remember, are "funding the entire journey") by not "being secretive or withholding information." In other words, be a good surrogate, like Debi who was always open and honest; don't be a bad surrogate by keeping information to yourself.

This blog post is fairly representative of the ways that surrogates are positioned in surrogacy industry rhetoric. The surrogate, effectively, "belongs" to the IPs, who are, by virtue of their monetary commitment, effectively in charge. After the surrogacy contract is signed, and once the surrogate becomes pregnant, she becomes a concierge, expected to put her own physical and emotional self on the back-burner, so to speak, so she can ensure the IPs can also experience the pregnancy as much as possible. The concierge-surrogate is expected to manage the emotional state of the IPs, particularly if the IP is an infertile Intended Mother. The madonna-mother trope gets woven in and out of this piece as the author shifts between describing the surrogate's role as a type of household servant, like a nanny or a housekeeper, who has an artificial kinship connection to the IPs, and as a concierge who is expected to manage the relationship between the customers (IPs) and herself, as well as managing the relationship between the IPs and the surrogacy agency, while all the while ensuring that the vessel that is carrying the fetus (read: her body) is well-maintained by her attending to her pregnancy pieties that will ensure a healthy, well-formed, and "legitimate" baby.

4 Embodying Surrogacy

Lisa Melançon (2018) proposes a methodology for rhetorical analysis, what she calls performative phenomenology, which she theorizes as a framework that can be used to bring the body to the forefront of rhetorical analysis. In this chapter, I use this framework as a lens through which to understand the birth stories told by surrogates as part of the surrogacy websites' digital marketing media.

I suggest that as a ritualized performance, surrogacy stories are a type of alternative birth story told by surrogates and intended parents. These surrogacy stories are a type of embodied performance as much as the more traditional birth stories that Della Pollock (1999) analyzed because each surrogacy story grounds itself in the physical and emotional experiences of the body. However, there are moments in surrogacy stories that remain silent: those moments that disrupt the story by glossing over aspects that might be considered physically unpleasant or even painful. These moments become a kind of silence in the story because they reveal tensions where the surrogacy story is disrupted. Surrogacy, even as a practice that has become more socially normalized, carries a certain amount of shame. Heather Brook Adams (2017) speaks of such shame in her historiography of unwed and pregnant women in the 1960s, arguing that "motherhood was an identity that was paradoxically both rhetorically foreclosed and factually true for these women." (91) I suggest that such a paradox is also true for the surrogates as they tell their stories of pregnancy and birth; these are women who go through the embodied

and emotional experience of becoming a mother, but are denied the identity through an insidious rhetorical reshaping of the ideals associated with madonna-mother.

Pollock suggests there are always silent parts of a story, which can reveal moments that are not *supposed* to be spoken, moments that may be shameful. Such moments are often fraught with pain, whether physical or emotional, and may represent topics that we view as taboo in our discursive practice surrounding pregnancy. Recall for a moment in my own birth story in an earlier chapter, where I point out that none of my three birth stories talk about the miscarriages I went through between my oldest and middle children. That silence represents nearly fifteen years of pain, both physical and emotional. That silence also represents the fear and nervousness I felt throughout my pregnancy for my second child: every step I took, every mess my excessive and growing body made was filled with fear that I would lose the pregnancy. But when telling my pregnancy stories, I don't include these details—perhaps because I don't like how vulnerable these details can make me feel. I explicitly seek out those embodied disruptions as a way to unravel how complex surrogacy is for the bodies involved and how the stories become ways to protect oneself during potentially vulnerable moments.

In my analysis, I've found that the stories told in the podcasts serve several purposes, and I specifically coded for three types of moments in the storytelling: when the language of insidious madonna-mother found its way into the story, moments of disruption to the "plot," and moments that function as risk management.

As an extension of the surrogacy brokers' websites, the podcasts serve as marketing material in the form of testimonials—a common marketing technique whereby past customers speak well of a company to communicate trust to potential or new customers. A second, and more insidious purpose, that these podcast interviews accomplish is to build an initial foundation of risk management that can't be effectively done through the more traditional textually—and visually-based digital marketing. By using podcasts as a marketing tool, the surrogacy brokers have found a way to communicate risk to potential surrogates and IPs through embodied and performative storytelling. They have also found a way to downplay such risk, which can also be revealed in the stories during moments of disruption like verbal hedging. I suggest that this is a level of risk communication, managed through storytelling, that draws on our socially understood performance rituals of The Pregnancy Story that rhetorically transfers risk to the surrogate.

4.1 Methodology

Lisa Melonçon (2018) argues that rhetoricians of health and medicine should place the body at the forefront of their research and consider the relations the body has to other bodies and components in the system. She proposes a methodological orientation, which she calls performative phenomenology, as a way to do so. She writes, "Merging performance theory and phenomenology affords rhetoricians of health and medicine a way to more concretely and acutely focus on the embodied experiences of research participants." (97) As Melonçon points out, rhetorical theory has largely embraced body

studies and its associated materiality that body studies brings to the analyses, despite a tendency to "inadequately recogniz[e the body] through the research process and write-up." (98) For Melonçon, a methodology that recognizes the importance of embodiment in a rhetoric of health and medicine (RHM) must account for ways of knowing that are performative within given contexts and relations. Melonçon combines phenomenology's emphasis on the materiality of lived experience—*embodiment*—with performance studies and its treatment of such lived experience as "parts of larger relationships [that provide] a way into praxis." (101) Performative phenomenology, then, allows the rhetorician to acknowledge and critique the ways we exist and interact within the contexts and relationships of our social milieu. She suggests, further, that as rhetoricians, we must be aware of the ways we fail to recognize the body's importance within rhetorical theory. She writes, "[L]ocating an embodied subject in much of [rhetoric of health and medicine] research can be difficult. Ironically, although the work we do is so often focused on people's embodied experiences as they engage some aspect of the healthcare system, the body is often inadequately recognized through the research process and write-ups." (98) Performative phenomenology as a rhetorical methodology, then, provides us with a way to push back on these research tendencies.

My analysis in this chapter suggests that surrogacy stories are a type of alternative birth story that includes many of the same embodied plot elements: madonna-mother as the hero, her "minor" physical challenges and how they were overcome, the pain of the actual birth itself with appropriate descriptors that show how madonna-mother persevered throughout. The difference is in the way surrogacy stories conclude: with the ritual hand-

over of the "gift" of family to the contracting parents. Rarely do we hear the stories of sadness on the part of the surrogate following the gifting of the newborn, and never do we hear about the inevitable physical pain as the surrogate's body recovers from giving birth, the frustration or postpartum emotions she might feel as her hormones "normalize" and her milk dries up. We never hear about postpartum depression the surrogate might experience, her senses of loss over giving the baby over, or any other embodied complications she might go through. In fact, given the current material I have found, I'm not even sure how much postpartum support is available to the surrogate. Postpartum care is barely acknowledged in traditional birth narratives; the silence relating to such care is deafening in surrogacy rhetoric. If birth stories are, as Pollock argues, vehicles through which we ground our cultural norms and expectations, does the performance of the surrogacy story challenge the way we view pregnancy, motherhood, and childbirth.

4.1.1 Storytelling as embodied performance

In her book, *Telling Bodies, Performing Birth*, Della Pollock (1999) argues that birth stories are an embodied performance, ritualized over time in their telling and re-telling. She suggests, however, that as much as language reveals, it also hides or keeps secrets. For Pollock, secrecy is the unspoken part of a story, a "border space" where the private and the public become intertwined and transformed as we move between public and private discourses. Pollock suggests that,

> As a social, performative practice, secrecy confers and maintains identities, distinguishing insiders (those in the know) from outsiders. It defines circles of knowledge, enabling alternative sites of social knowledge production to emerge and thrive...Secrecy constructs the borders it guards. It is the place where knowing and not knowing divide—but it is also the place where disguise and surveillance meet. Secrecy may be a group's last or only defense against incursion and imperialization. It may protect not only ideas and information but the lives of those who keep them. It requires, commands, constant vigilance. (186)

Secrecy, for Pollock, represents what is not spoken in the ritualized stories we perform: secrets are those things that are taboo, unspoken, known only to those who are part of the inner circle. This discursive borderland is where language serves to construct our embodied performance, to fulfill our expected female roles of madonna-mother as natural woman. In addition to the ways madonna-mother "entered" the stories, my analysis identified three themes I consider a type of discursive "secrecy:" moments that disrupt the story, moments that transfer risk to the surrogate, and moments that reveal feelings of loss.

Pollock also suggests that birth stories represent the beginning of *being* in this world, whether as a child or as a birthing mother. She writes,

> [Birth] is the gateway of *presence*. Re-presented, it takes on a life of its own, grounding individual and collective identities, tying future to ancestral worlds, training *being* to the course of *what's been*, and guarding individuals, families,

> and whole ways of life against incursion by *difference*—by variation on a repeated theme, by challenges to the rule of *what's been* sedimented in the law of *what's done.* (27)

For Pollock, birth as it is re-presented as embodied performance grounds our social relationships by connecting us to our collective identities as they are rooted in the past: our ritual performance of birth stories echoes the performance of prior generations' birth stories, guarding us from incursions of *difference*—different experiences, different beliefs, different ways of being. The ritual of the birth story is embedded in our contextual, embodied, lived experiences: our social practices, relationships, and ideologies are reinscribed in the birth story, ensuring the continuation of our current system's power relations. In other words, we do childbirth this way because this is the way it is done. Pollock argues, however, that the silences—the parts of the story that are left out—are where resistance and difference find their way in.

As I describe in an earlier chapter, my own birth story adheres to the ritualized, even prescriptive, birth story that marked my entrance into parenthood. The pre-scripted story doesn't leave a lot of space for alternative telling. The plot we, as parents, perform is set; the roles we play are clear: we are a heterosexual couple. One of us goes into labor (perhaps our water breaks, or labor pains hit unexpectedly, leaving us breathless and panting). The other, non-birthing parent ("Dad") shifts into high-gear—Where are the car keys? Where is the suitcase? Should I call the hospital? —while the laboring person ("Mom") calmly continues Lamaze breathing and gathering her things together. A speedy ride to the hospital, and a frenetic check-in at the emergency room is followed by rapid

breathing, a lot of yelling, doctors and nurses rushing around, and the non-laboring Dad, staring in awe and sometimes horror as Mom pushes and screams and gives birth "naturally" (e.g., without any medical intervention, other than the doctor telling her when she can push). The Dad character occasionally will pass out in the story as he witnesses the pain that Mom is enduring. Mom, in turn, often yells at Dad angrily, blaming him for her plight. The scene ends with the laboring person transformed into a madonna-mother gazing lovingly at the new-born, her loving partner embracing her as he looks over her shoulder at the baby.

This rhetorical performance is both ritualized and embodied through the telling of the pre-scripted birth story, and allows for only a small amount of plot variation (e.g., a bomb threat provides a heightened state of urgency to the frantic drive to the hospital) Alternative birth stories, like the surrogacy stories I analyze in this chapter, work because they draw upon this ritualized performance to provide potential surrogates a familiar foundation upon which to build this different framework for pregnancy. As bodies that are always-already serving as a nexus of political and social tension, women's bodies and their reproductive potential are framed as vessels for childbirth. I demonstrated earlier that to convince women to strive to become an ideal woman—a madonna-mother—we must draw on the imagery of madonna-mother herself, shifting her ideological framing in such a way that a woman feels it is *her calling*[13] to lend her body to surrogacy for the

[13] "Her calling," represents another phrase that functions to frame surrogacy in a Judeo-Christian ideology, further associating surrogacy with madonna-mother imagery.

benefit of another individual or couple. I suggest that surrogacy stories can provide additional ways to critique embodied rhetorical performance and expand upon scholarship that has revealed the ways the female body has been insidiously placed under both medical and social surveillance and control. This can further uncover tensions surrounding our understanding of how the female body—and female-presenting bodies—are constantly in social, medical, and political contention. Our bodies exist as both physical and conceptual entities as we "talk about them, measure them, imagine them," in ways that are particular to our own ideologies. (Lay 22) Pregnancy and birth stories reveal how a rhetoric of pregnancy is an embodied rhetoric; the rhetoric of surrogacy can help us further understand how the *body* becomes an ontologically layered construction designed to recognize a certain level of bodily autonomy (agency) for some women at the expense of "others."

Even as they follow a ritualized script, birth stories always leave things out. The pregnancy/birth/motherhood narratives, though tightly intertwined, contain a multitude of silences, leaving gaps in their stories, and gaps in our dominant narrative. These gaps can stem from the pain—mental, emotional, physical—that we[14] struggle with as we go through our pregnancy experiences. We avoid talking about that which is painful—pregnancy loss, unwanted pregnancy, the emotional and physical pain of pregnancy and childbirth, or the pain experienced through an inability to become pregnant. Such talk

[14] In this instance, "*we"* doesn't refer only to women, or to mothers, or to women who are pregnant. *We*, as understood here, refers to anyone who is mentally, emotionally, or physically invested in and experiencing pregnancy whether as a mother, a surrogate, or as another expectant parent.

becomes taboo and carries with it a certain shame over the body's failure to fully experience pregnancy in the way the narrative of pregnancy prescribes. The body itself becomes a point of failure: failure to enjoy pregnancy, failure to become pregnant, failure to stay pregnant, failure to manage the pain of birth, failure to give birth "naturally" versus by C-section. Surrogacy adds a layer of complexity to how we understand pregnancy and the associated "failures."

Building on our already-established ideologies of pregnancy, surrogacy rhetoric weaves such themes together while distributing embodied rhetorical performance across a system of surrogacy and its many bodies and practices. While a single body gestates the fetus, the formation of that fetus is a product of bodies contributing genetic zygotes, contracting parental intent, a legal body of precedence and practice, psychological and medical bodies of knowledge, among other physical and social bodies and practices that go into baby-making in the surrogacy industry. Medical technologies and socio-clinical practices facilitate and mediate surrogacy in increasingly public spaces as much as—or more than—women mediated their own pregnancies in pre-medicalized pregnancy care era (roughly prior to the mid-1800s).

Recall Kim Hensley Owens's (2015) suggestion that there is a limit to feminist rhetorical agency, where women's rhetorical and material choices are limited within Western medical systems. Owens argues that pregnant women asserting agency within this system doesn't necessarily equal success as we tend to understand the goal of agency. As I discuss in the first chapter, rhetoricians have variously conceived of agency as a tool to accomplish a goal (Burke 1945), as negotiated within the realms of social

relationships (Geisler 2005), as emerging from lived experience (Cooper 2011), even as a sense of our own capability to take action (Weinstein 2020). Rhetoricians conceive of agency as internal, external, relational. Owens suggests that rhetors, specifically women who tell birth stories, can reclaim agency through the telling and performing of their birth stories. In this way, storytelling becomes one way that agency can be asserted through time: birth stories help us to reshape the role we play in our own story. I have found that while the surrogacy stories in theses podcasts may create space for the surrogates to reclaim their own agency, they can also be shaped such that the surrogates' own presentation of their agency continues to be shaped by insidious influences.

4.2 Methods

In the previous chapter, I adapted cluster criticism to analyze surrogacy brokers' websites, and to explore how the textual and visual elements of the websites worked together to reveal the ways insidious madonna-mother imagery is deployed to persuade potential surrogates to enter into surrogacy agreements. The websites tend to use fairly standard marketing approaches—usability, visual appeal, simple navigation structure, traditionally feminine color schemes, relying on imagery that is easily associated with motherhood. In this way, madonna-mother becomes insidious as the brokers' sites build upon the collectively imagined ideal associated with motherhood. In this chapter, I discuss how the insidious madonna-mother imagery allows surrogacy brokers to deepen their sales pitch through their podcasts by identifying moments where language recalling madonna-mother finds its way into the stories themselves. Consider the ways that insidious madonna-mother occupies contradicting ideals of motherhood: she represents

both a nurturing and familiar image of mothering, and a mother who joyously gives away the baby she just gave birth to.

In the podcasts I examine, I focus primarily on three themes. First, I identify moments when the language of insidious madonna-mother found her way into the story, whether as spoken by the surrogate herself or in the way surrogates are described by others in the interview. Second, I moments of verbal disruption, which I view as revealing the "secrets" (Polluck 1999) in the stories. I coded these as a type of verbal hedging, indicating language that functions to downplay a part of the story that can indicate some sort of negative aspect to the experience (e.g., side effects from injections, pain during pregnancy and delivery). Third, I identify moments of risk management—those times in the stories when the language of "the company" (in this case, the brokers) breaks through in the stories, effectively transferring risk management to the surrogate. These moments might look like a surrogate commenting, "But it's not my baby," or "It's the not-so-nice part," both of which function as a type of reminder that the surrogate is, indeed, an employee of a sort.

4.2.1 Selection of Artifacts

The podcasts I selected for analysis are ones that were produced by the three surrogacy brokers whose websites were the ones I analyzed in the previous chapter. (Recall that I specifically selected websites that produced podcasts as part of their media kit.) In selecting this collection of digital media, I wanted to look at how the artifacts from different media worked together from a rhetorical perspective as a way to explore rhetorical multimodality. I then identified podcast episodes that were specifically

presented as interviews with or about the surrogates themselves to look at how surrogates' expectations about surrogacy matched with the brokers' expectations. How did surrogates talk about their experiences? What did surrogates emphasize as important parts of their work as compared to the IPs? What was de-emphasized or unspoken? How did surrogates talk about the emotionally or physically painful parts of their experience? And finally, whose voices were not included?

Once selected, I used an online transcription app to run the podcast audio files through an initial transcription, then listened to each podcast while reading through and correcting the transcription errors to ensure speakers were identified clearly, and added punctuation to consistently identify pauses in speaking or breaks in speech to improve readability of each transcript. I coded emerging themes during this initial read-through. I then conducted a close analysis of what I referred to as the "pre-coded" transcript using a cluster-criticism approach to further identify emerging themes and their associated phrases. I then conducted a final read-through to confirm the coding that I used in the second read-through to see if and how any of those codes could be combined or narrowed further. The following sample passage demonstrates how the coding worked a little differently in the podcasts:

4.3 Insidious madonna-mother speaks

Earlier in this dissertation, I described a general timeline of pregnancy and related madonna-mother imagery to establish how and why an insidious representation of the madonna-mother has come to be the ubiquitous and representative image of surrogacy in digital media. In the previous chapter, I demonstrated that, when used in surrogacy

rhetoric, insidious madonna-mother images—those pregnancy images in popular media that serve to purify pregnancy's embodied experience—also support the surrogacy industry's objectives by appealing to ideological notions of motherhood to the potential surrogate, while simultaneously inserting an emotional barrier ("not my baby") into the notion of maternal bonding that goes with "traditional" pregnancy rhetoric. Th

What do the surrogates and intended parents leave out in their stories? Where do there seem to be gaps? And what do these pieces that are left unsaid reveal about surrogacy? I've suggested above that surrogacy is a system where risk must be carefully managed in order to reach "success" as it is defined by that system. Women who were interviewed as part of the podcasts were there to tell their surrogacy story, and they certainly used phrasing that appear to draw upon the ideal of insidious madonna-mother. The following excerpt from one of Hope Surrogacy's podcasts, is part of Lori's story as she talks about how rewarding an experience surrogacy was for her:

> *I tell people having your own children is…it's…it's wonderful. And it's awesome. And it's the best thing…but being a surrogate and giving birth to someone else's child is…**it's magical**. **It is…it trumps it. Honestly, it trumps having your own children…it's just your heart**. I don't even know how I can explain it. It's just…it's… **you're giving someone the perfect most ultimate gift ever**. So, it does trump having your own baby. I love mine. And I you know, wouldn't ever go backwards and I cherish them with everything I have…but **giving birth to someone's child**, it trumped it. And really, you didn't know that when you start it…not at all.*

The above quote from Lori in a Hope Surrogacy podcast emphasizes her feelings of magic when she gave birth to someone else's child. This is a moment when the surrogate's own words indicate she's drawing on the madonna-mother ideal, indicated by the underlined text. She is describing childbirth as magical, even "trumping" the birth of her own children. In this excerpt, Lori emphasizes the feeling of magic as the signal that she's accepted the role of madonna-mother in this surrogacy relationship, indicating she does cherish her own children, but "giving birth to someone's child" and "giving someone the most perfect most ultimate gift ever" is language that directs our attention to the insidious madonna-mother's role, calling up the notion of "not-my-child" that is frequently expressed by the women. In this way, Lori indicates she is accepting this contradictory role: birthing mother who is gestating and giving birth to someone else's child.

Such contradictions can become problematic, however. Later, Lori describes giving birth to one of the children she gestated:

> *And they don't have midwives in Michigan, or at this house. But they do it. They're not at this hospital, I had no way that…there's…there was nothing. So, I gave birth in Michigan on my back with my feet in stirrups that I didn't think we still did anymore. But it was…it was fine…it worked…it turned out fine…everything was great…it was a healthy baby girl at the end…it was good. <u>But it just was not what I envisioned</u>.*

In the above excerpt, the verbal hedging (indicated by ellipses within the text) will become important to the next portion of the analysis. At this point, however, I want to call attention to the closing statement, "But it was just not what I envisioned." Lori had planned to give birth in Wisconsin, where surrogacy law is considered "friendlier" than in Michigan. However, on a visit to Michigan, Lori went into labor sooner than expected and ended up giving birth in Michigan, raising several concerns relating to parentage, power of attorney over a premature baby, as well as Lori's conflicted emotions of "it's not my baby." Lori explains:

> *Well, I know that they were talking back and forth with Mary here. But I just found out that they actually had that baby's birth certificate, say, Wisconsin. I don't know how…I didn't even know that…so it's been what, seven years, since I just found that out. So that was really cool…so it made it easier for them…the intended parents to transfer everything over…because…that was funny to the bracelet that you wear when you give birth. That bracelet that the mom was wearing has my name on it, baby girl, you know…but we had to get everything…I wanted to leave. I don't want to stay there. This is a…you know. So, they've worked really hard. And it was a Saturday. So, you're talking over the weekend…so that I could leave because otherwise I was the one that had to make the medical decisions and do all that if there need be…there wasn't…but I'm the one…I just…because it's my girl, even though it wasn't.*

The underlined portions of this excerpt indicate the ways that the language of insidious madonna-mother makes its way into surrogacy stories. As I discuss in the

previous chapter, marketing by surrogacy brokers begins with the idea that the surrogates are giving a gift, that the baby they gestate is not theirs. In the above excerpt, Lori illustrates how this can complicate matters, placing responsibility for a child that is not hers upon her from a legal perspective as well as from a medical point of view. Her conflict is clear: "I was the one that had to make the medical decisions" about the newborn baby "because it's my girl, even though it wasn't." In a state where surrogacy agreements are allowed by the courts, the parentage paperwork is often taken care of prior to the child's birth or very soon thereafter. In states like Michigan, where surrogacy agreements are not supported, the person given birth is, by law, listed as the mother on the birth certificate regardless of that person's genetic relationship to the baby. This immediately establishes legal guardianship over the newborn. Lori's conflict here is shown in how she shapes her perceived relationship to the baby, "it's my girl, even though it wasn't." All Lori wants to do is leave, but because she is legally the mother, she could be facing legal issues herself should she leave the hospital. Fortunately for all, they were able to settle the question of legal parentage quickly. In international cases, the situation becomes much more complex.

In another of Hope Surrogacy's podcasts, Margaret and Eric, the intended parents, describe the woman who eventually agreed to work for them as a surrogate:

> ***Eric**: She had already had two kids, yes…two daughters. And she did this. Not for financial reasons. She did this out of the goodness of her heart to make a difference. And she did this wonderful thing for us. How could we not love her for that?*

***Host**: How did you know that? She was doing it out of like, from her heart? How did you know your surrogate?*

***Eric**: Well, we talked to her about it. And she said it was easy for her to have children. And she had friends that had trouble having children. And, you know, Laurie is…she's an unusual person. She's a real goal setter. You know, interesting things, and…interesting and challenging goals she sets for herself. And that was one of the things she put on her list, "I'd like to do this." And she did.*

For Eric and Margaret, the surrogate, Laurie, represents the concept that pregnancy is the highest goal of womanhood, that any ideal woman *should* strive for. As indicated by the underlined portions in the above excerpt, madonna-mother ideals are being expressed by the IPs. Laurie isn't working as a surrogate for the money, she's "doing this out of the goodness of her heart." Laurie sets goals to accomplish. Laurie is unusual, even unique, and she helps them to accomplish their goal of biological parenthood in the form of a genetic relationship to the fetus. Laurie, in this excerpt, is presented as embodying that spirit of altruism and generosity portrayed by madonna-mother imagery. She isn't doing this for the money, she's doing this because she is generous. And this is the image of the ideal surrogate that brokers continuously portray and deploy in their marketing.

4.4 Disrupting the Narrative

In my analysis, I coded moments of verbal disruption as what sociolinguists call *verbal hedging*. George Lakoff (1973) described a verbal hedge as a "de-intensifier" (471) when used in conversation. For instance, phrases like "sort of" de-intensify a

phrase like, “he’s sort of tall.” Robin Lakoff (1975) further identified linguistic hedging as “tentative language.” R. Lakoff’s assertion at the time was that women tend to use hedging “when these tentative and unassertive hedges [are] a result of their powerless and inferior position in society.” (R. Lakoff, qtd. In Sommerlund 19) Christina Sommerlund’s (2017) literature review of the ways verbal hedges function in linguistics has been helpful to my analysis of the podcasts because the hedges function as a moment of disruption in the surrogacy story. I identified instances of verbal hedging when a speaker seemed to be attempting to downplay or keep information in a silent space. Many of these moments can be viewed as the type of unspoken moment that reveals something secret in the story. (Polluck 1999)

As a marketing tool, the podcasts produced by the surrogacy brokers certainly paint a rosy picture of the surrogacy industry. The podcasts function as a type of testimonial from experienced surrogates, and demonstrate many of the aspects of surrogacy brokers’ business model. There were many instances in the podcasts where surrogates were utilized as a type of relational marketing tool, recruiting their friends and acquaintances to work as surrogates for their brokers. For example, one of Hope Surrogacy’s podcasts describes how a surrogate, Lori, came to be a surrogate:

> *In this episode of Hope Works Laurie is telling her story. Lori is a hairdresser in Madison and the mom of two active boys. She first heard about surrogacy at her salon from her client Gail, who happens to be best friends with Hope Surrogacy’s co-founder, Mary. Hi Gail. Laurie started talking to Mary about surrogacy over seven years ago. Now more than three years since her second surrogacy delivery,*

Laurie says being a surrogate has made her more proud than anything she's done in her life.

The relational marketing tactics described in the above excerpt, and in many other podcasts I listened to for this project, seems common enough that it's part of the industry discourse. I pointed out in the previous chapter that surrogates tend to be positioned as both madonna-mother ideals and surrogacy concierges in the digital marketing materials. In a concierge type of role, a surrogate may even become an ambassador of sorts, recruiting other potential surrogates and mentoring surrogates throughout their own pregnancies. It isn't clear if surrogates can earn a fee for referring another person to work as a surrogate, but it's not entirely out of the realm of possibility.

According to these marketing materials, surrogates get implicitly tasked with not only managing the pregnancy to successful completion but also with managing the experience for the intended parents in a customer-service-like role. The surrogate must not only work to become and maintain a healthy pregnancy, she must also communicate to the IPs in the amount they desire, must manage her own and the IPs' emotional and psychological experience, and maintain her own physical and mental health based upon what she and the IPs have codified in the surrogacy contract.

For example, one surrogate might be expected to check in with the IPs on a daily basis; another might only be expected to check in if there is a potential problem with the pregnancy. One surrogate might be forbidden to do any strenuous exercise during the pregnancy, another might be permitted to continue her running as long as the doctor OKs

the activity. Throughout, as Frank Golden wrote on the blog post I looked at in the previous chapter, a surrogate must be all things:

> Intended Parents fund the entire journey, but Surrogates are the ones "doing" the pregnancy. There are a number of ways Surrogates can make Intended Parents feel like they are a part of the pregnancy. Our agency stresses the importance of strong relationships between Intended Parents and Surrogates. We suggest that Surrogates help build this bond immediately after matching. Exchange phone numbers, learn each other's schedules, gain an understanding of what everyone is expecting from this journey. We recommend for Surrogates to review their own profile, their Intended Parent's profile, and the "Dear Intended Parents" letter Surrogates are required to write. Surrogates should make sure that they are staying true to the values, the goals, the expectations they initially shared with their Intended Parents. Early in the relationship, Surrogates can show Intended Parents that they are trustworthy and dedicated by being open, honest, and by staying true to how they presented themselves in their profile. We recommend that Surrogates introduce Intended Parents to their families and loved ones. Show them pictures, tell them about your day, normalize yourself. By doing these things, Surrogates become more than just a Surrogate; they become a human being with a full life. (https://goldensurrogacy.com/blog/a-surrogates-responsibility/)

Content like the above helps to set up the message contained in the podcasts, particularly the madonna-mother messaging that becomes embodied in the surrogacy stories these

women tell. But these podcasts also contain disruptive moments, where the surrogates' own conflicting feelings or beliefs might show through.

In another episode of Golden Surrogacy's podcast, the surrogate, Bridget, describes her "two journeys" of surrogacy, one of which was undertaken for a gay couple who had contracted with both Bridget and one of Bridget's friends who had been recruited by Bridget (Courtney). Bridget and Courtney each agreed to gestate an individual fetus within the same timeframe. Bridget explains that the IPs wanted multiple children that were close in age, but to reduce the risk to the fetuses and their surrogates, they decided to hire two surrogates at the same time rather than ask one surrogate to gestate twins. Bridget explains her experience as she and her friend entered into the agreement to both work as a surrogate for the same couple:

> *It was really…it was…it was wonderful because, you know, we had a…a partner in this. Like this was our first time, you know, both doing this, and being able to have someone that you were already friends with and already had a relationship…and be able to, you know, just build that relationship stronger. You know, it was…it was…well, I guess for me, it was nice. Because I did go through two failed transfers[15] before I did have a successful transfer. And her and I transferred [at] the same time so we got to go out to California together. It was*

[15] "Two failed transfers" refers to the two attempts to transfer an embryo to Bridget's uterus; the "failed transfers" did not implant. The third transfer (embryo) did implant, indicating a "successful transfer," meaning pregnancy.

like, "Girls' trip!" And then we both transferred together and her first transfer was successful, and she carried a son for them and then, five months to the day, I delivered their daughter. So I thought that was really awesome, that…going through the not so fun parts of, you know, surrogacy…because sometimes it's not all rainbows and butterflies and you have to go through some…you know…bumps in the road. That I was able to lean on her for support and…you know…she helped me through…you know…and then I got to be there for her while she was like, "Oh my goodness"…you know…just the pregnancy stuff.

For Bridget, having a partner in surrogacy was important. Her language alludes to surrogacy as a relationship strengthening experience that includes fun ("Girls' trip!") as well as alluding to helping each other through the "not so fun parts of…you know…surrogacy." Bridget's quote also illustrates how the verbal hedges—the silences and the glossing-over of pregnancy messiness and surrogacy shame—becomes important. Because failure to become pregnant is connected so insidiously to failure as a woman, the language used to describe how she became pregnant indicates how reproductive shame is so deeply embedded in such discourse. Bridget's "two failed transfers" contrasts discourses of shame with a more clinical discourse that has also become part of rhetoric of reproduction. Describing her first two attempts to become pregnant as failures, but replacing the idea of becoming pregnant with the phrase, "[embryo] transfer" is an interesting juxtaposition of the shame/clinical language that shapes how surrogacy comes to be perceived by the surrogates. These often-contrasting discourses can be heard throughout the podcasts as surrogates describe the embodied work they do, while

downplaying the difficulties (injections, and emphasizing the ideal as a way to ensure the telling of their experience shifts the narrative to fit the insidious madonna-mother presentation.

Bridget then explains her decision to agree to be a surrogate for a second time:

> *My first experience was awesome, and I can't say anything bad about this one. So far. It's been great. My new intended father is just a riot…he's so funny and crazy…and we just really click really well. So I'm excited, you know, for this…for him. Not so excited about estrogen but you know, I'm pushing through it and it's gonna be good and I just, you know, think about the outcome every time I'm like, "Okay, injection date. Great." <u>But it's, you know, this…is not the best…not the…so fun part. You know…the not so fun…not so fun…Yeah, that sounds better…Not so fun part of surrogacy, but it's worth it.</u> And you know, if I had to do injections every single day, for the rest of my life to be able to let these people be parents, you know, I do it because you can't…you just cannot put…you can't put into words how amazing it is to be able to do this and see how complete they are.*

Here, Bridget's verbal hedging (indicated by the underlined section in the above quote) demonstrates how she works to de-emphasize the negative, embodied experiences she had: hormonal injections, the effects of estrogen. She seems to struggle to put into words those negative embodied experiences: "But it's, you know, this…is not the best…not the…so fun part. You know…the not so fun…not so fun…Yeah, that sounds better…Not so fun part of surrogacy, but it's worth it." Here, Bridget is describing how she felt about

the hormonal injections ("not so fun,") but she hedges her description. Rather than describing injections as something scary and painful with unpleasant side-effects, which the host does in the next quote, she de-emphasizes her fear and dislike of the experience through using "fun" as a way to describe surrogacy as a whole, with the hedge, "not so" before to lessen the negative impact of the experience. This verbal hedge as a type of silence or gap that reveals Bridget's discomfort in discussing injections, and as a way to deflect our attention away from that unpleasant aspect of surrogacy. Her verbal hedging and false starts (it took her at least seven attempts before she was able to describe injections), and some self-talk to to affirm for herself that she was comfortable with describing injections as "not so fun," representing a moment where Bridget is attempting to gloss over what is clearly a negative, uncomfortable, and perhaps even messy, part of her surrogacy experience.

Bridget then brings this moment back around to the objective of surrogacy: to give birth to a healthy baby for someone else. And she appears committed to the insidious madonna-mother outcome, drawing on the idea that being a surrogate is a calling, that it's a self-sacrificing gift to give your body over to this process for someone else. Surrogacy is a calling because she is "pushing through it and it's gonna be good." And while I don't doubt that Bridget's experience working as a surrogate was emotionally rewarding for her, it can be harmful to other surrogates when we talk about surrogacy arrangements as though they are not a paid job. And, to be sure, this is a job in a global industry: surrogacy is reproductive labor—in the sense of labor-as-work—that is undertaken for

pay, but it is labor that is not outwardly represented as work-for-hire. In the websites and podcasts I analyzed, remuneration, in fact, is usually downplayed.

The podcast's host, in his turn, props up Bridget's implication that surrogacy is a calling that allows a woman to embody this selfless act as a gift for someone else:

> *Let me just say, that is such a selfless statement in regards to the injections because I know myself it's a good thing that I am a male and I…there's no way I could be a surrogate, right? I just…I don't know the…I can't…I see a needle and I faint, I pass out. So, for you and everyone listening who's either a surrogate or potential surrogate applicant, I give you mad props for being able to compartmentalize that and become a surrogate to help people create a family. I just think about everything that you go through emotionally and physically* ***and then the injections****. It's just…it's mind numbing, I could never do it. You know, and I know a lot of other women, other women who say, "I could never do it." And so that's amazing.*

In the above quote, the host reinforces the surrogate's bravery—that she can deal with needles. His tonal emphasis on the injections (indicated in boldface text in the above quote) implies that the injections are the most unpleasant part of surrogacy; anything else unpleasant is de-emphasized verbally by describing all of it as, "everything that you go through emotionally and physically." This combining of the "emotionally and physically" challenging aspects, coupled with his tonal emphasis on the injections implies that the injections are the worst of it. I would argue, however, that injections are the least of the

messy, unpleasant, and painful parts of surrogacy: pregnancy itself can be painful and medically challenging, and giving birth even more so. Recovery from childbirth alone, depending on whether the surrogate gave birth vaginally or via c-section, can take several weeks at minimum. However, the ideal surrogate manages everyone else's discomfort at the expense of her own.

4.5 Managing Risk

Later in the same podcast, the host describes Bridget:

> *It's absolutely amazing- everyone that I talked to about you and explain your story, they—especially for your first match, the guys…I talked to them about your profile, and I was explaining that you had…how many children you had, and you were foster parents and they said, "Wow, are you sure she can be a surrogate? She must be so stressed out." And then for the second match…that he said the same thing. He said, "Wait a minute, how many children does she have? And she's been a surrogate already and how does she manage all of that?" And I always tell everyone, I say well, Bridget is…like the only way to describe her is I say, "Mother Earth…Mother Earth. She just gives and gives and gives." And you have all these children and you're just so calm still, like every time I talk to you, even if it sounds like what you say, a zoo in the background. You're still really calm. And I know that I would be pulling my hair out and I have to…and I can't imagine having you know, five, I would be freaked out.*

In his description, the host uses phrasing that places Bridget—and by extension, all surrogates—onto her mothering pedestal. Common and conflicting mothering themes create a complex interplay: motherhood as a selfless act ("She just gives and gives and gives…"), as a harried experience ("...she must be so stressed out" and "it sounds like…a zoo in the background."), as a natural state of being ("Mother Earth.") and as the calm and nurturing super-hero of a family ("You're still really calm" and "I can't imagine having…five, I would be freaked out."). The host's description of Bridget captures many of the conflicting ideas we have about motherhood that are revealed in madonna-mother imagery as it is used in surrogacy, while at the same time subtly interjecting that contrasting moment of insidious madonna-motherhood that inserts an emotional wall between pregnant body and fetus.

These rhetorical moves also serve a third objective that approaches surrogacy through a lens of risk management, from psychological, medical, and legal perspectives. Within a surrogacy contract, risk is explicitly managed through codifying the expectations and responsibilities of all parties. Consider here that pregnancy can be initiated in many ways through medical technology: a woman can carry a baby to term from a fetus that was created in a lab by using both donor egg and sperm—something that was not possible a mere twenty to thirty years ago. An infertile woman in this situation might be gestating a fetus that she and the law consider "hers." However, with a few turns of legal phrase, this same woman might be gestating a fetus that the law will consider legally belonging to a contracting parent or couple. Or the same woman might be gestating the same fetus will be legally defined as the mother regardless of her genetic

relationship (or lack thereof) to that fetus. Given identical biological/medical/genetic situations, but different intent on the part of the pregnant woman and different interventions on the part of the system in which she is gestating and giving birth, the outcome of that pregnancy can be vastly different.

Risk is further managed throughout the surrogacy process by quietly and insidiously projecting the emotional separation of the surrogate from the fetus—the concept that "this is not my baby" that so many surrogates verbalize in these podcasts. The emotional barrier or separation between the surrogate and the fetus erected by the players in the surrogacy industry is a necessary one if a surrogacy agreement is to be "successful"; that is, the entire experience should result in a healthy child that is turned over to the contracting parents upon birth, with no emotional trauma being inflicted on the surrogate herself and minimal question over the legal status of that child and its legal relationship to its intended parents, regardless of genetic relationships. Success in surrogacy means the goals of the agreement are met, the temporary kinship relationship between surrogate and contracting parents meets everyone's emotional needs, and a healthy baby (or more) is taken home by the contracting parents with no emotional or ethical conflict between the surrogate and the IPs. The surrogacy agreement is intended to manage this conflict (and thus manage the risk) prior to impregnating the surrogate (e.g., decisions regarding whether or not to abort a fetus that is genetically abnormal, decisions relating to whether the surrogate's life should be saved over the fetus if such a medical situation arises). Insidious as it may be, risk is transferred to the surrogate through discursive moves that highlight the idea that "this is not my child" to the surrogate. This

is evident in how surrogates speak of surrogacy itself. Surrogacy brokers must manage any risk with regard to surrogate expectations and parental obligations, particularly if they are hoping the surrogate will return for a second or even third surrogate pregnancy.

I discuss the notion of the ideal surrogate in a previous chapter, with examples from Golden Surrogacy's website describing the owner, Frank Golden's, first surrogacy agreement and the woman who worked as his surrogate. This idealized version of surrogate, for all intents and purposes, is portrayed as embodying the image I've been referring to as insidious madonna-mother. In his blog post, Frank Golden conjured an image of an insidious madonna-mother quite clearly: his perfect surrogate, Debi, is a selfless mother figure who cares for and nurtures both the fetus she is gestating and its intended parents. She is also a woman who takes joy in being pregnant, and—in contrast to the more traditional madonna-mother imagery—happily gives away the child she gives birth to. This ideal surrogate, the insidious madonna-mother, appears in the podcasts as well.

It's often the case that IPs choose surrogacy as a route to parenthood because a genetic connection to their future child is important to them. Indeed, in our society, genetic kinship tends to be given primacy over other types of kinship relationships, particularly in how we view parent-child relationships and how we manage them from a legal perspective. Kinship becomes complicated in surrogacy relationships: IPs often choose surrogacy over adoption because there is the ability for at least one IP to be genetically related to the fetus. It's also a way to address fear of the unknown that might be part of adoption, as well as to participate vicariously in the actual pregnancy itself. In

Hope Surrogacy's podcast, first quoted above, for example, the IPs Margaret and Eric explain:

> *The fact that there was…that we could have input, you know, biological input…is that the way to put it? I mean, I think that's…that's really one of the reasons why…you…we…we thought it was a wonderful idea. You know, additionally, we could be part of the, you know, the whole process. I mean, in adoption, you…the way I imagine it…almost…you can, sort of get a phone call, and then all of a sudden…you're…you know…you're handed a child if you're lucky. But…you know…we were…we were able to be part of the process and our relationship with our…our carrier was open and close. And we got, you know…we…you know…we were able to be a part of it, which was so nice.*

The above excerpt raises the point that adoption had been considered as an option, but the IPs' preference was for a genetically related child. A little later, Eric describes the surrogate and her husband, somewhat jokingly, as, "Good stock there," as he describes the surrogate and her husband as generally good people. It's a fairly commonly used phrase that I'm sure many of us have come across in our regular conversations, jokingly referring to someone's reproductive potential as we might describe farm animals. In this instance, based both on his tonal inflections and phrasing, I infer that Eric has a certain amount of discomfort that he is struggling to express in how he is describing his relationship with the surrogate. Genetic kinship is important in surrogacy rhetoric, expressed as it is through insidious madonna-mother's "it's not my child" refrain that surrogates repeat, as well as by IPs who turn to surrogacy so they are able to have

children who are related genetically. This practice is also a type of risk management that is common in surrogacy agreements, and why a "gestational surrogate" is preferred over a "traditional surrogate." As Rachel Gurevich, (2022) writes in an article on the parenting website, Verywell Family:

> A traditional surrogacy arrangement is rarely recommended because it is riskier from a legal standpoint than a gestational carrier. Since the baby is genetically related to a surrogate and they are giving birth to the baby, surrogacy contracts may be questioned if the surrogate changes their mind about giving the baby to the intended parents as originally planned. This may occur regardless of what papers are signed beforehand. (Gurevich)

The greatest risk to manage in surrogacy agreements, as Gurevich and the IPs in the previous excerpt make clear, is the surrogate herself, which is one reason why surrogacy is such an attractive option as a fertility "treatment."

4.5.1 Communicating risk: the importance of genetics

Insidious madonna-mother is a white woman; this much is clear as we review images of pregnant women intended to portray surrogacy within the industry. Insidious madonna-mother is the ideal surrogate: pure, generous, self-sacrificing. Her image draws upon easily recognizable Virgin Mary tropes that are ubiquitous in the global West. How, then, does the ideal of the insidious madonna-mother play out in surrogacy with regard to

kinship? Where much of the initial portion of persuasion in surrogacy marketing involves positioning the surrogate as the pure and loving madonna-mother, the insidious aspect of the marketing works to strengthen the move toward the goal: the surrogate giving birth to, then joyously giving away the baby she had spent the last ten months gestating. Why? Because it's just "not her baby."

In her discussion of Indian surrogacy markets, Daisy Deomampo (2016) writes, "the unique circumstances of family making via transnational gestational surrogacy in India call into question dominant ideas of kinship and parenthood among the range of actors involved, and rely on multiple disruptive boundary crossings." (59) In western surrogacy, whether the IPs are from the US or are international clients, I suggest that while kinship is disrupted across the stakeholder bodies involved, the boundaries that must be negotiated through the process remain. Pregnancy narratives tell us the mother-child bond is forged during pregnancy as the fetus grows and moves and expands the mother's body outward. Surrogacy narratives draw on this, but insidiously shift the kinship portion of the narrative by reinscribing the "it's not my child" refrain common in surrogacy discourse. I've discussed the importance of the emotional separation that is required for a surrogacy agreement to be successful—the "not-my-child" idea that is typically emphasized as a natural part of surrogacy. Marketing materials often discursively shift ideas about the emotional connection that madonna-mother traditionally feels toward her fetus, to be re-defined as an emotional connection she feels toward the intended parents.

I initially described this move in my website analysis, identifying how images of madonna-mother pervade surrogacy websites while allusions to insidious madonna-mother, who happily gives away the child she births, work to disrupt the now dichotomized notion of pregnant/mother. One way this dichotomy is achieved is through an emphasis on the lack of genetic relationship between the surrogate and fetus—a distinct departure from much of mothering discourses, particularly those relating to adoption or foster care which often emphasize the social aspect of mothering as a way to legitimize a non-genetic mother-child relationship.

In the following excerpt from Hope Surrogacy's podcast, the surrogate, Lori, describes her decision to work with a particular couple. Her description strengthens, and demonstrates how surrogates might internalize insidious madonna-mother discourse that places primacy on the genetic relationship of the infertile couple to the fetus.

> *Yeah, I remember the phone call when Mary called me at home and said, "We've got a couple to match." You know, she's like, "I think it's great. She's a mom of three that got divorced and she remarried this guy…" and so I said, "No Mary, I don't want that." And she's like, "Why?" I'm like, "Because she has children." And she's like, "A marriage, but he doesn't." [I said,] "Well, she does." And she's like, "Okay, well, you just, you know, talk about that with your husband. See, what do you think.," So I did. My husband came home and, and I said, "We've been matched…or possibility of being matched…a couple. She has three children from a previous marriage. And…and now she got remarried. And they want to add…" She had, I guess, really bad periods and had to have an ablation done*

where they can, like cauterize the uterus. So they tried to build her uterus back up, and it didn't work. So they had to go the route of a surrogate to carry it. And so when I told my husband that…that she has three children…I don't want to do this for this couple. This is not what I'm doing this for. And he looked at me, goes, "Why are you only having the baby for the female? Why are you not having this baby for the dad?" And I'm like, "Huh. I don't know if that's, that's really good." So I called Mary and I said, "Okay, I'll do it." You know. So that was a…that was an eye opener for me when my husband said that. "Why? Why only for the mom? Why can't the dad have his own babies?" Yeah, so that was cool.

In this excerpt, the complex role that genetics plays in surrogacy rhetoric is revealed. While the insidious madonna-mother images on the websites seek to downplay any biological connection that the surrogate shares with the fetus she is gestating, the primacy of that genetic connection bubbles up as Lori considers whether or not to gestate a fetus for the intended mother. Is the intended mother's infertile *body broken* enough to deserve to have a surrogacy agreement, if the intended mother already has "biological" children "of her own."

Crystal, a surrogate who was interviewed for Surrogacy Alternatives' podcast, describes what surrogacy means to her, describing her motives as a gift of kinship.

Surrogacy to me is a gift. And if you are considering surrogacy, it isn't just a gift for someone else. It's honestly a gift for yourself, you know, for family. It's a fulfilling, amazing, wonderful thing. And I love everything about this agency, my

> *journeys, the families that have…been created by the sisterhood. And I highly recommend that if you're considering it, that you just seek it out, you know, search it, and if it ends up not being for you, then you know, then that's fine. That's what's on your heart. But it is a gift. And it's a blessing to literally everyone involved, you know, of the support. And like I said, I've gained so much more than I lost in those, you know, 10 weeks away from my family.*

Kinship terms abound in the above excerpt, indicating how the ideal of mother-child-bonding is managed within surrogacy, which returns us to the earlier discussion of altruism in surrogacy. Remember, an ideal surrogate is generous, gift-giving: altruistic. She isn't doing this for the money; she's doing it to help another person who cannot become pregnant to create a family. She is giving the gift of a child. Kinship terms like *sisterhood*, *family,* even *blessing* indicate her belief in the value of surrogacy. What's not said, but is hinted at, is how the surrogacy took primacy over the surrogate's own children. She states that she lost something during her ten weeks away from her family, but *gained so much more*. There is no mention of her remuneration; rather, her emphasis on generosity—gift-giving—indicates a nearly religious fervor for this belief in altruistic intent that eclipses any reclaiming of rhetorical agency that stories like this may attempt to make.

5 Agency and bodily autonomy

On February 24, 2022, Russia invaded Ukraine, and in the intervening months, the war and destruction has not diminished. According to Emma Lamberton's (2020) report on surrogacy in Ukraine, it's estimated that about 2,000 babies are born via surrogacy there each year, representing about a quarter of the transnational surrogacy market. More recently, an article in *The Atlantic* by Alison Motluk (2022) illustrates the stark reality when a surrogate's own agency is in question. Motluk describes a fertility clinic's frantic efforts to evacuate surrogates from Kyiv as the Russian army invaded. She writes, "But some of the surrogates did not want to move—or in some cases, to remain in safe locations but separated from family. They wanted to make their own decisions, about where and how they might survive the next days and months." (The Atlantic Online)

This project began as an examination of the transnational surrogacy industry, which was dominated by India up until 2018, when India passed Surrogacy (Regulation) Bill, 2016 (SRB 2016), placing limits on how surrogacy agreements could be undertaken, who was allowed to enter into surrogacy agreements, and outlawing compensated surrogacy. Upon India's implementation of SRB 2018, surrogacy biomarkets shifted to places like Ukraine and the U.S., where surrogacy laws are often less restrictive. As I learned more about the global surrogacy industry, and the role the U.S. is playing in the industry, I became interested in how we might be complicit in the ethical and legal concerns that contributed to the restrictions codified in countries like India, Canada, Thailand, the UK, and Mexico. Such issues include concerns that surrogate workers are at

risk of being exploited, where the offer of payment outweighs the risks they may take and the sacrifices they make. This was of particular concern in India, where surrogacy clinic workers actively recruited women who were economically and socially disadvantaged, putting the at more risk of economic exploitation. Other concerns have to do with citizenship laws, and the question of which country the baby "belongs" to, making it complicated to acquire passports and travel paperwork. Jennifer Parks and Timothy Murphy (2018) identify the particular challenge of surrogate-born babies who are abandoned by the commissioning parents. They ultimately argue that, "if gestational surrogates are to remain conceptualized as mere vessels, they should not be expected to assume responsibility for children abandoned by commissioning parents, not even the limited responsibility of giving them up for adoption or surrendering them to the state."

The surrogacy marketing that I examine in this project demonstrate how the surrogacy brokers' websites serve as a type of entry to surrogacy rhetoric, and how the exigencies of motherhood and malfunctioning female bodies can be complicit in such social, legal, and physical exploitation. My research seeks to explain the tensions inherent in the construction of surrogate as altruistic madonna-mother while also establishing not-so-subtle expectations that surrogates are not the authors of the motherhood narrative, but rather the prequels.

5.1 Agency and the Surrogate

Khiara M. Bridges (2014) points out that it's important that we don't cast women who agree to work as surrogates as uninformed, "emotionally unstable, uneducated [unable to] make informed decisions" and who would regret their decisions "because they

have failed to comprehend precisely what is at stake." (1133) Surrogacy scholars, primarily in the social studies or legal fields—address the major concerns that certainly must be considered if surrogacy is to be practiced in such a way that proves equitable to all involved: race, class, socio-economic status, access, disability, reproductive equity, gender and sexuality politics are only a few among the many nuances that must be considered when examining the surrogacy industry on a global scale.

Throughout the course of my research, I had many moments where I wanted to veer off in methodology, explore new subtopics, and add ideas that would expand work in the rhetoric of surrogacy. Future opportunities for research might include policy research that addresses the problems that arise from transnational surrogacy bio-tourism, exploring risks relating to child abandonment, exploitation of women living in social and economically challenging situations. Such research might address power imbalances inherent between IPs and surrogates, particularly in so-called industrialized countries like the U.S. where such imbalances are often covertly obscured.

To build upon this particular project, I'd propose:

- Ethnographic research that examines interviews with surrogates alongside interviews with IPs to explore how these two aspects of surrogacy narratives intersect. How do surrogates understand their role in relation to IPs, and vice-versa? What do IPs and surrogates expect and/or hope for when they enter into a surrogacy agreement? What role does truly money play in an industry that is marketed through the madonna-mother's altruistic lens?

- Expanding research to consider surrogacy through a technical communication lens, analyzing technical documentation like surrogacy contracts, release forms, or medical and psychological questionnaires. What assumptions are made about audience, users, and the company producing the documentation? What technical communication techniques and practices are prevalent in the documentation? How might technical communicators address the very real concerns of human trafficking and exploitation of women and children through their work? Should they?
- An analysis of international policies and laws that govern surrogacy across geographic and social borders. How are social policies and gendered assumptions and expectations embedded in these policies, and what is at stake when they aren't addressed?
- An exploration of race and culture through a social justice or reproductive justice lens that can address the ways that our history of using bodies of color for reproductive labor in the U.S. Surrogacy raises this specter, and it's important to consider this history as surrogacy becomes more available as a treatment for infertility.

5.2 Surrogacy in a post-Roe World

This story began with Baby M.; it doesn't yet have an end. The June 24, 2022 Supreme Court that ended abortion protections in the U.S. speaks to the need for more

women and people who can become pregnant to tell their stories. Shui-yin Sharon Yam (2020) calls storytelling a "transformative vehicle." (22) Arguing for a framework that centers reproductive justice in rhetorical analysis, she writes, "Contrary to individualistic stories that advocate a neoliberal market-based approach to reproduction, acts of storytelling championed by the [Reproductive Justice] framework require the rhetor and audience to grapple with the structural causes of their lived experiences and narratives." (22) My project is a beginning to considering the structural causes, represented as insidious madonna-mother that impact the lived experiences, as told in surrogacy stories, that can tell the story of how surrogates, IPs, and other bodies participating in contractual surrogacy agreements configure the important question of agency. My findings indicate that, here in the U.S., we may be complicit in replicating assumptions about women, female bodies, and how agency works when we think about reproduction. As the SCOTUS ruling tells us, and as my analyses demonstrate, there is a lot of work yet to do.

The impacts that the post-Roe ruling can have on surrogacy, not to mention the impacts it has on wider questions of bodily autonomy, bring the usual concerns about surrogacy as an industry into stark relief. Typically, in commercial surrogacy arrangements in the US, decisions are made prior to impregnation relating to how a fetus will be "managed" as it is developing. Such decisions include those relating to selective reduction in the case of multiple embryos implanting (for instance, will a triplet pregnancy be "reduced" to one or possibly two fetuses?), under what conditions will an abortion procedure be done (usually in the case of abnormal fetal development), and how many fertilized embryos will be transferred. These decisions are typically made prior to

pregnancy as part of the surrogacy contract, and the inconsistent abortion laws that now exist from state to state will certainly remove another layer of agency that a surrogate is able to exercise in managing her own pregnant body.

"Personhood bills," those laws that grant all the rights of a living person to an embryo, and "heartbeat bills," laws that restrict abortion once a heartbeat is detected (usually around 6-8 weeks of pregnancy), will likely have a great impact on surrogacy. Abortion procedures and medically-induced miscarriages are regular parts of surrogacy processes, and are intended to safeguard the health of the surrogate. Usually, following the embryo transfer, the surrogate is very closely medically monitored and will be scrutinized through her first trimester. She'll usually have an ultrasound at around six to eight weeks of pregnancy, and if a heartbeat is not detected, the medical team may induce a miscarriage. This is for the surrogate's own health and safety, as a pregnancy that isn't viable can cause medical complications. If this procedure is no longer legal, it will place surrogates at greater medical risk when an embryo transfer does not result in a pregnancy.

A personhood bill may limit IVF and the ability for intended parents to even create embryos, as well as how unused embryos can be handled. When embryos are granted personhood, it can restrict how the extra embryos—those that are never implanted—can be used or disposed of. Before the recent SCOTUS ruling, intended parents often had the option of donating unused embryos for research, or disposing of them. In the post-Roe world, there are questions about the legality of these options, with frozen embryos now remaining frozen indefinitely.

If we are to take a reproductive justice approach to surrogacy rhetoric such as that for which Shui-yin Sharon Yam argues, how must we consider surrogacy in this post-Roe society? Reproductive justice argues that humans have the right to bodily autonomy, to have children or not to have children, and to live and raise families in a safe and sustainable environment. It takes a holistic view of reproductive rights and supports the right to individuals and families to live and grow in safety and health. What does this mean for surrogacy? How does surrogacy fit in with reproductive justice? Questions of bodily autonomy are key, and whether surrogacy is legal or not is only part of the issue of bodily autonomy post-Roe. Agency is an important component in considering the role of bodily autonomy, particularly in the post-Roe era. Do those of us who exist in female-assigned bodies have the right to exercise agency in our own care of those same bodies? As I write this particular dissertation, at this particular moment in time, I suggest that no, we do not have the right to agency over our own bodies. If agency is, as Lawrence Weinstein (2020) suggests, the "animating sense we have (but in varying amounts, one person to the next) that we are capable of taking action that would yield good results" (loc. 168), then recent rulings limiting abortion access would support my assertion. Agency over our own bodies has been ripped away; reproductive justice theory tells us we must respond to this exigence and fight to reclaim our agency.

6 Reference List

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