There are a number of metaphors that I observed surrogates using to describe their bodies during the process. These metaphors could easily be considered most feminists’ worst nightmare: woman as technoves- sel, implanted with the seed of the patriarchy and lacking control over her body, which is nothing more than a vehicle serving wider systems. They could also be interpreted as mere reflections of the mind/body separation that goes hand-in-hand with the body-as-machine metaphor that is so central to the mechanical model of pregnancy and birth in postindustrial, capitalist societies.1 However, paradoxically, these kinds of images were often conjured up by surrogates in the context of rebutting ideas suggested in radical feminists’ critiques and as assertions of agency and autonomy. During a conversation with Neta, thirty-three years old and the mother of one when she gave birth to her couple’s baby, I was surprised to hear her express anger at “those feminists” who critique surrogacy as reducing women to “mother machines” and then refer to herself through a mechanical metaphor:

What do they think? That we are robots with no feelings? . . . I am here in order to help. . . . I don’t even call it a womb for rent. I call myself an oven. . . . An oven that bakes the bread for hungry people. I just help them. . . . Like if my friend needed a loan, I would save from my own food, and I would give her a loan. Would they then say that I am being used? What idiocy that is.
Why did Neta call herself an oven? The explicit self-objectification of the body that the metaphor expressed was alarming to me, especially when many radical feminist opponents of surrogacy employ similar metaphors to argue that reproductive technologies exploit women. These authors use technological images to describe surrogacy as reducing women to “uterine environments,” “living laboratories,” “test-tube women,” “mother-machines,” “fetal containers,” and “vessels.” In addition, they draw from agricultural images to compare women to “fields” for men’s “seed,” “breeders,” “stables of reproductive whores,” and “women-as-cows” on patriarchal “factory farms.”

It struck me as contradictory for Neta to reject being called a robot while at the same time asserting that she was another kind of mechanical instrument. Two years later, I spoke alongside Neta at a national conference of IVF doctors. There, in front of a large audience, Neta again responded to a question about surrogates as victims by firmly stating that she was not a victim but “the oven that bakes the bread of hungry people.” While I was still puzzling over what Neta was trying to express through this metaphor, I interviewed Shahar, thirty-two, who was already a mother of five when she gave birth to twins for her couple. While narrating her experience, Shahar applied another seemingly dehumanizing metaphor:

I am only carrying the issue, I don’t have any part in the issue. . . . I mean, I gave them life, because without me they would not have life. Because [the intended mother] couldn’t carry them. Only someone with a womb, a good womb, could hold the children for her. So I am the one. . . . I just held them in my belly, like an incubator. I was their incubator for nine months! . . . And the second that they were born, I finished the job and that was it.

Like Neta’s oven metaphor, the image of the incubator connotes the technological colonization of women’s bodies. Some radical feminist opponents of reproductive technology, such as Raymond, have pointed to the example of U.S. surrogates describing themselves as incubators as evidence of how far women using these technologies internalize patriarchal views of their bodies. Overall has interpreted surrogates’ use of the incubator image as a sign that surrogacy is an extreme form of alienated labor that negates the surrogate as a person (see figure 1). If ovens and incubators are both machines, could these women be using such metaphors to express the idea that they are technological instruments—mother machines—during surrogacy? If so, then, why did Batya draw on images from the world of plants, rather than machines,
to describe her body during surrogacy? Aged thirty-one and a mother of five, Batya arrived at our interview with her sister-in-law, who actively participated in our meeting. When I asked Batya if she would ever donate an egg, she immediately answered, “Never!” and then went on to explain why she saw egg donation as completely different from gestational surrogacy:

Batya: There’s a difference! It [the egg] is mine! It is created from me!!! Here [in surrogacy] it is not created from me! It is his egg and sperm . . .

Sister-in-law (interrupting her): She is just storing it [me’achsnet] . . .

Batya: Yes! . . . I am just like a hothouse [hamama]!

Sister-in-law: Like a refrigerator. Like a wrapper.

Batya describes her womb as a hamama—a hothouse or a greenhouse in which plants are grown in conditions of controlled temperature, irrigation, and sunlight. Like the oven and incubator metaphors, the “seed and the soil” have had their fair share of attention as images linked to
the patriarchal control of women’s bodies. Batya’s use of this imagery could thus be understood as reflecting the influence of patriarchal kinship ideas on her thinking: perhaps she is implying that she sees herself as the soil in which men’s seeds grow, as Rothman’s work might suggest (see figure 2). But what can we make of Batya’s correction of her sister-in-law, who described her as a wrapper and a refrigerator versus her assertion that she is a hothouse?

Figure 2. Illustration depicting a surrogate holding a flowerpot for the couple’s sapling. Originally appeared in Yedioth Aharonot newspaper. Reproduced with the permission of the artist, David Polonsky.
The specific set of metaphors described above share similarities with those prevalent among U.S. surrogates. Indeed, the slogan “their bun, my oven,” has become so commonplace among American surrogates that it appears on products sold online, such as T-shirts and license plates (see figure 3). Israeli surrogates I spoke with also used variations of this idea, speaking of “an oven baking a cake” and “a kiln baking a sculpture.” Yet U.S. surrogates also used a variety of other metaphors, such as “gardens,” “cows,” and “baby machines,” that were rarely used among Israeli surrogates.

Following the many studies that have revealed the world of meanings encompassed by metaphors in reproduction narratives, I decided to try
to decipher what these metaphors alluded to beyond their patriarchal surface connotations and what the slight differences in imagery might reveal. Kirmayer notes that metaphors are microcosms of meaning that relate to the larger context of a narrative. They also extend the scope of expression of the narrative and open up new paths for exploring it by gesturing toward other stories that may not be overtly taken up by the narrative. I suggest that underlying the dominant surrogate metaphors of baby incubator, hothouse, and oven is a conceptualization of the body during surrogacy as a complex map of nature and culture (technology), depicting parts that can be integrated or detached. Whereas a garden and a cow can be solely ascribed to the natural realm and the “baby machine” to the technological one, the way dominant metaphors are used reveals that the linkages between these two realms are important to how Israeli surrogates envision their bodies and roles.

All of these metaphors designate the surrogate’s womb as an artificial, containing environment in which the couple’s “nature” is nurtured to viability in a controlled, warm temperature, as in a baby incubator, hothouse, or oven. The metaphors suggest that the couple’s nature has been formed even before entering the surrogate’s body: the couple’s baby, sprouted sapling, and kneaded dough originate in the couple’s egg and sperm, but additional processing is needed to produce their final form as infant, plant, and bread. Surrogates therefore are implying that they do not create the fetus in any way but develop an already prepared fetus to viability. Eva, who gave birth to twins for her couple, said this explicitly: “I took them [the twins] when they were small, fed them and helped them grow, and then sent them home.” The metaphors thus encapsulate the general conceptual scheme that surrogates apply to their bodies in surrogacy: each surrogate sees her body as a complex puzzle, constituted by the coexistence of her personal nature, the artificial womb she embodies, and the couple’s nature that she gestates inside it.

In a particularly clever twist on the nature/culture/other nature amalgamation, Batya’s hothouse metaphor implies she is an artificial environment that simulates the natural habitat in which precious, valuable, expensive, and cultivated plants grow. Shahar’s incubator metaphor draws on a device that is routinely used in hospitals to temporarily replace and simulate the pregnant mother’s “natural” womb. Incubators are used in the IVF process to keep the embryo alive before it is implanted in the woman’s uterus, and, in the world of premature babies, an incubator’s task is to “artificially gestate to maturity” a baby born
before thirty-eight weeks’ gestation. Consequently, Shahar’s incubator metaphor positions her on a continuum of artificial environments used to simulate the “natural” womb without threatening the “natural” mother’s claim as the only mother of the child.

In addition, all three metaphors encapsulate a tension between external control and personal agency. Specifically, it is not the surrogate herself who turns on the oven or who places the plant or baby in the artificial environment, which suggests that she is controlled by the baker/gardener/doctor. The idea that the pregnancy is “switched on” and controlled externally enables the surrogate to emphasize its non-naturalness but does not negate her view of herself as the most essential person in the process. In this light, Shahar asserted that she was an incubator because she “gave them life, because without me they would not have life,” that is, the twins she bore would not have been born without her warm, embodied, artificial life-support system. Her use of the word “them” leaves the question of to whom she “gave life” open to interpretation: the twins she bore or the couple for whom she bore them.

The metaphors thus encapsulate the complex power structure of surrogacy: the surrogate may be structurally constrained and, as popular portrayals of surrogates in the media have highlighted, she may have become a surrogate to “feed [her] children,” but she sees herself as powerful. Neta’s use of the oven metaphor vividly evokes this power, for she is feeding not only her own child and the fetus, but also the “hungry” couple, helping them by baking the bread that they would not otherwise have. Their hunger, as a classic signifier of powerlessness, is positioned in opposition to her power to feed, upturning any connotations that the couple is more powerful than she in the relationship.

Finally, we might understand the metaphors as each affirming that bringing the fetus to viability depends on the surrogate’s own nurturing, warming capabilities. An oven, an incubator, and a hothouse are all necessarily warm environments, in contrast to the cold, distant connotations of a “mother machine.” Each apparatus maintains a constant, controlled temperature that is needed to warm the couple’s nature to viability. Batya’s assertion that she was a warm hothouse, as opposed to her sister-in-law’s description of her as a cold refrigerator or a neutral wrapper, highlights the centrality of warmth in the women’s imagery.

Roberts points out that technology is usually assumed to be cold but that it ironically “warms up” the process of surrogacy by creating connections between the parties involved through the hormonal
synchronization of the two women’s bodies, the ultrasound, and labor induction. Tempering Roberts’s claim, I would suggest that, through the metaphors they use, surrogates assert that it is not technology that is warming up surrogacy but they themselves: they warm up their artificial womb simulators to provide the warmth assumed to be necessary for gestation.

Technology cannot produce the comfort that the surrogate can, as Yana expressed several weeks after birthing her couple’s child: “I just gave him [the baby] a warm and comfortable place to be, so that he would be happy to enter this world.” This is a human warmth that emanates from the surrogate’s heart, rather than something “artificial.” As Tamar told me when she was seven months pregnant with her couple’s child, “It isn’t a womb for rent . . . it isn’t quick money and finished.” Instead, she asserted, “It is a warm place, both in the belly and in the heart. . . . We surrogates prepare this fetus, feed [it], give him life. We need to develop what is inserted into us until it is ready.” To sum up, if “culture” is the cold, instrumental hand of medical technology and “nature” is the warm, nurturing womb, then surrogates are using culture to simulate nature as they artificially incubate other nature in an artificial womb.

PARTITIONING NATURE AND THE ARTIFICIAL BODY

Central to most of the surrogates’ narratives was the belief in an all-powerful nature that makes conception occur (through sexual intercourse) and fosters an instinctive emotional attachment between women and their “natural” babies. Idit, thirty-two years old and the mother of two, told me that during surrogacy she “didn’t feel an emotional connection” with the fetus as she had during her pregnancies with her own children, when she had “felt joy with every development.” Explaining this difference in terms of nature, she said, “Nature created it in a woman . . . the woman’s attachment [to the fetus] is a part of the process of biological pregnancy. . . . It cannot be explained.”

Idit’s idea of nature encompasses women universally in biogenetic pregnancy, as she established by referring to my own potential future motherhood and to the commonality of innate emotions that I, too, as a woman in nature, would hypothetically develop in pregnancy. Yet she believed that this force does not uncontrollably spring forth from “deep inside” the “body and soul” of a woman when the pregnancy is “artificial”:
Nature and the body make sure that the work is done. From the moment that it is your own egg, then automatically the woman feels that it is her pregnancy. Even if she doesn’t want it, and even if she miscarries, she will feel that it is her child, deep inside, in her soul. I hope that you will be a mother one day, and you will feel it, because it is hard not to feel that feeling. Also, when the mother gives birth, how does she receive the baby? Naturally! In a natural way. So that way, in the same natural and biological way, the mother feels toward the fetus. [But here] . . . it is all artificial! Everything is artificial . . . so what is there to become attached to?

Technologically assisted conception, to Idit, is far from natural. She describes it using the Hebrew word *m’lachuti*, meaning artificial, simulated, unnatural, and man-made. By aligning the IVF conception process with artifice, Idit stresses its departure from the nature she has described; to her, the technology is a substitute, copy, or simulation of a natural process:

It [conception] was done in an artificial way. . . . First of all . . . the conception itself. It isn’t biological. The fetus in the womb isn’t aware of this during the pregnancy, but the initial development of the pregnancy was different from a regular pregnancy. When the pregnancy is regular, you get pregnant by your [male] partner and it unites [the sperm and egg] in a natural way. Here, the pregnancy isn’t mine. It’s from other genes . . . from him and from her . . . and you use artificial hormones to keep the pregnancy.

Like Idit, all of the surrogates that I spoke to aligned ideas about nature and artifice with a conservative cultural script about the way maternal emotions operate. They all believed that women have an innate love for their own children when those children “come . . . from nature,” as one surrogate put it. This attachment was considered part of every woman’s “biology” and related to the way female “hormones” work. Nearly all of the women contrasted the strong emotional attachment they felt to their own children prenatally to their emotional distance from the surrogate child. The intensity of their comparisons between their own gestations and surrogacy hints at “an internal sense of transgression” that surrogates may experience upon realizing that their emotional distance from the fetus might be publicly interpreted as a sign of deviance. Surrogates routinely told me about comments to which they were subjected on a daily basis. For instance, Shiri noted, “People are so ignorant. They look at you like you are doing something bad when you tell them. They ask, how can you give away your children? This [points to belly] is not my child!”
Surrogates endowed the technology involved in the conception process with the power to undo the natural tendencies they believed bond them with the children they carry. Idit emphasizes that the technology facilitates her distance from the fetus: “The technology today is so advanced . . . you even see the embryo on the ultrasound the day that they implant you with it and you see that it isn’t yours.” The technology makes her separation from the fetus certain, logical, visually recognizable, and convincing, enabling her to assert, without hesitation, that as a logical outcome of the conception process she felt no attachment to the fetus throughout the pregnancy: “In a pregnancy, when it is yours, you will feel maternal intuition and feel somehow that it is yours, and here I didn’t have that.”

The fertility treatment that the surrogate undergoes to prepare her body for the embryo transfer paves the way for the perception that technology overrides nature. First, the surrogate receives injections or pills of synthetic hormones to synchronize her menstrual cycle with the intended mother’s cycle and to prepare her uterus. Next, she undergoes blood tests and ultrasound scans to monitor her hormone levels and uterine lining thickness. After the couple’s embryo is implanted in her uterus, she receives additional hormonal supplements through injections or suppositories up through the twelfth week of gestation to maintain the pregnancy until her body “takes over.” Sima, age thirty-four, who gave birth to surrogate twins between the births of her first two children, explained how this process subdued her body’s personal nature but did not erase it entirely:

You get ten days of injections, every day, in order to suppress your . . . biological system. To suppress it and prepare your womb for absorption of something else, [something] strange, in an artificial way.

Sima delineates the hierarchical relations she embodies: technology suppresses her “biological system,” holding her nature dormant so that culture (technology) can command her body. Like Sima, Orna, who was thirty-six and a mother of three when she became a surrogate, endows the hormone treatment with a powerful, external agency that has the power to draw a virtual line through the body, circumscribing a woman’s nature beneath her body’s surface and preserving it like a sacred, untouchable substance until after the pregnancy. Orna claimed that the technological takeover of her body was so complete that her brain didn’t even register the pregnancy:
It is not mine. It is all artificial. . . . The hormones do it all instead of me. My brain doesn’t even know that I am pregnant. My brain is suppressed with the shots that they give me. It turns my brain back to zero. Then all that is needed is given through pills. Through hormones . . . the brain is the injections. Instead of the brain ordering one, two, three, the hormones need to go up, need to go down, and then the injections do everything.

In these comments, Orna clearly outlines set relations among parts of the body, delineating which parts “know” that she is pregnant and which parts—such as her suppressed and zero-calibrated “brain”—are unaware of the hormonal “takeover.” In a radio interview, Orna further explained that the treatment she received to prepare her body for surrogacy was intended to “neutralize the body,” and “then the doctor starts to give the body hormones, to give order to the body. To neutralize everything and to prepare the body to receive the embryo.”

Orna’s perception of the conception process reads as that of a woman willingly relinquishing command of her body to a medical professional and to medical technology. From one perspective, her words are an extreme example of the social consequences of reproductive technologies most feared by feminist scholars: total male, medical, institutional control of women’s bodies and of “natural” childbirth. Yet as ethnographic studies of women’s encounters with reproductive technologies have established, individual women may use these technologies in pragmatic ways and even engage in self-objectification and self-medicalization as a form of agency. Accordingly, Orna embraces the potential of external medical control of her body to maintain clear separation between the categories of nature and artifice.

RECOGNIZING THE ARTIFICIAL BODY

The surrogates I spoke to saw the entire pregnancy as “unnatural.” Rinat, a thirty-eight-year-old mother of five when she became a surrogate, promptly became pregnant with her sixth child after birthing a son for her couple. Comparing her body during surrogacy to her body during her own pregnancies, Rinat asserted:

It isn’t normal. You have to take their hormones, because the hormones aren’t yours. And you start to get bloated. . . . In the beginning, I got a bit round. . . . And I am usually very small in my pregnancies! . . . But here [pointing to a photo of herself pregnant, with her arm around the intended mother] I weighed 70-something kilos [154 pounds] from the injections
and the hormones that they gave me. . . . Suddenly I got a bottom, I got a tummy, I got thighs . . . from the hormones. The hormones change your body. And my hair fell out . . . because of the hormones. They aren’t yours. The hormones that enter your body are strangers. They give them to you in injections. It is hormones for the baby to develop well. . . . They give them to you for a month and a half and that’s it. But afterwards, it affects the pregnancy until after the birth.

Rinat views the hormones as “strangers” entering her body from outside and disrupting the “normal” and routine way it had behaved during her own pregnancies. She believed that the hormones made signs of her body’s naturalness fall away: her hair fell out in bunches, and her belly and bottom grew round. Like Orna’s description of her brain being selectively taken over by the hormones during treatment, Rinat’s idea of her belly, bottom, and hair being overpowered by the hormones shows that the imaginary dividing line that separates nature and artifice in the surrogate’s body can be selectively mapped onto different parts.

Just as she suggested that the “unnatural” beginnings of the pregnancy “affect the pregnancy until after the birth,” Rinat described the birth of the surrogate child as strange and miraculously different from the birth of her own children:

Suddenly I go to bed, lay in bed, and I have labor pains. In my own births, I don’t have labor pains . . . not in the births of any of my children. . . . Suddenly I felt these pains. . . . If I ever have labor pains, I get them in my back. And these didn’t come in my back. Here, I really felt pains in my belly.

Women’s descriptions of their bodies during surrogacy almost always included examples of how the body responded differently to artificial pregnancy than it had to “natural” conceptions. Ravit reported that “this pregnancy is making me experience all sorts of strange and unexpected things with my body.” Since surrogates had previously experienced, on average, 2.54 pregnancies, they were certain they “knew” how their bodies “normally” reacted to pregnancy. They so often compared three models of the body in their narratives—the natural everyday body, the natural pregnant body, and the artificial surrogate body—that I ended up incorporating the comparisons into my interview questions.

For some of the women, the artificial surrogate body acted oppositely from the natural pregnant body. Sapir claimed that when she was pregnant with her son, she “was always sleepy. I would wake up like a prima donna, feeling faint. My mom would wake me up around 11, and I would go into the living room and continue to sleep until 12.” She
compared this prenatal lethargy to the insomnia she experienced during surrogacy: “I couldn’t sleep at night, so all night I would be awake and during the day I would sleep, and my whole daily schedule was turned upside down.”

Some women felt uncharacteristically good physically during surrogacy. Idit, who had birthed two children and had terminated several additional pregnancies, said that during surrogacy she felt “healthier than in any of the other pregnancies. . . . No swelling, not anything. [In my pregnancies] there were more problems than in this pregnancy.” Batya found that her surrogate pregnancy, after five pregnancies of her own, was the least symptomatic and the most comfortable. She explained that “in my pregnancies . . . I have fainting spells. Here, I didn’t have any! . . . Actually, in this pregnancy, I just bloomed, really!”

For the majority of women, however, the “artificial” body caused unexpected suffering. Tamar pointed out that when she was pregnant with her daughter she “was active, energetic,” whereas during surrogacy, “I had no strength, I felt heavy and ugly and fat.” Moreover, during her daughter’s gestation, she “only gained 12 kilos [26 pounds], and I didn’t vomit at all, but in [her intended mother] Miri’s pregnancy, I vomited and gained 20 kilos [44 pounds]. In the end, I weighed 86 kilos [189 pounds]! It’s also from the hormones, because they aren’t natural. So physically, this pregnancy was completely different than the pregnancy with [my daughter].”

Like Tamar, many of the women contrasted their suffering during surrogacy to the relative ease and uncomplicated nature of their previous pregnancies. In fact, in line with their U.S. cohort, one of the reasons they had chosen to become surrogates was their previous experience of easy pregnancies and uncomplicated deliveries, and it was on the basis of their generally good health that they had passed the stringent medical screening of the surrogacy approvals committee. The surrogates referred to details of these previous pregnancies to highlight the unanticipated behavior of the artificial body in surrogacy. Some said they would not have chosen to become surrogates if they had known it would be so physically difficult.

Neta claimed that she was “not a sickly type,” so she was surprised to discover that during surrogacy she “was very ill that winter. I was ill around three times. With antibiotics.” Belle experienced bleeding, pain, vomiting, tiredness, and dizziness during surrogacy, after having gone through “great” pregnancies with her own three children. She was hospitalized several times, and in the twenty-second week began to experience
swelling in her left hand and then in her right. Soon her feet began to swell and cause her pain throughout the day, returning to normal only after she gave birth. When I asked Belle why she thought her illness had occurred, she asserted that the “hormones” had caused the bleeding and the pain:

The pregnancy was different from a bodily perspective, but that is clear. . . . Here it was with hormones that change your moods and everything. It is because of the hormones that the pregnancy is different. It was also different because the hormones made me hungry, like the hunger that you get before you have your period. It’s the same. I also had a lot of bleeding. The bleeding continued up through the end. . . . And there were also all different unexplainable pains, like contractions of the uterus, things that have no explanation. . . . Look, the pregnancy is not natural, so there is always a 50 percent chance that it will take or that the body will push it out.

Belle understands her bodily reaction to the pregnancy as a direct result of medical technology. However, such tales of bodily disruption occurred equally among surrogates who received hormone injections and those who conceived on “natural” cycles with no hormone preparation at all. Other factors, such as the amount of elapsed time since their most recent pregnancy, did not seem sufficient to the women to explain their body’s unfamiliar response to surrogate pregnancy. Instead, they seemed to strategically search for signs of otherness to maintain their classification of the pregnancy as unnatural.

The surrogates’ descriptions of their symptoms as indicators of an “abnormal” pregnancy may be a narrative strategy they used to stress their distance from the role and identity of mother. This idea is further strengthened when these women’s pregnancy experiences are compared to those of their nonsurrogate cohort. A study conducted in the United States showed that nearly 90 percent of pregnant women surveyed experienced nausea or vomiting during pregnancy, and for 25 percent of these women, the symptoms continued through the twentieth week.24 These symptoms were so common that the conventionally pregnant women Murcott interviewed interpreted them as signs that their pregnancies were “normal.”25

Miller argues that physiological events have no meaning until actors choose to ascribe meaning to them, and that the same set of physical symptoms can be ascribed opposite meanings depending on the social role and identity with which they are associated.26 Miller found that those U.S. women who had planned their pregnancies and were ready to adapt to a “pregnancy identity” and social role interpreted symptoms such as
nausea as a sign that they were pregnant. By contrast, those who had not planned their pregnancies and were not expecting these symptoms interpreted them as illness. In this light, surrogates’ interpretation of these symptoms as signaling illness rather than a “normal” pregnancy may be an expression of their desire to distance themselves from the role and identity of mother-to-be indicated by these bodily signs. This may be why the surrogates do not normalize their illness or downplay its significance but embrace its narrative power to stress the otherness of the pregnancy.

These illness narratives can also be interpreted as subversive somatic commentary on the unpleasant effects of conceptive technology, which the surrogate blames for making her vomit, gain or lose weight, and lose her hair. Coker interprets the illness narratives of Sudanese refugees in Egypt as somatic testimonials to their political powerlessness and the loss of their land and community.27 Since the same pattern of symptoms and interpretations occurred among surrogates who conceived on “natural” cycles without hormones and among those who were medically prepared for conception, I would suggest that the surrogates, like the refugees, are expressing a type of somatic and narrative resistance to their situation. The cause of her bodily disruption is always other to the surrogate; it lies with the “artificial technology” or with the foreign couple/embryo that has taken up temporary residence in her body. The illness is never caused by her nature, and it nearly always contrasts with her earlier relatively easy personal childbearing experiences.

The illness narratives may thus be considered symbolic expressions of the surrogate’s lack of freedom and structural powerlessness under the restrictive contract and surveillance of the body politic, medical institution, and contracting couple. In general terms, these illness narratives reminded me of spirit possession, which not only occurs predominantly among women but is also frequently interpreted as a reaction to structural powerlessness or being colonized.28 In an article published over thirty years ago, Graham explicitly compared the characteristic features of regular pregnancy with spirit possession;29 this comparison seems even more apropos when the body’s uncommon reaction during pregnancy is ascribed to synthetic substances and an embryo fertilized outside the body using another woman’s eggs. As I show in the following section, surrogates not only express symptoms of illness during surrogacy in common with the possession idiom, but they also experience cravings for particular foods, which is another characteristic of possession. In these ways, the surrogate somatically alludes to being possessed not just by technological artifice but also by her couple’s nature.
THE OTHER NATURE SPEAKS UP

To this point, I have outlined the nature/artifice dichotomy as it is inscribed on the surrogate body. Yet as their metaphors demonstrate, women’s complex embodiment during surrogacy also includes the couple’s nature, which they incubate in the artificial body. Surrogates, thus, not only recognized how the artificial body differed from their own natural body but also identified the foreign presence in their bodies as the couple’s nature. This foreign presence in the body was most often seen as deriving from the intended mother alone, rather than from both members of the contracting couple. The presence of this other nature in the body was communicated most vividly in a surrogate’s food cravings, which she ascribed to her intended mother’s personality. Tamar, for instance, felt that her insatiable hunger during surrogacy could be attributed to her intended mother’s appetite:

I had an appetite and I suppose, I think, that maybe that is because Miri, bless her heart, loves to eat. And her genes are also fat genes. . . . Because in my pregnancy with my daughter I didn’t have an appetite, and in my pregnancy with [Miri’s daughter] I ate a lot. I wanted to eat all the time.

Tamar attributes her change in appetite to her intended mother’s genetic tendency toward fatness, as though by carrying her couple’s embryo, the characteristic tendencies of their nature could cause her to engage in unfamiliar binges. In addition to consuming large amounts of food, many surrogates claimed that they developed an affinity for foods they had not known or liked in the past. Most of these cravings were for foods consistent with a couple’s ethnic heritage. Sapir, for instance, whose background was Georgian, found that she intuitively craved the foods of her couple’s Ashkenazi ethnic cuisine:

On Wednesday they did the return [embryo transfer], and on Thursday I knew that I was pregnant. . . . Because in my whole life, I never ate soup. I am not the soup type. Suddenly, I feel like having soup. How could you not see that I have an Ashkenazi inside? Suddenly, I want soup. And I would finish a whole pot every two days. And rugelach [an Ashkenazi sweet].

Sapir identified her cravings as specifically linked to a heritage that is foreign to her yet connected to her couple. This aided her in distancing the pregnancy from herself and in reassuring herself that there was no possibility that the child she carried was her own child. In Israel, Jews of European descent (Ashkenazi) have been privileged over other immigrant groups, including Jews who immigrated to Israel from Arab
countries (Mizrahi). In this light, one might interpret Sapir’s cravings as a critical commentary on the colonization of her Georgian body by an Ashkenazi couple. However, ethnic differences were also commonly operationalized in the cravings described by Ashkenazi surrogates gestating the embryos of Mizrahi couples and by surrogates who associated themselves with various affiliations within the broad Mizrahi category. Thus, I interpret the communication of ethnic cravings in this context as a powerful signifier of differentiation.30

The communication of ethnically inspired pregnancy cravings also served to encourage intended mothers to foster a sense of identification with the pregnancy. Yael, an intended mother, told me how her surrogate’s cravings had affected her:

Yael: One day, she called and said, “Yael, you know, I have a craving for this kind of soup that Moroccans cook.” I said, “I’ll tell you the truth. I don’t know how to make it, but I will ask my mom.”

Elly: Is she [the surrogate] Moroccan?
Yael: No, she is Iraqi.
Elly: You are Moroccan.
Yael: Yes. So I came and said to my mom, “Listen mom, it’s like this.”
“What’s the problem?” [mimicking her mom’s voice]. At that same moment she prepared it, one-two. I took it to her [the surrogate], and she drank it. . . . What my mom says is, “If it was you, wouldn’t I do it for you? If you had the craving? So this is the same thing.”

Her surrogate’s craving for a soup particular to Yael’s Moroccan heritage and foreign to her own Iraqi ethnicity gave Yael the opportunity to involve her mother in the pregnancy and to feel more connected to it herself, as if it were occurring in her own body. In a later conversation with Yael, I learned that this soup was particular to the part of Morocco from which her parents had immigrated, very specifically identifying the pregnancy with Yael and distancing it even more clearly from her surrogate.

Other surrogates also emphasized the distinctive nature of their food cravings and interpreted them as strange and particular to surrogacy. Tilly, who was Iraqi, referred to her couple’s ethnic background when she claimed to have “a real taste for Ashkenazi food during this pregnancy.” Likewise, an Ashkenazi surrogate named Sherry told me that she had a particular taste for the spicy condiment harif during the earlier months of the pregnancy, which she thought might reflect the food tastes of her Mizrahi couple. The surrogates seemed to experience
cravings that accorded with their intended couples’ ethnic heritages to different degrees of specificity, depending on the extent of knowledge of couples’ backgrounds. For instance, Ariella, whose surrogate was a recent immigrant from Russia, reported that the surrogate craved a food that was not particular to her own ethnic group but that seemed to generally symbolize her ethnicity to her surrogate:

Ariella: I asked her if she wanted me to make her something, if she had a desire for something. So she said, “I bet that Yosi’s [Ariella’s husband’s] mother cooks well.” So I said to her, “So do I.” So she said, “I have a taste for couscous.”

Elly: That is not a food she regularly eats, is it?

Ariella: Are you kidding? She’s Russian. They don’t even cook, the Russians. They only buy prepared food. And never couscous—what’s the connection at all between her and couscous?

Elly: But you are Persian. Do you eat couscous? What is Yosi?

Ariella: Yosi is Egyptian. But I do make couscous. And anyway, I think that she didn’t know exactly what we were. She thought that we are Mizrahi and that Mizrahi eat couscous.

The cravings described by surrogates are particularly interesting in light of studies of conventionally pregnant women showing that they typically crave foods they normally eat. The women Murcott interviewed interpreted whatever food aversions or cravings they had as “normal” symptoms of pregnancy and as part of their general attempt to frame pregnancy as an ordinary experience. They refused to indulge in or to live out any of the bizarre stereotypes of pregnancy behavior popularly characterized as odd or peculiar. This normalizing behavior stands out against the surrogates’ emphasis on the distinctive nature of their surrogacy appetites. When surrogates crave the salty soups of their couple’s ethnicity, for instance, they stress the naturalness of the pregnancy for the intended mother and its distance from the surrogate’s own ethnicity. Moreover, they illuminate the relationship between self and other within their bodies. As Lupton observes, when eaten and absorbed, food becomes part of us. Food crosses our bodily boundaries, becomes part of us for a temporary period, and then is expelled from the body. After we ingest it, food enters a liminal phase in the body, which Lupton compares to the liminal presence of a fetus in a pregnant woman’s body.

The surrogate’s craving for her couple’s ethnic foods expresses the ambiguous situation she embodies: she encourages the couple (their food and their nature) to cross the boundaries of her body for a temporary period. It is clear to her all the while that her hunger is not her
own but the hunger of the foreign nature she carries. The presence of the couple/fetus in the body thus affects her behavior, but she recognizes it as “other” than herself.

The ability to identify the couple’s foreign nature within the artificial body was most vividly portrayed by Ye’ara, who was a surrogate twice, for different couples. The intensity of Ye’ara’s portrayal may be linked to the extreme differences in ideology and lifeworld that existed between her and her couples. Both couples were ultra-Orthodox Jews, while Ye’ara was not just secular but antireligious. Indeed, she had not married her common-law husband, Natan, who had been her partner for fourteen years, out of protest against the religious authorities that govern marriage in Israel; she vowed only to marry when civil marriages were permitted. Yet she had deliberately chosen to contract with ultra-Orthodox couples because she was interested in bridging differences between the secular and the religious and felt that the surrogacy experience in each case would be an interesting challenge. Natan, whom I also interviewed, observed how Ye’ara displayed behaviors foreign to herself in each of the pregnancies. In both pregnancies Ye’ara was nauseated, which she had not experienced while gestating her own two children. Moreover, Natan reported that during the first surrogacy Ye’ara craved certain condiments she usually abstained from, became ill at the thought of meat, and was repulsed by food in general:

She changed all of her tastes. . . . She liked to eat only this and that. It was as if a dibbuk [spirit] had possessed Ye’ara and was carrying out the process through her . . . Things that [she] never ate, like ketchup and mayonnaise . . . there were all different things that you could see that it wasn’t the same person that was there before.

The second pregnancy, by contrast, gave her an unusually ravenous appetite, a particular taste for cola, and a craving for barbecued meat. As a participant observer in Ye’ara’s surrogacy experiences, Natan identified the foreign presence in his wife’s body during surrogacy by reference to a dibbuk—a Jewish idiom referring to possession by an often-troublesome spirit. His spontaneous comparison between the surrogate pregnancies and spirit possession recalls Graham’s observation that, in both pregnancy and possession, the individual’s body is “invaded” by an alien being whose presence explains her behavior and exempts her from responsibility for her actions.34

Yet the presence in Ye’ara’s body was not an abstract entity but directly linked during each pregnancy to the intended mother’s personal
characteristics. Thus, Natan observed changes in Ye’ara’s behavior as manifestations of the intended mother’s personality. Describing the intended mother in Ye’ara’s second surrogacy as a lethargic, sickly, terrified, and hysterical woman, Natan observed that Ye’ara’s usual good health, optimism, courage, and rational thinking temporarily vanished, leaving her uncharacteristically unsure of herself, needy, physically weak, and plagued by irrational fears. He even ascribed Ye’ara’s temporary aversion to her usual compulsive tidying up of the house to her intended mother’s characteristic untidiness.

Ye’ara, on her part, saw these changes in her personality and tastes as the logical outcome of surrogacy, explaining that it “sounds so logical to me. It really makes sense. Because it is another person’s baby, a different [person’s] personality and different hormones.” Throughout the second pregnancy, she knew, she said, that what she was experiencing was the intended mother’s nature making itself known: “All of the heavy feelings and the difficulty and feeling unwell, I’m not like that. . . . But I had days here that I couldn’t even move a glass from one place to another. It wasn’t me. That’s why I was so eager to give birth already, because I wanted to get my life back.” Indeed, during the birth, Ye’ara experienced a marked transition back to her former self: “The fact is that during the birth, I returned to be who I am.”

The idea evoked in the women’s tales of the foreign nature in their bodies is similar in many ways to a phenomenon found among organ transplant recipients. Fox and Swazey note that both givers and receivers of organs engage in an animistic, magic-infused thinking. Donor families often feel the need to meet the persons who received the cadaver organs of their loved one and to have contact with the part of their deceased relative that “lives on” inside the recipient’s body, and recipients sometimes describe changes to their personalities after receiving a donor organ that they liken to the donor’s characteristics.

Sharp found that this occurred even when the recipients did not know who their donors were (organ donation is usually anonymous). Recipients still imagined that they had acquired some of a donor’s characteristics, especially when the transplanted organ carried strong metaphoric and symbolic meanings, as in the case of the heart. Sharp interprets this behavior as the recipient’s attempt to restructure his or her self after the transplant, a feat that can be achieved either by the incorporation of the organ into the recipient’s “transformed” self or by neutralizing the organ’s origins and mechanistically considering it a “spare part” that has no effect on the recipient’s self.
Surrogates combine both strategies of restructuring the self while temporarily “carrying” the foreign organ/embryo. They selectively distance some bodily phenomena by ascribing them to “artificial” technology and other bodily occurrences by referring to them as manifestations of the couple’s nature. Together, both strategies not only aid them in signifying what parts and behaviors are “other” to themselves but also help them recognize the boundaries of their personal selves within their “occupied” bodies.

THE NATURE OF NATURE

Why do surrogates hold so steadfastly to this scheme during surrogacy? What other meanings does the nature idiom carry, and what is at stake if it is not carefully preserved? One explanation may be that, by emphasizing the naturalness of their maternal attachment to their own children, surrogates are able to confirm their normativity as women and as mothers. Their articulations are consistent with those discussed in other studies of assisted conception that often employ nature as an idiom for reconciling technological paths to parenthood with normativity. Indeed, Thompson has shown the power of this idiom across different technologically assisted contexts in which consumers “strategically naturalize” genetic, gestational, or social elements, depending on the procedure they use.

Yet surrogates’ distinctions between nature and artifice are not entirely consistent with studies of women’s attitudes toward fertility treatment more generally. Studies in the United States and Britain have shown that IVF patients tend to discuss the technology itself as “natural,” as a “bridge” to nature, as giving nature a “helping hand,” or as keeping it on course before the body picks up and itself continues a pregnancy “naturally.” The emphasis that the surrogates in my study put on the unnaturalness of the technology speaks to the importance they ascribe to keeping their personal “nature” untouched by the surrogacy process. It is the unnaturalness of the process that enables the surrogate to explain her distanced emotional response to the baby and to confirm to herself and to others that she is not deviant, even as she engages in the nonnormative act of agreeing to relinquish a child that she births.

Surrogates’ attempts to denaturalize technology are also revealing about their stance vis-à-vis the technology itself. Whereas persons influenced by dogmatic Christian beliefs may view human intervention in
“nature” as an affront to G-d’s will, many Jewish scholars agree that such technology is not necessarily morally contentious. Indeed, Israeli policy makers have expressed fewer serious ethical and moral reservations regarding reproductive technologies than have been raised in other Western countries. In Judaism, the divine commandment to “be fruitful and multiply” is regarded as binding, especially in the realm of human reproduction; it is telling that this commandment is combined with a second divine command to “subdue the earth.” In the realm of reproduction, humans are thus not only entitled but also mandated to “interfere” with G-d’s creation—it is morally permissible and mandated to alter “nature.” Thus, surrogates’ emphasis on the unnaturalness of technology may be influenced by a decidedly Jewish approach to technological intervention in “nature.”

Surrogates’ approach to “nature” also has repercussions for gender. As feminist anthropologists have long argued, following Ortner’s influential essay on the essentialist conflation of biological functions and social characteristics, in many societies women have historically been hierarchically affiliated with nature, whereas men have been associated with culture. Strength, firmness, and aggression are represented as the natural characteristics of the male body, and liquidity, animality, and leakiness are represented as the natural condition of women. Surrogates seem to be upholding these “naturalistic views” of the body that legitimize gender inequalities. Their idea of nature is that of an uncontrollable, emotional, instinctual, and dangerous substance that must be controlled, subdued, and contained by medical technology, an arena considered in the radical feminist literature to be dominated by men. The surrogate’s idea of nature is also used to maintain a sense of normativity that equates womanhood with motherhood—an equation that feminists have made great efforts to break apart. This idea thus seems to express subjugation and surrogates’ willingness to submit to male control of their bodies to override the supposed hysterical qualities of their allegedly inferior female “nature.”

At the same time, surrogates’ narratives reveal an important subversive commentary that simultaneously upends and reifies the patriarchal idea of biology as women’s destiny. Surrogates may be submitting their bodies to a doctor’s control, but only to use that external harness to control the outcome of their own actions. In particular, they may believe in an essentialist idea of nature, but they also exemplify the empowering idea that a woman can become independent of the influence of her so-called nature. Engaging in actions similar to those Thompson has
described as “agency through objectification,” they invoke the same technological representations (IVF, mechanistic metaphors), which critics see as alienating women, in order to exercise personal agency.

These women believe that by embracing the power of technology to control their bodies and through their own complex cognitive classifications (nature, artifice, other nature) and self-objectification (mechanistic womb metaphors), they have the power to overcome any innate emotions and “natural” uncontrollability that may stem from their bodies. They may therefore believe that women are destined to become mothers, and they may submit themselves to patriarchal control, but they also subversively use the tools of patriarchy—medicalization, objectification, and technology—to make sure that “maternal nature” manifests itself only where and when they want it to.