

*Surrogacy on Stage. Theater, Movies and Documentaries about Assisted
Reproduction, Kinship and (be)longings*

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During the last decades, India has become a popular destination for fertility tourism. A growing number of Indian fertility clinics offer treatments and surrogacy services to both Indian and Western customers at prices very competitive to a Western market. Infertile -, homosexual couples and single individuals not just from Europe, the US and Australia, but also from Japan and the Middle East have gone to India bringing hopes and expectations of becoming a family. Thus not only the production of traditional goods is outsourced from the first to the third world; in the current era of globalization, also pregnancies and childbirths as well as conventional categories and traditional frameworks of understanding family formation and kinship are challenged.

In this chapter I will look at the phenomena through the lens offered to us by theater- and film producers, who have taken an interest in this complex subject. They too have travelled to India in great numbers in order to document and understand what is going on, and to bring home stories suitable for the market of cultural products. As a theme, surrogacy in India contains many of the facets that make a 'good story' and appeals to an audience.

I follow narratives of transnational surrogacy in India through the preparation of a Scandinavian stage play, various media representations, international documentaries and Indian, Bollywood movies. I am in particular interested in the intersections between stories, media and society, the authentic and the fictional, the interplay between rhetoric, emotions and arguments. I view the commercial field of transnational reproduction industry to be a materialization of globalization as characterized by Arjun Appadurai in terms of ethnoscaples, technoscaples, financescaples, mediascaples and ideoscaples, as a global flow of bodies, cells, money and information is on the move in what American anthropologist Marcia Inhorn has characterized as a 'reproscape'. (Inhorn, 2010; Appadurai, 1990). Inspired by Scott Lash and Celia Lury's *Global culture industry: the mediation of things*, I consider narrations as being 'objects' circulating in a global media economy, and observe how narratives and understandings seem to 'move' and 'slide' between each other and between media and society. (Lash and Lury, 2007; Ahmed, 2004) I argue that the narrations on one hand show and share a neoliberal take on reproduction, where children as well as reproductive material and wombs have become objects with economic value on a global market. Yet the replay of particular understandings of surrogacy and fertility travel is not the only thing going on. Imaginings and formations of kinship and (be)longings interact in both planned and unplanned ways as narrations, thoughts, affects and expectations are performed and circulated in a global culture industry of meaning.

Following the stories

Scott Lash and Celia Lury recommends to follow object in a way that is based on Appadurai's notion of 'mediascaples' as an environment with no distinct division between media and society, where "the people who make, circulate and use objects are not external to such an environment." (Lash and Lury, 2007: 28). That this is the case in the area of my work, became obvious to me as I had the opportunity to follow the theatre company Global Stories and their research work for the play *Made in India* -

Notes from a baby farm on a research visit to India during March 2012.¹ It took place in the relatively small town Anand, in Gujerat, that has become a hotspot in the Indian surrogacy industry. The owner of Akanksha Infertility Clinic in Anand, Dr. Nayana Patel, has become one of the best known Indian fertility doctors, since she was a guest in Oprah Winfrey's talkshow in 2006, and in 2007 featured in the American Marie Claire Magazine. The taxidriver who met us at the airport told us, that he was the one who drove Oprah Winfrey's team around town, and he was surprisingly well informed on the whole area of fertility traveling in India. Also, the translator Yesya was up-to-date on the issue of surrogacy, as she had worked for a while with a film crew from Switzerland. They left the hotel a few days after we arrived, after having shot material for a documentary film on surrogacy.

Global Stories collected symbolic or characteristic props for the scenography: e.g. plastic chairs, colorful textile and milk containers. Also, an ambitious embroidery project among the surrogate mothers was arranged and conducted. Embroidery is a traditional Indian handicraft and many of the surrogates used their free time at the surrogacy hostel to do skillful embroideries. The theater company encouraged them to do small pieces of work with reproduction and surrogacy as visual themes. They were paid an amount of money for their work and the embroideries became a part of the scenography in the play. Global Stories also photographed and filmed both still pictures and moving images to document the clinic, the surrogate hostel the local surroundings and the Indian environments for the multimedia theater performance.

As a part of the research process, we stayed at a hotel where patients and intended parents lived (both Indian and from abroad). Both Westerners and Indian single as well as couples waited for treatments, for their babies to be delivered by an Indian surrogate, or resided with the newborn whilst the paperwork and passports were done. One important informant was the Canadian woman Lisa. She had been living at the hotel for a long time and was an experienced and in many ways professional intended mother. She was expecting "twiblings" (genetic twins, born by two different surrogates), who were scheduled to be born on the same day), but as one came prematurely, she was staying at the hotel with her firstborn, a son, and waiting for the birth of the second baby. Having been through every procedure (hormonal treatments, extraction of eggs), she served as a resource willing to advice and counsel other women, including some of the young American egg donors who seemed quite unprepared for the experiences they were facing and the conditions of the Indian health service. Lisa herself had hired a former surrogate mother, Diksha as a personal helper, during the nights. Both Diksha and Lisa were experienced not only in the field of surrogacy, but also in the area of film and media. Lisa had told her story to newspapers worldwide and is (under the pseudonym Jennifer) the main character in the revised version of Global Stories stageplay (2013). Diksha features in the former mentioned Swiss documentary *Ma Na Sapna - A Mother's Dream* (Valerie Gudenus, 2013) and in *Google Baby* (Frank, 2009).

Analytically, I am inspired by Emily Martins arguments on how reproduction is 'naturalized,' as it is reconstructed in recognizable and conventional ways of understanding

¹ Global Stories (Stagedirector Ditte Maria Bjerg) do research-based docufiction, using performative and interactional strategies (<http://www.globalstories.net/>). The play was staged in Sweden 2012 and will appear in a revised version in Odense, Denmark in 2013.

the family. (Martin, 2001) I refer to my own study of weblogs written by intended parents (American, Australian, European) of Indian surrogate children, how they use various rhetorical strategies to create respectability and gain control over the pregnancy and often narrate the process using a mixture of traditional literary genres and new metaphors. (Hvidtfeldt Madsen, 2012; Kroløkke and Pant, 2012)

I draw upon critical feminist and postcolonial theory concerning the western 'gaze' upon Indian surrogates (DasGupta, 2011) and on Amrita Pande's fieldwork among surrogates in Gujarat, through which she shows how the surrogate mothers often display alternative understandings of motherhood and kinship pointing towards the physical closeness and the shared blood during pregnancy (Pande, 2011). Similarly, Charlotte Kroløkke and Saumya Pant have analyzed how neoliberal discourses have entered in the area of transnational surrogacy. All in all I seek to grasp and understand how various rhetorical and narrative structures interact and become conflictual as well as how notions of kinship are de- and reconstructed concurrently while the still new and more advanced methods of assisted reproduction becomes transnationally available and new forms of dissemination enters the global media culture industry.

\\Google_baby

The Akanksha Infertility Clinic, where Diksha works, is central Indian location in *Google Baby*, a HBO-documentary produced by the Israeli instructor Zippi Brand Frank (Frank, 2009). As the main character, the film follows Doron, a gay man from Israel, who is already the happy father of a daughter born by a surrogate in the US. He tries to start a business servicing other gay couples, who wants to be parents, but are unable - or unwilling - to pay the US prizes for a surrogate mother. We follow him to the US where he plans to buy donor eggs and fertilize them, and to India where surrogacy is more affordable. We meet Katherine, a 28-year-old American who has successfully donated eggs, and plans to donate again to help pay for the remodeling of her family's home. He travels to Anand in Gujarat in West India where he seeks out the famous Dr. Nayana Patel and inquires the possibility of using Indian surrogates in her clinic. He is introduced to the surrogates and their conditions of work. Diksha appears as a pregnant surrogate mother, but later in the film she is reintroduced telling that she lost the child in the 5 month of pregnancy ("it was the worst moment in my life"). As most surrogates, she had hoped to buy a house with the money and to provide a better future for her own children, and her disappointment seems directed towards her own grief of not being able to buy a house more than the grief of losing the baby. The camera follows her to one of these houses bought by another surrogate and her family and the patriarchal family life; in a conversation with Diksha, the husband acknowledges that "women's brains do work at some occasions", and that her work as a surrogate has changed their life, however her own voice is not heard. In everyday family life he is in charge over her earnings, they have bought house and furniture, but as they still do not have enough to send their son to school, the husband states that they "will have to send her to be a surrogate again".

The documentary makes visible how traditional, Indian ways of life and modern, Western lifestyles both coexist and collide in the field of transnational assisted reproduction and surrogacy. The main character Doron lives openly in a homosexual relationship. He personifies globalization, mobility and agency as he travels around the world on airplane, by car or in a rickshaw, and becomes a father through assisted re-

production and transnational surrogacy. Though very traditionally, it is his mother who stays home with the baby, while he works, and they keep in touch on their mobile phones. He meets on Skype with the egg donor of his daughter, allowing her to be to some extent a part of her life, and he shows his clients how they can meet and choose egg donors online on a clinic's website.

In the fertility clinic in India, the floors are cleaned with traditional, handmade brooms, whilst the doctors perform advanced IVF procedures. Waiting is a central theme: Doron waits among patients and surrogates in the clinics waiting room. The pregnant surrogates are presented in their beds positioned closely side by side, as either still waiting for results or already pregnant. The quietness and patience of the surrogates awaiting the 9 months to pass is opposed by the almost violent efficiency of the cesareans performed; if possible always on a Tuesday.

In one of the initial scenes of the film, we see a little boy being born through an efficient cesarean cut. The Indian surrogate is referred to as "Mother Mary – the mother of the orphans". The chosen camera angle shows her positioned on the operation table as a crucified victim.



Google Baby 0:01:50

Dr. Patel who is performing the operation talks on her mobile phone both before and during the procedure. She does at no point offer serious attention to the surrogate mother with whom the camera has eye contact just before her belly is opened. At this moment she shows a calm expression, but tears are gathered in her eyes as the little (white) child is pushed and pulled out of her uterus. The sound of the womb being cut up, the cry of the newborn child and the doctor's happy laugh is blended with the visual impression of several bodily fluids (blood, tears and the little boy urinating for the first time as he is presented, hanging upside down) in a highly sensory and emotional scene. The next moment the boy is shortly presented to the birth mother and his crying suddenly stops as if he through intuition knows that this will be both their first and last meeting. The doctor sews the surrogate's uterus together, while she at the same time, on her mobile phone, serves the next client. Contrasting with the simplicity just shown, she loudly states that "it's a very complicated procedure, surrogacy". Afterwards she leaves the delivery room without paying more attention neither to the child nor the surrogate. The comment from the assistant holding the baby: "I will bring the baby to the mother" reveals that 'Mother Mary' is not the only – or even the primary – mother of the child that she just gave birth to. The next scene shows Doron's home in Israel, where he and his partner proudly presents their daughter to friends and family and shares her creation story. Thus *Google Baby* demonstrates the contradictory

condition of transnational assisted reproduction and to which extent parenthood has become diverse.

Thus the documentary slides from the visual image of the sacrifice offered by the surrogate (Mary) on the cross to a neo-liberal world order where Doron meets his clients, the doctors and other surrogates. This frame of understanding legitimizes an entrepreneurial way of thinking and acting, and as the title *Google Baby* suggests, the child seems to become a commodity comparable to other goods that are often purchased favorably on the internet. Doron decides to work with a fertility clinic in Mumbai. They give him the possibility of offering “two surrogates for the price of one”, and suggest reductive abortion as a possible and acceptable surgical procedure if the result shows to be more than two fetuses. None of the clients hesitates to accept this offer, and while Doron is on one hand excited for the new possibilities for gay men to become parents, he is troubled by “the idea of two simultaneous pregnancies” and feels “instinctly” that something is wrong, and that he had a different and much stronger sense of involvement in the pregnancy, when he expected his own daughter.

In Anand *Google Baby* follows Diksha, who works at the clinic whilst waiting for the opportunity to be a surrogate again. Lastly the film shows a cesarean performed on a surrogate who indicates to feel physical pain, which does not hold up the procedure. A long take of her expressionless eyes are followed by the birth of a baby girl. The doctor happily announces that the baby has a very fair skin although an Indian donor is used. As the intended parents from Britain have not been able to arrive in time for the birth. Diksha is appointed as a full time caretaker for the baby and the camera follows her as she walks out in the daylight with the newborn child.

Made in India

The American documentary *Made in India* (Haimowitz and Sinha, 2010) is coproduced by Rebecca Haimowitz and Vaishali Sinha, both living in New York. Like *Google Baby* this documentary also presents Westerners going to India for surrogacy services by following the American couple from San Antonio, TX, Lisa and Brian Switzer, who after 7 years of infertility, have sold their house and risk their savings stating that “this is our one and final shot”. The Medical Tourism company “Planet Hospital” has promised them an affordable solution in Mumbai, where the clinic Rutunda has specialized in transnational surrogacy arrangements. Happily they get the announcement, that ‘their’ surrogate is pregnant and later, that she is even expecting twins. They are as Doron was, very engaged as intended parents and follows every possible step of the surrogate’s pregnancy process. The 27-year-old surrogate Asia lives in a one-room house in a slum in Mumbai with her husband and their three children. Asia has been introduced to the fertility clinic by her sister in law, who follows her throughout the process. She is unorthodox Muslim, and wears a burka mostly to hide her identity from the neighbors as she enters the fertility clinic to be implanted with Lisa and Brian’s embryos. And that she is unorthodox as a wife as well which is shown as she independently takes on the decision of becoming a surrogate. At first she laughs with disbelief of the possibility of becoming pregnant “without having a relationship,” but when she understands the basic principle of assisted reproduction, she signs the agreements without her husband’s consent (“I made up a story and made him sign”). Once he realizes her pregnancy it is too late to undo the act. Asia tells that she was “a little scared” when she learned of the twin pregnancy, but is helped by

her faith (“there’s a God above helping out”). She was told that the children were going abroad, but otherwise she states that she has not thought much about the gender of the children or the nationality of the parents. She is however very concerned about her earnings, and in the days of her stay in the surrogate hostel, she talks a lot about the longing for her own children. The family is under economic pressure, as the husband, who is an auto mechanic, does not have enough work to support the household anymore, thus her plan is to save the money to secure the future of her children, especially for the daughter.

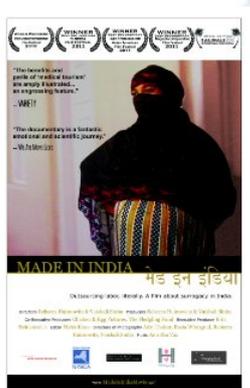
Aasia does not act like an exploited victim, as the surrogates in *Google baby* in some cases are presented. She also seems to avoid the position as ‘patient’ as far as possible. She gains respectability by acting as an entrepreneur and does not hide, that she is only a surrogate for the sake of money. Lisa and Brian were told that they would not be meeting the surrogate mother, but as Aasia suddenly has complications, she is taken in to the hospital closest by and delivers the premature twins through an emergency cesarean. This appears to be a hospital without an agreement with the fertility clinic and with no understanding of the transnational surrogacy arrangement. They refuse to put Lisa’s name on the birth certificates and also keep Aasia, although she is desperate to go home, as a patient for longer than necessary, probably because her bill is well paid for by a third party. This allows Lisa to seek out Aasia to express her gratitude, and Aasia uses the opportunity to negotiate her payment. She has received a smaller amount than the clinic offered her from the beginning, which in itself is a lot less than Lisa and Brian’s contract with the Planet Hospital told them would be the surrogate’s share of their payment. And besides the concerns about the care of the premature babies, Lisa is also challenged with legal issues. She is denied access to the hospital, until she seeks support from the American Embassy, DNA tests, and influential people, who underline the Indian government’s guidelines regarding surrogacy, where the rights of the intended parents are highlighted. A meeting is called and Aasia confirms not to claim the children. She gets a larger share of the payment, and Lisa and Brian can bring the children home to Texas.

Both for Lisa and Aasia in *Made in India* as well as Diksha in *Google Baby*, the identity of being a mother is the dominant position and the most respectable position. The affects connected to motherhood: love, desire, and hope are used to naturalize and legitimize their choices and actions. *Made in India* shows how the paradoxical relations between the feeling of agency or no agency, choice and no choice are negotiated: In Lisa’s understanding of her own situation, she has an absence of choice, this is her last and only option to have a child, and she “...just can’t imagine being without kids. I’ve wanted to be a mother since I was about 25 years of age, and here I am turning 40”... “I am heartfelt. I am determined. This is my dream. This is what I need to be whole.” Like Lisa, Aasia likewise uses motherhood as an argument. She manages the potential monstrosity associated with selling or renting her womb by reinstating that her concern is first and foremost as a mother (“everything I do, I do for the children, for their happiness”) but here she is referring to her children at home.

Lisa claims to be “for ever, ever grateful” and for the surrogate “giving me the life I cannot, I will never be able to thank her enough”. Aasia had no expectation of meeting the intended parents and does not seem interested in the newborn when they do meet, but alone in negotiating for more money (“She is happy, I am happy that she is

happy. But I have done this out of my poverty. Otherwise I would never have taken this step”).

In *Made in India*, the position as infertile woman is an important part of Lisa’s identity. Lisa’s painful injections are displayed and the many stressful situations she goes through both at home and in India. In comparison, remarkably few of the surrogate mother Aasia’s treatments are shown. She seems calm compared to Lisa, who (in her own words) is “kind of freaking out”. Thus Lisa understands herself as a diagnosed patient, but she and Brian also identifies themselves as ‘fighters’. They feel to be forced into a ‘reproductive exile’ of sorts, because of the high costs of fertility treatments in the US: “In the US, if you’re struggling to have a child, you have to be a lawyer or a doctor to afford this. It’s not fair”. These positions are highlighted as defenses towards less respectable positions as Lisa and Brian e.g. also appear as consumers (negotiating at the clinic at the same way as at the market). They are tourists as shown walking around town, expressing their intentions of maybe also going to see the Taj Mahal. At home they are directly confronted as villains, as they take part in a talkshow on NBC and afterwards have to defend themselves against hate talk on the internet.



The subject of surrogacy is not just the concern of western film and stage directors; also Indian ‘Bollywood’ movies deal with the issue of surrogacy. Already in 2001 two Bollywood productions *Filhaal* (Gulzar, 2001) and *Chori Chori Chupke Chupke* (Abbas-Mustan, 2001) came out dramatizing surrogacy in its respectively commercial and altruistic versions. The Marathi language Indian film *Mala Aai Vhhaychy!* (*I Want To Be A Mother!*) (Porey, 2011) is particularly interesting as it deals with transnational surrogacy and compared to the previous productions, it positions the surrogate mother as ethically responsible whereas the intended mother acts as a pure consumer and is basically untrustworthy both as a mother and a human.

Surrogacy as mediascape

It is increasingly difficult to estimate how many viewers both feature and documentary film have. Not even Bollywood movies are watched solely in the cinema or on TV. They circulate on the internet and on mobile phones. In Bollywood tradition, the songs often have a life of their own and at the same time draws attention to the specific film and the theme. Both *Google Baby* and *Made in India* are available on DVD, have both been screened on festivals, tv-stations, and have won prestigious awards. *Mala Aai Vhhaychy!* is told to be seen by the Indian and the American president (Jain,

11 Nov 2010). *Google Baby* is available on YouTube in full length. *Global Stories* observed and chose to stage the situation where *Google Baby* is shown in the waiting room in the *Akanksha Infertility Clinic* in their play “Made in India. Notes from a Babyfarm”. Thus surrogates in rural areas of India become informed of the diversity of the media. Surrogacy is a part of very large economy of medical tourism industry in India. But the cultural products and narratives have an economy as well. The production of these cultural products is cause for jobs and economic growth in the communities where they are made, among taxi drivers, hotel staff and restaurants, translators, and as shown it has even become a path of carrier for individual surrogates, who then also reappear in the media discourses as media stars.

Both film and theater aim to be critical voices and also initiate afterthoughts among viewers which are seen reflected in public debates. *Global Stories* states to have a mission of telling stories about the “global dilemmas which we are all part of”. They “create flexible art works and communication, involving and including its audience.” Film makers Rebecca Haimowitz (US) & Vaishali Sinha (IN), who created the documentary *Made in India* (2010) states their critical intentions on the movie website: “We aim to create a film that goes beyond sensationalist headlines and uncovers the personal lives and choices of the surrogates and the infertile Americans involved.” (<http://www.madeinindiamovie.com>). The film was translated into Hindi in 2011 in order to reach, inform and start discussions among the surrogates. *Google Baby* is presented on YouTube with the search words “reproductive exploitation”. *Google Baby* transfers unresolved concerns for the surrogate mothers and for the changes in the view of parenthood as questions to the audience to discuss and consider through Doron’s narration and doubts. It calls for debate, questions the new understandings of kinship and its impact on human relations on a global level.

On Youtube *Google Baby* draws comments from people who strongly disagree with what they see, but also comments that indicate that documentaries like *Made in India* and *Google Baby* at the same time draw attention to the surrogate industry in India and the possibilities for e.g. gays who wish to be parents. The movies renaturalizes parenting as an innate desire (Lisa: “Walk a mile in my shoes before you judge me”) and while homosexual parents in the movie are framed as having reproductive agency akin to heterosexual parents, this kind of agency and homonormativity that it represents simultaneously, could be said to fail to critically interrogate other power dynamics at play. In that sense the film is not only about assisted reproduction as a market, it does itself inform potential customers and legitimize their actions in the reproductive field. Both documentaries give far more screen time to the Westerners (customers view) than to the Indian surrogates. In the second part of the performance, the audience is encouraged to ask questions to the actor Amrita Pande who accordingly takes the roles of either herself as a researcher, the fertility doctor Nayana Patel, or the surrogate mother Puja. Depending on the questions from the audience, answers are improvised and acted out. Thus the different rhetorical positions and identities are materialized, discussed and reflected on stage, though presented as if they each have a unison voice.

This study shows that the cultural productions on surrogacy in India participate in multiple different ways in a complex world order. The narrations take their own life in a global culture industry imaginings and formations of kinship and (be)longings are influenced both in the global north and south. They claim authenticity across tradi-

tional borders of fiction and reality. Cultural productions on transnational surrogacy and assisted reproduction live on all the good stories in the exotic material, but do also provide paths for new and subversive understandings of kinship. They track, document and perform how understandings of kinship and motherhood are ambiguous and changing as the significance of biology and sociality (body, sexuality and gender) is challenged in a global culture industry with a life of its own.

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