The Surrogate's Womb[1] / Arlie Russell Hochschild

Abstract: The essay focuses on reproductive tourism and estrangement not only from our products and people who produce what we consume but also from our emotions and our intimate lives. Concretely, the author focuses on experience of commercial surrogates in India – poor women in whom a couple's embryo is implanted and who carry that baby to term for domestic or foreign clients. Drawing on interviews, the author analyses the world's largest womb rental service and how – out of financial need – the surrogate manages her emotional ties to her own body.
Key words: commercialization, surrogacy, India, global inequalities, reproductive tourism

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At dusk one evening in January 2009, a Muslim call to prayer in the air, I walked around mud puddles along the ill-lit path through a village on the edge of Anand in the northwest state of Gujarat, India. Sari-clad women carrying pots on their heads, gaggles of skinny teenage boys, scurrying children, and elderly men shuffled along the jagged path past brick and tin-roofed shacks and mildew-stained concrete homes. Aditya Ghosh, a Mumbai-based journalist, was with me. We were here to visit the home of a commercial surrogate, 27-year-old Anjali, seven months along with a baby grown from the egg of a Canadian woman, fertilized by the sperm of her Canadian husband, and implanted in Anjali's womb at the Akanksha Infertility Clinic.[2] In several dormitories, the clinic houses the world's largest known gathering of commercial surrogates – women who carry to term the genetic babies of infertile couples living anywhere around the globe. I was to learn from Anjali and others how it feels to finally afford a house secure against the monsoon rains; to rent one's womb to a couple who would remain strangers to her; to manage a detachment from her womb, her baby, and her clients; and to feel she was acting out of "free choice."

I had come to Anand because it seemed to me the ultimate expression – in the words of Robert Kuttner – of "everything for sale."[3] Over the past three decades, in the United States, India, and many other parts of the globe, influential thinkers have pressed for a free market and the policies that would strengthen it – deregulation, privatization, and cuts in public services. The late Nobel Prize-winning University of Chicago conservative economist Milton Friedman, for example, linked these policies to the idea of progress and to the welcomed movement of a market frontier into nearly every sphere of life.[4] On one side of this frontier lies the idea of personal, unpaid favours, gatherings of family, friends, and neighbours. On the other side lies the idea of these activities as available for rent or sale. Some services, such as life coaches, offer expertise that help us do personal, unpaid tasks ourselves – like bring up a baby. Other services take the activity off our hands. Some services have become modern-day essentials (childcare and eldercare, for example), while others seem optional (Internet dating services, life coaches, wedding planners).

What is the human story behind a world of everything for sale? In the *Economic and Philosophic Manuscripts,* Marx noted that a person could become estranged from – as a stranger to – the object he makes (say, a shoe), from the making of it (the cutting and hammering), and from himself.[5] The more capitalism and commodification, he argued, the more estrangement or alienation; he used the terms interchangeably. Not only did the worker become estranged from himself, his tools, and his product, Marx thought, but the customer, too, felt separated from what he bought. Through a "fetishism of commodities," the customer comes to focus on the shoe itself and forgets his relationship to the maker of the shoe, and to the circumstances in which the worker lives and works. For Marx, the growth of factories, the division of labour, and capitalism estrange us from our work and from our being, regardless of culture or human agency.

But what if we flip his statement into a question? Instead of declaring "The worker and client are estranged," we *ask* "Is the worker estranged?" or "Is the client estranged?". What if cultural ideas about what makes for "intimate life" or a "market" – and about what makes for a "good" mix between the two – play a part in a loss of connection or meaning? When does a person become so detached from what she makes or buys as to be estranged from it? To draw a mundane example from modern middleclass life, in my interviews for *The Outsourced Self,* I heard many busy workers say, "I never have time to cook." And yet, many became oddly attached to their newly purchased oven. It seemed to become personal, as it was associated with the fantasy of cooking, which itself remained a warm, homey thing to do. In everyday life, we often become separated from symbols representing our core identity. But when and how? And in what ways do we relocate symbols of self in order to keep personal life feeling personal?

How, we can ask further, do we distinguish estrangement from the many good, necessary, and normal forms of detachment in everyday market life? A checkout clerk cannot sustain friendly feelings toward all 300 customers

whose groceries he daily scans at the checkout counter. Nor, again, can a train conductor personally like the holder of each ticket he punches. What feeling rules guide our sense of just how emotionally involved or uninvolved we should be in any given circumstance?[6] In addition to sensing *what* we feel – joyful or sad, for example – there is the question of *how much* we should care at all.

This is a strange line of questioning. Normally, we imagine we know what personal life is and assume there is not anything we are doing to "keep" it personal. And we are not "doing" anything to keep relationships impersonal, either. We detach – render impersonal – the inconvenient, uninvited, dropped, or culturally ignored bonds. To understand how and when we attach or detach, we are led to wonder about that which is attached or detached – feelings. When we become estranged from a person, we don't *feel* anything for that person. Acts symbolically linked to that person – searching for a photo, visiting – cease to matter. Knowledge symbolically linked to that person – their favourite songs, their sense of humour – cease to matter. When we become estranged from something, we stop having feelings about it.[7]

The realms in which we often think we should feel the most deeply involved – family, community, church – are governed by an overarching ethic, what Lewis Hyde, drawing from Marcel Mauss, has described as "the spirit of the gift."[8] If the world of the market centres on the efficient monetary exchange of goods and services and a capacity for finely measured degrees of emotional detachment, the world of the gift moves through a continual affirmation of bonds, based on responsibility, trust, and gratitude and premised on our capacity for wholehearted attachment. To be sure, these realms can be fraught with difficulty. Families can be confining, churches can promote harsh ideas, and communities can exclude. But as an *ideal,* the spirit of the gift governing all of these defines what we think should go on within these realms. When we affirm symbols of the spirit of the gift, we reaffirm our attachment to – our nonestrangement from – others, even those we meet in the market and those living across the globe.

Geeta and Saroj: Commercial Surrogates

Parallel to the movement of migrant women inbound from the Third to First World is an outbound flow of First World clients to care-workers who remain in the Third World. Some retirees from the North, for example, make long-term moves to take advantage of the cheaper care and sunnier climates of the South. After cuts in pensions, a 65-year-old American whose middle-aged children work long hours and live far away might find it more affordable to retire and live – at a third of the cost, according to recent MetLife data – in an assisted living facility in Mexico.[9] Indeed, 1.2 million American and Canadian retirees now live in Mexico. Similarly, a divorced or childless Japanese man might retire to northern Thailand. A French elderly person of modest means might retire to Tunisia or a Norwegian to Spain to be cared for by women who – in contrast to migrant domestic workers – stay in their country of birth.

Northern clients also make short-term trips to the global South as so called "medical tourists." A middle-class American may fly to Mexico to get a tooth capped at lower cost. A Canadian woman might travel to Brazil for half-price cosmetic surgery or to Mexico for a tummy-tuck. A western European might turn for less expensive treatment to Thailand or India.

In 2012, medical tourism to India was worth about $2 billion and had become second only to Internet technology as a source of national revenue.[10] Advertisements describe India as the global doctor offering First World skill at Third World prices with shorter waits, privacy, and – especially important when hiring surrogate mothers – an absence of legal red tape. At various Indian offices and hospitals, a bone can be reset, a knee replaced, or a heart valve repaired. In addition to medical or dental treatments, many facilities offer "pre-care" and "after-care" that can last some time.

Westerners have grown used to the idea of a migrant worker caring for a First World child and even to the idea of hopping an overseas flight for surgery, but a growing part of medical tourism now centres on reproduction, in particular on the sale of eggs and sperm and the rental of wombs. In India, commercial surrogacy is legal and, as of early 2013, still unregulated; nowadays a Westerner of moderate means can go to an Indian clinic to legally hire a surrogate mother to carry a baby to term. Normally the surrogate is implanted with a fertilized egg from the client couple, but if the wife cannot produce an egg, one can be bought and fertilized with the husband's sperm. Egg, sperm, and womb can all be bought or rented in India or (as the documentary film *Google Baby* shows) from elsewhere from around the world.[11]

The Akanksha Infertility Clinic in Anand, Gujarat, houses the world's largest collection of gestational surrogates – women who rent their wombs to incubate the fertilized eggs from clients in India and from around the globe. Since 2004, when Akanksha began offering surrogate services, it has supervised the births of over 500 babies. Sixty surrogates are gestating babies at any one time.[12] Since 2002, when surrogacy was declared legal in India, well over 350 other assisted reproductive technology (ART) clinics have opened their doors around the country.

As the clinic's charismatic director Dr. Nayna Patel views the matter, the client and the provider enact a mutually beneficial transaction.[13] A childless couple gains a child, and a poor woman earns money. "What could be the problem?" she asks. If one looked only at the front stage of the global free market, Dr. Patel has a very good point. But more goes on backstage. Like nannies, surrogates do a great deal of emotional labour to suppress feelings that might interfere with the performance of their job – including feelings about the babies they bear.[14]

In January 2009, I followed a kindly embryologist, Harsha Bhadarka, to an upstairs office of the Akanksha Infertility Clinic in Anand, India, to talk with two surrogates whom I will call Geeta and Saroj.[15] They entered the small room, nodding shyly. Both lived on the second floor of the clinic, although most of its residents live in one of two hostels for the duration of their pregnancy. The women are brought nutritious food on tin trays, are injected with iron supplements (a common deficiency), and are kept away from prying in-laws, curious older children, and lonely husbands, with whom they are, for nine months, allowed no visits home or sex.

Typical of the other surrogates I spoke with, Geeta had only a brief encounter with the parents who paid her to carry their genetic baby. "They're from far away. I don't know where," she said. "They're Caucasian, so the baby will come out white."

Seated next to Geeta was Saroj, a heavy-set, dark woman with intense, curious eyes, and a slow-dawning smile. Like the other Hindu surrogates at Akanksha, she wore *sindoor* (a red powder applied to the part in her hair) and *mangalsutra* (a necklace with a gold pendant), both symbols of marriage. She was, she told me, the mother of three children and the wife of a street vendor who sold vegetables. She had given birth to a surrogate child a year and three months ago, and she was waiting to see if a second implantation had taken. The genetic parents were from Bangalore, India. (It is estimated that half the clients seeking surrogacy from Indian ART clinics are Indian, and the other half are foreign. Of the foreign clients, roughly half are American.)[16] Saroj, too, knew almost nothing about her clients. "They came, saw me, and left," she said.

Saroj's husband's wages were 1,260 rupees (or $25) a month, so she turned to surrogacy so that they could move out of a shed with an earthen floor to a rain-proof house and she could feed her family well. Yet she faced the dilemma of all rural surrogates: being suspected by neighbours or distant relatives of adultery, a cause for shunning or worse. I asked the women whether the money they earned had not also improved their social standing. For the first time, the two women laughed out loud, and talked to each other excitedly. "My father-in-law is dead, and my mother-in-law lives separately from us, and at first I hid it from her," Saroj said. "But when she found out, she said she felt blessed to have a daughter-in-law like me because I've given more money to the family than her son could. But some friends ask me why I am putting myself through all this. I tell them, 'It's my own choice.'"

Geeta and Saroj freely chose to become surrogates, but what were their options? Their villages reflected appalling government neglect – rundown schools, decrepit hospitals, and few well-paying jobs. Given these circumstances, surrogacy was the most lucrative job in town for uneducated women.

The director at Akanksha organized surrogacy much as she would have organized the manufacture of shoes. She proudly sought to increase inventory, exercise quality control, and improve efficiency. In the case of surrogacy, that translated into the goals of producing more babies, monitoring the surrogates' diet and sexual contact, and ensuring a smooth, emotion-free exchange of baby for money. (For every rupee that goes to the surrogates, observers estimate, three go to the clinic.) In Akanksha's hostel, the women slept on cots, nine to a room, for nine months. Their young children slept with them; the older children were not allowed to stay in the hostel, though they could visit. The women also exercised inside the hostel, rarely leaving it and then only with permission.

Dr. Patel also advised surrogates to limit contact with the clients. Half-hour meetings to sign a contract, perform the implantation, and pick up the baby were typical. Staying detached from the genetic parents, she said, helps the surrogate mothers give up their babies and get on with their lives and on with the next surrogacy. It increased efficiency.

What happens when a surrogate dies in labour? Or when the commissioning genetic parents reject a disabled newborn? Or the money does not come through? The laws regulating commercial surrogacy have been under consideration since 2004; but as of March 2013, no laws have been passed.[17] Even if the laws were to pass, they would do little to improve the life of women such as Geeta and Saroj. The law currently under consideration specifies that the doctor, not the surrogate, has the right to decide on "foetal reduction" (abortion). Under no circumstances can the surrogate decide because, legally speaking, she is not carrying *her* baby.[18] Moreover, federal laws in India are merely advisory to powerful state governments, which are free to disregard federal law. Most Indian courts are woefully backlogged, causing years, even decades, of delay, and even if the laws were enforced, what surrogates can read the contracts they have signed? Most have a seventh-grade education in Gujarati (some illiterate surrogates sign by thumbprint), but their contracts are written in English. Even if she could read her contract, what aggrieved surrogate could *afford* to hire a lawyer?

Should the law pass in the Indian parliament, it would do nothing to address the crushing poverty that presses women into surrogacy in the first place.[19] The Indian government itself considers surrogacy a form of "economic development." It gives tax breaks to the private hospitals that treat overseas patients and lowers import duties on medical supplies. As a $455 million a year business in India, surrogacy improves the national bottom line.[20] But, as in the case of migrant remittances, revenue helps individual surrogates alleviate their poverty without doing much to revitalize the overall economy.

Moreover, the surrogates are also exposed to the global free market's "race to the bottom." Indian surrogates charge less than American surrogates by a factor of one to ten.[21] But Thailand could undersell India, Cambodia could undersell Thailand, Laos could undersell Cambodia, and Sri

Lanka could undersell Laos. Each country could undercut the next cheapest, cutting fees and reducing the legal protections for surrogates along the way. If the race to the bottom, as William Greider calls it in *One World, Ready or Not,* can apply to the global competition to sell cheaper cars, computers, and shoes, it could tragically apply to the global competition for inexpensive surrogacy.[22]

Anjali: Free Choice Estrangement

As I sat on a cot in her new concrete house, Anjali, now in her second surrogate pregnancy and contemplating a third, explained how she had become one of hundreds of surrogates to give birth at Akanksha since it opened in 2004. Anjali told me how she tried to detach herself from her baby, her womb, and her clients. So I wondered how she reordered the parts of herself that she claimed and disclaimed, and what emotional labour that might require her to do.[23] I wondered if Anjali's story could shed light on lives far closer to our own.

Her husband, a house painter, had gotten lime in his eye from a bucket of paint. A doctor would not attend him unless he was paid an amount of money the family did not have. After fruitless appeals to family and friends, Anjali turned to a money lender who charged an exorbitant fee. The couple used the money to hire the doctor who helped the painter recover his eyesight. Afterward, the money lender hounded them mercilessly for repayment, and the family took to paying twice-daily visits, heads hung low, to the Hindu temple for daily meals. It was under these desperate circumstances that Anjali approached the Akanksha clinic and offered her services as a surrogate. At the same time, mindful of the scorn neighbours felt for surrogates, whom they confused with adulterers and prostitutes, Anjali moved her family to another village.

As her relations with extended kin and neighbours atrophied, those with her fellow surrogates grew closer. For her first pregnancy, Anjali stayed nine months in Akanksha's hostel with other surrogates, nine cots to a room. (Women were only selected for surrogacy if they were married mothers, so all of them had husbands and children at home.) Their young children were permitted to sleep with them; older children and husbands could pay daytime visits. During their confinement, the women rarely left these premises, and then only with permission.

Meanwhile, the clinic's director told Anjali to maintain a business-like detachment from her clients, the genetic parents of the baby she carried. Partly, as other gynaecologists explained, this protected their Western clients from the possibility that poverty-stricken surrogates would later approach them to ask for more money. Partly such detachment also reduced the chance that, for the next baby, the client and surrogate would not cut out the middle-man – the director, who took a large cut of the fee.

Anjali met the genetic parents on only three occasions, and then only briefly. The first time she spoke to them through an interpreter for a half-hour and signed a contract. (Her fee could range from $2,000 to $8,000.) The second time, Anjali met them when eggs were harvested from the wife, fertilized in a Petri dish with the husband's sperm, and implanted in her womb. The final time she met them was when she gave over her – and their – newborn baby. When I asked about her clients, she could not recall their names but told me that they "came from Canada." Other surrogates were similarly vague: "They come from far away."

Surrogates should think of their wombs as "carriers" and themselves as prenatal babysitters, the clinic director told them. So, as a matter of professional attitude, they were to detach themselves from their womb, a task that might be especially hard in a strongly pronatalist culture such as India's.[24]

When I asked Anjali how she managed not to become too attached to the baby, she repeated what the director said: "I think of my womb as a carrier." Then she added, "When I think of the baby too much, I remind myself of my own children." Instead of attaching her idea of herself as a loving mother to the child she carried, she prompted herself to mentally substitute the idea of the child she already had, whose school fees her surrogacy would pay for.

Another surrogate, a mother of a 3-year-old daughter who could not afford to have the second child she greatly wished for, told me, "If you put a jewel in my hand, I don't covet it. I give it back to its owner." And others said simply, "I try not to think about it." In another case, a surrogate said, "I have three children, I don't need one more." Or "When children grow up, many become disloyal to their parents. They don't help you." Surrogates living together in the clinic and dormitories helped each other detach, and they were guided by the practices and philosophy of the clinic itself. For their nine months under the clinic's direction, Anjali and her fellow surrogates became part of a small industry run according to three goals: *to increase inventory* by recruiting surrogates and producing more babies (it now produces a baby a week); *to safeguard quality* by monitoring surrogates' diets and sexual contact; and *to achieve efficiency* by ensuring a smooth, emotion-free exchange of babies for money. By applying this business model, the clinic hoped to beat the competition in the skyrocketing field of reproductive tourism, which has been legal in India since 2002 and remains unregulated today.[25]

Anjali's story raises a host of issues: the life of desperate poverty, the appalling absence of the most basic government services, the lack of legal rights for surrogates or clients, the question of cultures that assign greatest honour to biological parenthood, and the absence of nonprofit or community answers to infertility. But the issue that so strongly drew me to Anjali's home was the very idea of applying to the most personal act of surrogacy a business-like model of relationships, one that called for a high degree of emotional detachment on all sides.

Others I interviewed for *The Outsourced Self,* a book on the meanings we attach to outsourcing, responded to Anjali's story by drawing different moral lines:

Why do we need genetic offspring? There are so many orphans in the world, why don't infertile couples adopt babies already born who need parents?

Or

I can understand couples wanting their own genetic offspring, but why not inquire whether a friend or acquaintance could help you out?

Or

I can understand preferring to deal with a stranger rather than a friend or acquaintance, but it should be under the auspices of a nonprofit agency, not a for-profit one.

Or

It's fine if a couple finds a surrogate through a for-profit agency, so long as parents and surrogate have a warm relationship with one another and the surrogate isn't doing it strictly for money.

Or

It's fine if a surrogate carries a baby strictly for money, if she needs the money . . . Up to two births; after that she becomes a baby-making machine.

The sociologist Amrita Pande, who spent nine months at the Akanksha clinic talking in Gujarati to the surrogates, described the conversations the surrogates had among themselves about Anjali, whom they felt had become too driven, too strategic, and too materialistic with her fancy new house and stereo surround-sound system. She had crossed their moral line.[26] A photographer for the *Hindustan Times* told me that he had earlier photographed Anjali weeping just after she had a miscarriage. He asked her what she was thinking, and she answered, "We were going to redo the first floor of the house. Now we can't." That seemed to cross his quietly held line.

In their dormitory life together, some surrogates blamed Anjali for carrying a baby "only for money," which made her therefore "like a whore." But it was a dishonour they themselves feared: sadly, all the Akanksha surrogates were renting their wombs because they desperately needed money. There was little talk in the dormitory of altruism, Pande reports, and many enjoyed their nine months for all "taahe coconut water and ice cream we want." Yet most also took pride in not giving in "too much" to materialism and not imagining their wombs as "only" money-making machines. They were motherly. They were givers. They did not want to be or to seem too detached from their bodies or babies. So they ate for the baby, and they felt the baby kick. They felt their ankles swell and their breasts grow larger and more tender. So it was no small matter to say about the baby "this is not mine." As one surrogate told another interviewer, "We will remember these babies for as long as we live." But they had to prepare to let their babies go and to do the emotional labour of dealing with the potential sadness or grief that evoked.

Like Anjali, many surrogates seemed to take certain actions in order to walk their path along the market frontier. First of all, they avoided shame by avoiding visibility: they moved out of their villages, they kept their pregnancy a secret from in-laws, and they lied about where they were. If photographers came to the clinic, they wore surgical masks. As their doctor instructed, they developed a sense of "me" that was distinct from "not me." For "me," they embraced the pride-saving idea of giving a gift to the clients and giving money to their families. Some felt they were babysitting the baby before it was born. In the "not me" or "not mine" – much of the time – were the womb and the baby. Beyond this, they did the emotional labour needed to avoid a sense of loss and grief, working on their feelings to protect their sense of self as a caring mother in a world of everything for sale. Each woman drew for herself a line beyond which she would be "too" estranged from the baby she carried, up to which she might not be estranged enough. She guarded that line through work on her feelings.

Anjali had reached her own line in a very unexpected way. A deeply devoted Hindu, Anjali and her family had become deeply suspicious of Muslims, for she lived a hundred miles from the site of the 2002 Godhra train burning, in which dozens of Hindu pilgrims were killed by Muslims in revenge for the destruction of a mosque, a series of events which led to further widespread violence throughout Gujarat. After giving birth to the child of the commissioning Canadian couple, Anjali was horrified to learn that the baby and the receiving family were Muslim. "I have sinned," she told the journalist Aditya on the phone. "Still you got the money didn't you?" he replied. "Yes, but I should have waited for another – Hindu, Christian, or Buddhist – client. Anjali had imagined she would be detached from the baby, but on learning of its parents' religion, she was struck by her *attachment* to the baby as a being who reflected on her own identity. She had crossed her own line.

Echoes on the American Market Frontier

Anjali's circumstances were drastically more desperate, her options far fewer, and her clientele more specialized than those of the other service providers I interviewed. But her calibrations regarding "how much to care" echoed a theme I had heard among upscale First World consumers, starting with one American couple who were clients at the Akanksha Clinic.

Sitting in the living room of their home in Jackson, Louisiana, the genetic father-to-be, a mild-mannered

musician named Tim Mason, recalled meeting the Akanksha surrogate who would carry their baby:

> *The surrogate was very, very short and very very, very skinny and she didn't speak any English at all. She sat down and she smiled, then kept her head down, looking towards the floor. She was bashful. The husband was the same way. You could tell they were very nervous. We would ask a question and the translator would answer, just to try and make conversation. They would give a one or two word response. We asked what the husband did for a living and how many kids they had. I don't remember their answers. I don't remember her name.*

Tim's 40-year-old wife, Lili Mason, an Indian-American who described a difficult childhood, a fear of motherhood, and an abiding sense that she was not "ready" to be a mother, gave her own impressions:

> *I was nervous to meet the surrogate just because of this Indian-to-Indian dynamic. Other client couples – American, Canadian – all react more emotionally. They would hold hands with her [their surrogate]. I was thinking, "That's weird." We don't do that touchy-feely goo-goo gaa-gaa thing – especially for a service. "I am so glad you are doing this for me, let me hold your hand." She is doing a service because of the money, and the poor girl is from a poor family. I am a little bit rough around the edges anyway, and this meeting isn't going to put me in a touchy-feely mood.*

Lili did not feel she should try to attach herself to the surrogate, nor did she want to. For her, motherhood was a core identity, but she disconnected the idea of a close relationship with her surrogate from it. Although they did not say so, perhaps the couple also wished to avoid the shame of admitting to friends and acquaintances that they needed a surrogate to have their baby. If they remained detached during the pregnancy, they could feel freer to leave the surrogacy a secret. The clinic's ethic encouraged this detachment. Finally, there was the gaping chasm between First World and Third, the moneyed and non-moneyed, those with more power and those with less, all factors that discouraged the forming of a bond.

It is hard to know how typical Anjali is of Indian surrogates or how typical the Masons are of her clients. Still, their experiences lay bare the deeper questions about how we detach ourselves from symbols of self on the production side of intimate life, and attach ourselves to symbols of self on the consumption side of it.

"The Experts Know What Makes 5-Year-Olds Laugh"

It would be easy to assume that Anjali's estrangement from her womb and Anjali's life itself have no bearing on life among the affluent of the global North. Anjali is desperately poor, and she lives in a poor nation. To compare any part of her life to that of privileged people in privileged nations might seem to trivialize Anjali's serious plight. But it need not. Comparing moments of estrangement across worlds can help us pry open questions we seldom ask and extend our compassion.

In an upscale neighbourhood in the San Francisco Bay area, friends of the nearly 5-year-old daughter of Michael Haber all had birthday parties organized by hired planners. Still, Michael, a professional who worked long hours but was eager to declare himself a hands-on dad, told his wife one day, "It's stupid to hire a party planner. I'll do everything for her birthday." As his wife recalled,

> *All of Raquelle's friends' parents hired a party planner named Sophie. All the kids loved Sophie's parties. Kids would write her thank you notes, "Dear Sophie, Thank you very much for the fun birthday. Love from your friend, Harrison." Or even, "Dear Sophie, I was wondering how you are today. Love, Maya." Kids around here come into birthday parties these days and immediately ask, "Where's the coordinator? Where's the itinerary?" It's what they expect.*

Sophie might be wonderful, Michael granted, but Sophie had moved in where dads and moms had moved out, as he saw it – he, for one, was going to buck the trend.

So Michael sent out invitations to Raquelle's friends. He ordered a cake. He blew up the balloons. He taped up pink and blue streamers. He planned games. Even though he was rebelling against paying a party planner, he borrowed the idea from party planners that a party needed an entertainer. His wife described the event:

> *Michael dressed up as a cowboy from the Australian outback – like Crocodile Dundee [an alligator wrangler portrayed in a film of that name]. He put on a broad-brimmed hat, khaki shirt and shorts, and tall leather boots. He stalked about on a pretend stage in front of the girls, describing this and that wild animal in a flat Aussie accent. And he went on for three or four minutes. Then he ran out of things to say. Michael hadn't thought out more to say. Worse yet, the children didn't think his jokes were funny. They began to examine his knobby knees. Then they began to fidget. Then the whole thing fell apart.*

When Michael recalled the same event, he put it differently:

> *Do you know how long two hours is? I didn't know it would be so hard! … It's a skill running groups of twenty or thirty 5-year-olds. … It's like being a continual standup comic. It nearly killed me.*

Meanwhile, a neighbour standing at the kitchen door, watching the entire event, told him, "Michael, leave it to the experts. They know what 5-year-olds think is funny. They know games 5-year-olds like. We don't. Don't embarrass yourself. Leave it to them."

Michael concluded that his neighbour was right. Sophie could do it better. Like Lili, he moved his symbol of himself as a "hands-on dad" from the production side of personal life to the consumption side of it. Michael decided he "couldn't have the baby himself."

Michael was not, like Anjali, forced by desperate need into estrangement from a womb. His was an apparently trivial matter woven into ordinary upscale American life: he was detaching himself from the idea that "I should know what makes my child laugh." But by juxtaposing extreme examples of estrangement – Angali from her womb, and Michael from knowledge about what makes daughter laugh – we can better recognize the many moments of life between these two extremes.

The Mommy Mall

A working mother named April was looking over an array of ads for parenting services available to middle-class Americans in her city. These services included offers for coaching parents on what to buy for one's baby (baby planners), installing safety gates and cord-free windows (safety proofers), choosing a baby's name (nameologists), potty training a child (potty trainers), teaching a child to sleep through the night (sleep specialists), teaching a child to ride a bike (sports coaches), picking a summer camp (camp consultants), and creating a fun ambiance at a teen party (party animators).

At 35 years old, April was a marketing specialist and mother of two small boys. For her, the important encounter was not between "me" and "my body" (Anjali), or between "me" and "what I should know" (Michael). Rather, April was struggling with the relationship between her sense of "me" and an idea of parent and child that she felt was implied by this entire tempting "mommy mall." In her time as a mother, April had gladly employed a wonderful babysitter, paid a neighbour to drive her children various places (the babysitter did not drive), hired a hair delouser (when the kids had gotten lice), and was the client of a much revered psychiatrist. But she also suspected that the mall was inviting her to worry about meeting the standards it invented and was preying on her anxiety about being a good mom.

In the realm of work, she believed a person should get very good at one special thing – for her, it was corporate public relations. In that arena, she was a great believer in the principle of specialization: outsource what you can to experts and become a specialist in something yourself. But how far should she take that idea, especially when this principle impinged on her identity as a mother? "I'm not the earth-mother type," she said. But, on the other hand, "If you outsource all these tasks to different specialists, your kid is going to feel like the car you take in for the tune-up, oil change, wheel rotation, lube job. How would he remember his childhood? Appointment, appointment, appointment …"

She felt the need to distinguish between the "me" who was a good mother and the "me" who might be tempted to anxiously over-rely on expert help. She gave a recent example:

> *All the second- and third-graders in our school district are supposed to do a special report on the California missions [built by eighteenth and nineteenth-century Spanish missionaries]. They are supposed to build little replicas. A few years back, parents hunted up the materials themselves. Then Jimmy's Art Supply began to provide the tile material for the roof, the yarn for your trees, the green paint for your garden. Now the store has a special section that has even the precut foam board, trees, railroad, grass. There's one kit for Mission Dolores, another for San Juan Bautista. You pull it off the hook at Jimmy's, take it home, glue four walls together, put on the roof, glue the trees, and take it to school. What are the kids learning? That the storebought mission is better than the mission they could build on their own.*

This meant that a child who didn't make it to Jimmy's would bring to school a ridiculous-seeming mission. "You may be a parent who says to their kid, 'build the mission out of things you scrounge around the house,'" April explained, "but then your kid is embarrassed to walk to school with his home-made mission. I know."

Like Michael's neighbours, April felt that experts knew more than parents. The baseball-coached child threw a better ball. The cyclist-trained child rode a steadier bike. But she also saw that parents eager to help their kids become good at a wide range of things could feel surrounded on all sides by raised standards against which to measure their perfectible child. She felt the easy trip to Jimmy's was wiping away something parents and children should know – how to work on something together. Reflecting on party animators paid to get the party going at bar and bat mitzvahs, she commented, "I want my kids to learn, themselves, what to do when the party gets dull." Like others I talked to, April was trying to do invisible repair work – a work of reattachment – in a system of outsourcing that, like new technologies, had divided her from her symbols of connection.

Anjali, Michael, and April all benefited from one aspect of modern capitalism: its giant web of buyers and sellers had attached them to a wondrous array of goods and services they wanted. For Anjali, that was money; for Michael, it was an entertaining birthday; for April, it was time for work. Seen from this perspective, the free market has brought them and others like them much good.[27] Through this market, we cooperate to produce, sell, and buy many useful goods and services of our own choosing, and so improve prosperity for the many. This is the market triumph story, the story we celebrate and know by heart.

But a vast chasm has opened up between the world of Anjali on the one hand, and that of Michael and April on the other. As a system, the free market has no governing

purpose other than to perpetuate itself. And the current terms of global trade have acted to increase the gap between the world's rich and poor. Now more than ever, the Anjalis of the global South want to escape to the North.[28] While they were waiting to give birth, the surrogates of the Akanksha Clinic stitched together a large patchwork quilt, made of individual embroidered squares, and on many squares they have sewn images of airplanes pointing up toward the sky. Each plane carries a dream of escape to the North. Maybe the fantasy is to fly to the country of the genetic parents of their babies to care for them, or to care for other children or the elderly to make money and become part of the global care chain.

If we can so easily detach ourselves from the small details of personal life in the global North, how vastly more easy it is for those of us in the rich North to detach ourselves from the concerns of the Anjalis of the poor South. Next to our detachment from the crying needs of this green earth itself, it is the detachment of the world's rich from the poor that looms as our biggest challenge. But re-charting our "under-developed" empathy maps, we can find ways to meet it. So when we ask "how's the family?" there will be a whole world to answer.

On your Own in the Free Market

Geeta, Saroj and Anjali say they freely chose to give up the babies to whom they gave birth. Given their extraordinary circumstances, their choices made sense to them, as they would to many in their shoes. By their own accounts, in no sense were those choices easy. Yet our free market culture invites us – and them – to look past the painful circumstances to their "free" choices in an imagined world of "win-win" market transactions.

In the free-market imagination of those on the front stage of global life, the object of fear and dread is Big Brother government. Such novels as George Orwell's *1984,* with its "Ministry of Truth," or Ray Bradbury's *Fahrenheit 451,* with its image of Nazi-type book burning – offer an image of coercion, intrusion, and utter control over what we think and do. Aldous Huxley's 1932 *Brave New World* offers the image of the London Hatchery in which babies are designed by white-uniformed eugenic scientists. Margaret Atwood's disturbing 1985 novel *The Handmaid's Tale* describes a right-wing Christian state that divides women into Handmaids who procreate, Marthas who tend house, and Wives who are wives.[29] In all these nightmares, our fear is directed toward an all-powerful government that undermines and replaces the family and community.

But the stories of Geeta, Saroj, and Anjali point toward another nightmare. In this one, there is no menacing policeman, no harsh jailer, no Big Brother. Indeed, the free-market exchanges go on with almost no government regulation – or help – at all. Instead of a paramilitary trooper breaking into one's home at night, there is the opposite sense of no one coming to one's aid in an hour of need. Indeed, in this nightmare, the government provides no fine schools, no well-equipped hospitals, no reliable police service, no beautiful parks, no safety-checked water or food, and no effective safety net. We face a world starved of public services, where helpless people make "free choices" between harrowing options. Many of us are poised to look for a Mack truck coming from the left where Big Bad Government is found, but the other big truck of unregulated capitalism is already approaching from the right, though the purr of its engine is hard to hear. The so-called free market – composed of international treaties governing the flow of goods, services, and people, and the flow of things and people itself – is shaped by the policies of do-nothing governments in the Third, Second, and First Worlds. In this dystopia, a "structural tragedy," as the German sociologist Kai-Olaf Maiwald calls it, takes place.[30]

Most surrogates probably want both a government that neither oppresses nor abandons them and a world more equal than the one they have. But in the absence of a more positive alternative, Geeta, Saroj, and Anjali may say they are freely choosing to take part in the two-way global traffic, but what they really need is the freedom to choose between the world we have and a world that tends to the happiness of those on the backstage – a world that brings the backstage to the front.

Notes

1 This is a revised version of the chapter „The Surrogate's Womb", published in Hochschild, A. R. 2013. *So How's the Family? and other essays*. Berkeley and Los Angeles: University of California Press, pp. 165–180. Reproduced here with permission of Arlie R. Hochschild.

2 All names in this article are pseudonyms. See also Hochschild, A. R. 2009. "Childbirth at the Global Crossroads." *American Prospect*, October: 25– 28; Hochschild, A. R. 2012. *The Outsourced Self: Intimate Life in Market Times*. New York: Metropolitan Press/Henry Holt; Garey, A. I., Hansen, K. V. (eds.). 2011. *At the Heart of Work and Family: Engaging the Ideas of Arlie Hochschild*. New Brunswick, NJ: Rutgers University Press.

3 Kuttner, R. 1997. *Everything for Sale: The Virtues and Limits of Markets*. New York: Albert Knopf.

4 Friedman, M. 1962. *Capitalism and Freedom*. Chicago: University of Chicago Press.

5 Marx, K. 1932/1959. *Economic and Philosophic Manuscripts of 1844*. Moscow: Progress. Using different terms, a number of sociologists have dealt with this question. In Granovetter's seminal 1985 paper, he proposes that we think of markets as embedded in society and think of society as a set of social networks. Since then, some network theorists have talked about such social networks in increasingly threadbare terms. B. Uzzi, for example, writes that "a network structure rich in structural holes is virtually all that is needed to induce information and resources to flow through the network like electric current

through a circuit board" (Uzzi, B. 1997. "Social Structure and Competition in Interfirm Networks: The Paradox of Embeddedness." *Administrative Science Quarterly* 42: 35–67, p. 63). S. Zukin and P. DiMaggio propose that we distinguish between structural, political, cognitive, and cultural forms of embeddedness (Zukin, S., DiMaggio, P. 1990. *Structures of Capital: The Social Organization of the Economy*. New York: Cambridge University Press). V. Zelizer, a pioneer in this field, warns that "embeddedness" as a concept can lead us to avert our eyes from the "relational work" through which actors fit money (or other media of exchange) to the needs of selfdifferentiating individuals (Zelizer, V. A. 2010. "How I Became a Relational Economic Sociologist and What Does That Mean?" Paper presented at the Relational Work Conference; University of California, Davis; May 1).

6 Hochschild, A. R. 1983. *The Managed Heart: The Commercialization of Human Feeling*. Berkeley: University of California Press; Hochschild, A. R. 2003. *The Commercialization of Intimate Life: Notes from Work and Home*. Berkeley: University of California Press.

7 V. Zelizer gives us the idea that money penetrates our everyday lives. We give and receive allowances, pin money, gifts, payment for chores, alimony, all within the realm of "intimate life." Individual will and culture matter a great deal, she argues (Zelizer, V. A. 2005. *The Purchase of Intimacy*. Princeton, NJ: Princeton University Press). A. Appadurai adds to Zelizer the intriguing idea that things – religious relics, stones, artefacts – have a social life. That is, they get valued and devalued in the eye of the beholder depending on what they represent. In the same way, the value of personal services can rise and fall in the eyes of clients, depending on the cultural eyes through which we see them (Appadurai, A. 1986. *The Social Life of Things: Commodities in Cultural Perspective*. Cambridge: Cambridge University Press).

8 Although the concept of a gift economy was first applied by M. Mauss to preliterate societies (Mauss, M. 1954/2000. *The Gift: The Form and Reason for Exchange in Archaic Societies*. New York: W. W. Norton), L. Hyde points out that in modern life the rules of the gift economy apply to relations between lovers, family, friends, and other forms of community (Hyde, L. 1983. *The Gift: Imagination and the Erotic Life of Property*. New York: Vintage).

9 Iliff, L. 2008. "U.S. Seniors Find They Can Get More – for Less: Retirees Enjoy Low-Cost Amenities, Family-Style TLC in Growing Market." *Dallas Morning News,* November 16, 1A.

10 Confederation of Indian Industry, McKinsey & Company. 2012. "Healthcare." *Building Business Leadership,* www.cii.in/Sectors.aspx?enc=prvePUj2bdM tgTmvPwvis YH+5EnGjyGXO9hLECvTuNu2yMtqEr4D408mSsgiIyM/.

11 *Google Baby*. 2009. Directed by Zippi Brand Frank. Israel: Brandcom, Ltd., 75 min.

12 This was the number of births and surrogates in residence as of 2011. Ditte Bjerg, Executive Producer and Director, Global Stories, Copenhagen, Denmark, personal communication with author.

13 Bjerg, personal communication.

14 For more on emotional labour, see Hochschild, A. R. 1983. *The Managed Heart*.C. d.

15 Aditya Ghosh, a journalist with the *Hindustan Times,* translated for me from Gugarati to English.

16 Dr. Ghautam N. Allabadia, Director of the Rotunda Clinic, Mumbai, India, interview with author, 2010.

17 The regulatory bill drafted in 2010 is with the Indian Law Ministry, having not yet reached the parliament. N. B. Sarojini, SAMA Women's Health, Delhi, India, personal communication with author, 2010.

18 For a summary, see Pet, D. 2011. "India Moves Toward Regulation of Assisted Reproduction and Surrogacy." *Biopolitical Times,* February 10, www.biopoliticaltimes.org/article.php?id=5591, and the letter posted there from the SAMA Resource Group for Women and Health to the Indian Health Ministry.

19 For N. B. Sarojini, director of the Delhi-based SAMA Resource Group for Women and Health, a nonprofit feminist research institute, the problem is one of distorted priorities. "The ART clinics are posing themselves as the answer to an illusory 'crisis' of infertility," she says. "Two decades back, a couple might consider themselves 'infertile' after trying for five years to conceive. Then it moved to four years. Now couples rush to ARTs after one or two. Why not put the cultural spotlight on *alternatives?* Why not urge childless women to adopt orphans? And what, after all, is wrong with remaining childless?" See Hochschild, A. R. 2012. *The Outsourced Self*. C. d.

20 Solid information on the size of the reproductive tourism sector is difficult to find. See Hochschild, A. R. 2012. *The Outsourced Self*. C. d., chapters 4 and 5, as well as Pande, A. 2009a. "'It May Be Her Eggs But It's My Blood': Surrogates and Everyday Forms of Kinship in India." *Qualitative Sociology* 32: 379–97; Pande, A. 2009b. "Not an 'Angel,' Not a 'Whore': Commercial Surrogacy as 'Dirty' Workers in India." *Indian Journal of Gender Studies* 16: 141–73; Pande, A. 2010. "'At Least I Am Not Sleeping with Anyone': Resisting the Stigma of Commercial Surrogacy in India." *Feminist Studies* 36: 292–312; and Rudrappa, S. 2012. "India's Reproductive Assembly Line." *Contexts*, Vol. 11, No. 2: 22– 27.

21 There are no official data comparing how much less Indian surrogates receive than their American counterparts, but published estimates range from between less than 10 percent to up to 50 percent (Smerdon, U. R. 2008. "Crossing Bodies, Crossing Borders: International Surrogacy between the United States and India." *Cumberland Law Review*, Vol. 39, No. 1: 15–85; Gentleman, A. 2008. "India Nurtures Business of Surrogate Motherhood." *New York Times,* March 10, www.nytimes.com/2008/03/10/world/asia/10surrogate.html; Arora, I. 2012. "Wombs for Rent: Outsourcing Surrogacy to India." *Prospect:*

Journal of International Affairs at UCSD, January 10, http://prospectjournal.org/2012/01/10/wombs-for-rent-outsourcing-surrogacy-to-india-2/). Because of broker and institutional fees, the relationship between what clients pay and what surrogates receive varies between the countries as well. The clients of U.S. surrogates may pay anywhere from double (Rudrappa, S. 2012. "India's Reproductive Assembly Line." C. d.) to three times (Gentleman, A. 2008. "India Nurtures Business of Surrogate Motherhood." C. d.), five times (Fontanella-Khan, A. 2010. "India, the Rent-a-Womb Capital of the World: The Country's Booming Market for Surrogacy." *Slate,* August 23, www.slate.com/articles/doubl_x/doublex/2010/08/india_the_rentawomb_capital_of_the_world.html; Roy, N. S. 2011. "Protecting the Rights of Surrogate Mothers in India." *New York Times,* October 4, www.nytimes.com/2011/10/05/world/asia/05ihtletter05.html), or nearly six times (Haworth, A. 2007. "Surrogate Mothers: Womb for Rent." *Marie Claire*, July 29, www.marieclaire.com/world-reports/news/surrogate-mothers-india) what they would if they were contracting surrogacy in India.

22 Greider, W. 1997. *One World, Ready or Not: The Manic Logic of Global Capitalism*. New York: Simon & Schuster. Right now international surrogacy is a confusing legal patchwork. Commercial surrogacy is banned in Canada, New Zealand, Australia, and much of Europe (such as Spain, Belgium, France, the Netherlands) and elsewhere (Davis, E. 2012. "Rise of Gestational Surrogacy and the Pressing Need for International Regulation." *Minnesota Journal of International Law,* 21: 120–44; Roy, N. S. 2011. "Protecting the Rights of Surrogate Mothers in India." C. d.; Anderson, L., Snelling, J., Tomlins-Jahnke, H. 2012. "The Practice of Surrogacy in New Zealand." *Australian and New Zealand Journal of Obstetrics and Gynaecology,* Vol. 52, No. 3: 253–7; Ahmad, N. 2011. "An International View of Surgically Assisted Conception and Surrogacy Tourism." *Medico-Legal Journal*, Vol. 79, No. 4: 135–45), though altruistic surrogacy is legal in some of these nations. Commercial surrogacy is unregulated or is permitted with few restrictions in some countries such as China (Davidson, N. 2012. "China's Surrogate Mothers See Business Boom in Year of the Dragon." *The Guardian*, February 8, www.guardian.co.uk/world/2012/feb/08/china-surrogate-mothers-year-dragon), India, and Russia (Davis, E. 2012. "Rise of Gestational Surrogacy and the Pressing Need for International Regulation." C. d.; Svitnev, K. 2010. "Legal Regulation of Assisted Reproduction Treatment in Russia." *Reproductive Biomedicine Online,* Vol. 20, No. 7: 892–94). It is legal, regulated, and paid for by the state in Israel for Israeli citizens (Teman, E. 2010. "The Last Outpost of the Nuclear Family: A Cultural Critique of Israeli Surrogacy Policy." Pp. 107– 26 in D. Birenbaum-Carmeli, Y. Carmeli. *Kin, Gene, Community: Reproductive Technology among Jewish Israelis*. Oxford: Berghahn Books; Weisberg, D. K. 2005. *The Birth of Surrogacy in Israel*. Gainesville: University of Florida Press). In the United Kingdom, one cannot hire a commercial surrogate, but one can use foreign surrogates and, pending approval by the High Court, secure legal parenthood in the United Kingdom after birth (Davis, E. 2012. "Rise of Gestational Surrogacy and the Pressing Need for International Regulation." C. d.). The handling of gestational surrogacy in the United States varies widely. According to M. Gugucheva "most states have unclear laws governing surrogacy agreements. Nevertheless, they can roughly be grouped into six categories, reflecting the degree of restriction they impose on surrogacy agreements. Ranging from most favourable to most restrictive, there are states that: (1) hold surrogacy agreements valid and enforceable, (2) have unclear statutes but favourable case law, (3) explicitly allow surrogacy agreements but regulate the market, (4) have unclear statutes and no case law, (5) hold surrogacy agreements void and unenforceable, and (6) prohibit and/or penalize individuals entering such agreements, sometimes under threat of heavy fines and jail time. Most states fall in the middle, and most do not have statutes that address the validity or legality of surrogacy contracts." (Gugucheva, M. 2010. "Surrogacy in America." Cambridge, MA: Council for Responsible Genetics, www.councilforresponsiblegenetics.org/pageDocuments/KAEVEJ0A1M.pdf, p. 13). The Centre for American Progress identified only seventeen states and the District of Columbia that had statutory laws on the books in 2007, including California, which allows surrogacy, and New York, which bans it.

23 If a person were to donate a kidney to an ill child, one would detach the idea of "me" from the organ and conceive of it as a gift-for-my-child. But what if one has a child for money, and the money is intended for one's existing child? Is a person detached from the baby but attached to the money? How, I wondered, does this work?

24 And, of course, this perspective denies the myriad ways that the surrogate and foetus are strongly connected. The surrogate feels the baby's presence in many other parts of her body—her digestive system, ankles, hips, and breasts, not to mention her fantasies and dreams. And psychologists have found that babies respond with faster heartbeats to their (gestational) mother's voices in utero (for example, see Kisilevsky, B. S., Hains, S. M. J., Lee, K., Xie, X., Huang, H., Ye, H. H, Zhang, K., Wang, Z. 2003. "Effects of Experience on Fetal Voice Recognition." *Psychological Science*, Vol. 14, No. 3: 220–224).

25 Government of India Ministry of Health and Family Welfare, and Indian Council of Medical Research 2010; Roy, N. S. 2011. "Protecting the Rights of Surrogate Mothers in India." *New York Times,* October 4, www.nytimes.com/2011/10/05/world/asia/05ihtletter05.html; SAMA Resource Group for Women and Health. 2012. "The Regulation of Surrogacy in India: Questions and Concerns." *Kafila,* http://kafila.org/2012/01/10/the-regulation-of-surrogacy-in-india-questions-and-concerns-sama/.

26 Pande, A. 2009a. "'It May Be Her Eggs But It's My Blood': Surrogates and Everyday Forms of Kinship in India." C. d.; Pande, A. 2009b. "Not an 'Angel,' Not a 'Whore': Commercial Surrogacy as 'Dirty' Workers in India." C. d.; Pande, A. 2010. "'At Least I Am Not Sleeping with Anyone': Resisting the Stigma of Commercial Surrogacy in India." C. d.

27 Left out of the usual story, however, is good government. Anjali credited the market for her good fortune and thought nothing about government services. But where she to live in Canada – the country of her clients – she would not be forced to earn money to pay for a good education for her children or medical care for her husband, nor would she herself lack an education. Given an honest, well-functioning government, these would be hers as a citizen. With better resulting options, she would have freer choices.

28 Indeed, at this writing, a large new dormitory called "The Nest" is being constructed at the Akanksha Clinic to house some sixty more surrogates. Ditte Bjerg, Director of Global Stories, Copenhagen, Denmark, personal communication with author, 2012.

29 Orwell, G. 1949 (orig. pub. 1953). *Nineteen Eighty-Four.* London: Secker and Warberg; Bradbury, R. 1981. *Fahrenheit 451.* New York: Ballantine Books; Huxley, A. 1932. *Brave New World.* London: Chatto & Windus; Atwood, M. 1985. *The Handmaid's Tale.* New York: Fawcett Crest. Various films carry these themes further. *Amerika* (1987) was a television miniseries about a United States taken over by communism, with strict martial law enforced by a U.N.-appointed Russian general governing the United States from Moscow. To be sure, some recent films such as *Inside Job* (2010) have cast, as the villain, powerful corrupt companies.

30 Professor Kai Maiwald, Osnabruck University, Germany, personal communication with author, 2011.

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