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Italian gay fathers' experiences of transnational surrogacy and their relationship with the surrogate pre- and post-birth


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Abstract This study aims to explore the experience of transnational surrogacy and the relationship with the surrogate pre- and post-birth in Italian gay father families. Couple and individual semi-structured interviews were carried out with 30 Italian gay partnered fathers with at least one child born through gestational surrogacy in California or Canada. No couples had known their surrogates or egg donors previously. Interpretative phenomenological analysis indicated that three interrelated themes could be helpful for understanding the gay fathers' experience of their geographical distance from the surrogate: the perceived loss of control over the pregnancy; the surrogate as a person who facilitates the fathers' feelings of being emotionally connected to their developing child; the surrogate as an 'aunty' who, along with her family, maintains a relationship with the fathers. None of the fathers mentioned the egg donor during the interview. The study inspires reflections in offshore fertility practitioners on how pre- and ongoing surrogacy counselling for prospective gay fathers should be tailored. It further calls for the necessity of offering psychological counselling in gay fathers' resident countries in order to promote informed decisions before starting surrogacy abroad and to elaborate on potential difficulties related to surrogacy after the child's birth. 

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Introduction

Over the past 30 years, the changing landscape in assisted reproductive technologies, brought about by legal, technical and social advancements, has challenged our deepest conceptions about procreation, parenthood and families (Freeman, 2014). In this time, we have seen a substantial rise in the number of gay men seeking parenthood outside their previous heterosexual relationships via co-parenting arrangements, fostering, adoption or surrogacy (Baiocco and Laghi, 2013; Carone et al., 2016; Lingiardi and Carone, 2016a). This growing trend has been labelled by the media the 'gay-by boom' (Bergman et al., 2010).

Surrogacy takes place when a woman (referred to as a 'surrogate') bears a pregnancy for an individual or a couple (commonly referred to as 'intended' or 'commissioning' parents) with the intention of handing over the resulting child (also defined as a 'surrogacy child'; Imrie and Jadva, 2014). There are two main types of surrogacy: in 'genetic surrogacy' (also known as 'traditional', 'partial' or 'straight' surrogacy), the surrogate becomes pregnant by insemination with sperm from the male intended parent (alternatively, donor sperm may be used) and is the genetic mother of the resulting child. In 'gestational surrogacy' (also known as 'IVF', 'full' or 'host' surrogacy), an embryo derived from in-vitro fertilization is created using the intended parents' own gametes (alternatively, donor sperm or donor eggs may be used) and is transferred to the surrogate's uterus; the surrogate is thus genetically unrelated to the resulting child (Shenfield et al., 2005). Although not widely practised, fertile heterosexual couples and single women may resort to 'social surrogacy' (also known as 'through choice' surrogacy) if they do not want to carry the pregnancy themselves (Jadva, 2016). Surrogacy arrangements vary considerably in the degree of familiarity between the intended parents and the surrogate, who may be a friend, a relative, unknown to the parents before the surrogacy arrangement, or even anonymous.

The first child born to gay parents through a surrogacy arrangement was born in 1996. At this time, several agencies (such as Growing Generations in Los Angeles) started to offer surrogacy services specifically for gay men, encouraging contact between couples and surrogates and assisting in the legal side of contracts between the involved parties. In subsequent years, similar organizations appeared in Canada, Thailand and India (Bergman et al., 2010). In Italy, where this study is rooted, the latest official statistics on male same-sex households with a child indicated that approximately 1260 gay men over 40 years old were parents by any means in 2006 (Baiocco and Laghi, 2013). In October 2015, an unofficial report by Rainbow Families (unpublished data) indicated that 64 gay fathers with children conceived through surrogacy were members of the association. Although during 1999 to 2013 an increasing number of US residents used gestational surrogacy cycles – with a peak in 2006 to 2016 from non-US residents (Perkins et al., 2016) – those choosing surrogacy as a path to parenthood are still in a minority.

Social and practical challenges faced by prospective gay fathers may be relevant to explanations of this trend. Gay men who want to undertake surrogacy may require a 'reproductive other' (Freeman, 2014) to donate oocytes, become pregnant and carry and deliver the baby on their behalf. Moreover,

the high economic capital required for expert medical and legal advice before entering into surrogacy arrangements (Norton et al., 2013), as well as the fact that countries in which surrogacy is less expensive (for instance, India and Thailand) have recently banned gay men from accessing the service, could have some influence on their decision to opt for surrogacy.

National legal frameworks vary in the remuneration they allow surrogate mothers. Depending on the country, a surrogate may receive payment for her services (in what is termed a 'commercial' surrogacy) or only reimbursement for pregnancy-related expenses (in what is termed an 'altruistic' surrogacy). In Italy, surrogacy is regulated under Law 40/2004, 'Norms concerning medically assisted procreation', which strictly forbids both commercial and altruistic arrangements. Similar restrictions are in force in many European countries, including Denmark, Finland, France, Germany, Norway, Portugal, Spain and Sweden (Norton et al., 2013). As a result, Italian gay men wishing to become parents must cross borders (de Wert et al., 2014) and enter into the sphere of the so-called 'cross-border reproductive care' (Pennings et al., 2008), which almost always involves gestational surrogacy (Crocker, 2013).

Because all of the parties to the child's conception are separated by geographic and potentially ethnic and cultural differences, transnational surrogacy (also defined as 'overseas' or 'extraterritorial' surrogacy) is at risk of becoming similar to a closed surrogacy arrangement (Ragoné, 1994), wherein intended parents and the surrogate are completely emotionally disconnected. In order to create the conditions for ties of intimacy and to guarantee surrogacy children have full access to their origins, gay fathers may undertake 'relational work' (Dempsey, 2015; Zelizer, 2005) with the surrogate and the egg donor, writing e-mails, chatting over Skype, texting or sending postcards (Smietana et al., 2014).

Although men's experience of pregnancy may only be vicarious, studies conducted with natural conception families have shown that prospective fathers experience a wide range of emotional reactions, including an increase in fantasies and psychological reorganization related to their relationship with their partner and their parental identity (Finn and Henwood, 2009), as well as an increase in anxieties and somatic symptoms (i.e. Couvade syndrome) (Brennan et al., 2007). In the case of transnational surrogacy, due to its legal, bureaucratic and emotional implications, it is reasonable to expect that these effects would be amplified (Ziv and Freund-Eschar, 2015).

To date, the experience of surrogacy has been widely studied in heterosexual parent families, addressing all parties involved (Blyth, 1994, 1995; Imrie and Jadva, 2014; Jadva et al., 2003, 2012, 2015; van den Akker, 2007). Studies have found that surrogates maintain more frequent contact with intended mothers than with surrogacy children or intended fathers (Imrie and Jadva, 2014; MacCallum et al., 2003; Teman, 2010), to the point that a close relationship between the two women is viewed as essential for making the surrogacy arrangement 'special' (Ragoné, 1994). In contrast, studies of gay couples have referred to surrogacy mainly within broader issues of gay male parenthood, such as procreative identity and the transition to parenthood and the procreative identity (Bergman et al., 2010; Berkowitz and Marsiglio, 2007), the negotiation of the pregnancy in the context of

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