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“My emotions on the backseat.” Heterosexually-partnered men’s experiences of becoming fathers through surrogacy

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Abstract

Surrogacy is a family building option for people unable to conceive or carry a pregnancy. In heterosexual couples seeking surrogacy, a woman who is not the intended father’s partner, facilitates this pregnancy. Whilst normative discourses reinforced by contemporary healthcare policies highlight the importance of involving fathers throughout pregnancy, little is known about heterosexually-partnered men’s experiences of surrogacy. This qualitative study explores how surrogacy shapes men’s construction of their father identity and parenting expectations. Drawing on interviews with ten men (nine self-identifying as white and one as white-Asian; all employed in professional occupations) during or after their surrogacy arrangement, we explore their transition to fatherhood, interactions during the pregnancy, and relationship with the surrogate and their intimate partner. This is the first study explicitly focusing on heterosexually-partnered men’s experiences of surrogacy. The findings provide new insights into this unique form of family building, expanding understanding of men’s role preference and level of involvement in a triad surrogacy relationship.

Keywords

Surrogacy; Intending Fathers; Reproduction; Parenting; Relationships; Counselling; Bodies

Introduction

Desire and motivation to parent has often been conceptualised as a woman's reproductive concern, whilst relatively little is known about men's reproductive desires, reproductive decision making and reproductive experiences (Norton, 2018). Much of feminist scholarship has located experiences relating to reproductive health and procreation in women's lives, whilst inadequately exploring their meanings in men's lives (Marsiglio, et al., 2013). This lack of research has been attributed to heterosocial norms that construe childbearing among heterosexual couples as a taken-for-granted life trajectory, primarily driven by women (Biblarz & Stacey, 2010). Difficulties in engaging men in reproduction related research are well documented (Culley, et al., 2013; Morison, 2013), resulting in much of the current infertility research focusing primarily on women (Arya & Dibb, 2016). In studies of surrogacy arrangements, researchers argue that men are side-lined in various ways: firstly, in the organisation and participation of the pregnancy experience, by focusing on the women involved (intending mothers and surrogates), and secondly, in research designs and questions (Majumdar, 2017; Weis, 2017; Teman, 2010). The limited research that exists on men's experiences with surrogacy arrangements focuses mainly on single or gay men/couples and their quest for parenthood (Norton, 2018; Smietana, 2017).

Background

Compared with past generations, society's expectations are increasingly for fathers to play a full role throughout pregnancy, labour, childbirth and in the postnatal period (Royal College of Midwives [RCM], 2018). This trend in the USA and Western Europe to now *expect* prospective fathers to be actively involved in the pregnancy and to be present at the birth becomes noticeable for instance in the increasing terminology of 'we are pregnant' amongst heterosexual couples (Ivry, 2009) and in the growing availability of apps designed for expectant fathers to educate and involve them during pregnancy (Thomas, et al. 2017). This shift creates a new norm of a 'good' father, now judged on their physical and emotional presence, economic and social responsibility, and the strength of their bond with the child, rather than as a 'supporting' parent (Dermott & Miller, 2015, Henwood & Procter, 2010).

The parent–infant relationship develops during the pregnancy, as expectant parents begin to imagine themselves as parents to their unborn child (Vreeswijk, et al., 2015). Evidence suggests men are more likely to bond with their child if they possess a strong concept of themselves as a father during pregnancy, by reflecting on the type of father they want to be and how their father role may manifest after birth (Habib & Lancaster, 2006). Involving expectant fathers in pregnancy care, popularly dubbed 'bonding with the bump', is a recent development in this series of events whereby men move into a previously perceived 'female sphere' of birth and reproduction. The importance placed on involving fathers throughout pregnancy, childbirth, and during the transition to parenthood has been acknowledged in UK healthcare policies, outlining a commitment to increase engagement with fathers (RCM, 2011). However, despite a societal shift towards a more 'involved father' evidence suggests that some men, such as men of colour (Hannon, et al. 2018; McAdoo, 1993), teenage fathers (Ross et al. 2012), and gay fathers (Norton, 2018) continue to be marginalised in healthcare settings. In a similar vein, our research shows how experiences of marginalisation also extend to heterosexually-partnered men in surrogacy arrangements. It is important to note here that marginalisation is commonly defined as the relegation of certain groups or people to economically, politically, socially and culturally lower status or outer edges of society (Baah, et al., 2018). Marginalisation of men in healthcare settings in particularly affects minoritized men, often at intersections of ethnicity, lower social class, sexual and gender identity, and migration status (Bradby, et al. 2020; Dolan & Coe, 2011; Quincey, et al., 2016). However, the heterosexually-partnered men becoming fathers through surrogacy in our sample reported secure employment, higher education and the majority identified as white; in addition, all male participants experienced no fertility issues of their own (see sample description). When speaking of their experiences of marginalisation, we

therefore work with the concept of situational marginalisation, that is, the experience of being marginalised in a specific situational context and therefore time-bound. In our study, this situational context relates to the need to seek surrogacy to become a father: a choice embarked upon because the couple had been unable to create a family themselves, either naturally or through assisted reproduction. We are hereby drawing on the work of Elliot (2020) and Mowat (2015), who remind us that positionings such as ‘at the margins’ and ‘in the centre’ should be understood as ‘fluid, entangled, messy and leaky’ (Elliot, 2020:3), and that a broad range of people and positionalities, including hegemonic men, can be found at times and situations ‘at the margins’.

The use of surrogacy to achieve parenthood centres on a third-party pregnant woman, the surrogate, facilitating the couple’s pregnancy, but she is not the expectant father’s intimate partner. Thus, surrogacy adds an additional layer of complexity and potential tension to this pregnancy experience that would not normally be present between heterosexual prospective parents. In other forms of third-party assisted reproduction in the UK, such as egg donation, recipients predominantly do not meet the donor and know only non-identifying information. Conversely, in UK surrogacy arrangements, where surrogates and intending parents meet, the surrogate is more present and as such, a critical person in this triad pregnancy journey. This creates an additional personal relationship, which often can be very emotionally intense, even if the surrogate is not genetically related to the child.

The development of a mutually respectful and therapeutic relationship amongst the parties involved, who often were previously unknown to each other, is crucial to the success of the arrangement (MacCallum, et al, 2003). A relationship between the couple and the surrogate, if it develops, has often been reported to be closer and more easily facilitated between the intending mother and the surrogate (Teman, 2010). This closeness and bonding between the two women may be facilitated by sharing the same gender, dominant social and cultural assumptions around child-raising being a feminised practice, and the notion of surrogacy in particular as an example of ‘women helping women’ (Fixmer-Oraiz, 2013). However, as reported in studies exploring intra-family egg donation, the boundaries between the gestational and social parents may become blurred and, together with the emotional and physical proximity between the couple and the third-party, may have a negative impact on the mother’s parental role (Jadva, et al., 2011). In surrogacy specifically, the surrogate’s body may be perceived as a ‘living barrier’ between the unborn and the intending parents (Weis, 2017). However, little is known about the implications of this form of family-building experiences for heterosexually-partnered men, the dynamic interplay between the intended parents and the surrogate, or how men view their role in the relationship over time.

This study explores how men who are in heterosexual relationships and have become fathers, or are becoming fathers through surrogacy arrangements, experience(d) the pregnancy and their transition to fatherhood. This paper offers new insights into the interactions and role of surrogacy intended fathers during the pregnancy, how they navigate their relationship with the surrogate as they form their father identity, and the impact of this relationship on the expectant father’s relationship with his intimate partner.

Methodology and sample

This exploratory study employed a qualitative, interpretivist epistemology. The paper centres on data drawn from twelve in-depth semi-structured interviews with ten heterosexually-partnered men who were in the process of becoming or had become fathers through gestational surrogacy.¹ The sample is purposefully restricted to heterosexually-partnered men only as we identified them as a significant gap in the literature.²

¹ Ethical approval granted from the host university (reference 3317).

² Our recruitment call invited men who self-identified as male-gendered and in a heterosexual relationship; all participating men identified as cis-male and in a relationship with a cis-women. No transmen responded to our recruitment call.

We recruited eight participants via surrogacy support organisations and two via snowball sampling. The participants were between thirty-six and sixty-three years old at the time of entering their surrogacy arrangements; eight were married and two co-habiting with their long-term partner. Nine men identified as white, of which seven as white British, and two of another white background, and one man identified as white and Asian; all men had an undergraduate degree or higher, working in professional occupations and in full time employment at the time of the interview.³ As implementing a surrogacy arrangement, even in the UK where all surrogacy arrangement are by law altruistic, involves high costs (i.e. medical bills for IVF and screenings, additional private insurance and legal costs for overseas arrangements, maternity clothing, compensation for travel and childcare), the route to parenthood via surrogacy presupposes a secure socio-economic situation. The demographic characteristics of our sample highlight the previously reported extent to which surrogacy is a procreative pathway only available to ‘a racially and economically privileged minority’ (Berkowitz, 2013:75) with the economic and social capital to make the surrogacy arrangement a reality. Eight participants had their surrogacy arrangement in their country of residence (seven in the UK, one in Australia), and two UK-resident participants engaged in surrogacy arrangements in the USA. All participants had gestational surrogacy arrangements, in three cases with the intending mothers’ eggs, and in seven cases with donor eggs; one participant experienced two failed attempts of genetic surrogacy before choosing a new arrangement and using donor eggs. In all cases the intending father’s sperm was used. The most common reason for opting for surrogacy was repeated IVF failures, reported by six men, of which five had used donor eggs. In the remaining four cases, partners’ severe underlying health conditions, or loss or absence of a uterus led to the decision to seek surrogacy. However, one participant had children from a previous relationship, and in one case, the couple had a child before experiencing secondary infertility. We interviewed the participants at different stages of their surrogacy arrangements: one participant a few days before the embryo transfer with a follow-up in the first trimester; two men during the first trimester (with one follow-up interview), and seven participants after the birth. Interviews were conducted by both authors, via phone or Skype, and lasted between 45-140 minutes. All interviews were recorded, transcribed verbatim, anonymised, and coded in NVivo for thematic analysis.

Findings

This paper reports four key themes: (i) selecting the egg donor and surrogate, (ii) searching for their role within the arrangement: supporters and facilitators, (iii) the double bind: being side-lined and side-lining themselves, and (iv) bonding with the child (in utero).

Selecting the egg donor and surrogate⁴

The majority of men in our study perceived surrogacy, which for most participants was unknown territory, to be the only or last option available to become parents. When asked about how the participants selected their surrogate, and egg donor, in the seven cases involving donated eggs, two trends emerged in the participants’ narratives: firstly, choosing the right egg donor proved more challenging than finding the right surrogate, and secondly, men preferred or experienced their partners taking the lead in this decision-making. The following two narratives illuminate these themes:

³ Without other studies on heterosexual parents reporting on the ethnicity of their research participants we are unable to tell whether this sample is representative.

⁴ We acknowledge the variety of terms used to describe egg providers and women who become pregnant and give birth with the intention of relinquishing the child to another. In this paper, the terms ‘egg donor’ and ‘surrogate’ are applied to reflect the terms used by our participants.

George⁵ recalled:

We chose the egg donor first because after all, you can argue either way, but I suppose that was going to be the more decisive factor on whom our child would turn out to be. So, I think we wanted to know that we had an egg donor who was a match.

For him and his wife, phenotypical resemblance was the more important matching factor over 'educational attainment'. On further inquiry of how they reached the final decision, George replied:

Everything was mutual, but I would say that I think my wife went through [the options] and said, 'I really like the look of this person'. She said, 'this person just feels absolutely right'. Because I had gone through them [egg donor catalogue pictures⁶], I hadn't particularly picked anybody, she really picked, but I instantly agreed.

In contrast, George's only comment relating to how they selected the right surrogate was that whilst initiating the egg retrieval arrangements:

We had also identified a carrier and we got very lucky, because the cycles just matched up, they were both available at the same time. (...) Obviously nothing really about her or her background was particularly important because she wasn't genetically going to be connected.

Further to the requirement that the surrogate should be healthy and approved by the agency, the synchronicity of availability of both the surrogate and egg donor appeared to take precedence over other selection criteria for the surrogate, which included her education and employment status, her age and whether she had previous experience.

For Fred and his wife Elisabeth, who had turned to surrogacy in the US after experiencing recurrent miscarriages, and who were subsequently considered too old for surrogacy in the UK, signing a contract with a Californian agency 'was almost like I had been shown the promised land'. Fred recalled a sense of urgency underpinning his decision-making and wanting:

[I wanted] to get on with it and move quickly and I would always want to be more accommodating. And I was definitely less rigorous in terms of choosing who [egg donor], because I was kind of grateful for anybody. (...) [I]t felt weird though, as a man to be choosing a biological mother through a catalogue. And Elisabeth was a lot more fussy than me and it was a bit tense, because I was thinking time is ticking and we need to crack on.

Ultimately, Fred and his wife found an egg donor that felt right. 'She is wonderful, absolutely wonderful. And so that was a great choice by Elisabeth, but it was definitely Elisabeth's choice which I supported rather than my choice'. Looking back, once the egg donor and the surrogate were chosen and the arrangement set up, he reflected that:

I hadn't expected how big an issue it would be for her to choose the right egg donor and be comfortable with, essentially, another woman being the mother, the biological mother...in retrospect, it's obvious that it's a big issue for the women but I just hadn't appreciated it at the time. Once the donor was found, choosing the

⁵ All names are pseudonyms.

⁶ Couple underwent surrogacy in the United States.

surrogate was an awful lot quicker. Elisabeth was definitely taking the lead again, did much more of the talking, and the surrogate was taking the lead from her side rather than the husband. The men were saying the odd thing in the background but not very much.

These examples illustrate that whilst the selection of an egg donor and surrogate was often portrayed as being a joint decision, men's elaboration on their and their partner's decision-making at this planning stage revealed men reporting taking a 'back-seat', and letting their partners drive decision-making. The men appeared to be wanting to expedite the arrangement and make sure their partners first and foremost, felt comfortable with the choices made. Especially in arrangements requiring donor eggs, men seemed to prefer to leave the choice of egg donor to their partners, who unlike themselves, were not contributing genetically to the pregnancy.

Previous studies report women assuming most of the responsibility for decisions relating to fertility treatment processes (Peddie, et al., 2005; Olafsdottir, et al., 2013). Whilst little is known about the roles and involvement of men in reproductive decision-making, even less is known about fathers' experiences as they prepare to parent via surrogacy. Heterosexually-partnered surrogacy presents a novel triad relationship which may influence female–male relations in reproductive partnerships. Hence, there is a need to understand how men engage with, and the role they play within a surrogacy triad relationship.

Searching for their role within the arrangement: supporters and facilitators

Heterosexually-partnered men becoming dads through surrogacy found themselves cast into several roles, which they sometimes found conflicting, and challenging in combining such responsibilities: as expectant fathers, partners to infertile women, and helping to nurture a relationship with the surrogate gestating a child for them as a couple. The men's narratives and reflections show how finding and defining their role and responsibilities, whilst taking into account their own hopes and expectations, plus those of their partners and surrogates, was demanding. Edward reflects on his experience, advising other men seeking surrogacy that: 'you have to be aware that it is harder, best will in the world, having two women in the relationship, one of which is pregnant who is not your wife. And that is not easy.'

The majority of participants expressed their desire to be involved with the pregnancy and establish a good relationship with the surrogate, yet perceiving the arrangement - in Fred's words - as 'a very female process' which rendered them unsure and insecure in knowing 'how to be well involved and how to be properly involved'. Fred's interesting phrasing here suggests feelings of insufficiency and inadequacy. Such feelings were reinforced, whenever their surrogate preferred or happened to bond mainly or exclusively with the intending mothers, further emphasising their notion of occupying a liminal space.

In George's experience 'there were things that Joanne [our surrogate] was more comfortable talking to Louise [my wife] about and didn't want me necessarily involved in those conversations'. Fred didn't feel their surrogate sought to exclude him, but:

I could just tell (...) the connection was between [my wife] Elisabeth and our surrogate and that was working and that was important (...) their connection was going so well that I didn't want to interrupt and mess things up.

Reflecting on his experience to date, Fred advised other heterosexually-partnered men opting for surrogacy:

To be clear that as a heterosexual man, you will be side-lined. So very much, most of the surrogates when you talk to them, they listen to the problems the wife is having getting pregnant. So, they build up empathy and a relationship with the wife. So, if you want to be heavily involved in your pregnancy you may struggle.

Finally, Edward wanted a close relationship with their surrogate and was disappointed when he realised that:

Susan [our surrogate] wanted a strong relationship with my wife [Claire] (...). It was very much her helping Claire than her helping us. (...) [A]s the pregnancy went on it became more and more difficult, because she really thought the relationship would be between her and my wife, and not with me and my wife and her.

In the US and Israeli context, Teman and Berend (2018:12) found that

surrogates often speak about their relationship with their [intending mother] by drawing upon various available definitions of social relationships, at times ‘like a best friend’ or ‘like sisters or even twins’. Israeli surrogates also compared their relationship with their [intending mother] to that of a ‘temporary marriage’ and described an intimacy that was sometimes ‘closer than a husband and wife.’

Such barriers led to many men feeling less close to the surrogate than they had initially hoped for, with limited participation in the pregnancy. This resulted in men often feeling on the periphery of events, as passive witnesses in the pregnancy process, despite wishing to fully perform the role of an involved father. Although they had an active role in some tasks, such as arranging payments and appointments, Fred’s account shows how men’s opportunities for developing emotional bonds was limited, which may also result from heteronormative expectations excluding men from the experience of pregnancy:

The way we divided up our roles is that I am essentially doing all the admin, all the emails, doing all the payments, making sure the escrow is OK, keeping track of all the people the contacts (...) whereas Elisabeth, my wife, is doing more of the connecting, yes, the connecting is definitely focused on the women. (Fred)

However, the men’s accounts also showed their commitment to be a ‘supportive husband’ (Daniel) – a role which often came with carefully managing and often hiding their own anxieties and worries, in order to shield their partners and avoid casting a shadow over their wives’ experience of the pregnancy. Fred, referring to his wife’s ongoing underlying health conditions since early on in their relationship which had led to recurrent miscarriages, expressed how he often felt:

[It was me] holding it together. And that’s in a way, been my role and I haven’t felt like I’ve had the room to not hold it together, because being an income [the main breadwinner], and I’m no use to anybody, I’m no use as a support, if I’m not strong.

Likewise, in Jeremy’s case, infertility struggles and grief following their late miscarriage of their first child caused his wife a lot of anxiety during the surrogacy pregnancy. Reflecting on their decision for surrogacy he recalled ‘lots of doubts’ and moments of fear:

For me as a man supporting his wife, I put a lot of mine [concerns] to one side because I thought and felt that (...) ‘if she could do it, I will find a way to do it’. (...) So, if she is boldly stepping forward, I am going to be beside her not trying to worry too much about my own concerns.

Jeremy further reported that especially around the stage of pregnancy at which they had lost their son, he felt the necessity to hide and manage his anxieties even more carefully. He

feared disclosing his true feelings to his wife might impact upon her mental well-being, and felt the onus being solely on him as a breadwinner, parent and partner:

My expectation was that I had to be ready to look after both, the baby and Natalie [wife] if Natalie wasn't well enough. (...) [W]ith my wife and her anxieties and mental health in the lead up to the birth, I really thought I might be having to hold the whole lot together. (...) Yes, you have loads of anxieties but (...) if I started talking about them I would just create anxiety in my wife and that's not what I wanted to do.

As part of this endeavour of supporting their partners, their surrogates, and maintaining these relationships, men's own needs for involvement were relegated. In Jeremy's words 'if I am honest, I would say my emotions took a back seat, always, to Natalie's and Kat's [surrogate], that's the hierarchy shall we say'.

Thus, the men in our study appeared to be constructing a role and father identity through negotiations with others, including their own intimate partner. The findings suggest men found themselves acting pragmatically and stoically, based on their perception of the emotional impact of the arrangement on their partners. Whilst this situation appears to limit men's opportunities for emotionally bonding with the pregnancy, they nevertheless performed a taxing emotional labour that seemed to be overlooked by those around them. Our findings support previous research on under-appreciated men's emotional labour supporting their partners during pregnancy and birth, and their experiences of maternity care. Men reported feeling marginalised as both a 'not-patient and not-visitor [which] situated them in an interstitial and undefined space (both emotionally and physically) with the consequence that many felt uncertain, excluded and fearful' (Steen, et al., 2012:430). Therefore, taking a mediating role in the surrogacy arrangement in a way that appeased the partner and the surrogate, often placed men on the perimeters of the arrangements, limiting disclosure of their own emotions, concerns, and aspirations for the arrangement.

The double-bind: Being side-lined and side-lining themselves

The previous section has shown how men, in their endeavour to find their roles in the arrangement and maintain a harmonious surrogacy relationship, 'put their emotions on the backseat'. In fact, by doing so, men experienced a double bind of being side-lined while simultaneously side-lining themselves. The side-lining was reinforced when the surrogate preferentially sought a relationship with the intending mother, or when the two women bonded well and the men felt their contribution unnecessary or intrusive even. The side-lining also happened when men chose to not disclose their emotions.

In addition, some men also experienced being side-lined by healthcare providers. Daniel described the awkwardness he felt at their first antenatal appointment:

I wouldn't say I didn't feel welcome but (...), I just had the feeling it would have been too much. I think I went to the very first appointment and there the midwife was like 'oh yeah, then there's you in the corner there as well, sorry I forgot about you'. (...) I got the impression it would have been a bit too invasive.

Equally, Ian also felt 'forgotten' by healthcare staff:

I think there were one or two times when I was put in a back seat or more of a back seat than I would like (...) when some of the nurses would actually sort of forget I was there or forget to bring me in to various appointments and so on (...) it's understandable. But once or twice, there was an occasion when I just thought, OK, well someone's not thinking here, there are two of us in this room, you know.

The men in our study seemed to experience tension between not only feeling side-lined but, having positioned themselves as the supportive, stoic, and less emotional partner, equally unable to express what this side-lining meant in terms of what they perceived to be missing out on during the pregnancy experience. Daniel reported how he forwent whilst supporting his wife's need to bond with their surrogate:

That was also one of the things that I did struggle with, with the pregnancy that we ended up having, I never got to feel the baby kick or anything like that. My wife did, which was really nice, because she spent a lot of time with our surrogate, but things like that...

Whilst our findings support previous research reporting that men are side-lined in the surrogacy experience, our study offers new insight into the ways in which men found themselves in a double bind in which their own actions and decisions of seeking to support their partners and facilitate a smooth relationship contribute to their side-lining. As Fred clearly captures:

The thing is, so Elisabeth is not contributing biologically and that's a big deal and so I just felt that it was ever so important that she is...in control of it and running it. (...) [I would like to be more involved] because where I have been involved, it has been really good (...). But at the same time, I just feel it's ever so important for Elisabeth to connect with the surrogate, ever so important, and they are connecting really well.

Because of his wife's many years of miscarriages, Fred continues:

It is really important to me that Elisabeth is front and centre (...) she was so, so, so distraught about not being able to have children, I was upset, but Elisabeth was just so distraught about it. And this is just such a blessing so I wouldn't want to take away, I guess, any of the attention from her.

Some participants were more aware of side-lining themselves than others, as is evident from Daniel's response when asked what advice he would give to other men considering fatherhood via surrogacy:

The main thing that I want other men to think about is that, no, actually for all the other people to think about, is that [nobody] asks the men how do you feel? --, [everybody asks] how do you cope with supporting your wife? And that's not the important question, the important question is how do you feel about supporting yourself? And as a father, as the male in this relationship, you are equally as important. And you will actually have to fight harder to be valid, but you actually are as valid a person as anybody else.

Equally, Edward recognises the difficulties men often face in talking about their feelings:

God, we're blokes, we don't talk to anyone! It's having someone to talk to but that's not easy. I don't have a, I am a typical bloke, I don't talk to her, I don't talk about feelings, I found it extremely hard.

Our findings illustrate the different gender experiences of a surrogacy arrangement. All men were keen to emphasise and foreground their need to demonstrate support for their partner and to ensure she felt fully engaged, and central to the pregnancy experience, thus reinforcing her parental identity. This was evidenced by the men's accounts of suppressing

their own anxieties and hiding their own emotions to shield their partner from any additional distress. This main role of ‘supporter’ is consistent with previous studies investigating men’s perception of their role in the fertility treatment process (Schick, et al., 2016). However, in a surrogacy triad relationship, such positioning serves to not only side-line intended fathers, but position men on the periphery of the experience.

Bonding with the child (in utero)

Whilst the men in this study reported undertaking the role of supporters and facilitators and being side-lined within the surrogacy arrangement in various ways, it was important to establish how they constructed their father identity. Parent–infant bonding is reported to be essential for the development and well-being of the baby (Winston & Chicot, 2016). However, the complex relationship dynamics at play during a surrogacy arrangement seemed to create challenges to the usual means by which parents aim to bond with their baby during pregnancy. The more traditional ways of bonding, such as touching or massaging the baby bump, or feeling for the baby kicking were reported to be problematic for many men in this study. Touching the surrogate’s belly, was felt to be ‘off limits’ for most participants, not necessarily because the surrogate was unhappy with this, but rather because the men felt uncomfortable doing so, as Jeremy described:

I always felt uneasy about putting my hand on her belly to feel him kicking, it felt odd...It's quite a sensitive thing to do anyway to place your hand on somebody else's belly and I didn't have that kind of relationship with Kat [surrogate].

Equally, Charles’ discomfort is evident in his account explaining that:

I probably wasn’t quite as comfortable, you know, I didn’t really want to...yes, maybe it’s just touching another woman, you know, I just thought, maybe a bit inappropriate. (...) It was just maybe my own hang up really. I just felt it was maybe a bit too invasive. (...) And I thought, look, I’m going to hold them [twins] soon enough...yes, I think the benefit for me, well how uncomfortable I possibly would have felt, would have counteracted how, counteracted the benefit.

Some of the men’s accounts hinted at an inappropriate intimacy that could potentially be created by wanting to touch the surrogate’s belly to connect with their baby. Edward’s account for instance, whilst not directly referring to this possibility himself, elaborates on what surrogates have said about such a possibility:

A lot of surrogates said they’d never help a couple if they thought they had an attraction to the husband. Because it’s an unnatural situation, you are extremely close and [the surrogate] is carrying that man’s child at the end of the day. Whereas if it’s a gay couple, that isn’t an issue.

The above accounts again illustrate the ways in which some participants were trying to balance their need to bond with their baby whilst trying not to jeopardise their own relationship by being perceived by their own partner, or the surrogate, to have overstepped the relationship. In situations where a participant, for example Harry, had touched the surrogate’s belly to feel his baby moving, he recalled a sense of ‘strangeness’ about his involvement in the pregnancy:

It still felt at that stage a bit strange and really weird that, I think even when it’s your own wife it feels a bit weird, but when it’s not your wife or your girlfriend it feels strange. It’s difficult to imagine that what’s going on in there is due to you.

This feeling of being distanced from the pregnancy was evident in many of the men's accounts. Edward pointed out that: 'if you have a normal pregnancy, your wife is with you and you can see she is pregnant, doing that remotely you kind of feel so detached from it'. Equally, Jeremy highlighted how surrogacy creates an unusual situation whereby the parents and their unborn child are geographically distanced: 'It's difficult because Oliver [unborn son] is not with us, he is with Kat [surrogate] and it's a very strange thing'. Men sought alternative ways to create a bond with their baby during the pregnancy. For many participants, being involved in the pregnancy as much as possible, including attending antenatal appointments and scans, provided sufficient opportunity for bonding. Charles described how he could see his twins on the scan and 'I knew they were mine, so..., I guess I didn't really need anyone else to refer to me as the dad because I got my own excitement from the scans really'.

Whilst it was not always appropriate, or men felt uncomfortable touching the surrogate's body, men needed to invent new ways of connecting with their unborn child. The participants in our study improvised in creative ways, using a technologically mediated sense of sound, rather than touch, to facilitate the bonding process. Several participants recorded particular stories, music, or conversations they wanted played to their unborn baby via pregnancy baby-bump headphones. Charles recalled:

I think we read them stories and talked to them a bit and we recorded a couple of, you know, songs and stories, and then [surrogate] played back the video to them at other times and said, oh that's your mum and dad speaking to you. So yes, that's how we bonded.

For Daniel, the use of sound enabled him to fulfil his desire to read to his baby:

You actually stick the speakers onto the tummy to play music to the baby...you read a story or just talk to the baby...and us singing to the baby and all that sort of stuff. It was absolutely amazing...Yes, so the scans, doing the belly buds was one thing, and being able to, that was actually one of the things that I'd always wanted was to be able to read Hitchhikers Guide to our baby...I thoroughly enjoyed that.

Other men, such as Fred, combined sound and imagery as a way of bonding, although he recognised this means of connecting had become necessary because his wife was not carrying the pregnancy:

We're doing a lot of... picturing and envisaging what things are going to be like when we have a baby. And it's not long now...And when we see the scans and you can see the little limbs and the heart; I definitely feel a connection... we're going to do some recordings of our voices and send over some belly buds for our surrogate to use. But it feels like a light bond right now, it doesn't feel like a, I'm not putting my hand on my wife's tummy, I'm not doing that. So, it's lighter than that... picturing us together.

Teman (2010) and Weis (2017) report the surrogate's body may be perceived as a 'living barrier' between the unborn and the intending parents, not least because of the unaddressed potential sexual tension of a heterosexually-partnered man touching another woman's body. The use of sound rather than touch as a means of connecting with their baby may have lessened the chance of establishing a significant 'emotional' connection with the surrogate, or making sure to minimize any moments or actions that could be considered or perceived inappropriate by the partner or the surrogate.

Conclusion

This study is the first to explore how men who are in heterosexual relationships and are fathers, or are becoming fathers through surrogacy, experience the pregnancy and their transition to fatherhood. The findings offer new insights into this significant issue and expand the evidence base on new family forms and fatherhood by illustrating what it means to be a father via surrogacy and how relationship and roles are negotiated and expressed within the complex triad dynamics of a surrogacy arrangement.

Surrogacy introduces a tangle of possible complex connections and relationships. This paper has illustrated the roles and challenges men face during this emotionally taxing route to parenthood, with men feeling ‘pulled in several directions’ as they try to expedite and facilitate the surrogacy arrangement. The research participants perceived their role to be that of a facilitator, in a unique triad relational context, intervening to minimise any potential conflict to ensure the arrangement progressed smoothly to maximise their chances of becoming parents. The accounts of the ten participants in our sample demonstrate how they prioritised their partner’s emotional needs, decision-making, and desires, above their own, to enable their partners to be fully involved and central to all aspects of the pregnancy. Conversely, men positioned themselves in the role of the stoic, supportive partner, favouring a pragmatic and goal-oriented attitude, thus camouflaging their emotions and anxieties. Such role context often side-lined the men, which further silenced their own needs in the arrangement. The feelings of exclusion and side-lining reported by participants, alongside the lack of bodily connection experienced with their baby until birth, required men to find innovative ways of connecting with their baby. Consequently, men had to rethink ways of constructing their father identity and bonding with their child, whilst avoiding potential tension which may be caused by connecting with another woman’s body.

Many participants were still coming to terms with two life transitions: mourning and grieving that their wish for a child remained unfulfilled, or for a child they had lost, alongside their apprehensions towards surrogacy. Reflecting on their experiences, there was a consensus on the need for more intended father focused counselling prior to and during surrogacy arrangements to support them to manage their experiences of reproductive loss, relationship tensions, and their ambitions as fathers. Having shown how important it is for intending fathers to be more emotionally involved in the gestation of their children, including fostering a close relationship with their surrogate, we contend that healthcare providers and counsellors must recognise this need and the challenges created by the triad relationship, and offer more tailored support during the surrogacy process. We suggest a three-pronged approach to achieve this. Firstly, to counsel heterosexually-partnered men on an individual basis, addressing feelings and expectations of becoming a dad through surrogacy; secondly, to counsel the intending parents together to understand each other’s needs prior and during the arrangement; and thirdly, to counsel the surrogates on how men might be side-lined during the arrangement. This approach would explore ways of meeting the needs of all parties. Additionally, surrogacy support organisations should be encouraged to facilitate space and time for surrogacy intended fathers to share experiences to help normalise emotions and to learn coping strategies through the experience of other men, who Adam described as ‘people who have walked in our shoes.’

Whilst this study has provided valuable data on this under-researched issue, the small self-selected and rather unidimensional sample limits generalisation to a wider population. Our sample only included three cases where the partner’s own eggs were used within the arrangement; this was caused by an opportunistic sampling of including everyone who came forward, of which most were made aware of our research by support organisations that also assist donation conceived families. Secondly, the average age of participants being forty-seven, with their partners being of a similar age, also contributed to the need for donor eggs. Thirdly, a more diverse sample including more men of colour and from different socioeconomic backgrounds could have revealed different conceptualisations and experiences of fatherhood through surrogacy. Our small sample makes it difficult to

generalise these results to a larger population of each of these respective groups. Furthermore, whilst eight participants had their surrogacy arrangement in their country of residence, two had an overseas arrangement, limiting the contact and therefore resulting in different relationship dynamics.

Despite these limitations, this pioneer study demonstrates the relational aspect of reproductive decision-making in surrogacy, how this triad relationship is played out during the pregnancy, and how men construct their father identity. Further research employing larger and more diverse samples are needed to build upon these findings to better understand the different cultural perspectives of fatherhood, intersections of race and class, the range of relational dynamics taking place and the specific support needed for heterosexually-partnered men as they construct their father identity during and following a surrogacy arrangement. In conclusion, whilst surrogacy provides an opportunity for heterosexual couples to create a family, the triad relationship can lead to side-lining of the intended father, which in turn, can present significant challenges for men involved in a surrogacy arrangement. These findings may be beneficial to surrogacy support organisations and counsellors in directing efforts towards more tailored support for men considering surrogacy to become fathers.

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Conflict of interests

The author declares no conflict of interests.

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