

## Intrafamilial Surrogacy: Motivations, Imaginary and Current Reality

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# *Intrafamilial Surrogacy: Motivations, Imaginary and Current Reality*

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## **Abstract**

In some countries it happens that a person or a couple making use of medically assisted reproductive technology prefers (if possible) to use as gamete donor or a surrogate woman a person from within their own family, whether this person offers their services spontaneously or is asked to help: sisters who donate eggs to their sisters, brothers who donate sperm to their brothers, mothers who carry their future grandchildren in their own womb or vice versa. The aim of this article is to investigate the issue of intrafamilial donation, with particular focus on intrafamilial surrogacy. Our analysis will be based on the results of a survey conducted on the wider topic of the social imaginary associated with medically assisted procreation.

Keywords: intrafamilial donation, *intrafamilial surrogacy*, genetic parentage, social imaginary.

## **1. Introduction**

The opportunities for insemination and childbearing offered up by contemporary medically assisted reproduction technologies have opened up landscapes which were unimaginable in the past and given previously unthinkable opportunities to those who cannot or do not wish to have children in the traditional manner, in other words through heterosexual coitus. Over time, the intrafamilial donation option – i.e. the opportunity to bring a child into the world thanks to family members donating gametes or even carrying the child – has gradually become more popular. In this article, we will make a close

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examination of these two scenarios, attempting to describe the processes and shed light on the implications for the relationships between the family members involved, which have to be reconstructed in the light of new and as-yet difficult-to-define genetic and social ties.

Our aim is to understand whether it is possible to make at least a rough sketch of the social imaginary, in particular as regards intrafamilial surrogacy. In order to do so, we will refer to the scientific literature on the wider issue of intrafamilial donation – although it is rather scarce on certain matters – and cases reported in the media of pregnancies and births made possible by the contribution of women who carried a child for one of their family members (events which are less rare than formerly). Together with these sources of knowledge and awareness-raising about the practice, we will also refer to a part of the *Medically Assisted Procreation and Surrogacy: the new social imaginaries*<sup>1</sup> survey conducted in Italy in late 2017 on a sample of 360 subjects from 24 to 45 years old. The principal aim of that survey was to understand whether there could be said to be a social imaginary around medically assisted reproductive technologies. As will be seen below, the survey also investigated the issue of intrafamilial surrogacy, albeit in less depth.

## 2. Intrafamilial donation

Assisted reproductive technology (henceforth, ART) procedures include donating and receiving sperm and/or eggs for procreation purposes and the possibility of engaging a woman other than the parent or parents who will rear the child to carry it. These practices make fertilization possible without sexual intercourse and often even outside the woman's and the man's body.

In essence, ART procedures make it possible for couples where one or both members are afflicted by sterility or infertility, for same-sex couples or for single men and women who wish to have a child without being involved in a sexual or emotional relationship or having to share parenting responsibilities to do so. Where these types of practices are allowed<sup>2</sup>, the law generally states that the donation must be made anonymously, in other words the donors and the

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<sup>1</sup> The empirical research was coordinated by Paola Di Nicola and also involved Cristina Lonardi and Debora Viviani of the University of Verona. It was financed with the FUR funds of the Department of Human Sciences (University of Verona).

<sup>2</sup> In Italy, this practice is prohibited by article 12 of Law no. 40/2004. However, this same law does not make any stipulations regarding the lawfulness or otherwise of Italian citizens acting as or availing of the services of surrogate mothers in other countries. We stress this point because a part of this article will be dedicated to the social and cultural context in Italy.

recipients are not acquaintances and never even meet. The exception to this rule is gestational carrying<sup>3</sup> (henceforth, surrogacy), as with this practice the woman who offers to bear the child generally forms some sort of relationship with the rearing parents, at least as long as the pregnancy lasts.

However, there has been an increase in gamete donations as well as surrogacy arrangements with acquaintances of the recipients (as always, referring to countries where these practices are admitted by the law). These acquaintances may be male or female friends, but more often than not are family members. Where enlisting the services of relatives is concerned, we enter the sphere of intrafamilial donation (henceforth, IFD). When this method is adopted, the person who donates their sperm or eggs, or the woman who carries the child in her womb, is a family member (parent, child, grandparent, grandchild, aunt, uncle, niece, nephew, cousin). In order to make some sense of childbearing through IFD, we need first to make a distinction between intrageneration and intergeneration donation (Eshre, 2011; Ecasrm, 2017). With the former, the gametes are donated by or the surrogate mother is a member of the same family and belongs to the same generation (for example, brother, sister or cousin). With the latter method, the gametes are donated by or the surrogate mother is a member of the same family but belonging to a different generation (e.g. mother and daughter; aunt and niece) (Bortoletto et al., 2018; Ecasrm, 2017).

The Ethics Committee of the American Society for Reproductive Medicine (2003; 2012) has outlined the potential arrangements for IFD between first-degree relatives involving sperm and egg donation and traditional surrogacy (where the surrogate mother both donates the eggs and carries the child), as well as gestational surrogacy (where the surrogate mother only carries the child, as an embryo created using gametes foreign to her – generally provided by the couple requesting the services of the surrogate – is implanted in her uterus). We feel it is appropriate to quote this framework in order to clarify the scenarios which arise with IFD, as at times they can prove to be rather destabilizing to the normal geography of genetic and family relationships; the effect is less destabilizing when the family ties are of the second or third degree, as this in a sense ‘dilutes’ the genetic and blood ties.

As far as sperm donation is concerned, the possible arrangements for first-degree relatives are:

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<sup>3</sup> Despite the many distinctions which can be made, among the lay population, this whole group of options is almost non-existent and the umbrella term of ‘surrogacy’ tends to be used, although at times it is referred to as wombs for rent, with a more negative connotation than the other term.

1. brother to brother (the donor will be the genetic father and social uncle, while the recipient will be social father and genetic uncle);
2. brother to sister, who uses her own eggs (this case gives a strong impression of incest<sup>4</sup> and, according to the Ethics Committee, should be prohibited because the consanguineous relationship has a strong probability of leading to health problems for the child);
3. brother to a sister using donated eggs;
4. father to son (the son's partner should be involved in the decision-making process);
5. father to daughter using donated eggs (this case also gives a strong impression of incest);
6. son to father, usually in a second marriage; the Ethics Committee believes this should be discouraged due to significant concerns over the potential coercion of the son by the father or other family members).

Concerning ovum donation, the possible arrangements for first-degree relatives are:

1. sister to sister (the most commonly practiced and most socially acceptable arrangement);
2. sister to sister-in-law (brother's wife) – should be prohibited because of the consanguineous relationship, furthermore gives an impression of incest as the sperm would come from the brother of the egg donor);
3. daughter to mother, usually in a second marriage; the Ethics Committee believes this should be discouraged due to significant concerns over the potential coercion of the daughter by the mother or other family members);
4. mother to daughter.

As mentioned above, when talking about surrogacy, we need to distinguish between traditional and gestational surrogacy. The options for traditional surrogacy are:

1. sister to sister;
2. sister to brother (should be prohibited because gametes from a consanguineous relationship are combined; furthermore, gives a strong impression of incest);

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<sup>4</sup> IFD from sister to brother or vice versa, whether it involves gamete donation or traditional/gestational surrogacy, inevitably arouses feelings of the taboo subject of incest, while a sister-to-sister donation is considered more acceptable (Pennings, 2000). Donations between brothers and sisters usually occur only when the woman either does not have viable eggs of her own, does not have a male partner or has a male partner but is unable to bear children and her brother has freely given his informed consent.

3. daughter to mother where the mother has a new husband (the utmost care should be taken to make sure that the daughter is not coerced by her mother and/or stepfather);
4. mother to daughter (whose offspring would also be her brothers and sisters).

As regards gestational surrogacy, the Ethics Committee outlines similar arrangements to those above, but with different effects:

1. sister to sister;
2. sister to brother (gives impression of incest but gametes are not from consanguineous relationship);
3. daughter to mother;
4. mother to daughter (this form of surrogacy is probably the most common, certainly the most reported in the media);
5. daughter to father (gives impression of incest but gametes are not from consanguineous relationship).

IFD can also involve different combinations of second- and third-degree relatives such as cousins, aunts, uncles, nieces, nephews, grandchildren and grandparents, in particular cousin to cousin, niece/nephew to aunt/uncle or vice versa, as, by avoiding consanguineous relationships they can activate IFD processes for the donation of sperm and eggs as well as surrogacy. Below, we will examine the motivations behind the decision to turn to IFD, which is certainly not as common as heterologous ART but represents a concrete opportunity for procreation.

### **3. The reasons for intrafamilial donation: options, risks and people involved**

Especially when heterologous, ART procedures have always provoked heated debate about the acceptability, ethicality and potential for social injustice these practices help to maintain, or even intensify, such as the exploitation of women living in poverty by wealthier families and the quality of the psychosocial development of the children born in such a way (Di Nicola, Lonardi, Viviani, 2018). Intrafamilial arrangements not only do not avoid the ethical issues but also present some of their own: Can this be counted as incest? Is the donor really making the donation of their own free will? Who do the offspring really belong to? It also raises doubts about the future of the offspring, and about the complications which can affect the balance between generations and in family relations in general. For many people, causing confusion to relationships in this way is unacceptable.

Therefore, with IFD, just as with ART, there are numerous worries in connection with the practice and numerous protagonists and other people involved: the donor, the recipient, the offspring and the family members witnessing the whole process of IFD. Each of these has their own reasons for getting or not getting involved in the process. Below, we will see what can be gleaned from the scientific literature and from a number of empirical studies carried out on the issue, mostly in English-speaking countries.

### ***3.1 Those who seek and receive: the social parents***

There are many reasons why those who seek and receive gamete donations decide to turn to family members as donors or surrogate mothers. Moreover, only a small number of scientific studies have been conducted regarding this topic and those which have been published more often than not focus on IFD involving gametes rather than intrafamilial surrogacy<sup>5</sup> (henceforth, IFS), in large part because this practice is less common than heterologous surrogacy, whether traditional or gestational. What we find from the literature and the few studies conducted heretofore is that, in general, IFD preserves and maintains the blood, genetic and relational ties (Baetens et al., 2000) between the social and/or biological parents and the offspring born from IFD (Vayena, Golombok 2012). This is vital for all those who assign great value to genetic parentage (Pennings, 2001). Having recourse to IFD also means that the waiting time for donations of gametes from anonymous donors and for heterologous traditional or gestational surrogacy is cut and costs significantly reduced, whichever option is chosen (Eshre, 2011; Ecsrm, 2017). For some, family ties in a broader sense are more important than genetic ties (Vayena, Golombok, 2012), meaning that IFD from second- or even third-degree relatives is deemed justifiable, when the relationship is stable and solid enough to be able to arrive at such a decision. Another reason for opting for IFD comes from fears surrounding the use of genetic material donated by strangers (Lessor et al., 1993; Baetens et al., 2000; Vayena, Golombok, 2012), anonymous third parties about which the recipient can only know what the public and private fertility clinics which provide ART

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<sup>5</sup> The European Society of Human Reproduction and Embryology (ESHRE) defines as follow intrafamilial surrogacy: 'Different types of intrafamilial surrogacy can be distinguished: between sisters and intergenerational, either of mother for her daughter or vice versa. The main concerns in the literature are moral coercion and relational bewilderment for the offspring. We have no principled objection to known surrogacy either by mother or sister. No evidence is available at present that such arrangements have generated additional problems but careful counselling of both parties is indispensable. For those cases where the daughter serves as a surrogate for her mother, there may be an increased risk of dependency and undue pressure' (Eshre, 2005: 2707).

and surrogacy services divulge about the donors. Knowing exactly where the gametes have come from or knowing the woman who is going to carry your child for you reduces the anxieties (Eshre, 2011) and worries of the future parents compared with the issues surrounding anonymous donors (Pennings, 2000, 2001; Baetens et al., 2000; Marshall, 1998) and the possibility of them passing on sexually transmitted diseases or genetic defects. One last reason for choosing IFD comes from the fact that it makes it more likely that the offspring will look akin to the social parents who rear them, as they share all or part of their genetic baggage (Baetens et al., 2000).

### ***3.2 Male and female donors and surrogate women***

The people who decide to become donors also have different motivations for doing so. Those who donate do so from selflessness, understood as an act of giving without expecting anything in return (Lessor et al., 1993), arising from their desire to help a family member to have their own family. They wish to ease the suffering caused by the infertility or sterility of an individual or a couple, or by repeated failed attempts to get pregnant or carry a foetus to term, perhaps because of health reasons, but also in the case of a couple formed of two men or a single man. Other reasons come from the love the donor feels for their family members, from the importance of becoming a mother (Acharya, Bryant, Twiddy, 2017) or father; it should also be borne in mind that 'family members who donate may also view the process favourably. They contribute additional progeny to their kindred while also contributing to the well-being of a kin relation' (Ecasrm, 2017: 1138).

However, those who donate may also arrive at this decision because of a certain feeling of obligation towards their family (Acharya, Bryant, Twiddy, 2017) and to meet the expectations of the recipients, who may exert undue pressure, whether openly or latently (Vayena, Golombok, 2012). In intergenerational IFD, the imbalance of power between generations (mother over daughter, father over daughter, father over son) can play an important role, because the recipients, despite being in a position of need, still have greater power because of being the father or mother of the donating son or daughter, who may furthermore be not only emotionally but also financially dependent on their parents (Ecasrm, 2017).

If we turn the roles around, the gamete donors are the mothers and fathers of the recipients (their sons/daughters). In this case, the donor may feel that they are in a position in which they are compelled to respond affirmatively to the request of their son or daughter precisely because of the disinterestedness and selflessness which tends to characterize the role of parents.

In intragenerational IFD (sister to sister, brother to brother, sister to brother and vice versa, cousin to cousin), the donor could again experience feelings of obligation or feel like they have a duty or debt towards the family member making the request, as well as to any family members who are not directly involved but are aware of the situation. If we then consider that the potential sperm donor or the potential surrogate mother could be subject to emotional pressures of various kinds and from various sources, then we need to consider that there can be situations where coercion is used, rather than the donation being made out of selfless generosity. It should also be pointed out that pressure of this kind compromises the donor's freedom to make their own decisions and they may find themselves in considerable difficulty. Some of the above finds confirmation in certain results from a survey conducted in 2016 on 1915 people in the United States, the purpose of which was to sound opinions on intergenerational ovum donation. The survey found that 74% of respondents was in favour of eggs being donated to family members, 24% of the sample rejected the idea of daughter-to-mother donation and 15% censured niece-to-aunt donation. The reasons for disapproving of intergenerational IFD were, in brief: this practice would lead to complicated family relationships (73%), would negatively influence the child born in this way (53%) and would seem to be an act of coercion (34%). Moreover, 79% of the sample believed that this form of donation was an act of selflessness and 53% stated that children born in this way need to know the truth. It is also interesting to note that 'Although our study found that broad support exists, there were certain groups that were less likely to support intergenerational oocyte donation. Christian-Catholics were less likely to support the practice than Christian-non-Catholics [...]. This result is not surprising: Christian-Catholics have been shown, in similar public opinion surveys, to be largely restrictive in their allowance for reproductive options and freedoms [...] Interestingly, those respondents with three or more biological children of their own, compared with those with only one child, were more likely to support oocyte donation by family members' (Bortoletto et al., 2018: 347).

### ***3.3 The offspring of intrafamilial donation***

As far as the offspring of IFD are concerned, it has been argued in more than one quarter that this form of conception and birth involves psychosocial risks arising from finding oneself in a difficult relational framework, where it could happen that mothers do not love their children or are ambivalent towards them, or one or both parents – whether social or biological – are unable to accept the complications and genetic distancing entailed. Other psychosocial risks can arise from growing up in an unconventional family environment, one

in which the relationships are confused and confusing: in the case of brother-to-brother sperm donation, a social uncle will be the genetic father of the child and the rearing father will be a genetic uncle, while in the case of a daughter donating her eggs to her mother, the daughter will be the genetic mother and sister of the child and her mother will be both the mother (having gone through pregnancy and birth) and grandmother of the child. These forms of genetic and social relationships are possible only with IFD and can cause identity issues in the offspring, lack of clarity in the adults' roles and in the limits to each person's role (Laruelle et al., 2010), especially if one of the family members involved in the IFD wants to take on part of the parenting responsibilities (Eshre, 2011). On this matter, we can find a certain amount of information from research carried out on the families of children born from heterologous ART procedures. What we see is that very few parents reveal to the child what their real origins are (Freeman et al., 2016; Becker et al., 2005; Tallandini et al., 2016) because of fears of upsetting or shocking them, confusing them, risking causing a breach in their relationship with the child, negatively impacting the relationship between the two parents if one is only the social parent and not the biological/genetic parent, prejudicing the child's relationship with their social parent in this case, the child no longer loving their parents (Golombok, 2016), their child growing up feeling like they are not normal; also in order to avoid the child feeling frustrated or like they have been deprived of something important if there is no way of knowing who the donor was and/or what their characteristics were (Freeman et al., 2016; Readings et al., 2011). In 2011, in the fourth stage of a long longitudinal study, Readings, Blacke, Casey, Jadvá and Golombok reported that, out of 101 families with seven-year-old children born thanks to sperm donation (36 in total), egg donation (32 in total), and surrogacy (33, of which 9 from IFD from a sister or sister-in-law), most of the children born thanks to gamete donation were ignorant of their real origins, while, conversely, almost all those born of a surrogate mother were aware of the fact<sup>6</sup> (Jadvá et al. 2011; Vayena, Golombok 2012).

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<sup>6</sup> In cases where the parents decide to reveal to the child how they were conceived, a determining factor and one which protects the child's psychological wellbeing and the quality of family relationships is the age of the child at the time of finding out: there are now numerous studies which confirm that the younger the child is (although it has to be old enough to be able to process the information), the longer they will have to come to terms with their situation and interiorize their origins as part of their biographical and biological narrative (Blake et al., 2010; Golombok, 2016).

### ***3.4 Risks and worries: anonymity, incest, secret***

We have seen that IFD entails the donation of gametes but can also include gestation. This type of process usually takes place anonymously, as the aspiring parents turn to a sperm or egg bank or, when it comes to surrogacy, the carrier is selected by a public or private agency which provides this service. In the latter case, the surrogate and the rearing parents get to know each other, and in some cases the relationship even continues after the birth – occasionally the surrogate even plays a part in the upbringing of the child, as a family friend or special aunt (Carone, 2016). With IFD, however, the concept of anonymity is annulled, at least between those who actively participate in the insemination and gestation process. The fact that the actors on this stage know each other and have family ties means that the donor is involved throughout the process, from the assessment to the decision to use IFD, to the gamete-collection stage, to the moment of the non-coital ‘conception’, to the birth, and witnesses the potential failures of the procedure, such as the child turning out to have a genetic problem, a disability or other form of health problem when born. We are stressing the issue of anonymity vs acquaintance because the former, as well as being a condition imposed by law for gamete donation in many countries, is also a strong form of protection for both donor and recipient (Di Nicola, Lonardi, Viviani, 2018). In IFD and IFS, the donors are not protected in this way: when heterologous ART procedures are used, the donors can be relegated to a position of social invisibility by the recipients, who neutralize their contribution in order to maintain, defend and protect their family unit (Kirkman, 2004; Becker et al., 2005; Zadeh, Freeman, Golombok, 2016). When this occurs, ‘the person who donates vanishes well before the arrival of the intended parents: it is an entirely instrumental perspective which resolutely divides the gametes from the person who donates their semen or ova’ (Di Nicola, Lonardi, Viviani, 2018: 152). Similarly, when it comes to surrogacy, although, as mentioned above, anonymity is not possible, relations with the carrier can be broken off completely and the child need never know how they were brought into the world (Carone, 2016; Jadva et al., 2012), especially if everything takes place in a country far from home, as often happens to individuals and couples who manage to have children only in this way.

IFD presents rather a lot of problems for donors, as well as those already described. As we saw in paragraph 1, some forms create strong feelings of incest (Eshre, 2011), despite the absence of any kind of sexual intercourse. It could be said to be a technical or symbolic form of incest (Pennings, 2001), which can lead the agents involved to limit knowledge of the procedure to the small circle of family members involved. However, while on the one hand this protects the agents from potential social stigmatization, on the other hand the secret can

upset the balance of family relationships, even with the wider family, to the point where the recipients and the donors come to break off relations almost completely (Vayena, Golombok 2012), despite still being tied by the fact of belonging to the same family. Moreover, it generally happens that conception by means of IFD follows the path of the more common heterologous ART procedures in that the rearing parents tend not to reveal to their children how they were conceived and the fact that they have biological ties to someone other than their (social) parents (Jadvá et al. 2011): ‘With known donation, most studies have reported the reluctance of parents to disclose this information to the child. The need for secrecy in order to protect the family as a whole has been suggested as a reason for non-disclosure of intra-family donation but the studies are not conclusive regarding the role this actually plays’ (Vayena, Golombok, 2012: 182). With IFD, keeping the process a secret from the outside world may be necessary in order to protect family relationships, the offspring of the process and the family unit formed in this way. In the case of IFS, it is evidently more difficult to keep the process secret, so much so that this form of IFD is the one which most often appears in the media.

Compared with heterologous methods, one element which makes it easier to keep the secret is the resemblance between the social parents and the offspring made more likely by the fact that the child has a very similar genetic heritage to its non-biological parents’.

Therefore, with IFD the secret is a rather open one but ‘What makes the issue of disclosure difficult to resolve from an ethical perspective is that it automatically involves the donor, the recipient, the partner of the recipient and the child as well as other family members. If they do not all share the same beliefs and wishes about disclosure, a conflict is created between their respective individual rights’ (Vayena, Golombok, 2012: 184).

In summary, IFD leads to relational complexity involving genetic bonds, social roles, family roles previous to IFD, secrets and emotional pressure. This can be a source of complications and tensions, which is why in many different places it is highly recommended – if not compulsory – for all the participants in (and witnesses to) the process of having a child through IFD and/or IFS undergo counselling first and are clearly informed about the possible implications and consequences of their choices, for themselves and for others (Pennings, 2001; Eshre, 2011; Vayena, Golombok, 2012; Ecasrm, 2017), and also about the potential emotional and psychological difficulties which could be encountered, in order to arrive at a freely made decision and freely given (as well as completely informed) consent, in particular for the family member making the donation (Eshre, 2011; Ecasrm, 2017).

#### **4. Intrafamilial surrogacy: the sensation and the reality**

Motherhood, fatherhood, childbearing and procreation are topics for debate – often heated – and demonstrate how we are currently faced with great changes and a certain amount of confusion: ‘We have to wonder [...] whether these changes mark the transition to a new social imaginary, within which relationships and gender differences are being erased, or whether we are heading towards a reworking of these relationships (based on other different factors and rules)’ (Di Nicola, 2018: 18).

In reality, it would seem that a new social imaginary is already being constructed (Di Nicola, 2017) around childbearing, thanks to the dominance of personal over family biographies, to the fact that it is now possible to separate reproduction from sexual relations (resulting from the belief that having children is a totally personal decision and not the response to socially constructed expectations, from the now-consolidated distinction between biological and social parenthood, and from the multiplication of the male and female agents involved in ART procedures, surrogacy included). In reference to social imaginaries, we cannot but cite Charles Taylor (2004), who clarifies that by social imaginary we should understand ‘the ways people imagine their social existence, how they fit together with others, how things go on between them and their fellows, the expectations that are normally met, and the deeper normative notions and images that underline these expectations’ (Taylor, 2004: 23). Therefore, a social imaginary is ‘that common understanding that makes possible common practices and a widely shared sense of legitimacy’ (Taylor, 2004: 23). According to Taylor, the practices – in other words, the actions actually performed by social agents – depend on the knowledge system and in turn modify knowledge, or rather modify the knowledge which makes action possible. The significance of this becomes huge if we think about the circular relationship which exists between knowledge and action, in the sense that ‘If the understanding makes the practice possible, it is also true that it is the practice that largely carries the understanding’ (Taylor, 2004: 25). Consequently, if the practice of ART is spreading a certain type of knowledge, if the images, reports, stories (Taylor, 2004) about these practices are in turn contributing to the ways in which ‘the way ordinary people “imagine” their social surroundings’ (Taylor, 2004: 23), then, following Taylor’s line of thought, it is really possible that a new or different social imaginary linked to childbearing and procreation is being sketched out, an imaginary that is mobile and shifting just as ART and IFD practices can change, more or less radically as the case may be, childbearing, procreation, family relationships and roles within families.

In the following section of this article, we will present some results from an empirical study conducted in 2017 designed to investigate the strength and

penetration of the new social imaginary surrounding ART and gestational carriers<sup>7</sup>. The main objective of the survey was to establish whether a new social imaginary had been created regarding childbearing and procreation. The study<sup>8</sup> was carried out on a sample formed of non-representative proportions of men and women, all of which were aged 25-45 and lived in three different regions of Italy, chosen because of their different cultural heritage: Veneto (Catholic tradition), Emilia-Romagna (secular tradition) and Campania (family-centric tradition<sup>9</sup>). A total of 360 individuals were interviewed (120 per region), none of which had ever used any form of ART but all of which had heard talk about these methods. One question in particular was aimed at establishing to what extent it could be considered acceptable when a mother decides to act as surrogate for a daughter who for some reason is unable to bear a child. The study was carried out in Italy, where all forms of surrogacy – including intrafamilial – are forbidden. We feel it is important to stress this point because the scenario presented by the question is rather distant from the reality of the respondents, although, as we have seen, cases of this type are often reported in the media, which play a not insignificant role in constructing the images and narrations that spread social imaginaries, opening them up to the potential to become widely shared (Taylor, 2004).

#### ***4.1 Intrafamilial surrogacy mother-to-daughter: a remote event and growing awareness***

What stance should we take on the issue of a mother going through a pregnancy and giving birth to her own grandchild on behalf of a daughter who cannot manage to bear a child of her own because of health problems? The sample interviewed in 2017 about ART and surrogacy was divided, but not excessively: 56.4% found the situation unacceptable, while 43.6% deemed it acceptable (Tab. 1).

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<sup>7</sup> In the survey, the terms ‘surrogacy’ and ‘surrogate’ were used, as they were more familiar to the respondents and the lay community in general (see note 2, paragraph 1).

<sup>8</sup> The data was collected using questionnaires with CAWI methodology (Computer Assisted Web Interview). The survey did not involve subjects that had already used MAP or homosexual couples with children from previous unions or planned children, as they are already part of the new social imaginary to some extent. The data collection tool was created directly by the client and reviewed by the Project Manager at SWG, the research company that conducted the survey. The data was collected between 15 and 22 September 2017.

<sup>9</sup> By ‘family-centric’ tradition, we mean a tradition where the priority is ensuring the wellbeing of one’s own sons.

TABLE 1. *In your opinion, is it an acceptable situation when a mother agrees to act as a surrogate in order to help her own daughter bear a child?*

	Frequency	% of sample
No, never, because it would not be clear who was the mother and who was the grandmother.	125	34.7
No, never, because surrogacy is never acceptable, not even when the people involved are related.	78	21.7
Yes, because it is a selfless gesture performed by a mother for her daughter who is unable to have a child.	140	38.9
Yes, because the child would still be born into the same family group.	17	4.7
Total	360	100

In order to gain a deeper understanding of the motivations and standpoints involved in this hypothetical scenario, and since the study which the question has been taken from was not specifically about IFD (either involving gamete donation or surrogacy), we feel it is useful to understand what stances the interviewees who responded to this question adopted in relation to the questions of who should be considered the parent, donor anonymity and whether children born thanks to heterologous ART procedures and/or surrogacy should be allowed to know who the donor(s) was/were and have a relationship with them (Tab. 3) – in other words, how some of the pieces making up the social imaginary which in all probability is currently being constructed around the issues of childbearing and ART/IFD practices fit in. We will now examine each of the four possible answers in relation to these questions.

34.7% of the respondents stated that a mother who agrees to act as surrogate in order to help her daughter bear a child would constitute an unacceptable situation, because no one would understand who to call the mother, the grandmother or the sister, meaning that family relationships would be totally unclear. In this case (Tab. 2), the majority of the respondents were women (60%), childless individuals (57.6%) and individuals in the under-36 age group (52%). Their place of residence was divided fairly equally between the three regions: Campania 34.4%, Veneto 33.6%, Emilia Romagna 32%, so no great differences were seen. Moreover, out of this section of the respondents, 61.6% held that generally, children belong to whoever carries and rears them, and in the case of gamete donation, the donor needs to be anonymous (58.4%). The donor's anonymity should be guaranteed so that the child has or children have no doubts about who their parents are (41%) and in order to protect the interests of the donor (34.3%). Lastly, neither a gamete donor nor a surrogate

mother should entertain relations with the offspring in any circumstances, with 46.4% and 43.2% respectively expressing this opinion (Tab. 3).

TABLE 2. *Table of comparison showing opinions on mother-to-daughter intrafamilial surrogacy and sociodemographic data (V.%).*

In your opinion, is it an acceptable situation when a mother agrees to act as a surrogate in order to help her own daughter bear a child?	No, never, because it would not be clear who was the mother the grandmother or the sister.	No, never, because surrogacy is never acceptable, not even when the people involved are related.	Yes, because it is a selfless gesture performed by a mother for her daughter who is unable to have a child.	Yes, because the child would still be born into the same family group.
<b>GENDER</b>				
Men	40	52.6	58.6	41.2
Women	60	47.4	41.4	58.8
<b>AGE</b>				
Up to 36 years old	52	56.4	45.7	41.2
37 - 45 years old	48	43.6	54.3	58.8
<b>OFFSPRING</b>				
Offspring	42.4	48.7	49.3	47.1
No offspring	57.6	51.3	50.7	52.9
<b>Marital status</b>				
Single	48.8	43.6	45	58.8
Married	48.8	52.6	52,9	41.2
Separated/divorced	2,4	3.8	2,1	0
<b>FAMILY</b>				
Living alone	12	7.7	12.1	17.6
Living with family of origin	18.4	17.9	18.6	23.5
Cohabiting, no offspring	24.8	21.8	19.3	5.9
Cohabiting, offspring	40	47.4	45.7	41.2
Other	4.8	5.1	4.3	11.8
<b>FREQUENCY OF PARTICIPATION IN RELIGIOUS RITES</b>				
Regular	20	32.1	19.3	23.5
Occasional (Holy days of obligation & special occasions)	55.2	52.5	50	47.1
Never	24.8	15.4	30.7	29.4
<b>REGION</b>				
Veneto	33.6	37.2	31.4	29.4
Emilia Romagna	32	30.8	36.4	29.4
Campania	34.4	32.1	32.1	41.2

54.4% of this group of respondents did not agree with the statement that surrogacy would undermine the biological family ('strongly disagree' 20.8% and 'disagree' 33.6%) (Tab. 4), while 60.8% disagreed with the statement that surrogacy could do away with the idea of the family as a group based on emotional connections. In general, the standpoints which emerged tended mainly to keep roles separate and distinct, distancing those who, according to this thesis, had no parenting rights and assigning those rights to the people who raise the children.

Just under a quarter of the total sample – 21.7% – held that surrogacy is never acceptable, not even among people who are related. These respondents completely rejected the situation described in the question. In this case (Tab. 2), we find a majority of men (52.6%) and young people (56.4% in the under-36 age group); again, there is a high percentage of childless respondents (51.3%), while the number of married respondents (52.6%) outweighs the number of those who declared they were single or separated/divorced. Each of the three regions was represented fairly evenly in this group, with the Catholic Veneto region displaying the highest percentage. In this group of respondents, we also find the highest number of people who regularly practice their religion (32.1%) (Tab. 3).

Out of those who affirmed that surrogacy is never acceptable, not even among relatives, 66.7% thought that children belong to whoever bears and then raises them, that donors have to come from outside the family and remain unknown (51.3%) and must not have any relationship with the child or children (35.9%), at least until such time as the offspring explicitly ask for information about their origins (32.1%). Moreover, donors need to remain anonymous so that the offspring can be clear about who their parents are (39.6%) and also to protect the donors themselves (34.5%). As far as surrogacy is concerned, the donors or the surrogate mother can enter into contact with the offspring only if the offspring specifically request this contact (47.4%). 28.2%, on the other hand, held that there can be no form of relationship with either the donor(s) or the surrogate (Tab. 3). Here, moreover, 75.4% believed that surrogacy undermines the biological family (37.2% 'agree' and 38.2% 'strongly agree') and, at the same time, that surrogacy erases the idea of the family as a unit based on emotional connection (29.5% 'agree' and 32.1% 'strongly agree'). These standpoints are among the most prescriptive of those expressed by the respondents and rather closely mirror the results of a US survey carried out in 2016 (Bortoletto et al., 2018): in that survey, surrogacy – including the intrafamilial option – was a practice completely out of keeping with the respondents' idea of family and one which should stay as far as possible outside the confines of the relationships of those who avail of this mode of procreation.

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TABLE 3. Table of comparison between the issues of parenthood, donor anonymity, child-donor relationships and mother-to-daughter intrafamilial surrogacy (in %).

	In your opinion, is it an acceptable situation when a mother agrees to act as a surrogate in order to help her own daughter bear a child?			
	No, never, because it would not be clear who was the mother or the grandmother or the sister.	No, never, because surrogacy is never acceptable, not even when the people involved are related.	Yes, because it is a selfless gesture performed by a mother for her daughter who is unable to have a child.	Yes, because the child would still be born into the same family group.
<i>Who does a child belong to?</i>				
Only to the birth parents, even if they don't rear it	8	16.7	5	11.8
Only to the couple who requested the child and will rear it	30.4	16.7	45	47.1
Only to whoever gives birth to and then rears it	61.6	66.7	50	41.2
<i>A semen or egg donor should be</i>				
A stranger	58.4	51.3	38.6	47.1
A family member	4.8	6.4	7.1	17.6
Doesn't matter	36.8	42.3	54.3	35.3
<i>If the semen or egg donor shouldn't be a family member, then he/she should be</i>				
Completely anonymous	88.2	79.5	77.7	85.7
An acquaintance of the aspiring parents	11.8	20.5	22.3	14.3
<i>If you believe that the semen or egg donor should be anonymous, why?</i>				
So that the child/children will not be confused about who their parents are	41	39.6	27.7	41.7
To protect the donor's interests	34.3	34.5	37.6	8.3
To protect the parents' interests	24.8	25.9	43.7	50

*Continue*

<i>In your opinion, should the semen or egg donor have a relationship with the child?</i>				
Donors should have no relationship with the requesting family or the offspring	46.4	35.9	28.6	29.4
Not until the child explicitly requests to meet the donor	36	32.1	37.9	23.5
Yes, but only if the requesting family agrees	12	19.2	25	35.3
Every donor should have the right to have a relationship with the requesting family and the child/children	5.6	12.8	8.6	11.8
<i>In your opinion, in the case of surrogate motherhood, should the sperm donor, egg donor and/or surrogate mother have a relationship with the child/children?</i>				
After the birth, the surrogate mother and/or donors should have no further contact with the requesting family or the child/children	43.2	28.2	22.9	23.5
Not until the child explicitly requests to meet the donor or the surrogate mother	34.4	47.4	40.7	35.3
Yes, but only if the requesting family agrees	14.4	15.4	30	23.5
Every donor should have the right to have a relationship with the requesting family and the child/children	8	9	6,4	17,6

Out of the total sample, 38.9% thought that a mother who embarks on a surrogate pregnancy for a daughter who is unable to have children is an acceptable situation, as they viewed it as an act arising from a mother's selfless desire to help her daughter. Women were more severe than men, who tended to view the proposed case as a selfless act (58.6%). The majority of the respondents in this group (Tab. 2) were aged over 36 (54.3%) and almost all were married (52.9%). Again, there was little difference in the responses coming from each of the three regions; this time Emilia Romagna displayed the highest percentage, accounting for 36.4% of the group. In this group, we noted that the percentage of respondents who held that children belong to whoever brings them into the world and then raises them fell to 50%, while the percentage of those who held that children belong to whoever desires them and then raises them rose to 45%. In this context, we found that it made little difference (54.3%) whether the donors were strangers (38.6%) or members of the family

(7.1%). For these respondents, anonymity is important in order to protect first and foremost the parents' interests, followed by the donors' and lastly the offspring's, with whom the donors can have a relationship only if the offspring specifically request it (37.9%). Again, this group of respondents did not allow any relationship between the offspring and the donor(s)/surrogate (22.9%), unless upon the specific request of the offspring (40.7%), with 30% holding that there should be contact only if the rearing family agrees to it (Tab. 3). As far as family ties are concerned, out of those who interpreted the proposed scenario as a selfless act, 60.8% did not believe that surrogacy would undermine the biological family ('strongly disagree' 32.9% and 'disagree' 27.9%), while 71.5% of the same group asserted that surrogacy does not erase the idea of the family as a unit based on emotional connections ('strongly disagree' 38.6% and 'disagree' 32.9%).

*TABLE 4. Table of comparison between the issues of biological family, the family as a unit based on ties of affection and mother-to-daughter intrafamilial surrogacy (in %).*

	In your opinion, is it an acceptable situation when a mother agrees to act as a surrogate in order to help her own daughter bear a child?			
	No, never, because it would not be clear who was the mother or the grandmother or the sister.	No, never, because surrogacy is never acceptable, not even when the people involved are related.	Yes, because it is a selfless gesture performed by a mother for her daughter who is unable to have a child.	Yes, because the child would still be born into the same family group.
<i>Surrogacy undermines the biological family</i>				
Strongly disagree	20.8	3.8	32.9	23.5
Disagree	33.6	20.5	27.9	35.3
Agree	28.8	37.2	27.1	29.4
Strongly agree	16.8	38.5	12.1	11.8
<i>Surrogacy erases the idea of the family as a unit based on emotional connection</i>				
Strongly disagree	28	6.4	38.6	35.3
Disagree	32.8	32.1	32.9	29.4
Agree	21.6	29.5	18.6	23.5
Strongly agree	17.6	32.1	10	11.8

Lastly, a very small proportion of the sample (4.7%, i.e. 17 people out of 360) believed that the situation described would be acceptable because the offspring would still be a child/children born to the same family group. In this group of respondents (Tab. 2), we find more women than men, more childless individuals and more singles, together with the highest percentage of people

who participate in the rites of their religion only occasionally (47.1%). Furthermore, a large part of this small group hailed from the Campania region (41.2%). Despite its reduced size, this group displays a number of interesting features. Here, we find that children belong to those who request them and then rear them (47.1%) or those who bring them into the world then rear them (41.2%); moreover we also find the highest percentage of respondents who held that gamete donors should be family members (17.6%, against the 6.7% of the overall sample who shared this belief), although 47.1% still asserted that donors should be strangers and remain anonymous. For this group, anonymity serves above all to protect the parents (50%) and any relationship between donors and offspring can be possible only with the consent of the rearing family (35.3%), although more than half of the respondents thought that no relationship should be allowed. As for surrogacy, the percentages are spread fairly evenly: the majority stands at 35.3% and represents those who only allowed the possibility of relations between the donor(s)/surrogate and the offspring if the latter explicitly request it, while the percentage of those who believed that this relationship should always be a given right of the donor (Tab. 3) rose to 17.6%. Lastly, in this group, the hypothesized scenario was not viewed as detrimental to the strength of biological ties (58.8%) or to the concept of family as a network of emotional connections (64.7%). As regards these two groups of respondents, when there is a situation where it is impossible to bear a child, IFS was considered to be an acceptable solution for those who tend to see disinterestedness as a distinguishing characteristic of parents and those who tend to protect the cohesion of the family group, keeping matters 'in the family', so to speak. Here, there appears to be a space in which the action can impact the knowledge and common sense of the social agents, to the extent that a social imaginary has been built around something rather remote from the respondents' reality.

Still in reference to the issues raised by the concept of IFS, the first two groups of respondents displayed that they were not willing to enter into debate about the practice, rejecting it completely without any room for exceptions, as the very concept of carrying a child on behalf of another person is absolutely unacceptable. The idea of IFS has no chance of filtering through to the members of this group, therefore knowledge about the practice is destined to remain static among them. Indeed, not even the slightest opportunity for action or retroaction between knowledge and practice can be glimpsed here. There are some hints of a new imaginary among those who do not reject intrafamilial surrogacy outright, probably with a liberal mindset, but there do not appear to be consolidated elements or elements displaying a clear stance in the social imaginary around this practice.

## 5. Conclusions

IFS constitutes a kind of last resort in the attempt to have a child when all other methods have failed or health problems make it impossible. However, unlike other ART procedures, it is a solution which allows the future parents to be effectively involved with their future child/children, from the conception, through the pregnancy to the birth, much more so than with heterologous ART or heterologous surrogacy. IFS makes it possible for all the agents involved in the process of procreation to stay within the comfort of their family environment, both in terms of relationships and their habitual environment. On the negative front, IFS questions the very structure of a family, risks upsetting the balance of relationships between various family members, changes the roles each member occupies and may upset the balance of power between the donors and the recipients. Alongside these issues, it also involves a sort of distribution and sharing of responsibility among the agents, whether the result is success or failure. Furthermore, given the fears expressed (see paragraph 2), it is vital to work to establish clear boundaries between the agents' respective roles, both before and (above all) after the birth. It would appear to be crucial to renew and clarify the differences between roles and what is expected of each, concerning the grandmother/biological mother and the social mother, the mother-in-law/biological mother and daughter-in-law/social mother and/or son-in-law/social father, the aunt/biological mother and the social mother to cite a few examples from the myriad of possible combinations of help sought and received with IFS (Eshre, 2005, 2011).

This clarification about roles is necessary because perhaps it is (at least for the moment) unreasonable to suppose that such a reformulation of family ties can be fully accepted: even within the sphere of IFS, from a purely linguistic perspective, knowing how to call a mother/grandmother or a sister/aunt requires an attempt to find a label or pigeon-hole for biological and family relationships which do not (as yet) have a place in the periodic table of blood and family ties which are – in Western culture at least – known, unquestioned and basically unchangeable.

We probably lack the necessary relational and emotional competences to be able to deal with such a tangled web of roles where the expectations placed on each are unclear. IFS, and IFD in general, undermines certain certainties each individual transfers into their family unit, which may in part account for the fact that many of the options available with these two practices are seen as technical or symbolic incest. Forms of procreation and gestation which dissolve the once indispensable relationship between sexual intercourse and conception corrode some of the atavistic certainties linked to the social imaginary surrounding the concept of procreation. Indeed, a mother who undergoes a

pregnancy for a daughter who, unlike her, is unable to have a child is a possibility which is not rejected outright according to the survey we have referred to in this article. It is acceptable because it maintains or brings back some features linked to the sphere of family ties, as well as the above-mentioned factors of parents' selflessness and the fact that a child born in this way would in any case be 'part of the family': even when the embryo is conceived outside the bodies of the biological mother and the social mother, offspring born through IFS will grow and develop within a unit which is familiar, both from a biological and emotional point of view; the offspring will grow up within the same family network which surrounded them during their time in the womb and will not form a relationship with someone who will leave them immediately after the birth (as often happens with heterologous surrogacy); if they are informed about the way in which they were conceived, the offspring will know all the people who contributed to bringing them into the world (although as yet we know little about the consequences of such a revelation). However, the child/children will also have to be equipped to go through life having been brought into the world in a way which may be considered unacceptable by many, as often happens today.

Nevertheless, the above is counteracted by the stories involving IFS broadcast more and more frequently by the media; these sources almost always present cases of IFS as something exceptional, something to amaze, as a mixing of roles presented as acceptable or unacceptable as the case may be, at times recounted as a story of selflessness, often as a 'heartwarming' tale of overcoming a health problem, whether acquired or congenital. Today, these stories are told by the adults who have taken decisions their children will have to live with the consequences of. However, there are now also many stories told by the offspring of heterologous ART using anonymous donors who are seeking to know their biological origins (Di Nicola, Lonardi, Viviani, 2018); most likely in coming years we will hear the children's versions of the IFS stories in the news today, leading to amendments to the social imaginaries which will have been at least roughly sketched in the meantime.

As things currently stand, the practices discussed in this article are a 'step forwards' in terms of knowledge which will be able to (or not be able to) change thanks or due to the practices themselves. Numerous, varied narrations revolve around IFS, mirroring a growing awareness which ranges from current scenarios – where science enables us to get what nature denies us – and potential future scenarios – where unfulfilled desires may no longer exist and something which today is an exceptional event (at least for some) could eventually become a given, just as happened to the protagonists in the stories which have made the headlines.

In conclusion, we cannot say at the present that a new social imaginary has really been created, but, as we have seen, although we cannot generalize, the data from the survey examined above allow us to hazard the assertion that it is possible to glimpse some traces of the process of the action modifying the knowledge and the common feeling (Taylor, 2004), a process which could be the a first step towards building new frameworks for the social imaginary around procreation, childbearing and the restructuring of family roles and relationships.

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