

# The social construction of surrogacy research: An anthropological critique of the psychosocial scholarship on surrogate motherhood

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## ABSTRACT

This article presents a critical appraisal of the psychosocial empirical research on surrogate mothers, their motivations for entering into surrogacy agreements and the outcome of their participation. I apply a social constructionist approach toward analyzing the scholarship, arguing that the cultural assumption that “normal” women do not voluntarily become pregnant with the premeditated intention of relinquishing the child for money, together with the assumption that “normal” women “naturally” bond with the children they bear, frames much of this research. I argue that this scholarship reveals how Western assumptions about motherhood and family impact upon scientific research. In their attempt to research the anomalous phenomenon of surrogacy, these researchers respond to the cultural anxieties that the practice provokes by framing their research methodologies and questions in a manner that upholds essentialist gendered assumptions about the naturalness and normalness of motherhood and childbearing. This leads the researchers to overlook the intrinsic value of the women’s personal experiences and has implications for social policy.

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## Introduction

The vast majority of surrogate mothers do not bond with the babies that they relinquish to the infertile couples that hire them. In fact, in numbers now difficult to ignore, an estimated 25,000 women<sup>1</sup> have given birth through surrogacy in its contemporary form as a legal, commercial process since the late 1970s. It is estimated that over 99% of these women willingly relinquished the child as they had contractually agreed to do. Less than one-tenth of 1% of surrogacy cases end up in court battles (Keen, 2007). Furthermore, the majority of surrogates have reported high satisfaction with the process and report no psychological problems as a result of relinquishment (Baslington, 2002; Blyth, 1994;

Einwohner, 1989; Jadv, Murray, Lycett, MacCallum, & Golombok, 2003; Kleinpeter & Hohman, 2000; Ragone, 1994). Most surrogates report that relinquishment of the baby is a happy event and that they would do surrogacy again (van den Akker, 2007; Teman, 2006). Longitudinal studies show that these attitudes remain stable over time (van den Akker, 2007; Ciccarelli, 1997; Teman, 2006).

These figures, however, are not common knowledge, since most people are not personally acquainted with surrogates or families created through surrogacy. Without other sources, the public turns to stereotypes that pervade television, film and popular journalism.<sup>2</sup> The popular narrative of the surrogate who regrets her decision and tries to reclaim the child to fill this void has little foundation

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<sup>1</sup> The incidence of surrogacy is impossible to accurately estimate due to the many informal arrangements that take place. Shirley Zager, director of the 23-year-old nonprofit Organization of Parents through Surrogacy (OPTS) estimates that surrogates have given birth to 25,000 babies in the United States since the mid-1970s (Keen, 2007). The Center for Disease Control recorded 1012 gestational surrogacy IVF cycle attempts using non-donor embryos in 2005.

<sup>2</sup> For a discussion on the effect of media coverage on popular opinions about surrogacy, see Markens (2007). See also a recent opinion piece in the New York Times (Warner, 2008) addressing the financial desperation of surrogate mothers in India and the 200 plus public comments in response. Thriller films such as *Final Vendetta* (1996) depict psychologically disturbed surrogate mothers with ulterior motives terrorizing their commissioning couples. Dramatic films such as *The Surrogate* (1995) depict the surrogate renegeing on the contract.

in reality. Although true-life materializations of these scenarios rarely occur, those that do, such as the famous Baby M case,<sup>3</sup> achieve huge media attention. Stories featuring surrogacy in films and on television replicate similar plotlines, seldom portraying surrogacy in positive, uncomplicated ways. It is no surprise that surveys investigating attitudes toward surrogacy indicate that the majority disapprove of the practice (Edelman, 2004) and that surrogacy is perceived as the least acceptable of the reproductive technologies (Ciccarelli & Beckman, 2005).

I suggest that this public uneasiness with the idea of surrogacy and the meta-narrative that it engenders—of the surrogate who regrets her actions or refuses to relinquish—is more illustrative of the cultural anxieties that surrogacy encapsulates than of the actual majority of cases. At the base of these anxieties is the subversive nature of surrogacy, which disrupts two traditional conceptions that have long been comforting to the western world: *family* and *motherhood*. Contractual surrogacy, in which a woman makes a pre-conception agreement to waive her parental rights in exchange for payment, calls these basic structures of society into question. In an era when the traditional family structure is increasingly “fragmented” as divorce rates rise and alternative family forms flourish, surrogacy represents the height of destabilization of long held conceptualizations of the family (Markens, 2007). Surrogacy constructs families through the marketplace, making them a matter of choice rather than fate and revealing that families are social constructs (Rao, 2003).

These cultural anxieties provoked by surrogacy in relation to the family are further amplified by those anxieties surrogacy raises over loss of maternal wholeness as it involves at least three potential mothers: genetic, gestational, and social. Giving birth to a child for the purpose of relinquishment also defies mainstream assumptions that identify pregnancy with the birthmother’s commitment to the project of subsequent lifelong social mothering and threatens dominant ideologies in many cultures that assume an indissoluble mother–child bond. Directly challenging the “ideology of motherhood” (Wearing, 1984), surrogacy reveals that the belief in motherhood as the natural, desired and ultimate goal of all “normal” women is socially constructed.

The centrality of motherhood and family as basic touchstones of society make it difficult to accept the repeat finding that surrogates are non-psychopathological women who are usually happy to relinquish; it would be much more comforting to imagine that only unstable, distressed, abnormal women would voluntarily relinquish a child they bear to relative strangers. The narrative of the surrogate who refuses to relinquish therefore seems to play a therapeutic function, reassuring the public that women do instinctively love and cherish their babies and collectively promising that the surrogate’s non-normative actions can be explained by the abnormal circumstances she is in or by her deviant character. Accordingly, surrogates are

depicted in popular representations as financially desperate, selfish, peculiar or disturbed.

This article presents a critical appraisal of the psychosocial research on surrogacy. I suggest that the same traditional Western assumptions about motherhood and family, and the same cultural anxieties that surrogacy affects more widely, have an impact on the research goals, methods and conclusions of the scarce empirical scholarship on this topic. Most of these empirical studies, with the rare exceptions of a handful of ethnographic accounts (Goslinga-Roy, 2000; Ragone, 1994; Roberts, 1998; Teman, 2001, 2003a, 2003b), have been of a psychosocial nature. The psychosocial empirical scholarship has mainly focused on the surrogate mother, her motivations for entering into the agreement and the outcome of her participation (Aigen, 1996; van den Akker, 2003; Baslington, 2002; Blyth, 1994; Braverman & Corson, 1992; Ciccarelli, 1997; Einwohner, 1989; Fischer & Gillman, 1991; Franks, 1981; Hanafin, 1984; Harrison, 1990; Hohman & Hagan, 2001; Jadvá et al., 2003; Kanefield, 1999; Kleinpeter & Hohman, 2000; Parker, 1983; Resnick, 1990; Samama, 2002).

My critical appraisal of the psychosocial research on surrogacy relates to these studies that focus on surrogates as a group rather than critiquing each study individually. This review was conducted as part of a larger longitudinal ethnographic study I conducted between 1998 and 2006 of the personal experiences of gestational surrogates and intended mothers involved in surrogacy arrangements in Israel (Teman, 2001, 2003a, 2003b, 2006). The literature was identified through reference lists of relevant papers and by searching several databases, including Sociological Abstracts, Medline, SSCI, Psycinfo, Google Scholar, and Dissertation Abstracts. Keywords included surrogate(s), surrogacy, surrogate motherhood, gestational carriers, intended parents, and commissioning parents.

While several literature reviews of the psychosocial research on surrogacy have appeared recently (see, for instance, van den Akker, 2007; Ciccarelli & Beckman, 2005; Edelman, 2004), none of these have applied a critical eye to the studies overviewed. Using an anthropological perspective, which views the studies themselves as products of culture, I contend that this body of scholarship collectively represents a cultural text on the norms and values of Western culture and reveals how Western cultural assumptions impact scientific research. This article identifies the essentialist assumptions at the basis of the psychosocial research on surrogacy using a social constructionist approach (Berger & Luckman, 1966) in the critique of the research itself.

My argument is that the primary set of assumptions in the psychosocial research lies at the meeting of two inter-related dimensions of childbirth: its naturalness and its normalcy. These concepts, of course, are not applied in my argument in the essentialist sense, but in the sense that any departure from them is labeled deviant. Specifically, the cultural assumption that “normal” women do not voluntarily become pregnant with the premeditated intention of relinquishing the child for money, together with the assumption that “normal” women “naturally” bond with the children they bear, frames much of this research.

I contend that these assumptions have led researchers to unconsciously frame their research methodologies and questions in a manner that upholds mainstream gendered

<sup>3</sup> Baby M was born to surrogate Mary Beth Whitehead, who refused to relinquish her to the contracting couple, William and Elizabeth Stern. A New Jersey courtroom later gave Stern legal custody.

assumptions about the naturalness and normalness of motherhood and childbearing and to overlook the face value of the women's personal experiences. Instead, they explain the non-naturalness of the surrogates' choices and reactions by positing psychological mechanisms of denial, deception, and anticipatory detachment, resolving surrogacy's anomalous connotations by using scientific methods to try to authoritatively prove that women who willingly relinquish a child in surrogacy are not "normal" or suffer severe consequences. Consequently, I suggest that we can learn more from the literature on surrogacy about the centrality of these concepts in Western culture and their effect on the researchers' essentialist assumptions than we can about the surrogates themselves. In the following, I identify three main themes that emerge from this literature.

*Assumption 1: surrogates are not "normal" women*

The psychosocial literature has a tendency to frame the study of surrogacy in such a way that it presupposes that the surrogate possesses personality traits which define her as psychologically aberrant. Given the assumption that "normal" women are "naturally" predisposed toward keeping the children they bear, most of the psychological researchers attempt to isolate explanatory factors that might account for the surrogates' unnatural choice in relinquishing the child by determining what makes the surrogate population different from "normal" women. Often, deviance is implied in the way the researchers formulate the questions themselves.

For instance, in her article "Who becomes a surrogate? Personality Characteristics," Einwohner (1989:126) asks: "What kind of woman is willing to conceive a child by a man not her husband, carry it within her and feel it move, go through the effort and pain of delivery, and then give it to relative strangers for love and care?" The question itself implies a form of sexual deviance, of conceiving a child in adulterous relations. It suggests the maternal deviance of relinquishing a child she "feels" to "relative strangers," and it assumes the skewed perception of a woman who would make such an "effort" and voluntarily undergo "the pain of delivery" from apparently irrational motivations.

Studies that aim to sketch a typical surrogate profile not only assume that they will find abnormal personality characteristics among the surrogate population, but they also construct methodologies that are influenced by this assumption. Some studies use standard psychological diagnostic tests to locate psychopathology among surrogates. These studies date back to 1981, when Franks (1981:1379) tested 10 surrogates for psychopathology and found that he could find "no specific profiles or patterns in these women other than routine trends... the composite MMPI profile was not notable; all scores were within one standard deviation of normal." He was left to conclude, reluctantly, that "little psychopathology could be detected" and that surrogates have "relatively normal personalities."

After Franks failed to locate psychopathological traits, other researchers attempted more sophisticated methodologies. A number of studies have tried to compare

surrogates to control groups of non-surrogates by administering the same diagnostic tests to both populations. Dissertations in psychology by Hanafin (1984), Resnick (1990), and a study by Fischer and Gillman (1991) all used this method, while more recent studies have applied alternative methodologies for the purpose of locating the assumed psychopathological traits that prior studies have missed. For instance, van den Akker (2003) and Jadva et al. (2003) administered standardized questionnaires to surrogates, and Samama (2002) attempted to locate signs that might differentiate surrogates from "normal" women through content analysis of qualitative interviews.

Some of these studies try to identify differences between surrogates and "normal" women in terms of morality. Resnick (1990:109), for instance, reports findings that surrogates are non-conformists, less affected by social prescriptions and sanctions than are other women. Kleinpeter and Hohman (2000:968) measured "normal personality traits" in 15 surrogates, reporting that surrogates "differed from the general population on nine personality traits." They suggest that surrogates are individuals who are "less conscientious" or "less rigid" in their "application of moral standards."

Finally, some assessments of surrogate normality focus on the predisposition of this population toward attachment and bonding. This approach relies on bonding theory (Condon & Corkindale, 1997), specifically on the assumption that "normal" women form close, loving attachments to their children in utero and immediately after birth. Although anthropologists have long contested the culturally constructed nature of bonding theory (Ivry, forthcoming; Scheper-Hughes, 1992; Weiss, 1994), mother-infant bonding is still understood in these psychological studies to be a universal, natural, innate process that occurs in all women unless there is some psychological factor inhibiting the process, such as depression, or lack of social support (Condon & Corkindale, 1997).

Such surrogacy studies hypothesize that the ability to function as a surrogate may indicate some type of inability to bond or to form secure attachments (Ciccarelli, 1997:2). Hanafin (1984) attempted to assess the ways that surrogates cope with separation and with making attachments by testing them for "separation anxiety" and "emotional empathy," among other signs. Resnick (1990) tested surrogates with the Attachment History Questionnaire, hypothesizing that surrogates would score lower than the control group on attachment scales. Although she found no difference in attachment between surrogates and non-surrogates, she claims that her findings did support her next hypothesis: that surrogates were less nurturing of their own biological children living with them than the control group was.

To my knowledge, none of the studies have successfully located any "abnormal" personality traits among surrogates, yet continuous attempts have been made to prove otherwise over more than 20 years. Surrogates are repeatedly found in these studies, as Einwohner (1989) reported, to be "intelligent, self-aware, stable adults." Far from psychopathological, Einwohner described the surrogates in her study as "down to earth, practical, decent people," who were "optimistic" and "not worriers." Baslington

(2002) deemed the surrogates she studied “assertive” and “in control.” Aigen (1996) concludes that the surrogates in her study were “average mothers” and “as ‘normal’ as anyone else”.

Even the studies that suggest surrogates are less moral than other women are tempered by others that find surrogates to be conservative women who subscribe to conventional beliefs about sex roles and motherhood. Hanafin (1984) and Ragone (1994) both proclaim the majority of surrogates to be the opposite of non-traditional thinkers, instead finding them to believe ardently in the conservative values of having children and being good wives and mothers. Nevertheless, after determining in a recent review of the empirical research on surrogacy that “the consistency of results often is impressive” in regard to surrogates being found “mentally stable with personality traits in the normative range,” Ciccarelli and Beckman (2005:29) hesitantly conclude that “small, non-representative samples, lack of control groups; and ambiguous or flawed comparisons with test norms make it difficult to reach any conclusions about the personality traits of women who become surrogate mothers.”

The continuous attempts to locate traits in the surrogate population that might cement surrogates’ perceived “otherness” reveal the refusal on the part of psychosocial researchers to recognize the ideologically disturbing implications of their data: that surrogates are largely classifiable as conservative, moral women who independently make this non-normative decision and that bonding is not a “natural” but a culturally constructed measure which is dependent upon the woman’s own conscious decision and not upon any innate “natural” predisposition. The studies ultimately reveal that the researchers are determined to look for something different about surrogates that might serve to sustain the cultural myth that “normal” women do not relinquish their children voluntarily.

*Assumption 2: surrogates are “normal” but have a good reason*

A second popular assumption in the psychosocial research is that if surrogates are “normal” women, then what circumstances can explain why a “normal” woman would make this non-normative choice? The most popular explanation for her choice is financial desperation. Nearly every study of surrogates’ motivations attempts to determine sufficient financial distress in the surrogate’s life that might provide a reason for her need to turn to this desperate measure. Women who do not turn to surrogacy out of financial desperation are assumed to have a familial connection to the intended parents that can legitimate her altruistic motivations. However, a strong underlying assumption in these studies is that financial reasons are not the surface motivating factor but that more culturally accepted motivations are the “true” causes for the surrogate’s choice.

For instance, Parker (1983) explicitly dismisses the monetary incentive and tries to locate the “real” reasons for the surrogate’s choice in events such as tragic loss or abuse in the surrogate’s past. Choosing to be a surrogate is then cast as a reparative move that assumedly sets her

up from the start for failure, loss or grief. The search for the reparative motive emerges through careful attention in these studies to the surrogate’s childhood, life history, and personal relationships, paying particular attention to life events that may have explanatory value, such as pregnancy loss, abortion, divorce or death in the family.

The studies usually find very little evidence of a reparative motive but place undue emphasis on the few cases in which such a motivation is found. Parker (1983:118) found that out of a sample of 125 surrogates, 9% had relinquished a baby to adoption and 26% had undergone voluntary abortions in the past. He writes of this that only “a few consciously felt that they were participating in order to deal with unresolved feelings associated with prior losses”, yet he disproportionately reports in his conclusion that one of the main motivations of the women was “often unconscious unresolved feelings.”

One study in particular develops the significance of the reparative motive. Kanefield (1999:11) analyzed 50 psychiatric evaluations conducted with surrogates and concluded that the women were “motivated either overtly or implicitly to compensate for or repair an earlier loss or sense of damage. This could be reproductive related loss, such as prior adoption, abortion or miscarriage, or losses stemming from the untimely death of a close family member or friend.” Kanefield interprets this psychological reparation process as enabling the surrogate to achieve “cohesion of her self” to repair her “damaged sense of self.”

Samama (2002) takes the reparative motive a step further, suggesting that “reading between the lines” of their narratives reveals assorted motivations for choosing surrogacy, including a need to respond to a personal crisis, such as the sickness or death of a parent or a recent divorce; a feeling of “existential emptiness” leading them to approach surrogacy with the aim of “fulfilling themselves” or “filling their lives with something meaningful”; and feelings of loneliness and isolation, leading them to choose surrogacy in order to create satisfying social relationships.

Importantly, the majority of psychosocial studies find minimal or no evidence of the reparative motive, but some, like Harrison (1990), perpetuate its impact by citing Parker’s conclusions even as they assert the minor place of this motivation in their own studies. Reviews of the psychosocial scholarship also confirm the minimal place of this motivation in the existing research yet still cite Parker’s conclusions as cautionary evidence (see, for instance, Ciccarelli & Beckman 2005; Edelman, 2004). Therefore, I would suggest that the reparative motive is an attempt of surrogacy researchers to infuse the women’s motivations with morally acceptable content, rather than to see them as a reflection of the surrogate’s own motivations.<sup>4</sup>

As Baker (1996) has cautioned, the idea that surrogates are motivated by altruistic and reparative motives rather

<sup>4</sup> I am not trying to suggest that no surrogates explain their choice as partially motivated by a past abortion. Instead, I am arguing that the relative significance of this motive is amplified in these studies because it can easily be used to further the ideological agenda of the research, and that an overview of the empirical research shows that even when surrogates had undergone past abortions, this was not usually something they dwelt upon extensively.

than financial remuneration perpetuates patriarchal stereotypes of women as nurturing and self-sacrificial and reassures society that the surrogate's motivations for birthing the child are not pragmatic, financial, or based on self-interest. Whatever reason is proffered for her choice, the surrogate is constructed as deviant: Her altruism ranges beyond normative boundaries; her desire for money is constituted as greed or as a function of extreme poverty; or her reparative motive is indicative of past sins for which she must punish herself. By finding ways of constructing the surrogate as deviant, the scholarship "proves" that a "normal" and "natural" woman would not make such a choice unless compelled by circumstance.

*Assumption 3: nature gets the better of them*

The third theme emerging from the scholarship examines how surrogates can emotionally survive the relinquishment of the child. Their point of departure is the assumption that "normal" women are "naturally" predisposed toward bonding and will suffer feelings of regret, loss and depression after relinquishment. Therefore, one of the most salient assumptions framing this research is that surrogates will necessarily display somatic or psychological signs of traumatic loss.

This research seems to be significantly influenced by prior studies of a much older phenomenon, adoption. Accordingly, existing studies of birthmothers' feelings after relinquishing a child to adoption provide a methodological model for studying surrogacy outcomes. The assumption that surrogates, like birthmothers, will suffer feelings of loss and regret after relinquishment and desire future contact with the "lost" child also influences the hypotheses of these studies. However, the confusion between surrogates and birthmothers is deceiving: surrogates enter into a contracted agreement with the intent to become pregnant and relinquish, while birthmothers make the decision to relinquish under the pressures of an existent confirmed pregnancy. Among the many other important differences between these two roles detailed by Baslington (2002), surrogates usually have much more control over their decision and its personal and social repercussions.

Still, the conflation of these two roles influences surrogacy studies right down to the questions that researchers ask. Ciccarelli (1997), for instance, asks whether or not the women emerge from the process with their psychological well-being intact and attempts to assess "the short and long term ramifications of participating as a surrogate mother." Likewise, Parker (1983) looked at "the effects of surrogate motherhood," focusing, inter alia, on how the surrogate "copes with loss," a terminology that implies from the start that surrogates necessarily experience relinquishment as loss.

A similar example of how assumptions regarding loss are implicit within the methodological framework of the study can be seen in Jadva et al. (2003). In this quantitative study, the researchers asked surrogates whether they "had any doubts about handing over the child" (p. 2198). Their coding system for categorizing the surrogates' answers, which included three categories—*no doubts*, *surrogate had doubts*, and *surrogate reluctant to relinquish child*—suggests

that the researchers assumed that the women did necessarily have some degree of doubt.

Moreover, the researchers rated data obtained from surrogates on how relinquishment had affected them in the year following the birth according to categories of *no difficulties*, *some difficulties*, *moderate difficulties* and *major difficulties*. Once again, the categories used by the researchers to filter the data, even before analysis began, imply that surrogates will have some degree of difficulties. Finally, the researchers asked surrogates how they viewed the relationship between themselves and the child, coding the relationship as *no special bond*, *special bond*, and *like own child*. This coding system implies that bonds do exist in different degrees between surrogates and the children they bear, that these bonds are "special," and that no such relationship is conceivable outside of these terms.

Still, despite the influence of these cultural assumptions on the categories used in the research, Jadva et al.'s quantitative findings revealed that none of the 34 surrogates experienced any *doubts* or difficulties at handover; that the majority experienced *no difficulties* in the following year; and that the majority felt *no special bond* with the child. When conscious or subconscious signs of regret are not discernable from their data, researchers try to explain how this anomaly could occur. van Zyl and van Niekerk (2000:405), for instance, argue that "the bond between a pregnant woman and her unborn child is usually an integral and appropriate part of her pregnancy." Refusing to believe that surrogates may *not* bond with the fetus they carry, they suggest that surrogacy agreements may "give rise to more than one maternal bond" but that it is impossible to "annul an already existing bond."

Accordingly, they claim that the women are simply fooling themselves into thinking that they can relinquish without regret and that a surrogate who believes she is "pregnant with someone else's child" is "deceiving herself." Furthermore, they argue that "the very success of surrogacy arrangements depends on how well the surrogate can deceive herself into believing that she is not a mother but simply a temporary caregiver. Whereas the surrogate's belief that she is not pregnant with her child is a clear form of self deception, unveiling it as such almost certainly would give rise to greater distress and alienation at having to relinquish a child she knows to be hers [my emphasis] (p. 408)." Re-interpreting a segment of Ragone's (1994) data, they claim that surrogates experience grief when they realize that they have been deceiving themselves all along.

Likewise, Kanefield (1999:8–9) conjectures that surrogates have a "defensive style" of "avoiding uncomfortable situations" that keeps them from "dwelling on disturbing feelings." She claims that the surrogate's "predisposed defenses" enable her to "anticipate a pregnancy in which she will feel little emotional connection to the baby, or successfully deny attachment to it." Kanefield also suggests another explanation for surrogates being able to emotionally "survive" the process. She claims that surrogates "ward off attachment by stopping short of integrating the full experience. If she can successfully compartmentalize her role, she can successfully protect against her impending loss." As a result, Kanefield finds it possible for the surrogate to "successfully complete the surrogacy

process by denying her link to the baby, warding off attachment and using her defenses to protect herself from loss."

Other studies do not expressly claim that surrogates are fooling themselves but instead suggest that they are employing other mechanisms to re-direct their "natural" bonding emotions. Parker (1983), for instance, explained his findings that surrogates did not report feelings of loss by suggesting that "there may be some psychological coping mechanism already in place to deal with expected loss." He interprets the surrogate telling herself that the baby is "not mine" as a form of "dealing with anticipated loss."

Like Parker, other researchers focus on the surrogate's *not mine* mantra as a mechanism for warding off innate attachment. For instance, van den Akker (2003) similarly concludes that "surrogacy type specific cognitive restructuring is taking place to prepare them for the relinquishment process." Hanafin (1984) suggests that surrogates are actually deflecting their emotions away from the child and toward the couple instead. Ciccarelli (1997) also follows this line of argument, implying the non-naturalness of the phenomenon in her question "Why (do) some surrogate mothers fail to bond with the child they carry?" She explains this phenomenon by proposing that the surrogates in her sample bonded with the intended couple rather than with the baby.

Edelman (2004) suggests that relatively advanced maternal age might explain why surrogates do not bond with the child, and van den Akker (2007) proposes that the role of the agency support group programs may be central to their learning the skill of not-bonding. Baslington (2002:67–69) proposes that anticipating monetary compensation explains "why some surrogate mothers *did not become attached* to their babies during pregnancy [her emphasis]." Baslington's goal of examining whether or not maternal instinct is alive and well in surrogate motherhood discovers it ultimately present; it is carefully "deflected" by focusing on the payment in a way that enables the surrogate to override her "natural" tendency to bond.

It is crucial to note that almost all of the studies, with their proposed explanations of the surrogate's coping mechanisms for dealing with the assumed traumatic loss of the child, find, in the end, that the overwhelming majority of surrogates do not regret their decision and they even express feelings of pride and accomplishment. Ciccarelli (1997) found that the women that she interviewed recalled their participation in the surrogacy process as very positive and enriching for themselves, their families, and all those involved. van den Akker (2003), Blyth (1994), and Teman (2006) all found that surrogates felt the process had increased their feelings of self-worth and self-confidence. These findings are consistent with those reported by Baslington (2002) and Jadva et al. (2003) as well.

The need to repeat these studies time after time only to obtain the same results may be influenced by the skepticism, surprise and suspicion with which these results are often relayed. For instance, Baslington (2002:64) notes her reaction to "the unexpected finding that 10 out of the 14 women who had relinquished had, surprisingly, coped very well at the time of the fieldwork." Moreover, although they find that surrogates do not grieve over parting with the baby, each study is quick to emphasize the one or two

cases in each sample in which a surrogate reports depression after relinquishment—even though it seems from most studies, including my own, that these signs of grief do not stem from relinquishment. Rather, as cultural anthropologist Helena Ragone (1994:79) suggests, those women who do display grief do so as the result of the loss of the surrogate role and of the couple's attention, or because of a "falling out" with the couple. Nevertheless, after concluding his review of the psychosocial research on surrogacy with the observation that "the more mundane picture is of surrogates who... have little difficulty separating from the children born as a result of the arrangement," Edelman (2004:133) hesitatingly adds that "more research is required to establish whether this latter impression is indeed accurate."

I interpret this trend as an effort on the part of researchers to uphold the idea that women do naturally form prenatal attachments and that surrogates are in deep denial of what they have done. In general, these outcome studies reify the basic idea that pregnancy is an emotionally volatile condition in which instinctive maternal bonding takes place. The studies also share a paternalistic view that does not trust the surrogate as a rational person. As Shalev (1989) has pointed out regarding the literature on surrogacy in general, the outcome studies suggest a distrust of the surrogate's ability to make a rational choice at the time she signs the contract because of the gendered assumption that the emotional volatility of pregnancy and the instability of women's embodiment may cause her to change her mind during the pregnancy.

#### *The social construction of surrogacy research*

In the above, we have seen that the majority of the literature that focuses on the surrogate's experience views her choice as one of economic desperation, a psychological need for reparation, or as a function of abnormal personality characteristics. Whatever reasons proffered for her decision, the surrogate is deemed incapable of rationally choosing this path because of the emotional volatility of the uncontrollable "maternal instinct" that her female biochemistry could give rise to at any stage of the pregnancy or after the birth.

I ask, *why do the psychosocial researchers continue to impose preconceived categories on their research even when the evidence suggests otherwise?* I would like to offer a possible explanation as to why the social research on surrogacy has continued throughout the past 20 years to consistently frame the choice of becoming a surrogate as deviant from normative motherhood and the consequences of having been a surrogate as necessarily negative, especially when surrogates themselves time and again emerge from empirical studies as "normal" and not regretful or remorseful of relinquishment, and even proud of their accomplishments.

I suggest that being open to the surrogate's experience, which might indicate a different paradigm than the one assumed about motherhood and childbirth, is so threatening that they instinctively try to force the contrary evidence into an old pattern, instead of allowing it to emerge into a new one. The threatening connotations of finding otherwise might thus be one motivating factor for the tenacious

pursuits of these researchers to find the “real reason” for the surrogate’s choices, even when study after study reveals that surrogates are “normal” women who choose to become surrogates for fairly basic reasons. The most popular motivations found among surrogates across studies have been an enjoyment of being pregnant, a feeling of sympathy for childless couples, a desire to earn money as stay-at-home moms, and a desire to do something “special” (Ciccarelli & Beckman, 2005).

These motivations, however, are consistently skeptically assessed. The surrogate’s enjoyment of pregnancy is disregarded as a “fiction” covering up deeper psychological motivations, representing a deeply held and widespread cultural belief in the awfulness of birth and denying the reality for some women that their experience of birth might be positive. The surrogate’s candid desire to do something special and unique in her life is framed as “strong narcissistic needs for importance” (Braverman & Corson 1992:356), revealing a widespread cultural devaluing of women’s reproductive labor as an applauded arena of achievement. Taking these motivations at face value, in my opinion, would reify part of the injustice done to the women who become surrogates by restoring to them some of their dignity.

Ragone (1994:51) comments that “the tendency to cast surrogate’s motivations into dichotomous, often antagonistic categories such as either altruism or monetary gain may reveal more about American culture than it does about surrogacy itself.” Extending Ragone’s point, I would suggest that these studies reflect more about the cultural and disciplinary assumptions of the researchers than about the surrogates. In particular, they give evidence to the researchers’ cultural difficulty in digesting that surrogates are “normal” women without unique pathologies and that women’s “natural” instinct to bond is, rather, culturally constructed.

In many ways, the tendency of the scholarship to hold fast to psychological mechanisms of denial, deception, anticipatory detachment, pathology and trauma ends up eclipsing the personal meaning of surrogacy for the actors themselves. This pattern is similar to that described by Lomsky-Feder (2001) in the case of Israeli war veterans. Lomsky-Feder found that the underlying assumption in the literature on war veterans that war has a necessarily traumatic effect on the individual caused authors to pay little attention to the meaning of war through the eyes of the veterans themselves. She argues for the importance of listening to how veterans articulate their experiences without overshadowing it with preconceived ideas. Moreover, she emphasizes the importance of paying attention to the cultural and social context in which the veterans live and to the effect of this context on the way that they infuse their experience with personal meaning.

This pattern is also similar to that found by Sharp (1995), who noted the limitations of psychosocial interpretations of the personal experience of receiving a donor organ transplant. Sharp criticizes the way that psychological and psychiatric definitions of normative behavior cast certain behaviors of transplant recipients in terms of pathology. She argues that ethnographic data can help to scrutinize common ideas about what should be constituted

as pathology and advocates deconstructing cultural constructions about transplantation while simultaneously trying to understand how recipients redefine their identities following a transplant.

Lock (2001:484) calls for medical anthropologists to “trouble natural categories” and “scientific” assumptions like these, proposing that we reflect upon “the hegemonies that social scientists are in danger of perpetuating, particularly when grand theory is rudely put into practice.” Lock calls for the monitoring of concepts and categories that social scientists use, suggesting that “when applied as though universally objective, (these concepts) enable the proliferation of scientific truth claims that often fit poorly with lived experiences.”

The effect of the scientific truth claims advanced in these psychosocial studies highlights Lock’s observation. These psychosocial studies have been providing the only research information for over 20 years that clinical psychologists and other mental health providers have been able to draw upon as an empirical basis to form their approach to screening potential surrogates and counseling surrogates and intended parents through the process (Ciccarelli & Beckman, 2005). The expectations these professionals hold about surrogates influence the advice and support provided. Several of the researchers whose work has been addressed in this critique counsel surrogates and couples in private practice or have taken on roles in private surrogacy agencies. Some have also testified at surrogacy hearings where policy is formed.

In this analysis I have attempted to carry out Lock’s suggestion to monitor the application of the categories of naturalness and normalness within the psychosocial empirical scholarship on surrogacy. I suggest that instead of continuing the scholarship’s attempt to provide data that will uphold the naturalness and normalcy of motherhood and childbearing, we look at the way surrogates deal with these same cultural assumptions. If the prevailing Western script portrays “normal” women as “naturally” bonding with their children and wanting to keep them, then how do surrogates manage the repercussions of relinquishment on their social identities as mothers and women? In place of focusing upon the ways surrogates are assumed to repress, deny or otherwise manage their supposedly “natural” emotions, let us examine how they maneuver within these cultural assumptions and preserve their social identities as “normal” women and as “good mothers” while involved in a process that threatens to cast them as “other.” Or: How do surrogates maneuver within a situation defined by strict socially prescribed expectations, social guidelines that prescribe that they feel a certain way if they want to remain normative members of society? How do they articulate a meaningful experience from surrogacy?

Taking the surrogates’ narrated experience at face value and accepting new roads of investigation may also have important policy implications (see Cook, Sclater, & Kaganas, 2003 and Markens, 2007 for expanded discussions of surrogacy policy). Burfoot (1995) reminds us of the danger inherent when official reports slated at recommending legislation on reproductive technologies appropriate feminist critiques as the basis for their recommendations, disconnecting the critiques from their political and cultural

roots. A similar argument can be made regarding the psychosocial research studies critiqued above. When legislative bodies adopt the social concerns that have been highlighted in the psychosocial research, they formulate policies which address issues that are less important than others which should be addressed. Policy deliberations often focus on the need to protect the potential surrogate from a choice she may later regret and the risk of exploiting a surrogate who is undertaking a risk for financial gain (Edelman, 2004:125). It is in light of these concerns that Canada's royal commission on NRTs rejected all forms of surrogacy arrangements citing arguments that surrogacy exploits women and is harmful to society (Baker, 1996), and UK legislators banned commercial surrogacy but allowed altruistic surrogacy.

Instead, if policy decisions took into consideration the findings cited above that the majority of surrogates do not feel exploited, are happy to relinquish, and are non-psychopathological and able women, then they might be able to address those issues that are rarely if ever dealt with in policy decisions on surrogacy. For instance, policymakers have viewed the continuing contact of the surrogate with the intended parents as problematic based on the assumption that the surrogate has become attached to the newborn and might be reminded of the child she has given up (Edelman, 2004). However, empirical research has shown that a close relationship develops during the process between surrogates and intended mothers and that surrogates feel grief over the loss of companionship at the end of the surrogacy agreement, rather than over the loss of the newborn (van den Akker, 2007; Ciccarelli & Beckman, 2005; Ragone, 1994; Teman, 2006). When this contact ceases unexpectedly after the birth, surrogates view it as a betrayal (van den Akker, 2007; Ragone, 1994; Teman, 2006); contact during the first year after delivery and on special occasions, such as holidays and birthdays thereafter, can soften the surrogate's grief over the loss of the couple.

In addition, based on the assumption that surrogates struggle primarily with attachment to and relinquishment of the baby, many policymakers are in favor of mandatory counseling for the surrogate before, during and after the pregnancy (Edelman, 2004). However, empirical research shows that it is the quality of the surrogate's relationship with the intended parents that largely determines the surrogate's satisfaction with her experience (van den Akker, 2007; Baslington, 2002; Ciccarelli, 1997; Hohman & Hagan, 2001; Ragone, 1994; Teman, 2006). In this precarious relationship, issues arise over who controls the surrogate's body; misunderstandings arise in communication of feelings and needs; and differences arise in expectations over level of closeness, respect, and the future of their relationship (Ciccarelli & Beckman, 2005; Teman, 2006). If mandatory counseling is called for, policy should require it in the form of mediation or group counseling between surrogates and couples—and not surrogates alone—in order to help them define and maintain inter-personal boundaries and mutual expectations from the relationship.

Finally, informed policy decisions should go beyond assumptions about surrogates denying and deflecting their

“true feelings” and instead address the findings that surrogates do engage in complex cognitive and embodied efforts to manage their emotions, identities and relationships during surrogacy (Teman, 2003b). For instance, empirical data suggest that surrogates are concerned with preserving their personal identities as “mother” to their own children while distancing themselves from this title in relation to the surrogate baby. Policymakers should find ways of supporting these efforts, rather than presenting barriers to them, such as UK surrogacy policy, which directs that the surrogate and her husband are still always registered as the legal parents of the child. Possible solutions include that of the Israeli surrogacy law, which grants a state-appointed social worker temporary legal custody of the newborn (although granting the intended parents guardianship from birth) until a parental order is granted to the intended parents some weeks later. A new approach to psychosocial research on surrogacy, which leaves essentialist assumptions behind and takes off from the points that have been well covered, can reveal additional areas that policy still needs to address.

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