

Misconceptions about altruism and choice in US surrogacy

[Zsuzsa Berend](#) 15 December 2015

Surrogate pregnancy is criticised as exploitative, yet the women involved tell a different story. Choosing to help create life for those ‘without choice’ is more altruistic than anything else.



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About the author

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Critics of surrogacy—a practice in which women contract to carry babies for others—see the practice as a glaring example of commodification of life and exploitation of women. Payment for procreation can seem particularly disturbing because it involves babies, generally understood as precious yet priceless. Some feminists argue that surrogacy is an alienating form of labour that deprives surrogates of their individuality, thus making them interchangeable. They also suspect that surrogates are poor, destitute women who are unaware of their interests, let alone are able to defend them. Such women have few choices in life and are thus easy subjects for exploitation. They further worry that surrogates’ voices are suppressed by powerful institutional actors such as agencies and specialists, ironically perhaps

because many of these same critics dismiss surrogates' accounts of wanting to help infertile couples as manifestations of 'false consciousness' or as socially appropriate expressions of veiled financial interest.

As much as surrogacy in the United States gives rise to ethical issues, given the lack of consistent and meaningful regulation of assisted reproduction in the country the empirical reality of American surrogacy does not match up with feminist critics' doomsday view of it. My decade-long ethnographic research of www.surromomsonline.com (SMO), the largest moderated surrogacy information and support website, provides insights into the discussions and debates surrogates themselves have about the issues most important to them. Women not only voice opinions and concerns, but actively circulate advice about institutional actors, listing pros and cons about agencies, clinics, doctors, and lawyers. SMO is thus a source of accumulated knowledge that allows women to gain information, compare experiences, and be better prepared to understand the process of surrogacy. Experienced surrogates urge newcomers to research surrogacy, take charge of the process, and stand up for themselves. [SMO surrogates maintain:](#)

If a surro is taken advantage of in the U.S. it's her own fault. There are plenty of ways to educate yourself about what you are getting into and if you as a surro jump into a situation because you are desperate then it's your own fault.

By "desperate", however, surrogates do not mean financial desperation. Women on SMO strongly believe that financially needy women should not become surrogates because they are not in a position to take on all the responsibilities and sacrifices surrogacy requires. Agencies operate on the same belief and screen out women who seem too interested in money as well as financially unstable applicants. In SMO parlance, "desperate" means women who are too eager to "make intended parents' dreams come true", and "jump into surrogacy" without "doing their homework". Although surrogates highlight their empathy for couples who cannot have children, and often write about their emotional reaction to stories of infertility, they also advocate rational and informed decision-making. "Use your head, not just your heart", they would warn.

The many faces of surrogacy in the US

Who are these women? From discussions, stories, and informal SMO polls the following picture emerges. Almost all surrogates are white and between their mid- to late twenties and late thirties. Most are married and already have two to four children of their own. The majority are Christian, yet strikingly liberal on gay issues. There are many stay-at-home mothers, but most work full time as nurses, teachers, lab technicians, dispatchers, legal and accounting assistants, paralegals, IT managers, account managers, office managers, software testers, and massage therapists. Some own small businesses. Income polls reveal that the great majority of those who answered had a family income above \$40,000, excluding surrogacy compensation. Women have sophisticated discussions of medical procedures and the wording of contracts. The many polls and threads I have read over a decade, in which women discussed their lives, indicate lower-middle to middle-class status more than lower-class and financial desperation, as many critics assume.

Surrogates engage in some impressively thoughtful discussions on SMO, collectively attempting to reconcile rationality with empathy and monetary rewards with altruism. Compensation, they maintain, is well deserved for the pain and suffering they go through to

make couples parents. “What we do is wonderful and the compensation we get for it pales in comparison to what we invest into it.” Countless posts express views similar to the following:

To carry a child for anyone, family member, friend, or stranger, you are giving of yourself 24/7 and you are asking your family to make sacrifices. You must consider how doing a surro will impact your family financially. Bed rest, dr visits, help at home, missed work.....I wouldn't personally ask even my closest friend to carry for me for little to no comp.

The same emotional and bodily investment that makes “every penny richly earned” is also a testimony to selflessness. As one surrogate wrote in a thread about compensation and altruism:

For how much we put our bodies, minds, and hearts through there has to be a strong level of altruistic drive in each and every one of us surrogates. Unfortunately, we live in a world that doesn't understand altruism. They hear compensation and automatically assume ‘Oh, she's in it for the \$’. That is sad for them not us”.

Another woman expressed similar frustration: “I hate the schism and polarization that compensation is either altruistic or monetary”. Surrogates on SMO also collectively define surrogacy as a selfless act of giving of which few women are capable.

Altruism is commonly defined as giving selflessly without any return benefit. This definition does not resonate with surrogates any more than ‘false consciousness’ or ‘veiled financial interest’ do. In countless threads surrogates argue that they benefit in a variety of ways, including the “warm and fuzzy feelings” that come from helping others. Many women voiced doubts over whether it is even possible to be altruistic without feeling good about doing good.

Even if we did this for absolutely nothing, the definition of altruism is that we did receive something in the end such as pleasure or happiness for having helped a couple become a family...we still get something from it. The self-satisfaction of feeling humanly good inside and for having assisted God in a miracle.

The reward, they maintain, includes seeing the couple’s happiness throughout the pregnancy and witnessing “their tears of joy when their child is born”. Women expect to receive affective currency as well as fair financial compensation from their intended parents. When couples are withdrawn and not too communicative, surrogates remind one another that infertility is psychologically damaging, and urge one another to “give intended parents time” to heal and learn to trust again. When some couples cut ties after the birth, the surrogate tries to be “the better person”.

However, as countless posts testify, having the “moral high ground” of being altruistic, yet strong, informed, intelligent, and independent, is also gratifying. Critics’ contentions of exploitation do not capture the complex financial and emotional accounting in which surrogates collectively engage.

For women on SMO, surrogacy affirms the value of children and family. This validates their own life choices and priorities, as well as overtly recognises and valorises their otherwise taken-for-granted fertility. SMO discussions reiterate the value of “selflessly helping to create life”, but their ideas about the practice hinge on the concept of choice. Ironically, they contend that only they may make the choice to pursue surrogacy or not. Couples who want a

baby, but are unable to produce one themselves, have “no choice” but to turn to assisted technologies. This, interestingly, echoes scholarly findings that document the “never enough” logic of assisted reproduction. Couples who seek treatment for infertility maintain that they have no choice but to keep trying, because not trying means giving up.