

Motivations of Surrogate Mothers - Parenthood, Altruism and Self-Actualization (a three year study)

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The public controversy over surrogate motherhood is accelerating. Because surrogacy questions cherished cultural beliefs and ideals regarding the mother-infant relationship, it inevitably stimulates intense anxiety and discomfort. Women who choose to bear children voluntarily for someone else reap disdain, and are seen as cold, heartless, and mercenary, because they seem to so easily "give away their babies". Even in the absence of the issue of fee payment, there is a clear moralistic underpinning to the arguments against surrogacy, which is rarely stated overtly, that choosing to have a baby for someone else is reprehensible because it represents a "rejection" of the infant by its biological mother. These women, who are seen as being prompted by materialistic motives, are correspondingly seen as coming from a financial and/or social "underclass". This is perceived as making them vulnerable to being exploited by reproductively "prostituting" themselves. Finally, they are assumed to suffer a serious traumatic experience because of the perceived "loss" they suffer in surrendering the infant to the couple.

Although critics have been vocal and strident, there is little actual data to substantiate these claims. This study was a preliminary effort to assess the reality of the assumptions behind this stereotype, to clarify their motives.

METHOD

Interviews :

Two hundred potential surrogates applying to The Surrogate Mother Program of New York were screened using a series of three semi-structured interviews, 90 minutes each, to assess their motivation, feelings about surrendering the baby, and a number of related attitudes. General demographic data, medical history, as well as information regarding their current and past life situation, were asked for as well, including childhood relationships. Questions also pertained to their state of emotional health, and corresponded to a traditional clinical interview. The following is a very brief summary of the results of this three year study.

SUBJECTS

The Rejected Group :

Individuals were rejected for "emotional" reasons such as:

1. Individuals too ambivalent about becoming surrogates. Serious expressions of conflict over either the responsibility or the commitment of time, energy, and resources required; or uncertainty over whether they would feel comfortable carrying a child that was not "theirs"; or being very anxious about the possibility of social criticism.
2. Individuals overly motivated by the fee.
3. Individuals potentially experiencing too much difficulty in surrendering the baby.
4. Individuals likely to suffer severe loss reaction afterwards.
5. Individuals in the middle of a "life crisis". Crisis refers to such events as being, at the time of application, in the process of divorce, still recuperating from a divorce, mourning the recent death of a family member or spouse, or being in the midst of an identity crisis, i.e. not knowing what to do with one's life.
6. Individuals trying to use the role of surrogate as a way to deal with a traumatic situation. Efforts to "relive" abandonments suffered in childhood through "identifying" with the infant whom they see as being abandoned by themselves or given away; or unconscious conflict over another child themselves. Being a

surrogate would allow the applicant to bear the child yet not keep it. The possibility exists of her changing her mind and keeping the child.

7. Individuals in poor emotional condition, depressed, immature, or unstable.

8. Judged to be dishonest and untrustworthy.

The Accepted Group :

The accepted group includes those applicants who did not fall into any category of the rejection categories. They were (at most) minimally ambivalent about becoming surrogates not primarily motivated by the fee, and judged as having little potential difficulty in surrendering the baby. They were emotionally adequate, with no serious outstanding pathology. They were frequently judged to be honest and trustworthy.

In addition, they passed the following criteria:

1. Individuals for whom this would be a positive emotional experience, who feel they would gain by it.

2. High frustration tolerance and "ego strength". People with determination to follow through and the capacity to endure the physical and emotional demands and realities of the process.

3. A history of positive and enjoyable pregnancies, both physically and emotionally.

4. Positive relationships with their children, to ensure that they have the necessary concern, understanding, and closeness to deal adequately with their children's questions and feelings about the choice of surrogacy.

5. The presence of a supportive home environment, i.e. spouse or significant others, to ensure an adequate environment during pregnancy.

Demographic Characteristics and Attitudes Related to Surrogacy :

The mean age of the entire group was 26. Fifty percent were married, and 26% were single. Seventy-five percent were mothers. Forty percent had a history of one or more abortions. Sixteen percent had some relation to adoption (they or a significant family member were adopted, or they surrendered a child for adoption). As a group, they were predominantly white and either Catholic or Protestant. Almost three-fourths came from large families (three or more siblings). The average educational level was 13.3 years. Fifty percent had one or more years of college. Approximately 71% were employed (at least part-time), and 20% were either teachers or nurses. Their mean income level was above \$24,000 per year. Twenty-five percent had combined family incomes above \$35,000 per year. [This includes women judged to be "financially desperate."] On average, applicants had been interested in being a surrogate for 1 1/2 years. Seventy-five percent wished to meet the couple.

The "average" surrogate emerges as a white mother with a fair amount of education and income. As a group, they cannot be described as destitute or living in poverty, and do not need the fee being paid them for basic survival. On average, they do not report being under serious financial pressure. Further data reflecting this is presented later on. Most of them are parents who know what the experience of bearing a child is about. There is nothing to indicate that they are naive, passive dupes who are desperate and susceptible to exploitation.

CONCLUSION

Although money is an important motive to many surrogates, it is not their primary motive. Almost all report a variety of emotional reasons for undertaking surrogacy, and many of these can be grouped together under the heading of wishes to enable parenthood, to feel self-actualized, and to enhance their identity. It is, for these women, a particularly female experience, related to the experiences and meaning of biological functioning and motherhood. The love of their children, the gratification their children offer them, and the wish to share these experiences, were often mentioned by these women. These feelings, influenced a number of the motive categories, including empathy with the infertile wife and the drive to generate parenthood for others.

An indirect implications of all this is that these women are as "normal" as anyone else. Previous research assessing surrogates has also found them to be unremarkable and their personalities to be average. Although psychological needs may sometimes, or perhaps even often, be found underlying a number of

the motives reported (e.g., guilt), we do not see that this, in and of itself, invalidates the surrogates' choice. Such conflicts and needs, in part, fuel most "normal" choices and activities of human beings, such as marriage and career. What are "healthy" motives? We do not ban people from becoming CIA agents or test pilots because they are prompted by unresolved wishes.

This does not mean that there are no unhealthy motives for becoming a surrogate and that no discrimination is necessary. On the contrary, the fact that over 40% of our 200 applicants were rejected for emotionally-based reasons, having to do either with poor motives, general life situation, or general emotional makeup, suggests that great discrimination and caution are necessary in accepting individuals for this process. The reasons for rejection listed earlier, as well as the criteria for acceptance, can provide a useful start in the process of providing needed criteria for evaluating surrogate applicants effectively. Additionally, differences in the composition of accepted and rejected groups reflect the importance of assessing motivation and character. Those individuals and parents who are less detached, more connected to the couple, the baby, and probably to their own children and partners, seem to be the ones favored by our selection criteria. The results may also suggest that, in general, parents are better suited to be surrogates than non-parents, in terms of significant traits, motivation, and more adaptive reactions to surrendering the child.

Being a surrogate is a life experience that allows some women real success in altering their emotional state in a direction they desire and fulfilling ideal images of themselves. A very significant aspect of that image is that of being a mother and, by extension, enabling others to enjoy the pleasures of parenthood that they themselves have had. Because surrogacy involves an act of giving that is personally meaningful to the surrogate, and because what is being given is of unique value, being a surrogate mother has the potential to be a "mutative" event, an experience capable of altering and transforming identity, self-image, and existing psychic structure.

It is exactly the fact that these otherwise individuals, through their biological ability to bear children, feel that they can achieve some measure of greatness that would otherwise be beyond them, that makes being a surrogate so psychologically extraordinary. They feel this moment of greatness as a permanent possession. The memory of this action is a permanent psychological reserve against negative emotional states and events. The motives for becoming a surrogate mother cannot be glibly dismissed as mere "acting out".

In contrast to the stereotype of a heartless, misguided, impoverished woman primarily motivated by money, surrogates emerge here as average mothers, often trying to further the goals of their children and families.

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ARTICLE CREDITS: Dr. Betsy P. Aigen CHILDBIRTH CONSULTATION SERVICES 220 West 93rd Street, Suite 1A New York, NY 10025 Phone: (212) 496-1070 Dr. Betsy Aigen is the founder and director of Childbirth Consultation Services, started in 1986. She has been a practicing psychotherapist for 25 years, and has worked with infertile and adoptive couples for more than 10 years. Dr. Aigen holds a Masters degree in Developmental Psychology from Columbia University and a Doctor of Psychology degree in Clinical Psychology from Rutgers University. She conducted a 3-year study involving 200 surrogate mothers concerning their motivation for birthing for couples, and has devised a screening process for the selection of surrogate mothers with the information gathered from research. Every woman screened by Dr. Aigen, who birthed a baby, has had a positive experience. All but one have asked to birth a second time. Dr. Aigen is the psychologist that screened and rejected Mary Beth Whitehead as a potential surrogate mother and wrote a brief as testimony for the Supreme Court in the "Baby M" case. She has testified as an expert in numerous governmental hearings and appeared on over 200 radio and television shows, such as 'CNN', 'The McNeal/Lehrer NewsHour' and 'Sally Jessy Raphael'. She is a member of OPTS, RESOLVE and Adoptive Parents Committee as well as a co-founder of 'The American Organization of Surrogate Parenting Practitioners'. Dr. Aigen is the happy mother of two daughters-Jennifer and Samantha (a newborn), both born to her through surrogacy. Because of this, she is acutely aware of the stresses that infertility causes in a marriage and on a person's sense of self-worth, and understands the desperation that couples go through. She is also very personally involved with the people she helps and provides them with individual attention throughout the process. Dr. Aigen accepts couples and surrogates with different programs for consultations, support and counseling. She treats people the way she would have liked to have been treated. Her major focus is the psychological aspects of this 'cooperative birthing' process. Issues like "If", "When", "What" and "How" to tell your child, friends and family about the birth and preparing for risks involved in surrogacy are focused on. Dr. Aigen is devoted to working together to make the birthing process a joyful experience for everyone involved. In her own words, "I love doing this work and consider myself privileged to be instrumental in helping people like myself have a family. It helps me repair the trauma of my own infertility". Dr. Aigen is the author of an article called "MOTIVATIONS OF SURROGATE MOTHERS".