

PSYCHOLOGY

The long experience in surrogate pregnancies in Western countries, such as the United Kingdom, Canada and several states in the USA, has provided insight into how to ensure the PSYCHOLOGICAL WELFARE of the people involved

Psychological aspects of gestational surrogacy

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In short: Stable and positive relations

1 Generally, in Western countries (UK, Canada and USA), the experience of surrogacy is psychologically positive for the surrogate mother, the intended parents and the children.

2 In addition to legal regulations that ensure the integrity of those involved, the altruistic motivation of the surrogate mother, a quality relationship and a stable bond between the participants promote the well-being of all.

3 Children born by surrogacy need, like the rest, to know their origins and history, as this will have an impact on their identity. They usually understand the process perfectly and are grateful.

Since my son was born, I wanted to do it. I had an easy, uncomplicated pregnancy. But two of my friends were not so lucky: they lost their baby and faced fertility. I witnessed this and shared their suffering. For this reason, I made the decision to give another couple the happiness of being parents. And so, my journey began." This is how Melissa's blog begins, which she wrote as a gift for the girls she raised.

Surrogacy has made the desire of thousands of people to create a family a reality. Broadly speaking, this method of medically assisted reproduction consists of the following: a woman gestates and gives birth to a baby belonging to one or more other persons (called intended mothers or fathers). At present, three main forms of in vitro fertilisation are used depending on the circumstances of the case: an egg and sperm from the intended mother and father; an egg from a donor and sperm from the intended father; or thirdly, an egg and

sperm from donors. But when the practice began, the surrogate mother was also the donor. Today, experts recommend that there should be no genetic link between the child and the carrier in order to avoid the biological link and thus ensure the success of the process.

Although surrogacy has been practiced in the United States since the 1980s, it has not yet become a worldwide practice: a growing number of countries are regulating it (usually driven by progressive governments), and many others still do not recognize the parentage of children born through surrogacy in places where it is legal. However, the Western countries with the longest tradition and most research in this field are the United Kingdom, Canada and the United States. According to the studies carried out in these countries, participation in surrogacy is generally positive psychologically, both for surrogate mothers and for intended mothers and fathers and

their offspring. However, this practice continues to raise concerns and prejudices.

Who uses surrogacy?

Heterosexual couples, in which the woman has physical or health problems that prevent her from carrying a child, are the ones who choose surrogacy the most. Secondly, although on the increase, are homosexual men in couples. Finally, it is women who are alone and have fertility problems but want to experience motherhood, as well as single men who want to experience fatherhood, who come to this type of assisted reproduction.

Depending on each country's legislation, surrogate mothers receive financial compensation, as they do in the United States. In the United Kingdom and Canada, on the other hand, payment is prohibited, as such a service must be carried out with the sole motivation of helping: it is altruistic surrogate pregnancy. The surrogate can be a friend or relative (e.g., the mother or sister of the intended mother) or an unknown woman who is contacted through an organisation, clinic, agency or even through social networks. In all cases, the procedure is regulated so that all persons involved have guarantees and are protected by the law.

Today, thousands of people who want to start a family go to countries where surrogacy is regulated and legal. However, undertaking this process in another country, without being able to see at close hand, on a day-to-day basis, how the surrogate mother feels and how the pregnancy evolves, means that the pregnancy is lived with stress. Fortunately, social networks allow daily and constant contact between the surrogate mother and the intended mother or father, which increases the feeling of closeness and involvement in the process. Nor can we forget that the difficulty of access to countries where gestational surrogacy is practised altruistically entails a

high economic cost that not everyone can afford.

The motivations of surrogate mothers

When talking about surrogacy, one of the first questions that many people ask is: who consciously and freely decides to go through a pregnancy for one or more other people? What are the reasons that lead to such intense experiences as pregnancy and childbirth so that someone else can become a mother or father? According to research, the main motivations are the intention to help, empathy and altruism. This is not only the case in countries where only the altruistic mode is allowed (in the UK, for example), but also where the surrogate mother receives financial compensation (in the US). Some researchers conclude that when the main motivation is altruism, relationships with the intended parent are satisfactory and the surrogate mother is unlikely to regret it in some point on the decision she has made.

According to the surrogate mothers themselves, one of the aspects that gives them most satisfaction is seeing the joy and happiness of the intended mothers and fathers at the moment of birth and when they take the baby they have conceived in their arms. They claim that financial compensation is not the main reason why they decided to start the process; they even consider that it should not be in any case. They say that they feel very well and that they enjoy the pregnancy. Some decide to repeat the experience. The only study that has analysed this aspect shows that the main motivation in these cases is to carry out a second gestation with the same family to help give a sibling to the baby that has already been born.

Susan Imrie and Vasanti Jadva, from the Centre for Family Research at the University of Cambridge, collected data on over 100 altruistic surrogate pregnancy processes.

Their results, published in 2014 in *Reproductive Biomedicine* online, reveal that the most frequent motivation was to help another person or other people to achieve motherhood or fatherhood.

In addition, 15 per cent of those interviewed said that they enjoyed pregnancy because it made them feel good. On the other hand, 9 per cent said that the basic impulse had been the desire to help a family member or friend. According to the authors, these women were aware and knowledgeable about the difficulties their friends or relatives with fertility problems experienced in satisfying their desire to become mothers. For that reason, and in order to help, they freely decided to participate in the process. One of the surrogate mothers interviewed relates: "I experienced first-hand the suffering of a friend who wanted to become pregnant and was unable to do so. I saw all the fertilization procedures she underwent. It did not seem fair that I could get pregnant so easily and not do it for other people who wanted to have children and could not."

All this makes clear the high empathic capacity of surrogate mothers, as well as their need and desire to help and their altruistic motivation. Another interesting aspect of the interviews was the value they place on motherhood. Although these women had managed to have children easily, they largely empathised with those who could not, and understood and felt the suffering that this implies. Another participant said: "Being a mother is probably the best gift a woman can receive [...], so when they tell you that you can't bear children, it's absolutely devastating. I can't imagine that happening to me, so helping another woman become a mother is simply giving her the gift of life." However, there are some basic requirements for being a mother: having at least one biological child, as well as a stable financial situation and emotional state.

In another study, published in 2015 in the

journal *Women and Birth*, psychotherapist Ellen Lorenceau, from Paris Diderot University, observed that surrogate mothers showed a high level of empathy, both emotional and cognitive, without feeling any personal discomfort. Thus, they were capable of putting themselves in other people's shoes, approaching their emotions and considering different points of view, but without becoming infected by the anguish they may suffer. All this was decisive when they decided to help another woman who was unable to conceive, as they imagined themselves carrying out the pregnancy successfully and maintaining a high level of self-confidence throughout the process. Thus, the results show a high capacity for free and conscious choice, as well as a marked sensitivity and willingness to help others. In short, they are prosocial and highly empathetic women. But how do they live the process psychologically?

Emotional strength and positive coping

Many surrogate mothers have to face opposing or critical opinions about their decision, both within their own family and from other people, religious or ideological groups. Despite this, they reassert themselves in what they have done and declare that they enjoyed the pregnancy and birth, and that the experience added positive aspects to their lives, made them gain confidence and love themselves even more.

Are there any personality traits they share? They are bold and emotionally stable, allowing them to achieve their goals. They also have a strong internal versus external reference, so they are not easily influenced by the opinions of others. They are less anxious and depressed than the average person, but more assertive. They do not, therefore, show decay, lack of motivation or energy or disillusionment with life, nor do they have excessive concern or a sense of fear about what may happen in the future.

They express their wishes and needs in an appropriate way and within the social norms. They are also more resilient to stress, showing a greater capacity to integrate aversive or traumatic experiences into their lives and learn from them, viewing them as opportunities for personal growth. In conclusion, their psychological profile qualifies them to participate in the process of pregnancy by surrogacy, since their emotional strength and positive approach to the situation makes them proud of it. In this way they fulfil their desire to help, which in turn strengthens their sense of self-competence and self-esteem. They are proud: many of them claim to have done something "very great and noble".

What happens at the moment of birth? What feelings does it bring up? It is a happy time, research shows. The surrogate mothers explain that they experience a mixture of feelings of relief for the success of their project and the positive culmination of the pregnancy, which also ends the great responsibility of the task they had decided to undertake. However, there are also feelings of sadness about the completion of the process and a belief in the possible loss of the relationship with both the intended mother or father and the baby. They may therefore feel some emotional difficulties, usually mild, in the weeks following the birth, but these will dissipate over time. In fact, the vast majority do not present psychological problems between six months and a year after birth. Even ten years after birth, they maintain adequate emotional stability and psychological adjustment, as well as a good marital and family relationship. Likewise, their relationship with the intended mother or father and the offspring they themselves have gestated is very positive, they describe.

The doubts of the intended families

The main reason why some people resort to surrogate pregnancy is the fact that they

experience motherhood or fatherhood from the very first moments, as well as the desire for the genetic link with the offspring. This is compounded by the limitations and difficulties of the adoption process. In many cases, gestational surrogacy becomes the only way out.

But together with the stress and emotional imbalance generated by infertility or biological incapacity to have children, other circumstances can aggravate the psychological state of people who resort to gestational surrogacy, such as the search for and initial contact with the surrogate mother, the relationship with her throughout the pregnancy and the attitudes of the family and the social context towards this form of creating a family.

Compatibility with the woman who is offering to carry the child is a concern that often arises in intended mothers and fathers, as a disagreement at a key moment (such as the transfer of the embryo or during the development of the pregnancy) generates an unpleasant emotional reaction. Other common fears are the thought that the surrogate mother may be being abused, the lack of control in the face of possible complications or the possibility that she may require pharmacological treatment during pregnancy. There is also the fear that the surrogate mother will regret her decision and refuse to give up the baby.

Legal, emotional and social stigma, the genetic link to one partner and the baby's condition during pregnancy and after birth are other concerns that can contribute to a state of stress. Therefore, each of these aspects should be assessed, identified when they arise, and psychological support offered as needed. Studies also indicate that most expectant mothers and fathers wish to remain in contact with the surrogate mother and her family after the birth. In the UK, for example, those involved often maintain a close relationship throughout the process

and even after it is over.

Long-term emotional state

Susan Golombok, an expert in family psychology from the University of Cambridge, together with her team, has compared the evolution of heteroparental families who have resorted to altruistic surrogacy in the United Kingdom with others who have had children through egg donation or naturally. In his book *Modern Families. Parents and Children in New Forms of Family*, published in 2016, he states that one year after birth, families that resorted to surrogacy showed greater psychological well-being and greater adaptation to parenthood, as they suffered less stress. Mothers showed a more positive mood and fewer symptoms of pressure, as well as a secure and therefore more adaptive attachment. Fathers, on the other hand, were more satisfied with their new role.

These results were maintained two years after the baby's birth. Even the relationship with the offspring was more satisfactory and less stressful in these cases. A striking aspect is that a large number of people who resort to gestational surrogacy and do not have twins repeat the process, despite the emotional and economic costs that it may entail. This could indicate that they are satisfied with the process and wish to revive it. The researchers have also assessed the well-being of the children at different stages of development. They have observed that from the first year of life until the age of 7, their behaviour and personality evolve in a similar way to those of children born through egg donation or naturally.

Key point: the quality of the relationship

Apart from cases where the surrogate mother is a relative or friend, and therefore, there are previous links, the first contact between the parties involved is of crucial

importance: the relationship established during gestation and after birth will depend to a large extent on the optimum choice between the two parties. If there is harmony and open and sincere communication from the very beginning, the relationship will be fluid, lasting and based on mutual trust. In this way the bond will be strengthened and the anxiety and stress that may arise during the process will be considerably reduced.

In general, the expectations of a good relationship are met and lead to high levels of satisfaction. One surrogate mother says: "It's an incredible feeling to find the perfect partner". Sometimes a close family or friendship bond is established, and an exchange of emotions is described, including love, joy, solidarity, friendship and sharing of experiences. "A journey of shared love", "They will be with me at any time, I need them, I am here for them and, yes, I can trust them, they are good friends", are some of the comments.

A review published in 2020 by Jenny Gunnarson Payne and her collaborators at the University of Södertörn reflects that the relationship between the two parties is open and characterised by mutual care and regular, warm and intense contact. Even in cases where there is a geographical distance, social networks facilitate continuous communication. At least two or three face-to-face encounters during pregnancy are also common. This type of relationship is often marked by emotional openness and direct contact, without the presence of intermediaries.

Surrogate mothers also tend to have a good relationship with their families in the long term. The quality, frequency and intensity of contact will influence the future psychological well-being of the child born through this process, as it will make it easier for them to understand their origins.

One of the studies describes how, at the age

of 10, children who had been informed at all times of the nature of their conception had a good understanding of the process and maintained a good relationship with the surrogate mother, which, in turn, was positive and beneficial for their well-being and that of the family.

But how does the process affect the surrogate mother's family? They say they feel supported and respected in their decision by their partner, who supports them emotionally all the time. Most surrogate mothers maintain an open relationship with their children; they explain to them normally any aspect of what they have experienced and answer any doubts that may arise. Most say that their biological children have a positive and accepting attitude during pregnancy and in the year of birth, something that gives them and their family environment great satisfaction. They also perceive the functioning of the family and its relationship with their mother in a positive way. This translates into a desire to have direct contact with the baby, even considering it to be very close because of the close relationship that has been established. On the other hand, no negative effects on the baby's mental or emotional state have been detected between the ages of 5 and 15.

Surrogacy pregnancy in LGBT families

The development of assisted reproduction techniques has led to an increase in the number of LGTBI (Lesbian, Gay, Transsexual, Bisexual and Intersex) families with children in recent years. On the one hand, due to the equal rights that this group has achieved in many countries, such as the approval of equal marriage or a similar civil law; on the other hand, due to the extension of rights reproductive health to women's couples and individuals, both male and female.

Although there are no reliable data, it seems that, until now, couples of women resort to

gestational surrogacy are rare, as it is unlikely that any of them will be able to carry out the gestation.

Now well, some countries, including Spain, have legalised the so-called ROPA method ("reception of oocytes from the partner"), a reproduction technique that is closely related to gestational surrogacy: in a couple between two women, one of them gestate the child of both with one or more embryos formed by the oocyte of her partner and the spermatozoon of a donor, in such a way that the biological donation of the gametes is separated from the gestation process.

In male couples, surrogacy opens a great door to paternity, because, although national adoption is allowed in some countries, various reasons make them rule out such a possibility (among them, the time delay, the scarcity of children to adopt, the desire to live the paternity and be with the baby from the first moment or to have a genetic bond). However, few countries allow surrogate pregnancy for male partners, even fewer if it is altruistic, which considerably limits their possibilities. In the case of transgender people, there are no studies to date, possibly because in many countries parental rights are limited.

The limited research with same-sex families has been carried out on male partners. The data suggest that the extended family accepts the process in a positive way. In addition, pride in achieving the goal of forming a family increases parents' self-esteem, which points to positive parenting. Logically, surrogate mothers who decide to help in these cases exhibit an open and unbiased attitude towards homoparentality.

The psychological adjustment of children

To date, only four studies have been carried out on the psychological adjustment of children born by surrogacy in homoparental families, specifically to homosexual parents: two have been carried out in the United

States, and the other two in Italy (in this case, they used gestational surrogacy in the United States or Canada).

It has been shown that neither the formation of a family through surrogate gestation nor the absence of a mother in the home has adverse consequences for the psychological adjustment of children. In addition, homosexual fathers show similar parenting skills to lesbian mothers or heterosexual couples.

They also enjoy high emotional well-being and exhibit low levels of stress, anxiety and depression, as well as high satisfaction with their intimate relationships, reveals the only intercultural study conducted with gay parents in the Netherlands, France and the United Kingdom, who have chosen surrogacy.

On the other hand, Nicola Carone, from the University of Pavia, and her collaborators found in a paper published in 2018 that, between 6 and 12 years of age, children born through transnational surrogacy in Italian homoparental families perceived a secure attachment, with very high levels of warmth, responsiveness and willingness of the parents to establish this type of affective relationship. Thus, variations in child adjustment were due to social stigmatization.

However, one of the main concerns of gay parents is that, following the traditional family model, the child will identify the surrogate mother as the mother. However, Carone's study showed that all the children knew how they had been conceived and that the vast majority understood it perfectly. Many said they did not think about it often or were indifferent to it, and a third said they felt positive emotions about it. Also, most expressed their gratitude to the surrogate mother, whom many called "aunt", and were interested in her life. This interest was limited when asked about the donor, although they felt that both women wanted to help create a family.

While the surrogate mother does not identify herself as the mother of the child she has helped to father, she often wishes maintain contact with the family with which he has collaborated, says Gunnarsson-Payne of the Department of History and Contemporary Studies at the University of Södertörn, in a review published in 2020. That relationship, he says, benefits the emotional stability of the woman who has offered to bear children, while increasing her satisfaction with the process.

By way of conclusion

So far, there are no studies showing that surrogacy carried out in Western countries produces harmful psychological effects on those involved. However, its practice and legalisation continue to raise concerns. Legal regulation of this method of assisted reproduction is obviously necessary to ensure that the surrogate mother is not abused and to protect all parties involved. This requires further research, especially in the long term, to help establish or readjust the protocols.

In this sense, psychologist Miranda Montrone, together with other researchers, has recently analysed the psychological aspects of altruistic surrogacy in Australia. As she emphasises in *Fertility and Sterility*, psychological counselling for those involved in the process is important before, during and even after the birth of the baby. In this way the well-being of all is assured and a correct relationship between them.

"Dear girls, it has been a great honour and privilege to bring you into this world safe and sound. On the day you were born I gave you back to your amazing parents and I could witness the love and happiness they felt seeing you and embracing you. It was one of the best days of my life. My love for you is not a motherly love, but it is unique and very special. You are very lucky to have parents who wished you with all their strength and who loved you so much from

the first moment. ...] You and your parents are part of my family and I keep you all in a special place of my heart”.

With these words, Melissa put an end to her blog. Although she had just started a story.

Rejection due to ignorance

The lack of regulation of surrogacy in several Western countries is sometimes due to the possibility of exploitation of the surrogate mother. This is compounded by the fear that she will develop a maternal bond with the baby she has given birth to, so that she will refuse to give it up. Or that the future parents will abandon the child because unexpected complications have arisen during birth.

In the case of homoparental families, an additional concern lies in their position that the sexual preferences of intended mothers or fathers may have a negative impact on the development of the child. The same is true for single-parent families, where there is a fear that the lack of one of the parents may have harmful consequences for the child.

However, research shows that the refusal to accept gestational surrogacy in many countries is generally due to a lack of knowledge about how it works. This refusal is marked by religious, moral and ideological guidelines or by abuses in countries where there is no adequate regulation, and which are published in the general media. In any case, the studies unanimously highlight that social acceptance is greater, even the majority, when it comes to altruistic gestational surrogacy.

TO LEARN MORE

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