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TAKING ANOTHER LOOK AT SURROGACY

A pastor confided that an infertile couple in their home group was expecting a baby through a surrogate . . . the wife's mother. Another couple who had come to terms with the wife's inability to carry a child to term were considering adoption; that is, until a church member offered to gestate the baby for them. When I polled a group of college students about surrogacy, a few who were opposed to surrogacy in general said they might consider being a gestational surrogate for a sister. Whether this is a growing practice, I cannot say. We may hear more stories than usual because CBHD is a Christian bioethics research center. Or, people may avoid telling me their stories because of their latent fear that the practice might not be acceptable.

In any case, these are not "wombs for hire," which may admit of somewhat more straightforward ethical analysis. Instead, we are confronted with altruistic surrogacy, where the relationship, and not financial consideration, is clearly the core motivator. Is this a relevant ethical distinction? Isn't altruistic surrogacy different in kind from the commercial version?

The most obvious difference is that the commercial surrogate is most likely a stranger. The future parents need never talk to her, or even know her name. As one couple in the UK said, "She's doing a job for us . . . We don't need to see her."[1] A second difference is that the altruistic surrogate who carries the child or children in her womb is not compensated for her time and labor, although her medical and out-of-pocket expenses may be covered by the intended parents. Commercial surrogacy presents the potential for de-humanization of a woman in a way that altruistic surrogacy should not. I believe that these are distinctions without an ethically dispositive difference.

The goal of altruistic and commercial surrogacy is to produce a healthy child. And, in the case of some altruistic surrogates, that child is also their grandchild. The means to reach the goal is the use of a woman's body to gestate a child for someone else. The goal is compelling, but is it right to "produce" a child for gestation? (Assisted reproduction is an essential element of the arrangement, whether via seldom-used artificial insemination or IVF.) Most Christians, I hope, would agree that commercial surrogacy is wrong on the grounds of exploitation alone. But can altruism redeem commercial surrogacy's unethical means?

Let's examine aspects common to all pregnancies. There is a growing body of literature about the impact of the maternal environment on the fetus, and that babies learn a remarkable amount while still the in the womb. For example, fetuses demonstrate short-term memory by thirty weeks.[2] At birth, the child has "already imprinted on the odor of his amniotic fluid."[3] Annie Murphy Paul writes about "fetal origins," referring to the "individual and idiosyncratic" ways a pregnant woman influences her developing child.[4] Fetal origins theory has been confirmed by economic theorists.[5] Although much remains unknown, factors such as maternal stress, obesity, and even preference for a son over a daughter have measurable health effects on the child, some of which may not emerge for decades.

Maternal influence on the fetus is acknowledged, but recent research indicates that the influence works both ways. Fetal activity may trigger maternal responses that familiarize her to the baby's behavior, "in preparation for the consuming demands of newborn care."[6] The mother's body responds to fetal movement, even when she does not perceive the movements. The effects of pregnancy may continue long after birth; DNA from a male fetus migrates to the mother's brain, with potentially both positive and negative health effects.[7]

Maternal-fetal bonding is both biological and psychological. A complex array of pregnancy-related hormones promotes maternal-fetal bonding. Oxytocin, which increases during pregnancy and is released during labor, imprints the baby on the mother, and the mother on the baby.[8]

The pregnant woman is not the only influence on the developing child. During pregnancy, male vasopressin levels can increase, promoting bonding and behavior that is more paternal and protective of the mother and child. Levels can rise even higher if he is present during birth.[9] Could this vasopressin release be triggered

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when the husband of the surrogate knows the child is not his, and that the baby will leave the hospital with someone else? Even more troublesome is the question whether the intended father experiences the vasopressin release when he is not living with the surrogate birth mother.

We are well aware that separating the baby from her mother at birth is stressful for the baby and her mother. Adoption practices have changed to allow the birth mother to spend time with her child. Hospital practices for all births have changed to include keeping the baby near the mother, and encouraging skin-to-skin contact to promote bonding. What is the impact if skin-to-skin bonding is denied, or is promptly followed by placement into the arms of another woman?

Surrogacy arrangements intentionally separate the newborn from his birth mother. We simply do not have enough evidence about what happens to the fetus when the pregnant woman intentionally distances herself emotionally from the child growing within, in order to protect herself from bonding, to prevent feelings of the pain of separation.[10] In the complex, still mysterious prenatal environment, is it possible that fetal development is influenced by this conscious psychological distancing?

For whose benefit is this being done? The pain of infertility is deep, one that family members and friends wish they could resolve. They may be unaware that some solutions they suggest are morally problematic. That is why we must discuss these matters before friends or members of our congregation embark on an ethically impossible journey.

You will notice that I only focused on one dimension of altruistic surrogacy, and that is the prenatal and postnatal impact on the child. There are additional concerns, to be sure.

1 Poonam Taneja, "The Couple Having Four Babies by Two Surrogates," *BBC News* October 27, 2013, http://www.bbc.com/news/uk-24670212.

2 Society for Research in Child Development, "Fetal Short-term Memory Found in 30-Week-Old Fetuses," *ScienceDaily* July 15, 2009, www.sciencedaily.com/releases/2009/07/090715074924.htm.

3 Linda Folden Palmer, "Bonding Matters: The Chemistry of Attachment," *Pregnancy.org*, http://www.pregnancy.org/article/bonding-matters-chemistry-attachment.

4 Annie Murphy Paul, "What Babies Learn Before They're Born," *CNN Opinion* December 11, 2011. http://www.cnn.com/2011/12/11/opinion/paul-ted-talk/.

5 Douglas Almond and Janet Currie, "Killing Me Softly: The Fetal Origins Hypothesis," *Journal of Economic Perspectives* 25, no. 3 (Summer 2011): 153, http://www.princeton.edu/~jcurrie/publications/Killing_Me_Softly.pdf.

6 Janet DiPietro, "Psychological and Psychophysiological Considerations Regarding the Maternal-fetal Relationship," *Infant Child Development* 19, no. 1 (2010): 27-38, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2835168/.

7 Fred Hutchinson Cancer Research Center, "Male DNA Commonly Found in Women's Brains, Likely from Prior Pregnancy with a Male Fetus," *ScienceDaily* September 26, 2012, http://www.sciencedaily.com/releases/2012/09/120926213103.htm.

8 Ari Levine, Orna Zagoory-Sharon, Ruth Feldman, and Aron Weller, "Oxytocin during Pregnancy and Early Postpartum: Individual Patterns and Maternal-Fetal Attachment," *Peptides* 28, no. 6 (June 2007): 1162-1169; Miho Nagasawa, Shota Okabe, Kazutaka Mogi, and Takefumi Kikusui, "Oxytocin and Mutual Communication in Mother-Infant Bonding," *Frontiers in Human Neuroscience* 6 (February 2012): 31, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3289392/.

9 Patrick Houser, "The Science of 'Father Love," LiveGuru, http://live.guru/articles/the-science-of-father-love. Observations about the impact of vasopressin in humans are based on numerous studies of prairie voles and rats. See, e.g., Thomas Insel, James Winslow, Zuoxin Wang and Larry Young, "Oxytocin, Vasopressin, and the Neuroendocrine Basis of Pair Bond Formation," in *Vasopressin and Oxytocin: Molecular, Cellular, and Clinical Advances*, ed. Hans Zingg, Charles Bourque, and Daniel Bichet, *Advances in Experimental Medicine and Biology*, 449 (New York: Springer Science and Business Media, 1998), 215-224.

10 Elly Teman, "Technological Fragmentation and Women's Empowerment: Surrogate Motherhood in Israel," *Women's Studies Quarterly* 29, no. 3/4 (Fall-Winter 2001): 11-34. Teman describes the language of objectification that surrogates use to "create a reality that does not call for emotional connection."

Mental Health - continued from page 1

mental health care, including within the Christian church. My plea is for beneficence and mercy, not separative pity in relating to those with mental illness.

What Is Mental Illness?

Long before I was diagnosed with clinical depression, I took one of those quizzes to determine my personality type, with the results showing me to have a melancholic personality. I took this quiz at church, and the results were just as acceptable as having a choleric, sanguine, or phlegmatic personality, which are the other three types that this quiz purportedly revealed. The purpose of assessing the personality types of our congregants was to assist in getting to know ourselves and how we relate to others, with the end result being that we could be more appropriately placed in a ministry. Interestingly, from this experience it was clear, at least in my context, that while a melancholy personality type is not seen as emanating from evil, a diagnosis of depression is judged to have an evil spiritual source. The traditional experience described as melancholy, or, more commonly, depression in our contemporary tongue, seems to be no longer acceptable.

Within the Christian context, one who is melancholy is perceived as not demonstrating a proper attitude of the "joy of the Lord."[5] More broadly, what was once a personality type is now a condition that should be medicated.[6] Everyone has to be happy. Not only are personality types medicated, but normal life events result in medication. I have witnessed family members being medicated by their physicians with anti-depressants following the death of a close family member. Unfortunately, these are increasingly common occurrences as reported in the relevant literature, and is one aspect of what has been referred to as the medicalization of life.[7] As long as this medicalization occurs in the absence of a psychiatric diagnosis, there seems to be no negative response within

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