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Do women who choose to become surrogate mothers have different psychological profiles compared to a normative female sample?

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ABSTRACT

Background: Surrogate mothers are routinely assessed for their suitability to function in the role of surrogacy. Such assessments often include psychological testing including the Minnesota Multiphasic Personality Inventory-Revised (MMPI-2). There has been a paucity of research detailing the personality structures of these women, especially with the MMPI-2.

Research objective: The current study examined the validity and clinical profiles of surrogate mothers ($N = 43$) compared to a non-patient, normative reference sample of women ($N = 40$) using their MMPI-2 results.

Method: This study examined between group differences among the 68 scales of the MMPI-2. Independent-sample t -tests were conducted for each of the scales, with those violating homogeneity of variance assessed with a non-parametric, Mann-Whitney U test.

Findings: The findings demonstrated that surrogate mothers produce profiles with lower values than normative samples across several MMPI-2 scales. For this unique group, elevations were observed on scales that assess profile validity, views on traditional gender roles, repression, ego strength, social obligation and duties, and contained hostility, relative to the normative group.

Conclusion: The findings provide an initial examination of the profiles of surrogate mothers on the MMPI-2. The findings revealed that the psychological suitability of surrogate mother candidates appear to be a composite of being both tough-minded and sensitive, sufficiently resilient to manage the role of surrogacy, and aware of the importance of emotional boundary-setting related to pre-natal attachment.

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1. Introduction

For some women struggling with infertility, medical treatments will not be successful, necessitating alternative options for family building. As early as the Old Testament, surrogate parenting has been described. The sixteenth chapter of Genesis from the Old Testament alludes to surrogacy when Hagar was asked to carry Abraham's child, when his wife Sarah was unable to conceive. It was not until the 1970s that contractual surrogacy became a viable option for parents unable to conceive.¹ According to Schultz and Williams, there are an estimated 35–70 million people worldwide struggling with infertility.²

Contractual parenting, often referred to as surrogacy, occurs when an infertile couple contracts with a woman to carry a child for them and to ultimately relinquish that child to them after birth.³ As part of the selection process to become a surrogate mother, potential candidates are assessed for their psychological

suitability to function in the role of surrogacy.¹ Given the many genetic correlations to a variety of mental health conditions, psychological evaluations further serve as a screening process to identify potential problems.

Given the unique nature of contractual parenting, surrogate mothers face a variety of distinct issues related to pregnancy and the birthing process, as compared to typical women. The impact of relinquishing a child following birth can have emotional consequences for the surrogate mothers, thereby obtaining a thorough understanding of surrogate mothers' psychological functioning is essential.¹² Surrogate mothers must be emotionally prepared to detach and separate from the child at birth, and thus, may require additional emotional and psychological support from midwives or other practitioners involved in their prenatal, natal, and postnatal care.⁴ McKauley, Elsom, Muir-Cochrane, and Lyneham discussed the importance of midwives' training in assessing the psychological functioning of pregnant women. Therefore, having an understanding of the psychological functioning of prenatal women is essential to determining prenatal mental health needs and capabilities of handling the pregnancy endeavor.⁵

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Assessing the psychological suitability of the surrogate mother candidates assists in determining whether these women possess requisite characteristics to embark on the surrogacy endeavor. Such assessments often include an interview and psychological testing. Covington and Burns' guidelines for assessment of surrogate mothers details that at the minimum, a personality measure should be employed to help elucidate any potential psychological problems and concerns.¹ An understanding of the psychological testing measures utilized in these assessments is important for maternal healthcare providers.

The testing measures utilized in assessing surrogate mother candidates commonly include the Minnesota Multiphasic Personality Inventory-2nd Edition (MMPI-2).^{1,6} The MMPI-2 is a 567 self-report true and false measure that illuminates personality structure and psychopathology. Specifically, this inventory consists of nine validity scales designed to determine whether the respondent is answering genuinely. These scales detect inconsistent responding, over-reporting, or exaggerated psychological distress, and under-reporting or minimization of psychological symptoms. The MMPI-2 also yields 10 Clinical scales, 15 Supplementary scales, 15 Content scales, 9 Restructured Clinical scales, and 5 PSY-5 scales, all of which provide information about personality and psychological functioning. The comprehensive nature of the MMPI-2 assists practitioners in determining the presence of psychopathology, as well as personality characteristics, problem solving styles, problematic behaviors, and resiliency. Such information is essential in understanding the psychological profiles of surrogate mothers.

To date, there has been a paucity of research addressing the personality structures of surrogate mother candidates, particularly with the use of the MMPI-2, the revised version of the MMPI, currently used as the standard of practice. A review of the literature revealed that two peer-reviewed published studies^{7,8} administered the older and outdated original MMPI to surrogate mother candidates. Both studies had relatively small samples of surrogate mother candidates, which resulted in the profiles having unremarkable results.⁴ There were no significant elevations in the MMPI scales according to the Hanafin study, and surrogate mother candidates did not exhibit significant pathology according to their MMPI scores.⁸ In one particular study conducted by Franks, 10 surrogate mother candidates were assessed using the same, older version of the MMPI and found that these participants had elevations on MMPI scales measuring extraversion and femininity.⁷ Franks' research suggested that surrogate mother candidates were more gregarious, socially engaged, and warm, in addition to exhibiting traditionally feminine qualities, nurturance, caring, and selfless. There has been no peer-reviewed published research with the current version of the MMPI, the MMPI-2 comparing psychological profiles of surrogate mothers to a normative sample of women for the past 25–30 years. Since the MMPI-2 is routinely utilized in the assessment of the psychological suitability of surrogate mother candidates, more research is needed with this measure to inform and support its continued use with this unique population. This study highlights the psychological characteristics of surrogate mother candidates and utility of the MMPI-2 to assist in making surrogacy suitability determinations, and provides a foundational reference for evaluators assessing surrogate mother candidates.

2. Methods

2.1. Participants

The participants in this study consisted of 43 surrogate mother candidates that underwent a psychological evaluation as part of

Table 1

Demographic information for surrogate mothers ($n = 43$).

Ethnicity	
Asian-American	2 (4.3%)
Caucasian	27 (57.4%)
Hispanic	11 (23.4%)
Other	7 (14.9%)
Employment status	
Full time	30 (63.8%)
Unemployed	11 (23.4%)
Unknown/other	6 (12.8%)
Marital status	
Married	40 (85.1%)
Divorced	2 (4.3%)
Single	2 (4.3%)
Other	3 (6.4%)

the application process to become a surrogate mother. All participants completed an informed consent to participate in the assessment. The participants were informed that their data from the evaluation would be tabulated and analyzed for the purposes of furthering research. No prior institutional review board approval was needed because the research data was archival in nature and collected from a private psychologist's office, not through any sort of institution.¹³ In addition, all data is presented in summative form and anonymously, such that no identifying information from the participants is included in the data or research publication. The surrogate mother candidates were referred for a psychological evaluation by their treating physician to determine their psychological functioning and emotional suitability to endeavor to become a surrogate mother. The sample consisted of a variety of ethnicities, marital statuses, and employment statuses (Table 1), with a majority of the sample being married, Caucasian, full-time employed women.

The normative comparison sample consisted of 40 female MMPI-2 profiles randomly drawn from a large archival database of non-patient female participants compiled by Dr. Roger Greene, a preeminent MMPI-2 researcher and author. The mean age for the surrogate mother group was 29 years old ($SD = 5.17$), while the mean age for the normative population was 36 years old ($SD = 12.03$). The age difference between this sample and normative group was significantly different ($MWU; p < .01$). Ethnicities for the comparative, normative group were not immediately known, as a random sample of 40 female MMPI-2 profiles from a non-patient database were provided. By selecting a random sample, rather than a matched or yoked sample based on age or ethnicity, independence of observation remained unviolated.

2.2. Procedures and measures

All surrogate mother candidates were administered the MMPI-2 to assess their psychological and personality characteristics, and to aid in determining suitability to function in a surrogate mother capacity. The MMPI-2 profiles of the surrogate mother candidates (Table 3) were then compared to the MMPI-2 profiles of the normative female sample.

To control for the significant differences observed in ages between the surrogate mother candidates and normative female samples employed in this study, an analysis of covariance (ANCOVA) was conducted. In controlling for age, the differences observed and described did not significantly change. Accordingly, despite the significant difference in age between the two groups examined in this study, when age is controlled for, the observed differences across the following MMPI-2 scales persist, lending support that the two groups differed according to intrinsic qualities rather than age. Simply put, the personality qualities

imparted through the use of the MMPI-2 are more likely related to true differences between surrogate mother candidates and the normative female sample, rather than the fact that the normative sample was older than the surrogate mother candidates.

Sixty-eight (68) MMPI-2 scales were compared in this study to determine significant between-group differences: 9 validity scales, 10 K-Corrected Clinical scales (used for clinical populations), 5 Non-K-Corrected scales (used for non-clinical populations), and 44 additional scales examining various personality nuances and characteristics. Due to the large number of comparisons, a Bonferroni correction was utilized to adjust for family-wise error,

reducing the requisite significance level to $p \leq .001$. Independent-sample *t*-tests were conducted for each scale. Those comparisons violating the assumption of homogeneity of variance were then assessed with a non-parametric, Mann–Whitney *U* test.

3. Results

Means and standard deviations for all MMPI-2 scales for both groups are presented in Table 2. The results of all significant between-group *t*-tests are presented in Table 3, and between-group Mann–Whitney *U* analyses in Table 4. A total of 11 scales

Table 2
MMPI-2 scale means and standard deviations for non-patient, normative females ($n = 40$) and surrogate mother candidates ($n = 43$).^a

Scale	Group	Mean ^b	Standard deviation
Inconsistency (VRIN)	Surrogate candidates	45.50	8.01
	Normative sample	50.60	10.55
Inconsistency (TRIN)	Surrogate candidates	55.28	5.31
	Normative sample	55.88	6.69
Lie Scale (L)	Surrogate candidates	62.44	10.18
	Normative sample	46.65	7.09
Infrequent Symptoms (F)	Surrogate candidates	45.09	4.98
	Normative sample	49.48	11.46
Infrequent Symptoms – End of Test (Fb)	Surrogate candidates	44.60	3.69
	Normative sample	50.55	10.47
Infrequent Psychiatric Symptoms (Fp)	Surrogate candidates	48.63	7.60
	Normative sample	48.80	8.59
Defensiveness (K)	Surrogate candidates	58.88	7.25
	Normative sample	49.80	10.60
Superlative Response Style (S)	Surrogate candidates	45.30	7.61
	Normative sample	49.95	10.85
Fake Bad Scale (FBS)	Surrogate candidates	61.65	9.33
	Normative sample	48.43	11.07
Somatization (Hs)	Surrogate candidates	47.19	7.91
	Normative sample	49.33	10.70
Depressive Symptoms (D)	Surrogate candidates	47.33	6.66
	Normative sample	49.13	11.46
Hysterical Symptoms (Hy)	Surrogate candidates	47.67	7.43
	Normative sample	49.75	12.28
Antisocial Attitudes & Beliefs (Pd)	Surrogate candidates	49.77	7.79
	Normative sample	52.03	10.14
Gender Stereotypes (Mf)	Surrogate candidates	58.60	8.83
	Normative sample	49.78	9.57
Paranoia (Pa)	Surrogate candidates	48.63	8.14
	Normative sample	51.58	10.55
Obsessive–Compulsive/Anxiety (Pt)	Surrogate candidates	45.91	6.74
	Normative sample	50.73	11.31
Psychotic Spectrum Symptoms (Sc)	Surrogate candidates	46.49	7.52
	Normative sample	50.98	11.39
Mania (Ma)	Surrogate candidates	45.56	7.28
	Normative sample	51.68	11.27
Social withdrawal/introversion (Si)	Surrogate candidates	44.16	8.27
	Normative sample	50.45	11.23
Somatization (Non-K Hs)	Surrogate candidates	42.16	7.38
	Normative sample	49.48	10.78
Antisocial attitudes/beliefs (Non-K Pd)	Surrogate candidates	46.40	6.81
	Normative sample	51.65	10.46
Obsessive–Compulsive/Anxiety (Non-K Pt)	Surrogate candidates	41.14	6.68
	Normative sample	50.40	11.18
Psychotic Spectrum Symp (Non-K Sc)	Surrogate candidates	40.70	6.71
	Normative sample	50.60	10.83
Mania (Non-K Ma)	Surrogate candidates	44.12	6.45
	Normative sample	51.38	10.81
Anxiety/Malaise (A)	Surrogate candidates	40.51	5.42
	Normative sample	49.88	10.57
Repression (R)	Surrogate candidates	56.16	7.79
	Normative sample	49.73	10.97
Ego Strength (Es)	Surrogate candidates	57.33	7.40
	Normative sample	49.45	8.38
Alcoholism/Risky Behaviors (MAC-R)	Surrogate candidates	48.21	7.49
	Normative sample	51.98	9.57
Repressed Hostility (O-H)	Surrogate candidates	62.07	6.68
	Normative sample	50.23	9.84
Dominance (Do)	Surrogate candidates	50.60	7.91
	Normative sample	49.73	10.61
Social Responsibility (Re)	Surrogate candidates	56.28	8.95

Table 2 (Continued)

Scale	Group	Mean ^b	Standard deviation
College Maladjustment (Mt)	Normative sample	47.93	9.34
	Surrogate candidates	40.44	5.36
Gender Stereotypes – Masculine (GM)	Normative sample	50.00	11.86
	Surrogate candidates	59.53	8.48
Gender Stereotypes – Feminine (GF)	Normative sample	50.43	10.29
	Surrogate candidates	49.44	7.55
Keane's PTSD Scale (PK)	Normative sample	50.20	10.63
	Surrogate candidates	41.47	7.56
Addiction Potential Scale (APS)	Normative sample	51.53	11.71
	Surrogate candidates	43.00	3.46
Addiction Acknowledgement (AAS)	Normative sample	50.93	11.06
	Surrogate candidates	41.07	7.90
Marital Distress Scale (MDS)	Normative sample	50.38	9.61
	Surrogate candidates	45.37	6.27
Hostility (Ho)	Normative sample	51.13	11.84
	Surrogate candidates	43.72	9.64
Anxiety (ANX)	Normative sample	49.78	7.90
	Surrogate candidates	43.58	7.76
Fears (FRS)	Normative sample	49.25	12.24
	Surrogate candidates	44.37	7.44
Obsessiveness (OBS)	Normative sample	49.65	9.45
	Surrogate candidates	40.09	7.13
Depression (DEP)	Normative sample	49.65	8.90
	Surrogate candidates	40.35	5.77
Health Concerns (HEA)	Normative sample	50.75	11.52
	Surrogate candidates	42.56	7.15
Bizarre thinking (BIZ)	Normative sample	49.30	10.16
	Surrogate candidates	45.02	7.27
Anger (ANG)	Normative sample	50.20	9.17
	Surrogate candidates	40.58	5.63
Cynicism (CYN)	Normative sample	50.63	10.51
	Surrogate candidates	44.72	8.16
Antisocial Practices (ASP)	Normative sample	50.65	10.12
	Surrogate candidates	46.19	7.14
Type A Behaviors (TPA)	Normative sample	51.05	10.35
	Surrogate candidates	41.37	6.59
Low Self-Esteem (LSE)	Normative sample	50.18	9.74
	Surrogate candidates	41.49	6.31
Social Desirability (SOD)	Normative sample	50.25	12.74
	Surrogate candidates	45.53	8.94
Family Problems (FAM)	Normative sample	50.73	9.48
	Surrogate candidates	42.28	6.69
Work Interference (WRK)	Normative sample	50.55	10.16
	Surrogate candidates	40.16	7.44
Negative Treatment Indicators (TRT)	Normative sample	49.15	11.71
	Surrogate candidates	40.67	7.21
Demoralization/Malaise (RCdem)	Normative sample	49.30	9.88
	Surrogate candidates	41.15	5.69
Somatic Complaints (RC1)	Normative sample	49.60	12.01
	Surrogate candidates	42.35	7.27
Low Positive Emotion (RC2)	Normative sample	48.65	10.02
	Surrogate candidates	41.63	6.44
Cynicism (RC3)	Normative sample	50.25	12.46
	Surrogate candidates	45.45	8.54
Antisocial Behaviors (RC4)	Normative sample	51.55	11.64
	Surrogate candidates	46.78	8.05
Ideas of Persecution (RC6)	Normative sample	51.68	11.77
	Surrogate candidates	46.23	7.33
Dysfunctional Negative Emotions (RC7)	Normative sample	51.03	9.95
	Surrogate candidates	40.08	7.99
Aberrant Experiences (RC8)	Normative sample	50.00	9.00
	Surrogate candidates	43.65	7.27
Hypomanic Activation (RC9)	Normative sample	50.73	10.39
	Surrogate candidates	42.35	7.08
Aggressiveness (AGGR)	Normative sample	50.23	9.85
	Surrogate candidates	47.88	7.05
Psychoticism (PSYC)	Normative sample	49.78	8.10
	Surrogate candidates	43.05	6.79
Disconstraint (DISC)	Normative sample	49.65	8.75
	Surrogate candidates	47.65	6.39
Negative Emotions/Neuroticism (NEGE)	Normative sample	52.00	10.16
	Surrogate candidates	41.53	7.11
Introversion/Low Pos Emotions (INTR)	Normative sample	49.98	10.49
	Surrogate candidates	45.95	7.42
	Normative sample	49.00	10.52

^a For a more thorough explanation of scales contained in the MMPI-2, see Butcher et al.⁶^b Reported mean values are *T*-scores; mean = 50; standard deviation = 10.

Table 3
Significant between-group, independent sample *t*-tests.

Scale	<i>t</i> -Value	Significance
Lie Scale (L)	8.14	$p < .001$
Faking Bad Scale (FBS)	5.78	$p < .001$
Gender Stereotypes Scale (Mf)	4.37	$p < .001$
Ego Strength (Es)	4.54	$p < .001$
Social Responsibility (Re)	4.16	$p < .001$
Addiction Potential Scale (APS)	−4.83	$p < .001$
Obsessiveness (OBS)	−5.42	$p < .001$
Dysfunctional Negative Emotions (RC7)	−5.22	$p < .001$
Aberrant Experiences (RC8)	−3.53	$p = .001$
Hypomanic Activation (RC9)	−4.11	$p < .001$
Psychoticism (PSYC)	−3.77	$p < .001$

were significantly different between the surrogate mother candidates and normative female samples. 45 of the 68 scales violated homogeneity of variance, necessitating non-parametric, Mann–Whitney *U* analyses, of which 22 were significant ($p \leq .001$).

In examining the validity and clinical scales of the MMPI-2, the surrogate mother candidates attempted to appear more favorable and virtuous as compared to the normative female sample (Validity Scales L; Lie Scale; $t = 8.14$, $p < .001$; K; Correction; $p = .001^*$; FBS; Fake Bad Scale; $t = 5.78$, $p < .001$). Surrogate mother candidates endorsed more stereotypically masculine symptoms (K-Corrected Clinical scale 5; Masculinity/Femininity; $t = 4.37$, $p < .001$), such as assertiveness, emotional hardness, and self-assuredness. Conversely, the normative sample endorsed significantly greater concerns with a variety of constructs, particularly: bodily symptoms; worry and anxiety; odd or bizarre thinking and perceptual experiences; excitability; emotional discomfort; depression and pessimism; irritability; unhappiness; and poor impulse control (Non-K Corrected scales: 1, 7, 8, and 9; MWU $p \leq .001$; Restructured Clinical scales: RCdem; MWU; $p = .001$; RC2; MWU; $p = .001$; RC7; $t = -5.22$, $p < .001$; RC8; $t = -3.53$, $p = .001$; and RC9; $t = -4.11$, $p < .001$).

On the remaining content and supplementary scales of the MMPI-2, the normative female sample largely obtained higher scores than the surrogate mother candidates on scales designed to assess psychopathology (Table 4). With scales that assess strengths of character and resiliency, surrogate mother candidates produced significantly higher scores compared to the normative female

Table 4
Significant *t*-test and Mann–Whitney *U* group differences on MMPI-2 content, supplementary, and PSY-5 scales.

Scale	Significance
Defensiveness (K)	$p < .001$
Hypochondriasis (Hs)	$p = .001$
Anxiety Symptoms (Non-K 7)	$p < .001$
Schizophrenic Symptoms (Non-K 8)	$p < .001$
Hypomanic Symptoms (Non-K 9)	$p = .001$
Anxiety/Malaise (A)	$p < .001$
Repressed Hostility (O-H)	$p < .001$
College Maladjustment (Mt)	$p < .001$
Masculine Gender Stereotypes (GM)	$p < .001$
Keane's PTSD Scale (PK)	$p < .001$
Marital Distress Scale (MDS)	$p < .001$
Depression (DEP)	$p < .001$
Health Concerns (HEA)	$p = .001$
Anger (ANG)	$p < .001$
Type A Behavior (TPA)	$p < .001$
Low Self Esteem (LSE)	$p < .001$
Family Problems (FAM)	$p < .001$
Work Interference (WRK)	$p < .001$
Negative Treatment Indicators (TRT)	$p < .001$
Demoralization (RCdem)	$p = .001$
Low Positive Emotions (RC2)	$p = .001$
Negative Emotionality/Neuroticism (NEGE)	$p < .001$

sample (R; Repression; MWU $p = .001$; Es; Ego Strength; $t = 4.54$; $p < .001$; Re; Social Responsibility; $t = 4.16$, $p < .001$; O-H; Over-Controlled Hostility; MWU $p < .001$; and GM; Gender Role-Masculine; MWU $p < .001$).

4. Discussion

The present study addressed the psychological profiles of surrogate mother candidates when compared to a normative, non-patient female sample using the MMPI-2. This study added empirical research to an under-researched sample and contributed to the current literature examining the utility of this measure with this unique population. The MMPI-2 is commonly utilized in assessing a surrogate mother candidate's psychological suitability to function in the role of surrogacy.¹ The surrogate mother candidates in this study offered a favorable presentation of themselves in their suitability assessments similar to how other employment applicants score on the MMPI-2.⁹ Such virtuous responding is expected and not uncommon. There is evidence that surrogate mother candidates made an effort to appear void of misgivings or undesirable features, as well as an interest in trying to portray oneself in a positive light.¹⁰ Considering the motivation for becoming a surrogate mother often holds many rewards, both altruistic and tangible, this approach to the assessment is not unexpected. While the surrogate mother candidates appeared well aware of the evaluative focus of the assessment by focusing appreciably on strengths and capabilities, they did so without systematically invalidating or rendering their psychological profiles clinically useless or invalid.

The elevation on a MMPI-2 scale that measures stereotypical masculine and feminine traits revealed that surrogate mother candidates tend to be bolder, outspoken, and identify with stereotypically masculine traits, such as assertiveness and competition. These results are consistent with the role of a surrogate mother, which requires great strength, fortitude, and emotional hardness. A review of the results from the additional MMPI-2 scales reinforce the portrait of a surrogate mother candidate who must maintain strong emotional boundaries with the child(ren) she is carrying, consistent with Edelman.⁴

A scale assessing ego strength, more specifically one's ability to cope with and be resilient to stress, which also serves as a proxy of one's self-esteem, revealed that surrogate mother candidates appraise themselves exceedingly capable of handling conflict. Furthermore, surrogate mother candidates exhibit a strong sense of self-worth and altruism in the assistance and gift they are able to provide to the intended parents the child(ren) that she carries. Surrogate mother candidates are inclined to take a serious approach to their responsibilities, extolling a sense of duty in their endeavors. Finally, surrogate mother candidates endorse lower levels of anxiety and tension than the normative female sample, experiencing less frustration, more contentment, and a greater sense of peace.

The findings from this research revealed that the psychological functioning of surrogate mother candidates appear to be a composite of being both bold and tender, sufficiently hardy to manage the role of surrogacy, as well as understanding the importance of emotional boundary-setting related to pre-natal attachment. Surrogate mother candidates tend to have a stronger sense of identity, have lower levels of anxiety, and tend to be more content. The role of surrogacy requires a certain sense of inner strength and the ability to remain emotionally detached from the children that they carry. Interestingly, Teman found that many surrogate mothers do not develop bonds with the child(ren) they carry, following from estimates that over 99% of the women were willing to give the infant to the intended parents.¹¹

The current research revealed how the MMPI-2 assists maternal healthcare practitioners in understanding surrogate mother candidates' psychological functioning and their suitability to function in the role of surrogacy. It is important to ensure that the women wanting to become a surrogate mother can handle this challenging yet rewarding process. This research contributes to the field of surrogate mother assessment as a resource for the literature describing the psychological characteristics of surrogate mother candidates and the utility of the MMPI-2 in continued use with this unique population. It is important for maternal healthcare practitioners, such as midwives, to have an understanding of the psychological functioning of surrogate mothers including their personality characteristics, lifestyle choices, behavioral challenges, and stress tolerance in order to best support them during the prenatal, natal, and postnatal periods. Furthermore, having an understanding of motives and personality characteristics that lead a candidate to surrogacy, and the individual strengths that surrogate mothers draw from during the challenging endeavor are invaluable.

Replicating this study with a larger sample size would be a valuable area of future research, particularly with regard to age, ethnicity, and cultural diversity of potential surrogacy candidates. Other limitations included were that this study did not have any outcome data on how successful surrogate mother candidates were in completing a surrogacy cycle. The sample consisted of only suitability screening. Future research could examine the correlations and concurrent validity among psychological suitability characteristics and successful completion of a surrogacy cycle. Additionally, replicating this study with Australian surrogate mother candidates would be of interest and to compare their MMPI-2 psychological profiles to an American sample to determine if similar characteristics

of surrogate mother candidates persist despite cultural influences.

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