

# SURROGATE

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## Defining the Psychological Surrogate

The concept of a **surrogate** in psychology refers to a person or, occasionally, an object that assumes the functional and often emotional responsibilities of another entity which is either temporarily or permanently unable to fulfill its expected role. This substitution is not merely mechanical; it carries significant psychological weight, influencing the development, stability, and emotional landscape of the individual involved. The essence of surrogacy lies in the replacement of a primary, expected role player with a secondary agent, maintaining the necessary functionality of the relationship or system. This dynamic operates across various contexts, from familial structures to therapeutic settings, ensuring continuity when a gap in essential care, attachment, or guidance emerges. Understanding the surrogate requires acknowledging the profound impact of the original entity's absence and the complex adaptive processes required for the replacement figure to integrate effectively into the established psychological framework.

A critical defining characteristic of the surrogate is the necessity of the role being filled. The substitution is typically enacted to maintain a vital psychological or physical function that cannot be left unmet without detriment to the recipient. For instance, in developmental psychology, a **surrogate parent** steps in to provide the crucial nurturing, safety, and consistent emotional availability required for healthy childhood development when the biological or primary caregiver is incapacitated or unavailable. The success of the surrogacy hinges upon the ability of the substitute to replicate the essential features of the original role, including emotional investment, boundary maintenance, and reliable presence. If the surrogate merely provides superficial care without addressing the core psychological needs, the substitution may prove inadequate, leading to potential attachment issues or emotional instability in the recipient.

Furthermore, the mechanism of surrogacy often involves an element of psychological projection or transference on the part of the recipient. The individual receiving care or guidance may unconsciously attribute the characteristics, expectations, and emotional demands previously associated with the absent party onto the surrogate figure. This phenomenon underscores the depth of the role substitution; the surrogate is not just a stand-in but often becomes the repository of complex relational dynamics. The effectiveness of the substitution is therefore deeply intertwined with the recipient's capacity to integrate this new figure into their internal working models of relationships, a process that can be complicated by feelings of loss, guilt, or loyalty toward the original, absent figure. The ability to navigate these emotional transitions marks a key challenge in successful surrogacy, requiring sensitivity and clear communication from all parties involved.

## Theories of Substitution and Attachment

The psychological basis for surrogacy is heavily rooted in attachment theory, primarily developed by John Bowlby, which posits that humans possess an innate need to form strong emotional bonds

with primary caregivers for survival and healthy development. When the primary attachment figure is unavailable, the system naturally seeks a substitute to fulfill this critical role, highlighting the surrogate's importance as an adaptive mechanism. A secure surrogate relationship can mitigate the potentially devastating effects of early loss or separation, providing a secure base from which the individual can explore the world and develop confidence. Conversely, if the surrogate relationship is inconsistent, abusive, or unstable, the individual may develop insecure attachment patterns, such as anxious-ambivalent or avoidant attachment, mirroring the risks inherent in poor primary caregiving, demonstrating that the quality of the substitution is paramount.

Psychoanalytic theory also offers profound insights into the surrogate dynamic, particularly through the lens of object relations. In this framework, the surrogate figure often functions as a transitional object or a substitute internal representation of the "good object" that has been lost or was never fully present. The concept of transference, a hallmark of psychoanalysis, is central to understanding how patients in therapy, for example, may treat the therapist as a surrogate figure, projecting feelings and expectations derived from early relationships onto them. This allows the individual to safely re-experience and potentially rework old relational patterns within a controlled, supportive environment. The therapeutic process, in this light, often utilizes the therapist as a temporary surrogate for crucial developmental figures, providing corrective emotional experiences that were missing in the original relational context.

Moreover, the concept extends beyond human relationships into symbolic substitution. Sigmund Freud's work on displacement and symbolism suggests that objects or activities can become **surrogate fulfillments** for unconscious desires or needs that cannot be directly addressed. For instance, an intense focus on a hobby or career might psychologically substitute for unmet needs for intimacy or familial connection. This form of symbolic surrogacy demonstrates the mind's profound ability to adapt and redirect energy toward accessible goals when primary sources of satisfaction are blocked. However, these symbolic substitutes may only provide partial relief, and if the underlying need is not acknowledged, the substitution can become compulsive or lead to chronic dissatisfaction, emphasizing the difference between functional substitution and complete psychological resolution.

## Surrogacy in Developmental Psychology: Parental Roles

The most commonly recognized form of surrogacy involves the replacement of parental figures during critical developmental periods. A **surrogate parent** assumes the mantle of providing protection, emotional regulation, socialization, and ethical guidance when the biological or legal parents are absent due to illness, death, incarceration, military deployment, or severe incapacity. The long-term success of this substitution relies heavily on the surrogate's capacity for sustained commitment and their ability to forge a legitimate, loving bond that respects the child's history while providing a new foundation for the future. This role is often assumed by extended family members,

such as grandparents, aunts, or uncles, who provide kinship care, leveraging pre-existing familial bonds to ease the transition and maintain a sense of continuity for the child, which is vital for psychological resilience.

The complexity of surrogate parenting is amplified by the potential for identity confusion and loyalty conflicts in the child. The child must navigate the emotional reality of the absent parent--grief, idealization, or resentment--while simultaneously developing affection and trust for the surrogate. Developmental psychologists stress the importance of open communication regarding the original parent's absence, ensuring the child does not feel compelled to suppress feelings or erase the memory of the original figure to please the surrogate. Successful surrogate figures often act as facilitators of the child's complex emotional landscape, helping them integrate the presence of the substitute without denying the significance of the original bond, thus fostering a secure sense of self that incorporates both realities.

In cases of severe early deprivation or institutionalization, the introduction of a surrogate attachment figure is a necessary intervention to reverse or mitigate the effects of neglect. Studies on children adopted from environments lacking consistent care highlight the brain's remarkable plasticity and capacity for repair when a reliable, nurturing surrogate figure is introduced, even later in childhood. However, the surrogate relationship in these circumstances often requires specialized therapeutic support, as the child may exhibit profound difficulties in trusting or forming secure attachments due to early trauma. The surrogate must possess exceptional patience and resilience, often engaging in "therapeutic parenting" strategies that prioritize emotional co-regulation and predictable responses to help the child recalibrate their internal expectations regarding human relationships and safety.

## The Context of Urgency and Necessity

The defining element highlighted in the original definition--that surrogacy is often done at the time of **need or urgency**--is psychologically critical. This urgency underscores the reactive nature of the substitution, indicating that the surrogate role is activated to prevent a crisis or minimize psychological damage resulting from a sudden loss of essential support. The immediate need for substitution means that the process is rarely gradual or elective; rather, it is imposed by circumstance, demanding rapid adaptation from both the surrogate and the recipient. This sudden transition can introduce stress and ambiguity into the new relationship, making the initial phase particularly challenging as boundaries are established under duress and emotional needs are acute.

In urgent situations, such as unexpected death or severe acute illness of a primary caregiver, the psychological system of the dependent individual requires immediate stabilization. The surrogate, whether a person or an institution, steps in to provide the scaffolding necessary to prevent

psychological collapse or severe regression. For adults, an urgent need might arise when a spouse or partner suddenly becomes incapacitated; the surviving partner must rapidly assume the surrogate role for the family's emotional and logistical management, often while simultaneously processing their own grief. This type of urgent, forced surrogacy requires significant mental fortitude and can lead to burnout if the surrogate does not receive adequate external support, as they are often functioning under intense emotional and practical pressure without the benefit of a planned transition period.

The necessity inherent in surrogacy also dictates the hierarchy of needs addressed. In times of crisis, the surrogate first ensures basic survival and safety needs are met--the foundation of Maslow's hierarchy. Only once stability is established can the surrogate begin to address higher-level psychological needs, such as belonging, self-esteem, and self-actualization. This sequential process emphasizes the practical, protective function of the surrogate role during periods of high vulnerability. When the necessity is chronic, such as long-term parental mental illness, the surrogate provides continuous, sustained support, acting as a stable anchor in an otherwise unpredictable environment, thus preventing the corrosive psychological effects of chronic uncertainty and emotional neglect.

### **Therapeutic Applications of Surrogate Figures**

In clinical psychology, the concept of a surrogate is actively employed in specific therapeutic modalities, most notably in psychodrama and certain types of experiential therapy. In psychodrama, individuals known as "auxiliary egos" or surrogates are used to represent significant people from the client's past or present life. These figures allow the client to enact and confront unresolved conflicts, express suppressed emotions, and gain new perspectives in a safe, structured setting. The use of a surrogate in this context is highly intentional, designed to elicit profound emotional responses and facilitate catharsis, enabling the client to practice new relational behaviors without real-world consequences.

Furthermore, the therapeutic relationship itself often involves the therapist acting as a temporary emotional or functional surrogate. For clients who have experienced profound relational trauma or neglect, the therapist becomes the first consistent, non-judgmental, and reliable adult figure they have encountered. The therapist serves as a surrogate model for healthy emotional regulation, boundary setting, and empathetic interaction. This controlled, professional surrogacy is crucial for building the client's capacity for trust, a fundamental building block often shattered by early relational failures. The careful management of transference and countertransference is essential here, ensuring the therapeutic boundaries are maintained while the client benefits from the corrective emotional experience provided by the surrogate relationship.

In highly specialized fields, such as sex therapy, a surrogate partner may be involved under the

guidance of a licensed therapist. The **surrogate partner** acts as a therapeutic intermediary, helping clients overcome sexual dysfunction, intimacy fears, or relational challenges by providing structured, non-judgmental experiences in physical and emotional closeness. This application is distinct because the surrogate's role is strictly defined, temporary, and focused on behavioral modification and emotional learning within the context of a treatment plan. The goal is not to form a lasting personal relationship but to use the surrogate interaction as a controlled environment for practicing communication, vulnerability, and healthy sexual expression, ultimately preparing the client to integrate these skills into their primary intimate relationships.

## The Concept of the Surrogate Object

While often applied to persons, surrogacy also extends significantly to objects within psychological frameworks. The most recognized example is the **transitional object**, coined by D.W. Winnicott, which often takes the form of a blanket, stuffed animal, or toy. This object serves as a psychological surrogate for the mother during the child's crucial stage of realizing their separateness from the primary caregiver. The transitional object helps bridge the gap between complete dependence and emerging independence, providing comfort and security in the mother's temporary absence. It is an essential developmental tool, allowing the child to manage anxiety and internalize the security of the attachment relationship through a tangible, controllable substitute.

Beyond childhood development, surrogate objects can manifest in adult life, often taking on symbolic significance. For individuals experiencing profound grief or loss, possessions of the deceased--a piece of jewelry, a favorite shirt, or a photograph--can function as powerful emotional surrogates. These items are invested with the emotional memory and presence of the lost person, providing a tangible link that aids in the complex process of mourning. They serve as a temporary psychological comfort, allowing the individual to maintain a connection while gradually adjusting to the reality of the absence, demonstrating the mind's reliance on external anchors during periods of intense emotional upheaval.

In experimental psychology and ethology, the concept of the surrogate object is employed to study attachment behaviors. Harry Harlow's famous experiments with rhesus monkeys utilized wire and cloth "surrogate mothers" to demonstrate that contact comfort, provided by the cloth substitute, was significantly more important for attachment formation than mere provision of nourishment, which was offered by the wire surrogate. These studies fundamentally shifted our understanding of attachment, confirming that the psychological need for soft, tactile comfort and security outweighs purely biological needs in the formation of early bonds. The surrogate object, in this scientific context, provided irrefutable evidence of the powerful, innate drive for emotional connection.

## Consequences and Complexities of Surrogate Relationships

While surrogacy often serves an essential stabilizing function, it is not without potential psychological complexities and consequences for all parties involved. For the recipient, there is always the risk of developing a dependency on the surrogate that hinders the eventual development of autonomous coping mechanisms. If the surrogate relationship is too encompassing or prolonged unnecessarily, the individual may struggle to transition to self-sufficiency when the surrogate's role naturally ends or changes. Furthermore, the recipient may harbor residual feelings of guilt or resentment, feeling that the surrogate is a constant reminder of the original loss, complicating the ability to fully embrace the substitute relationship.

For the surrogate figure, the commitment required often leads to emotional exhaustion and role strain. Surrogates, particularly kinship caregivers, frequently navigate complex legal, financial, and emotional burdens without the institutional support typically afforded to biological parents. They must manage their own feelings about the absent party, the emotional needs of the dependent, and often the societal expectation that they should seamlessly replace the original figure. This expectation can lead to a phenomenon known as "ambiguous loss," where the surrogate struggles to define their identity and role within the family structure, particularly if the original relationship was strained or if the absent party remains peripherally involved, creating ongoing tension and boundary confusion.

Another significant complexity arises from the lack of innate biological or legal claim to the role. A surrogate relationship, even when deeply loving and functional, may face external challenges regarding legitimacy or permanence, especially if the original figure returns or disputes the arrangement. The psychological stress resulting from this instability affects the entire dynamic, leading to anxiety about future dissolution. Addressing these complexities requires clear legal frameworks, robust psychological support for both the surrogate and the recipient, and societal recognition of the profound and often sacrificial commitment made by individuals who step into these vital, transitional roles.

## Ethical and Social Dimensions

The ethical implications of surrogacy are vast, particularly in areas like reproductive surrogacy (gestational carriers) and therapeutic interventions. In the realm of reproductive medicine, ethical debates center on the commodification of the human body, the potential psychological impact on the gestational surrogate, and the definition of parenthood. While this is primarily a medical and legal issue, the psychological dimension involves ensuring the emotional well-being of the surrogate mother, who must navigate the complex attachment and detachment process associated with carrying a child intended for another family, requiring extensive psychological screening and counseling.

Socially, the acceptance and integration of surrogate relationships reflect broader cultural values

regarding family structure and communal responsibility. Societies that prioritize kinship care tend to view surrogate roles (such as those filled by grandparents or extended family) as natural and necessary extensions of the family unit, minimizing the stigma often associated with non-traditional parenting. However, in contexts where the nuclear family model is rigidly idealized, surrogate figures may face marginalization or increased scrutiny, hindering their ability to provide effective support and integrate fully into the social fabric of the recipient's life.

Finally, the ethical imperative for effective surrogacy requires that the substitution be enacted with the primary goal of optimizing the recipient's welfare, not merely satisfying the needs of the system or the convenience of others. This involves careful consideration of the surrogate's capacity, motivation, and stability. When the substitution is performed by an institution (e.g., foster care systems), ethical oversight is paramount to ensure the environment provides adequate emotional and physical resources, minimizing the risk of sequential or unstable placements that can inflict further psychological trauma. Ultimately, the ethical standard for any surrogate relationship demands consistency, commitment, and a deep respect for the psychological needs of the vulnerable individual being supported.