

March 2011: This is one of the excellent leaflets from the American Fertility Association library <http://www.theafa.org/library>

Building Healthy Donor Conceived Families

By: Madeline Licker Feingold, Ph.D.
AFA Mental Health Advisory Council

“Sally,” she quickly answered, when I asked if they had picked out a name for their child. They hoped for her eyes, his athleticism, and both of their senses of humor. They tried for years to conceive and wanted more than anything else in the world to be parents.

Unfortunately, I was not having a conversation with a newly pregnant couple. Instead, I was sitting across from a couple who recently received devastating news from their reproductive endocrinologist. After several attempts with IUI and two failed IVF cycles, during which they rode the rollercoaster of hope and despair, this couple learned that they could not have their own child. They also were told that they were candidates for donor egg and would have a high likelihood of success in becoming pregnant with this treatment. They called me, a psychologist specializing in infertility counseling, because they wanted to move ahead but felt stuck. She wanted to be a mother, and he wanted to be a father. She had always wanted to be pregnant. But they were worried and uncertain about a donor egg. “Would it feel like our child?” they asked.

Grieve Your Loss

When couples initially try to get pregnant, they have hopes and dreams about having a child. They imagine who their child will look like and who she will be like, and often, privately, call her by name. She is a combination of both of them, as their ideas about motherhood and fatherhood are connected to having a child with their own genes.

Learning they cannot conceive a child with their own genes is heartbreaking for most couples, and it is normal to experience tremendous grief and loss. Before a couple can make any decisions about having a child with donor egg or sperm, they must grieve the loss of the child they were not able to conceive. However, after mourning their loss, couples frequently shift from their wounds of being

infertile and focus on new possibilities and dreams for building a family.

Examine Your Ideas about Family

Gamete donation is not a treatment for infertility. However, it allows infertile couples to build families. Whether or not donor egg or sperm is an appropriate family building option for you depends upon your ideas about parenthood and family. People have different beliefs, and it takes soul searching to discover and accept your own thoughts and feelings. For some men and women, a genetic connection to their child is an absolute requirement for motherhood, fatherhood, and family. In grieving the loss of their fertility, these men and women must let go of their desire to be parents and learn to move forward as a couple.

Others feel differently. Although they experience the loss of a genetic link to their child, they no longer define parenthood and family solely by genetic connections. Rather, they discover that love, commitment, and shared values are the foundation of a family. They transition from despair to hope as they realize they can use alternative family building treatments to create a family.

Acknowledge the Donor

Searching for a donor can be daunting. Your doctor may have an in-house program where you can review donor profiles, or you may be referred to several donor agencies. How do you navigate through this process? What do you look for? How do you know the donor is right for you?

When I talk to intended parents, almost all of them have the same requirements for their donor: they want her to look like them, be physically and emotionally healthy, and be intelligent. I understand these wishes. Who among us does not want to see ourselves in our child? And, we all hope for healthy and smart children. But, I educate parents that the donor's traits are not guaranteed to be manifested in their child. It is impossible to ensure a child's health, personality, intelligence, or physical appearance based on the characteristics of the donor.

One thing that intended parents definitely know about the donor, and a factor which will certainly influence their child's development, is the parents' feelings about the donor. Whether you engage the services of an anonymous donor, or work with someone you know, your donor will not disappear from your thoughts or feelings. How could she? Her DNA is part of the fabric of your child, and in the course of parenting you inevitably will think of the donor.

Because the donor will remain in your awareness, and because how you think and feel about the donor will affect your children, I believe the most important factor in choosing a donor is your comfort level. Based on her profile, do you like

her? Can you identify with her? When viewing donor profiles, imagine how you would answer this question: “Mom, why did you choose her?” The donor is part of your child’s identity, and positive feelings will support healthy identity development.

Disclose to Your Child

There are several reasons parents may not want to disclose donor origins to their child. Many parents are concerned that disclosure may have a negative effect on the relationship between the child and the non-genetically linked parent. In essence, they fear that disclosure will damage the parent-child bond. Additionally, many parents believe it would be harmful for their children to learn of their donor origins because they think it imposes an unnecessary emotional burden and creates confusion and identity issues. Parents may also feel they are protecting their sense of being a traditional family, that there is no benefit to disclosure, and that the information is unimportant. Some parents may have compelling cultural reasons not to disclose.

In contrast, other parents value open and honest communication and also believe that their children have a right to know their genetic history. Parents who favor disclosure want to avoid secrets and to ensure their children find out from them and not from others. Additionally they want their child to have accurate health information, and they want to prevent inadvertent consanguinity.

Because people are not told of their donor origins does not mean that they remain unaware. Many donor conceived people report growing up sensing that information was withheld from them. Ultimately, they often learn about their origins under difficult circumstances. Nondisclosure, rather than being protective, may undermine the trust and honesty within a family and cause psychological damage.

It appears that when children learn of their donor origins at a young age, they have a more positive experience. From the beginning they integrate donor conception into their life story, which helps them form a continuous, stable concept of themselves and their family. Disclosing donor origins to your child lets your child know who she is and that you love her for exactly who she is.

Although I advocate disclosure in building healthy families, it may not be the right decision for every family in every environment. If you have any questions about disclosure adversely affecting your family, it is a good idea to talk to a professional about your concerns.

Address Your Child's Curiosity

When your child learns of her donor origins, she may be curious about the donor often wondering, "What is she like? What does she look like?" Later, as your child matures, questions regarding "Why did she donate? Does she have children? Does she want contact? What is her health and family history?" may arise. Your child may or may not want the donor to play a part in their lives.

Research suggests that donor conceived people are inquisitive about their donor even when they experience positive parent-child interactions. Curiosity appears to be internally driven and independent from the parent-child bond. Your child will rely on you to help her answer her questions about the donor, and her sense of what is important may change as she grows and matures from a child to an adult.

Erik Erikson, a renowned psychologist, postulated that the developmental task of adolescence is to establish a sense of identity or risk role confusion. Erikson's work has been applied to collaborative reproduction in two ways. To fully answer the question, "Who am I?" an adolescent may need knowledge about the donor. All teens have questions about their genetic make-up, and many believe that not having this information interferes with identity development. Additionally, because adolescence is the time to consolidate one's identity, obtaining new information about one's identity during or after the teen years may be disruptive and confusing. Erikson's theory lends support to early disclosure.

In reflecting upon their donor origins, many people conveyed a sense that a part of their identity was missing when they lacked information about the donor. In making your decision about which donor is right for your family, I encourage you to imagine the conversations you may have with your child, teen, and even grown adult about their origins. How much information do you know about the donor? Is she willing to be contacted now or in the future? How would future contact be arranged? Can information be stored? Communicating openly and providing information about the donor will help your child along the path of positive identity development.

Building a family with donor gametes is a journey that can begin with a loss of dreams and end with profound connections. It is an excellent option for those who believe that relationships are the glue that holds people together as a family. Before transitioning to alternative family building it is important to grieve the loss of your genetic child and to examine your ideas about what makes a family. If you decide that gamete donation is the right path for you, acknowledging the

importance of the donor to your child and family, disclosing donor origins to your child at an early age, and being open to your child's questions and curiosity about the donor are recommendations for building a healthy family.

Madeline Licker Feingold, Ph.D. is a psychologist in private practice in Berkeley and Walnut Creek, California. She has over 25 years of experience treating adolescents, adults, couples, and families and specializes in infertility counseling and alternative family building practices using donors and surrogates. She is past chair of the Mental Health Professional Group of the American Society for Reproductive Medicine and currently serves as a member of the Mental Health Advisory Council for the American Fertility Association. She is Director of Psychological Services at the Alta Bates In Vitro Fertilization Program.