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When I wandered out of the bushy path, I looked up to see a much higher level of the gardens. From this vista, someone could sit and watch people meandering through the maze. In some ways, it must have offered a sense of superiority to sit there and talk about which way someone should have turned to get out of the maze easier. From high up, the intricacies of the maze were inconsequential, the height of the hedges didn’t seem problematic, and the whole maze itself was seen in a different perspective.

The grief of infertility
The grief you experience during your infertility journey is so very much like that maze of hedges. As you wander your way down its narrow path, you can’t see which direction leads to the way out of your pain. All you can do is make a choice here and there and continue trudging along.

Shelves of books have been written on the various ways we encounter grief, the ways we handle grief, the ways we respond to grief, and the ways we suppress grief. One online bookstore had over 2,600 titles under the topic. Plenty of stuff is out there to read, but when grief slaps you face down into the mud, you just don’t feel like pulling yourself up and finding a book about how to get through it.

Ideally, the best option would be to educate yourself ahead of time for what the tumultuous ride will be like. But since almost no one expects to be labeled infertile, the onset of grief is fast and furious. Hopefully, during one of the breaks in the storm, you have encountered this chapter and can assess where you are in your grief journey, how you’re doing, and how you need to take care of yourself to survive the storm effectively.

Every person’s experience with grief is unique, because every person and every situation is different. As Thomas Attig wrote in How We Grieve: Relearning the World:

No two of us engage in the same pattern of activities, projects, and commitments. No two of our life stories are identical. No two of us remember the same past, live the same present life, or share the same expectations, hopes, and dreams for the future. Each of us experiences the world from a distinctive perspective in life circumstances uniquely our own. Because this is so, no two of us experience bereavement in identical ways. Each loss affects us in a particular time and place in our lives, shatters our distinctive daily living patterns, and disrupts our unique life stories. …In turn, no two of us face the same challenges in moving beyond our grief emotion, putting our lives together, and going on into the next chapters of our life stories. Because each of us faces unique tasks, no two paths of grieving are identical.(1)

Two women in infertility treatments may both experience miscarriages, but their grief journey will not be identical. They have different backgrounds, expectations, temperaments, and outlooks. We must never say, “I know exactly how you feel” when someone has experienced loss, because we cannot know exactly how they feel. A better response would be: “I remember what it felt like when I (had a miscarriage, learned I was infertile, etc.). I’m so sorry you’ve experienced the loss of -----.”

Philosophers, scholars, therapists, and counselors have studied grief throughout the ages and have identified some areas of common ground in how people walk through grief. Though grief is expressed with individuality, some common themes exist in each grief experience: shock, denial, anger, depression, bargaining, and acceptance. Originally, these were considered the stages of grief, but stages proved too static, too defined for a process that was not predictable for each person.

Nowadays, counselors more accurately describe the grief process as a journey where we move in and out, back and forth, across and over these phases as we work our way toward a new emotional balance. Each phase is not characterized by a clear beginning and ending, but rather a blending from one to another, overlapping and intertwining along the way.
The journey may have a specific beginning, such as a miscarriage or a specific test result, but the grief of infertility doesn’t have a specific ending. The loss of a child, a pregnancy, or the loss of your dreams is something that you weather and survive, but it’s not something you forget and never revisit. It’s a part of what defines your life story.

**The grief of miscarriage**

Infertility’s web of grief begins when you realize you’re not getting pregnant or not staying pregnant. The web is complicated by the grief of actual loss. Unless a person has experienced a miscarriage, they cannot understand that miscarriage brings with it all the feelings of grief associated with a death in the family. What people don’t realize is that you have already bonded with the baby! You already considered yourself a mom (or a dad) when you learned you were expecting. You can’t just erase all the anticipation and joy you felt.

You have the added pain of not having a clue whether the baby was a boy or a girl. You don’t know what you would have named the baby. You don’t know what went wrong and that brings about some fear for future pregnancies.

Celeste has battled infertility for years. With her first pregnancy, she miscarried. In her second pregnancy, she bore Briley, and then, with her third pregnancy, she miscarried again. Here are her thoughts on what she’s lived through.

**Survivor’s Quote:** *I’ve been on both sides of the fence: hoping and praying for a pregnancy, and then losing it. It is so much better to never become pregnant than to have all the hopes and dreams of feeling a life inside of you, and then, for whatever reason, have it all ripped away from you at six weeks or even four months. It is a pain you never get over. Some people have said that since I have one child, I should be happy with that, and that it couldn’t hurt so badly the second time I lost a baby. Wrong again. I think my miscarriage after Briley was far more painful than the first one. The reason is because when I lost the first baby, I lost the “thought” of what being a parent would be like. When I lost my third pregnancy, Briley was two years old, and I knew exactly the joy that I was losing.*

My husband works with a friend who has had two miscarriages in the last year. She told him, “I feel like we’re building a family in heaven, but I want to be building one here! We won’t be able to see those children until we die.”

Though a measure of medical progress has been made to determine why some women miscarry repeatedly, it is still considered the most common complication of pregnancy. One source reported that 10-15 percent of all first pregnancies miscarry and that about 2 to 5 percent of couples suffer from recurrent pregnancy loss, usually involving 3 or more miscarriages.

**The grief of neonatal death**

I once worked with a woman who was elated to be pregnant with her first, and then was beside herself to learn she was carrying twins. She was the epitome of a beaming, pregnant woman. But her little boys died at birth, and instead of having two bassinets to stand over and whisper lullabies, she and her husband had two tiny graves to cry over. Years later, I sat at a church retreat in a discussion group with a woman who opened her heart to us. I listened and wept, as most of the other women did, as she described the death of her newborn son thirty years ago.

The pain of losing an unborn child or a newborn child is just as full and real as the death of a person we’ve known and loved for years. And that’s precisely what most people don’t understand. Comments like, “It’s better that you didn’t have time to bond with it,” trivializes the significance of this little person. Bonding with your baby happens long before she’s born.

A stillbirth is defined as the death of an unborn child between week 20 and birth. Neonatal death includes babies who survive birth, but die soon afterward. Some questions may never have answers—what went wrong, what could I have done differently, what warning signs did I miss. But parents encountering
neonatal death have decisions to make that parents of miscarriages do not: whether they will see the baby and whether they will have a funeral.

The parents should be able to choose whether or not to see their infant after birth. Even if a doctor or other staff recommends against it (due to physical abnormalities, etc.), the parents can request the opportunity. Putting a face on their child, holding him in their arms, can help immensely with closure, with putting an identity to this little one they were awaiting. Giving the baby a name helps, too. This little one is an important person in your life, even though their physical presence was shortened. Having a name for your deceased child helps you to attribute personhood to him. The woman whose story I heard during the church retreat explained that she had just begun to find closure to her son's death by giving him a full name and having it engraved on the headstone...thirty years after his demise. Some people choose to have a memorial service or a family prayer time to commemorate their baby's life. Whatever is most comforting for the parents is what should be done.

Finding ways to remember the baby helps parents to feel that the child's influence, though brief, is not forgotten within the family. My sister-in-law lost twin girls, and because of surgical complications, she and her husband were unable to see the babies. But they decided to give them names, Stephanie and Chelsea, and they have an angel ornament for each girl on the Christmas tree every year. Finding ways to remember a baby's life can help parents move forward.

The grief of losing embryos
Technology has increased our options in infertility treatments, and with it comes a wave of ethical implications—and grief possibilities. Infertile couples a generation ago may have had inseminations available to them, but they never knew if actual fertilization of the egg occurred unless a pregnancy resulted. Now with IVF, ICSI, and ZIFT procedures, couples know if eggs are fertilized, if embryos are healthy or if they die.

**Survivor's Quote:** We were thrilled when I had 7 eggs to retrieve! We tried to fertilize all of them, and four “took.” Only two survived, and they were implanted. I imagined two little lives floating around inside of my body. I prayed for them, wondering if they were little girls or boys, or one of each! It was incredible to ponder. But in a few weeks, it was clear that neither implanted, and the IVF was a failure. (Casey)

Another ethical labyrinth is selective reduction (SR), a procedure which eliminates embryos already in the womb during a multiple pregnancy in an effort to improve the survival rates of the remaining embryos. Hoping to come out of this pregnancy with healthy twins or triplets, instead of losing quads or quints, a couple may make the difficult choice to terminate the least viable embryos. The procedure is controversial from moral and spiritual perspectives, and those who choose it grapple with its implications. They may feel grief at eliminating one or more embryos, but don't give themselves an opportunity to process that grief because they are overwhelmed by the consequences of what they chose to do.

The grief of losing fertilized embryos, whether naturally, in the lab, or through SR, is rarely discussed. Embryos are so early in the game that most people outside the realm of infertility have a hard time recognizing their loss as a valid reason for grief. But what everyone else thinks doesn't matter. The degree to which you connect with your embryos is entirely up to you. If, besides grieving a failed IVF, you need to grieve the deaths of embryos, do it. Find a meaningful way to remember that those microscopic dots of life represented the combined genes of you and your spouse. Would it help you to try to assign a gender to them and a name? Some couples pray about it and ask God to give them peace one way or the other as to their potential child's gender. Does it help to imagine that they, tiny as they were, are just as precious in God’s sight as any other baby? Well, it’s true.

**Grief and loss**
“Grief comes from loss. You can grieve job loss, loss of a position, relocation, loss of a loved one,” Beth said. “But with infertility, you’ve lost not only the child you may have carried, but the dream of the child you want to carry, the child you can’t conceive.”
God can be trusted with your unknown reality
Grief and grieving have taken on negative connotations in our language because their very mention brings up dark, dismal images of sad scenes, of encounters with death or tragedy. But the experience of grieving is actually a path toward healing, of coming to terms with the loss in your life. It’s not just important for you to grieve your loss; it’s vitally necessary for you to do so.

Grieving is the active effort on your part to process the loss you’ve experienced—“active” in that you let yourself experience the pain and sadness, come face to face with the reality of what is lost (or is being lost from month to month), and honestly assess your feelings at a hundred points along the way.

Grief protracted, expanded, and elongated
Infertility is a war against the circumstances and conditions that keep you from bringing forth life, and ironically, most people characterize infertility’s grief as a series of deaths—the death of your dreams, your hopes, your desires. Your loss is not a one-time event, like the death of an elderly relative, but a series of experiences over a period in your life. Grieving through your infertile years means coming to terms with any number of losses along the way—month after month of not getting pregnant, miscarriages, failed inseminations, failed invitro, failed adoptions, and more. The events often tumble on top of each other so you don’t have the luxury of grieving one loss before the next one hits.

How to handle your feelings of shock and denial
It’s not unusual to go through a period of numbness when you’re first discovering you’re infertile. For some of us, it’s like a slow dawning, realizing that pregnancy is not happening as quickly as it should. For others, it’s the shock and disbelief that comes from the result of one test that shows an inadequacy. Surely this can’t be happening to you! We may deny this new reality by trying to prove it’s wrong: We’ll work really hard in the next few months and we’ll get pregnant, you just wait and see.

How to handle your feelings of anger
Your anger may be directed in several ways: at yourself, at others, and at God. First of all, own your anger. Admit that you’re angry. Beth believes that anger that’s not dealt with, that gets turned inward, can turn into depression.

How to handle feelings of bargaining
When someone in grief tries to find ways to negotiate the situation into a more positive resolution, that’s bargaining. We try to bargain with God, with ourselves, and with others.

How to identify feelings of acceptance
Eventually, after bouncing around in a myriad of feelings described in the categories above, most couples who have not conquered infertility will work their way toward feelings of acceptance in regards to their infertility. Acceptance doesn’t mean they like this new reality they’re in. But they can consider the change with more emotional balance than before.

Make the pain go away
The only way to feel better after experiencing loss is to allow yourself to feel horrible for a while. The grief process is one that must be walked through fully. Too many people squelch their pain because they think it’s going to overwhelm and destroy them. Too many people stop the grief process because they fear it will destroy their faith, rather than rest in the truth that their faith will survive. Too many people just don’t trust themselves to survive grief.
DC, friends and family – telling them and how they feel

How DC parents Karen and Robert Farr told their friends and family – and how friends and family felt about their news.

At a recent DC network meeting Robert and I met a couple who were considering donor conception treatment. They had not yet discussed their situation with their friends and family and were anxious about who to tell, when to tell or whether to tell at all. They were very keen for us to share our experiences of telling others with them and Robert and I found ourselves transported back, as we told them our own personal story.

As a result of that conversation I thought it might be helpful if I asked Robert's parents and two of our closest friends to talk about their thoughts and feelings at the time we told them about Robert's infertility and our plans to consider donor conception.

Our Experience of Telling Others

It is now four years since we received our infertility diagnosis. We were fortunate in some respects that it did not take long for us to be referred to the Chelsea and Westminster Hospital for tests by our GP, after a short period of trying to conceive naturally.

The tests and biopsy confirmed that Robert, my husband, was infertile and we discovered that our only chance of having a baby in the future was through donor conception.

At this point in time we had taken two close friends and Robert's parents into our confidence about our fertility problems and the investigations at the hospital. Other friends simply knew we were having problems in that area, assuming that the fertility problems were with me (rather than Robert) and it seemed easier to leave it at that, rather than explain further.

When we were given the very last diagnosis of complete infertility, it seemed such a harsh and final fact that we felt unable to discuss it with anyone until we had a chance to fully understand and begin to come to terms with the implications of our situation.

It was then that telling friends and family became an issue for us and I remember numerous very helpful calls to Olivia at the Network, as we tried to wrestle with this important area. So many questions presented themselves.

My immediate need and instinct almost was to talk about it to those people in my life who I trust, but because Robert didn't share this view, I held back. He felt that if we progressed to DC treatment and it was unsuccessful, there would be no point in anyone knowing. He was also concerned, as I was, about what other people's reactions might be, to being told this news.

We were anxious that people might react negatively towards us, or make some personal comment or joke to upset Robert. Our imaginations went into overdrive thinking of all the ways we could become social outcasts!

Eventually we came to the conclusion that anyone close to us, who truly cared for us, would be supportive and trusting, and if there was anyone who wasn't, we would just have to accept that fact. We also came to the conclusion it was best to take things slowly.

So, fairly soon after hearing the news ourselves, we decided to tell Robert's parents. We talked to them together, very honestly and openly about what had happened and any initial nervousness we may have felt disappeared, as they showed their concern and care for our situation. It was a huge relief and we felt soothed and supported.

At about the same time I told a close girlfriend of mine, whose reaction again was overwhelmingly positive. I felt so relieved that I would now have someone to talk to apart from Robert, particularly whilst I was having the treatment.

Getting a little bit braver now, but still nervous, we told a couple who have been good friends for years who already had one child. We arranged to meet them separately on the same evening, as we felt that such an intimate conversation would be better on a one to one rather than with the four of us together. We openly discussed the implications of our situation for us and our families and also our own sadness and anxieties. Robert and I were delighted that our friends felt able to ask us questions about our plans (or lack of them at that point!) and also any aspects they found confusing or they wanted to know more about. It was a wonderfully frank discussion and was definitely a friendship affirming experience.

As time has gone on we've told more close friends and members of our immediate family. Particularly when I became pregnant through DC and eventually gave birth to our daughter Isabella (2 years ago), the need to tell more people increased – complete secrecy about her conception was never a considered option for us.

Undoubtedly for us, telling someone now is so much easier than it was in those early days and I am still so grateful to those whose positive kind words helped us along.

Reactions to the news continue to be positive, but I never get blase in the telling. We decided to tell a fairly new friend who we met through the National Childbirth classes and although I felt quite relaxed about telling her about Isabella's conception, I remembered the enormity of what I was saying.

We all have to find our own comfortable level of openness, but I hope like us, others will find that their worst nightmare never materialises, and in fact they end up having a positive experience of telling others.
A Friend's Point of View

Good friends should be there through thick and thin!

When Karen and Robert told us they couldn’t have children, we were really sorry, especially as we had already experienced the joy of our first child. We wanted to know if there was anything they could do to become parents. They told us what the problems were and discussed the options open to them.

Over the coming months, as a friend who knows the decision to have DC, you share the roller coaster of emotions, the disappointment of menstruation for example and the hope after each hospital visit.

I was really pleased Karen had shared their decision with us, so that I could understand her different anxieties and moods. If I hadn’t known what was going on, I might not have been helpful or just felt confused.

When the news was of success, the joy brought more complications. Robert was really worrying about genetic ties and bonding and the relationships between the baby and other family members. My husband was able to discuss this and offer a more objective view, which helped.

Having gone to such lengths to become pregnant, all the injections and investigations and scans take on greater significance and again we shared in the debates, as they approached the birth and the labour.

After Isabella was born, I particularly remember Robert’s delight when all the nurses commented on how like him, Isabella looked.

Sometimes when a baby is born, the father can feel left out, a situation which could be heightened by sperm donation. However, after a post cesarean infection developed and Karen had to return to hospital for a prolonged stay, Robert found himself straight in at the deep end, looking after Isabella day and night. The amazing care and love that he bestowed on his pride and joy meant that there was no thought of “bonding issues” — they were together for always.

Perhaps all friends may not understand, but for us, we are really pleased Karen and Robert told us. Our delight in their sharing our experiences of parenthood—good and bad—increases our friendship "through thick and thin".

A Mother's Feelings on D.C.

When my son told me that he wouldn’t be able to father children, I felt so incredibly sorry for him. He is such a loving person and I had always felt that one day he would be a wonderful, caring father.

It was flattering to feel that he and his wife could tell me about the problem and discuss with me the options open to them and when they told me about D.C. I was thrilled, this option seemed to me to be so much better than adoption because his wife would have the joy of being pregnant and be the natural mother to the baby.

They were very fortunate they didn’t have to wait too many months, although it must have seemed a long time to them and then success, they were to become parents. The pregnancy went well and my beautiful longed for baby granddaughter arrived.

My son bonded with her immediately and several people commented on how much she looked like her daddy. I must admit I searched her face looking for my son, knowing she wasn’t his, but it made no difference to how I felt about her. She is his daughter, she is my granddaughter and I love her very dearly and he is a wonderful caring father, as I always knew he would be.

A Father’s Feelings on D.C.

When I first heard that it was virtually impossible for my son to father children I felt extremely sorry for him and his wife and started to think along the lines of adoption as a way of achieving the much wanted family which they both were desperate to have. This seemed to me quite acceptable, as they both would have an equal relationship to an adopted child.

When I heard that the chosen option was to go for D.C. I was worried for a time as it seemed that it could lead to an unequal relationship between Mother and Child and Father and Child but in the event this worry has been proved to be completely wrong. From the moment she was born all worries about relationships disappeared.

The relationship or bonding between them all is as strong if not stronger than I have seen in any conventional family.

As far as I am concerned, from the moment she was born she became my son’s daughter and my granddaughter who is loved as such.
PERSONAL PERSPECTIVE

POSITIVE REFLECTIONS: GROWING UP AS A D.I. CHILD

Karen Topp

Karen Topp is the first child of Clarke and Ellie Topp who discovered nearly 30 years ago that they could not have children, and so decided to try the then unusual method of donor insemination. This technique was offered in the U.S. where Clarke and Ellie were in graduate school, but they returned to Canada in time for Karen to be born in Ottawa, where she spent her first 19 years. After receiving a B.Sc. at Queen's University in Kingston, Ontario, Karen decided to pursue a Ph.D. in experimental physics at Cornell, where she has spent the last four years. Karen, now 27, and two decades older than most children conceived by donor insemination, shares here her thoughts and feelings on being born of this reproductive technique, and on whether this has in any way affected her as an adult.

My parents are great. They didn’t make a big deal about how or when to tell me about my origins — there was no big session where they sat me down and told me I was different. Instead, their method seemed to be simply to wait until I asked questions and then tell me the whole truth. What could be more natural? Luckily for them, I was an inquisitive kid, but I believe it was my parents’ forthright but casual attitude that made this completely a non-issue for me.

I distinctly remember the first time I asked my mother where I came from. I was about five years old. She answered (making use of the fact that our family did a lot of gardening) that normally the daddy plants a seed in the mommy’s stomach where it grows into a baby, but in our case, Daddy was out of seeds so we had to borrow some from somebody else. Well, that must have satisfied me at the time, since I don’t remember asking any more details then. (I recall wandering off to think about how a seed would fit into a bellybutton which, at that time, was the obvious entrance to my mother’s stomach...)

In fact, I don’t remember thinking about it again until I was in grade 5, when we girls got the “menstruation talk” at school. (What do they do with the boys during these things?) As the teacher told us that our bodies would soon be preparing to have children, I remember thinking that somehow I was special in this regard. I don’t recall between ages 5 and 10 discussing my birth with my parents, but we must have, because I felt in that classroom that I had always known. So then I asked my parents lots of details — did they know the donor, did they know what he looked like (“no” and “no”), where did this happen, how did the doctor do it, how did they know Dad couldn’t have kids, what did a sperm count mean, could I find the donor, and so on. My parents were forthcoming and matter-of-fact. I remember thinking that I would just like to see a picture of the donor, to see if I looked like him (my scientific curiosity already in place), but I certainly didn’t obsess about finding him. I also remember thinking that it was pretty cool that I wasn’t conceived like everybody else. Unlike the outward show of uniformity and normality necessary in a school playground (like the right brand of jeans), I knew this was something different and even special about me that I could keep inside and share or hide as I wished. Instinctively, I guess, I didn’t talk much about it, since it fell under the same taboo category as thinking about your parents having sex.

I do remember, however, a sleep-over party towards the end of grade 5 where I did tell about a half dozen or so of my best friends. Of course, boys were the number one topic after the lights went out, and maybe because I hadn’t had exploits with boys to report, I decided to tell them about my father having a zero
sperm count and me being the result of another man’s sperm being injected into my Mom. Well they thought that was “neat-o”, and they asked me a few questions, but either it wasn’t a big enough deal for them to remember through the excitement of the sleep-over, or I had basically thoughtful friends, because they never mentioned it again. If they told anyone else, the news never got back to me.

During my teens, I guess there were a few times when I had a healthy curiosity about who the donor was (and is...), but I wouldn’t dream of calling anyone but my Dad my “real” father. I love my parents both dearly, but in many ways I am closer to my father. He and I share the same bizarre sense of humour, the same scientific curiosity, and we both interact with people in similar ways — open and direct, but gently fun-loving. The donor was just some stranger (probably a financially strapped grad student). Maybe I would be more interested in him if there were any way to find him, but I gather at that time no records were kept at all. The donor was supposedly screened for hereditary diseases, and they picked one with my Dad’s hair colour, but nothing else is known.

If he were easy to find, I might be curious to meet him, but I can’t see myself putting any effort into arranging such a meeting, and I don’t feel any psychological “loss” for not knowing the source of half of my chromosomes. In a way, I actually had an advantage over some friends at school who joked about being their parents’ “accident” (for example, one friend was born 6 months after her parents’ wedding, and another was considerably younger than the sibling his parents had intended to be their last.) I know my parents wanted me very much.

As an older teenager, I don’t recall ever thinking about the donor or my father’s infertility. My life was pretty busy and exciting in late high school and into university. So when my parents phoned me in my third year at Queen’s to ask if I was willing to speak to an Ottawa infertility support group with them, I was surprised — mostly because I hadn’t thought about it in so long, but also because I didn’t know what on earth I would have to say, other than “No, this hasn’t affected me.” As an example of my father’s openness, he actually volunteered the information about himself, and then agreed to speak to this group when he heard from a friend and co-worker that she was involved with it. At that meeting, people seemed interested in how and when my parents told me, whether I felt psychologically damaged by being “different” (no) and if I thought much about the donor (no). Mostly they were fascinated that my parents were so open about the whole topic. Yes, they had told the family and close friends (and obviously me), but they didn’t offer the information to broader circles unless their story might help others in situations similar to the one they found themselves in nearly three decades ago.

Through this meeting, it became known that my parents and I were quite willing to discuss the circumstances of my birth, and in the last few years we have been asked to speak at an infertility conference (where I felt a little like Exhibit A), and have been interviewed for a TVOntario special. I have had to think about the “issue” of my birth more in the last couple of years than I did in the previous ten years put together. Although I don’t mind, it is a bit weird to be asked questions about who I am, instead of what I’ve become or accomplished. Oh well — it’s also flattering to publish an article about myself.

Even though my parents and I are not shy when asked to share our story, my brother and sister are not very comfortable with our openness. This, I have learned, is probably the more typical attitude toward issues of reproduction and infertility. They are two and five years younger than I, and both adopted — not because my parents wouldn’t have used donor insemination again, but because at that time there were many infants in the adoption agency who needed homes, and DI wasn’t readily available in Ottawa. They are every respect my siblings and equals, and my parents respect their wishes as much as mine. Since secrecy is not part of our lifestyle, however, they understand that our sharing might be helpful to others.

The most amusing thing I’ve been asked is about my sexuality. As with the rest of my life, I think I’m honest and straightforward with my feelings and desires. (My boyfriend of three years, as he looks over my shoulder, agrees...) Incidentally, this is not a function of my parents’ openness. I would say they’re as uncomfortable as anyone of their genera-
tion in talking about sex. I learned about the birds and bees through some well-taught public school health classes, and from a book called *The Facts of Love* which my mother gave me when I started menstruating. My openness is most likely due to a reasonable degree of self-confidence and some university buddies who were easy to talk to.

Anyway, now that I'm at the age where many of my friends are having children, I've been thinking more about eventually having my own family. I would like to be a mother, and if I should find myself or my partner unable to have children, I think I would be receptive to whatever technology were available to us at the time. I certainly would have no problem with DI! And yes, I would be completely honest with my children as well. I realize with a method like this that it's quite possible to keep the whole thing a secret. But, on the rare chance that my grown child would find out on his/her own that I had lied, I'm sure the repercussions would be infinitely more harmful than telling the truth from the beginning. (For the mathematically minded, I'm saying "infinite" because I believe we're dividing by the zero repercussion of continual honesty.) Can you imagine finding out, now that you're an adult, that your mother or father is not your biological parent?

I'm not sure what to say in summary, other than I hope my rambling here has been helpful. I'm normal. I'm relatively happy and well-adjusted (for a grad student...) And, if I hadn't written this article, DI would be the furthest thing from my mind. After all, how often do most people think about their birth?
Talking to Your Child About Their Donor Origins
By Judith Kottick, LCSW, Fertility Counseling & Consulting Services

4 Key Parental Steps to prepare for talking to children about their donor origins:

• Make the decision to be open with your child before they are born and while they are young; as you get comfortable with the idea, the telling will be more natural and less of a “news flash.”
• Think carefully about who should have this pertinent information about your son or daughter. Separate the telling of your child from the telling of the rest of the world. Your child deserves to know the truth about his or her genetic origins, but family and friends are not automatically entitled to the information unless you want them to know.
• Acknowledge the loss issues associated with donor conception and take time to deal with unresolved feelings about your choices. You may have been ambivalent or disappointed about using a donor, feel discouraged that you have not found a partner and are a single parent, or have reservations about raising a child as a same sex couple. As you accept these realities, you’ll be able to embrace your child as the son or daughter you were meant to have.
• Start developing the language you’ll feel comfortable with when talking about the donor. Some experts suggest refraining from using the words “mother or father,” as in “biological mother,” or “real father.” Using words like “helper,” “nice lady,” or “donor” will honor this person as an important contributor to the creation of your child while not elevating them to the status of parent.

5 Key tools for parents to use when talking to children about donor conception:

• Experts recommend starting the disclosure process in early childhood, even before the child is verbal, using simple language.
• However, there is not one age, one day, one time or one way that is “perfect” to tell this family story. Look for openings and quiet moments to start the dialogue. If this is a 2-parent family, both parents should be engaged in the disclosure process.
• Kids take their cues from their parents; if you present the donor story in an unapologetic, loving, and straight forward manner, your child will bring the same positive attitude toward the information.
• At the same time, allow room for negative emotions. At some point your child may have feelings of sadness, anger or confusion and will need your support. These are normal feelings and should not be interpreted as a rejection of the nongenetic parent.
• The information you share will change and evolve over time as your child develops and can process more complex family themes. Be prepared to tell and retell, and be open to discussion (even at inopportune times!).

Remember, every child has a family story no matter how they came into the world. Talking to your son or daughter about their origins is a way to forge strong family bonds and facilitate a positive self concept.

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Disclosure Issues

DISCLOSING ORIGINS: CHILDREN BORN THROUGH THIRD PARTY REPRODUCTION

by Madeline Feingold, PhD

In my capacity as a clinical psychologist with a specialty in reproductive medicine, infertile couples entrust me with their personal reproductive struggles. My first visit with a couple is often following a heart-shattering consultation with their Reproductive Endocrinologist. After many tests, medication trials, and perhaps several in-vitro fertilization procedures, these couples are given the devastating news that they cannot have a child that is genetically related to them both. However, in the same medical discussion, these couples are presented with the good news that they can possibly have a child by using donor egg or donor sperm, depending upon the nature of the reproductive problem.

Initially, many couples view the option of using donor gametes as part of a reproductive continuum, and subsequently wonder why they have feelings of depression in the face of receiving hopeful news about having a child. In fact, the use of donor egg or donor sperm is not a treatment for infertility, but rather an alternative way of family building. Nonetheless, these couples must grieve their losses.

Acknowledging and grieving the loss of a genetic child, who is tremendously longed for and desperately desired, is the first step to becoming parents through the use of donor egg or donor sperm. It is only after this period of mourning that couples are ready to make the decision to parent a child using such alternative methods as donor gametes. Parenting is a verb, and not inherently related to genetics. However, couples must grieve so that the loss of their genetic child does not cast a shadow that negatively interferes with parenting and loving the child that will be their own.

After couples embrace the idea of becoming parents through donor gametes, they invariably ask this crucial question, “Do we tell our child?” Many couples’ first reaction is to keep the use of donor gametes a secret from their child. They worry that the child will become confused about his/her identity, that he/she may be stigmatized by relatives and others in the community, and further, that the child will fail to bond with, or reject, the non-genetically related parent.

While it is easy to empathize with these concerns, couples must also examine their reasons for wishing to keep their child’s origins a secret. Feelings of shame and humiliation associated with the inability to have a genetically-related child often emerge. I remind couples that as a species we announce loudly to the world our accomplishments and victories while we hide our embarrassments. If fear and shame are at the root of not informing a child about his/her origins, there is much emotional work to do before conceiving a child with donor gametes. Every child deserves to be loved and celebrated for who he or she is, and a cloud of shame should not surround his life or a couple’s parenting efforts.

Secrecy, once the standard practice in donor insemination and adoption, has shifted toward an attitude of openness. Although both nature and nurture affect the developing child, current scientific advances demonstrate the powerful effect of genetics on our unfolding character and physiology. For example, several mental and physical illnesses are linked to heredity and knowing the correct genetic heritage may affect one’s ability to prevent or rectify a medical condition. Another push towards disclosure comes from the belief, shared by many, that all people have a basic right to know their genetic heritage. Withholding factual genetic information will cause children and their descendents to go through their life with inaccurate medical knowledge. Imagine the pain that could be prevented to a girl born through ovum donation whose mother is diagnosed with an inheritable form of ovarian
or breast cancer. Without the truth, this girl might spend her life worrying about getting a disease that she is not genetically prone to inherit. Finally, proponents of openness point to family therapy and adoption literature, which detail how secrets destroy trust and intimacy in relationships.

When I first started working with couples who were considering building a family through the use of donor gametes, I observed an interesting phenomenon. Very few couples actually thought about their future baby as growing into a toddler, child, adolescent and adult. Couples are so traumatized by the losses associated with their infertility, that they often guard themselves from the prospect of yet another loss. Couples can scarcely let themselves believe that they can have a baby. It is far too frightening to daydream about their child’s first birthday, entrance to school, graduation and adulthood. Many people have told me, “I am scared of jinxing myself.”

Issues of disclosure often are influenced by the sense of deprivation that couples bring to their efforts to have a child with the assistance of a third party. It is rare for a couple to think through the implications of a child’s innocent question, “Where did I come from?” When couples think of a baby, this question is abstract, as babies cannot talk. However, when they think of this query as coming from their own child’s lips, they must think in terms of telling their child a truth or a lie. In addition, because having a child seems like a distant dream, couples customarily do not recognize that years later they may be the proud parents of an intelligent and thoughtful teenager who takes high school biology, learns about human reproduction, and quite possibly studies a segment on the assisted reproduction technologies. Far from a couple’s consciousness is the thought that their teenager may ask, “Mom, how could you have had me when you were 46?” In addition, as couples struggle with their grief and try to embrace a sense of hope, they typically are not thinking about the ease with which their teenager may be able to check all the family’s genotypes in a future science class. (In fact, many teens currently participate in science labs that determine their blood type, and through this educational exercise may learn they do not share a blood type with either parent and are not genetically related to either parent.) We must all remember that the field of genetics is growing in leaps and bounds and that our children’s education and fund of knowledge will be affected by these changes.

The weighty discussions of grief, loss, secrecy and disclosure naturally lead a couple to this important question, “If we did tell our child he was born through donor gametes, how should we tell him?” First, it is helpful to understand a child’s normal cognitive development. All children move from an egocentric and concrete understanding of the world to an abstract comprehension of events and ideas. Anne Bernstein, in her informative book, The Flight of the Stork: What Children Think (and When about Sex and Family Building) (Perspectives Press, 1994), details children’s cognitive development, with respect to reproduction, from the concrete idea that they have always existed, to an appreciation that they are created from genetic material.

According to Bernstein’s research, the first question asked by a child is one of location, “Where did I come from?” This inquiry typically springs from the lips of a two to seven year old who believes he has always existed. The correct answer is something akin to, “You’ve come from a special growing place inside Mommy called my uterus.” The child has asked a question, and it has been honestly answered.

Four to 10-year-olds view their origins in an increasingly complex fashion. Unlike younger children, they realize that babies have not always existed, that they must be made, and that an action must occur to initiate the “manufacturing” process. These children can be told that the baby-making process begins when a mommy and a daddy love each other, and they want to share their love with a baby. They can also be told that women and men have special things in their bodies—eggs and sperm—that make babies. When the sperm and the egg are combined, they grow into a baby inside the mommy’s body.

The very challenging question to the parents of a child born through donor gametes arrives when the child reaches the age between 7 and 12. This child is a fact finder. This child appreciates that the sperm and the egg that created him must come from somewhere, and he wants to know where. This question defines a crossroad in family development because it notifies parents that their child can appreciate the contribution of a donor. In answer to this question, parents will have to decide whether or not to reveal the existence of a donor. In short, will they honesty answer their child’s inquiry or will they attribute the sperm to dad and the egg to mom?

Following the discussion of normal child development, the typical response is, “So, if we are going to tell our child about the use of a donor, it seems like we should wait until he is seven.” Although a child can comprehend the idea of donor at approximately age seven, seven years is a long time for a parent to wait before sharing such fundamental information. The longer one waits to impart this knowledge, the more monumental and frightening it may feel. Once “the cat is out of the bag,” everyone
tends to breathe a sigh of relief. Couples often feel joyful when their child climbs into their lap calling them “Mommy” or “Daddy,” even after learning about the existence of a donor. This demonstrates that children inherently feel the difference between their parents and their genetic origins.

One term to think about regarding the relationship of a gamete donor to the child is, “Helper.” A donor is a person who helps a mother and father have a baby. Even a very young child can understand the concept of a helper, and parents are free to express their happiness and love for their baby and their good fortune that there were many people who helped them in their efforts. As a child’s thinking expands and his questions become more complex, the nature of the helper and the significance of the contribution can be explored. Answering the very important question of genetic origins is a process, not an event. The notion of a helper lets a parent tell a child about their origins from the very beginning: There is never a secret between parent and child.

The decision to have a child with donor gametes is an emotional journey that begins with a profound experience of loss, and culminates with a couple’s determination to build a family. Talking with a child about his third party origins commences from a young age and proceeds over a lifetime as the donor is woven into the fabric of the family and becomes part of the child’s story. A family created with donor gametes has one mother, one father, and many helpers.

The first step in addressing the disclosure issue is for parents to examine their own feelings about the donor conception. Did the couple agree on the path to take to parenthood? Did they grieve the loss of the child they will not have, they will feel more emotionally powered, indeed entitled, to be the parent of a child whose “blood” they do not share.

With very few exceptions, the best interests of children and their families are served by children growing up with the knowledge that they are not genetically related to one of their parents. Some reasons for this include:

- Secrets in families are damaging.
- Adoption has taught us a great deal about how children feel in families where there are genetic secrets.
- Children often sense there is a secret; sense there is “something wrong.”
- Children who sense there is something wrong in their family usually assume it is about them and assume the worst.
- Secrets almost never stay secrets forever.
- When secret information finally comes out, the feeling of betrayal can be overwhelming.
- Feelings of betrayal in families often lead to issues of trust.

The single biggest concern of individuals pursuing donor conception (donor egg, donor sperm, donor embryo, surrogacy) continues to be that of the impact on the children conceived through this family building choice. Patients want to know what is best for these children in terms of disclosure. Simply put, parents want to know whether to tell their children of their genetic origins and if they do tell their children, how to talk to them about this complex subject.

Suggested Books for Parents to Read to or with Their Children:
Schaffer, P. (1988) How babies and families are made: There is more than one way! Palo Alto, CA: Tabor Sarah Books

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TO TELL OR NOT TO TELL: ISSUES OF DISCLOSURE IN DONOR CONCEPTION
By Carole LieberWilkins, MA, MFT

The single biggest concern of individuals pursuing donor conception (donor egg, donor sperm, donor embryo, RESOLVE Fact Sheet Series
Children’s inquiries. Sometimes questions arise about their birth story, or why they do not look like daddy or mommy, and a parent’s discomfort may give the message that it is not a subject open for discussion. The meaning they draw from the message not to ask those questions could be damaging to the way in which the child perceives their entrance into the life of mom and dad.

**When and How to Talk with Children**

To understand how to talk to children about conception, we might first look at how children think. While they often sound like miniature adults, they think differently from adults. Our best efforts at explanations may be thwarted by the limitations of their developmental stage.

Parents may begin talking to children early on about their conception or how they arrived in the family. In most cases it is not conception the parents are communicating about as much as the unique path by which their child has entered their lives. Thus, the intent is for parents to begin to practice talking about the presence of the other people in that child’s life to whom they may be genetically related, before the child is old enough to ask questions. One of my clients had her support group laughing when she immodestly shared that while feeding her infant daughter one morning, she asked her, “So, how do you like being adopted so far?” She was practicing, normalizing language not used in daily parlance, playing with words she knew were awkward, but taking advantage of her daughter’s infancy to work her way into the kind of casual conversation about adoption (gamete donation, etc.) that would eventually be part of their conversations in the future. Parents may want to tell their children how glad they are that the donor gave what was needed so that their child could be in their life. Children may be told they have the donor’s hands, or their birthmother’s toes. They may say how grateful the parents are to the doctor (and donor, surrogate, birthmother, etc.) who made it all possible and how precious the child is to mom and dad.

Books can be an extremely useful tool for introducing the subject of conception and birth when it might otherwise seem awkward to do so. Books that can be helpful are those written specifically about adoption or how babies are born—of which there are many available for preschoolers—or books written for children in which the theme is adoption or blended families or the way babies become part of families.

Parents need to reflect on what feelings may arise after making these comments or after reading certain books. Is the language too awkward? As parents do they feel threatened by mentioning the third party involved in the child’s conception? The pre-verbal months provide a perfect opportunity to try on the various ways of talking to your child about their conception. Children will pick up on the non-verbal—the touch, the affect, the giggle.

**What to Say**

Parents should always speak the truth, but not necessarily the whole truth every time. They should use accurate, positive language. Babies are made from sperm and ova, not seeds and eggs. Babies grow in a uterus, not a tummy or a stomach or a belly. Couples are infertile for many reasons, not because mommy’s tummy was broken and the doctor couldn’t fix it. In spite of the value of using accurate language, my own son who was conceived through ovum donation finally told me that the words he most understood were those his dad used in a car analogy to explain his conception. People are like cars. They need all their parts to run. We were missing a part needed to make a baby.

Whether through adoption, surrogacy, gestational carrier or gamete donation, children should ideally start hearing the words related to their conception and birth by the time they are three-years-old. The reason for telling a child about third party reproduction is not because they need to know the technical details of how in vitro fertilization (IVF) or inseminations were actually performed; it is because children need to begin the process of acknowledging that there is another person or people in the world to whom they are connected in a significant and lasting way. It is normal for children to fantasize about the pieces of the puzzle that may not be filled in for many years; this is not sufficient reason to delay talking to them even though they may not yet fully understand. To tell a child of age nine or ten, essentially pre-adolescence, that they are not genetically connected to their mother or father in the way that their friends or other family members are related to their parents would be a tremendous shock, indeed perhaps perceived as a betrayal. Speaking about third party reproduction casually, early and often normalizes it. It makes the information simply a part of the family story.

Children hear words all the time they do not completely understand. They want to know how they can hear grandma’s voice on the other end of the telephone. We can explain to them what we understand about sound being carried through wires. They can hear sound and see wires but that is as abstract a concept as a microscopic sperm and ovum meeting, growing inside a place we cannot see and ending up being the baby they once were. My son was told there was a part of my body that did not work. Eventually part of the telling became the labeling. The part of my body that did not work was...
called my ovaries. My ovaries did not make the thing I needed to make a baby. That thing I needed is called an ovum. So another woman gave me her ovum so that he could grow inside me and be my son.

Children need an environment in which they can feel safe to blurt out their questions and thoughts. This can provide the parents opportunities to clarify misconceptions, build upon prior knowledge and gradually increase understanding. This will occur when parents bring children into their lives with pride, not shame, and resolution, not unhealed wounds. In an open, sharing atmosphere, this weighty subject need not be a burden to children but part of the multi-faceted journey of childhood and parenting. Sometimes the children will follow our lead. Sometimes the children are our guides. When we listen to the questions they ask, the path becomes clearer.

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The information contained in this fact sheet is offered as part of RESOLVE's educational efforts and is in no way intended to substitute for individual medical advice. Discuss your medical situation with a qualified medical professional.

The mission of RESOLVE is to provide timely, compassionate support and information to people who are experiencing infertility and to increase awareness of infertility issues through public education and advocacy.

Visit www.resolve.org today to find information and resources on all aspects of infertility and family building as well as:
- Your local RESOLVE
- Support groups
- Educational events
- RESOLVE publications
- Member-to-Member Contact System (where available)
- Telephone HelpLines
- Online communities
- Advocacy
- Insurance coverage for infertility treatment
- Questions to ask your doctor
- Volunteer opportunities and more!

RESOLVE is a non-profit 510c(3) organization. Our mission is supported by individual donations.
I don’t talk with my kids about adoption. It’s not that I don’t think it is a good idea – it certainly is. It’s just that, even though all four of my children were adopted, they have no interest in “talking” about it. At this age they seem to much prefer chatting about it casually, when and if they feel like it and on their terms. So that’s what we do, and I love every chance I get.

Misconceptions About “Adoption Chats”

I think there are several misconceptions when it comes to talking or chatting with your kids about adoption. One is that it’s the mother’s job – that somehow and for some reason “adoption talk” will more likely (and more appropriately) come up between moms and kids rather than with dads. That certainly has not been my experience – nor the experience of many of the adoptive dads I know. For a variety of reasons, every time our oldest boys (ages 7 and 6) engage in any “adoption talk” it is most often with me. It will certainly be interesting to see if this trend continues and how it changes with our twins (age 3), one of which is a girl.

Another misconception is that “adoption talk” is always a serious matter. While some questions about adoption require an air of seriousness, many more do not. It is important not to be too serious about adoption, even while taking the matter very seriously. For us, some of the funniest (and sweetest) things our kids have ever said have been adoption-related as their creative and sponge-like minds process the world around them and force it through the adoption-tinted filter which for them is perfectly normal and commonplace. One instance in particular stands out. Grant (age 4 at the time) and I were walking on the trail behind our home and were noticing our neighbor’s backyard. Grant asked why there were no toys or swings or the like in their yard, to which I replied, “well maybe they don’t have any kids.” Without missing a beat Grant replied “looks to me like they are going to need adoption.” And with that he had started an adoption chat. As usual with Grant, it only lasted 30 to 45 seconds before he lost interest and changed the subject. That exchange was a fairly typical adoption chat for Grant and me – and I love every one that we have.

Yet another misconception is that you “tell” your kids about adoption – as in a one time event when you sit them down at the kitchen table and break it to them in dramatic fashion. In past generations a single moment of “telling” may have been the norm, but now this is often simply not an option whether due to the race, age or any number of other characteristics of the child or circumstances surrounding their adoption. For many children (though certainly not all), the “cat’s already out of the bag” so there’s no need to schedule a time and plan to “tell” your kids about adoption. For the most part you may not even need to go out of your way to force the conversation. Instead, just let them bring it up or look for natural and comfortable ways to work it into everyday conversation. For my oldest two boys I’ve made it an occasional part of our bedtime routine for years now. We will get out their “special books” (which are scrapbooks or lifebooks of their early years filled with pictures and brief captions) and just chat away about whatever comes to their minds as we tell and re-tell the story of how we became a family. I have found that over time these conversations build on themselves as children develop an ever-evolving understanding of themselves and their family, and how the two came together in a very “special” way.
A Truly Forever Family

Chatting with your kids about adoption presents one other very unique opportunity as well – one that has eternal significance. As our children get older, our adoption chats increasingly provide me with the chance to relate God’s love for them and his desire to welcome them into his family to their own personal experience and understanding of adoption. As my kids have begun to ask more and more questions about God and Jesus (the other night Grant exclaimed “Daddy can we talk about God tonight? I have 80,000 questions!”), I’ve been able to chat with them about how God chooses to love us (even though we can’t and don’t deserve it) and how he wants to adopt us into his “forever family.” These are all concepts that they understand, and I am excited to gaze with them through this beautiful (but often overlooked) lens as we seek to better understand and experience what it means to become a child of God by adoption through faith in Jesus Christ.

In the end, chatting with your kids should be something dads (and moms) look forward to . . . something we treasure. Yes, it can certainly be a bit intimidating and maybe even scary at times, but it’s important to make sure that you are the only one that feels that way. It is critically important that your children feel the freedom to talk with you about any and every aspect of their adoption. Only you can give them that gift. The opportunity to talk with your kids on so many levels about something so meaningful, so incredibly personal is truly a blessing and honor. So make it your job to chat with your kids about adoption . . . and start thinking now how you will react and respond to the wide range of thoughts and questions they are likely to throw your way. You will all be the better and richer for it.

Ideas and Resources to Help You and Your Child with Adoption Chats

Here are a few ideas to get you started chatting and help you along the way:

- **Start early, chat often** – There is no such thing as starting too early chatting with your kids in age-appropriate ways. In addition, your child’s understanding of adoption and their own story will constantly be evolving – so don’t stop being available and open to chat as the years go by. Chatting once or twice is not enough, so be sure to ask questions or raise the subject in a comfortable, natural way as often as possible.

- **Be honest and accurate** – Talk about what you know (at the right time and in an age-appropriate way) and keep in mind that “I don’t know” is a perfectly fine answer. Share your child’s curiosity about the facts that are unknown, but be sure not to turn your child’s story into a fairy tale. Adopted children were born just like all other children, and it is important to remember that their story (and therefore part of who they are) begins they were adopted.

- **Listen and acknowledge your child’s feelings** – Listen and attempt to understand the feelings behind what your child is saying. Remember that feelings of loss, curiosity and even sadness and confusion are natural. Keep in mind that statements about birthparents are not a reflection on you, but most often simply an attempt to make sense of every aspect of who your child is.

- **Use positive and respectful adoption language** – How you talk about adoption with your child communicates loudly to them. Be sure that you convey that chatting about adoption is acceptable and even desired, and be sure to use positive and respectful adoption language. It matters. Check out this article by Patricia Irwin Johnston for some great advice on using respectful adoption language.

- **Don’t tear down or overly romanticize birthparents** – It’s important to remember that part of your child’s identity (and therefore self-esteem) is undeniably linked to their birthparents – no matter the facts and circumstances that led to their adoption. Therefore, it is very important to refer to your child’s birthparents by name (if known) and speak respectfully, yet honestly, about them.
The Child’s Advocate in Donor Conceptions: The Telling of the Story

Kris A. Probasco

Traditionally, to create a child, there is a joining of a woman’s egg and a man’s sperm via sexual intercourse. When, by choice or by happenstance, this process is not available, modern persons have access to additional methods. These methods stem from the donation of materials originating in others, a donated egg, donated sperm, or more recently, a donated fertilized frozen embryo. The donations range from easily obtained material (sperm) to complexly obtained material (eggs) to material created via a large sum of money and effort by the donors (embryo) (see Figure 1). As in traditional adoption, the donor procedure of creating a child involves a minimum of two parties, one in whom the gamete material was created and one who accepts this material to obtain a child.

Donated Egg: Transfer of preovulatory oocytes from voluntary donor to a suitable host. Oocytes are collected through an invasive procedure, fertilized in vitro, and transferred to the host.

Donated Sperm: Collection of ejaculated sperm from voluntary donor used to fertilize egg in human host or in vitro.

Donated Embryo: Embryo that has been created through in vitro fertilization in excess of what was used by the gestating woman. Often frozen for further use, recent trend to donate for adoption by others.

The history of donor conception dates back to 1884, when the first case of donor insemination was documented. At that time, physicians were using their own sperm for conception (Snowden, 1983). The first documented case of egg donation was in 1983 (Buster et al., 1983), and embryo placement and adoption began in 1997 (“Embryo adoption becoming the rage,” 2009). Donor conceptions are provided for couples with male or female infertility, individuals who have a genetic disorder they do not want to pass on to a child, second marriages where there was a vasectomy in the first marriage, single women, and the lesbian and gay population. Estimates are that thousands of children are born by donor conception each year in the United States, more than the number of infants placed in traditional adoptions.

This article suggests the assistance families will need in sharing the stories of their children’s beginnings with them. This author believes that keeping origins secret can be detrimental to a child’s mental health, and that open adoption, similar to open adoption, is most helpful in the healthy family system.

Preparing for Parenthood

Unlike the traditional method of pregnancy in which one-third of all pregnancies are unplanned, using donor material takes some intention. An essential step in the process is coming to terms with the choice to use donor material. Parents must accept that this chosen alternative is different. Grieving the loss of personal ability to create the genetic offspring, the loss of the biological child or a marriage or relationship that would create a genetic child is an important factor in being prepared to parent children through a donor conception. Mental health therapists have found through experience as counselors to families that without preparation of the parents through education and courses, the losses tend to become the responsibility and burden of the child. Mental health therapists believe a child should be born into a family without having to cure the situation that brought donor conception to the family. For many, a history of infertility has preceded the decision for a donor conception. Acknowledgement and acceptance of all losses connected to the infertility struggle is a part of parenting preparation.

For couples planning to parent a child by donor conception, it is vital that both individuals emotionally accept the decision for a donor. The infertile couple needs assistance from others to make the conception medically possible. The nature vs. nurture debate has been illuminated by years of adoption research (Bouchard, Lykken, McGue, Segal, & Tellegen, 1989) that who we become is approximately 50% nature and 50% nurture. Those who choose sperm or egg donation must accept the significance of the genetic com-
Young Children (Ages 3 to 10)


**Sometimes It Takes 3 to Make a Baby: Explaining Egg Donation to Young Children**, by K. Bourne, 2002, Melbourne, Australia: Melbourne IVF.


Older Children (12 and Older)


Nurses and Parents


**Families Following Assisted Conception: What Do We Tell our Child?** by A. McWhinnie, 1996, Dundee, UK: University of Dundee.


Note: Many of these publications are available through the Infertility Network (www.InfertilityNetwork.org).

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**Figure 2. Readings**

**Figure 3. Web Sites of Interest**

| The Donor Sibling Registry | www.donorsiblingregistry.com |
| Infertility Network | www.InfertilityNetwork.org |
| Embryo Adoption Awareness Center | www.embryoadoption.org |
| Adoptive Families (magazine) | www.adoptivefamilies.com |
| American Society for Reproductive Medicine | www.asrm.org |

ponent in their child’s life. For an embryo placement, the child’s complete genetics are connected to another family. Thus, it is important that parents learn as much as they can about the donors they are ‘inviting into their home,’ accept that another person or family is helping to conceive the child, and that the child may have life-long genetic, social, and emotional connections to that family.

Earlier in my career as a social worker in the infertility and donor world, there was very little information, if any, provided regarding the anonymous donors. Sperm and eggs came privately or with very basic medical information. This has now changed. Resources are now available to select a donor’s genetic material based on social, psychological, and medical information, including pictures, videos, and audio tapes, and identified donors who can be available for medical emergency and as social contacts at a later date. In embryo placement, there are open arrangements so the genetic family and prospective adoptive family know about each other and continue to be a resource for both families as their children grow in understanding their particular stories.

**Education**

Whether traditional adoption, donor conception, or embryo placement, education of prospective parents is mandatory. Educational resources are increasingly available, including books, children’s books, the Infertility Network from Canada, and the Donor Sibling Registry (see Figures 2 and 3). All of these resources have Internet connections for those in the decision-making process and families who are parenting children, and also include messages from those who came to a family by donor conception. It is important to learn from those who have come before us so parents can become effective advocates for their children.

In adoption, it is positive for families to announce their decision to their family and friends to gain their support. Because a donor conception includes a pregnancy in the family, the question of whether to go public is more difficult. While families desire some privacy regarding personal decisions, it is well known from family systems theory that secrets cause problems. From my clinical experience, it is generally best that couples who are successful with a donor conception share with family and friends. It benefits the family to celebrate the unique arrival of this child and to share in the celebration because this will be a very important part in the child’s story.
Legal Issues

Legal issues with donor conception are evolving. Many states have legislation regarding sperm donor insemination, few states have legislation regarding egg donation, and only one state has legislation regarding embryo placement. In the Kansas City area, both Kansas and Missouri have legislation for sperm donation. There is no legislation for egg donation or embryo placement. In my practice, we recommend a stepparent adoption in egg donation and a full adoption for embryo placement with an adoption decree. Recognizing what legal liabilities are present for a child born by donor conception in the state of residency provides for the child's security.

The Child's Story

Beginning the Story

The basic need of a child brought to any family is a positive attitude about his or her conception, birth, and family. Accepting the child as an individual with a unique, genetic history is a crucial factor for donor conceptions. The parents’ decision to bring a child into their family by donor represents the first step for creating a positive story. As in traditional adoption, it is the parents’ job to tell all they know regarding their donor conception to help the child understand. There is an attachment process during the child’s growing years, which is enhanced by honest stories about how the child came to be. We want a child/adult to say they do not remember being told because they always knew how they came into the family.

Infancy

During the child’s infancy is a time for parents to practice talking to their child with positive language and feelings. “We so wanted to be parents. We were meant to be your parents. We are so happy that we got help. Many people assisted us in your coming to our family, especially our donor.” Tone of voice communicates pride, love, and celebration, explaining, “We have so much to tell you and we are so excited for you to understand how you came into our family.” Continue the positive language and talk basically throughout the child’s growing years.

Early Childhood

Some details can be helpful in the understanding process for the child in early childhood. Children in this stage are more aware of the world around them and basically understand the concept of “family.” By this age, children will be able to tell you who their family members are and how they are related to each other. They do this by family experiences and being exposed to different families. This is a great time to start reading storybooks, and many are available. The Web site www.XYandMe.com contains a series of 16 books that begin and end the same, with not being able to have a biological child, to the joy of having a child. The middle section describes the child’s particular reproductive method for coming to the family. It is also a good idea to put a beginning book together of pictures of the child coming home. These pictures should include parents wanting a child, waiting for a positive pregnancy test, the clinic where the parents received assistance or picture of the sperm bank and/or egg facility, the doctor’s office, pictures of the donor and/or genetic family, and pictures throughout the pregnancy and birth. This book will start the child from his or her beginning, which includes the parents’ decision, individuals from whom they received assistance, and the helper/donor who gave his or her genetics for the child’s life. For a known donor situation, actual pictures of the family member, friend, or extended family can also be provided in the book. The message is clear, that “we wanted to have children in our family, we worked really hard for our children to arrive, and we accepted and celebrated the assistance of many people.”

This is also a time to look for opportunities to point things out to children as they learn about the world around them. For example, “This is a fire station, where firemen help people when they are in an emergency.” “This is where we went when we needed help for you to come into our family.” “This is the hospital where you were born.” Showing the child these places provides images and concrete facts along the way. This is also an excellent time to be talking to the child about the many ways that children come into a family. Todd Parr (2003) has authored many books about families and the importance of the love they share with each other.

Middle Childhood

During the middle years, as in adoptions, children have many questions. These can occur when driving the car, seeing a pregnant woman, or standing in line at a grocery store. Parents are wise to “go with the flow” in terms of these questions. Parents do well to keep the conversations active in bringing up the subject from time to time. The healthy message is that this is a comfortable subject to talk about, and it is okay to ask questions. Girls tend to ask questions earlier than boys. As children move into the questions of how babies are made, more factual information can be shared. Generally during this time, the “ah-ha” moments will occur, and children will figure out what “donor” actually means and then understand this genetic connection to another.

Sex education received from parents and schools is now starting to make more sense: They have inherited genes from the donor and may now begin to question who their ‘real’ parent(s) are. The questions “What is real?” and “Who is real?” come into their thoughts. The realization of who they are and who their identity is to become is not a shock because of all the early telling. However, there is some sadness when children actually understand that one or both of their parents is not genetically connected to them.

During this time, the child will ask lots of questions, and the parents will provide them with information. It is best to share most of this information before the adolescent years. In this way, children can put the puzzle pieces together as they work on identity formation. In our experience, girls are more likely to ask lots of questions; boys tend not to want to be different and may not display curiosity. All extremes are possible from not wanting to talk about it to talking about it frequently.

The best parental stance is to keep the communication lines open and answer questions with as much factual information as possible. If the child asks a question about the donor, and the parent does not have the information, it is best to have empathy for the child and say, “I wish I could answer that question. If I were you, I would want to know, too.” In an open, identified donor or a known donor situation, it may be helpful to write the questions down so the value of the child’s curiosity is validated. The parent can assure the children these questions can be asked of the donor.

Adolescence

As children move into their teenage years, they will
learn about science, reproduction, and deoxyribonucleic acid (DNA) in school. For some children, this will simply be academic information. However, donor children will identify these scientific concepts with themselves. Most adults remember when, as adolescents, they thought, “Parents don’t really know anything. I am so different from them.” The psychological task in adolescent years, as discussed by Erikson (1968), is to individuate, to become a person with individualized needs, tasks, and freedoms. Teens want to find out how they are similar and different from their parents and how they became a unique individual. Donor-conceived children also have to figure out how they are similar and different from the genetic donor. These questions will often challenge the non-genetic parents’ authority, which may produce anxiety for parents. The adolescent may say things like “You are not my real parents.” It is best for parents to understand the teenager’s quest for identity without becoming defensive. Parents need to continue to distinguish between the facts of the teen’s conception from the normal responsibilities of parenting.

A teenager who now chooses to share information with his or her peers may cause concern for parents because not everyone will understand (or approve of) how the child came to their family. This is a very fine detail because parents want to ensure their teen has pride in him or herself. Some parents might have chosen to maintain more privacy about the methods used for conception. The child, however, is really in charge of who is told, and there may be some surprises along the way.

Summary

Parents who use donor gametes should feel firm and entitled to say they are this child’s parents. Health care providers (doctors, nurses, and social workers) must help these parents. Their decision to bring a child into the world creates continuous consequences for the whole family. The parents’ responsibility is to attach, parent, and educate, and the child’s responsibility is to ask questions to form an identity and find ways to feel secure about the individual he or she is becoming. Participating as the child’s advocate presents many joys and celebrations, as well as many challenges. Pediatric nurses can help families resolve infertility issues and obtain education about donor conception. This advocacy provides the freedom for parents to be proud of their decision, attach to the process, and rejoice for the child who comes to their family. This is a true blessing for everyone.

References


Last week I witnessed a private interaction that needs to be seen by a wider audience, for it addresses the fallacy that if adoptees are happy and connected to their (adoptive) parents, it follows that they will not have any adoption issues. Can there be a “Happy/Sad” of adoption?

At the request of the question asker and with the permission of the question answerer, I share their exchange here.

**Question (from an adoptee):** Can you see the distinction between how an adoptee feels about their own adoption and how adoption is practiced now? Can you explain in words others can hear that an adopted person who had a “good experience” can actually have serious concerns about adoption today and speak out about it?

**Response (from an adoptive mom):** Of course the personal adoption experiences of the hundreds of adoptees I’ve come to know vary greatly. Yet a constant theme I hear is a feeling of wanting to belong, to be loved and cherished. (Sidebar: how is that different from any of us?)

Their future trajectory can be greatly impacted with how their individual sense of self is nurtured during childhood. A vast majority of the adoptees I know love their parents tremendously and deeply, but that has really nothing to do with also wanting their own truth. I know countless adoptees who struggle with wanting to bring their adoptive parents IN to their inner turmoil, but are extremely concerned that their efforts will be misconstrued, feelings will be
I know for me as an adoptive parent that we love our kids SO much, we want that love to be ALL they need. But it’s not, and in most cases, never can be. Parenting is for the long haul and it’s good to remember and recognize that little hiccups along the way are normal for any family.

**Love and Sadness**

Yet we adoptive parents have additional layers that we have to accept. When we as a society (and as parents) began to LISTEN to the adoptee voices out there, we could understand that even with a huge and unending amount of love, there can still be a deep, unexplained sadness within our children.

We’re often unprepared for this sadness, whether our kids know their birth families or not, because when many of us adopted our children, our training came from agencies that were grounded in the closed-adoption model, even if they had begun to stress open adoption. It was so easy for everyone to focus on that magical outcome — bringing home our baby.

**Needs: Theirs and Ours**

I am ashamed to admit that before adopting, I was focused on my own desire to “feel whole” by being a mom. I knew how I would love, cherish, nurture, and provide a great life to a child (and we did) but inside I wanted to own all that. (Others couples who become pregnant are allowed those feelings of desperately wanting to experience parenthood, but we as adoptive parents can be made to feel very guilty for having these same feelings. That’s where some hurt can begin to creep in.)

Despite all the love we have for our son, sadness and hard talks still came. We ventured down an openness path unprepared. I swallowed up books by James Gritter and others to get some sense of the walk we were on. I sought out resources and LISTENED and LEARNED, mostly from other adoptees.

Having an open adoption solved a lot but didn’t solve everything. My son is now 24, still means the world to me, and we’re closer than ever. Still an inner sadness remains. That’s a heartbreak for a mom who loves her son so much. And so I get the denial and the hurt from the parents’ side of things. By and large, our hearts HAVE been in the right place. Yet we are not always able to give them everything they need. They NEED sometimes to search and see the faces that may look like their own. They NEED to hear their chapter one from the people who know it from the actual beginning. They NEED more than us, and we NEED to be okay with that.

**At the Heart of the Need**

A few years ago, a middle-aged adoptee and I were having a cup of coffee. She had long been reunited with her birth family and had told her story publicly. She looked me in the eye and said, “Can I ask you something that I’ve always wanted to know from my adoptive parents?” I said, “Of course.” Her words hung over our table.

“Are we enough?”

I looked deeply back at her and replied, “Yes. A resounding Yes. YOU. YOU. Exactly YOU are the ones your parents wanted to raise and be their daughter. You were not second best. Or their second choice. YOU. YOU were THE ONE.”

From that day forward, I made this point clear to my son YOU. I am grateful to be YOUR mom.

When an adoptee’s voice is squashed as being ungrateful and unappreciative — and diminished as too sensitive or overreacting — their loss is magnified. We as parents should spend our time learning about and supporting those
very common feelings. It can’t be about our feelings anymore. Once we filled our crib, many of us were sent us on our merry way, often ill-prepared for adoptive parenting. We must give the microphone to the adoptees and let them speak to us and teach us.

If you’re lucky enough (as I was) find a nonprofit organization whose dedication is about the lifelong journey and where all voices are appreciated, GO. Be in the room. Be kind. Listen to the voices who can teach. Advocate to make adoption better by recognizing that love and loss can coexist side by side.

*Linda is an adoptive mom who was among those who embraced open adoption early in the movement — in the 1990s. Reach Linda directly via openadoptmom@gmail.com.*

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Donor Families Connecting: Love or Fear?

By Wendy Kramer

I think that many of the choices we’re faced with in life offer us opportunities to choose between love and fear. After running the Donor Sibling Registry for 15 years, and facilitating tens of thousands of half sibling and/or donor connections, I see these choices very clearly. We’ve been able to watch so many first-degree genetic relatives, who are essentially strangers to each other, decide whether to connect, and then maneuver through defining this newfound family.

Brittan and her parents along with egg donor JoLana and her two daughters, with Katie Couric

Getting to spend time with Brittan and her parents Janet and Jim before, and after the Katie show was inspiring. Because Jim has a genetic connection to
his daughter, I was more focused on Janet, Brittan’s mom, as many non-
genetic parents in donor families seem to struggle much more with the idea of
their children connecting with donor relatives. When we watched Janet, we
saw a confident and strong parent. Did she have fears and hesitations? Yes,
most certainly. Did she realize that the benefits for her child would largely
outweigh any concerns she might have had? It sure appears so.

We watched Janet be empowered as a parent, and witnessed her confidence,
love, and support. She had the grace to not only meet, but to completely
embrace her egg donor JoLana (on national television no less!) We felt her
sense of gratitude, and wonder, as she looked into the eyes and held the
hand of the woman who made it possible for her to have her beautiful
daughter. There was not a dry eye in the house.

While some donor offspring and their parents are overjoyed to connect with
their half sibling and/or donor families, some parents seem to struggle much
more with the idea of their children connecting with donor relatives. Decisions
about donor conception, including the ones about connecting to unknown
relatives, can be complicated, but I suggest we can simplify these decisions
down to just two choices, love or fear.

Fears might include complicating your life, or opening your family up to a
situation that might be out of your control. The truth is that as your child grows
up and heads into the world, these concerns, as well as a plethora of others,
are realized regularly, in our everyday lives of raising children. So we can
keep our kids safe, at all cost, or give them opportunities to expand
themselves in the world, and learn about their own power, strength, and their
ability to open themselves up to love.

Making a big life change
is pretty scary.

But, know what's even
scarier?

Regret.
Certainly, when faced with opening our lives to unknown genetic relatives, parents might feel fear, confusion or worry. We can make choices solely based on these feelings. We can let our feelings of insecurity as parents hold us back. What if my child doesn’t like them? What if they don’t get along or have much in common? What if my child likes them better? How will the dynamics of our family be changed? What if my child realizes that I haven’t been a “perfect” parent? None of us have been “perfect” parents- and meeting the donor isn’t going to “out” this fact (those with teenagers can count on them to do this!).

We have the opportunity in these situations, to make our choices coming instead, from a place of love. We can choose to see the opportunities in reaching out and connecting, cautiously and carefully, expanding our child’s, and our own sense of family. We can be open to this new idea of family and see how it actually might strengthen our relationship with our child, not threaten it in any way. As parents, we can be confident and strong.

Will we have some fears and hesitations? Yes, most certainly. But we can realize that the benefits for our children can largely outweigh any concerns we might have. There are no guarantees of perfect family bonding, just as in any family, not everyone bonds or connects. But these connections do have the ability to empower us as parents and give us another platform in which to show our children confidence, love, and support when meeting and embracing this new family. Honoring our children’s right to explore these new half sibling and/or donor relationships can only strengthen our own bonds with our children. And when meeting donors, having our children witness our sense of gratitude, can be a profound and life changing experience for all.

Parents can, and should put the needs and desires of their children to seek out and connect with half siblings and/or donors, above their own fears. This is the ultimate sacrifice that parents make for their children. It is also the greatest gift we can give to our children, and to ourselves.

There are two basic motivating forces: fear and love. When we are afraid, we pull back from life. When we are in love, we open to all that life has to offer with passion, excitement, and acceptance. We need to learn to love ourselves first, in all our glory and our imperfections. If we cannot love ourselves, we cannot fully open to our ability to love others or our potential to create. Evolution and all hopes for a better world rest in the fearlessness and open-hearted vision of people who embrace life. ~ John Lennon

Follow Wendy Kramer on Twitter: www.twitter.com/DSRWendy
'Embryo adoption' gives 2 families biological siblings

The Pohl and Petersen families from left to right, 17-month-old Enoch Pohl, his mom, Kryna Pohl, brother Amos Pohl, 3, and dad, Bert Pohl, along with Louisa Petersen, 5, center, her dad, Tom Petersen, brothers, Lucas Petersen, 7, Andy Petersen, 9, and their mom, Anabelle Petersen, right. Kryna Pohl, Amos and Enoch’s mom gave birth to them from implanted embryos created in 2006 by Anabelle and Tom Petersen. Andy was born as a result of in vitro fertilization treatments. (Howard Lipin)

When she met 16-month-old Amos Pohl in 2014, Anabelle Petersen felt an instant bond.

“All my children do this with my hair,” she said, twirling a shoulder-length strand, “and he did that.”

The family ties are genuine but, like Anabelle’s hair, somewhat tangled. A few years ago, the Petersens of San Diego and the Pohls of Harrison, Ark., were complete strangers. Now, they are an extended family fused together by technology. Since 2012, Kryna Pohl has given birth to two boys, both from embryos created in 2006 by Anabelle Petersen and her husband, Tom Petersen.

Last week, Kryna and her husband, Bert, took their sons Amos and Enoch to San Diego. The visit has two goals: Visit the boys’ biological siblings, Andy, Lucas and Louisa Petersen; and adopt one more Petersen embryo.
“This is our family,” Bert said, as the boys tussled in a park on Mission Bay. “It’s just a little broader than most families.”

For infertile couples, in vitro fertilization has been an invaluable tool, resulting in more than 5 million births. As practiced in the United States, though, IVF also results in a surplus of embryos. What to do with these embryos, now estimated at 600,000, is a contentious subject, touching on thorny questions.

Are these human lives or potential human lives? What, if anything, do adult creators owe to their unborn creations? Is it wise to tell children that Mom and Dad are not their biological parents? Should you explain that birth order determined which siblings grew up in which state, city or household?
Tom Petersen spent nights on his living room couch, praying and crying, tormented by visions of future confrontations.

“You are my biological dad,” an imaginary specter said. “Why did you give up on me?”

Yet there were also moments of joy, when the Petersens marveled at this chance to give the gift of life.

“I was euphoric; it was very spiritual,” Tom said. “Then I would feel, you are going to lose that child...”

The children they wanted

Growing up in Los Angeles, Tom Petersen dreamt of a career in the movies. That wasn’t to be — he and Anabelle run Best Dry Flood & Mold Specialists — but his romance had a Hollywood-worthy start.

On Memorial Day weekend 1999, he was walking his dog on Mission Bay. A Brazilian tourist strolled over to admire his dog. Tom admired the tourist. When he spotted her a few days later, he asked her to dinner at Ichiban. The date went well.

“We closed the place down,” Anabelle said.

They drove through the balmy night to Windansea, Neil Diamond on the radio. “I kissed him,” Anabelle said.

They were engaged within eight months, married in little more than a year. They assumed children would follow just as quickly, but years passed without any babies.

In 2006, they started in vitro fertilization treatments. From Anabelle’s eggs and Tom’s sperm 18 embryos were created. A specialist evaluated each
embryo, setting aside six that had been graded A-plus. One was implanted in Anabelle; the other five were frozen.

In 2007, Andrew Petersen was born.

Given the couple’s history, birth control didn’t seem necessary. But just 14 months after Andy’s arrival, Anabelle felt a familiar sensation. Lucas was born in 2009.

Anabelle invested in an IUD. Nonetheless, Louisa was born in 2011.

The Petersens had the three children they wanted — and five frozen embryos they didn’t know what to do with.

While Tom engaged “in a conflict between my ego and my better self,” Anabelle tried to ignore the issue. Two toddlers and a newborn demanded all her attention and energy. One morning, she broke down sobbing in the shower.

“Why do we have to make this decision?” she thought.

Another thought flashed through her mind: “They are not yours, Anabelle. They are a gift from Me.”

In March, the Petersens found an agency that seemed ideal for their purposes: Anaheim’s Snowflakes Embryo Adoptions, part of Colorado-based Nightlight Christian Adoptions. The couple filled out forms, indicating their willingness to have their embryos adopted.

In December, they received word from Snowflakes that a couple had been prescreened. Since this would be an open adoption, though, the final decision would rest with the Petersens.

Traveling to California to meet the Petersens, the Pohls fretted. Would they be approved?
“Love at first sight,” Anabelle said.

‘Donation’ or ‘adoption’?

As a seminarian in Michigan in 2003, Bert Pohl was chronically short of money. To ease the financial strain, he and his roommates took in one more tenant. Bert noticed that the newcomer’s sister, Kryna, helped her brother move in.

“And that was it,” Bert said, “at least for me.”

Bert and Kryna married in 2004. The rookie minister and his bride moved to Scotland to shepherd a Presbyterian congregation, then Canada for a similar assignment. They wanted children, but their efforts were in vain.

In 2011, they contacted Snowflakes. The Pohls were interested in embryo adoption.

Or was that “embryo donation”? The terms are emotionally and politically charged. In 2009, the American Society for Reproductive Medicine’s ethics committee argued against using “embryo adoption,” as “adoption” is normally applied to people.

“Embryos are deserving of special respect,” the committee noted, “but they are not afforded the same status as persons.”

The society also opposed home visits and other requirements “simulating those of legal adoption.”

“The donation of embryos for reproductive purposes is fundamentally a medical procedure intended to result in pregnancy,” the committee’s report ruled, “and should be treated as such.”
There’s also the fact that, often, there’s nothing to adopt; many implanted embryos die in the womb. “These are not children, they are embryos,” said Mary Devereaux, assistant director of the research ethics program at the UC San Diego medical school and chief of bioethics at Rady Children’s Hospital.

“You are giving a couple a chance, and the embryo has to be implanted. Then it may or may not work.”

At Snowflakes, though, the term has been “embryo adoption” since this program opened in 1997. With a 40 percent success rate, Snowflakes has helped bring about 463 healthy births.

An “embryo donation,” argued Kimberly Tyson, is what happens when a woman is implanted with an embryo from an unknown source.

“The doctor will make decision and the donor family will not know where the embryo has gone,” said Tyson, Snowflakes’ director. “There’s a significant difference here, from the vetting process, the home study and the donor family choosing the adopting family.”

The Petersens chose the Pohls. In December 2012, Amos Pohl was born. Almost two years later, Enoch followed.

Both births were celebrated by the babies’ California siblings and biological parents.

Love and ethics

This is one big, open, unusual, happy family. Last week, the Pohls and Petersens met in person for the fourth time. At every gathering, the Pohls notice more family resemblances.

“Oh, yeah,” Bert said.
“One hundred percent,” Kryna said.

Enoch’s expressions and determination remind the Pohls of Louisa Peterson. Amos looks a bit like Lucas.

“The kids really relate to each other,” Kryna said. “They’ll always be siblings.”

There are practical reasons why it’s preferable for these children to know each other and their ancestry. Genetics play a big role in your health, so it’s key to know the medical history of your parents and grandparents.

In many ways, though, this is uncharted territory. “There’s the whole psychology of this. The truth is we don’t know how the kids will react as they get older,” UC San Diego’s Devereaux said. “What if one kid falls in love with the other?”

Then there are questions about the nature of families — and life itself. While the Catholic Church has not taken an official position on embryo adoption, it has condemned in vitro fertilization in part because of the production of excess embryos.

“From a moral standpoint, here we are going to create 10, 15 human embryos and then select the healthiest,” said John Di Camillo, staff ethicist at the National Catholic Bioethics Center in Philadelphia.

This smacks of eugenics, he said: “Evaluating life in terms of physical characteristics, we dismiss the ones that seem weaker, disabled, less likely to have a healthier outcome.”

In seminary, Pohl studied embryo adoption. The Presbyterian Church has no moral objection to it, and neither does he.

“Once they are conceived,” he said, “you are going to treat them like a person.”
Still, even after the Pohls’ current visit, the Petersens will have three more frozen embryos. What will be their fate?

“We are open to having them all,” Bert said, “if they all work out.”

“We’d like a big family,” Kryna said.

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Question: For adoptive families who do not have contact with birth families due to a variety of situations — perhaps their child was adopted internationally or through a relinquished/closed domestic infant adoption, and they did not receive much if any info about the child’s birth family — what would you recommend for how to raise their child and talk about their adoption story, knowing that they do not know much about their child’s past and there is no contact with the birth family? What issues should parents and professional look out for, and how can we all best support these kids?

— Kim, adoption professional
Guest advising today is Gayle Swift, founding member of GIFT, Growing Intentional Families Together. Gayle is an author, coach, and adoptive mom to two grown children.

**Counterbalance Fantasy with a Cohesive Narrative**

**Dear Kim:** It’s so great that you’re looking out for your clients and their children. As we know, children yearn to hear their story. They hunger for details—large and small—and seek affirmation of their pre-adoption life experiences. We must honor and share their journey.

When information about a child’s history is absent or incomplete, through a combination of detective work and supposition parents must piece together a cohesive narrative of the child’s pre-adoption life. In the absence of facts, children will develop fantasies. Wild fantasies. All kids do this but it may lock them in a negative perception and prevent them from moving forward. We must counterbalance their fantasy with their truth. This can be done with compassion, respect, and validation for what our children have faced.

**Release Shame with Light and Like**

Talking about the people and events from their past helps children process early
experiences and reduce shame. If not discussed, kids may assume it is too ugly, too shameful, or too much for the family to bear. Retelling their story helps them believe they didn’t deserve and aren’t defined by their past; that they are capable of becoming a loved member of their family; that they aren’t permanently tainted by this adversity; and that we can hear and know their truth and commit to nurturing them through it. We acknowledge and celebrate their capacity to survive. They are the heroes of their life story.

Beth O’Malley, MEd (adoptive parent/adoption professional) wrote *Lifebooks: Creating a Treasure for the Adopted Child*, which is filled with practical suggestions, templates and sample pages for telling the child’s story. The lifebook differs from your child’s adoption story because it begins before the adoption. It is based on the facts—and/or the best suppositions of the circumstances—of your child’s life. (Clearly distinguish between facts and guesses. This avoids a breach in trust when the child discovers the fiction.) Create it as a family project. If documents and photographs aren’t available, illustrate the life book with pictures from magazines.

If you decide to place a positive spin on difficult circumstances and experiences, be careful not to invalidate the truth of the child’s losses. Treat birth parents, relatives, or caretakers with respect. Distinguish them from any bad choices or actions. Some international histories include abandonment. Mention how other countries have cultural practices and rules different from those in the US. Explain how difficult, unsafe circumstances, lack of resources, skills, family/friends to help their birth parents made it impossible to safely parent any child. Emphasize that it was not the child’s fault in any way. For more on life books read Beth’s post on *difficult adoption topics*.

Children’s books showcase others who face similar circumstances and thus make kids feel less alone. Books are a powerful resource that should reflect your child’s particular experiences—or as close as is possible. For international adoptees consider *Kids like Me in China* by Ying Y ing Fry and *Three Names of Me* by Mary Cummings. Both explore the cultural/political/economic factors that can result in a child’s adoption. They address them with empathy and without judgment.

Keep adoption books accessible so your child can raise the subject simply by plucking the book of their shelf. This is easier for them than asking permission to discuss difficult stuff. They can also revisit the book privately whenever they want. Kids need frequent reassurance that it’s okay to discuss adoption (including both gains and losses.) Parents should routinely suggest adoption books but tune into a child’s mood; never force adoption conversations.

Story telling connects a child to his entire story — the happy, sad and the ugly. *Connecting with Kids through Stories* by Denise B. Lacher offers strategies for parents to become agents of healing their child through therapeutic narratives. Stories are told in the third person, through a character whose history mirrors the child’s actual life experiences. (This allows the child to listen and absorb the story without feeling threatened or judged.). Read more about this resource.

Finally, your relationship with your child is the most important thing. Even when the truth is painful either because of what is known or what remains unknown or unknowable, always be truthful.

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*Gayle is a co-founder of GIFT Family Services, an organization that provides coaching services to families before, during and after adoption. She writes two blogs: Growing Intentional Families Together, which discusses coaching strategies for adoptive parents, and Writing to Connect, which reviews books through an adoption-attuned lens. With her (adopted) daughter, Casey, Gayle co-authored the award-winning picture book, ABC, Adoption and Me: A Multicultural Picture Book. Look for Gayle on Twitter and Facebook.*

My 2 cents
Share What you Do Know. As Gayle suggests, give your child his/her story in an age-appropriate way, even if you’re delivering a difficult piece of it. Be as matter-of-fact as you can so that your own alarming emotions don’t bleed through. This requires you to identify and resolve your own triggers, as I so often recommend. Emphasize that you will keep your child safe and secure from now on. Forever.

Support your child while she grieves her loss. Whether your child is aggrieved by finding out something or by not being able to find out something, you can’t protect her from all sadness and hurt, nor should you. Instead, you abide. You support. You listen. You empathize. You uphold the probability of resilience. You connect.

The time may come when you can fill in the blanks. The Internet and advances in DNA technologies have made once-impossible connections possible. Your language should be tempered with phrases like, “for now we just don’t know” or “we don’t know what may come, but right now this is what we have.” Leave doors open for discovery.

See also: Withholding Information From Adopted Kids (see especially the comments)

Dear Readers, what say you?

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About this Open Adoption Advice Column

- I may occasionally call on others to help with answers, to tap into group wisdom.
- I am not trained as a therapist. Please do not rely on words in this space to make your own major or minor decisions.
- Readers are encouraged to weigh in thoughtfully and respectfully. I ask everyone to remember that this is a teaching endeavor rather than a shaming endeavor, and that we aim to bring light rather than heat. It’s my belief that people do the best they can with what they have to work with, and our goal is to give folks more to work with.

Send in your own open adoption question. I’ll either offer an answer or find someone who can address your issue.
Are Donor-Conceived Children "Normal?"

Dawn Davenport, Executive Director, Creating a Family

Researching the emotional health of donor-conceived children.

People have speculated for years that families and children conceived through third-party donation (donor sperm, donor egg, donor embryo, and surrogacy) would be less attached, have different parent-child dynamics, and be less psychologically adjusted than families with teens that were conceived "naturally." The research is beginning to address these concerns.

As the mom of teens and adults, I'm wary of research on "how the kids are doing" that looks only at young and elementary school-aged children. If we want to really assess the impact of third-party reproduction on kids and families, we need to follow these children and their families into the teen years and beyond.

Adolescence is where kids start wrestling with their identity and the bloom is off the parenting rose, so to speak. If we are going to see differences, it is more likely that these will appear during adolescence. Fortunately for us, some of the research regarding this topic is now being published.

One study presented at the 2015 American Society of Reproductive Medicine's national conference has been following 88 families formed by third-party reproduction in comparison to 57 families formed through natural conception over the course of 14 years. Of the 88 families formed by third-party reproduction, 31 used donor sperm, 28 used donor eggs, and 29 used a surrogate. Both the mother and the adolescent of these families were interviewed and asked to fill out questionnaires.

Adolescents who were aware of their third-party conception showed a clear understanding of it, with the majority expressing a a neutral or indifferent attitude.

The researchers of this welldesigned study used standard measurement tools to assess:

- parent psychological well-being
- parenting and family functioning
- adolescent psychological adjustment

The data showed that no significant differences were found between families who conceived through donor insemination (sperm donation), egg donation, and surrogacy compared to those families who conceived naturally.

Some have expressed concern that families formed via third-party reproduction would differ in parenting quality, attachment, and psychological adjustment. The results of this study and others indicate that these families are highly functioning in relation to parent psychological well-being, and the quality of adolescents' relationships with their parents. Parents who used donor sperm, donor eggs, or surrogacy are not more likely to reject their child or have increased strain in
parent-child relationships during adolescence. The teens did not differ from naturally-conceived teens, regardless of whether they knew how they were conceived or not.

**Did we need to tell the kids?**
The researchers also wanted to know how the teens who had been told of their conception were doing and if they differed from the teens that didn't know.

Some of the third-party reproduction parents in the study had disclosed to their children how they were conceived: 39% of donor insemination families, 64% of egg donation families, and 86% of surrogacy families. Some were told as young children and a few were told over the age of 10 (3 donor insemination families, 5 egg donation families, and 1 surrogacy family told their children how they were conceived when they were 10 or older).

Adolescents who were aware of their third-party conception showed a clear understanding of it, with the majority expressing a neutral or indifferent attitude. They did not differ in their psychological adjustment from those teens conceived via third-party reproduction who had not been told, or those teens conceived naturally.

This, my friends, is what we’ve been saying all along. It is not a big deal to children whether their parents used donor egg, donor sperm, or a surrogate. The big deal is not knowing the truth of how they were conceived. It's important to disclose this information to children of third-party reproduction so they know the full impact of their medical history as they enter into adulthood, but I doubt it will affect their psychological adjustment or relationship with their parents.

For more information on this and other important adoption topics, visit [www.CreatingAFamily.org](http://www.CreatingAFamily.org).