

# BABIES GROW UP (AND OTHER THINGS TO CONSIDER ABOUT ADOPTION AND DONOR ASSISTANCE)

## Table of Contents

	<b>Page</b>
<b><i>INTRODUCTION</i></b>	1
<b><i>COMING TO TERMS WITH THE LOSSES</i></b>	2
THE IMPORTANCE OF GRIEVING	2
ASYMMETRY	3
DEALING WITH INFERTILITY	4
<b><i>THE DIFFERENT WORLDS OF ADOPTION AND ASSISTED REPRODUCTION</i></b>	5
HISTORY	5
DIFFERENT MODELS	6
THORNY ISSUES	7
PERSPECTIVES ON THE TWO DIFFERENT WORLDS	8
<b><i>SHARING INFORMATION ABOUT THE CHILD'S ORIGINS</i></b>	9
THE CHILD'S NEED TO KNOW	10
THE PARENT'S JOB TO TELL – LESSONS FROM ADOPTION	10
ANTICIPATING THE CHILD'S REACTIONS	14
HANDLING THE CHILD'S QUESTIONS	17
<b><i>SUMMARY</i></b>	18

# **BABIES GROW UP (AND OTHER THINGS TO CONSIDER ABOUT ADOPTION AND DONOR ASSISTANCE)**

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Infertility patients often see us as the fantasy babies they have sought for so long. However, they have a difficult time thinking of the baby as an adolescent, teenager, adult, or future parents of their grandchildren. It is hard to think of the future when they look at the empty crib in their nursery. Bill, who describes himself as a DI (donor insemination) adoptee, from *Experiences of Donor Conception*.

## ***INTRODUCTION***

If you are faced with infertility, are single, or are in a same-sex relationship, and you want very much to be a parent, you are probably thinking about the options of adoption and donor assistance. Deciding whether adoption or donor assistance is the better route for you is a daunting task. However, the good news is that one or the other will be possible for the great majority of people. Adoption and donor assistance both offer the satisfactions and pleasures common to all parenting – plus some special responsibilities.

Prospective parents tend to focus on short-term, concrete aspects of the decision, such as timing and cost, while giving less attention to how each will affect the life of their family in the long term. People often say, “We just can’t think that far out; we’ve had so many disappointments.” Or, “I’ll cross that bridge when I come to it.”

I look back and see we were a couple wanting a family, but we were not thinking of babies who become children and adolescents with their own rights and questions. Jenny, quoted in Caroline Lorbach, *Experiences of Donor Conception: Parents, Offspring and Donors through the Years*.

However, no matter how elusive the goal of simply having a child might seem, it is nonetheless important to spend time exploring how each option could affect your family life down the road. In both adoption and donor assistance, it’s not just about you as a prospective parent; it’s about building a family, with a child at the heart of that family. Understanding how each option will play out over a lifetime will inform the decisions you are making now.

Our objective here is to highlight important aspects of adoption and donor assistance, with special emphasis on those with long-term significance for family building. Keep in mind that in some respects our discussion of adoption and donor assistance will pull them out of context and give them more prominence than is appropriate. These are important subjects, but, assuming you go forward with one or the other, this will be only one part of your family's story.

Regarding terminology: our focus here is on adoption and donor assistance but when referring to the field as a whole we will use the more encompassing term "assisted reproduction." Also, with your permission, we will refer to the children as "adoptees" and as "donor conceived children," or "children conceived through donor assistance," but we all know they are simply – children.

As you'll see, our thoughts on this subject are influenced by what we see as important parallels between adoption and donor assistance. Our professional experience, research in the field, and the accounts of people who have been involved in adoption and donor assistance all suggest similarities in the emotional and psychological implications, and we believe that exploring the lessons and insights gained from society's experience with adoption offers value not only to those considering adoption but to those considering donor assistance as well.

## ***COMING TO TERMS WITH THE LOSSES***

Though difficult, coming to terms with feelings about infertility, or about being a single parent, will help you make the best decision for yourself now, and will influence how you help your child later.

## **THE IMPORTANCE OF GRIEVING**

Infertility is a significant loss for all and a crushing blow to many. It can affect a person's sense of well being, marital and family relationships, body image, faith, and finances. For some people, it is the first major obstacle they have not been able to overcome and, as such, can take on special meaning. For others it taps into previous losses, amplifying the effect of both. It is also isolating because of the toxic brew of jealousy, shame, and helplessness it can evoke.

Because infertility is traumatic it can, like other traumatic events, affect the ability to think clearly, make the best possible decisions and move forward from a position of strength. This lack of clarity in thinking may also be true for those singles who are disappointed and confused about not having a mate, and apprehensive about raising a child by themselves.

Why is addressing these issues necessary? Both adoption and parenting through donor assistance address childlessness – but they are not a cure for infertility. Though painful, grieving ultimately helps you to move on either to a child-free

life or to becoming a parent through different means. For some people the process of mourning will be sad but relatively manageable; for others it will be deeply painful.

It's important to mourn the loss of the biological child you expected and hoped for so that you can fully embrace the child you may have. Unless you do this, the child may seem second best instead of second choice, and it may be harder to joyously accept the child for who he or she is.

Infertility has felt like a cruel punishment that has ravaged my soul. In the past nine years I have often felt angry, sad, misunderstood, guilty and confused. Though I now have more peace and acceptance, I still have moments of feeling this way... Infertility is just like a death that requires a healthy amount of grieving to move forward and to find hope again. I am so thankful my husband and I found a way to embrace our pain. If we had not, we could not have given of ourselves to our three beautiful, special sons. Kathryn Lauer Black, [www.e-magazine.adoption.com](http://www.e-magazine.adoption.com)

Failing to grieve can also compromise a parent's sense of entitlement to the child who is not biological, thus making it more difficult to feel competent and empowered as a parent. This can manifest itself in many ways such as difficulty in disciplining or making parental decisions, or feeling proud of your child.

### **ASYMMETRY**

The fact that donor assistance provides the opportunity for one parent to have a genetic connection to the child has some obvious benefits to all, including the fact that there are fewer unknowns in terms of background and more control over the prenatal environment and pregnancy. It does, however, create asymmetry in the relationships to the child. In some cases this may predispose the nongenetic parent to feel "left out," or the genetic parent to feel more "entitled" as a parent. In the case of female infertility, pregnancy and birth may be helpful in redressing the imbalance for the mother. However, if left unaddressed, feelings generated by the asymmetry can be damaging to the parent/child and marital relationships.

In adoption parents share the same status because neither has a genetic connection to the child. This may sometimes have benefits in terms of family dynamics. On the other hand, the child has no genetic tie to the family. The fertile parent loses the opportunity to have a genetically-related child, and for some people that is very difficult. The spouse or partner who is infertile may, particularly in times of stress, feel guilty about this. The fertile parent may have difficulty acknowledging his or her loss, worrying that it may be hurtful to their mate.

## **DEALING WITH INFERTILITY**

So how does one address such a loss? Although space does not allow us to delve into this question to the extent it deserves, we will make a few comments that might be helpful.

- First, realize you are not alone. Seek out others who are on this same journey, read books and articles, join support groups.
- As with all kinds of grief, allow yourself to acknowledge the feelings. Realize that anger, depression, and anxiety are normal responses to the pain, uncertainty, and isolation that accompany infertility.
- Remember men and women usually handle this experience quite differently and may make decisions about options differently.
- In *Unsung Lullabies*, Diamond, Diamond, and Jaffe provide a helpful framework for the grieving process with their idea of the “reproductive story” – namely, our conscious and unconscious expectations of what parenting will be like. Even more helpful, perhaps, is their focus on coping skills that includes the idea that the goal is to “rewrite” the story to incorporate ways of becoming a parent that you didn’t imagine when this journey began.

People ask how they will know when they have “resolved” their infertility. The truth is that the issues of infertility stay with people throughout their lives. Even when you are a parent, you may find times when you are reminded of the role that infertility has played in your life.

A participant in Barbara Eck Menning's study, *Infertility*, puts it this way:

My infertility resides in my heart as an old friend. I do not hear from it for weeks at a time, and then, a moment, a thought, a baby announcement or some such thing, and I will feel the tug – maybe even be sad or shed a few tears. And I think, ‘There's my old friend.’ It will always be a part of me.

But there will come a time when you will know you have done the really hard work of dealing with infertility, when you find you are more excited and energized about the prospect of becoming a parent than focused on how exactly that happens.

Now that we’ve covered the importance of addressing the losses involved in infertility or being a single parent, let’s move on to another threshold topic, namely the different worlds of adoption and assisted reproduction – before addressing the parenting issues. Understanding the context in which each

operates explains not only differences in terminology, but more importantly, why the perspectives, and even values are somewhat different.

## ***THE DIFFERENT WORLDS OF ADOPTION AND ASSISTED REPRODUCTION***

As you think about adoption and donor assistance (a form of assisted reproduction), keep in mind that these two paths to parenthood are at different stages in their evolution. By being aware of the respective histories and models you will be able to better understand differences in vocabulary, settings, roles of professionals and values. This in turn will enable you to identify the implications of each option for you and your family.

### **HISTORY**

The differences between these two choices begin with the histories of adoption and assisted reproduction. Adoption has been around for a long time whereas assisted reproduction has developed more recently. This helps to explain some of the contrasts between them.

### **Adoption**

Adoption is a deeply-rooted institution which many value as meeting the needs of society, children and parents. Stories about adoption are everywhere. Adoption themes show up in fairy tales and literature, illustrating the hold that these themes have on the psyche. Moses, Superman, and Dave Thomas (Wendy's) are a few of the many famous people associated with adoption (see <http://celebrities.adoption.com>). Most often books and stories reflect a positive attitude towards it and respect for those who adopt. This exposure serves to inform people about adoption.

Adoption functions within an extensive framework of policy and practice. However, adoption thinking has changed significantly in the past 30 years, and practices in the field have been altered accordingly. The voices of adopted persons and birthparents began having a significant impact in the 70s and 80s. Organizations that developed to represent their points of view highlighted the fact that adoption is not an event but a process with life-long implications, and they called for more openness and access to information. Adoptive parents and professionals initially resisted these proposals, but reforms were implemented as it became evident that they offered substantial benefits for children and, by extension, their families.

### **Assisted reproduction**

Assisted reproduction has a relatively brief history. Although donor sperm was first used at the end of the 19th century, donor egg technology dates back only about 20 years. Because of the short history and privacy protections granted to

donors and patients, people considering donor assistance often have little to draw on in terms of information about how the use of donor gametes plays itself out in a family's life.

However, changes are afoot in the area of donor assistance. Public discussion and openness have been increasing. The use of donor sperm by single women and lesbian couples who are open about their choice is one factor leading to more dialogue. The emerging voices of those conceived through assisted reproduction are also having an impact. As was the case in adoption, some individuals conceived with donor gametes are advocating change, contending that the child's interests should be accorded more attention. Parent groups such as the Donor Conception Network are addressing the needs and interests of parents, children and donors. Continued debate and growing public awareness of these issues could have an impact on the field of assisted reproduction. It seems likely that in the coming years there will be a movement around the rights of the donor-conceived person similar to the movement for adoptee rights.

## **DIFFERENT MODELS**

Not only do adoption and assisted reproduction have different histories, each also has its own distinctive style of operation. For the prospective parent this means having to evaluate the pros and cons of two very different experiences. However, policies and practices are subject to change, and as noted the assisted reproduction model in particular could undergo modifications as time goes on.

### **Adoption**

Adoption works within a social/legal framework designed to protect the interests of the child, and to balance the interests of the prospective parents and birthparents. The focus is on the process of building a family, which is seen as a system with the child at its center. This system is often referred to as the "adoption triangle," or "adoption circle" – adoptive parents, birthparents, and child. The government is involved in setting standards, formulating policy, tracking outcomes and doing research on adoption. As a result, there are multiple bureaucracies involved in adoption which are usually effective, though slow and often frustrating.

### **Assisted reproduction**

Assisted reproduction is based on a medical/business model. It focuses on fixing a medical problem; the goal is a viable pregnancy. The intended parent and the donor are the patients; the needs of the donor-conceived person are usually not part of the picture. Patient autonomy, privacy and measurable success are valued, which leads to a relatively short-term perspective. This means that patients eager to have the long-desired child often move quickly from in vitro fertilization (IVF) to donor assistance without stopping to consider the long-term implications for the family they will create. The uncertainty of a successful

outcome also means prospective parents find it harder to spend time visualizing life as a family and the child as a real child. Responsible practices do encourage people to look forward, but because the model is a medical one, preparation for the social and emotional aspects is not intrinsic to it.

In the U.S. there is little governmental oversight or public policy role with respect to assisted reproduction. Some states regulate certain aspects of assisted reproduction, but their main influence is through licensing and certifying medical practitioners. Government-sponsored research is limited. There has been more discussion of the social and public policy implications in Europe, England and Australia, where government has a much more prominent role in assisted reproduction. For example, several European countries have banned anonymous donation. In a number of countries there are now registries for children and donors, as in adoption. It is hard to predict what influence these developments may have on the U.S.

### **THORNY ISSUES**

Parents encounter a variety of ethical issues in both adoption and assisted reproduction. Ethical questions have been debated and discussed more extensively in the area of adoption because it has been around longer. There is agreement that society has a stake in assuring that certain rights are protected and standards are met. As part of the social/legal model, government policies and related professional practices have been worked out for handling many ethical problems in adoption.

In the area of birthmother expenses, for instance, many states now stipulate who can provide what types of remuneration under what circumstances. In the case of international adoption, the U.S. is finalizing preparations to implement the Hague Adoption Convention, which establishes a set of internationally agreed-upon minimum requirements and procedures for adoption among participating countries. It is intended to protect the rights of, and prevent abuses of, all parties and to ensure that such adoptions are in the child's best interests.

In many arenas assisted reproduction is generating vigorous debate and discussion regarding ethical issues. The dialog covers a broad range of topics.

For instance, to what extent should a future child's interest, or even society's interest, be considered, and who determines that interest? Though there are obvious benefits, what are the social and psychological costs to women bearing children past their early 40s? Which business practices and types of commercialism are incompatible with creating life? Is it appropriate to pay someone for donating eggs and if so, how much? How often is it medically and socially appropriate for a donor to donate and should they know the outcome of

their donations? How should donors be screened and what kind of information should be made available to families? Is the donor-conceived person bound to the anonymity agreement between the parent and donor given the fact that they were not a part of it?

In this country, doctors and their professional organizations grapple with these questions on a daily basis, but other interested parties are becoming more vocal about their views. A generation of children conceived with donor gametes is just coming of age, spurring debate and discussion as adoptees did in a previous generation. Reflecting the culture at large, the media is becoming more interested in this field. Undoubtedly there will be continued attention from legislators and from religious and secular leaders as well. Because assisted reproduction involves many hot button issues (embryo disposition, genetics, exchange of money for eggs and sperm, gay and lesbian parenthood) it is likely to have ever-increasing visibility.

Thus, many years after the first child born by artificial insemination and 17 years after the celebrated Baby M case ... the divisions among the courts manifest complex cross-currents in societal opinions about the technology of reproduction, about gender and marriage, and about what it means to be a parent. Indeed, "issues of bioethics increasingly underlie controversies that dominate public and political discussion. They have become flashpoints for front-page news day after day." Helene S. Shapo, "Assisted Reproduction and the Law: Disharmony on a Divisive Social Issue," *Northwestern Law Review*, Vol. 100, No.1 2006.

It appears likely that in coming years the field of assisted reproduction will be more volatile and contentious than adoption. Whether and to what extent American society will agree upon a new policy direction remains to be seen. The U.S. could align with the countries in which government involvement is expanding, or it could adhere to a more individualistic, market-driven approach. It is difficult to determine what specific principles and prohibitions might be decided were American society to opt in favor of a more interventionist role.

It is clear, however, that a child born today as a result of assisted reproduction is likely to grow up in a more charged environment and to sense the tensions surrounding these issues.

### **PERSPECTIVES ON THE TWO DIFFERENT WORLDS**

So what does this mean for your decision making? Assisted reproduction will appeal to some because of the opportunity to be pregnant, initial level of privacy, and cutting edge technology. Some may prefer adoption because, relatively speaking, it is a more established and structured system, and, whatever may be

the unknowns or difficult questions, there remains the overriding satisfaction of giving a child a home and, in the case of an international adoption, connecting to another culture.

As with the other topics, there is no right or wrong answer – the important thing is to understand the issues in order to make an informed decision.

Regardless of whether you choose adoption or donor assistance the choices you make now will have life-long implications and may be the subject of discussions with your children, particularly during adolescence. While all children challenge their parents in the course of growing up, the questions associated with adoption and donor assistance are particularly sensitive, and dealing with them requires special preparation by parents.

For example, a child conceived by donor gametes may ask why you didn't adopt when there were children who needed homes. An adopted son in a transracial family might ask why you didn't realize how hard it would be to grow up in a white family. A donor-conceived daughter or adoptee may question why, because it is important to her, you didn't seek a birthmother or donor who was willing to be contacted. It may be hard to imagine talking with an adolescent about such decisions, but these discussions are common for adoptive families and we believe they are similar in assisted reproduction.

### ***SHARING INFORMATION ABOUT THE CHILD'S ORIGINS***

Like many prospective parents, you may be dubious about discussing origins with the child you might adopt or conceive through donor assistance. People often worry that this information will distress a child or weaken the parent-child relationship. They may also want to protect the child from a possibly negative reaction and avoid an acknowledgement of their own infertility. They may hope that their love will make the information unnecessary, or that not talking about these issues will make them go away.

Further confusing prospective parents, some professionals either advocate avoiding disclosure or are neutral on the subject.

...parents continue to be counseled by some medical and mental health professionals that it is not necessary to share the circumstances of the child's conception with their child – that it is not necessary for the child to know the truth about how he came to be part of his family. Ellen Singer, "Talking with Children Conceived through Donor Insemination, IVF with Egg Donor or Surrogacy," The Center for Adoption Support and Education, [www.adoptionsupport.org](http://www.adoptionsupport.org).

Fortunately the field of adoption offers much evidence that parents can learn how to talk with their children about these sensitive topics, and that such openness is beneficial.

### **THE CHILD'S NEED TO KNOW**

Why is disclosure and discussion so beneficial? It is a basic human need to know how we came to be. For most people, knowledge of their origins is an ever-changing picture compiled over a lifetime from tidbits of information gleaned from notes in baby books and stories told at family gatherings. This process contributes to our identity and helps us understand where we fit into the world. When this information is available or accessible, it may seem unimportant. However, for those who do not have this information or have access to it, as is often the case in adoption and in anonymous donor assistance, it can take on added importance.

Many adoptees talk about a sense of something absent, "a missing puzzle piece," felt keenly by some, less so by others, and not at all by a few. They talk about how they feel when their physical characteristics aren't shared by the people with whom they live, when their aptitudes and interests are unique within the family, and when they are asked to provide medical information they don't have.

There is growing evidence from first-person accounts that the same phenomenon operates in assisted reproduction.

Why do I want to know who my father was? I have come to realize that every person has a need to know. To know one's family history, to know where one fits, to know to which group one belongs, not only to feel valued as an individual, but also to feel part of a group. Janice Botsford, "A Personal Story of Blood and Belonging," [www.donor-conception-network.org](http://www.donor-conception-network.org).

Like adopted children, [donor assisted] offspring vary in the intensity of their needs and desires to contact biological relatives. While some [children] express little or no desire, recipient families seem to believe that showering offspring with love will replace any desire or need to find biological relatives, yet even offspring raised in caring and supportive homes may require more information about where they came from for their own happiness and well-being. Kathleen LaBounty, RESOLVE south central region newsletter, fall 2007.

### **THE PARENTS' JOB TO TELL – LESSONS FROM ADOPTION**

So kids have a need to know, you may be thinking, but why is it part of my job to deal with this? There are many reasons why parents should take the lead in

discussing origins with their children, whether their family was created through adoption or through donor assistance.

**There's a good chance the child will find out regardless**

Experience with adoption shows that information will get out through an amazing variety of ways – accidents, coincidences, the Internet, youthful ingenuity. For instance, in the emergency room when lab tests disprove a biological link, when a child stumbles upon the box of old legal files on the closet shelf, or when Aunt Helen chooses the memorial service to fill in the gaps for an adopted adult at the death of the parent. These things really happen.

In addition, genetic testing to treat or anticipate medical problems may well be a standard of care in the decades to come.

Is assisted reproduction different? Most women using donor assistance tell at least one or two people in order to get the support they need. But privacy is very hard to maintain and there is always a possibility that a child might find out inadvertently.

And there are indications donor children are just as curious and resourceful as their adopted counterparts. In 2005, the Washington Post reported that a 15-year-old donor conceived boy, eager to find out a little about his ancestry, scraped some cells off the inside of his cheek, sent the specimen to a DNA bank, went on the Internet, and within 10 days found his genetic father. Washington Post, 11/13/05.

The increased media spotlight on assisted reproduction means that family, friends and, later, adolescent children born to older mothers may well speculate about the use of assisted reproduction even if it has not been discussed. Thus secrecy on this issue may well be impractical as well as inadvisable.

**It can do serious damage if it is not the parent who tells.**

While current practice in adoption is to tell the child early about the fact of his adoption, in the past many parents chose not to tell. As adoption practitioners we saw first hand what a devastating experience it was for people who found out that they were adopted past childhood or by chance. These people's trust in their parents was often seriously eroded and their sense of self shaken. The lessons learned in adoption are relevant to donor assistance.

The broader study of the toxic effect of family secrets also points to the advisability of telling the child. A child's looking like a family member does not change the need to tell. Schaffer and Diamond argue that "maintaining secrecy about a child's origins is particularly difficult to justify, as it places a lie at the centre of the most basic of relationships – the one between parent and child."

My adoptive parents never told me that I had been adopted. At about the age of seven, I found in a drawer an envelope with the words written on it: "Eleanor's Adoption Papers." Inside I found papers, one of which indicated that my original name had been Geraldine Simon ... From the time I discovered those papers onward, life was never the same. The relationship between my adoptive parents and myself was always very strained. Eleanor Barron, from an affidavit filed in a 1977 lawsuit challenging New York State's adoption records law, [www.uoregon.edu/~adoption](http://www.uoregon.edu/~adoption)

In a recent study of disclosure among parents of donor insemination parents, Nachtigall and Becker found,

Whereas the comments of non-disclosing parents suggest that they perceive the greatest threat to be the *external* threat of social stigma and criticism, disclosing parents not only cite "honesty" as a basic ethical principle, but also recognize that telling their children serves to ameliorate *internal* threats to the emotional stability of their family, i.e., that "secrecy" would undermine family trust and the parent-child relationship, and inadvertent disclosure would cause the child to feel betrayed, Robert D. Nachtigall, M.D. and Gay Becker, Ph.D., "Secrecy – The Unresolved Dilemma of Donor Insemination," [www.RESOLVE.org](http://www.RESOLVE.org).

I have known adoptees (and people like me who were conceived through DI) who were told as adults. They deeply resented being deceived for so long and felt betrayed. More significant than that, however, is the sense that they knew all along that something important was kept from them all their childhood years and that this secret kept their family from being close. Bill Cordray, "Reflections of an Adult Offspring," [www.donor-conception-network.org](http://www.donor-conception-network.org).

### **Parents send a negative message by not telling**

People often feel that infertility and conception are private subjects. However, secrets carry with them the message that there's something shameful to hide. Past generations of adoptive parents came to realize that by not telling they were sending a message that being adopted was something to be embarrassed about, ashamed of, something to hide.

The part of donor insemination which has affected me the most is the secret nature of it. I feel that if there is nothing wrong with creating children in this way, then there is no need for secrecy. Secrecy implies that the procedure is shameful, that I am shameful, that there is

something wrong with me. Lynne in *Experiences of Donor Conception: Parents, Offspring and Donors through the Years*.

### **Children need medical and background information**

People generally accept the need for accurate medical information. The child needs accurate medical information so they will know both what their history is and what it is not. Many individuals conceived with donor gametes who do not know about their parents' use of a donor have worried needlessly about medical conditions which they were not at risk for. This was previously the case in adoption, as well. As our understanding of the role of genetics contributes more and more to our view of health, adoptees and donor-conceived children/adults are contacting adoption agencies in ever-increasing numbers.

Whenever I go to the doctor it becomes a huge issue that I don't have 50% of my medical history, that I don't have 50% of my social history... Just like other people that don't have a complete medical history – and there are lots of us in the community – I suppose any little thing that goes wrong, you sort of think, "Well, what does that mean? Is that an indication of some sort of genetic disease that I may have inherited?" The fact is you just don't know. Geraldine Hewitt, Australian woman conceived with donor assistance, [www.donor-conception-network.org](http://www.donor-conception-network.org).

### **The information belongs to the child**

As noted above, many adoptees feel strongly that information about their origins and backgrounds belongs to them. We think that's a compelling argument for donor conceived people as well. The fact that parents who adopt or conceive through donor assistance possess certain background information about their child and the child's biological history does not necessarily mean it's fully theirs. Over time and as the child/adolescent is ready, it is wise to share all of the information. One person can never know what particular piece of information will be important to another.

For parents considering the use of donor gametes it is useful to think about whether they would want to know if their own biological parent(s) were someone other than who they thought they were. In our experience, the vast majority of people say that they would want this information, both for medical reasons and because of simple curiosity. They also imagine that it might give them important information about themselves. Most people feel that they would not want their parents to hide such an important piece of information, as it might make for a family dynamic that is unnecessarily confusing for the child. Children who come into the family through adoption and donor assistance express the same set of reasons for wanting to have accurate information about their origins.

Our stories belong to us and we are entitled to the truth. This is not just some abstract right, it is a practical issue: people may need to know their family medical history, for example, or to understand what may otherwise be inexplicable physical or personality traits. But I do not think that it needs to be justified: we do not have to explain why or prove that we are entitled to know the truth about our lives. (In the words of a 54-year-old donor-conceived man), David Golancz, "Time to Stop Lying," The Guardian, August 2, 2007

Prohibiting adopted people from getting their personal information raises significant civil rights concerns and potentially serious, negative consequences for their physical and mental health. Based on its research and an analysis of its findings, the Institute's recommendations include, "Every state should amend its laws to restore unrestricted access for adult adopted persons to their original birth certificates." Madelyn Freundlich, "For the Record: Restoring a Right to Adult Adoptees," Evan B. Donaldson Adoption Institute Report, November, 2007

There are, however, good reasons to be prudent about how and with whom to share information. Many adoptive parents have lived to regret their openness about information that was very personal for the child. The same is true for donor parents as well. You do not have to answer all of the questions you may be asked by curious and well meaning people about a child's family history.

### **ANTICIPATING THE CHILD'S REACTIONS**

What happens once a child begins to receive information about an adoption or donor assistance? It is normal for children to want to be "just like everyone else," so hearing that they have a special story can bring up a multitude of emotions. It may cause embarrassment, for example, when a child announces his story to his class and is greeted with questions that he cannot answer. It may also lead to confusion when a child wonders what it means to have half siblings, either in or outside of her immediate family. Or a child may be sad upon hearing he may never meet his genetic father.

For all the parental reluctance and hesitation, the child's reaction when a parent shares information about adoption or donor assistance may turn out to be quite positive.

To say that having this information was important to me is an understatement. It seemed to fill some kind of empty space in me that I didn't even know existed. It was like I had been walking around with holes or parts of me missing without actually realizing it. Suddenly someone hands you a piece and you realize it's part of you and it fits one

of the holes. Amazing! - Lynn – a 27 year old adoptee, David Brodzinsky, et al, *Being Adopted, The Lifelong Search for Self*.

In some cases this may be because the information about the way he came to be part of his family validates differences the child has noticed between himself and his parents or siblings. Adoptees and donor conceived children who learned later often remark on a vague sense during childhood that they “didn’t fit in.”

I felt a sense of liberation when I learned the facts of my birth. From my earliest years I was aware that my adopted father was different from me in many respects. We do not look alike, we have very different temperaments and we have few interests in common. As a child I was conscious of this. Now that all has been revealed I can understand what for many years perplexed me. It was as though a missing piece in a jigsaw had at last been put into place. Rabbi Dan Cohn-Sherbok, “Thoughts from a Child Born by DI,” [www.donor-conception-network.org](http://www.donor-conception-network.org).

Parents want to be sympathetic to a child’s concerns, whatever they may be. Experience with adoption indicates that children’s reactions are quite individual (even within the same family) and also vary depending upon the child’s age.

But there are some topics that will be important within either approach to family building.

### **Background Information**

Upon hearing that they were adopted or conceived through donor assistance, adoptees often want help sorting out what part of themselves was contributed by their genetic heritage and what part came about through their experience growing up in a particular family. They often want to know about the birthparents’ physical characteristics, personality, interests and abilities and medical background. Some express frustration over the “unknowns” of being adopted. Those involved in an international adoption sometimes mourn the loss of their birth culture. Some adoptees talk about feeling rejected, and/or abandoned, or less worthy because they were placed for adoption.

While we know that some donor children share the same basic need to have information about their genetic heritage, there are also some differences. For instance, feelings of loss of connection may be present for some donor children, but the intensity may be less than for adoptees since it involves only one-half of their genetic make-up. It also seems reasonable to expect that feelings of rejection, and abandonment, which can be difficult in adoption, would be less significant for donor children.

Who is my donor father, if he is still alive? He is a man about whom I am immensely curious. Is he a person who has been happy with his life? Has he pursued a professional career as I have? Is he creatively talented, and did he gravitate towards the arts in his life as I have? What made him laugh and gave him pleasure? Would he be proud of the offspring he created? Is he a parent to children he raised, who are half-siblings of mine? Would he like to meet me, and would he be pleased to know that he contributed to making me the person that I am? Janice Stevens Botsford, "A Personal Story of Blood and Belonging" [www.donor-conception-network.org](http://www.donor-conception-network.org).

### **The motivation of the birthparent or donor**

Children who were adopted often have questions about the motivation of the birthmother. The answers may involve poverty, broken relationships and/or lack of social or family support. Thus the story is often replete with loss, sadness and unknowns. Understanding those aspects is a challenge, especially for a young child. However, there may also be the information, or implication, that the birthmother - and possibly the birthfather - wanted the child to have the security and resources that she was unable to provide at a particular time in her life. The majority of adoptees develop an understanding of the complex elements that led to the decision, and to one degree or another accept that adoption was a reasonable choice given difficult circumstances.

Children conceived through donor assistance will naturally also have questions about the motivation of the donor. In the early years children are likely to feel comfortable with the idea that the donation was based on generosity. However, their more probing questions are likely to come up at a later age than the adoptive child's, since those questions rest on a more sophisticated understanding of conception and motivation that only comes later in a child's development.

### **Money**

The role of money can be a focus for both adoptees and donor children. In adoption, this issue may arise when poverty, or a lack of money, was part of the decision to place a child. Media reports about illegal payments associated with adoption may prompt inquiries. Children who were adopted often ask, "How much did you pay for me?" or "Why didn't you give my birthmother money so she could keep me?"

In the case of donor assistance, the absence of the dramatic birthmother story means that the money issue could loom larger for the child. Parents usually focus on generosity and this often does play a role in egg donation. However, money is a real incentive, as demonstrated by the significant drop in donors in

countries that have banned financial incentives. This part may be more difficult for an adolescent to come to terms with.

## **Siblings**

Interest in siblings is another important focus for adoptees, who talk about looking for siblings at the mall, and imagining that they might date someone to whom they are related. The subject of siblings offers the opportunity to explore biological connections without the oftentimes conflicted feelings associated with the birth mother.

For donor children, siblings are likely to be an even more compelling topic, since a child conceived through donor sperm could have upwards of 25 half siblings. There may be fewer potential siblings in the case of egg donation, but with split egg and multiple donations, the number can still be high. There is limited experience with how donor children handle sibling issues. What does it mean to be one of many half siblings? Will consanguinity be an issue? Will a child's healthy sense of specialness be compromised by knowing that they were one of so many?

Interest in siblings and exploring biological connections explains the phenomenal growth of a website [www.donorsiblingregistry.com](http://www.donorsiblingregistry.com). A child of an anonymous sperm donor, Ryan Kramer, together with his mother, created the site to assist individuals conceived as a result of sperm, egg, or embryo donation who are seeking contact. His own success in finding his half siblings was part of the 3,809 matches that have been achieved since the site's inception in 2000.

## **HANDLING THE CHILD'S QUESTIONS**

It's outside the scope of this article to discuss in detail how parents can best handle information about origins and other issues with adoptees and donor children. Nevertheless, we will offer a few observations in the interest of showing that there really is a body of knowledge and experience in this area and thus you shouldn't regard the prospect as overly daunting. The process is quite similar in adoptive and donor families.

How you initiate discussion about your particular kind of family, handle questions and respond to your child's feelings will have a strong influence on how comfortable your child will be with who they are and how their family was built. It is helpful when parents are open to their children's questions, sympathetic to their feelings, matter-of-fact about the way their family was built and confident about the strength of the bonds within the family. This applies to families built through adoption or donor assistance.

The most important principle is the idea that parents don't just TELL their children about adoption, or donor assistance -- they TALK WITH their children

about it, in an on-going, life-long dialogue. This is important because the child processes information differently at various stages of development, and thus the information will have different significance to the child at different ages.

The initial story with the young child is simple, straightforward, and concrete. Gradually the basic story is expanded, with greater specificity and more sophisticated details and observations. Adolescence and young adulthood are often the times of most intense interest as the child struggles with developing identity issues, and greater cognitive abilities allow for examination of more abstract ideas, such as ethical questions.

The second principle is that parents need to listen carefully to their child's thoughts and questions, help the child know that his feelings are normal, and respect the child's timing and readiness when initiating discussions. This is especially important when dealing with this sensitive subject because children are often reluctant to express their true feelings for fear of hurting their parents.

The adoptee or donor child may feel "there are people out there that I'm connected to." They may be merely curious about those people, or have a deep need to connect with them. Either way, your job will be to provide information and support at appropriate junctures, to listen to sometimes painful feelings, and to help the child integrate the fact of adoption or donor assistance into a positive sense of self.

Adoptive families and donor families are likely to deal with information and questions that go beyond those that other families' experience. Being an adoptive parent or the parent of a child conceived through donor assistance means making decisions about what information to share, and when, and about the level of contact with the birthfamily or the donor, if known.

Fortunately there is a wealth of resources for adoptive parents and a growing number and variety of resources for parents of donor children to help you carry out this responsibility.

When parents ask us what they can do to make this period [middle childhood] easier for their adopted children, we tell them to be available to their children, listen to them, help them clarify their emotions, and accept whatever feelings they are expressing. By their nonjudgmental responses, parents can show their children that these ups and downs are normal, real, acceptable – and temporary. David Brodzinsky, et al, *Beign Adopted: The Lifelong Search for Self*.

## **SUMMARY**

As with all major life decisions it makes sense to think about how your choice may unfold, what challenges you may encounter and whether you are ready to accept those. Though there will always be bridges to cross when you come to them, forethought usually helps people feel more confident in their decision and more prepared for the eventual questions that arise.

Adoption and donor assistance are both viable and fulfilling paths to parenthood. As you make your decision, consider whether there are any aspects of these issues that make a difference so far as your vision of parenting is concerned. By carefully weighing the long-term significance of these options, you will ensure that you can proceed with confidence that you've made the best decision for you and your future child.

Should you choose adoption or donor assistance the issues we have discussed here will be only one small part of your life as a family, not the central part. Adoptive families and families created through donor assistance experience the same bonds of love, commitment, caring and thankfulness that exist in any family.

I can't remember when I first knew I was adopted. There doesn't seem to be a specific time when my mother or father told me. It's like I always knew, like it was just part of me from the beginning... My memories of being adopted when I was small are mostly positive. Sometimes my mother and I would talk. Not much, but occasionally. She seemed to be comfortable about it ... When I was about nine years old I read a book about a little girl who lived with people who were not her parents. I remember asking my mother about my first mother and father – those who made me and gave me life. I remember thinking about what they might be like... I think it was the first time I ever consciously did that – think about what they were like. I wasn't terribly sad. Just sort of confused...

Probably the hardest time for me regarding adoption was when I got married and had my own children. When my first child was born I looked at her and realized there was no way in the world that I could ever be apart from her ... I think this was the worst time for me. It brought up a lot of feelings about having been "given away" ... When I got older and my children were grown they sometimes asked about my adoption. They seemed more interested than I was in my background – of course, it was their biological background, too ...

As I look back over my life, I realize that being adopted has had some effect on me. But it has been quite small compared to everything else.

There have been sad times, confusing times, times of curiosity, and angry times. Most of all, adoption has just been a fact of life – a kind of backdrop in my life. Always there, but simply taken for granted. Bertha – a 73 year old retired schoolteacher who was adopted in infancy, David Brodzinsky, et al, *The Lifelong Search for Self*.

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