



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

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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. The good news is that they 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.”

However, no matter how elusive the goal of becoming a parent might seem, it is nonetheless important to spend time exploring long-term implications. 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.

### **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. Because infertility is traumatic it can affect the ability to think clearly, make the best possible decisions and move forward from a position of strength. Failing to grieve can also compromise a parent’s sense of entitlement to a child who is not biological, thus making it more difficult to feel competent and empowered as a parent. This 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 important? 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. 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.

## **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 family.

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.

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

As you think about adoption and donor assistance, 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 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. It 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 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 voice of those conceived through assisted reproduction is 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.

### **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 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 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. 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 against, 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? 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?

In this country, doctors and their professional organizations grapple with these questions, but other interested parties participate as well. 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.

It appears 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? For some, the newness, innovation and initial level of privacy of assisted reproduction will be appealing. 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.

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.

The choices you make now will 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. A donor-conceived daughter or adoptee may question why, because it's 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 would expect them to be 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 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. As Ellen Singer of The Center for Adoption Support and Education writes, "...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." 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. ("Talking with Children Conceived through Donor Insemination, IVF with Egg Donor or Surrogacy," [www.adoptionssupport.org](http://www.adoptionssupport.org))

### **The Child's Need to Know**

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.

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. In the words of a 54-year-old donor-conceived man, "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." (David Golancz, "Time to Stop Lying," The Guardian, August 2, 2007)

### **The Parents' Job to Tell – Lessons from Adoption**

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 assisted reproduction.

### **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. 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.

### **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.

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

People need 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.

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

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.

For parents considering the use of donor gametes it is helpful to think in terms of whether they would want to know if their own biological parent(s) were someone other than who they thought they were. 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.

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

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 his immediate family. Or a child may be sad upon hearing he may never meet his genetic father. 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**

Adoptees often want to sort 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 want to know about the birthparents' physical characteristics, personality, interests and abilities and medical background. While we know that some donor children share the same basic need to have information about their genetic heritage, there are 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.

## **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. Children born through donor assistance will also have questions about the motivation of the donor. However, their more probing questions are likely to come up at a later age than the adoptive child's.

## **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. 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. Prospective parents usually focus on the generosity of the donor. Although this often plays a role with donor egg, money is a real incentive, as demonstrated by the significant drop in donors in countries that have banned financial incentives.

## **Siblings**

Interest in siblings is another important focus for adoptees, who talk about looking for siblings who might be related to them at the mall, and imagining that they might date someone to whom they are related. 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. 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?

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

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.

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.

## **SUMMARY**

Adoption and donor assistance are two viable and fulfilling paths to parenthood. 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.

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