Parents’ contributions to the narrative identity of offspring of donor-assisted conception

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Abstract

Donated sperm, eggs, and embryos are an increasing feature of assisted reproduction; people conceived in this way have different genetic and social histories. Although most offspring of donor-assisted conception are ignorant of their genetic history, recipient parents must negotiate increasing demand for full disclosure to offspring. This paper illustrates some of the reasons parents give for not telling their children, underlines the experience of many parents of being uncertain of how to go about telling, presents information from some parents who have endeavoured to be open with their children about conception from very early childhood, and discusses implications for the narrative identity of offspring of donor-assisted conception. Recipient parents (n = 55) and offspring (12) from Australia; Canada, US, England, and Argentina were interviewed and subsequently consulted about the development of their narrative accounts and the way in which these have been interpreted. Parental narratives were found to be located along a continuum, broadly encompassing: (1) Parents who intend to exclude donor-assisted conception from the narratives they construct for their children, (2) parents who are uncertain about what they want to do, or confused about the best way to disclose and discuss donor conception with their children and (3) those who have incorporated the donor in their children’s narratives from the beginning. From interviews with offspring and on the basis of human rights issues and the increasing salience of genetic knowledge, it is concluded that disclosure to offspring before adolescence should be encouraged.

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important to my parents for me to fit into the family because they were hiding my genetic background from the whole world: from family, from friends, from neighbours, from the school, from my doctor. They spent my whole time with them trying to squash me to fit into the characteristics of the family, to mould me in their image. Unfortunately, ... I just didn’t fit into their mould. ... It was so painful to find out my dad had lied to me our whole life together about our true relationship, and that he felt it was none of my business. I had to redevelop my sense of identity, because I wasn’t the person I thought I was. (Kelly, DI offspring, USA)

Donated sperm, eggs, and embryos are increasingly used as a means of having children. People conceived in this way have different genetic and social histories. This paper reports on research into ways in which recipient parents incorporate or exclude information about donor-assisted conception in their family narratives, and what this means to the narrative identity of donor-conceived people. The quotation above exemplifies the dominant offspring discourse in the public arena, encapsulating the central issues of narrative identity in donor-conceived people and the role played by parents in the construction of identity. In particular, it emphasises the imperative to have accurate information about donor conception from the outset.

The practice of donor-assisted conception

Donor insemination (DI) occurred in the 19th century (Hummel & Talbert, 1989), becoming more common from the 1970s (Hill, 1970). Conception using donated eggs and embryos has been possible from the 1980s (Trounson, Leeton, Besanka, Wood, & Conti, 1983). In 1998, assisted reproductive technology (ART) resulted in 28,873 live births in the US; 29% of all ART procedures used donor gametes or embryos (Schieve, Jeng, Wilcox, & Reynolds, 2002). Between April 1998 and March 1999 there were 1087 DI offspring born in the UK, constituting almost 20% of births from ART (Human Fertilisation & Embryology Authority, 2002a). In Australia during 1999 there were 4319 births after ART (1.7% of all births), including 233 resulting from donated eggs or embryos (Hurst & Lancaster, 2001). (Births from DI cannot be estimated from official Australian and New Zealand statistics because these are gathered only from clinics treating infertility by assisted conception: Hurst & Lancaster, 2001, p. 7.)

Internationally, gamete donation is primarily anonymous. (For an historical overview see Rumball & Adair, 1999.) Secrecy has been advocated and maintained by the medical profession as gatekeepers between donors and recipients (Birenbaum-Carmeli & Carmeli, 2002; Daniels & Lewis, 1996). As a result, parents who are attempting to be open with their children about their donor conception must do so in circumstances in which little information may be available about the donor (e.g. Abdalla, Shenfield, & Latarche, 1998).

The increasing number of people born as a result of donor-assisted conception is occurring in parallel with the escalating discourse of the significance of genes and genetic inheritance. Differing legislation around the world reflects disagreement about how much information of genetic origins should be given to offspring of donor-assisted conception. The argument over secrecy and disclosure, at personal and policy levels, has been lengthy and persistent (Daniels & Taylor, 1993).

Advocates of disclosure to offspring about their donor-assisted conception argue that it is a human right, that family secrets are destructive, that secrecy reinforces the stigma of donor-assisted conception, and that knowledge of genetic parentage is essential health information; comparisons are frequently made with adoption and adoptees’ search for genetic parents (see Baran & Pannor, 1993; Blyth, Cranshaw, & Speirs, 1998; Cooper & Glazer, 1999; Daniels & Taylor, 1993; McWhinnie, 2001; Triseliotis, 1993). The supporters of secrecy argue that it prevents psychologically harming offspring who may not have access to information or who may feel stigmatised; it avoids disrupting the parent–child relationship; and that the adoption analogy is inappropriate or does not support disclosure (see Klock, 1997; Leblum & Aviv, 1997; Nachtingall, Tschann, Quiroga, Fischer, & Becker, 1997; Shenfield, 1997; Walker & Broderick, 1999). Others argue for a dual-track system in which donors can choose whether or not to be anonymous and parents can choose known or anonymous donors based on their own beliefs and values (Daniels, Lewis, & Curson, 1997; Golombok, 1997; Klock, 1997; Patrizio, Mastroianni, & Mastroianni, 2001; Pennings, 1997). Objectors to the dual-track system argue against creating two classes of offspring: those with and those without knowledge of their genetic origins (Human Fertilisation & Embryology Authority, 2002b). The reasoning of parents is similar to that of researchers and authors (e.g. Lindblad, Gottlieb, & Lalos, 2000).

Victoria, Australia, is one of the few jurisdictions to legislate for identifying information to be available to offspring from the age of 18, and to set up a voluntary register for cases in which conception occurred before the legislation was enacted (Infertility Treatment Authority, 2001). Sweden gives DI offspring the right to similar information “upon reaching sufficient maturity” (Gottlieb, Lalos, & Lindblad, 2000). Canada and the UK are currently undertaking inquiries into the matter. Much of the impetus to revise legislation comes from offspring of DI, most of who have discovered their origins as adults. In a recent case in the UK High Court
it was ruled that Article 8 of the European Convention on Human Rights (as incorporated by the Human Rights Act 1998) is “engaged” and is a valid basis for donor offspring to seek non-identifying information about their gamete donors: “an AID child is entitled to establish a picture of his identity as much as anyone else” (Rose & Another v Secretary of State for Health & Human Fertilisation and Embryology Authority, 2002, para. 46). Similarly, the United Nations Convention on the Rights of the Child has been invoked (e.g. Landau, 1998; South Australian Council on Reproductive Technology, 2000) to argue that withholding information about donor conception violates a child’s right “to preserve his or her identity” (United Nations General Assembly, 1989; Part 1, Article 8).

This argument implies that genetic knowledge is necessary to identity, a belief that echoes the concept of “genealogical bewilderment” (Sants, 1964). This concept was initially used to explain psychopathology in a small clinical group of adopted people, and has been generalised to donor-assisted conception; it has been criticised as unsupported by evidence and confusing genealogy with genetic linkages (e.g. Walker & Broderick, 1999). Similarly, in his comments on Finkler’s analysis of family and kinship in American society, Melhuus pointed out that arguments for laws permitting donor offspring and adopted children to know their progenitors are founded on notions that “identity is unproblematically assumed to be the same as biogenetic origins” (Finkler, 2001, p. 253). He suggested that offspring of donor-assisted conception may not necessarily perceive origins and belonging as equivalent.

At the same time, as Strathern (1992) reminds us, the answer to the question “Who am I?” depends to a large extent on the answer to “Where did I come from?” Strathern (1992, p. 179) suggests that the current interest in genetic origins may be a radical break with the past and the old reproductive model; the idea of genetic destiny puts “kinship” at risk and relegates relationships to a position inferior to genetic connection. If our culture valorises genes, those whose parents can accurately respond only “You came from donated gametes” may feel cheated of their heritage and suffer a crisis of identity.

**Family stories and narrative identity**

Family stories of birth and conception, stories of “how our family came to be,” are fundamental to the idea of narrative identity (see Brockmeier & Carbaugh, 2001; Ezzy, 1998; McAdams, 1989). It is through stories that family members understand themselves and their place in the family (Corbett, 2001; Treacher & Katz, 2000).

Parents are the narrators from whose stories their children begin to construct their own narrative identities. When “the facts of life” conform to the canonical narrative of sexual reproduction and biological connection, even those parents who shirk the reproductive details can rely on the schoolyard or other instruments of cultural transmission to fill in the gaps. If the facts of life deviate from the norm, however, parents must confront the need to construct an original story. They are likely to feel impelled to imbue their stories with normalcy (Becker, 2000, chapter 13). In a culture that elevates genes above all else, children whose family stories include an anonymous donor of gametes or embryos may feel ill-equipped to negotiate an acceptable sense of self. Furthermore, it is impossible to escape the demand for knowledge of medical history in order to make decisions about health care and procreation.

The damage to identity and relationships wrought by the revelation of donor-assisted conception in adulthood is a crucial but separate issue. From a synthesis of the work of five major developmental theorists (Kroger, 1996), it may be inferred that disruptions to the development of identity are best avoided during and after adolescence. It has been claimed that adopted children become interested in their origins at the age of about 11 (Hoopes, 1990), and that information about origins can be an important factor in the development of identity (Triseliotis, 1993). Triseliotis (2000) suggests that it is advisable for parents to ensure that their children grow up with a sense of “always knowing” about adoption (or, by extension, donor conception). On these grounds, disclosure of donor-assisted conception may be advisable in early childhood.

**Disclosure of donor conception**

Although parents are under pressure to disclose their donor origins to their children (Golombok, 1997), most offspring remain in ignorance. For example, the European Study of Assisted Reproduction Families (Golombok et al., 2002) included 94 families with early adolescent children conceived by DI. It was found that only 8.6% of the DI children had been told about their genetic origins, whereas 50% of IVF parents and 95% of adoptive parents had told their children about the circumstances of their birth. A review of earlier research (Breawaes, 1996) showed that most parents intended not to tell children of their origins. In other studies around the world it has been found that the majority of parents have not disclosed or declare an intent not to disclose (Breawaes, Golombok, Naakgeboren, de Bruyn, & van Hall, 1997; Durna, Bebe, Steigrad, Leader, & Garrett, 1997; Klock, Jacob, & Maier, 1994; Leiblum & Aviv, 1997; Rumble & Adair, 1999), even if urged to do so (Adair & Purdie, 1996) or when legislation demands it.
Psychosocial research on families in which donor-assisted conception has occurred tends to use clinic samples and to involve parents of young children; it also most commonly deals only with DI. Such research reveals parental concerns about community attitudes, about the absence of genetic history, and about whether or how to explain their conception to children (e.g., Daniels, Lewis, & Gillett, 1995; Salter-Ling, Hunter, & Glover, 2001). Similar concerns were expressed by embryo recipients (Söderström-Anttila, Foudila, Ripatti, & Siegberg, 2001). An Australian study found that some DI parents were reluctant to tell their children because they were happy with the way the family functioned without disclosure (Looi, 1999).

The European longitudinal study concluded that the use of a donor has no evident pathological effect on parent-child relationships or early child development (although it must be kept in mind that the oldest of the children studied was aged only 12) (Golombok et al., 2002; Golombok, Murray, Brinsden, & Abdalla, 1999). Researchers in the US concluded that the decision to disclose or not to disclose the use of DI did not affect parental bonding with the child (Nachtigall et al., 1997). Golombok (1999) asserted that there was little research to suggest that offspring of DI are negatively psychologically affected. In fact, some research suggests that families with a donor-conceived child have enhanced parent-child relationships (Brewaeus, 2001; Golombok et al., 1999).

Emphasis in the rare studies on adult offspring of donor-assisted conception is somewhat different, however. (This is a difficult group to study because so few know of their origins and it is possible to trace only a few of those who do.) Turner and Coyle (2000) interviewed 16 offspring from the UK, Canada, and Australia who had discovered their DI conception as adults. They found that these people felt damaged because of the gap in their genetic history, suffered from low self-esteem, and wanted to know and have a relationship with their donors. An unpublished school project by a young DI offspring (Hewitt, unpublished) reported that, of 46 offspring from several countries, all but 3 agreed that disclosure had brought with it “a sense of confusion about identity,” although 8 respondents did not want information about their donors. (This “amateur” project is being hailed by donor consumer groups as the largest study of DI conception as adults. It was noted nearly 20 years ago that parents may not tell about donor conception because they lack appropriate scripts, education, and support (Rowland, 1985). It seems that parents still have difficulties to overcome and that they continue to want information (Rumball & Adair, 1999). This paper is written in the context of acknowledging the difficulties faced by parents and the complexity of their decision-making (Daniels et al., 1995), without intending to judge those who decide not to disclose to their children. It derives from research conducted to discover the ways in which donor-assisted conception was incorporated in or excluded from family narratives and narrative identity, seeking explanation and meaning that cannot be captured in more structured research. While examining a range of parental approaches to disclosure, the emphasis in this paper is on those parents who include donor-assisted conception in their family narratives as an indication to others of how it can be done. By including offspring of donor-assisted conception as well as recipients, this research is also able to suggest some implications for the role of parents in children’s identity development.

The meaning of donor-assisted conception has complex ramifications for narrative identity that are difficult to comprehend within traditional research designs. Its psychological, social, and political significance made it necessary for me to ensure that my research included those for whom donor-assisted conception was likely to yield a range of meanings. My research was designed, therefore, with the goal of “working out how the things that people do make sense from their perspective” (Ezzy, 2002, p. xii). I set out to court rather than control for complexity, to look for explanation and meaning, and to include the interpretations of all three major characters in the story: donors, parents, and offspring. What is reported here is one aspect of an investigation of the meanings of identity and family in donor-assisted conception.

Method

As a researcher with personal experience of DI (Kirkman & Kirkman, 2002) I have been rigorous in ensuring that I listen to the stories of others rather than hearing only an echo of my own. The research method has been designed to incorporate the collaboration of participants in the verification of narratives for analysis. It would be inappropriate to pretend that I am neutral or disengaged; but then, as Charmaz and Mitchell (1997) remind us, the fiction of scholarly neutrality in social research should always be challenged.
Participants

Interviews were conducted with 87 participants between September 2000 and May 2002. Volunteers were located in several ways: via newsletters [Infertility Network, Canada (14), Australian Donor Conception Support Group (13), IVF Friends (9), ACCESS Australia’s Infertility Network (4)]; notification by infertility clinics in Australia (10); information from another participant (15); and hearing about the research elsewhere (3). In each case, the announcement sought donors of sperm, eggs, and embryos; those who had become or were attempting to become parents as a result of such donations; and offspring. It named the researcher and stated that she had a child as a result of DI. Once the first batch of volunteers came forward, it was apparent that they included no parents who planned not to disclose to their children; announcements ofDI. Once the first batch of volunteers came forward, it was apparent that they included no parents who planned not to disclose to their children; announcements emphasising this approach were therefore placed in the Australian Woman’s Day magazine and The Age newspaper (Victoria), producing 18 volunteers, including some who fitted the desired characteristic. This method of obtaining participants draws on a wider field than when samples are selected from clinic populations or other defined groups; clinic samples do not reach self-inseminators or adult offspring, for example.

Volunteers were recruited without restricting their cultural context both to expand the range of sources of meaning and because the literature suggests that similar debates and parental concerns occur in all countries in which donor-assisted conception is practised. Furthermore, modern communication means that research results and opinions are transmitted rapidly around the world. The shared meanings among the interviews supported this approach.

This is a relatively large number of participants for research of this nature. Small numbers are usually necessitated by the detailed analysis, the cross-referencing, and the consideration of participants as individuals and their narratives as emerging from cultures in which participants share a canon of possible lives. Personal narratives reveal contradiction, complexity, qualification, and ambiguity. In larger-scale research with pre-defined variables, these features are hidden, becoming unacknowledged and unknown influences on the results which cannot be explained.

Most participants were resident in Australia (68); the rest in Canada (9), USA (6), UK (2), and Argentina (2). Ages ranged from 7 to 59, with 41 the median. There were 68 women and 19 men. Education ranged from those who had partly or fully completed secondary schooling (29) to Ph.D. (3); the mode was a college or university qualification (35). Twenty participants were on maternity leave or gave home duties as their occupation; the mode was professional employment (33). The rest gave their occupation as managerial (9), clerical (8), skilled trade (6), or manual (3). Five were students, 2 retired, and 1 unemployed. Most (59) were in female–male partnerships; 24 were single or separated; 3 were in female–female partnerships; and one was in a male–male partnership. This paper is based on information from the 55 recipient parents and 12 offspring among the participants, to whom I have given pseudonyms.

Data collection and analysis

I interviewed 32 participants in person (including 5 pairs); all were from Victoria and New South Wales, Australia. There were 20 email interviews (including 2 pairs), 18 audio-taped interviews (2 pairs, including the two participants aged under 18, who were interviewed by their mother), 16 written interviews (3 pairs), and 1 telephone interview. All began with the general question, “Please tell me your story of using [donating/being born as a result of] donor sperm, eggs, or embryos: what it means to you.” More specific but similarly open-ended questions followed as required. Demographic data were collected at the end of each interview.

Data collection and analysis in narrative research are part of an iterative process undertaken by the researcher, usually in consultation with the research participants, and in reference to the literature. The task of interpreting qualitative data such as these begins during data collection, as the researcher seeks further explanations and pursues particular lines of inquiry (Ezzy, 2002). Oral interviews were transcribed; all interviews were edited to produce written narratives that followed the conventions of written texts and removed extraneous contributions by the interviewer. I sent each participant a draft of his or her document for amendment and approval, often with additional questions. Returning the edited version to the participant, usually about 12 months after the interview, served several ethical and practical purposes:

- It ensured consistency among narratives gathered from different media.
- It allowed participants to correct any misinterpretation.
- It gave me access to new events and narrative revision.
- It contributed to research validity through participant affirmation.

Furthermore, given that the research process itself becomes an instrument in narrative revision, continuing contact with participants both acknowledges and draws on this interaction of the researcher and the researched. Throughout the process of interviewing, editing, further communication with participants, multiple readings of the approved narratives, and immersion in the literature, I tested various interpretations of aspects of narrative identity. Narratives were searched for evidence
of the contribution of parents to the construction of their children’s narrative identity and the ways in which offspring interpreted what their parents had said and done. The search was not for variables but for meaning. Because narratives were complex and subject to reinterpretation, specific numbers or percentages have been avoided in the discussion that follows.

**Results and discussion**

Parents whose children were born as a result of donor-assisted conception manage the construction of their children’s narrative identity along a continuum, from omitting any mention of third-party involvement to inclusion of the donor in the story told from birth. The continuum accommodates individual variation, complexity, and change. I have imposed three broad categories to simplify the discussion.

I first discuss the parents’ accounts, beginning with those who omit the donor from the family narratives; these reflect the majority of parents in the population. Most parents in this study occupy the middle of the continuum: they are confused, uncertain, wondering how best to explain to their children their “abnormal” conception. After discussing this group, I deal at greatest length with those parents who are working to develop clear narratives for their children. We can learn from them how parents in the vanguard of the challenge to normative narratives of conception have begun to construct alternatives. The concluding section is devoted to people who learnt as adults that they are not genetically related to their father and what this has meant to their narrative identity, as well as to a few others whose parents have always incorporated the donor in the explanation of who they are.

(Distinctions are not made among semen, oocyte, and embryo donation for the purposes of disclosure because, for these participants, the issues coincide.)

**Recipient parents’ contributions to their children’s narrative identities**

**No plans to tell them**

Some parents exclude the use of a donor from their accounts to children of their origins because of their resistance to incorporating the use of donated gametes or embryos within their own narratives. Others would like to accommodate the donor in their family stories but are prevented from doing so by their partners who fear being rejected by their non-genetic children. There were also parents who excluded the donor to protect the children from distress because, for example, their donor is unidentifiable, or the difficulty of negotiating public explanations. Frank gave these reasons, saying “Linda will be brought up in this world without the burden of knowing she was conceived by someone else’s sperm” (DI recipient father, Australia). This is compatible with results from a US study which found that the use of donated semen was concealed to protect both parent and child from negative reactions by society (Nachtigall et al., 1997). Gendered assumptions behind the practice of egg and sperm donation (Haimes, 1993) must be considered as influences on decisions to disclose, given that the need for donor gametes was interpreted as failure by some men and women.

However, as in other studies (e.g. Durna et al., 1997; Golombok et al., 2002), parents do not maintain complete secrecy, thus increasing the chance that their children will learn about their conception from someone other than their parents. Some parents entertain the possibility of disclosing the information in the future. One mother said:

Kim and Kate do not know that they were donor conceived, but they are only three and seven. We do not currently have any plans to tell them that were conceived via DI, but this could conceivably change when they reach their mid-teens. Then they would be old enough to understand why we did this. (DI recipient mother, USA)

It is often not clear what level of understanding parents mean when they consider waiting for their children to understand, and whether that moment will be recognised until after it is past. When we consider how difficult parents find discussing conception through heterosexual intercourse (Kirkman, Rosenthal, & Feldman, 2002) and how the “right moment” can be postponed, it is easy to see how much more is demanded of parents who need to give an account not only of “normal” conception but also of how their experience was deviant. The understanding required of the children is, at the very least, of both the biological details and the ethical justification for their parents’ actions.

“**What do you say?**”

Parents who want to include donor-assisted conception in their children’s narrative identity grapple with the same issues as parents who decide to exclude it. Many are reluctant, confused, and uncertain of how to proceed. Some parents said that they volunteered for this research to learn what other parents have done, because they need help in constructing narratives for their children. Parents want information on when and how to tell, especially from other parents who had already done so.

Among these parents are those who have difficulty because they have not yet incorporated donor conception within their own narrative identity in a satisfactory way. Yolanda, for example, was pregnant with her second child when we first met. She was uncertain about
telling her friends that she had used a donor egg because “I still feel underneath it’s a failure of mine” (Australia). She would not tell her children except for the conviction that “they have a right to know their origins. ... I’m going to have to ask for some help on how I do that.” Yolanda was still adapting her own narrative identity, endeavouring to incorporate the disruptions of infertility into her life story, learning how to interpret the vicissitudes of her life in a way that makes them bearable (see Kirkman, 2002, for discussion of the consoling plot). In the meantime, her attention to her children’s needs diverted her from her own narrative work.

Similarly, Angela is “extremely worried” about telling her children that they were DI-conceived, wondering “What do you say?” Her mother urged her to leave it no later than when the child was nine, which the older child was approaching, but Angela felt “just not ready to do it.” A counsellor advised her before conception to tell her children “basically from birth.” Angela was adamant that this was wrong without being able to explain why, beyond the difficulty in broaching the topic and formulating the words. It was something that seemed a reassuringly long way off at the time:

When you first go through all of these tests at the hospital, you know, you think, oh, that’s years away, before you have to discuss it. (DI recipient mother, Australia)

Some parents who are confused or seeking help have begun to incorporate the donor into their children’s narrative identity but are troubled about how to develop it. Elaine, for example, said:

We have told our 3½-year-old boy that he has “another different daddy” who “lives in the city”. We will tell our daughter the same thing as she gets older. I hope by doing this it will not come as so much of a shock to them when they find out my husband is not their biological father. When they are older, I assume they will start asking questions about their other different daddy. I have also said they are lucky to have two daddies so it does not seem like a negative thing. ... We have told our families and quite a few friends, so keeping it a secret would probably not work. Even the fact that the donor’s blood group did not match my husband’s could result in them finding out he is not their biological father. (DI recipient mother, Australia)

I asked Elaine what could be inferred from her use of “daddy” for the sperm donor and her husband. She responded that it was because her son (aged four) “probably wouldn’t have understood what I meant if I called him another name.” In the absence of clear information about what is “right and wrong” in dealing with offspring of donor conception, Elaine added, she was “doing what we think is best and hopefully easiest for our children to accept.”

Elaine and her husband have used language that they believe their children will understand; there has been no mention of sperm donation or conception, just a “different daddy.” The existence of a daddy about whom they know nothing has been incorporated in the children’s narrative identities, but his role is yet to be explained and Elaine is uncertain of the words she should use when (or if) the children begin to ask questions. Other parents choose to use terminology that defines the sperm donor and clearly differentiates him from their father, in the knowledge that their children will not yet fully understand what the words mean. There is not adequate evidence to support one approach or the other as most beneficial to offspring identity, although it is difficult to avoid wondering whether redefining the meaning of “different daddy” may itself be problematic. The pivotal significance of words in the development of family narratives and narrative identity is inescapable.

Parents must also take account of unexpected interpretations by their children. Gillian, for example, was satisfied that her son understood his conception and had explained to him that his sister was conceived at the same time but frozen for later transfer. When he, in turn, told his sister that she had spent years in a freezer, her tears persuaded Gillian to “leave that issue for a little while” (DI recipient mother, Australia).

Problems arise not just with words, however, but with events and information that could be included in narratives. One couple’s first child was the result of egg and sperm donation; the second was conceived by the woman during a brief extra-marital affair when she produced an unexpectedly viable egg. How do those parents begin to explain the second child’s conception, having been open with their first? Other permutations with which the research participants juggled included step-children in addition to children from donated gametes or embryos; natural children born before or after donor-conceived children; and serial partnering resulting in children of various genetic backgrounds. Such variations challenge the parents’ ability to construct meaningful family narratives that are beneficial to children and parents. Parents who wanted their children to know all about their genetic origins might worry about having to discuss adult concerns or transgressions with a child, or about a hierarchy of genetic connectedness developing within the family. At least one child was reported to have said, “You don’t love me as much as my brother because I’m not genetically related to you.”

Obstacles to fluent narrative construction can arise from sources external to the family as well as internal sources (which, of course, have reciprocal influence). Abigail (Australia) was a single woman who had used DI
to become pregnant when debate began in Australia about potentially amending the Sex Discrimination Act to exclude single women and lesbians from access to fertility treatment. After the Prime Minister argued against access by anyone other than heterosexual couples, Abigail reported feeling “personally and morally attacked.” She is confident in her identity as a single mother who chose DI rather than a one-night stand to achieve motherhood, but the narratives she constructs for her child must take account of the public discourse condemning single parenthood. Single women and lesbian couples are low on the hierarchy of “acceptable” parents, well below heterosexual married couples requiring third-party assistance, who are themselves constructed as inferior to those who do not. The canonical narrative of desirable family development is repeatedly reinforced by conservative governments around the world.

Parents who do not maintain a clear narrative for their children may reflect the changing public discourse and canonical narratives, as well as the need to adapt to their children. They may have discovered that fears or expectations they held when their children were babies did not come true, or that unexpected problems had arisen. They may have sufficiently revised their own narrative identities so that they are now able to address the significance of donor-assisted conception for their children.

Tomi’s narrative is the epitome of a narrative in flux as a consequence of personal, social, and political context. Tomi is the non-biological mother of a child conceived through DI and to whom her partner, Tess, gave birth. She knows that she has no legal rights as a parent. Tomi participates in debate around lesbian motherhood and the presence or absence of a man in the family. She is aware of the hetero-normative discourse of necessary biological relatedness between parents and children. Tomi commented, apropos other parents among her friends who have used DI: “You can have so many things in common but your stories are still not the same.” The narratives she constructs for her daughter fluctuate under the influence of this multi-layered context, which has ramifications for her daughter’s narrative identity. According to Tomi:

A couple of times she’s said, “I don’t have a daddy”, and I think at different times both Tess and I have handled that situation differently. At one stage I said, “You do have a daddy. He’s a different daddy; he’s a donor daddy”. Another time I’ve said—and this is so confusing and I hope she doesn’t remember it, because I think we’re trying to work it out as we go—“You don’t have a daddy, you’re right; you have a donor”. Other times I’ve been really keen to focus on the positive, … so when she’s been talking about someone’s dad and mum, we’ve always framed it as, “Blah-and-blah has a dad and a mum, Blah-and-blah has a mum, and you have two mums”. And I guess I’m assuming that it won’t really be until she’s about seven or so that some of this gets processed in a way that she’ll understand. … I assume we will just continue to tell her the story. (DI social mother, Australia)

The debates, the legal circumstances, and the absence of a clear canonical narrative of lesbian parenthood, especially non-biological parenthood, also affect Tomi’s own maternal narrative identity. Eight months later, Tomi’s daily life as a mother had been effective in developing confidence in her parenting. She was aware that consistency could not be assumed, however: “I’m sure if you followed us up in five years we would have quite different issues to explore.”

The vicissitudes of life associated with donor-assisted conception ensure that family narratives are anything but straightforward; many parents are concerned about their ability to incorporate accurate information in their contribution to a narrative identity for their children. Those parents who have tackled the task are discussed in the next section.

“Donor conception will always be part of the story of my family”

Family stories and the parents’ narrative identities play a significant role in the construction of children’s narrative identities. It seems likely that the parents in this section are those who have been able to revise their own narrative identities (see Kirkman, 2002) and therefore have the words and some degree of confidence to incorporate the donor into the narratives constructed for their children.

Nevertheless, the complications of life intrude even here. For example, Helen has a son through anonymous egg donation. Because his older sister was adopted, Helen thought adoption would be a useful analogy for Amos:

She always gets Christmas presents, she always gets birthday presents, … she can go on visits with them, there’s another family that she has contact with, and he’ll often say, “But where’s mine? Why can’t I see my other family?” (Egg recipient mother, Australia)

In hindsight, the adoption analogy may seem to be a mistake (although it should be noted that one offspring participant describes himself as a “DI adoptee”). But Helen thought that it would be to his benefit for her son to share his sister’s story, so she emphasised whatever she could that they seemed to have in common; and when she embarked on this strategy, her daughter had not met her birth family, thus setting up unexpected confusions in her son’s mind. Even a carefully
considered contribution to a child’s narrative identity, as this was, is not without its pitfalls.

Some parents arrange the conception with the child’s identity in mind. Lucy (Australia), for example, hopes to become a mother within her lesbian partnership. Their semen donor, a gay friend in a long-term relationship, was chosen because he was “amenable to a child contacting him when they wished to” because Lucy and Loretta “thought that pre-empting or trying to define in advance the boundaries of a relationship without consulting with the child was disrespectful of their needs and interests.”

Other parents become aware of such issues only as donor-assisted conception advances. When Evelyn and her husband (Australia) first embarked on DI, they could see no need to disclose DI to any offspring. Their view was changed first by an encounter with a social worker who told them that family secrets are dangerous, then by listening to a young donor-conceived woman talk angrily about being denied knowledge of herself until she was an adult. Evelyn now says that, “Donor conception will always be part of the story of my family.” She described “practising when I changed nappies so when the questions started coming I could incorporate it into the ‘Where did I come from?’ side of it all.” Evelyn was aware that sex education was difficult for parents under ordinary circumstances and that her sons had more information than their peers; but “because we’ve got a few variations on the theme, it’s been very necessary to be very open and very honest right from the word go.”

One contribution to the developing narrative about DI for Evelyn’s two sons (aged seven and five when she was first interviewed) was having a sense of the donor as a person, in spite of not knowing his identity. Initially their donors were chosen by the clinic for their physical similarity to Eric. A new clinic showed them the written information completed by two donors. One appeared to be a good match for Eric but his written account “left us cold.” The second donor “just reached out to us” through his warm and humorous words in spite of being “a total mismatch, even physically.” They chose this donor and were successful with him:

I’m glad we did it like that, and it’s made him more alive for us, and I do think of him as a real person. ... A couple of times when they’ve done something, if it was one of the things mentioned on the list of interests or hobbies of the donor, I have actually made a comment like, ... “I think your donor liked playing tennis”.

Evelyn has talked about DI fairly widely so that when her sons mention it, perhaps at school, people are not taken by surprise. She is therefore helping to develop their narrative identity not just by telling a story, but also by ensuring that the social context supports it and contributes to their confidence:

Because they know it so well about themselves, I don’t think they think about it in terms that they’re different, or that they’ve got something that’s a secret. ... They will want to talk about it to some people, and I hope that they’re sure enough about themselves to be able to do that.

Evelyn’s awareness of difference in the making of their family means that she tries to pre-empt potential problems. As Evelyn and Eric work to construct their narrative in acknowledgement of its deviation from the canonical family narrative, there is no indication that this “abnormality” is damaging.

A few parents have made books for their donor-conceived children. Olivia and Owen prepared from the outset to develop a clear narrative for their daughter, and practised talking about it with her from the time she was born. Annabelle was 26 months when I first interviewed her parents and had been given the book about 4 months earlier. It includes images of her from the time she was a few cells and photographs of Olivia and Owen during the pregnancy. The text emphasises how much her parents wanted a baby to make a family and how happy her birth has made them. It explains that all babies need an egg from the mother and sperm from the father to grow, and that Olivia had no eggs. The role of the doctor in asking “a kind woman” to share some of her eggs, and in putting the egg and sperm together, is simply described.

A book may serve several purposes: it allows parents to work on an acceptable story at their own pace, which may in turn play a role in clarifying their own narrative identities; it encourages children to take the initiative in talking about their own stories and to indulge in the repetition that children enjoy; it is a fixed point to which they can refer when matters become confused; it can give children pleasure and reassurance to see their own name and story in a book; and it has a status or legitimacy, like other books, that oral accounts may lack. This may not work for all parents or all children, but it is a technique that several families at this end of the continuum found to be helpful. (There are several books written to assist parents, such as Bourne, 2002; McWhinnie, 1996; Wickham, 1992.)

The accounts from Evelyn and Olivia, among others, demonstrate various ways in which parents manage the development of their family narratives according to how they interpret their children’s age, maturity, needs, interests, and the appropriateness of parent or child initiation of discussion on sensitive topics. (Rumball & Adair, 1999, found similar developmental adaptations among parents in New Zealand who disclosed to pre-adolescent children.)
Words may not necessarily come first. Samantha and Sean (Australia) are parents of two young children conceived with embryos donated by a couple that was initially anonymous. Like most of the research-participant parents, they are still concerned about exactly how they will explain their conception to their children, although Samantha said, “I know that it’s something you have to keep explaining all the time, because as they grow, their comprehension increases, so you have to keep explaining in a different way so that they’re able to understand.” Samantha and Sean managed to locate and meet their donors, with whom they now have a warm and developing relationship. In advance of words, then, is a relationship that began after the birth of the first child and into which the second child was born. The unusual circumstances of this family, one of a small number whose children are the result of donated embryos, have been managed so that practice ensures knowledge. Few parents who have used donor-assisted conception, however, have the opportunity (or desire) to incorporate a relationship with their donors into the child’s narrative identity. Exceptions are sister-to-sister egg donations and those (usually single women or lesbian couples) who have chosen a known semen donor.

**Offspring and narrative identity:** “My conception is who I am”

Parents may construct narratives for their children with the most benign intentions. They may not foresee the disruption brought about by information acquired by that child as an adult. Without exception, participants who are adult offspring of donor-assisted conception argued the necessity of developing an identity that accurately reflected their conception, and a chance to negotiate its meaning with their parents.

It is axiomatic that we have no information from the large majority of offspring of donor-assisted conception who are ignorant of that fact. (The offspring who participated in this research were wholly the result of DI, the oldest and most common mode of donor-assisted conception.) Offspring who found out about their conception as adults are exemplified by Kelly, who was quoted at the beginning of this paper. Their accounts of parental attempts to construct misleading identities, and of their own difficulties in revising those identities after the disruption of learning about their donor conception, demonstrate the pitfalls in trying to manage identity for the next generation based on the expectation of genetic continuity. It was common for offspring to say that they felt out of place in their family. Of course, this may occur in children whose parents are related to them both socially and genetically, as in Freud’s (1977/1909) family romances (see Corbett, 2001). It remains an unfulfilled fantasy or fear for most people, but adults who learn that they are not genetically related to a parent have a legitimate reason to use that information to reinterpret and explain their sense of not belonging.

It is usual for those who discovered their conception as adults to want to seek those to whom they are genetically related, such as the donor and genetic half-siblings. They may be angry or distressed that their parents, whom they trusted, have lied to them. There may be a desire to discuss the new information repeatedly with their parents, and frustration when a parent has died. Kelly, in common with most of the other offspring in this research, came to understand her parents’ longing for a child and their motives for turning to a doctor who could supply donated semen. Those who discovered as adults are upset by the deception and the disruption to their narrative identity, not because their father is genetically unrelated. Kelly said, “Ideally I would have known about DI my whole life. I think if I had known my true identity all along, my other issues (identity, relationship, self-esteem, depression, individuation) would have been less.” Offspring who find out only in adulthood about their origins have received no intergenerational help with the development of a consistent narrative identity. Nevertheless, Kelly reported that her sister had been far less concerned than she about the disclosure, so variation even within families must be acknowledged.

Beatrice was 18 when she first participated in this research. Her mother included her donor conception in the family narrative, and Beatrice’s narrative identity had been developed consistently:

I learned about my conception when I was five years old. I can vaguely remember my mother telling me. ... “I had eggs, but”, she said, “your daddy didn’t have enough sperm, so we went to see the doctor who found a very nice man for us who had extra sperm and gave it to us to have you”. ... I thought, “Oh, that’s cool, I’m different”. It made me feel like I’m a star or something. ... Obviously I’m different from most other people in our society, but to me it’s something so small. I mean, it’s a big piece of me, but it’s not like every day I’m like, “Oh! I’m different than you!” ... My conception is who I am, it is who I will always be, it will never change. ... My hair is black, my parents divorced when I was three, I’m an only child, and I was conceived through DI. (DI offspring, Canada)

Although Beatrice described herself as untroubled, it was significant to her that she could never know the identity of her donor. She longed to meet him, but “would certainly never view him as my father, or as a substitute for my father.”

Jared and Clint were aged 7 and 11 when their mother interviewed them for this research. The interviews themselves provide insight into the interactive way in
which parents develop and extend narrative identity around donor-assisted conception. It was clear that the process was a familiar one to the boys who said that they could not remember a time when they did not know about it. The younger boy, Jared, said, “I don’t really care how you made me, as long as you made me.” When asked if the donor was his parent, Clint said, “No. A parent is someone that raises you, feeds you, gives you a home, all that stuff; and takes care of you. … You guys do that, you and Dad. He doesn’t do that.”

Although their social father no longer lived with the boys, his relationship to his sons was described in terms that could be applied to other adults whose parenting continues after divorce. Jared gave an account of his father telling a puzzled friend of Clint that their mother was not required to have sex with the sperm donor. Clint reported seeing an advertisement in the personal columns of a newspaper asking, “Are You a Virgin?” then accusing his father of being a virgin because of the way the children were conceived. Clint was highly amused at his father’s attempts to extricate himself from that complication. The boys were obviously accustomed to discussing sexual matters with their parents, including contraception as well as DI, and of sharing humor about intimate topics. The boys’ mother chose an emphasis for their conception that differed from Beatrice’s statement of its centrality to her identity: “The children are who they are, not how they were conceived.”

However, in spite of the temptation to be reassured by the advantage of early incorporation of their donor origins in children’s narrative identities, this is not a panacea. At 19, just over a year after her first interview, Beatrice amended her attitude to donor-assisted conception, if not her confidence in her identity: “I can love my life, but I don’t have to love or agree with my conception.” Although Beatrice has concluded “that DI is unethical,” she asserts that it “doesn’t mean that I feel distressed about my personal situation”:

I would say that being told at a young age and being raised in openness has contributed to me having a stable sense of self, and feeling secure in my familial relationships.

Beatrice’s account seems to support the distinction between origins and belonging: between genes and genealogy.

### Conclusion

Participants in this research have revealed the complexity of attempting to incorporate donor-assisted conception in the narrative identity of parents and offspring. They have demonstrated some of the reasons why parents may omit the use of a donor from narratives developed for their children, as well as the consequences of adult discovery and some examples of early narrative inclusion. Some parents have demonstrated how they have incorporated their use of a donor in their family narratives. It is clear that most other parents want information and (in some cases) assistance in discussing this matter with their children. Above all, this research illustrates the intricate ramifications of donor-assisted conception on family narratives and narrative identity, in interaction with many other facets of personal and public life.

What are the implications for offspring identity when parents plan not to disclose donor-assisted conception to their children? If the offspring never find out that they were donor-conceived, there may be no repercussions, although the literature on family secrets (see Imber-Black, 1993; Landau, 1998; McGee et al., 2001), while contentious (Walker & Broderick, 1999), suggests that the potent presence of the secret may itself become a malign force in the family. Those who learn as adults that they were donor-conceived may experience disruption to their identity and a sense of not being the person they thought they were. This is readily comprehensible in narrative terms: the story of where I came from and who I am, constructed, developed, and amended on the assumption of consistent social and genetic parentage, has been shown to be based on a false premise.

Those occupying the broad middle of the continuum, parents who intend to tell their children but who are troubled about how to do so, have a range of possible outcomes depending on how they manage not only the account they prepare (and reiterate and develop) for their children, but how well they manage to revise their own narrative identities to incorporate the necessity for a donor. A major ramification of these accounts is the need for parents to have advice and support, particularly after the conception and birth of these children, that acknowledges the developing meanings of donor conception as the desired babies grow and the social context changes. Some of the parents wished that they had repeated access to experienced counsellors or to information about others who had dealt successfully with when, what, and how to tell.

At the other end of the continuum are the parents who clearly incorporate donor-assisted conception in their family stories from the outset. Again, there is little evidence of what this may mean. These offspring are, of course, spared the disruption to their narrative identity of discovering after adolescence that a donor was used. Nevertheless, as Beatrice demonstrates, this cannot be assumed to obviate all problems and concerns. We must also consider differences among those whose donor is anonymous, those whose donor is identifiable but with whom there is no relationship, and those who have a relationship with their donor, whether from the outset
or at some later time. This will inevitably be reflected in differences in family narratives and narratives of identity. (It should be kept in mind that children do not necessarily claim to want to know their donors: Brewaeys, 2001.)

All of these parents and their children (whether young or adult) must develop and negotiate their narratives within a context of social and political discourses that may be antagonistic, is less likely to be encouraging and will, almost inevitably, be shifting. Parents, offspring, and donors will contribute to these discourses through support groups and participation in public debate. The contributions to narrative identity made by various permutations and combinations of family narratives, as well as pragmatic limitations of the availability information, may be gradually revealed as offspring come to know more about their origins (especially with donated ova), and as social and cultural contexts change.

While there is inconclusive evidence that children will suffer by not being told about their donor origins, several factors suggest that this must continue to be encouraged: human rights issues, the experience of those donor offspring who have spoken out, and the increasing likelihood that genetic anomalies within families will be discovered. Given what we know about adolescent development and identity, it seems desirable that children know about donor conception before adolescence.

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