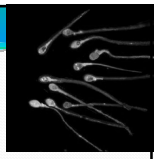
Psychosocial counselling: Issues to be addressed in donor insemination

Dr. phil. Petra Thorn
SIG Psychology & Counselling
Granada, Spain, 25.-26. March 2010

Introduction



- Family building using DI involves managing diverse and often contradictory emotions
- In many countries, DI is still associated with a stigma and a taboo. Recipients run the risk of no or false information
- Especially with third party reproduction, cultural awareness (taboo, stigma) and knowledge about legal implications are necessary
- How can recipients be motivated to take up pre-treatment counselling, to view it as an opportunity to explore the psychosocial implications rather than an obligatory exercise?

Overview

1. Assessing readiness
2. Exploring disclosure
3. Supporting treatment
4. Information sharing with children
5. Counselling donors
6. Counselling lesbian couples
7. Counselling single women
8. Challenges

1. Assessing readiness

… it may be a long way

- Agreeing about ending treatment with ICSI
- Facilitating grieving process of child biologically related to both parents
- Exploring meanings attached to DI
  (DI is only 2nd best, intuitive discomfort, illegal in some countries)
- Eliminating coercion by partner, by professional

1. Assessing readiness

… it may be a long way

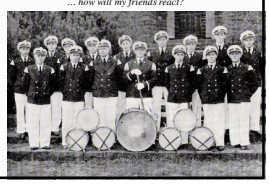
- Discussing pros and cons of adoption
- Determining financial and emotional resources
- Deciding type of donor (where possible):
  anonymous, known, personal, intrafamilial

  and exploring implications (managing social and biological parenthood, discussing and agreeing
  on meanings of donors, needs, boundaries, accounting for potentially different needs of the child)

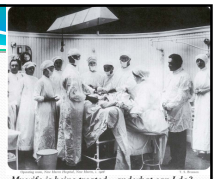
2. Exploring disclosure

- Support required by the couple/wife during treatment
- What reactions are feared if DI (and male infertility) is disclosed with family members and friends?
- Helpful strategies for disclosure
- Typical reactions of others

… how will my friends react?



3. Supporting treatment



My wife is being treated – and what can I do?

- Typical emotional roller coaster
- Managing ambivalent feelings towards the semen of an anonymous donor inside the body
- Encouraging recipients to voice their needs with medical staff (i.e. breaks from treatment, information about donor)
- Facilitating grieving process if DI is unsuccessful, emotional or financial ressources are depleted, help to face life without children

3. Supporting treatment

Will I be able to love the child?

In the case of pregancy:

- Validating and normalizing fantasies about the baby and the donor
- Fantasies typically subside as pregnacy advances
- Ask for non-identifiable information about the donor
- Helping the husband's anxiety not to be able to bond with the baby: research has indicated that the father-child relationship is quite secure

4. Sharing information with children

A young child won't be able to understand!

- Disclosure has been a controversial issue
- Secrecy protects the family, the child and the father from stigmatization, in some jurisdictions the donor from legal responsibilities
- Disclosure prevents a family secret, identity struggles, loss of trust within family, respects values such as openness and honesty in family,

  provides relevant medical information, fairness/similar possibilities in comparison to adopted children

Non-disclosure is often based on feelings such as fear and anxiety - fear is a bad advisor!

4. Sharing information with children

A young child won't be able to understand!

- Easiest, both for parents and for child, when the child is 3 – 6 yrs old
- Simple words, simple explanation, child's developmental needs should determine parental disclosure process

  Disclosure is a process, children ask more complex questions as they get older
- Guidance material, workshops for parents, role models

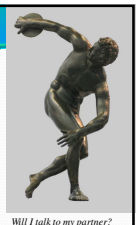
4. Sharing information with children

He may be stigmatised in kindergarten …

- Age-appropriate disclosure
- Respect the questions and reactions of the child. The older the child, the more complex the questions/reactions.

  Typical fear: puberty, fear of rejection by the father
- Older children's identity is formed to a greater degree, this impacts on reactions
- Research: children fare best if disclosure occurs early, child development within the norm, independent of the family structure

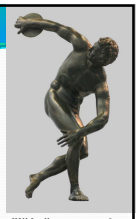
5. Counselling donors



Will I talk to my partner?

- Typically, there is no/little counselling provision for semen donors
- With higher rates of disclosures and legislation providing access to offspring to records, in the future, more and more donors are likely to be contacted by offspring – implications counselling for donors is necessary
- Reflect motivation, exclude coercion (personal, intrafamilial donor), discuss potential needs of offspring for contact

5. Counselling donors



Will I talk to my partner?

- Decide to donate for which group (heterosexual, lesbian, single women), limit no. of offspring
- Explore meanings of DI-offspring; this may change once donor has children of his own (half-siblings)
- Explore possibility of children being born with genetic disease inherited by donor – will he want information, will this influence his own family planning?
- Can clinics provide some information on no. of pregnancies/offspring born?

6. Counselling lesbian couples

Will society accept us as a family?

- Not possible in every country
- Deciding who becomes the biological, who the social mother
- Roles, meanings and boundaries must be discussed and agreed upon by all involved, esp. if donor is known
- Children may voice need for different families boundaries
- Research: children fare well, parents disclose early

7. Counselling single women

Will I the a good mother ?

- Not possible in every country
- Roles, meanings and boundaries must be discussed and agreed upon by all involved, esp. if donor is known
- Children may voice need for different families boundaries
- Research: children fare well, parents intend to disclose early, potential emotional, social and financial challenge

8. Challenging issues

We know some of what we don't know but we don't know what we don't know …

- Additional skills, legal knowledge, training helpful
- Mandatory or voluntary counselling?
- Clinics/doctors can impact on uptake of counselling, cooperation vital
- Counselling aim: instil confidence
- Counselling comprises
  - Couple counselling (individual and couple issues)
  - Educational groups (destigmatizing, normalizing, support network)
  - Educational workshops for parents who intend to tell their children (support network)

Questions and Discussion

Discussion

Suggested reading:

Daniels K, Thorn P, Westerbrooke R (2007) Confidence in the use of donor insemination. An evaluation of the impact of participating in a group preparation programme. Human Fertility, 10;1:13-20.

Jadva, V., Freeman, T., Kramer, W., & Golombok, S. (2009). The experiences of adolescents and adults conceived by sperm donation: comparisons by age of disclosure and family type. Hum Reprod, 24 (8), 1909-1919.

Golombok, S., & MacCallum, F. (2003). Practitioner review: outcomes for parents and children following non-traditional conception: what do clinicians need to know? J Child Psychol Psychiatry, 44 (3), 303-315.

Montuschi O (2006) Telling and Talking. www.dcnetwork.org (download).

Murray, C., & Golombok, S. (2005). Solo mothers and their donor insemination infants: follow-up at age 2 years. Hum Reprod, 20 (6), 1655-1660.

Tasker, Fiona (2005). Lesbian mothers, gay fathers, and their children: a review. Developmental and Behavioural Pediatrics, 26 (3), 224-240.

Thorn P (2006) Donor Insemination Recipient Counselling. In: Covington, Sharon and Hammer Burns, Linda (Eds.) Infertility counselling: A comprehensive handbook for clinicians. Cambridge University Press, Cambridge, 305-318.

Thorn P & Wischmann T (2009) German guidelines for psychosocial counselling in the area of gamete donation. Hum Fertil (Camb), 12 (2), 73-80.