



Beware Gifts Bearing Children

Mommy, Mommy, when I grow up, I want to be a mommy just like you. I want to go to the sperm bank just like you and get some sperm and have a baby just like me.

—Six-year-old Emily, dreaming of motherhood

You go to the sperm bank and become a mommy. No storks showing up at the doorstep with a bundle. No birds-and-bees sex scenes. Emily knows a new story—the story about parents who very much want a child and have found a new way to have one with the help of assisted reproductive technology. To Emily, it is such a good story that someday she wants to be one of those mothers, just like her mommy. I want to continue Emily’s story and invite all of you to come with me as I tell what I have learned about women and men who have become parents with the help of sperm donors, egg donors, or surrogates and all I have learned about the children as well. I might be telling your own story, or maybe your story-to-be.

For everyone, parenthood today is an extremely stressful endeavor. As I open this story, you may already be imagining how much more stressful it can become if you’re a parent or a child in a donor or surrogate family. And not just stressful, but complicated. These “new-fangled” methods of making babies are here to stay, and each week we read about a revolutionary new way to get a baby using reproductive science. Doctors can now mix an infertile mother’s egg with someone else’s egg to create a viable egg and then a

fetus genetically related to both women. With future scientific advances, an adult skin cell may be able to be substituted for a sperm or an egg, meaning two women could create a baby genetically related to both of them, and so could two men. What next?

Forget about what's next; even with what's right now you may be faced with many complex questions: Do these techniques pose any risks? How do I (or will I) feel about the child who was made by me and someone else? How do I (or will I) feel about the child who was made by my partner and someone else? How will my child feel about me? Will it affect how I feel about my partner (if I have one)? How do I feel about the someone else (the donor or surrogate)? Where does that person fit into my family? How will I talk to my child about his or her beginnings? Will I tell other people? If I do, what will I tell them? Is my child okay? For any parent, these are daunting questions, and up until now you may have been left to sort them out on your own. I'd like to offer what help I can.

And not just to parents—donors and surrogates need help; friends, family, colleagues, and lovers need help; professionals need help; policymakers need help; the communities and the society in which your children grow need help as well. So I am enlisting all of us to come together as a village to ensure the health and well-being of the children and the parents who are members of the new swell of “alternative to the stork” families.

In both the wisdom and innocence of their youth, Emily and the children around her have already begun to tell the story that I want to tell, maybe even better than I can. Seven-year-old Andy has two mothers. He is out on the playground. Two boys stop him. They taunt him: “Andy, you can't have two mommies. You have to have a mommy and a daddy.” Andy, glaring at them, hurls his retort: “Stupid, haven't you ever heard of donor insemination?” Jade, the six-year-old daughter of a single mother, ran up against a similar taunt. She offered a simple response: “Well, a man helped us.” Her friend quickly rallied to her defense reminding Jade's taunters of yet another classmate. “And Lilly, she was made from a dish.”¹

Sylvie is eight years old and in love with life, with its theme of different strokes for different folks. She tells me what she's figured out—none of her friends live with their father; she's the only one who does. She goes into her litany: Jennifer has two moms, Mandy's parents are divorced and her father lives far away, and her friend Katy, “Well, she has a mom—and . . . and . . . [with an arching wave of her arm] and a father somewhere else.” In fact, Katy has no father. Her mom has always been a single mother. Katy was con-

ceived with the sperm from an anonymous donor, something Katy has known since she was a tiny child.

The children tell us their stories—of mommies going to the sperm bank, babies made in a dish, boys with two mommies, fictive fathers who float somewhere in the universe. Now it is time for *us* to tell a story—to our children and to ourselves. It is time for a story that will make sense of the new advances in reproductive technology and the families that are born of them.

Emily, Andy, Jade, and their classmates are universes away from the playground prose of my childhood, “Johnny and Susie sitting in a tree, k-i-s-s-i-n-g,” where standard fare was fantasies of heterosexual couples kissing, marrying, and making babies. Sylvie negotiates the new vagaries of reproductive technology by making up a father for Katy because nothing else made sense to her. Every day on the playground, in living rooms, in bedrooms, and in doctors’ offices, all of us, not just Emily, Sylvie, Andy, and Jade, are trying to make sense of these radical new situations where children are conceived with the help of donated sperm, eggs, or wombs. We make up stories, we get our facts mixed up, but most of all we experience waves of worry and angst that often render us helpless or incapacitated in our thinking about the topic or in our actions, both at home and out in the world.

THE FERTILE NEW WORLD

If we think about it, it is as though we are just emerging from the Dark Ages into a Renaissance as we rub our eyes and try to comprehend the profound changes in biological, psychological, family, and social life that have been ushered in by the new reproductive technologies. We have hardly begun to digest the new possibilities:

Donor insemination—the oldest form of assisted reproductive technology—a process whereby sperm is introduced into the female reproductive tract through the use of an artificial device.

Egg (ovum) donation—the process by which ova are extracted from one woman and joined with sperm through in vitro fertilization to be carried by another woman who will gestate the child.

Surrogacy—the process by which a woman carries a child conceived (through donor insemination or in vitro fertilization) with her egg or an egg

donor's egg and a man's sperm, to be raised by that man alone or by that man and his male or female partner.

Gestational care—the process by which a woman gestates a baby for another individual or couple by means of an embryo transfer conceived by that couple or from another woman's egg and donated sperm.

Embryo adoption—the process whereby an embryo, created through in vitro fertilization from the egg of a woman and the sperm of a man, is gestated in the womb of another woman to be raised by her alone or by her and her partner, individual(s) who have not provided the gametes (eggs or sperm) and have no genetic ties to the child.

We may readily accept the story of Zeus birthing Athena from his head, yet that doesn't protect us from getting overwhelmed by the real reproductive technologies that allow people to have babies in ways only dreamed about in ancient myths. And before we have a chance to get our heads around the possibilities of borrowed eggs, sperm, and wombs, sensational media headlines both intrigue and trouble us with announcements of even newer miracles that already render these routes to parenthood obsolete or mundane. Soon we may be able to clone ourselves.

Baby boomers are believed to be the driving force behind this mad rush into the future. Baby boomers—a large, affluent generation born in the aftermath of World War II with the belief that the world was their oyster, a generation that typically postponed parenthood, a generation growing up in an ecologically polluted environment suspected to be interfering with fertility—were not going to be stopped short when they encountered problems with having babies. They would reach for whatever means possible. Not God, but technology is on their side. Yet whether we are baby boomers, the parents before them, or the next generation, we are all stumped. If we cannot even get into focus the reality of a child with up to five parents (sperm donor, egg donor, gestational carrier, legal parents), how are we to fathom a child who has three genetic parents or only one genetic parent or might be his own grandpa?

The story I would like to tell is a “strange bedfellows” story. More than a century ago, when the first reported donor insemination baby was recorded, Western medicine broke ground for infertile heterosexual couples to have a baby of their own. To this day, assisted reproductive technology is a boon to those couples or individuals unable to conceive a baby because of problems with their reproductive system or because of illness or disease that

would contraindicate either carrying or conceiving a child. But now all of these men and women are joined by a whole other group of people wanting a child and celebrating that they can have one—people who have nothing wrong with their reproductive systems but are gay, lesbian, or single and, therefore, need some outside help to have a genetically related baby of their own.

The strange bedfellows don't always share the same emotional experiences. Those turning to assisted reproductive technology after confronting infertility often find themselves working through a sequence of desire, frustration, disappointment, and mourning. Single people and gay and lesbian families who discover in donorship or surrogacy a revolutionary new opportunity to become parents more likely find themselves traversing from desire to excitement to appreciative anticipation. So our story must weave together the experience of those who thought they never could but now discover they can have a child of their own and the experience of those who once thought they could and now discover that they cannot. Such an intricately woven story must inevitably be one of both sadness and celebration. It must be a story with many beginnings and many endings, but a single story nonetheless: the story of parents who raise a child who was brought to them not by the stork but with the help of another person—an egg donor, a sperm donor, or a surrogate.

This is not a brave new world, but a fertile new world. Right up to the present we seem to exclusively link assisted reproductive technology with infertility. We have books like *Beyond Infertility: The New Paths to Parenthood*² that itemize all of the assisted reproductive techniques to help a couple get a child of their own once they have confronted their inability to conceive. No mention is made of gay, lesbian, or single people who have no problems with their fertility. Yet increasing numbers of prospective single, gay, or lesbian mothers and fathers are availing themselves of these new paths to parenthood. For individuals in same-sex couples and for single people, the problem is not that their bodies do not work, but that they do not have another's body to work with. So in our new fertile world of reproductive technology, we might want to take the emphasis off the problem of infertility and put it on the solution—a solution that embraces not just problems with an individual's reproductive system but also the choice to have a child without the traditional male–female coupling. I suggest we just start thinking of this whole new world of possibilities as “assisted conception.” This replacement is a twofer. “Assisted conception” removes the stigma and negative connota-

tions historically associated with the word “infertility” while simultaneously including fertile gay, lesbian, and single people who avail themselves of these new options for parenting.

Entrance into the twenty-first century has brought with it a sea change not just in baby making but also more broadly in the definition of family. Over the past few decades we have watched increasing divorce rates result in new families with a mix of biological and nonbiological ties. We have also witnessed the increased acceptance of adoption, the trend for many to become parents first and choose partners later, and the technological advances that create myriad new combinations of biological and nonbiological parenthood. These transformations shake up our belief that blood is thicker than water and replace it with the sensibility that family ties are built more on love than on blood. Those of you who are using sperm donors, egg donors, or surrogates to build your families are our trailblazers. You are also part of the new generation of parents that increasingly accepts that “somebody else’s child” can also be your child. Just as people no longer raise an eyebrow when a man pushes a baby stroller, your experience in your own families forecasts a time when no one will think twice about “yours and somebody else’s” as they peek into the stroller.

BLOOD AND WATER

Culture affects family and family alters culture in round-robin ways. We used to have the biological versus the social family (adoptive families, for example). Now we have the new hybrid—the *biosocial* family. With the advances of reproductive technology, we have three kinds of parents: genetic, social, and gestational. So a child conceived with a sperm donor can have a genetic mommy and a nongenetic daddy, known as a social father. A mommy using an egg donor and her husband’s sperm can have a little girl who is biologically but not genetically linked to her mommy (a gestational mother) and genetically linked to her daddy. Any of these mothers and fathers can qualify as the *legal* parent of the child.

In our culture, blood is still thicker than water. But what about when blood and water commingle? In families using donated gametes or borrowed wombs, we have both blood and water. Max is Julie’s biological son. Jordan is his daddy and Julie’s husband, but not Max’s biological father. Sperm donor #143 from the local sperm bank holds that position. Will

Max be as strongly attached to Jordan as he would be to a biological dad? Will Julie think Max is more her child than Jordan's? Will Jordan feel he has a thinner relationship with Max because Jordan is "water" rather than "blood"?

And what about when two different forms of "blood" commingle? Marilyn and Phyllis have been a couple for ten years. They both have a strong urge to have a child. They know how hard it is to adopt as a lesbian couple. They also would like to have a child with biological ties to both of them. They are in their thirties, and both women are healthy and fertile. They decide to turn to assisted reproductive technology but are worried about an inequality in their maternal relationships with their child-to-be if only one of them has a biological tie to the baby. So they decide to extract eggs from Marilyn, fertilize them in vitro with an anonymous sperm donor, and implant the embryos in Phyllis's womb. This way each will have a biological link to their child: one as genetic mother, one as gestational mother. But how will Phyllis feel about a child who will never have any physical resemblance to her? And how will Marilyn feel about never having carried or birthed her child, never knowing the child from the inside out? And how will their child perceive each of them? Will one or the other of her mothers, the mother who carried her or the mother who conceived her, feel more like her "real" mom?

When we introduce a sperm donor, egg donor, or surrogate into family building, we have difficulty shaking the anxiety stirred up by all these questions. How can a sperm donor not be a daddy if a child is produced with his sperm? How can the surrogate not be a mommy if she grew the child in her womb? The challenge to our traditional beliefs about the saliency of blood relations and the relationship between blood and bonding gets to the core of the issue of assisted reproductive technology that we will be exploring in the pages of this book: Who is the mommy? Who is the daddy? How will the children see it? How will the parents feel it? What do the donors and surrogates have to say about it?

FACING UP TO OUR FEARS

I have invited us to come together as a village to support the families in this fertile new world. It is not only the health of individual families, but also the larger social and psychological ramifications of the new advances in reproductive technology that should be of concern to all of us as a society. Impor-

tant issues get raised: What is a family? Who holds the parental rights? Are there social or moral limits to the advances in reproductive technology (as in the present controversy about human cloning)? And so forth. But it is you parents who are on the front lines, carrying the banner for all of us, struggling in your daily lives to find answers to the bigger questions that affect us all. It doesn't matter if you are a heterosexual couple, a lesbian couple, a gay couple, or a single lesbian, gay, or heterosexual person. The story I am about to tell, a tale of anxiety trumping clear thinking and the journey toward clarity and calm, is a story for all of you. Each of you will have your own individual and idiosyncratic experiences, but all of you share the thrills and challenges of creating a baby with a "someone else" who is not your lover or spouse. You all have experienced a deep desire to have a child or you live with a person who has, and all of you have turned to assisted reproductive technology to help you. And for all of you, within yourselves, between the two of you when there are two, and between you and the culture surrounding you, the risk that anxiety will cloud clear thinking seems to come with the territory.

Let us zoom in on the culture for a moment. People often malign parents who use donors or surrogates. Headlines about exorbitantly priced searches for the perfect egg donor with a high IQ, beauty, and physical prowess don't just inform, they also reinforce—even stimulate—our discomfort and judgment about affluent people in market pursuit of designer children.³ But such parents are rare exceptions. Most parents using assisted reproductive technology do so because they strongly desire to have and to love a child and find this the best or only way to have one.

Regretfully, this doesn't protect parents from taking fire. With anger and hurt, a father described the response from one of their closest friends when he and his wife shared their decision to use an egg donor to have a baby after discovering the wife had no viable eggs: "Why would you want to do that?"⁴ Some people consider giving away eggs or sperm as tantamount to giving away a child callously, similar to the aspersions cast on parents who place their child for adoption. Donating gametes or lending wombs generates a wholesale policy of purposely separating children from their genetic or gestational parents in order to hand them over to someone else, a terrible thing, some people say. Others feel that putting a price tag on sperm or eggs is equivalent to turning people into property, putting them up for sale. And still others just think the whole thing is creepy.

Parenting brings out people's stereotypes and generates strong emotional reactions. These feelings are not static but can often shift with expo-

sure and education. We've witnessed this in the dramatic change in acceptance of single mothers and single parenting. When I was growing up in the 1950s and 1960s, an unwed mother might just as well have worn a scarlet A. She was either forced to marry the father or shamefully, secretly shipped off to a home for unwed mothers. Now the unwed mother appears on the cover of *Time* magazine⁵ as a positive icon of the "new woman" with a proud message to her child: "Once upon a time, there was a very happy lady named Marianne who had one thing missing from her life. She wanted a baby. But since Marianne didn't have a husband, she went to a doctor, who gave her seeds from a kind and generous man called a donor. Nine months later, out popped a beautiful baby boy named Sam."⁶

Marianne is not only a single mother. She's the mother of a child conceived with the aid of an anonymous sperm donor. Pride, not shame, emanates from her story to her son about his single-mother family and his donor-insemination conception. Although we don't yet know how Sam will react to this story, Marianne's proud tale replaces the tawdry image of designer babies for sale with a positive picture of loving and conscientious mothering. Her story pushes us to re-examine our negative attitudes and stereotypes of narcissism gone mad in parents turning to borrowed wombs or donated eggs or sperm to have a child.

Yet we'll need more than cover stories to remedy the negativity or skepticism about the new paths to parenthood stirred up in so many of us. Genevieve is a single woman in her early forties. For a number of years she has been in desperate search of a husband, not just so she can walk down the aisle but also so she won't miss the chance to have a baby. No eligible bachelor has surfaced. With the biological clock ticking loudly, Genevieve has worked through mourning the marriage that is not to be and has turned her attention to the motherhood that still can. She had been exploring the possibility of donor insemination until she heard an interview with a young adult on a local radio talk show. This young woman talked about her great pain and suffering as a child conceived with the aid of donor insemination because she never felt like she knew her roots and always felt weird and different. That single radio broadcast was enough to make Genevieve flee from the sperm bank and sprint to the nearest adoption agency. Fortunately, with the help of her therapist, Genevieve was able to slow down, even with the clock ticking, and more thoughtfully weigh the pros and cons of adoption versus donor insemination as a means to motherhood. But for a moment her anxiety got the best of her, and she was off and run-

ning toward a more traditional road to parenthood on the basis of very little information.

Using my tools as a clinical and developmental psychologist who has spent many years working with children and parents in families formed with assisted conception, I am writing you a story in defense of and as a support to parents who are contemplating or have already embarked on the process of having a baby with the aid of assisted reproductive technology. I am writing a story that I hope will supplant stereotypes and negativity with acceptance and support. At the same time, I do not want to throw the baby out with the bathwater, so to speak, by avoiding the hard questions. Are there problems or issues for the children? Are there problems for the parents? Are there problems for the donors or surrogates? It will help no one if we attempt to dispel anxiety and negative biases by blindly insisting that everything is just fine.

Just as an example, many people, like Marianne, describe the donor as a kind, generous, or nice person wanting to help someone have a baby. And then I hear a scathing, snapping retort from an eleven-year-old boy born with the assistance of a sperm donor: “Yeah, right, what’s so nice about the guy? He was just doing it for the money.” Another “nice” man who donated his sperm to a lesbian couple showed up later like Rumpelstiltskin to claim his rights to his child, to see his “daughter” when he felt like it but pay no child support, and to deny the little girl’s nonbiological mother the opportunity to become a legal parent through a co-parent adoption because, after all, he was the dad. If we are going to dispel myths and enable ourselves to think clearly, we must also have the courage to be realistic. We must be ready to take an honest look at the potential or presented downsides of donor and surrogacy births. Our story must embrace the good, the bad, and even the ugly. Only then can we understand the full experience, positive *and* negative, and work together to ensure the best health for the parents, for the children, for the donors and surrogates, and for all of us as a society.

MAKING PEACE BETWEEN OUR THINKING AND OUR FEELING

As those of you who have had children with a donor or surrogate know, it is not always a path without thorns. From the surrounding world you may confront not just people’s uninformed prejudices and stereotypes, but also the high financial cost of assisted reproductive technology services, rejection by

family members, lack of information about what to tell a child, and a lack of knowledgeable counseling services.

“Informed” social critics also step in your path. We have religious traditionalists who believe God’s way, sexual intercourse, should be the only way to make a child. We have conservatives who believe only a man and woman *together* should have a child and that single-parent and gay or lesbian households represent the erosion of the family, if not all of society. We have philosophers, ethicists, and legal experts who worry that reproductive technology is a runaway train, going too fast for us to think through the pertinent moral, ethical, legal, and social concerns. We have political activists who object to all forms of genetic technology, including assisted reproductive techniques, viewing them as a threat to the health and well-being of our society.

If that is not enough to set you off course, these outside pressures get tangled up with a whole litany of inner stresses. You might encounter internalized guilt and anxiety about infertility. You might experience high levels of angst about viable pregnancies and healthy fetuses. You might not be able to shake off feelings of shame or failure induced by society’s negative attitudes and behavior toward infertility, homosexuality, children born out of wedlock, or different kinds of families. You might feel insecure about forging a healthy bond with a child conceived by you and an outside party or by your partner and an outside party. You might feel confused and conflicted about telling your child about his or her conception. After all, you think, if the developmental experts have not been able to figure out this highly complicated issue, how can you be expected to? You might be worried about the prejudice, negativity, or rejection that could come your child’s way from schoolmates, from schoolmates’ parents, from teachers, from your friends, from your own extended family.

My story of children brought not by the stork but through assisted reproductive technology must therefore be an inside–outside story. It will have to weave together the external and the internal stressors and examine their effects on both parents and children. In that sense, it is not only a tapestry project but an excavation and illumination process. At times we will have to dig deep into our unconscious to pull up certain threads of the experience so they can be seen in the light of day and used to fill in the holes of our tapestry. Only then will we be able to see the full and rich spread of the fabric that will help us think about and think through the profound journey of family building with the aid of donors or surrogates.

I believe that harnessing our emotional, sometimes irrational fantasies to our more thoughtful, rational selves is the best insurance policy for a healthy and harmonious family life. The new ways of making babies create a rich breeding ground for imaginary stories and fictive fantasies. Here are just a few I have encountered. A couple who have a child conceived with a mix of the father's low-motility sperm and the sperm of an anonymous donor have decided never to tell their child about the circumstances of his conception. Over time both grow convinced that the husband is definitely the genetic father, even though the child has absolutely no resemblance to him and even though genetic testing is available to determine if he is or is not. A lesbian co-parent tells me that she actually conceived their child with her partner because she carried the baggie filled with sperm under her armpit to keep it warm on the way to the insemination. A man who donated sperm several times many years ago while a medical student denies having any connection at all to the children conceived with his sperm—he just lent his seed to science. All of these stories are myths, yet they also reveal deep *emotional* truths about our desires to be connected to the children we intend to bring into the world, or alternately, our desires to sever connections to the children we have helped create but have no intention of parenting.

These three tales also show how creating and raising children with the assistance of reproductive technology can generate immensely deep conflicts in all of us between our rational, conscious selves and our more primitive, unconscious selves. The time has come for parents, for donors and surrogates, for family members, for professionals, for friends, community, and policymakers all to work together so clear thinking and reflection are not thwarted by anxiety as we go forward into the fertile new world of assisted reproductive technology. This does not mean purging ourselves of our more primitive fantasies, but rather allowing them to come to the light of day and hitching them to our more rational thoughts.

Margolite loves her daughter, Stacey, more than life itself. She cannot believe she finally got the opportunity to become a mother with the help of the local sperm bank. But occasionally, when Stacey is driving her crazy with her demands, the thought runs through her mind, "I chose the wrong donor. This guy must have given her the screaming gene. I blew it. I wish I could trade her in." Then, horrified by these fleeting thoughts, she buries them deep in her unconscious and prepares for her speech at the local Parents Without Partners chapter, in which she will talk only of the great gift of donor insemination. And when she comes home, Margolite will grant

Stacey each and every one of her demands to compensate for any emotional harm she might have done in allowing her more negative feelings to surface. Perhaps we could say it is a ubiquitous wish among parents to distance themselves from the less endearing traits of their children, but in Margolite's case the wish collides head-on with her anxiety about a man she has never met but who perhaps has a strong (negative) influence on the child who is hers, but also comes from him. As a consequence, she is knocked off course, transforming herself into an overindulgent parent, good for neither herself nor her daughter.

To rid ourselves of any queasy feelings, we, like Margolite, may bend over backward to purge ourselves of any bad thoughts. Sometimes we do this by overemphasizing the virtues and denying the pitfalls of reproductive technology. For example, people talk about the “nice” man or woman who so generously donates sperm or eggs so someone can have a baby. Why can't the donor just be a person, neither nice nor nefarious? The experience of bringing a child into the world with the aid of a donor or surrogate is not either—or, not all bad or all good, but a mixed bag. It is a journey that crisscrosses unconscious stirrings and conscious intent, beliefs, and actions, in which positive, negative, and ambivalent feelings all swarm around each other. I would like to create a story that will help all of us negotiate the tensions between our unconscious stirrings and conscious strivings and between our irrational experiences and thoughtful reflections as we traverse the terrain of baby making with “you and someone else.”

HOW IS THIS FAMILY DIFFERENT?

Let's return to the sentence “The experience is not either—or, neither all bad nor all good, but a mixed bag.” If we step back for a moment, this statement captures the experience of *any* parent once he or she has decided to have a child. And if we zero back in on the parents who have turned to assisted reproductive technology, they are no different from any other parents who get up in the middle of the night to a crying infant, learn how to respond to a two-year-old's tantrums, play house with their preschooler, guide and follow their child's academic life, set curfews for their teenager, and launch their child into adulthood. Once a child is delivered to you, regardless of the delivery system, there is a uniform job description: develop a bond, protect, nurture, stay attuned, guide and support, set limits, love.

So, is that the end of the story? No, because there is another side to it. Families built with the help of a donor or surrogate live together and love each other (or not) like any other family. But they cannot avoid dealing with the reality that their family is not the same as other families—the daddy who raised you may not be the man who made you; or you grew in my tummy but from Auntie Doreen’s egg; or you have two mommies, no daddy, and a man who gave us the seed so we could have you with Mommy Jean’s egg; or you have one mommy, no daddy, and the man who gave us the seed so I could have you; or you have two daddies and the lady who gave us her egg and let you grow in her tummy with Daddy Joe’s seed so we could have you; and so on.

Unique to assisted reproductive technology families is the presence of an outside party involved in the child’s conception. Early in my research, while writing notes on surrogacy and gestational carriers, I noticed that I had mistakenly typed “birth other” instead of “birth mother.” I laughed, realizing that my own unconscious may have been actively at work to develop more appropriate language for the woman who carries a child for someone else. Like parents who adopt, mothers and fathers using donated gametes or borrowed wombs to have a baby will inevitably parent with the presence of an outside party in their child’s birth. Regardless of whether that outside party is an active member or merely a faint shadow in the family, he or she will always be there. That’s true even if the parents choose never to disclose the “birth other’s” existence to their child. As with adoption, there is no way to avoid the reality of the outsider. At the same time, there is no boilerplate, no one best way to include the birth other in the child’s life, and each family must carve its own path for integrating that outsider’s existence into their family experience. What they all share is that they do have to do this in one way or another.

Also unique to families using a birth other is the separation of sexual intercourse from reproduction. To qualify as such a family, parents have to plan to conceive a child but not have sex to do so. Some people experience this bifurcation between sex and reproduction as a minor detail of their child’s origins. Others are haunted by it every day. A husband creates wild fantasies of his wife “doing it” with the sperm donor. A mother-to-be imagines her husband running off with the surrogate, who now has an intimate relationship with her husband via carrying his sperm within her body. With modern forms of birth control we have been able to take the reproduction out of sex, but with the fertile new world of reproductive technology, can we as successfully take the sex out of reproduction?

“Genetic asymmetry” is another feature unique to families using a birth other. In two-parent families, one parent will have a genetic link to the child and the other will not. The same is true, of course, in stepfamilies, except that those two parents come together later—one or both already have had children, either as a single parent or with someone else. A couple using a birth other to conceive has planned from the get-go to have that child together. They have full knowledge and anticipation that their child will have one genetic or biological parent and one social (nonbiological) parent, or one genetic and one biological parent in the case of egg-donor heterosexual couples or of lesbian couples when one mother is the egg donor and the other the gestational mother. In one-parent families, the asymmetry takes a different form. Two sets of genes came together to conceive the child, but only the bearer of one of those sets ever intended to raise that child. In some ways this is no different from the child conceived by a sexual union that was not intended to create a baby and in which the mother goes on to raise the child herself. Except that, unlike with the unintended pregnancies, no sex was involved and the one who will parent has planned for the baby before the sperm ever entered her body.⁷

You birth-other families share not only your uniqueness, but also your good fortune—the opportunity to become parents because of the revolutionary changes in reproductive technology. While you revel in your good fortune, your religious and social opponents may see folly instead. In the meantime, reproductive technology forges ahead, and your families are no longer a wave of the future but a strong surge of the present, caught up in rapidly expanding forms and waiting to be understood fully. The time has come for us to understand and facilitate, and that is what I’m inviting you to do with me.

TRUMPING ANXIETY WITH CLEAR THINKING

In *Adoption Nation*, Adam Pertman tells the story of a British gay couple who were unable to adopt or to hire a surrogate in England. They created embryos with a mix of their sperm and a California woman’s eggs. The embryos were then implanted in another woman’s womb. After giving birth, the surrogate signed over custody to the two fathers. This is the story of a transcontinental, homosexual, technological, expensive pseudo-adoption. Such new possibilities of family making create a fertile field for imaginary stories and fictive fantasies. They also offer the opportunity to stretch our thinking about fami-

lies, about parent–child bonds, and about sex, love, and reproduction. The purpose of the journey I invite us to take together is to see if we can bring the thinking and feeling parts of ourselves together in creative tension in this groundbreaking terrain of baby making with a birth other.

I would like to guide our journey into the lives of birth-other families with three simple questions: Do we really know what we are doing here? What are we anxious about? What more do we need to think about to create a healthy environment for everyone affected?

Each of the following chapters will address one of the major life issues confronting men and women who choose egg donorship, donor insemination, or surrogacy as a way to make a family. First comes the pendulum swing between *power and powerlessness*: I am now granted the power to have a child and maybe even to preselect half his or her genes. But what if I don't conceive? What will it be like not to know totally from whence my child came? Why do I have to rely on all these doctors to do what should come naturally? This tension leads organically to the question of *ownership*: Whose child is this anyway? If I didn't make it, is it mine? If I made it, is it more mine? Closely following on ownership's heels is the problem of *collaboration*: What about that other person or all those other people involved—sperm donors, egg donors, surrogates, gestational carriers? How do they fit into my family? Inevitably, parents will also have to grapple with *belonging*: Before I decide whether to tell my child or not, what are my internal feelings about where my child comes from? Do I belong to her? Does she belong to me? To my partner, if I have one? What do I want other people to know or even want to face myself about her origins? The issue of belonging and *disclosure* go together like a horse and carriage: Fueled by our (my) own feelings about belonging, what exactly will we (I) tell our (my) child about her conception? What will we (I) tell the rest of the world? As a child grows, his or her own mental life comes into play, and now we must face the issue of the child's *fantasies* weighed against the realities of her parentage, family, genetic roots: What if my child converts the “nice man who donated his sperm” into the father of her dreams? How do I help her balance reality and fantasy while managing my own anxiety about her conception? Last, the issue of *resiliency and health* is ongoing throughout family life: How is my child doing? How do I help her with the challenges in her life, like the desire to find her donor or the worry that she will unwittingly marry her own brother or the teasing she might get at school or the secrets we may have to ask her to keep?

Every family grows in developmental stages. Any one of these key life issues may have primacy in a particular stage of family life. At the same time, all of the issues are interlaced throughout the family's experience, either as something to anticipate, something that is occurring in the present, or something that is now woven into the family history. Thus, each chapter will address one of the specific life issues—power and powerlessness, ownership, collaboration, belonging, disclosure, fantasies, or resilience and health—as it unfolds across the family lifespan.

In each chapter you will find a set of questions at the beginning to set yourself thinking about your own responses to the topic we are exploring. Then we will revisit the questions at the end of the chapter, so you can gauge how your thinking might have changed as we think together about the subject. Each time we do this, I hope we will bring ourselves closer to taming our anxieties, strengthening the clarity of our thinking, and most important, guiding us in what to *do* to raise healthy children in this fertile new world.

Let us now embark on our journey and tell the story, beginning at the beginning—when a child is first conceived.