

What does it mean to be a donor offspring? The identity experiences of adults conceived by donor insemination and the implications for counselling and therapy

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In the absence of research with adult donor offspring, this study begins to bridge that gap by asking individuals about their experiences as donor offspring and considering the implications for psychotherapeutic and counselling practice. Sixteen participants (13 male, three female, age range 26–55 years) recruited through donor insemination support networks in the UK, USA, Canada and Australia, were sent semi-structured questionnaires by E-mail and post. Using identity process theory as a framework for understanding participants' accounts, the data were qualitatively analysed using interpretative phenomenological analysis. Participants consistently reported mistrust within the family, negative distinctiveness, lack of genetic continuity, frustration in being thwarted in the search for their biological fathers and a need to talk to a significant other (i.e. someone who would understand). These experiences could be postulated as being indicative of a struggle to assimilate, accommodate and evaluate information about their new identities as donor offspring. Psychotherapists and counsellors need to be aware of these identity issues if they are to meet the needs of donor offspring within therapeutic practice.

Key words: donor offspring/donor insemination/identity/genetic continuity/psychotherapeutic and counselling practice

Introduction

'For the [donor offspring] child's sake particularly I prefer that absolutely nobody but the parents themselves should know of the [donor] insemination therapy. My last advice to the parents is that under no circumstances should they, or need they, ever tell the child the method of conception—in fact they should forget about it themselves.' (Bloom, 1957, p. 207)

Whilst IVF continues to receive much public attention, its proponents become television superstars (Winston, 1998) and adoptees achieve recognition and rights in relation to their birthparents, the practice of donor insemination (DI) has advanced little since the 1950s. With secrecy advocated amongst families and identifying information about the donor father withheld, few people conceived through DI know of

their donor offspring status. So what does this mean for those donor offspring who do know of their DI conception? What (if any) psychological implications has the secrecy surrounding the practice of DI had for their identity development and how might this information shape therapeutic practice with this group?

Current arguments in the media for and against donor anonymity and the rights of donor offspring (see Born, 1999; Reeves, 1999) have relied largely on a handful of self-reports, speculation and comparisons with adoptees. The few self-reports available (Snowden *et al.*, 1983; Baran and Pannor, 1993; Vercollone *et al.*, 1997) have indicated a number of concerns. Some donor offspring reported feeling that they did not fit in with their families because of differences in physical features, characteristics and talents (Baran and Pannor, 1993). Others were aware that information had been withheld from them, even before they were told about being a donor offspring (Baran and Pannor, 1993; Vercollone *et al.*, 1997). In addition, because disclosure about the use of DI was often unplanned, many learned of their conception in circumstances that were sudden and shocking (Snowden *et al.*, 1983; Baran and Pannor, 1993). However, other donor offspring reported that disclosure had not altered their existing self-concepts (Snowden *et al.*, 1983; Vercollone *et al.*, 1997). Studies with donor offspring aged 4–8 years (Golombok *et al.*, 1995, 1996; Golombok and Murray, 1999) found no significant differences in the socio-emotional welfare of donor offspring, compared to adopted children, children conceived normally and children conceived through IVF. However, it is likely that these children were too young to have developed the abstract thinking that would be required for them to reflect in depth on their parental relationships and psychological well-being. Therefore, we cannot presume that these findings will apply to older children, adolescents or adults, particularly in the light of the importance of the adolescent years for identity formation (Erikson, 1968; Kroger, 1989). Although inconclusive, reports from adult donor offspring have highlighted a number of issues that may be of interest in considering the psychological implications of being a donor offspring.

Because of the limited research with adult donor offspring, others have found it necessary to draw on literature and research in the related field of adoption. Much of the DI literature has referred to the similarities between donor offspring and adoptees, in particular the psychological implications of not knowing one biological parent; the subject of when and how to disclose this information; the stresses of searching; and the stigma associated with infertility and illegitimacy in relation to social status, often forcing secrecy and lack of openness (Haimes, 1988; Clamar, 1989; Snowden,

1990; Daniels and Taylor, 1993). In contrast, Shenfield (1994) and Shenfield and Steele (1997) have drawn attention to the dangers of assuming that adoptees, who have been 'abandoned' by their birthparents, would share the same identity issues as donor offspring, whom they argue are very much wanted by their biological mother and adoptive father, even before conception. In addition, Walker and Broderick (1999) suggest that there is little similarity between adoption and medically assisted reproduction using donation and that the donors and recipients see few parallels themselves. However, despite the criticisms, there still seem to be sufficient parallels between the two to assume that adoption research is a useful starting point from which to consider the experiences of donor offspring.

Previous research that has looked at the experiences of adult and adolescent adoptees has often been located within an identity framework (Triseliotis, 1973; Haines and Timms, 1985; Stein and Hoopes, 1985; Grotevant, 1997). In the light of the research reviewed above, it would seem appropriate to find a theory that considers not only how identity is constructed or whether reformulation occurs due to change, but also how donor offspring might cope with the potential threat to their existing identity when they learn of their conception by DI.

In identity process theory (IPT), Breakwell (1986, 1996) directly addresses threat to identity. She suggests that there are four major principles of identity—self-esteem, continuity, positive distinctiveness and self-efficacy—that guide the identity processes of assimilation-accommodation and evaluation (which describe how new material is incorporated into the identity structure) and define the end states that are desirable for identity. Breakwell (1986, 1996) suggests that a threat to identity can be defined as occurring when the processes of identity are no longer able to comply with the identity principles and various intrapsychic, interpersonal, or intergroup coping strategies are employed in an attempt to restore feelings of self-esteem, positive distinctiveness, continuity and self-efficacy.

The principles, which are said to guide the processes of assimilation-accommodation and evaluation, also seem relevant to the key issues directly reported by adoptees themselves. For example, Sants (1964) originally identified the stress of 'genealogical bewilderment' in adopted children, an idea that seems to occur in most of the adoption research. Adoptees have reported needing background information to 'complete themselves' (Triseliotis, 1973) and parental identification or genetic continuity (Stein and Hoopes, 1985), suggesting that continuity may be a desirable principle of identity for adoptees.

In addition, adoptees have reported that the stigma surrounding adoption is also about not being able to answer questions about biological origins. Adoptees reported that an inability to answer such questions led to low self-esteem and a resolve to search for their birthparents (March, 1995). This need to search has been described as an attempt to make sense of oneself and to ground oneself in reality by achieving a sense of belonging (Brodzinsky *et al.*, 1992; Krueger-Jago and Hanna, 1997). Invoking IPT, it could be that for these adoptees, not knowing their biological origins led to an incomplete sense of self, which resulted in low self-esteem and a possible threat to identity.

Adoptees' sense of incompleteness, lack of genetic continuity and low self-esteem has had implications for the psychotherapeutic and counselling context. In a study by Haines and Timms (1985), adoptees reported a need to 'just talk'. They described how the lack of narrative about what it might mean to be an adoptee raised by non-biological parents had made it difficult for them to place themselves in a genealogical context resulting in low self-esteem (see also March, 1995). Others have written about the grief and loss experienced by adoptees for the birthparents whom they do not know; and the need to fantasize as a means of mourning and of retaining a sense of personal efficacy in order to raise self-esteem following the deprivation of not knowing one's birthparents (Lifton, 1994; Miller-Havens, 1996; Nickman, 1996). The psychological implications here seem to be about adoptees not only needing a forum within which to talk but also a forum within which their particular need to construct a past and be understood within a genetic context can be met.

Many of the concerns expressed by adoptees have been taken up in the DI literature with recipients of donor spermatozoa expressing concerns about disclosing to their children because of societal stigma (Cook *et al.*, 1995; Rumball and Adair, 1999) and also because of the stigma surrounding male infertility (Snowden and Mitchell, 1981; Daniels and Taylor, 1993; McWhinnie, 1995; Natchtigall *et al.*, 1997). In particular, women have not disclosed in order to protect their partners from societal stigma, resulting in a general lack of openness (Snowden *et al.*, 1983). This lack of openness may have implications for donor offsprings' sense of distinctiveness and social worth (Breakwell, 1986, 1996) and their ability to feel free to talk openly about their new identities.

As a result of secrecy, it has been suggested that in families where children are conceived by DI and this information is not disclosed, children may pick up 'hidden clues' and there may well be damage to family relationships (Karpel, 1980; McWhinnie, 1984, 1995). Subsequent disclosure might affect donor offsprings' perception of honesty and trust within family relationships, attributes which are highly socially valued (Baran and Pannor, 1993), thus threatening their sense of familial continuity. This may lead individuals to reject family members or family values in order to protect identity, if being a member of that family group reduces self-esteem or self-worth.

In criticism of the DI literature advocating openness, Walker and Broderick (1999) suggest that secrecy is a word that is 'emotionally laden' and could be better described as 'maintaining privacy or confidentiality' (p. 39). They also criticize Baran and Pannor's (1993) book *Lethal Secrets* for only including those who describe difficult childhood memories. However, they do not acknowledge the possibility that maintaining such secrets within the family, or 'maintaining privacy', might place additional burdens on the marital relationship. In particular, there may be a difference in the importance this may have for the mother and father because of the stigma of male infertility and the father's lack of genetic connection to the child. Finally, Walker and Broderick (1999) claim that there will be many other 'unknown' donor offspring who are not present in the clinical population, who are unaffected by disclosure. However, there is no evidence to support this claim

and indeed it seems likely that secrecy has led to many donor offspring being unaware of their origins.

If there is a parallel between the experiences of adoptees and donor offspring, then the need for counselling and therapeutic provision is equally relevant. These needs have been recognized in the form of support groups, such as NORCAP (The National Organization for the Counselling of Adoptees and their Parents) and in the counselling provision made for those seeking birth records. However, there are no such provisions for donor offspring.

Objective of study

This study aims to consider the psychotherapeutic and counselling needs of donor offspring by asking a group of individuals conceived through DI about their experiences. The analysis of their accounts of these experiences will be informed by—but will not seek to test—Breakwell's (1986, 1996) IPT and her work on coping with threatened identities (see Devine-Wright and Lyons, 1997, and Johnson and Robson, 1999, for other examples of empirical work which used this theory in the same way). The study will consider the impact, if any, of disclosure, the occurrence of secrecy in families on this issue and the meaning this has for both the individual and their relationships.

The study also considers whether the donor offspring were aware that information was being withheld from them and whether this had any particular meaning for them in relation to existing family relationships. The study is interested in the ways in which the lack of identifying information about participants' biological fathers has affected donor offspring's sense of genealogical continuity and distinctiveness and whether this has led them to search for their donor fathers. Finally, it considers the perception of 'openness' in DI. What meaning does 'openness' have for donor offspring and what effects might it have on their perception of being a donor offspring? Consideration will also be given to donor offspring's need to talk and their ability to talk openly about being a donor offspring.

Materials and methods

How the sample was recruited

Donor conception support networks were contacted in the UK, USA, Canada and Australia and were asked to forward a letter describing the research to all their donor offspring members. Subsequently 18 people voluntarily contacted the researcher by E-mail or post and agreed to take part. Two dropped out, one because of illness and one because of work commitments. All participants were required to be ≥ 16 years old.

Recruitment of participants was undertaken on an international basis because the secrecy surrounding the practice of DI has meant that there are very few individuals who know that they are donor offspring. All those who took part were conceived in countries where they had no legal right to know the identity of their donor. It was anticipated that the widespread location of participants around the globe and the time differences between these countries would make face-to-face and telephone interviewing impractical, so a semi-structured questionnaire was constructed, which could be sent to the

participants via E-mail. The questions were based on findings from research on adoption and the current literature surrounding DI. Due to the small pool of participants available for this research it was not possible to run a full pilot study. However, one donor offspring in the UK, who was known to the researchers, was asked to complete the questionnaire prior to the study being carried out and to provide feedback on the clarity, meaning and relevance of the questions (this body of data was not included in the final data set). E-mail was chosen as the means for communication because it was considered immediate, facilitating an ease of dialogue between the investigators and participants. This was considered beneficial in providing post-research support for those taking part in a study that was potentially sensitive. It also allowed ease of follow-up, enabling the investigators to clarify participants' responses and encourage a more in-depth response by requesting elaboration, if necessary. Initially, two participants were unable to receive E-mail and information was sent to them through the post. However, for the follow-up, one of these participants had acquired an E-mail address and chose to be contacted that way and the other participant was telephoned. All participants were either mailed, or E-mailed a consent form providing details of confidentiality procedures. This was signed by participants and returned by post. Finally a demographic questionnaire was E-mailed or sent by post, eliciting general background information (age, gender, ethnicity, education, marital status, number of children and parental marital status). These were then completed and returned either by E-mail or by post.

The main questionnaire consisted of 27 questions most of which were open-ended. The questions focused on areas which might relate to the identity experiences of donor offspring and addressed the following issues: the circumstances surrounding the disclosure of the participants' conception through DI; the extent to which this had been kept a secret from them and their awareness of this secret; their experiences of trying to trace and search for their genetic father (the donor) and the implications these experiences might have for identity; their current perception of DI and how families should manage openness versus secrecy; and therapeutic issues. The final question gave the participants the opportunity to write about anything that was important to them, which they felt had not been covered by the questionnaire.

Analysis and evaluation

The questionnaire data were qualitatively analysed using interpretative phenomenological analysis (IPA) (Smith, 1996a; Smith *et al.*, 1997, 1999). This approach has previously been used to analyse qualitative data on other health and well-being issues (see for example Flowers *et al.*, 1997; Holmes *et al.*, 1997; Jarman *et al.*, 1997; Osborn and Smith, 1998; Golsworthy and Coyle, 1999). It is known that the approach may be difficult to use with samples of more than 10 participants because of its concern with the detailed, in-depth exploration of participants' accounts (Smith *et al.*, 1999). We were therefore pleased to have been able to apply our method to a sample of 16, which is certainly not an atypical sample size for many qualitative research studies. IPA emphasizes both the individual's personal perception and account of their experiences, whilst recognizing the interactive and dynamic nature of the researcher's involvement with the data (Smith, 1996a; Smith *et al.*, 1997).

IPA is concerned with what the individual thinks and believes in relation to the subject being investigated. Whilst recognizing that an individual's thoughts cannot be simply gathered from, for example, responses to a questionnaire, the researcher engages in the analytical process in order to be able to say something about those thoughts (Smith *et al.*, 1999). It was considered appropriate to use IPA as a means of analysis for this research because of its potential for

providing interesting insights into the subjective perceptual processes involved when individuals try to make sense of their identity experiences as donor offspring.

The analysis began with the questionnaire that provided the most fully elaborated account. The first step involved repeated reading of the completed questionnaire. Notes were then made in the left-hand margin of any responses or phrases that were of interest or significant in relation to the research questions and focused on the participants' thoughts and feelings about their identity as a donor offspring. It was important at this stage to keep re-reading the questionnaire responses in order to become as intimate as possible with the data. With each re-reading, new insights became available and it became possible to start making associations and connections between different aspects of the data. For example, thoughts and feelings about missing information/genetic history seemed to be connected by a general theme of 'loss'. This key word was then noted in the right-hand margin as an emerging theme and, although not definitive, easily encapsulated for the investigators the significant phrases that were responsible for its emergence as a theme. This process was repeated throughout the questionnaire. A separate sheet was then used to list the emerging themes and look for connections between them. Sometimes significant phrases were to be found under two separate emerging themes and this constituted a connection. At other times, participants made connections and associations themselves. Themes connected together were then grouped and regarded as higher order themes. The process of categorization was repeated to ensure that the themes connected within higher order themes were consistent with the primary source material. Instances from all the questionnaire responses that illustrated each theme and higher order theme were noted. Any themes that were not clearly represented in the data were rejected. However, this did not preclude openness to the whole data set and the possibility that participants may have responded to the subject in a way that was not anticipated.

This process was repeated with the responses to all the other questionnaires. The final lists of themes from each questionnaire were then brought together into one grouping and consolidated, using a similar process as before. The process was cyclical and each time any new themes emerged from subsequent questionnaires they were tested against earlier responses.

How, then, did we evaluate the research? Traditional evaluative criteria such as reliability were inappropriate in this study because they are based on the assumption of researcher objectivity and disengagement from the analytical process. Qualitative researchers are inescapably involved in interpretative processes within qualitative research (Henwood and Pidgeon, 1992). Alternative criteria for evaluating research are internal coherence and persuasiveness through grounding in examples (Smith, 1996b; Elliott *et al.*, 1999). These are applied through an inspection of the raw data and the interpretations presented. In order to check whether the interpretations made in this study were reflected within the data, each final list of higher order themes was checked by a colleague, who took responsibility for checking that the emerging themes were grounded in the data. In addition, where possible, the emerging themes and interpretations were supported by direct quotations from the data to make the analysis transparent to, and easier to evaluate by, others. Furthermore, a preliminary report of the research was sent to all participants to allow them to check the data interpretations and to provide what Elliott *et al.* (1999) have termed a 'credibility check'. All of the 12 participants who replied agreed with and welcomed the interpretations that were offered, thereby enhancing the credibility of the analysis. Pseudonyms have been used to protect participants' confidentiality.

Findings

Biographical data

There were 13 female (81.3%) and three male participants (18.8%), with a mean age of 44.6 years (range 26–55; SD 8.8). Of these, 11 participants (68.8%) were American and residing in the USA, one (6.3%) was American and British residing in the USA, one (6.3%) was Canadian residing in Canada, one (6.3%) was Australian residing in Australia, one (6.3%) was American residing in Britain and one (6.3%) was British temporarily residing in Australia. Twelve (75%) participants had obtained a degree or higher [six participants (37.5%) had masters], one participant (6.3%) had a diploma and three participants (18.8%) had several years of college education but no degree or diploma.

Nine (56.3%) participants were married, four (25%) divorced and three (18.8%) single. Eleven (68.8%) participants had siblings. One (6.3%) of these participants had a sibling who was adopted, so they both had totally different biological parents. All the rest of the participants reported sharing the same biological mother with their siblings. Two (12.5%) participants reported having a sibling with whom they shared the same biological father, one (6.3%) of whom reported having proved this through DNA testing. All the others assumed that there was no biological connection between the paternity of themselves and their siblings, although five (31.3%) of the participants stated that they were guessing or making an assumption about this.

Five (31.3%) participants had parents who were alive. Two out of the five sets of parents had divorced and the others were still married. Eleven (68.8%) participants had parents who were deceased. Eleven (68.8%) participants had children. All of the participants' children were naturally conceived, but, in addition, one participant (6.3%) had three step-children and another participant reported having surrendered her child to adoption as a baby.

Emergent themes

Life as a lie/mistrust

Although there was little commonality among participants about the time, place and style of disclosure, many participants reported feeling shocked at discovering their status as donor offspring. 'Imogen' said:

Part of me was shaken and profoundly shocked. Part of me was utterly calm, as things suddenly fell into place, and I was faced with an immediate reappraisal of my own identity. The few people who know the story have asked me how I felt. The only way I can describe it is that it was like a trap door opening up under my feet—but in my heart. On the one hand, it was immensely liberating, and on the other, it meant the loss of the 'bottom' of my world and all the familiar parameters.

The account given by 'Imogen' seemed to reflect her confusion of emotions following the shock of disclosure. The safety of her 'familiar' world had been lost and she was faced with trying to reappraise her identity. The shock and reappraisal of her identity was perhaps indicative of a feeling of genetic

discontinuity, i.e. a disruption in the continuity of her identity as a biological product of both her parents, which was common amongst many participants. This experience was described by 'Hazel' who said 'In the following weeks I began to question my existence.'

The description given by 'Hazel' seemed to suggest that her identity was threatened to the very core of her understanding. The effects of such discontinuity are liable to produce feelings of emotional instability (Breakwell, 1986), and this is reflected in the account given by 'Rose' as she described experiencing myriad emotions after disclosure:

Shocked, trembling, happy, liberated. I felt as though I'd slammed into something—stunned, but not harmed. I started to cry, then the tears stopped before they really even came out.

So it seemed that for 'Imogen' and 'Rose', the sudden disclosure that they were donor offspring resulted in a difficulty in assimilating this new information. This then posed a threat to their existing identities.

Following such a shock it is likely that donor offspring would begin to question the meaning this had for them. Sarah's account was representative of many of the other participants:

I felt my entire life was based on a lie and I was furious with my mother for dying with this secret.

What 'Sarah' seemed to be saying in her account was that her understanding of her own identity had been based on a falsehood. For 'Sarah', the truth seemed important and 'Eileen' explicitly explained that: 'the withholding of information by my parents led to mistrust of them [her parents].'

However, although disclosure brought almost universal shock and a reappraisal of identity, it also sometimes led to positive adjustment. In response to questions about the effects of disclosure on participants' paternal relationships, 'Phoebe' said:

My initial reaction was to laugh. I thought it was hysterical. The man I thought was my dad was such a creep that it was nice to know I wasn't genetically related to him. I guess it changed my view of my identity. It changed it in a positive way. Instead of being the child of this terrible man [her social father], I was probably the daughter of a doctor [the donor].

The account of 'Phoebe' shows how she rejects her negative identity ('being the child of this terrible man') for an identity which she feels is more positively valued ('I was probably the daughter of a doctor'). By minimizing the value of her social father in her life and inflating the value of her donor father, 'Phoebe' has implemented re-evaluative coping strategies which have reduced the threat to self-esteem (Breakwell, 1986).

Although no specific questions were asked about the relationships that donor offspring had with their mothers, many of the participants indicated that disclosure also provided insight into these relationships as represented by the response of 'Jessica':

I was shocked and unforgiving. I now have a total distrust

for my mother [following disclosure], and have realized that it is very hard for me to totally trust someone else.

The data suggested that the impact of disclosure on maternal relationships was of equal importance to the impact on paternal relationships and the omission of this from the questions was specifically addressed by 'Sarah':

I'm surprised you didn't ask any questions about relationships with our mothers ... I'm sure there's a lot more material to be gathered from your volunteers [about this].

Withholding information and the effects on the family/parental marital dynamics

The analysis reflected many commonalities among participants who believed that the withholding of information about the manner of their conception had been damaging. All reported feeling that it had affected them in both an individual way and in terms of the family/parental marital dynamics. 'Peter' expressed this very clearly:

I felt a considerable amount of regret about how utterly senseless it had been for my parents to keep this information [being a donor offspring] from me for so long. My mother expressed a fear that both of them felt during my childhood, that if I had found out my dad was not my genetic father, I would have rejected him. The tragic irony of this was the sense of rejection I sensed from *him* [his emphasis], that there was something wrong with me that made him seem so distant from me.

The report given by 'Peter' explicitly described the way in which the secrecy surrounding his DI conception had a negative effect because it led him to have a poor self-image within the family, blaming himself for the distancing and rejection he felt from his father. It is likely that where feelings of rejection occur within the family group, this might threaten an individual's sense of security within their family context, leading to low self-esteem or self-worth. 'Rachel' described her experience:

I always felt like I didn't belong with these people—I searched for evidence of my 'adoption' for many years as a child ... It [the withholding of information] created a 'shroud of secrecy' and a 'sense of shame' about something I could sense, but of what I had no real knowledge—I always had suspected something wasn't 'kosher'—but didn't know what it was—there's no way my sense of self-esteem could not have been damaged by that experience.

The accounts given by 'Peter' and 'Rachel' reflected a commonality of experience among participants that at some level they were aware that something was not right within their families. 'Rachel' also explained how, in trying to make sense of her own uncertainties about belonging within the family she experienced a loss of self-esteem. However, the story given by 'Monica' expressed a difference. She did not report experiencing any conscious sense of a secret being withheld from her. It could be interpreted, however, that this knowledge was experienced at an unconscious level and was implicit in the way she explained her father's behaviour:

My father's personality was such that he was an inner directed kind of person, so his parenting style was to typically keep strong personal feelings below the surface.

It appeared from 'Monica' that her father was withholding from her emotionally and that she was aware of this but explained it in terms of 'traditional, Victorian values.' She later reflected, after disclosure, on what this might have meant:

Looking back on this, my father's parenting style, of keeping emotional distance, may also have been his attempt to deal with his feelings of alienation and inadequacy when daily facing the fact that my brother and I were not 'his'.

This description of her relationship with her father seemed to suggest that following disclosure she began to re-evaluate her representation of her father. Re-evaluation of existing familial representations was a strategy implemented by many of the participants. 'Sophie' wrote:

I have come to understand why my parents made this choice (DI), why they may have kept it a secret. I have come to understand myself a little better ... I was able to see that he [her father] truly did love me. I feel that he was a victim also. He didn't know how to act around me. I have come to feel sorry for the situation he was in.

It seems that for 'Sophie' the process of re-evaluation helped her to make sense of the decision-making processes that her parents were involved in when they chose DI as an infertility treatment. Although, initially shocked, 'Sophie' found a way of assimilating, accommodating and evaluating the potential threat to her identity in a way which left her feeling changed but more positive about her distinctiveness. For others, however, the process of adjusting to being a donor offspring had not resulted in a positive re-evaluation. As 'Philip' reported:

My father did not like me and this [disclosure] made it worse. He disinherited me. I was outraged by my father's malevolence. I was relieved and so was my wife to find out that I was not connected genetically to his family. (...) A major part of the problem was his shame about being infertile. I was a walking symbol of his infertility. I became a battle ground for my parents' conflicts.

This report by 'Philip' suggested that following disclosure, he was unable to re-evaluate his relationship with his father in a positive light and found relief in not being connected genetically to him (as did 'Phoebe').

'Philip' also drew attention to the issue of the shame of male infertility and the way in which this affected the parental marital relationship and the family dynamics. The statement of 'Phoebe' reflected the flavour of many when she wrote:

My mother abrogated authority to my father in an attempt to bring him into the family fold and make him feel more in charge. I think it [withholding of information] profoundly influenced the balance of power in the family.

Her story suggested that her mother felt that her father might be emasculated or excluded by his lack of genetic connection to his children. It seems, therefore, that 'Phoebe'

was implicitly suggesting that it was her father's infertility, as well as the withholding of information, which influenced the balance of power between her parents.

The need to know/making genetic connections

The data revealed that the right to know their genetic origins seemed to be a common theme with all but one of the participants. 'Rachel' described powerfully in her account the importance it had for her:

I needed to know whose face I was looking at in the mirror—I needed to know who I was and how I came to be—it was a very primal and unrelenting force which propelled the search and it was inescapable and undeniable.

This story indicated that for 'Rachel' her 'knowing' is a basic need. However, in the account of 'Rose' it seemed that it was not just the physical likeness that was important but a whole range of personality, temperament and genetic traits:

I'd like to know about my donor's health—half of my health history is missing, and missed! I'd like to 'see' the personality traits I've inherited—it'd be fun to recognize them in my donor father. I'd like to know what the donor does for a living, what conflicts he's had, how he's resolved them, what issues he struggles with. My fantasy is that we could learn from each other about how to deal with life. We'd probably have a lot in common, have a closeness that I didn't have with my parents.

The account of 'Rose' seemed to reflect many of the unanswered questions common among other participants and in addition explicitly drew attention to the fantasies she evoked in the absence of concrete information. The recourse to fantasy seemed to be a theme evident in many of the accounts. 'Theresa' thought that perhaps she 'was adopted' and 'Michael' said:

Maybe it [the donor] was a duke or something. Or Dirk Bogarde. Or Alan Turing.

These accounts suggested that perhaps in the absence of a 'real' relationship with their donor fathers these donor offspring were relying on a fantasy image as a coping strategy for blocking the threat to their identity by providing a form of temporary escape through wishful thinking or speculation (Breakwell, 1986).

Another commonality that ran through many participants' accounts was a feeling of loss about not knowing their donor, exemplified by statements such as 'I feel such a loss. I have such a big well of grief inside myself' ('Eileen'). 'Hazel' reported:

I have been unable to find info about my donor. I was conceived in 1947. It makes me sad to think I may never figure this puzzle about myself out.

The description given by 'Eileen' and 'Hazel' of loss or sadness seemed to be about not making sense of themselves within a genetic context (Sants, 1964; Triseliotis, 1973).

Other participants expressed a feeling of loss not only in terms of needing to know their biological father but also in terms of feelings of being unwanted or merely part of an

unemotional medical procedure. The statement by 'Sarah' that 'some stranger masturbated into a glass vial and I'm the result' brutally illustrated her representation that the mechanics of her conception were impersonal. 'Rachel's account illustrated her anger at the disinterest shown by her own donor when she tried to contact him:

He ignored me—wouldn't respond or take my phone call. I knew I had to try—I never really expected him to do a 'mea culpa'—he behaved as I thought he would—disrespectfully and without conscience or compassion for me—he just confirmed my assessment as to what kind of a man he was.

The 'stranger' in the account of 'Sarah' and the expectation and experience of 'Rachel' that the donor would and did have no conscience or compassion for his donor offspring suggested that they felt let down or badly treated by their anonymous donors. It is possible that in not knowing who their genetic father was because of the withholding of identifying information by the medical profession and the donor himself, donor offspring may feel abandoned. 'Peter' expressed something of this in his account:

If DI is an honourable way to conceive a child, why should the person who makes this possible be afforded the status of anonymity when every other act of reproduction entails responsibility for the children created? Even 'deadbeat dads' and promiscuous men who father children through random sex are held responsible to their offspring. The medical profession has assumed an authority, usually reserved for governments, to release sperm donors from such responsibility.

Searching

All the donor offspring had made some initial enquiries about searching for their donors. As 'Verity' wrote:

How could doctors (...) think that we wouldn't need or want some honest answers about our heritage? Without all this information, I will never feel complete.

However, often the participants felt that their need to search and have information was not recognized by others. 'Phoebe's' account poignantly described her own reflections on this, the flavour of which was reflected in many of the stories:

I have given a lot of thought to why [I said that] this search may seem to be pathetic. I think the response is not that I feel that it is pathetic, but that 'society' views the whole search idea as pathetic. I got some pretty strong views from people (friends, neighbours, etc.) when speaking about the whole concept. In general very few people were supportive of the idea of looking for the donor. I got a mix of responses, ranging from searching for him is an invasion of his privacy, my 'real father' is the one who brought me up, my values, personality come from my mother. I got the impression that 'society' didn't feel I have a right to anything more than a medical history. People don't acknowledge a need/right to know traits, history, or even realize that their sense of identity might be tied up with their family history, or family stories, or remembrances about a person.

'Verity' and 'Phoebe' expressed the view of most of the participants when they said that they should have the right to search for and receive identifying information about their missing biological parent. Both 'Verity' and 'Phoebe' felt strongly that their identity was 'tied up' with family and genetic history and the non-resolution of this had left them unable to fully assimilate and accommodate this new information about their genetic history. It seems that for these donor offspring feeling 'incomplete', unable to make sense of themselves (Brodzinsky *et al.*, 1992), had led them to experience themselves as distinctive in a negative way, hence the threat to their identity (Breakwell, 1986). However, 'Michael's' account, which differed from the majority, suggested that he had been able to evaluate his new identity in a more positive light. He reported that 'it doesn't make any difference really [to how he thought and felt about himself]' and that he saw donor offspring as 'pioneers in a way', thereby enhancing his own positive distinctiveness and perhaps self-esteem. However, he still expressed a sense of loss and 'disappointment that I shall never know.' So it appeared that although 'Michael' had been able to re-evaluate his identity as a donor offspring in a positive way, this did not rule out other possible psychological implications.

It would seem likely, therefore, that if donor offspring are unsupported in their attempt to search for their donors, it might need strength and personal determination to pursue this endeavour. 'Imogen' described her personal concerns about completing a search:

Mum has told me that the clinic said they would deny all knowledge should anyone ever come to them for info ... I felt that, if I ever did start to look, it would have to be when I was strong enough, to (a) fight and/or (b) lose ... I kind of knew it [searching] wouldn't be easy; several times I considered writing to the HFEA [Human Fertilisation and Embryology Authority], but from the little I knew of the organisation's culture, I thought it might topple me over the edge—I needed someone who would 'understand' [her emphasis] how I felt, and HFEA has, from the little I've read, seemed to me very 'clinical' and medical.

It seemed that the account of 'Imogen' reflected an intense emotional investment in the process of searching, which she felt would put her in a less powerful 'fighting' position if she encountered an unemotional, 'clinical' response. This perceived and temporary loss of positive agency or self-efficacy in the face of obstruction was a common theme. 'Peter' talked about needing 'a considerable amount of personal courage to be able to risk rejection' and 'Rose' talked about 'the cost in terms of time and emotional energy.'

Talking: the need for significant others

Throughout the questionnaire, participants were asked whether they found it easy to talk about being donor offspring and whether they were open with others including their partners and children. Many of the participants in this study said that they found it difficult to talk. 'Sophie' found it difficult because 'at first, I felt like I was the product of some science experiment—a freak. I was afraid of what people might think.' The feeling that others would be judgemental and

unsympathetic was a constant concern. It appeared that the lack of openness about DI seemed to have led many participants in this study to feel uncomfortable about talking about their genetic origins. 'Peter' said:

I feel that infertility is too sensitive an issue for many people to feel comfortable discussing. Although I find it increasingly easy to discuss it, others have little knowledge of the complexity of the issues and have to be educated about the impact of secrecy and access to records. Most fertile people have no idea about the psychosocial ramifications of infertility and DI and as such, have difficulty relating to the topic.

In addition, not being able to talk openly severely limited participants' opportunities for self-disclosure. When self-disclosure becomes difficult, it can limit the choice of interpersonal coping strategies (Breakwell, 1986). Many of the participants were forced to rely on isolation as a means of protection from threat as reported in 'Rachel's' statement that 'dealing with the DI experience ... it's done in isolation.' However, isolation as a means of coping has been found to be a negative way of dealing with threats because it cuts down the possibility of forming social support networks that might provide a safer and more empathic environment for self-disclosure (Breakwell, 1986). The account of 'Monica' describes the pleasure she experienced in making social contact with other donor offspring during her search for her donor:

I was amazed, during my search, at the openness and strong feelings that were being shared via e-mail, by so many donor offspring world-wide. This connection with others was a surprise and gave me confidence to continue and validated my search.

Where DI was perceived as having a less negative image, talking seemed easier for participants. 'Felicity' reported that 'maybe talking about it [DI] with other people will somehow enable me to find my biological father one day.' This suggested that perhaps she saw talking as a way of facilitating her search, rather than impeding it.

However, the data also revealed that participants reported feeling that having one special person, a 'significant other' could also provide them with support. 'Jessica' explained in her account how a supportive partner can make a difference:

I wanted his [her partner's] support in my search. [His] reaction was not as supportive as I had wished. I felt alone again, as I have always felt. [A former partner] was more supportive. It gave me more strength to carry on [searching for her donor].

In addition, there was a commonality expressed among participants about the benefit of having the opportunity to write down experiences and talk via E-mail in a follow-up to the questionnaire. 'Eileen's' report represented a view held by many:

I have never been able to talk about my experiences in such great detail before [taking part in the research]. This is very gratifying and healing for me, to know that someone

[the investigators] honours this experience I've been through. Most people say, 'what's the big deal, it's not important.' But I know that it has and still does affect me greatly.

Discussion

Although an initial picture has been created by the findings of this study, it is not entirely complete. Recruitment through support networks may have led to a bias towards participants who needed to talk and resolve identity issues and it may be that there are other donor offspring who have been excluded who share different experiences and representations. Equally, because the donor offspring community is so small, there is likely to be some sharing of ideas within networks (and therefore across participants) that may have influenced the emphasis given to particular experiences. In addition, it was necessary to recruit participants internationally. Although it has been suggested that the principles of identity, in particular self-esteem, are salient across Western cultures (Breakwell, 1986), it should be acknowledged that there may still be cultural differences that affected the way in which individual identity experiences were interpreted. However, the findings do provide some tentative insights into the experiences of donor offspring and the implications for therapy or counselling. Knowledge gained from qualitative research tends to accumulate through a series of studies, which focus on related issues but with different groups. Future research with donor offspring might advance this process by including those who were not represented in this study.

The use of E-mail as a method for gathering data via a questionnaire seemed to bridge the gap between postal questionnaires which are often impersonal and interviews that allow the researcher the opportunity to create a 'real' and empathic relationship in which participants are more comfortable in speaking about sensitive issues. This was reflected in the richness of data provided. In addition, it provided an easy and immediate way of providing post-study support to participants who were globally based. It is important, however, to be aware that E-mail may be less confidential than interviewing or postal responses and participants need to be made aware of this fact.

Furthermore, it has been argued that retrospective reports are likely to be less complete and more likely to contain rationalizations than direct concurrent reports (Gilhooly and Green, 1996). However, there is also evidence which counteracts this view and argues that retrospective reports and autobiographical memories are not necessarily incomplete or inaccurate (e.g. Ross and Conway, 1986; Rubin *et al.*, 1986; Wagenaar, 1986; Brewin *et al.*, 1993; Neisser, 1994; Blane, 1996). It should also be noted that the questionnaire omitted to ask direct questions about the participants' relationships with their mothers. This was noticeable in that most participants had provided some data about this in other parts of the questionnaire and another participant had commented that this question should have been included. It seems that these participants felt that the maternal relationship was equally important in the development of their identity as donor

offspring. In addition, the background information sheet needed to allow for the fact that some donor offspring were unsure about the genetic relationship that they had with their siblings. During the follow-up, several participants drew attention to this fact and it seemed representative of the general uncertainty and lack of information available to participants about their genetic connections.

Breakwell's (1986, 1996) identity process theory has provided a useful framework for understanding the identity experiences of donor offspring. It has been particularly relevant to the discontinuity expressed by participants in relation to having an incomplete genetic picture and the negative distinctiveness experienced by participants as a result of the difficulties of searching, the lack of understanding from others and the lack of identifying information about their donor fathers. In addition, it helped explain the way in which coping strategies, such as fantasy, re-evaluation and isolation were implemented to help modify the threat to identity associated with donor offspring status. However, because of the intensity of emotion and the difficulties expressed in talking openly about their feelings, other theoretical frameworks, which attend to the relationship between emotion, defences and unconscious wishes (such as a psychodynamic theoretical approach), may be useful in providing further insight into the complexity of meanings attached to their experiences.

The diversity of experiences related to the manner of disclosure made it impossible to draw any conclusions about the effects this might have on donor offspring's responses and attitudes to 'finding out'. However, there were commonalities to be found among their reported experiences of genetic discontinuity, the shock of disclosure and feelings of deceit and mistrust within the family. This seemed to support the literature suggesting that non-disclosure of DI (within DI families), can cause psychological damage (Karpel, 1980; McWhinnie, 1984, 1995) and that for these participants it undermined the socially valued principles of honesty and trust (Baran and Pannor, 1993). It could be postulated therefore that this lack of trust might be replicated in the donor offspring's other relationships. Indeed, the investigators found that it was often difficult for participants to trust them and one donor offspring did not take part because she was doubtful about our intentions. This could have important implications for the psychotherapeutic and counselling context in that it may be difficult for donor offspring to trust the therapeutic relationship (i.e. the working relationship between the psychotherapist or counsellor and the client/patient). Therefore, psychotherapists and counsellors might need to be aware of maintaining the 'frame', i.e. providing a secure base for therapy and counselling. To maintain this frame, psychotherapists/counsellors would need to be clear about the boundaries of the relationship and attentive to privacy, confidentiality and consistency, if clients are to be emotionally contained and feel safe enough to confront deeper underlying traumas (Smith, 1991). In addition, attention to the transference (i.e. the unconscious transferral of feelings from past relationships onto the client-therapist relationship: Lemma-Wright, 1995) would be crucial if therapists are to use the therapeutic relationship to recognize and 'work through' any client issues related to trust. Some

participants, however, had begun to assimilate their new identities by re-evaluating their existing family relationships: it would be interesting to consider in future research whether relationships pre-disclosure might influence the re-evaluation of family relationships post-disclosure.

A consistent finding within the study was the negative and ongoing effects of withholding secrets and the knowledge that 'things were not quite right'. This supports the research that suggests that secrecy in families is damaging and that children pick up hidden clues (Karpel, 1980; McWhinnie, 1995). This was associated with feelings of discontinuity within the family and a negative affect that could perhaps be explained as participants experiencing a lowering of self-esteem. Although disclosure in adulthood was reported as shocking, participants reported that 'knowing' their status initiated a re-evaluation and resolution of previously unanswered, unresolved family experiences. It seems that for these participants, 'secrecy' was indeed an emotive subject matter and could not be merely equated with privacy, as has been suggested (Walker and Broderick, 1999). Although not all participants reported difficult early relationships and none of them had been recruited from the clinical population, all of them still reported that secrecy, 'privacy', or 'confidentiality' within the family had a negative effect. Even when difficult relationships were reported within the family pre-disclosure, these participants believed that this had been as a result of the 'secrecy' in the family, which then led to strained family relationships. These findings support the move towards openness advocated in the DI literature (Karpel, 1980; McWhinnie, 1984, 1995; Baran and Pannor, 1993; Daniels and Taylor, 1993).

In addition, it seemed that participants found that secrecy, the stigma of infertility and the power dynamics in the family were interwoven and that each had an influence on the other. It could be postulated, therefore, that it would be difficult for there to be secrecy without this having an effect on attitudes towards infertility, which in turn affects the power dynamics within the family. It could also be postulated that low self-esteem and an imbalance of power within the family might lead to problems which require therapeutic intervention and that clients may initially present with low self-esteem and family relationship difficulties, although the underlying problems may be more complicated. As with adoptees (Haimes and Timms, 1985; March, 1995), part of the psychotherapeutic/counselling process might be to facilitate clients in constructing a 'DI family narrative'. It is within such a narrative that donor offspring could begin to find meaning for themselves and re-evaluate their family relationships, so re-building continuity and enhancing self-esteem.

Participants continually reported that they needed to know their genetic origins and wished to search for their donors. This echoes similar experiences expressed by adoptees (Sants, 1964; Triseliotis, 1973; Haimes and Timms, 1985; Stein and Hoopes, 1985; Brodzinsky *et al.*, 1992; March, 1995; Krueger-Jago and Hanna, 1997) and other donor offspring (Snowden *et al.*, 1983; Baran and Pannor, 1989; Vercollone *et al.*, 1997). In addition, participants reported a perceived loss of agency or self-efficacy because of the obstruction they faced in trying to search for and obtain identifying information about their

donor fathers. It has been suggested that when individuals do not perceive their actions, e.g. searching, as being efficacious, this will lead to low self-esteem and feelings of isolation (Breakwell, 1986). Very few participants expressed themselves directly in terms of self-esteem. However, it is clear that they experienced a range of emotional responses, most of which reflected sadness, frustration and a lack of recognition and understanding.

Unable to complete their searches, participants reported a sense of loss and grief about never being able to know their biological origins or have a 'real' relationship with their donor fathers. This contradicts the views of Shenfield (1994) and Shenfield and Steele (1997) that donor offspring do not share the same identity problems in relation to 'genetic bewilderment' as adoptees. In addition, donor offspring often used fantasy as a defence mechanism and coping strategy to alleviate this sense of loss. This also concurred with the adoption experience (Lifton, 1994; Miller-Havens, 1996; Nickman, 1996). Participants reported feeling undervalued socially by those who did not understand these needs and in perceiving a sense of abandonment of responsibility by their donor fathers and the medical profession. Although donor offspring do not share the experience of being 'abandoned' as babies by their birthmothers (Shenfield, 1994; Shenfield and Steele, 1997), these donor offspring perceived a sense of abandonment of responsibility by their donor fathers and the medical profession. They expressed a need and a right to know who their donor fathers are and, if possible, to have some sort of relationship with them. It seems, therefore, that for these donor offspring, 'non-identifying' information might not be sufficient to meet their identity needs. In addition, it could be postulated that being denied the right to know their full genetic history posed a threat to their identity and has implications for the therapeutic context. If these donor offspring are in any way typical, then therapists need to be careful not to dismantle their clients' fantasies too quickly, otherwise a rapid fragmentation (Kohut, 1957) of self/identity might occur. Only when the therapeutic relationship has been firmly established can clients be encouraged to lower their defences and work through the loss, grief and abandonment that they are experiencing, so finding meaning for themselves within their genetic context.

Finally, there was a commonality amongst participants' reports that they felt that it was therapeutic to talk about their experiences as donor offspring. The data suggested that having a 'significant other' (someone whom they could trust and who would understand them completely) might be a beneficial factor in the psychological well-being of donor offspring post-disclosure. It could be postulated therefore, that in the absence of a 'significant other' and with a perception of being misunderstood by others, donor offspring might benefit from counselling and psychotherapy. In this context it is hoped that the psychotherapist or counsellor (acting as the 'significant other') would be able to provide an appropriately trusting and supportive environment within which donor offsprings' identity experiences could be understood. This concurs with the experiences of adoptees who have also reported a need to talk (Haimes and Timms, 1985).

In conclusion, therefore, it was clear that participants reported a need to talk and share with significant others. Reports of 'life as a lie' and deception within the family may have important implications for the establishment of trust in the therapeutic relationship. The frequently negative view of donor offsprings' distinctiveness in relation to others, coupled with negative affect and the possible loss of self-esteem, means that an important aspect of therapy might be to explore their thoughts and feelings in relation to their new identities. In this way, the therapist would be helping them to work through their loss and grief and to form narratives within which they can place themselves within a genealogical context, so restoring a more positive identity. The analysis presented here suggests that currently there may be a necessity for specialized therapeutic provision if donor offspring are to be helped to successfully assimilate, accommodate and positively evaluate new information about their identities as donor offsprings.

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