



## Being a 'real' mum: Motherhood through donated eggs and embryos

Maggie Kirkman

Key Centre for Women's Health in Society, The University of Melbourne 3010, Australia

### ARTICLE INFO

Available online 2 July 2008

### SYNOPSIS

Women who become mothers through egg donation embody and reinforce cultural discourses of motherhood as part of womanhood and motherhood as enacted through women's bodies. At the same time, they have usually experienced the personal and social 'failure' of being infertile, and they disrupt the assumption of genetic connection between mothers and children. In this article I explore what it means to be the recipient of donated eggs or embryos in a culture dominated by the family narrative of genetically-related parents and children. Opportunities were provided for the 21 participating women to reveal narrative revision over several years. The tension generated by being positioned as both embodying and challenging dominant cultural discourses contributes to women's experience of varying degrees of discomfort with their motherhood, including a sense of not being a 'real' mother. As women enact motherhood in their daily lives, however, they tend to assert the priority of parenting and nurturing over genes as central to motherhood.

© 2008 Elsevier Ltd. All rights reserved.

This article explores what it means to be the recipient of donated eggs or embryos in a culture dominated by the family narrative of genetically-related parents and children. Feminists quite rightly debate the meaning of donor-assisted conception, its effects on women who donate, and its ramifications for women in general and the societies in which they live. Indeed, motherhood itself—as discursive practice or representation of socio-cultural conventions—is problematic in feminist theories. In researching the experiences of women who have become mothers by using other women's eggs or embryos, I am not discounting the significance of these debates but seeking to contribute to our knowledge of what this phenomenon means to individuals who have experienced it. The research was not initiated to find evidence for or against donor-assisted conception.

Increased use of egg and embryo donation can be attributed in large part to delayed childbearing. The trend towards older motherhood, when egg quality is diminishing (Jansen, 2003), is reflected in the dramatic increase of assisted conception pregnancies in women over 35 (Andersen et al., 2007; Bryant, Sullivan, & Dean, 2004).

Donated eggs were used initially for women with premature ovarian failure, then extended to women who had experienced repeated failure on *in vitro* fertilization (IVF), to avoid inheritable diseases, and (more controversially) to

women of advanced reproductive age (Söderström-Anttila, Foudila, & Hovatta, 2001). Eggs are provided by women undergoing IVF (often called egg sharing) and by donors, known and anonymous, who are having treatment for no other reason. Donated embryos are used when both partners are infertile or after repeated IVF failure.

Although egg and embryo donation is less common than semen donation, substantial numbers of women throughout the world are recipients of eggs and embryos. In the US during 1999, for example, there were over 8000 transfers using donated eggs or embryos (ASRM/SART, 2002 p. 925). There were 2700 pregnancies from 7548 treatment cycles with donated eggs in Europe in 2003 (Andersen et al., 2007 p. 1520) and in Australia and New Zealand, there were almost 3000 cycles using donated eggs or embryos in 2004 (Wang, Dean, Grayson, & Sullivan, 2006 pp. 7–8).

Women who become mothers through egg or embryo donation can be interpreted as complicit in the dominant discourse that women become mothers. At the same time, they are positioned outside the normative discourse of genetic connection between mothers and their children.

Motherhood continues to be a defining feature of womanhood (Phoenix & Woollett, 1991; Ross, 1995), with evidence of a "new pronatalism" in Western cultures (Morell, 2000). Non-mothers often feel stigmatised and perceive that others view

them as less than whole, pitiable, and desperate (Letherby & Williams, 1999).

At the same time, acceptable means of attaining motherhood are strictly limited, so that women who achieve motherhood in a 'non-standard' way can be seen as the 'other' (Letherby & Williams, 1999). For example, controversies around adoption in the US exemplify the valorisation of kinship, in which a 'master narrative' represents parenthood as strongest when parent and child are genetically-related (Gailey, 2000). It has been argued that the resort to genes is now generally taken as "the firm and scientific basis for understanding what it is to have one's own child" (Alpern, 1992, p. 149): the transmission of genes defines becoming a parent, and DNA testing is the objective, indisputable measure of family relatedness (Haimes, 2003). In Erica Haimes' study (2003) of place and children's location in families, the power of the discursive dominance of genetic connection is seen when people claim that the compatibility produced by biological connection is absent from families that are not biologically connected, yet the examples they give tend to be socially situated and not genetic, such as names, hobbies, and traditions.

The development of assisted reproductive technology both reflects the cultural importance of genetic parenthood (the pursuit of IVF rather than adoption, for example), and permits the disruption of genetic connection between mother and child through conception with donated eggs.

Studies conducted in the US on women undergoing IVF (Sandelowski, 1993) and on lesbians becoming mothers using donor insemination (Lewin, 1998) document ways in which women accommodate such technologies to make their maternity more 'natural'. The same technology can be 'naturalised' in opposing ways according to the woman's desire to position herself in her account. For example, women using donor eggs were found to underplay genetics and claim maternity through gestation; women who had used a surrogate mother emphasised the significance of genetic kinship (Cussins, 1998). A study that included five egg recipients concluded that, although genetic and gestational connections meant different things to different women, the woman who raises a child is the mother (Snowdon, 1994).

The 'natural' linking of women and motherhood and the 'naturalising' of technology, of course, can be seen as products of the perennial, gendered nature/culture dichotomy. (See Franklin, 1997, Chapter 1, for a historical review of the natural/cultural distinction.) It has been argued that assisted reproductive technology provides new conceptual models for understanding the distinction of sex/nature from gender/culture (Lie, 2002), although the tendency of women to interpret their assisted motherhood within the discourse of 'nature' suggests that the old models still have power. Research in the UK found that 'nature' was the primary legitimizing domain for egg recipients, who were caught between 'unnatural' (and undesired) childlessness and 'unnatural' motherhood (Throsby, 2002). Egg recipients commonly express concern about telling their children how they were conceived (e.g. Hahn & Craft-Rosenberg, 2002), because it is so difficult to set the story within the dominant (and reassuring) family narrative.

Even women who become mothers through conventional means can feel themselves to be inadequate in comparison

with cultural myths of motherhood (Choi, Henshaw, Baker, & Tree, 2005), suggesting that women who need technological help are almost doomed to 'fail'.

Women historically have been 'blamed' for childlessness: failure to reproduce is seen as moral failure, a failure of gender, and a failure to support the community. Men's status has ensured that it is worse for them to be seen as infertile but also that they have the power to assign that responsibility to women. Cultural and gendered meanings of infertility (Becker, 2000; Greil, 1997, 2002) have entailed a huge delay in understanding and treating male infertility, thus contributing to women's delayed childbearing and hence to the use of donor eggs and embryos.

A vital component of the experience of motherhood by egg donation is the donor, the woman who is the literal progenitor of the child. Egg donors are more often known to recipients than are sperm donors. This is perhaps because of the greater demands made on egg donors (who are subject to the procedures of IVF up to and including egg retrieval) than on sperm donors, and can also be attributed to gendered aspects of infertility and expectations of 'altruism', although women tend not to experience their reproductive gift-giving as coercive or exploitative (Shaw, 2007).

In her Finnish clinic, Viveca Söderström-Anttila (Söderström-Anttila et al., 2001) reported that 35% of all donors were known to the recipient. Some would not consider unknown donations; sisters can think of donations between them as pooling their shared heritage. Little has been reported about the dynamics of known donor-recipient relationships. Accounts of donations between sisters (Leeton, Chan, Trounson, & Harman, 1986) have usually discussed psychosocial aspects only incidentally. One study of egg donation between sisters demonstrated the difficulties in communication that could arise as recipients strove to avoid any hint of coercion (Lessor, 1993), one of the ethical issues to be confronted when contemplating the creation of such complex webs of family relationships (Marshall, 1998).

Egg recipients are more likely than sperm recipients to intend to disclose their conception to their children (Söderström-Anttila et al., 2001). These findings may be explained by the claim that it is easier for women to 'normalize' a donated egg than it is for men to 'normalize' donor sperm, because women enact gender through pregnancy and birth (Becker, 2000, p. 148). Furthermore, unlike egg donation, sperm provision is represented in a sexualised way (Kirkman, 2004b).

The research reported in this article was an attempt to understand, in the light of prevailing discourses of motherhood and genetic connection, how some women experience and explain becoming mothers to babies to whom they have given birth but who are not their genetic children. My feminist commitment was to taking women's knowledge and experience seriously. I used narrative theory and method (Kirkman, 2002), derived from what Jerome Bruner (1986) called *the narrative mode of thought*, which allowed me to look for explanation and meaning, and to acknowledge complexity in an experience with so many personal, familial, and cultural ramifications. The narrative mode of thought refers to the premise that our lives are not lived passively: we actively attempt to understand, to interpret, and to explain them through the stories we construct to make sense of human experience.

## Method

The investigation of donor-assisted motherhood was part of a larger project on psychosocial aspects of donor-assisted conception. An announcement seeking donors of sperm, eggs, and embryos; those who had become or were attempting to become parents as a result of such donations; and donor-conceived adults was placed in newsletters (Australian Donor Conception Support Group, IVF Friends Australia, ACCESS Australia's Infertility Network, The Infertility Network, Canada), distributed among infertility clinics in Australia, and published in the Australian *Woman's Day* magazine and *The Age* newspaper (Victoria, Australia). Volunteers were recruited without restricting their cultural context, both to expand the range of sources of meaning and because the literature suggests that similar debates and concerns occur in all countries in which donor-assisted conception is practised. Furthermore, modern communication means that research results and opinions are transmitted rapidly around the world. The shared meanings among the interviews supported this approach.

Potential participants were told that the research was about the experience of being a donor, a recipient, or a donor-conceived person.

Initial interviews were conducted between September 2000 and May 2002. Among the 87 volunteers were 21 women who were recipients of egg (19) and embryo (2) donations. These women (for whom pseudonyms are used) are the focus of this article. I interviewed 10 women in person, 4 by email, 4 by letter, 2 by audio tape, and 1 by telephone, beginning with the general question, "Please tell me your story of receiving donor eggs or embryos." The conversation pursued matters that were important to the participant. Demographic data were collected at the end of each interview. Continuing informal contact has been initiated by some participants whose updated information has been used with their permission.

Data collection and analysis in narrative research are part of an iterative process undertaken by the researcher, usually in consultation with the research participants, and in reference to the literature. The task of interpreting qualitative data such as these begins during data collection, as the researcher seeks further explanations and pursues particular lines of inquiry (Ezzy, 2002). Oral interviews were transcribed; I edited transcripts in accordance with the conventions of written texts and sent each participant a draft of her document for amendment and approval, often with additional questions. My aim was not to capture a verbatim record of what was said on the day we met but to construct an account that participants accepted as representing their interpretation of experience, acknowledging that it may change over time and include inconsistencies. I encouraged people to add extra or updated explanations and to leave the original if changes had occurred, and only to amend the original if it were misleadingly expressed. This they did.

Returning the edited version to the participant, usually about 12 months after the interview, served several ethical and practical purposes. It ensured consistency among narratives gathered from different media; allowed participants to correct any misinterpretation; gave me access to new events and narrative revision; and contributed to research validity

through participant affirmation. Given that the research process itself becomes an instrument in narrative revision, continuing contact with participants both acknowledges and draws on this interaction of the researcher and the researched.

Throughout the process of interviewing, editing, further communication with participants, multiple readings of the approved narratives, and immersion in the literature, I explored various interpretations of the meaning of receiving donated eggs and embryos. (A fuller account of narrative theory and analysis is presented in Kirkman, 2002.) Because narratives were complex and subject to reinterpretation, specific numbers or percentages have been avoided in the discussion that follows.

## Results and discussion

### *Demographic information*

Women were resident in Australia (18), Argentina (2), and Canada (1). Their ages at first interview ranged from 33 to 59 years (mean 38.35). More than half (12) had a college or university education. Most women were in heterosexual partnerships; 3 were no longer partnered and 1 was in a lesbian partnership. Twelve women had used known egg donors, a further 6 received donations from a sister, and 9 had anonymous donors. Two women had received embryos from unknown donors, and 1 from a known donor. (Nine of the women had used more than one classification of donor.) According to the recipients, donations were needed because of poor egg quality (14), premature ovarian failure (6), and menopause (1). Twelve women had 1 child from donor eggs or embryos, 7 had 2 children, 1 had 4, and 1 had no children.

### *Narrative representations*

#### *"Normal people in a helpless, soul-destroying situation": the context of infertility*

Many women grow up with a narrative identity as a mother: the stories they tell about their lives and their expectations for the future presuppose motherhood; the plans they make are contingent upon mothering children at some time in the future. When infertility disrupts the plot, women may find themselves feeling helpless and confused, their lives apparently out of control (Kirkman, 2003a). This was evident among these women, who may never have considered assisted reproduction, let alone gamete or embryo donation, until it seemed like the only option for them. Yolanda, for example, described how she had thought, before her first visit to a gynaecologist, that she would never be "desperate" enough to undertake IVF, saying that "The media often portrays infertile people as somehow different from 'normal' people: they just seem so pathetically desperate." But, says Yolanda, "they are just normal people in a helpless, soul-destroying situation" [Egg recipient (sister donor), Australia].

Women are often still trying to understand the meaning of infertility and its precipitating condition when they are confronted with the possibility of using donor gametes or embryos. For example, Olivia said, "Coming to terms with premature menopause was very difficult for me and it had a

big impact on my feelings of self-worth” [Egg recipient (known and anonymous donors), Australia]. Such vicissitudes tended to be interpreted by the women as placing them outside the canonical narrative of women in our society. Yolanda “felt isolated” even from other women undergoing IVF because the use of a donor “takes it that extra step; makes it that much worse”.

Reaching the point of making a difficult choice about egg or embryo donation was explained in various ways, often apparently influenced by the recency of the choice and its outcome. Ambivalence was the most common feature, exemplified by Gabriella:

On one side, I wanted to have a baby, and the only way I would be able to fulfil this desire was by an egg donor. This made me very happy. But on the other hand, it made very sad and let down for not being able to have a baby with my own oocytes. [Egg recipient (anonymous donor), Argentina]

Most women emphasised the benefits of conception from donated eggs or embryos. However, Yolanda, in common with many infertile women, felt herself unable to enjoy her pregnancy or make arrangements for her first baby because she could not believe that it was finally going to happen. Even though she “expected to feel just like everybody else at last when I was pregnant” because “it’s supposed to be a cure. You get pregnant and you’re ‘cured,’” Yolanda found herself “more anxious than most pregnant women” about losing her baby. The anomalous route she had taken to pregnancy left her feeling “a bit of a impostor” in the childbirth classes, which she “hated”. She recalled thinking, “God! I’ve had so much intervention! A birth plan? How ridiculous”.

Inez’s pregnancy was also clouded by her many setbacks and she felt unable to escape infertility:

Having two children has not taken away my infertility. It is still with me and so are the feelings of resentment and anger, sadness, et cetera, that go with it. The joy that I get from my family fills my thoughts most of the time. People ask me if I’m going to have any more children, and negative feelings arise because I resent that I don’t have that ‘easy’ choice as others do. [Egg recipient (known donor), potential embryo donor, Australia]

#### *Being a ‘real’ mother: motherhood after egg or embryo donation*

Infertility and its causes may remain the context within which motherhood is interpreted. Although mothers’ accounts included delight in motherhood, it was rarely unmitigated. Deirdre, for example, whose son resulted from an egg donated by her sister, described how “positive” she felt about it, and reported never feeling, in the presence of her sister, “Oh, he’s connected to her more than me”. At the same time, although Deirdre said that “this whole donor thing should be accepted,” she acknowledged the “paradox” of her refusal to discuss her son’s donor-assisted conception, even among her mothers’ group:

They know that Charlie’s IVF, but they don’t know he’s a donor egg. ... Because there is this bit of, I suppose, stigma and weirdness attached to it, I don’t want them to look at

him and think, “Oh! He’s not really her child”. ... You just want it to be normal, because you didn’t choose for this to happen in the first place. [Egg recipient (sister donor), Australia]

Yolanda, too, construed her life as more fulfilling as a mother but, as she contemplated explaining their conception to her children, wrote that “It makes me feel so worthless and inferior again, just when I’m enjoying being a ‘real’ mother. ... I just hope they won’t think less of me.” Yolanda is not alone: The issue of disclosure to children is one of the most worrying and problematic to parents after donor-assisted conception (Kirkman, 2003b; Kirkman, Rosenthal, & Johnson, 2007; Lindblad, Gottlieb, & Lalos, 2000).

Another concern expressed by some women who achieved motherhood through donor-assisted conception is the guilt provoked by acknowledging any maternal frustrations, let alone the lingering, accumulated sorrows of their years of infertility. By describing these undercurrents here, focusing on two women in particular—Yolanda and Inez—who openly articulated their shifting interpretations of donor-assisted motherhood, I hope to contribute to a greater understanding of the experience, as well as to inform women with similar experiences that their frustrations are neither unusual nor pathological.

Yolanda first spoke to me when she was pregnant with her second child. She was thoughtful—and generous in sharing her thoughts—as she tried to derive meaning from all that had happened to her on her journey to motherhood. She judged herself harshly as a woman, a sister, and a mother. As such, she makes a fine example of the complex demands made by negotiating infertility, egg donation, and motherhood. Before her second child was born, Yolanda said:

Despite how much I longed for a child, there have been many times since the birth of my son when I have caught myself briefly wondering if my infertility could have been for a reason: I wasn’t meant to be a mother. Then logic prevails; it isn’t difficult to think of people who are really bad parents but who, unfortunately, are very fertile. Time will tell if I’ve worked through it. I doubt it, actually. Intellectually I can see it all. I can understand how huge that baggage load really is and that I could not really be expected to just suddenly behave like that load has miraculously vanished. [Egg recipient (sister donor), Australia]

Yolanda had felt herself to be not only a bad mother but a bad sister. Reliance on a donor can mean taking on a sense of failing her if no pregnancy occurs. This is not inevitable, but among these vulnerable women it is another point of potential failure. When Yolanda did not become pregnant after her sister’s first donation, she said, “I’d failed *her*. ... I thought, ‘Gee, I’ve found another way I can fail.’” When she had trouble breastfeeding, Yolanda explained that she had been so consumed by reaching pregnancy and by her anxiety about giving birth to a normal baby that she “hadn’t given it a thought. It was just awful: painful and embarrassing. I didn’t feel like a normal mother in that way.” All these vicissitudes affected Yolanda’s sense of herself as a mother: “I felt inadequate, not ‘authentic.’” After the birth of her daughter,

Yolanda came to realise that her son had been a demanding baby:

It probably just made it that much worse because I sort of, in a small way, didn't feel like his real mother. Now I do. ... I had not really had a chance to experience any calm satisfaction that I had imagined would go with motherhood.

Having interpreted her first experience of motherhood in the context of her high expectations of herself as a grateful and deserving recipient of her sister's egg, Yolanda reinterpreted it with the benefit of a different kind of relationship with a different kind of child.

The medical profession can exacerbate the burden of multiple failures borne by women such as Yolanda, who reported that her obstetrician wondered aloud whether a pregnancy from a donor egg would lead to a normal labour, and that the paediatrician expressed doubts about lactation being possible after a donor egg conception. Yolanda thought at the time, "Thank you, thanks a lot; that really doesn't help to make me feel like a normal mother." Several of the women gave accounts of being offered medical opinions that they would be unlikely to have a normal delivery because they were recipients of donor eggs or embryos. With such professional emphasis on abnormality, it is no wonder that some women find it difficult to develop a narrative of 'normal' motherhood.

*"Not genetically mine": negotiating the canonical narrative of genetic connection between parent and child*

Some women interpret their motherhood through donor-assisted conception as no different from motherhood using their own eggs or embryos (Kirkman, 2004a). Antoinette, for example, said that a parent-child relationship depends not on the manner of the baby's conception but on "the way you brought them up, the way you love them, the way you teach them" [Egg recipient (known and unknown donors), Argentina].

Others may have greater difficulty in shaking off a sense of not being 'real' mothers. This was true of Inez, although she declared that she could not love a genetic child more. This feeling derived not just from the disappointments and dislocations of infertility, but from the meaning of the lack of genetic investment in her children. Inez said:

When people say something about Jade's looks, whether a feature comes from me or Ian, I think, "Yes, but she's not genetically mine." The thought is always there, as soon as the comment is made. I don't dwell on it, I just think about it matter-of-factly, and move on. This is reality with this child, and I'll have it for life. [Egg recipient (known donor), potential embryo donor, Australia]

Inez really wanted to know what it means to be a genetic parent, and tried to understand how her husband's experience of parenthood differed from hers. She reported asking him:

"How does it feel when it's your child and she's doing these things? Do you worry that all your bad traits are passed on as well as your good ones?" I'm trying to find

out whether it's different to how I feel. What am I missing out on? But Ian can't put it into words.

Ian remained unable to define any difference for Inez, saying "it's *our* daughter, and I always think of her that way."

Fourteen months later, when her second child was a few months old, Inez was able to say that she felt "more relaxed" both about her connection to her daughter and "the donor egg issue," and "more confident" as a mother and "about my children's place in my wider family". Experience as a mother had led to narrative revision that emphasised the mothering relationship: "They're my children and I *expect* others to accept them". Nevertheless, the tension between being a real mother and a 'real' mother could be evoked by imagining narratives of the future in which a child uses the lack of genetic connection to undermine a parent's authority. Inez was one of several who envisaged a time when a teenager, "to be hurtful," will say, "But you're not my real mum". While fearing this moment, parents also expressed a hope that the strong relationships they were working to develop would allow them to understand and overcome such crises.

Others may interpret the lack of genetic connection within a *consoling plot* (Kermode, 1967). Following Ricoeur (e.g. 1980), I take *plot* to be that narrative device which confers order, sequence, and meaning on a collection of otherwise isolated events. In the absence of *employment*, not only narrative episodes but experience itself appear to be little more than haphazard collections of events. Frank Kermode wrote that a consoling plot is not one with a happy ending, but one that allows the interpretation of the vicissitudes of life in a way that makes them bearable. To speak of a consoling plot is not to be patronising, nor to imply that those who accept or create them are deluded, nor that they are using the defence of denial. It may be the most sensible way to live a satisfactory life. Parents may emplot the necessity of disrupted genetic connection as being to the child's advantage by avoiding the inheritance of an undesirable characteristic. Belinda, for example, valued genetic connection, which led her to reject adoption; but when it looked as though egg donation was her only way to have a baby, she consoled herself with the thought that her child would not inherit "a tendency toward depression from my mother" [Egg recipient (anonymous donor), Canada]. Before conceiving through donated eggs, Belinda had worried about "Whether I would love a child which had no genetic connection to me." The birth of her baby demonstrated that indeed she could.

The foregoing examples make it clear that gestational connection between an egg recipient mother and her child cannot be relied upon unequivocally to overcome the lack of genetic connection, which may remain a meaningful absence. (This contrasts with Becker, 2000, p. 148), who found that gestation usually compensated.) Nevertheless, women do take comfort from gestating their babies, using biology to mediate genes and relationships. Katrina said of her children born as a result of eggs donated by her sister, "I just felt they were mine anyway because I gave birth to them." A few women even maintained an almost mystical sense that gestation conferred something like genetic connection between mother and infant *in utero*. This was significant to Winona, who said: "I was feeding him through my umbilical cord for eight and a half months. Why could there not be something of me going in there?"

*"If it hadn't been for her—": joy, gratitude, and resentment in narrating the donor*

Donors are incorporated in the recipients' narratives in various ways, depending on the recipient's confidence as a mother, her relationship with the donor, and the meaning she confers on genetic connection.

Donors may evoke straightforward gratitude, whether donors are known to the recipient or anonymous. Parents feel empathy with donors of embryos who are themselves enduring assisted reproduction. Women wonder about donors whom they will never meet yet who have taken so much trouble, risking their health to donate eggs to strangers. Sisters and friends evoke strong personal feelings. Deirdre, for example, said:

My wonderful sister gave us her egg, my husband's sperm fertilised that egg, and I carried our embryo and nourished him for 40 weeks and gave birth to him. I am his mother absolutely; I just needed some help to create our child. I often tell Charlie how much I love him and how lucky I was that Auntie Joni gave us an egg so we could make him. [Egg recipient (sister donor), Australia]

Joy and gratitude may co-exist, at least for a time, with a sense of inadequacy in the face of the donor's generosity. Katrina said of her sister: "You don't know how to say, 'Thank you,' ever, because you just think, 'She's given me two kids,' and you think, 'If it hadn't been for her I wouldn't have them.' You don't know what to say or do." The language of gift-giving has been noted in donor-assisted conception (Becker, 2000, p. 227; Shaw, 2007), including between sisters (Lessor, 1993). It has been pointed out that gift dynamics can be problematic because of the implied reciprocity and the impossibility of reciprocating, as evidenced by Katrina. Sisters in the present research, as in that by Roberta Lessor (1993), generally gave accounts suggesting that they were happy with accepting a sister's egg. However, Lessor's finding that recipients tended to communicate cautiously with their sister donors in order to avoid any hint of coercion was also apparent.

Some women received eggs from anonymous women on IVF or DI programs. Olivia was concerned that she could not thank her donor, but explained it almost as part of a gift chain in which received generosity was passed on to the next person in need rather than returned to the giver:

I'll always feel that this was her way of "giving something back"; saying "thank you" to her sperm donor. I feel I betray her gift and trust whenever I get cross with my daughter. I've never known her as a "real" parent or seen her weaknesses. [Egg recipient (anonymous donor), Australia]

In contrast to the ambivalent representation of sperm providers (Kirkman, 2004b), recipients tend to incorporate unknown donors into their narratives as benevolent fantasy figures. As Olivia's account demonstrates, this may accompany a rational assessment of flaws in the idealised donor as well as a sense of responsibility to her.

Where there is an existing relationship between donor and recipient, the incorporation of the donor into the recipient's narrative will be influenced by that relationship.

This may result in a mixture of gratitude and resentment, exemplified by Yolanda who said, "I hated having someone else go through all that for me." Being unable to conceive with her own eggs meant failure to Yolanda; a donation from her sister was a constant and public reminder that would "always diminish me in the eyes of my family." Pregnant with her second child, Yolanda explained her feelings thus:

You don't have any rights as a recipient. You don't have any right to express anger, you don't have any right to be upset, no one supports you. I should just be damn grateful. My sister can treat me however she likes. That's her right, because she doesn't have to do this incredibly generous thing for me. [Egg recipient (sister donor), Australia]

While expressing her frustration at being forced, as it were, to read from the script dictated by the unwanted role in which she had been cast, Yolanda did want to acknowledge her gratitude to her sister. It was mitigated by anger, however, arising from her sister's procrastination over several years and her own sense of powerlessness. Yolanda's reluctance to accept the role of needy supplicant coloured her interpretation of her sister's motives for donating, which seemed negative; not delight in giving, but inability to refuse: "She didn't really want to do it; she just couldn't live with herself not doing it."

A year later, after the birth of her second child, Yolanda was becoming more confident as a mother and more able to reflect calmly on the preceding, emotionally-charged years, writing: "I feel a bit ashamed and guilty that I reacted as I did." She had reinterpreted her relationship with her sister, conceding:

I feel more kindly towards her now. Given the happiness that's come to us, I really do think that the pain and anger will continue to diminish. I also think that I over-emphasised my fears about my sister's motives. I now believe that my sister *did* have some fine, positive motives there. I shouldn't blame her if what she felt was actually a mixture of things—generosity, as well as guilt; fear about what would happen if she refused; fear about the procedure; annoyance at being asked to do something so intrusive. It's been such an emotional journey, and it's still unfolding.

Time and the opportunity for reflection, coupled with the tendency to employ a consoling plot, underlie much narrative revision. The sheer accumulation of events must also be considered. Harriet, for example, moved from great distress at being told that her eggs would not produce a viable baby, through delight in a child from eggs donated by her sister and the disappointment of losing the remaining embryos in an attempt to have a second child, to giving birth to twins after a last determined attempt at IVF with her own eggs. Most of these events occurred during the period of the research. Harriet's persistence arose, she said, partly because she did not want to ask her sister to endure the process of donating again, but also because "I have to be satisfied that my body is a complete failure;" that is, Harriet needed evidence that she really could not produce viable eggs. Although the dominant explanation given by all recipients for accepting egg or embryo donation was the desire to fulfil their identity as

mothers, some remained conscious of a sense of personal failure in being unable to do so with their own genetic material.

A few years later, Harriet reported that her son has found his own words to describe the maternal roles: "He is very clear that ... he has 'an egg mother' and a 'real mother'." The child of reproductive technology reflects the world that is real and familiar to him, in which he takes for granted the complex contributions to his conception.

## Conclusion

In debating the effects of assisted reproductive technology on women as a whole, it is important not to forget the individual women who participate in it, including those who could be categorised as its beneficiaries.

Women who become mothers through egg donation embody and reinforce cultural discourses of motherhood as part of womanhood and motherhood as enacted through women's bodies. At the same time, they have usually experienced the personal and social 'failure' of being infertile, and they disrupt the assumption of genetic connection between mothers and children. The tension generated by being positioned as both embodying and challenging dominant cultural discourses is revealed in women's accounts of experiencing varying degrees of discomfort with their motherhood, including, in some cases, a reluctance to disclose the use of an egg donor and a sense of not being a 'real' mother.

Nevertheless, all participating women who had children as a result of egg or embryo donation emphasised their delight in motherhood and their gratitude to the donors. As women enact motherhood in their daily lives with their children, they tend to assert the priority of a nurturing relationship over genes as legitimating motherhood and become more confident mothers.

## Acknowledgements

I thank the women who so thoughtfully and generously discussed donor-assisted conception, as well as those who helped to notify them of the research: The Donor Conception Support Group of Australia Inc.; The Infertility Network, Canada; ACCESS Australia's National Infertility Network; IVF Friends Inc., Melbourne; several infertility clinics in Australia; *Woman's Day*; *The Age*; and the LGBT Parenting Network, Canada.

The research was funded by the National Health and Medical Research Council, project number 007076 titled "The facts of life: Identity and family among users of donor sperm, eggs, and embryos."

## References

- Alpern, Kenneth (1992). Genetic puzzles and stork stories: On the meaning and significance of having children. In Kenneth Alpern (Ed.), *The ethics of reproductive technology* (pp. 147–169). New York: Oxford University Press.
- Andersen, A. N., Goossens, V., Gianaroli, L., Felberbaum, R., de Mouzon, J., & Nygren, K. G. (2007). Assisted reproductive technology in Europe, 2003. Results generated from European registers by ESHRE. *Human Reproduction*, 22, 1513–1525.
- ASRM/SART: American Society for Reproductive Medicine & Society for Assisted Reproductive Technology (2002). Assisted reproductive technology in the United States, 1999. *Fertility & Sterility*, 78, 918–931.
- Becker, Gay (2000). *The elusive embryo: How women and men approach new reproductive technologies*. Berkeley: University of California Press.
- Bruner, Jerome (1986). *Actual minds, possible worlds*. Cambridge, Mass: Harvard University Press.
- Bryant, Joanne, Sullivan, Elizabeth A., & Dean, Jishan H. (2004). *Assisted reproductive technology in Australia and New Zealand 2002*. AIHW Cat. No. PER 26 Sydney: Australian Institute of Health and Welfare National Perinatal Statistics Unit (Assisted Reproductive Technology Series No. 8).
- Choi, Precilla, Henshaw, Carol, Baker, Sarah, & Tree, Joanne (2005). Super-mum, superwife, supereverything: Performing femininity in the transition to motherhood. *Journal of Reproductive & Infant Psychology*, 23, 167–180.
- Cussins, Charis (1998). Quit snivelling, cryo-baby, we'll work out which one's your mama! In Robbie Davis-Floyd & Joseph Dumit (Eds.), *Cyborg babies: From techno-sex to techno-tots* (pp. 40–66). New York: Routledge.
- Ezzy, Douglas (2002). *Qualitative analysis: Practice and innovation*. NSW: Allen & Unwin.
- Franklin, Sarah (1997). *Embodied progress: A cultural account of assisted conception*. New York: Routledge.
- Gailey, Christine (2000). Ideologies of motherhood and kinship in US adoption. In Heléna Ragoné & France Twine (Eds.), *Ideologies and technologies of motherhood* (pp. 11–55). New York: Routledge.
- Greil, Arthur (1997). Infertility and psychological distress: A critical review of the literature. *Social Science and Medicine*, 45, 1679–1704.
- Greil, Arthur (2002). Infertile bodies: Medicalization, metaphor, and agency. In Marcia Inhorn & Frank van Balen (Eds.), *Infertility around the globe: New thinking on childlessness, gender, reproductive technologies* (pp. 101–118). Berkeley: University of California Press.
- Hahn, Sandra Jane, & Craft-Rosenberg, Martha (2002). The disclosure decisions of parents who conceive children using donor eggs. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 31, 283–294.
- Haimes, Erica (2003). Embodied spaces, social places and Bourdieu: Locating and dislocating the child in family relationships. *Body & Society*, 9, 11–34.
- Jansen, Robert P. S. (2003). The effect of female age on the likelihood of a live birth from one in-vitro fertilisation treatment. *Medical Journal of Australia*, 178, 258–261.
- Kermode, Frank (1967). *The sense of an ending: Studies in the theory of fiction*. London: Oxford University Press.
- Kirkman, Maggie (2002). What's the plot? Applying narrative theory to research in psychology. *Australian Psychologist*, 37, 30–38.
- Kirkman, Maggie (2003a). Infertile women and the narrative work of mourning: Barriers to the revision of autobiographical narratives of motherhood. *Narrative Inquiry*, 13, 243–262.
- Kirkman, Maggie (2003b). Parents' contributions to the narrative identity of offspring of donor-assisted conception. *Social Science & Medicine*, 57, 2229–2242.
- Kirkman, Maggie (2004a). Genetic connection and relationships in narratives of donor-assisted conception. *Australian Journal for Emerging Technologies & Society*, 2(1). <http://www.swinburne.edu.au/sbs/ajets/journal/V2N1/V2N1-1-Kirkman.htm>
- Kirkman, Maggie (2004b). Saviours and satyrs: Ambivalence in narrative meanings of sperm provision. *Culture, Health & Sexuality*, 6, 319–336.
- Kirkman, Maggie, Rosenthal, Doreen, & Johnson, Louise (2007). Families working it out: Adolescents' views on communicating about donor-assisted conception. *Human Reproduction*, 22, 2318–2324.
- Leeton, John, Chan, L. K., Trounson, Alan, & Harman, J. (1986). Pregnancy established in an infertile patient after transfer of an embryo fertilized in vitro where the oocyte was donated by the sister of the recipient. *Journal of In Vitro Fertilization and Embryo Transfer*, 3, 379–382.
- Lessor, Roberta (1993). All in the family: Social processes in ovarian egg donation between sisters. *Sociology of Health & Illness*, 15, 393–413.
- Letherby, Gayle, & Williams, Catherine (1999). Non-motherhood: Ambivalent autobiographies. *Feminist Studies*, 25, 719–747.
- Lewin, Ellen (1998). Wives, mothers, and lesbians: Rethinking resistance in the US. In Lock Margaret & Patricia Kaufert (Eds.), *Pragmatic women and body politics* (pp. 164–177). Cambridge UK: Cambridge University Press.
- Lie, Merete (2002). Science as father? Sex and gender in the age of reproductive technologies. *European Journal of Women's Studies*, 9, 381–399.
- Lindblad, F., Gottlieb, C., & Lalos, O. (2000). To tell or not to tell—what parents think about telling their children that they were born following donor insemination. *Journal of Psychosomatic Obstetrics & Gynaecology*, 21, 193–203.
- Marshall, L. (1998). Intergenerational gamete donation: Ethical and societal implications. *American Journal of Obstetrics & Gynecology*, 178, 1171–1176.
- Morell, Carolyn (2000). Saying no: Women's experiences with reproductive refusal. *Feminism & Psychology*, 10, 313–322.
- Phoenix, Ann, & Woollett, Anne (1991). Motherhood: Social construction, politics and psychology. In Ann Phoenix, Anne Woollett, & Eva Lloyd (Eds.), *Motherhood: meanings, practices and ideologies* (pp. 13–27). London: Sage.

- Ricoeur, Paul (1980). Narrative time. *Critical Inquiry*, 7, 169–190.
- Ross, Ellen (1995). New thoughts on the oldest vocation: Mothers and motherhood in recent feminist scholarship. *Signs*, 20, 397–413.
- Sandelowski, Margarete (1993). *With child in mind: Studies of the personal encounter with infertility*. Philadelphia: University of Pennsylvania Press.
- Shaw, Rhonda (2007). The gift-exchange and reciprocity of women in donor-assisted conception. *Sociological Review*, 55, 293–310.
- Snowdon, C. (1994). What makes a mother? Interviews with women involved in egg donation and surrogacy. *Birth*, 21, 77–84.
- Söderström-Anttila, Viveca, Foudila, Tuija, & Hovatta, Outi (2001). Oocyte donation in infertility treatment: A review. *Acta Obstetrica et Gynecologica Scandinavica*, 80, 191–199.
- Throsby, Karen (2002). Negotiating 'normality' when IVF fails. *Narrative Inquiry*, 12, 43–65.
- Wang, Yaeping Alex, Dean, Jishan H., Grayson, Narelle, & Sullivan, Elizabeth A. (2006). *Assisted reproduction technology in Australia and New Zealand 2004*. Sydney: AIHW National Perinatal Statistics Unit.