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Why Does My Doctor Want Me to See a Therapist?

Many fertility clinics strongly suggest or require recipients of ovum donation to have a meeting with a mental health professional prior to their cycle. While it is often dreaded, patients almost always leave my office saying they are grateful they were asked to have the appointment, that they learned a lot, and feel much more prepared than before.

I have been meeting with patients pursuing gamete donation, embryo donation, and surrogacy for many, many years. I don't call them, nor do I consider them to be evaluations or assessments, despite the fact that the clinics do tell patients they need a "psychological evaluation" before proceeding. My attempt to educate clinic staff has not been successful in changing their language, thus, patients often come in defensive and angry. I attempt to put them at ease immediately by telling them the meeting is not an evaluation and it is not my job to decide whether or not they are worthy of becoming parents. Their response is visceral. Shoulders drop, faces relax, and they breathe. Then we can proceed.

I tell patients I see my role as educative in two ways:

- to talk about the ways in which building a family thru gamete donation is DIFFERENT from having a family the easy and inexpensive way;
- and to play the role of child advocate.

I tell patients that I try to represent the only person in the family building equation who has no vote, but is the sole reason for the endeavor—the unborn child. The children resulting from all the procedures have no voice in how it all happens, (as no children have a vote in how they are conceived.)

I talk about what we DO know about how individuals feel who come into families thru donor conception, and surrogacy, regardless of the single/married, gay/straight constellation of the family.

- We DO know some things that make healthy families and we DO know now from studies of DE and DS offspring how people feel about their means of conception and all that goes with it.

- We DO know that it is normal and common for people to grieve the loss of a genetic link to an offspring.

- We DO know how most infertility patients feel after being in treatment for a period of time.

Many have recently written about "the brave new world" we are involved in, but I wonder when it will stop being a brave new world. Yes, the stakes keep getting higher as technology tests our ethical boundaries of what can be done, but should it be done. However, surrogacy is now 30 years old. Donor sperm has been around forever and the first child born thru egg donation is now 27. Many people now have "children" through gamete donation who haven't been children in a long time. In fact, some parents through gamete donation are now grandparents. It's not that new and we DO know many things to be true.

With some exceptions, the report I send to a doctor reflects the discussion of the **many** complex issues that accompany complicated family building. Gamete donation families are special needs families, as are adoptive families, and many other kinds of families. This requires unique preparation and knowledge. Special needs are not bad; they're just special, aka "a little extra." I call it **parenting plus**. Gamete donation families have all the stuff "regular" families have, with a healthy dose of EXTRA.

Even in a brief consultation, we can get a rough idea of whether there is psychopathology (vs. neurosis, thank goodness, or surely most of us would have never become parents), substance or spousal abuse or other issues that would make us significantly concerned about bringing a child into the household. In those cases, I recommend further counseling or whatever is needed. But most of the time, patients are as qualified to parent as anyone off the street, only now, because they have been required to see a professional, they are much better educated about certain aspects of family building and parenting.

When patients leave my office,

- I hope they have more questions than when they walked in.

- I hope they are thinking about gamete donation differently than when they resentfully made the appointment (if required by a physician).

- I hope they no longer think gamete donation is no big deal.

- I hope they are thinking about what it would be like to grow up in a home where your parents didn't have enough respect to tell the truth about who you are, or where parents were too scared to tell the truth.

- I hope they think about the fact that it won't matter what other people say about gamete donation as long as they as parents are fierce protectors and advocates for the family they created and how they created it, thereby claiming children as one's own.

- I hope my patients leave my office knowing that infertility is a lifelong disease that goes into remission for long periods of time, and then springs up again at the least expected moments.

- I hope my patients leave my office armed with the response to the dreaded exclamation: "I don't have to listen to you because you're not my real mother!!"

- I want them to leave my office having shifted from being terrified their kid will someday say that to them, to looking forward to it because they are prepared and ready to help guide their child through the muddy waters of trying to figure out who they actually are.

And, finally, I hope they view mental health professionals not as a threat to their quest for parenthood, but as a partner in their goal to be the best parents they can be.

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