



## Why Does My Doctor Want Me to See a Therapist?

Many fertility clinics strongly suggest or require egg, sperm or embryo recipients and those pursuing surrogacy to have a meeting with a mental health professional prior to their cycle. Although you may be apprehensive about this appointment, most people say they are grateful they were asked to have the appointment, that they learned a lot, and feel better prepared than before we met.

These meetings are not evaluations, even though clinic staff sometimes refer to the meetings that way. They are educational, and not screenings or assessments.

I view my role as educational in two ways:

- to talk about the ways in which building a family thru donor conception or surrogacy is different from having a family the easy and inexpensive way;
- and to be an advocate for the only person in the family building equation who has no vote, but is the sole reason for the endeavor—the child you are trying to have

During this consultation meeting, we will talk about what we know:

About how some donor conceived people feel about being donor conceived and all that goes with it.

About the things that make healthy families.

That it is normal and common for intended parents to grieve the loss of a genetic link to an offspring.

That donor conceived people will most likely be quite curious about their genetic connections.

How most infertility patients feel after being in treatment for a period of time.

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The letter sent to the doctor or agency reflects the discussion of the many complex issues that accompany complicated family building.

My goals for these educational consultations include:

- that you have more questions than before we met.
- that you are thinking about gamete donation differently than before we met
- that you no longer think donor conception is no big deal.
- that you are thinking about the toxic impact of secrets and the importance of helping a child understand who they are from all branches of their tree.
- that you understand that infertility is a lifelong disease that goes into remission for long periods of time, and then can spring up again at the least expected moments.
- that you understand the role that grief plays in alternative forms of family creation.
- that you know that most donor conceived people want to reach out to genetic relatives.
- that you are armed with the perfect response to the dreaded exclamation: “I don’t have to listen to you because you’re not my real parent!!”
- that you have shifted from being terrified your kid will someday say that, to looking forward to it because you are prepared and ready to help guide your child through the muddy waters of trying to figure out a healthy identity.

And, finally, I hope you view mental health professionals as partners in your goal to be the best parents you can be.

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