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Technological Storks: Parents and Children Born Thanks to Science!

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Abstract. – New reproductive technology inevitably imposes considerable value-related, cultural and relational transformations of the concept of parenthood and more generally of the concept of family. The split between biological parenthood and social parenthood stimulates numerous reflections. The present article deals with the topic of gamete donation and the need to welcome the 'intruder' that lays claim to and seizes a 'citizenship', which is not only corporeal or attributable to the female world but is rather an issue that regards the couple as a whole.

Key words: *Assisted reproductive technology (ART); sterility; infertility; gamete donation; parenthood; triadic relationship*.

'My mother taught me that there are two things that you must never ask: 'How old are you?' and 'How much do you earn?'. To my own daughter I will explain that there is a third question that you must not ask: 'When will you have a baby?', because the question mark at the end of this question could transform itself into a dagger that pierces the ribs - actually, the uterus - of whoever you are asking. Because of this banal question, thrown out there to make small talk, there might be years of pain, of failed attempts, of hopes that sink every 28 days.'

Wanting a child and not being able to conceive naturally is one of the most painful experiences that a couple can experience. The diagnosis of infertility/sterility is often seen as a verdict that makes the couple feel 'different' (Valentini, 2004) because they are 'unable to procreate'. This often results in the couple isolating themselves from relatives, friends and

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acquaintances who have children, with consequences on their closeness and stability. This sentiment is demonstrated in sentences such as 'we are not able to meet up with friends or couples who have children because hanging out with them is too painful. Every time we look at them we feel jealousy, anger and frustration', 'we cannot confront the topic of children anymore, we can't talk about it with anyone, everyone always tells us the same thing: it will turn out ok, it's just not our turn yet'. In turn, this process can make couples hide the fact that they are resorting to Assisted Reproductive Technology (ART hereafter) from their relatives and their social network. This is mainly for two reasons: on the one hand, there is an attributed sense of shame tied to their 'being different', on the other hand, they want to protect the child that they already imagine is present in their lives (Miall, 1985; Greil, 1991). Depression, low self-esteem, social isolation and a general perception of a negative quality of life can emerge as relevant characteristics, even a long time after the interruption of treatment (Hammanerg & Astbury, 2001). Infertility is a source of chronic stress when the treatment is perceived as invasive and it can condition physical and emotional aspects. When the subject understands the uncertainty of the results of the treatments, they may feel problems are uncontrollable and experience a loss of hope after each failure (Dunkel-Schetter & Lobel, 1991; Domar, Zuttermeister, & Friedmam, 1993; Peterson, Newton, Rosen, & Skaggs, 2006).The choice of trusting medicine can be difficult to develop and, even when one decides to undergo the ART process, the journey ahead is tortuous and not always resolutive. Couples who arrive at requesting ART are often tried by suffering, by attempts of natural conception that have failed and experiences of loss that are renewed each month when menstruation begins, which signals the unattained pregnancy. The diagnosis of infertility barges in unexpectedly in the life of a couple and generates a profound crisis connected to their reproductive abilities. This calls into question the hopefuls' self-image, self-esteem and the sense of self-efficacy at an individual and couple level. As Faccio (2007) asserts: 'the body is also a semiotic body with its expressions, gestures, ways of acting and acquired skills. It is not something separate from discourse, roles, rules, learning, narration and gesturality that own it and permeate it. It is about (…) a relational body, *id est*, of signs and communicative acts that to a large extent constitute the experience we inhabit and encounter'. Daily life is so invaded by a flow of consciousness in which there are emotional resonances, mental representations and bodily sensations which implicate all those significances that construct our personal identity and that of the sterile couple (Higgins, Klein, & Strauman, 1987). Not to mention the impact that ART has on intimacy: planned sexual encounters, which are experienced and perceived as mechanical and a far cry from pleasure, or as pointless because they are no longer connected to conception. Authors such as Mahlstedt (1985) and

Fiumanò (2000) report that infertile couples arrive to the point that they avoid sexual intercourse exactly because it is strongly connected to a series of probability calculations. The perception of a 'triadic conception' is also added to this (Imrie, Vasanti, & Golombok, 2012), dictated by the insertion of the physician in all of the aspects of the couple from the start of the ART and for all of its fulfilment. The progresses in the medical field have allowed us to obtain incredible improvements in prognosis, thus creating an 'era of possibility', a window that guarantees direct access to one's desires beyond their limit, beyond ourselves. Presently, 'it has become possible to have a child without sexual intercourse, outside of the body, defying the laws of desire and sex, creating this fantasized child, this impossible child, in all legitimacy. The stories of women who tell of their experiences with ART are all similar and unique at the same time, they are always marked by pain, by the loss of having to accept the biological limits of infertility; they are characterized by 'violence' through the intrusion of the body, that is not treated with love or desire (which would allow them to integrate body and mind), but as an object to be rummaged through, analysed, medicalized and fragmented (Chatel, 1995).

In Italy, the active centres of ART are 366, of which 114 are public, 21 are privately contracted and 231 are completely private. According to the ISTAT (Italian National Institute of Statistics), in 2017 the total couples treated were 78,366, the treatment cycles provided without gamete donation were around 90,374, whereas 7514 were provided with gamete donation. Children born from ART procedures are 13,973 (12,236 without gamete donation and 1737 with it; https://www.epicentro.iss.it/focus/pma/aggiornamenti). The Law n. 40/2004 opened up a world of hope for all those couples burdened by impotence dictated by an overwhelming diagnosis, that took away their 'universal right' of procreation (Ministero della Salute, 2014). In his speech about happiness Bauman conveys this well:

> '…happiness is a state of mind and of body that we feel in an acute way, but it is ineffable. It is a sensation that cannot be shared with others. In spite of this, the chief characteristic of happiness is that of opening up to possibility, as it depends on the point of view with which we experience it. In ancient times, happiness was a reward for an elite few. Only later did it become thought of as a universal right that everyone in the human race was entitled to. Subsequently, it was transformed into a duty: feeling unhappy provokes a sense of guilt. Therefore, people who are unhappy are unwillingly obligated to find a justification for their existential condition' (Dotti, 2017).

With regard to this, ART has allowed couples to respond to this 'duty' of being happy, guaranteeing a tool that gives the perception of being able to decide their destiny again. However, even with ART, unsurmountable limits have emerged for example legislative limitations. Italy remains one of the more restrictive nations in Europe concerning heterologous fertilization.

Donating a gamete is not possible but, any research on a search engine will reveal a list of numerous foreign sites that promise convenient packages: travel, visits, hotels, and once it is done the couple returns to Italy. In 2010, the Italian National Transplant Centre, together with the Regions and the Health Ministry were tasked with creating a control and inspection program at the centres that perform ART, with the aim of verifying the conformity of these centres to the European Guidelines and the Legislative Decrees.

The Italian National Transplant Centre, established with article 8 of the Law n. 91 on the 1st of April 1999 'Disposition about explant and transplantations of organs and tissues', is an operative organization that is part of the *Istituto Superiore di Sanità* (Italian National Institute of Health), whose recognized functions are those of directing, coordinating and promoting the activity of donations and cell, tissue and organ transplants. In order to fulfil the prerequisites that are foreseen by the Legislative Decree 191/2007 and 16/2010 concerning the traceability of gametes and the safety of donors, the Law n. 190, comma 298 (December 23rd, 2014) established the National Register of Reproductive Cell Donors as a part of the National Transplant Centre. The European Guidelines require traceability in the process of donation to the recipient, in order to identify the source of a possible quality or safety problem tied to each phase and therefore to be able to intervene and to resolve the problem and/or carry out potential preventative actions in order to avoid the repetition of this problem. Moreover, in the heterologous procedures of ART the exact traceability of a donor to a mother and a system of centrally-coordinated biomonitoring become crucial so that one may reconstruct the complete process from donor to mother, to the new-born, and at the same time manage the data in an anonymous way. Following the nomination of the National Transplant Centre as the competent organisation regarding donation, ART procedures began to be structured according to the requirements of the transplantation process: donation traceability, the donor, the recipient and their privacy are all treated in the same way as in the transplant process. The only exception in ART procedures is that the presence of a psychologist during the process is only advised, rather than being part of the treatment team, such as in organ transplants. To date, the participation of a psychologist is strongly recommended (Law n. 40/2004; Ministero della Salute, 2014) but is not integrated, despite the National Associated Press Agency (ANSA) reporting that 40% of couples who start the ART process, abandon it during treatment. The causes for this abandonment for both sexes are usually psychological and emotional. Let us think only of the long waits, the invasiveness of certain procedures, the uncertainty of the entire process and worries reiterated at each step. Furthermore, with heterologous fertilization the couple finds themselves having to come to terms with the intrusion of an external figure (the donor) to their intimacy, who does not have a face, but is present with his/her DNA, and this can bring

about perceptions of unfamiliarity towards the foetus and the fear of not being able to create an affective-emotional bond with it, as it does not share their own genetic heritage: 'I feel strange, there is something growing inside of me, but it is not mine. I don't feel as though the conception was mine, I fantasize about the donor, I try to imagine her and when I do this, I see my husband in bed with her. I don't feel well because I feel like simply a physical vessel, in this pregnancy the only thing that is mine is the uterus. The baby will never have my genes, she will not look like me and I fear that every time I look at her, I will think of my husband in bed with the donor, as if this baby girl was the result of an affair and not my own. Becoming a mother was my greatest desire but now that I am about to fulfil this, I ask myself if I made the right choice, if I will be able to love her despite all this'; 'I am not yet a father… even though I strongly wish to be. It is three years now that we go in and out of the hospital, but nothing ever happens. We predict that there will be a heterologous fertilization… I don't know… I am scared that the child will not feel mine, that I will not love it as I want to, to see the features of the donor and of not being recognized as the true parent, of not being able to face the topic in the future'.

The feeling of unfamiliarity represents a delicate topic, attributable to the correlated experiences of who undergoes an organ transplant, where the individual feels a real violation of the psycho-physical identity. The transplanted organ implicates an integration of the body representation of who receives the organ and a functional re-organization of their own identity. Some transplant patients experience 'feelings of an intrusion' tied to having someone else inside of them and to the need to make it their own. These patients perceive that they are no longer themselves; others live with the sensation that they are partly a 'replacement' of someone else (Nesci, 2007). In all these discussions, we must not also forget the importance of the donor identity, which remains secret in heterologous fertilization, just as it does in organ donation and the need of giving this donor a face, a name, a story as 'they are within us'. A transplanted organ, just as with gametes, is not seen as a prosthetic or a replacement part, but also as a place in the story of the donor; a story that therefore implies an integration into the recipient's own story (Castelli-Gattinara*,* Ardovini, Costantini, Morganti, & Onofri, 2005). In transplants, if on the one hand the surgical procedure restores anatomical and physiological function rapidly, on the other hand a parallel cognitive and emotional integration are also necessary. This is a process that takes place also in couples who undergo ART procedures with gamete donation. During pregnancy, all couples live with a sense of unfamiliarity towards the new-born, independently of how this baby was conceived; the child is always something unknown, but in 'biological conception' the genetic transmission determines identity continuity. DNA is something unmistakeable and signifies origin in an unequivocal manner, even if only in biologi-

cal terms. Often parents, when talking with their children say: 'you are my flesh and blood' underlining that feeling of belonging, as though DNA was a guarantee not only of the bond but also illusorily of the identity of who is about to be born. When this communality is not there because there is a third person involved in the donation, it becomes difficult for the couple to bridge this sense of unfamiliarity. If you are not my flesh and blood, then who are you? A couple who faces an ART journey with gamete donation, finds themselves coming to terms with this stranger within a stranger, that is, the child and donor who are in turn tied by an inseparable bond (DNA), that is completely unknown to the genetic heritage of the recipient but, paradoxically potentially traceable in the somatic features of the new-born. Couples find themselves at the mercy of a 'void of knowledge' that they try to bridge by fantasizing about the identity of the donor and they battle with the dilemma of revealing or not this origin to the new-born. Regarding this, in 2004 the Ethics Committee of the American Society for Reproductive Medicine declared the following: 'Even if the choice belongs to the aspiring parents, we encourage revealing the news of the use of donor gametes to the person conceived in this manner' (Ethics Committee of the American Society for Reproductive Medicine, 2004). Most couples who disclose this information report that they are happy to have done so and did not report any negative effects on their children or on their relationship with their children (Rumball & Adair, 1999; Blake, Casey, Readings, Jadva, & Golombok, 2010). Some studies observed more positive parent-child relationships in families that revealed the modality of conception (Lycett, Daniels, Curson, & Golombok, 2005). Some parents believe that confronting the topic of conception when the child is at primary school (7-11 years) is best as they consider the child to be 'old enough to understand'. It is important to emphasize that there is not a correct time to reveal conception details to a child, just as there is no correct way of reacting to such a revelation (Blake, Casey, Jadva, & Golombok, 2011).This is the reason why this process must be co-constructed with the couple, in the uniqueness of their story and of their solutions. According to Jean-Luc Nancy (1996), in the text '*Être singulier pluriel*': 'there is no being without being with'. It is a strong statement that tends to turn the classical order of development upside down. The classical order claimed that first there was the establishment of being an individual, then the establishment of being with the other. The author believes that there is no before or after, but an immediate establishing together simultaneously. According to Jean-Luc Nancy (2000), who was inspired by Heidegger, in the examination of the ontological establishment of being (Dasein), we discover a co-origin of being with (Mitsein). We gather a primigenial whole, the cum-tactum (touching together) of being and of the 'the one who is' with the other, with others, everyone, always, relentlessly, to yield into the world of existence. Starting from this consid-

eration, working with a couple who is facing ART and gamete donation, means embracing the complexity and dealing with the subject, the couple, and the experience that is taking place. The clinician must be curious about how the I-subject evaluates the foreign subject that has taken up citizenship inside of them because epigenetics is not enough to validate their co-participation to the procreational process because becoming parents, is not only a bodily act, nor only a social act; it is not only a private issue but is it an issue for everyone else, it is not down to an individual, but it is also to down to the couple; it is not only a feminine issue, or a masculine one. We can say that it is an entertaining of all of these variables. We could define this complexity as: the 'matryoshka effect'.

The matryoshka is a magical circle that opens with a piece called 'mother' and closes with a piece called 'seed'. It is a symbol of fertility, family and generosity. Designed and today classified as an ethnographic doll, it is a representation of local tradition. This doll represents everything that links ART with the gamete donation process: the I-subject, the tradition, the culture, the gamete, the couple and society. Which is why the clinician cannot exclude looking simultaneously at the single components, but also at the overall view.

'We continuously construct our house using materials that the environment supplies. We construct it through continuous play between the parts that constitute its organization, from biological ones, to reflexive ones and the continuous play of all this with the physical and psychic environment within which it is places. An only biological construction does not exist, nor does an only reflexive one. Each part weighs on the others, the whole on the singular parts and all of this constitutes a home, that is, an organization (Minolli, 2009).

In light of these considerations, it is getting progressively more necessary to be able to rethink the clinical intervention within an ART process, taking into consideration a new prospective, that goes beyond the classical reading with a nosographic style, in order to consider the complexities of suffering that the couple is experiencing and faces within a treatment course, which is tortuous on both a physical, psychic and social level. An interesting approach is that adopted during the transplant process that foresees supporting the patient in all of the phases: from candidacy for the transplant in which the biopsychosocial context of the patient is gathered, throughout the process of waiting, in which the organ of the donor is imagined, and for all the post-transplant period, in which imagination leaves space for reality and the recipient finds himself/herself coming to terms with the other (donor) that is no longer 'outside of the self': that vital distancing no longer exists. Now, just like a matryoshka, the other is within the self; the donor has taken citizenship within, even if this was so desired previously, it is still felt as something clandestine that modifies not only the

body image but also one's autobiography. Often, the recipient feels a sense of loss that stimulates the need to know who they are carrying within themselves. In this phase it is very important that the entire équipe of healthcare workers engages with the recipient. The couple must be accompanied throughout the entire process so that they can understand the requirements for the citizenship that they want to apply as every couple is a special administrative area. Thus, just like in organ transplants, the couple must be accompanied through the post-donation process and supported in the post-partum period so they can face the darker angsts that are often tied to the fear of not recognizing their future child as their own, or the topic of sharing in the conception procedures or the intrinsic socio-cultural taboos that accompany this process. With regard to this, it is necessary that we re-think the current approach, that only recommends psychological support (Law n. 40/2004; Ministero della Salute, 2014) but does not offer it as part of the multidisciplinary treating team. We can start by constructing a multidisciplinary dialectic method that places the couple at the centre of wanting to become parents. This is the challenge for the future, embracing complexity; constructing knowledge that is useful in all its nuances and which takes into account the individuals, the couple and society.

REFERENCES

Blake, L., Casey, J., Readings, V., Jadva, V., & Golombok, S. (2010). 'Daddy ran out of tadpoles': how parents tell their children that they are donor conceived, and what their 7-years-olds under stand. *Human Reproduction, 25*(10), 2527-2534.

Blake, L., Casey, J., Jadva, V., & Golombok, S. (2011). Secrecy, disclosure and everything in-between: decisions of parents of children conceived by donor insemination, egg donation and surrogacy. *Reproductive Biomedicine Online, 22*(5), 485-495.

Castelli-Gattinara, P., Ardovini, C., Costantini, E., Morganti, G., & Onofri, A. (2005), I trapianti d'organo nella prospettiva cognitivo-evoluzionista. *Psicobiettivo-Trapianti e Psicoterapia, XXV*(3), 16-38.

Chatel, M.M. (1995). *Il disagio della procreazione*. Milano: Il Saggiatore.

Domar, A.D., Zuttermeister, P.C., & Friedman, R. (1993). The psychological impact of infertility, a comparison. *Journal Psychosomatic Obstetrician Gynecology, 14*(Suppl), 45-52.

Dotti, M. (2017). Bauman: "La felicità è la risposta a ciò che ci consuma" [Intervista]. *Vita International; 10 Gennaio*. Retrived at: http://www.vita.it/it/article/2017/01/10/bauman-la-felicita-e-la-risposta-a-cio-che-ci-consuma/142082/

Dunkel-Schetter, C., & Lobel, M. (1991). Psychological reactions to infertility. In A.L. Stanton, C. Dunkel-Schetter (Eds.), *Infertility: Perspectives from stress and coping research* (pp. 29-57). New York, NY: Springer US. doi:10.1007/978-1-4899-0753-0.

Ethics Committee of the American Society for Reproductive Medicine. (2004). Informing offspring of their conception by gamete donation. *Fertility and Sterility, 81*(3), 527-531.

Faccio, E. (2007). Le identità corporee. Firenze: Giunti.

Fiumanò, M. (2000). *A ognuna il suo bambino*. Milano: Pratiche Editrice.

Greil, A.L. (1991). *Not yet pregnant: infertile couples in contemporary America*. New Brunswick: Rutgers University Press.

Hammanerg, K., & Astbury, J. (2001). Women's experice of IVF: a follow-up study. *Human*

Reproduction, 16(2), 374-83. doi: 10.1093/humrep/16.2.374.
Higgins, E.T., Klein, R.L., & Strauman, T.J. (1987). Self-discrepancies: distinguishing among self-states, self-state conflicts, and emotional vulnerabilities. In K. Yardley & T. Honess (Eds.), *Self and identity: psychosocial perspectives* (pp. 173-186). John Wiley & Sons.
Imrie, S., Vasanti, J., & Golombok, S. (2012). Centre for family research. Cambridge, UK: University of Cambridge.
Lycett, E., Daniels, K., Curson, R., & Golombok, S. (2005). School-aged children of donor insemination: a study of parents'disclosure patterns. *Human Reproduction, 20*(3), 810-819.
Mahlstedt, P.P. (1985). The psycological components of infertility. *Fertility and Sterility, 43*, 335-346.
Miall, C.E. (1985). Perceptions of informal sanctioning and the stigma of involuntary childlessness. *Deviant Behavior, 6*(4), 383-403. doi:10.1080/01639625.1985.9967686.
Ministero della Salute. (2014). Relazione del Ministro della Salute al parlamento sullo stato di attuazione della legge contenente norme in materia di procreazione medicalmente assistita (legge 19 febbraio 2004, n. 40, articolo 15).
Minolli, M. (2009). *Psicoanalisi della relazione* Milano: FrancoAngeli.
Nancy, J.-L. (1996). *Essere singolare plurale*. Torino: Einaudi.
Nancy, J.-L. (2000). *L'Intruso*. Napoli: Cronopio Edizioni.
Nesci, D.A. (2007). Libere associazioni in margine al lavoro di Andrea Sabbadini sul replacement child. *Doppio Sogno, n.5*, Dicembre 2007. Retrived at: http://www.doppiosogno.it/numero5/ita/notenesci.pdf
Peterson, B.D., Newton, C.R., Rosen, K.H., & Skaggs, G.E. (2006). Gender differences in how men and women who are referred for IVF cope with infertility stress. *Human Reproduction, 21*(9), 2443-2449.
Rumball, A., & Adair, V. (1999). Telling the story: parents' scripts for donor offspring. *Human Reproduction, 14*, 1392-1399.
Valentini, C. (2004). *La fecondazione proibita*. Milano: Feltrinelli.

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