

What Should We Tell the Kids?

By Patricia Irwin Johnston

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Should our children know about our infertility? If so, what should they know and when? Many infertile people who want to become conscientious parents are thinking ahead about how their own infertility will color their children's lives and wondering whether or how to talk to their children about the long quest which resulted in their becoming parents.

Preventive Education

Most of us who have gone through it would certainly like to find ways to prevent our children's having to go through such a difficult experience. All adolescents—not just the children of the infertile—need information about the impact of sexually transmitted diseases, use of medicinal and “recreational” drugs, delayed childbearing, uninformed medical choices, misused birth control, etc. on their future fertility. There's no doubt about it, this is an important kind of education.

There will also be circumstances under which we will need to talk to the children we are already parenting about the side effects of treatment protocols which will affect their day-to-day lives with us.

We'll save these topics, however, for other articles. What we need to talk about here is the issue of whether, if and how our own infertility and our choices about treatment for it become issues we should share with young children who are born of that infertility treatment.

The Facts of Life for the Children of Infertile Parents

We are not operating in the theoretical vacuum that some have led us to believe is a natural consequence of rapid-fire chemical and technological development in the scientific field that is infertility. While it may be true that some issues related to reproductive technology are complicated by the difficulty of helping ethics and law keep up with science, that's not the case when it comes to what children need to know.

Significant facts have emerged from research and testing in the fields of education and child psychology during the twentieth century to offer us some reliable anchorage from which to begin to explore answers to questions about what children should know, and when, about their parents' infertility treatment and alternative choices. From this knowledge base answers begin to seem relatively simple, and result in two principles to guide us:

1. Children need to have complex information of any kind shared with them in age-appropriate ways which respect their level of intellectual development.
2. Children want and need to know all facts which pertain specifically and permanently to themselves and to their genetic origins.

Let's talk further about what these principles mean and why.

How Children Learn

The Swiss psychiatrist Jean Piaget and his many students and followers have taught us much about how the minds of children grow and mature. Piaget, who began his life's work at the age of 25 in the early 1920's, spent

his entire career focused on the cognitive development of children— learning about how they think, how they experiment, how they react to and learn from their environment, how they come to be able to reason. What he discovered and shared with the world has colored childrearing practices, education and curriculum development, psychology and psychiatry, and even logic and philosophy through much of the last half of the twentieth century.

Piaget's theory can be briefly summarized in two sentences. Young children see the world and all of its phenomena in terms of the limitations of their own experiences and their own emotional needs. Their ability to reason—to change their free form ideas to conform with objective reality—occurs very gradually, is influenced by physical development, and is almost never in place (even in gifted children) until age eleven, twelve or older.

The work of Piaget has influenced many researchers. Significant among them to our purposes were Anne Bernstein, whose doctoral research involved defining what children understand at various ages about human reproduction and was published in the book *The Flight of the Stork* in 1978 (to be reissued in an updated form by Perspectives Press in 1994), and David Brodzinsky (co-author of *Being Adopted: The Lifelong Search for Self* and *The Psychology of Adoption*) and his team of researchers at Rutgers, who, in the 1980s, completed a definitive study on what children (both adopted and nonadopted) understand about adoption at various ages.

This body of Piagetan-based research in closely related fields offers us clear guidelines for deciding what children can understand and should know about sexuality, about alternatively formed families, about infertility testing and treatment at various ages.

Keeping Information Age-Appropriate

When an issue to be shared with children is a difficult one, it is not unusual for parents to deal with it in one of two inappropriate ways: they may oversimplify it to the point of euphemism (where do you think those stories about storks and cabbage patches and daddies giving mommies seeds came from?) or, in their eagerness to be conscientious, parents may over educate, sharing far more than their children are cognitively prepared to handle.

Remember the old joke about Johnny, the preschooler who rushed in from play to breathlessly ask his mother, "Where did I come from?" His mother was surprised, but she'd been preparing for this one for years. She looked up from her computer and sighed and pulled Johnny onto her lap, whereupon she began a long, well-rehearsed (in her head, at least) discourse on human reproduction— sperm, ova, penis, vagina, nine months, birth... As she finished, she asked her squirmy son, "So, does that answer your question?" and his reply was, "I guess. Did you know that Timmy is from Chicago?"

Because the learning process Piaget identified is so constant (children observe and take in information, form assumptions and test theories based on their prior experiences and knowledge, and finally learn something from this process which they store for future use), it is also predictable. Children's minds will only store what they are mature enough to understand and use. When children are given information which is too sophisticated for them, the information just doesn't compute and it isn't stored. What this means is that children aren't usually hurt by information that is above their intellectual level, but they aren't helped by it either. In most cases the information will simply go in one ear and out the other.

When we talk to children about reproduction, about alternative ways that families are formed, we are challenged by the need to keep the discussion simple and age-appropriate. The more complex the situation, the more important it is to simplify, simplify. Sharing issues which are complex (from where babies come from, adoption, donor insemination, surrogacy to issues of rape, incest or sexual abuse) becomes an ongoing process repeated and expanded and embellished each year over many years with just enough information added each time to satisfy a more mature understanding and encourage more complicated questions.

At the heart of every conversation with our children must be the truth—a commitment to never sharing information which is inaccurate and so must later be changed.

What Children Need to Know and Why

Because these issues are identity issues that cannot and will not be changed, children need to know the truth about their adoption, about their conception through surrogacy or using donor gametes. These issues, which are central to who they are genetically, are different from and far more significant than mechanical issues surrounding their conception and birth such as a failure of birth control, a medical problem which resulted in a cesarean rather than vaginal delivery, the use of hormonal therapy in order to sustain a pregnancy, or the placing of father's sperm into mother's uterus via catheter rather than through sexual intercourse.

With adoption in the early part of this century having served as a laboratory, we have learned unequivocally that it is unwise to deliberately choose to keep information about their personal genetic heritage a secret from children in the interests of "protecting" them from the truth.

Secrets are unhealthy in intimate relationships. The existence of significant secrets are nearly always felt on a subconscious level and are most often toxic to family systems. Children who learn late of their adoptions almost universally report that they "had always known" since childhood that something was "different" and possibly "wrong" about their families. In observing adoption-built families over many years the Canadian sociologist H. David Kirk concluded that the families who were most comfortable about openly and consistently acknowledging the differences that adoption brought to the lives of all of its members were the ones with the healthiest, most empathic, most communicative parent-child relationships.

Secrets are almost universally impossible to keep. In a technologically advancing age, "secrets" concerning the genetic connectedness of families are increasingly likely to be revealed at some point despite best efforts to conceal them. Clinicians have reported extensively on the damage to self esteem and to relationships which has occurred when adoptees have stumbled across the facts of their adoptive status or had it revealed late in childhood or beyond. Such revelations nearly always resulted in feelings of betrayal by and anger with parents that were all but impossible to heal completely. Families formed via various forms of surrogacy, donor insemination, donor oocytes or donated embryos are, genetically, adoption-expanded families. Parents who choose not to tell their children about such origins risk great damage to their relationships with their children later when their children discover the truth that has been hidden from them.

The larger and most important question of all concerning whether or not to tell is why would information be kept secret? From what are we attempting to protect our children? Secrets are usually based in and caused by feelings of shame. Is there something to be ashamed of in the method by which you have chosen to expand your family? If you believe that there is, this will negatively color the way in which you relate to your child. A method of family building about which you feel shame is not a wise choice in the first place. If you are considering an option about which you feel shame, please spend whatever time it takes with a counselor to work this issue through to a more comfortable conclusion before pursuing this course of action.

Bottom Line: Whose Issue Is It?

Most of the discomfort that nearly all parents have in sharing information about human sexuality with their children comes not from an unwillingness to do this teaching, but instead from their concerns that they won't do it well. With infertility issues, an additional factor is that the issue that produced the perceived need for information was one which caused the parents a great deal of frustration and pain, and from which they may continue to experience residual feelings of loss which occasionally confuse their feelings of genuine joy about their role as parents. These kinds of internal conflicts—conflicts born of experiences in minds much more sophisticated than any child's— often lead parents who have dealt with infertility to be overly concerned about what their children need to know.

Parents who have experienced especially stubborn cases of infertility which have led them to choose invasive and expensive high-tech treatment options such as IVF or GIFT resulting in a pregnancy often wonder if they have special information of concern to their children. Recently books have begun to appear which attempt to explain assisted reproductive technologies to pre-school and elementary aged children.

In my opinion, the concerns and compulsions parents feel about sharing the fact of a standard IVF or GIFT or ZIFT conception which has resulted in a child genetically related to the people he calls Mom and Dad are based in the parents' frustrations and pain, not in the needs of their children. Such information is the parents' information, and, while it may affect the adults' parenting styles in subtle ways, it in no way affects the genetic identity of the child.

Children younger than eleven or twelve are universally unable to think abstractly, and so are unable to understand and process the reasoned thinking which seems to burden their parents with a need to share their infertility treatment experience. As well, concrete thinkers take everything very literally and very personally, so that they often misinterpret sophisticated information. Children should not be placed in the position of feeling that they are somehow responsible for making or keeping their parents happy.

Consider what we have learned about the impact on children of the once common tendency of some mothers to encourage their children to behave differently by making them feel guilty with stories about how "I almost died when you were born." We understand now that even when this is true, it is not appropriate information to share with a concrete-thinking young child. Think about how far we have come from the old days of the "bad seed" theory, when we held children responsible for the sins of their parents and shamed them with "you're just like your father" beratements. We understand now that one of the things which caused many young adoptees great discomfort for many years was the concept of being "special" and "chosen" by their parents. It was not uncommon in years past for a child's adoption arrival story to include some information about how lonely and unhappy Mommy and Daddy were without children and how very happy they had been about the arrival at long last of this very special baby after a terribly long wait. Many school aged children embroiled in the rich fantasy life common to elementary-aged youngsters reprocessed this information in unhappy ways—worrying that they were personally responsible for their parents' happiness and feeling inadequate to live up to such a responsibility, worrying about what would have happened had they not been the one selected, and more. Young adoptees often mistranslate information about why their birthparents planned adoption for them. From the common, but inappropriate, explanations that "their birthparents loved them so much that they gave them up" or that "the birthparents weren't able to take care of you" children unable to think abstractly instead worry that if one set of parents who loved them "gave them away" perhaps their adopters will too or that perhaps poor behavior would be a reason for his parents to select new parents for him.

Ultimately, the deciding factor in what children need to be told about their conception and birth is that the information should be their own information as opposed to their parents'. Your children should have age-appropriate, accurate information about their genetic origins and any factors which directly influence them. For example, when a problem at birth has resulted in an ongoing problem (cerebral palsy or oxygen deprivation resulting in learning problems, for example) children need this information. But while a parent may have found a cesarean birth traumatic or disappointing, unless that birth has resulted in physical complications for the child, this is parent information.

Unless there are life-long complications for the child, the mechanics of his conception and birth are as personal as are his parents' favored positions for sexual intercourse. There is no more need to tell a concrete-thinking under-ten-year-old whose birth involved only his parents' genetic material and reproductive capacities about the unusual factors of his IVF conception, than there is to tell a same-aged child about his parent's treatment for some long-ago-cured disease or the number of sexual partners his parents had before marriage or his conception after a night of heavy partying and sloppy birth control. While some might choose to share this kind of information in an age appropriate fashion with an adolescent as an expansion of his general knowledge base (whether you share things of such a personal nature is a matter of personal style and choice), to think of this as a weighty responsibility awaiting the right moment for sharing is unnecessary and results in a needless burden on both parent and child.

Getting Ready

What do you tell and when? There is guidance available in how to talk to children about sexuality issues. Anne Bernstein's book *Flight of the Stork* is a good place to begin. The 1978 version may still be available in some

libraries, and the Perspectives Press edition—which will specifically address ARTs, adoption, and third party reproduction—will be available in late 1994.

Several books about talking to children about adoption can offer some important help for families expanded both by traditional adoption and by quasi-adoption alternatives involving donor gametes or surrogates. Lois Melina's *Making Sense of Adoption*, for example, includes specific information about quasi adoption.

Parent groups—in particular adoptive parenting groups like Adoptive Families of America— are good places to stay up-to-date on current books and tapes for both adults and children. Another benefit of parents groups is that talking to parents whose children are slightly older than your own will give you the opportunity to observe how children think and to ask their parents what kinds of questions they have raised.

No doubt everyone will have an opinion to offer concerning whether or how to talk to your children about infertility, but when seeking out advice from professionals, keep an important factor in mind: the experts about parenting issues and how children think and learn are not the nurses and physicians and mental health practitioners working with adults in the field of infertility, but instead include teachers, librarians, child and family therapists, social workers—professionals whose focus is children.

The ultimate experts, however, are you and your parenting partner. Practice makes perfect, they say, and as you parent you will have lots of practice in answering difficult questions from your children. Questions about infertility may someday seem among the easiest to answer!

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