

New frontiers of family

Naomi Moller and Victoria Clarke explore embryo donation and voluntary childlessness, ahead of their Society seminar series

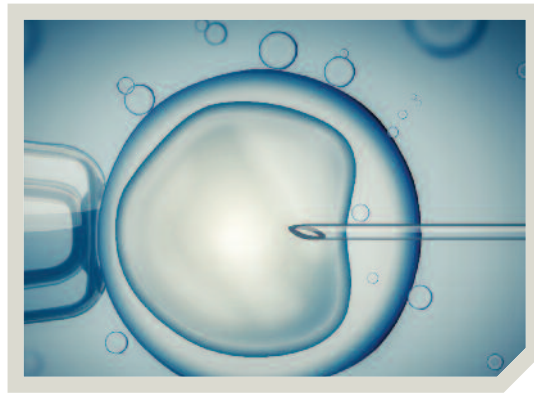
March sees the first of four seminars on 'New Frontiers of Family', a British Psychological Society sponsored series that aims to examine the psychological implications of emerging forms of family in the UK – those beyond genetic relatedness, and those beyond the nuclear family. As two of the series organisers, we here explore two topics: conception through embryo donation and voluntary childlessness, both of which are highly topical in the context of declining birth rates and increases in the use of assisted reproduction in Britain. We provide an overview of the research, as well as the limitations of the current evidence base.

Embryo donation for family building

Advances in assisted fertility are creating new ways to have children that challenge conventional understandings of family (Cahn, 2014). One such pathway involves individuals donating 'left over' embryos from in vitro fertilisation (IVF) to others struggling with infertility. This is a controversial practice and is banned in some countries, including Denmark, Israel, Turkey, Norway and Japan. For example, the Japanese Society of Obstetrics and Gynecology 'prohibits embryo donation to other infertile persons or couples since it causes confusion in parent-child relationship and the child's welfare needs to be most prioritized' (Takahashi et al., 2012, p.1).

Embryo donation is allowed in the

UK, and children have been born here through embryo donation (ED) for family building since at least 1992, when records were first kept. Up to 2009, 1218 children had been born through ED (Human Fertilization and Embryology Authority [HFEA], 2012: see tinyurl.com/htvb45k). This figure does not include children born earlier or through ED outside of the UK, for example, through 'infertility tourism'. The number of families impacted by ED continues to grow both in the UK and internationally, and there is significant potential for further growth given the continuing rise in the number of embryos in cryogenic storage (in the UK alone up to over 60,000, according to information obtained from the HFEA under a Freedom of Information request) and the fact that ED is cheaper than, and



Advances in assisted fertility are creating new ways to have children

as effective as, IVF using a couple's own material or donated eggs (Keenan et al., 2012).

Despite the fact that ED has been used to create families for over 20 years in Britain, it is much less studied than sperm or egg donation. This may partly reflect the relative recency of ED, but also the assumption that ED and gamete donation are experientially equivalent. This assumption is questionable, however, given the fact that both embryo donors and their children will have a genetic relationship to the ED-conceived child, while the recipient parents will not. This is in contrast to gamete donation, where the genetic material of at least one intended parent is typically used (along with either donated eggs or sperm). It has been suggested that in some ways ED is closer to adoption than it is to gamete donation (Kirkman, 2003; Nordqvist & Smart, 2014).

Reviewing the limited literature on ED suggests a number of potentially complex and contested issues for ED donor and recipient families, as well as for ED policy and practice.

Embryo disposition

The biggest focus in the ED research literature is how potential donors decide what to do with their frozen embryos (e.g. Lyerly et al., 2010). This is something that reflects the increasing practical and ethical concerns being voiced about the numbers of embryos in cryogenic storage internationally (e.g. Fuscaldò & Savulescu, 2005). In Britain frozen embryos can be stored for up to 10 years (Human Fertilisation and Embryology Act 1990); after this arguably arbitrary time period, embryos must be discarded or donated for research or family building. Research suggests that IVF-treated individuals and couples find decisions about the disposition of embryos very

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challenging (Paul et al., 2010). Perhaps as a result, the decision to donate for family building tends to be the least favoured option, with potential donors often favouring disposal of their embryos or, when this is an option, donation for research (Lyerly et al., 2010). Research also suggests that decisions around embryo donation for family building are complicated by the extent to which potential donors consider their embryos in terms of genetic lineage (e.g. Nachtigal et al., 2005). In addition, while for some potential donors the genetic link acts as an argument against donation, for others, the perception of this link creates the argument for donation (Blyth et al., 2011).

Directed or conditional donation is where the donors agree to donate their embryos to an infertile individual or couple based on criteria they decide. The experience of directed donation is under-researched (Frith et al., 2011). However, the practice is allowed in the UK if the conditions specified do not pertain to characteristics protected by the 2010 Equality Act (HFEA, 2011: see tinyurl.com/z99gm92). For example, donors cannot specify a heterosexual recipient but can specify a married one. Directed donation has been advocated as a means to increase ED for family building, based on research with potential donors (e.g. Fuscaldo et al., 2007). Potential donors who conceptualise their embryos in terms of 'virtual children' may favour directed donation because it offers some control over who may receive their embryo, but the practice has raised concerns on ethical grounds since it may lead to some categories of potential ED recipients (e.g. single people) being excluded (see Frith & Blyth, 2013).

Donor anonymity

There are different policies internationally on issues of ED anonymity but broadly there is a move to openness (despite concern about potential negative impacts on the willingness of potential donors), based on health grounds in relation to

hereditary conditions and/or child rights arguments about the right to know (Hamberger et al., 2006). In the UK the law changed to prevent anonymous donation in 2005 but thus far little is known about the impact of shifting policies around anonymity on ED donor and recipient families. In addition, it is not known how donors and recipients feel about the fact that ED in the UK is required to be anonymous until the ED-origin child has reached 18, which prevents contact between donating and recipient families before then. This is in contrast with British adoption practice that increasingly encourages contact in childhood on the grounds that it promotes child wellbeing (Triseliotis, 2011). It is also in contrast to practice in other countries, such as New Zealand, in which potential donors and recipients are required to meet and negotiate future contact before ED is allowed to proceed (Goedeke et al., 2015).

Disclosure

The UK policy context encourages parents to tell donor-conceived children about their origins, based on evidence from adoption and on the perspectives of donor-conceived people (Blyth et al., 2012). However, the limited research conducted in the UK suggests that ED recipient parents tend to prefer not to disclose donor conception to their ED-origin child (MacCallum & Golombok, 2007; MacCallum & Keeley, 2012). In addition, research suggests that ED donors and recipients may vary in their perspectives on disclosure (Söderström-Anttila et al., 2001). Research on other forms of assisted

reproduction suggest that parents may fail to disclose in part due to concern about the impact on relationships in the recipient family, and the wellbeing of the donor-conceived child (Blyth et al., 2010). Non-disclosure may thus be motivated by the belief that a 'genetic family' identity protects family and child wellbeing. However, it is not clear how well these findings translate to ED recipient experience; it is also not clear how disclosure of family involvement in ED impacts donor families.

Meet the authors

'For both of us the topics in this article have personal resonance and reflect projects we are working on together. Victoria does not have children; two of Naomi's three children are the product of the same round of IVF (conceived at the same time but born more than four years apart).

Our main aim when organising the BPS-sponsored *New Frontiers of Family* seminar series with our colleagues (Fiona Tasker, Birkbeck, University of London, and Nikki Hayfield, University of the West of England), and when writing this article, was to encourage psychologists to think about the psychological implications of emerging family forms.'

To register for the free one-day seminars on 18 March, 20 April, 11 May and 7 June, see www.open.ac.uk/ccig/events/new-frontiers-of-family



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Child wellbeing

ED is a topic that evokes legal, moral, ethical and religious concerns (e.g. Khodaparast et al., 2011; MacCallum & Widdows, 2012). Perhaps for this reason research has examined whether children born as a result of ED suffer adverse outcomes (e.g. UK studies by MacCallum et al., 2007; MacCallum & Keeley, 2008). This research finds no evidence of adverse outcome, in line with similar research on other forms of donor conception (Golombok, 2013, 2015; Golombok & Tasker, 2015). However, to date there have been just a handful of studies focused on ED child and family outcomes: there is a need for larger studies and longer-term follow-up.

Family identity

The cultural focus on genetic ties in families means that ED may present particular challenges for impacted families. This may explain why ED is sometimes framed as less preferable than forms of donation that perpetuate a genetic link for at least one partner. Indeed, ED has been recommended for those who are unable to use gamete donation as a means of family building (Lindheim & Sauer, 1999). A growing body of research on egg and sperm donation has examined how recipient families and donor-conceived children understand kinship (e.g. Nordqvist & Smart, 2014; Thompson, 2001). Sometimes this work includes participants who have engaged in ED (e.g. Kirkman, 2003; 2008). This research suggests that ED families will face challenges because they disrupt the assumption of genetic connectedness between family members, and that achieving a family identity could require denying the origins of ED children. For example, in a synthesis of 25 qualitative studies on donor-conceived families, Wyverkens et al. (2014) found that in order to facilitate their experience of 'normative' family, 'parents tend to "erase" the donor in their family constellation' (p.14). A UK study of ED recipient

parents who had conceived prior to 2005 (i.e. under conditions of donor anonymity) found that in comparison with parents who had adopted children, the ED parents did not place much significance on the ED donors, seeing them as relatively unimportant to their family life (MacCallum, 2009). In contrast, recent research from New Zealand, in a cultural and legislative context for ED that encourages disclosure and open communication between donor and recipient families, found that both donors and recipients drew on constructs of extended family to describe and make sense of their relations with each other, simultaneously placing emphasis on the importance of genetic links (Goedeke et al., 2015).

In summary, the growing research base for ED is expanding our understanding of this phenomenon, but there is still much more to discover about how ED impacts both donor and recipient families, as well as how ED potentially expands our understanding of family and kinship. Research is ethically important because ED families continue to be created in the UK while, for the moment at least, 'the implications for future generations may be uncertain' (Goedeke et al., 2015, p.2348).

Choosing to be childfree

Childlessness is increasingly common in Western countries, and the UK has one of the highest rates of childlessness in Europe (Tanturri et al., 2015). One type of childlessness is voluntary childlessness, marked by an active and permanent decision not to parent. This particular type of childlessness is also on the rise, both in absolute terms and as a proportion of the wider childless population (Basten, 2009). The phenomena of voluntary childlessness first entered the public consciousness in the 1970s with the publication of *The Baby Trap* by the feminist writer and activist Ellen Peck and the establishment of organisations like the National Organisation for Nonparents (NON) in the US. Peck and other members of NON used the term 'childfree' to reject notions of an absence or lack implied by the term childless.

There has been a resurgence of the childfree movement in the last decade or so, and the development of 'childfree' as a social identity, particularly in the context of online social networks (Moore, 2014). In addition, numerous autobiographical, often self-published, books celebrate (and defend) the childfree choice, and offer guidance to childfree women and



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(heterosexual) couples. Media coverage highlights the contested nature of the childfree choice, and the strong emotions expressed by parents and nonparents alike (Giles et al., 2009). Indeed, research on social perceptions of childfree women has found clear evidence of stigmatisation, with childfree women perceived as, among other things, deviant, emotionally unstable, unfeminine, unnatural, unhappy, immature and selfish (e.g. Rich et al., 2011). Such negative perceptions are argued to reflect a pronatalist social ideology and the assumption that having children is a natural human instinct, something deeply fulfilling and essential for human happiness and a meaningful life, and a marker of both a successful adulthood and an appropriate gender identity. Some researchers have argued that this is better thought of as 'coercive pronatalism' because historically only some groups have been encouraged and expected to reproduce – the most socially privileged – while the reproductive freedoms of other women (those who are too poor, young, old, non-white, or disabled, among others) have been curtailed and controlled; the less privileged have been actively discouraged from procreation (Morison et al., 2015).

Unsurprisingly, as the childfree population has become both larger and more socially prominent, psychologists, sociologists, demographers and gerontologists, among others, have been increasingly interested in who chooses to be childfree and why they do so, and – more recently – the consequences of the childfree choice. Early research on pathways to voluntary childlessness distinguished between 'perpetual postponers', women who arrive at voluntary childlessness through a series of postponements, and 'early articulators', women who express an intention to remain childless early in life (Houseknecht, 1987). More recent, particularly qualitative, research, has

problematised this distinction, finding that many women, even those who might be classed as early articulators, don't view the choice to be childfree as a one-off, decontextualised decision: rather the decision is made and remade across the life-course and in relation to changing circumstances (DeLyser, 2012). Furthermore, the authors of a recent discursive study (Morison et al., 2015) have argued that the fact that some women (and men) position themselves as 'naturally childfree' – through describing their childlessness as innate and immutable, fixed at birth (born that way) – can be understood as a strategy for managing the stigma of voluntary childlessness, through disavowing choice and minimising their responsibility for their child-freedom. Their childlessness 'just is'. This gels with the earlier argument of Houseknecht (1987, p.316) that women and men rationalise their decision to be childfree by drawing on 'an acceptable vocabulary of motives previously established by the historical epoch and the social structure in which one lives'. Thus, the stigma of chosen childlessness frames even how people explain their 'decision' to be childfree.

Most voluntary childlessness research to date has concentrated on women – a focus that arguably reflects the notion that women hold social responsibility for

both reproduction and reproductive decision making (Almeling & Waggoner, 2013). Furthermore, research has been limited to a focus on heterosexual

women and couples. Voluntary childlessness researchers seem to have assumed that non-heterosexuals do not make reproductive decisions, or perhaps that their childlessness is explained by their sexuality and their perceived rejection of traditional gender roles. However, research on parental decision making clearly shows that non-heterosexuals actively engage in

reproductive decision making (Mezey, 2012). At the same time, lesbian, gay, bisexual and trans (LGBT) psychologists with an interest in family have focused their attention on same-sex and trans parenting and particularly on outcomes for children. Indeed, even research on 'families of choice' in queer communities, kin-like networks of relationships based on friendship and commitments 'beyond blood', has focused on parenting rather than childlessness, with two landmark texts dedicating an entire chapter to parenting, but not having an index entry for childlessness (Weeks et al., 2001; Weston, 1991). Thus we know virtually nothing about the meaning and experience of child-freedom for a population the majority of which remains childfree (Mezey, 2012).

With regard to the factors that best explain why people choose child-freedom, in a landmark paper in 1973 Veevers argued that socio-demographic factors such as birth order, family size, mother's employment and perceptions of parents' marital happiness can explain a predisposition toward voluntary childlessness. Since then, research has sought to identify the sociodemographic factors that predispose women and, to a lesser extent, men to voluntary childlessness, and it is widely agreed that education levels, occupational status and income are important, with the white, middle-class, highly educated professional the quintessential childfree woman. Psychologists have unsurprisingly been more interested in the personality factors that predispose someone to voluntary childlessness. Some research has shown that women who are voluntarily childless are more masculine and less traditional in their gender roles (e.g. Baber & Dreyer, 1986). Such findings are perhaps reflective of a social equation of motherhood and femininity, and a phenomenon described as the 'motherhood imperative' (Giles et al., 2009) – the social expectation that all (feminine) women naturally desire motherhood.

"There has been a resurgence of the childfree movement"

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Qualitative research has tended to offer a more nuanced view on both sociodemographic and personality factors – showing that, for example, although childfree women are often highly qualified, their career is not central to their sense of identity: instead early retirement is a popular aspiration (McAllister & Clarke, 1998). Furthermore, feminist research has theorised child-freedom as a radical rejection of motherhood as the normative marker of femininity, rather than as a failure of femininity.

Consequences of childlessness

As well as exploring pathways to and reasons for child-freedom, research has also examined the consequences of this choice; how people ‘live out’ voluntarily childlessness across the lifespan. Research on the elderly childfree often reflects wider concerns about the care and financial burdens associated with an ageing and increasingly childless population, with questions being asked about their social support networks and links to younger generations – in other words, who cares for the elderly childless? Earlier research tended not to distinguish between different types of childlessness and painted a rather gloomy picture of old-age functioning, presenting a childless old age as one defined by lack and need (Kohli & Albertini, 2009). For example, research has found that childless older adults are more likely to be in institutional care and reliant on paid care, have smaller social networks – the widowed childless in particular are vulnerable to social deprivation – have poorer health and die earlier than parents (Dykstra, 2008). More recent research has sought to reconceptualise the childless elderly as a social resource rather than a problem and to explore what they contribute to their families and the wider society, as well as to distinguish between different types of childlessness. For example, research has found that elderly nonparents are more engaged in volunteering and civic society than

elderly parents and often have more diverse social networks (Kohli & Albertini, 2009).

If we consider childless adults in midlife, the picture is often more positive. Several studies have shown that marital satisfaction is higher among nonparents than parents (Blackstone, 2014). Furthermore, parents experience depression more often than nonparents and are generally less happy than nonparents (Blackstone & Greenleaf, 2015). A commonly provided reason for not wanting children is a desire to focus time and energy on partner relationships (although this could be another example of providing a socially acceptable explanation for choosing to be childfree) (Blackstone, 2014).

We don't yet have enough information to confidently explain why the experiences of childless adults in midlife and later life are so different. Is this simply a methodological issue – an effect of not distinguishing between different types of childlessness? Is the loneliness of the childless elderly a somewhat inevitable consequence of ageing in a society in which care is commodified? Or does this represent a cohort effect – will future generations of the childfree elderly be better prepared to avoid social isolation in old age? Further research is clearly needed to illuminate the consequences of voluntary childlessness across the lifespan and to more fully understand how the choice to be childfree is ‘lived out’.

Are the childfree ‘family’?

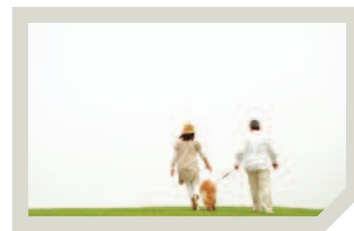
Although the increase in childlessness, and particularly voluntary childlessness, is cited as an example of family change,

the childfree have rarely been studied through the lens of family. US childfree blogger and researcher Amy Blackstone (2014) argues that childfree couples can be understood as fulfilling many of the functions of family, including providing intimacy, companionship and emotional support, and material resources (including a home) for family members, and engaging in ‘social reproduction’ (the work required to turn children into productive members of society). As we have noted, evidence suggests that childfree couples are more invested and satisfied in their relationships than parents, so enhanced intimacy and emotional support may be a distinct characteristic of childfree families. Among childless couples, both partners are likely to provide economically for the household: indeed, research suggests that childless women are more likely to work outside the home than mothers and their incomes are likely to be higher than those of working mothers. The childfree engage in nurturing through caring for pets, with some viewing their pets as ‘children’, or at least as part of the family. Furthermore, they can engage in social reproduction

through pursuing careers as teachers, or volunteer roles that involve mentoring children as well as playing significant roles in the lives of their nieces and nephews and the children of friends.

What this all suggests is that although childless adults don't conform to traditional definitions of family, they nonetheless ‘do’ family in ways that cohere with widely-held

understandings of the functions of family. That's why we felt that a discussion of childlessness has a place in our seminar series on ‘new frontiers of family’: in years to come, it will be fascinating to see just how this age-old institution continues to evolve. We hope that psychologists will remain at the forefront of its study.



The childfree engage in nurturing through caring for pets

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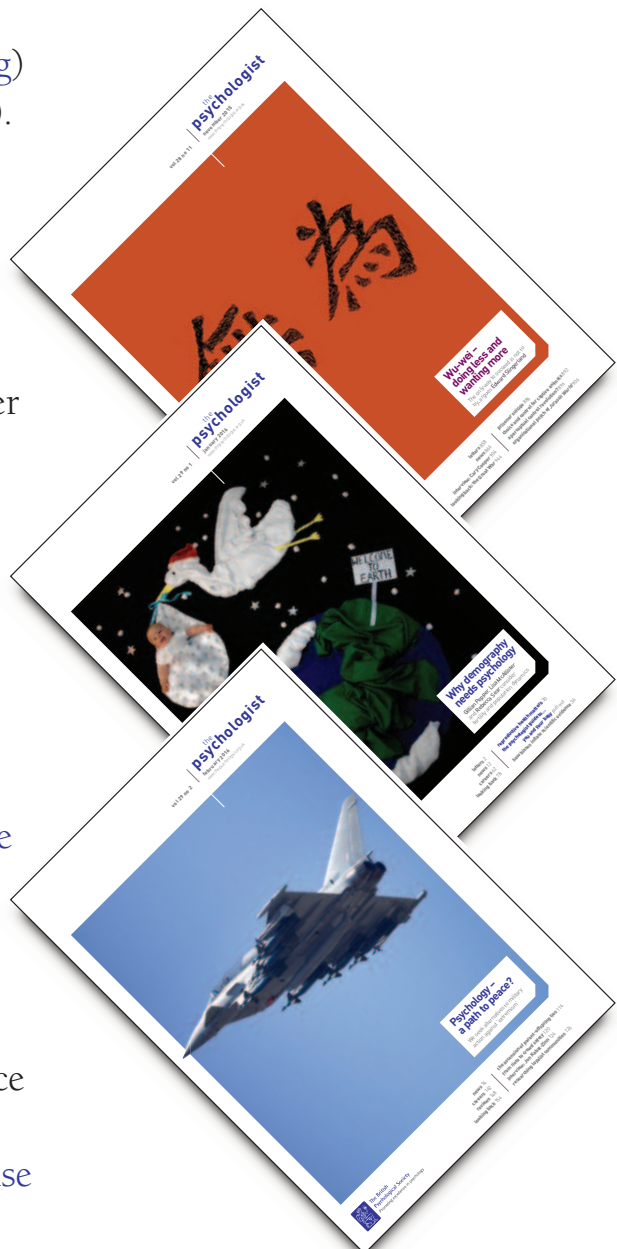
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