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A Feminist Adoption Reform and Child Welfare Newsletter

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Sperm donors:
their attitudes toward providing medical and psychosocial information for recipient couples and donor offspring

by Patricia P. Mahlstedt, Ed.D., and Kris A. Probasco, M.S.W.

For over a century, American physicians have recommended donor insemination as an acceptable procedure for achieving pregnancy when a husband is infertile or concerned about transmitting a genetic disease.[1] As a result, sperm donors have enabled thousands of infertile couples to achieve their goal of pregnancy and parenthood. Despite their significance in these couples' lives, donors are without personal, social, or medical identity to them. Despite their significance as the genetic fathers of many children, donors are literally unknown to most offspring. Despite their importance in enabling physicians to help infertile couples, donors appear to have little influence on the ultimate use of their gametes. It seems paradoxical that a group as significant in their role as sperm donors should be totally unknown to the very people to whom they are so important: the recipient couple, the physician, and the donor offspring. Is donor insemination really an "acceptable" procedure in their eyes?

The practice of anonymity was developed in this country to protect the recipient couple, offspring, donor, and medical profession. There was concern that if the donor were known, there would be negative consequences. The solution to these concerns, developed by the medical profession, was to keep all information about the donor a secret from the recipient couple and to encourage the couple to maintain the same secrecy. An anonymity of sorts even existed between donor and physician, who traditionally obtained only minimal medical and education information from the donor. Over the years, the belief developed that donors themselves were unwilling or reluctant to provide in-depth information about themselves and would not donate if required to do so. These practices of anonymity and secrecy, thought to be in the best interest of all involved in the process, have been accepted with little examination of their short- or long-term ramifications.

The practice of anonymity was developed in this country to protect the recipient couple, offspring, donor, and medical profession.

However, the medical field currently acknowledges that information about the psychological and medical history of one's family is a powerful tool in the subsequent prevention of problems in these areas. For example, the young woman whose mother and aunt had breast cancer will be encouraged by her physician to have more frequent examinations and mammograms than the woman with no family history of such a disease. A man with a history of heart disease in his family will be advised to monitor his weight and cholesterol more closely than a man without that history. Some psychological problems seem to be intergenerational. Children of alcoholics are more vulnerable to alcoholism and are encouraged to be very cautious in their drinking behavior. Without knowledge of their paternal history, donor children and adults are deprived of a powerful tool for ensuring a healthy life.

Having choices about the degree of openness between donor and recipient family is a growing trend in other countries of the world and a developing expec-

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[1] Editor's note: but see *The Mother Machine* by Gena Corea, NY: Harper & Row, 1985, p. 37 for a discussion of the limited use of donor insemination until the 1960s.

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tation of many American couples. However, the medical profession in this country continues to be concerned that donors do not want to provide personal information and that they would not provide sperm if total anonymity could not be guaranteed. To assess the validity of these concerns as well as to develop new policies to guide the practice of donor insemination, we need to have information about their feelings and attitudes from the donors themselves.

The purposes of this exploratory study, the first of its type conducted in the United States, were twofold: (1) to ascertain the willingness of donors to provide in-depth medical and psychosocial information on their application forms and (2) to determine donor attitudes toward sharing this information with recipient families.

MATERIALS AND METHODS

The sample consisted of 79 sperm donors from two donor programs: Baylor College of Medicine Sperm Bank Program, Scott Department of Urology, Houston, Texas; and Reproductive Resources, Metairie, Louisiana. Forty-three had been donors before the beginning of this study; 36 were new donors.

To ascertain donor willingness to provide in-depth information and to share this information with recipient families, a lengthy application form was developed by the authors in collaboration with Reproductive Resources in Metairie. This application form had five parts: physical characteristics, personal characteristics, family history, donor statement, and personal health history. The personal health history made up 8 of the 12 pages of the application form and was multigenerational in nature. Only information from the first four parts was used in this study and only personal health information was used for screening purposes by the donor programs.

Between January 1 and June 1, 1990, all new and prior donors in both programs were given an application form and asked to complete and return it as soon as possible. This was an entirely new application form for the Baylor program. The four-page psychosocial section was added to the eight-page medical section already being used in the Metairie program. In both programs, donors who did not complete all or part of the application form were accepted into the program if they met the medical requirements. Responses to all questions were made voluntarily. In Houston, 48 applications were given out during that 6-month period and 43 were returned, representing a 90% response rate. In Metairie, 40 applications were given out and 36 returned, also representing a response rate of 90%.

In addition to frequency tabulations of responses, chi square [statistical] analyses were performed to compare the attitudes of the respondents in Houston with those of the respondents in Metairie. All data were analyzed using the Statistical Analysis System (SAS) statistical package. This program developed frequency tabulations, compared the two groups on multiple responses, and calculated statistically significant differences between the two groups.

RESULTS

Donors

There were no significant differences between the two donor groups on any demographic characteristic except age. Metairie donors ranged in age from 19 to 35, with a median age of 22. Houston donors were between 20 and 30 years of age, with a median age of 26. The median age of the combined group was 24. Eighty-eight percent were white. Most (44%) were from the southern part of the United States, followed by the East (23%) and the Midwest (17%). Whereas 67% of the donors were college graduates, 82% of the sample were currently students, with the Baylor program having a majority of medical students and the Metairie program having a majority of undergraduate students. A majority (87%) of both programs were single and had been donors before January 1990 (54%). Forty-six percent of the donors were Protestant, 33% Catholic, and 11% Jewish. Sixty-seven percent of the total sample mentioned an altruistic reason as at least one reason for donating sperm and 63% mentioned financial gain as at least one reason.

Study Questions

Are Sperm Donors Willing to Provide In-Depth Medical and Psychosocial Information on Application Forms?

Donors at Baylor College of Medicine in Houston, Texas, and Reproductive Resources in Metairie, Louisiana, were willing to provide whatever information was requested by administrators of the programs. Ninety percent of the donors in both programs completed lengthy (12-page) application forms.

What are Sperm Donors' Attitudes Toward Sharing Medical and Psychosocial Information With Recipient Families?

Responses to questions relating to the sharing of information reflected not only that donors are willing to share nonidentifying information with recipient families, but also that they believe couples and potential offspring have a right to such information. In response to the question *"How do you feel about descriptive, but nonidentifying, information about you being given to*

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the recipient family?" 96% of the donors responded positively. The following represent their responses:

"I think it is absolutely necessary to assure confidence in this very delicate procedure. If I were a patient, I would really want to see photographs of the donor."

"Recipient families should be able to look at the genetic history of the donor. This is important for the family to know, as genetic history may affect the health of the resulting child."

"This would seem essential, especially since behavior and character traits appear to be highly correlated with genetics."

"I think it is very reasonable. Recipient families should be able to choose from similar looking donors, as well as pick from personality traits/talents as they see fit."

"That's fine. I'd want to know what kind of genes my baby was going to have, too."

Responses to questions about openness and anonymity were less definitive of donor attitude. When asked *"What type of emotional response do you have to the suggestion of openness?"*, 37% felt positively, 38% were uncomfortable with openness, and 14% were uncertain. Eleven percent did not respond. The following illustrate their response.

"I could meet the parents, not the child."

"Mostly positive, if the family agreed (should be their call)."

"Extremely important and positive."

"Receptive. I believe a child has a right to know where he comes from."

"A sense of fulfillment in being able to help a family and knowing who they are."

"It would be in the child's best interest."

"I'm not that excited about the possibility."

"I do not believe it is a good idea."

When asked whether or not they would be donors if anonymity could not be guaranteed, donors again reflect variance in their attitudes. Thirty-six percent indicated that they would be donors without guaranteed anonymity. Although 29% responded negatively, over one-third (39%) of all donors were uncertain.

Three final questions reflected donor attitudes toward sharing information with recipient couples and potential offspring. When asked whether or not they would like to know when a pregnancy has occurred, 41% responded positively, 30% responded negatively, and 24% were uncertain. To the question *"Would you like to meet any children who may result from donor insemination once they reach 18 years of age?"*, 19% indicated that they would be interested in the child's knowing who he was either through a meeting or the exchange of a picture. Forty-one percent would not object if the child initiated a meeting but would not solicit a meeting. Thirty-seven percent would definitely not like to meet any children who might result from their sperm donation.

The final question that reflects donor attitudes about providing information for potential offspring is *"What message would you want to give a child conceived with your sperm?"* Seventy-two percent of the donors indicated that they would leave a message. Twenty-eight percent answered "None." Among the messages are the following:

"Cherish your life. It is a gift too many people take for granted and therefore have no appreciation of it. Make the most of it, as if each day could be your last."

"I want you to know that the small part I played in your creation has made me very proud, and I wish you all the best your life has to offer."

"Be aware of the small sacrifices that your parents have made on your behalf. Artificial insemination is a difficult choice, and to have made it means your parents considered having you to be worth the struggle. Appreciate them. Also, pick a talent, focus on it. Stay away from rugby (it kills the shoulders) and strive for excellence."

"Whatever you decide to do in life, or with your life, just remember to always give it your best effort, regardless. Always do what is right."

"Be the best you can be and make the world better because of your presence."

"My love and my thoughts are with you. Also, don't worry if you're very tall and thin as a youth, because by the time you are about 20 years old, you'll have to knock the women off with a stick."

"During the course of your life, you will face many obstacles. Try not to be discouraged. The final rewards

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will be well worth the effort."

"Listen to your mom and dad. They wanted very much to bring you into the world and raise you properly. Beyond that. . . work hard, persevere, keep a sense of humor, share your toys, etc."

"Limitations are usually self-imposed. Be all you can be happy with."

"Your parents wanted a child very much, but needed help. I wish you a long, good life. This chance to live is a singular gift, so strive to reach your best at everything you do."

"I am glad I could help in your conception, but your real parents are the ones who raised you and took care of you. I hope you find life beautiful. Be happy!"

"The world steps aside for someone who knows what they want. Enjoy life and let nobody tell you that you cannot do something."

DISCUSSION

Anonymity and secrecy have been associated with each other for so long that many see them as one and the same. However, on close examination, one can observe that they are separate processes that involve different groups of people. Anonymity means "no identity," and it has always been associated with the donor's need for confidentiality. Physicians try to protect the donor's confidentiality by restricting information between their offices and the recipient couple. Therefore the anonymity triangle includes the physician, the donor, and the recipient couple. To expand this further, the concept of identity involves a continuum. One could know a lot about someone's identity, or one could know nothing. In the anonymity triangle, does the recipient couple have to know nothing about the donor (total anonymity) for the physician to protect his confidentiality? We think not. Recipient couples can have a clear sense of their donor's background, interests, and values without knowing who he is. The issue of anonymity is usually controlled by physicians.

Secrecy is another matter. It involves decisions about how the information about the donor is or is not shared. The secrecy triangle includes the recipient couple, the donor offspring, and extended family and friends. It does not involve the physician or the donor, unless the donor is known by the couple. The issue of secrecy is controlled by the recipient couple alone.

The issue on which this study focused was donor anonymity, or the lack of information usually available to recipient couples. One overriding goal was to break through the silence barrier that surrounds sperm donors to determine their attitudes about providing sperm. Specific goals were to become familiar with donors at two sperm donor programs: who they were, why they provided sperm, and how they felt about providing nonidentifying and/or identifying medical and psychosocial information to recipient couples and potential offspring. It was believed that such information would enable all participants in the procedure to communicate more openly about their needs. This process is a necessary component of effective change.

The primary finding of this study is that most donors (90%) are willing to complete lengthy application forms on their medical, social, educational, and personal histories. Only 10% failed or refused to return the form, possibly dispelling the belief that donors are unwilling to provide such information to donor programs. A second important finding is that almost all (96%) are willing to share this information in a nonidentifying form with recipient families. This confirms previous findings in other studies. The comments of donors in this study reflect their interest in providing whatever information is needed by recipient couples and potential offspring as well as their perspective that parents and donor children have a right to such information.

Donors were more willing to provide nonidentifying information than to be "open" with recipient families. Providing information that identifies one's interests, values, and personal history is acceptable to donors; disclosing full identity probably is not. Only 37% of the total sample indicated that they would be "open" with recipient families. Because "open" was not defined by the authors, respondents may have thought that open meant meeting the recipient couple, as in open adoption. Their reluctance to be open might also reflect less interest in meeting the couple than in providing information for potential offspring, a finding of Handelsman's study of Australian donor attitudes.

The attitude toward openness parallels the attitude toward anonymity in both groups. Just as 37% of the donors are comfortable with openness, 36% said that they would be willing to be donors if anonymity could not be guaranteed. However, a greater number of donors were uncertain about anonymity (34%) than were uncertain about openness (14%). What their uncertainty means is only conjecture, and therefore should be examined further. However, 29% of these donors require anonymity, a finding that supports the continued need for confidentiality in reference to identifiable information.

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Donors in this study report less interest in the immediate outcome of their donation than donors in Australia and New Zealand. Although there is a significant difference between groups that cannot be explained by any demographic information, less than one-half of the total sample (41%) is interested in knowing if a pregnancy occurs. In Rowland's study of Australian donors, 81% wanted to know if a pregnancy occurs, and in Daniel's study of New Zealand donors, 96% were interested in the outcome. The lower percentage in Metairie is partially explained by current program policy prohibiting it, a policy that was explained to the donors before they completed the questionnaire.

When asked if they were willing to be identified to a potential child at the age of 18, approximately 40% said no and 60% said yes. Again, this trend parallels the anonymity and openness responses in which approximately one-third prefer anonymity and do not want personal contact. Finally, almost three-fourths of the donors in both programs left a personal message to a potential child, whereas one-third left none. This again confirms that many donors have concerns about potential offspring and are comfortable providing non-identifying information that might be beneficial to them.

American Fertility Society Ethics Committee Recommendations Regarding the Use of Donor Gametes

In 1990, the Ethics Committee of the American Fertility Society published recommendations that provide an impetus for developing new policies and procedures for the use of donor gametes. In reference to the collection and sharing of information, this committee suggested the following: "A permanent record designed to preserve confidentiality should be maintained. It should include the genetic workup and other non-identifying information and should be made available on request, on an anonymous basis, to the recipient and/or any resulting offspring."

When asked if they were willing to be identified to a potential child at the age of 18 . . . 60% said yes.

This recommendation speaks clearly to the needs of the recipient couples and potential offspring. It recommends that permanent records be kept on the donor and that nonidentifying information be made available on request to recipient and/or resulting offspring. The findings of this study confirm the feasibility of this recommendation.

A Redefining of "Truths"

Because anonymity and secrecy have characterized donor insemination from its beginning in the late 1800s, subjective justifications of such policies have become accepted "truths": couples will not think about the donor after conception occurs; it is better to keep the whole thing a secret from family and friends as well as the child; donors have no interest in recipient families, will not donate sperm if anonymity cannot be guaranteed, and want all information about themselves destroyed. These "truths" remind one of the "truths" that surrounded adoption for so many years: raising an adopted child is the same as raising a biological child; birth mothers will relinquish custody of their children and simply go on with their lives; if adoptees have positive childhood experiences, they will have no interest in knowing about their birth mothers and fathers. These "truths" are now seen as myths by the experts in the field of adoption.

Initially met with considerable resistance, the changes that have taken place over the last 25 years in the adoption field were initiated by birth parents, adoptees, and adoptive parents who spoke out to dispel the myths about relinquishment, being adopted, and being adoptive parents. The myths had interfered with acceptance of the losses involved in the adoption process: the adoptive parents' loss of fertility, the adoptee's loss of his or her birth parents, and the birth parents' loss of their child. As they spoke out about their own real experiences, a redefinition of old "truths" occurred that enabled positive adjustments to be made by all involved.

These types of changes may be forerunners to similar changes in the practice of donor insemination in the United States. For this to happen, the silence that surrounds all aspects of the practice must be replaced by open communication among physicians, recipient couples, and donors regarding their long-term needs, as well as the long-term needs of potential offspring. As in adoption, a redefining of "truths" about the major issues must occur.

This study initiates a process of redefining the "truths" about donor attitudes toward providing information about themselves to donor programs. Its most significant findings are that donors are willing not only to complete in-depth application forms that request medical and psychosocial information but also to share that information in a non-identifying manner with recipient families. It is now up to donor programs to take the Ethics Committee recommendation seriously, develop donor application forms that provide medical and psychosocial information for recipient couples and/or donor offspring, and counsel donors and recipients

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so that they can make well-formed decisions about giving and receiving gametes that create human life.

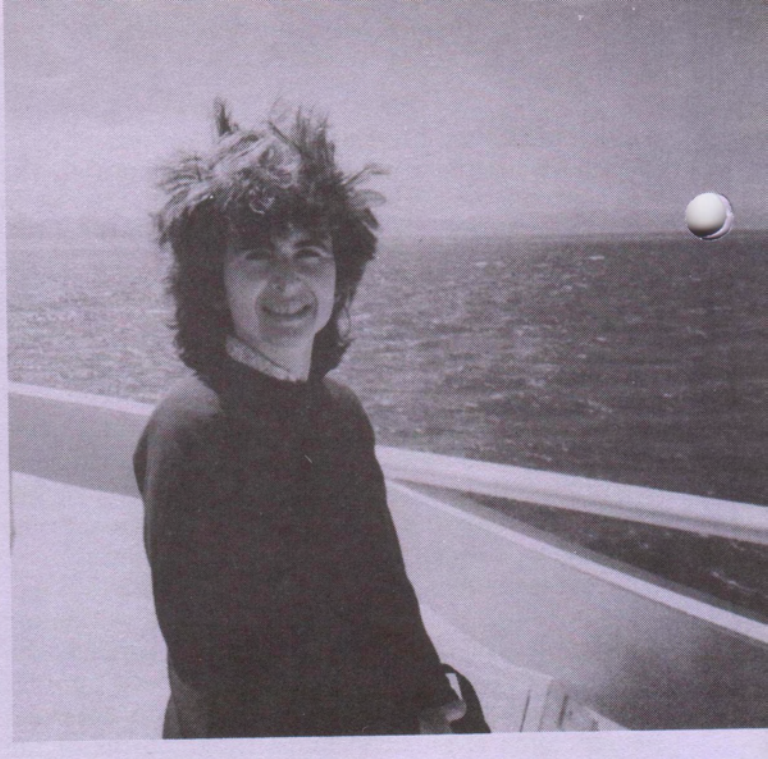
Policies and practices of donor programs should be developed to meet the varied emotional needs of recipient couples, potential offspring, and donors. Because psychological expectations vary among couples as well as donors, attention should be paid to matching couples and donors in reference to psychological as well as physical characteristics. There is room for choice.

In-depth medical and psychosocial nonidentifying information should be obtained from donors and provided to recipient couples to personalize this important process in their lives. Having this type of information will help couples feel more in control, alleviate uncertainty about the donor, gain knowledge of the donors as people, and develop acceptance of the decision to use donor insemination as a means of conception. Couple acceptance is paramount for the acceptance and adjustment of donor offspring, whether they know of their paternal heritage or not. Moreover knowledge of family history will also enable parents and children to anticipate and prevent health problems that appear to be intergenerational.

Permanent files with medical and psychosocial information on all donors should be maintained and made available to all recipients. Couples should be counseled about the long-term issues in the use of donor gametes so that they can make informed decisions about their own personal needs for information.

This study should be repeated at donor programs in other areas to ascertain the generalizability of these findings. Similar studies should be conducted that focus on the needs and attitudes of patients who use donor insemination as a means of conceiving their children.

This article has been abstracted from an original manuscript published in its entirety in Fertility and Sterility 1991; 56:747-53. Tables, notes, and references can be found in the original article. It is being reproduced with permission of the publisher, The American Fertility Society. ▲



Heredity, Environment, or . . . Wind on the Bay?

(Photo of Janine Baer from August 1991)

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Custody Decisions Highlight Need for Lesbian/Gay Legal Reform

Lesbians and gay men are suing each other over child custody and visitation. In its Winter 1991/1992 newsletter, the San Francisco-based National Center for Lesbian Rights (NCLR) pointed out that there is no legal framework to support lesbian or gay families, and that "a comprehensive examination of our laws is overdue."

Some examples:

- In California and New York, lesbian co-parents whose relationships have ended have taken each other to court over child custody. In cases in which one mother was the birth mother and the other was a non-biological mother of the child they had been raising, courts have denied visitation to the non-biological mothers, calling them "legal strangers."

- In Massachusetts, New York, and California, gay male sperm donors have sued lesbians for visitation or custody of the children they fathered. In a California case, the known donor was determined by the courts to be a father rather than a donor because "the actual semen used" was not handled by a physician, although the physician had done fertility testing on other samples. California law says insemination must be supervised by a physician for the distinction to be drawn between donors, who have no parental rights, and fathers, who do. The decision will probably be appealed.

In the donor suits, sometimes contracts had been drawn up earlier and the parties involved had changed their minds; sometimes there were no contracts.

In other news from NCLR, second-parent adoptions have been approved in some jurisdictions in the United States and denied in others. "Second parent" refers to adoption by a parent of the same gender as his or her partner. In light of court decisions that non-adoptive parents or non-biological parents are "legal strangers" to the child, second-parent adoptions are an important step in protecting a child's right to contact with both of his or her psychological parents if the parents separate.

Recently, a lesbian couple in Alameda County, California jointly adopted a boy they have been raising for years, as did a gay male couple in California. In Oregon a second-parent adoption by lesbians was denied in one county, although such adoptions are "routinely granted" in Portland.

To obtain the 12-page NCLR newsletter, which is published twice a year, send a membership fee of $35. ($20. low income or student) to: National Center for Lesbian Rights, 1663 Mission St., 5th floor, San Francisco, CA 94103.

For advice about legal matters, call NCLR at 415 / 621-0674. Staff can refer out-of-state callers to attorneys or other resources and apprise you of the legal situation for lesbian and gay parents in your state. NCLR also sells books and articles about lesbian and gay parenting.

Results of Gay Male Study

You may have read it in your local paper[1]: the study of the genetic origins of homosexuality was published in the December issue of the *Archives of General Psychiatry*. Researcher J. Michael Bailey, a professor of psychology at Northwestern University, found that 52 percent of identical twin brothers who were raised in the same home were both gay, compared with 22 percent of the study's fraternal twins, who are as similar genetically as non-twin siblings. In contrast, only 11 percent of adoptive brothers – not genetically related but raised in the same home – were gay. This is "exactly the kind of pattern you would want to see if something genetic were going on," said Bailey. The study was co-written by psychiatry professor Dr. Richard Pillard.

While approximately half of the gay identical twins had co-twins who were gay, the other half had co-twins who were heterosexual, which suggests that sexual orientation is influenced but not "programmed" by genetics.

The study has been praised for its methodology as compared to previous studies of the origins of male homosexuality. But in a discussion of the its potential uses, Charles-Gene McDaniel, a professor of journalism, suggested the results could be used to try to "cure" gay people by genetic means.[2] Bailey had stated he hoped his research would help to counteract bigotry of people who condemn gays for "choosing" their sexual orientation.[3] To this, McDaniel responded that "logic, reason, scientific evidence and those other traits that mark the civilized, educated person never have influenced the bigots. We only have to look at skin color. Its genetic origin has had no noticeable influence on bigotry." McDaniel also suggested that a more important study would try to find the causes of homophobia.

Bailey's second study, of lesbian and bisexual women, is due to be completed soon. **-JB**

(Thanks to Dr. Bailey for the articles from Outlines.*)*

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[1] For example, the December 15, 1991 *San Francisco Examiner* article, "Homosexuality may be biological, study says."

[2] "Tell It to the Right Wing," *Outlines*, p. 35

[3] J. Michael Bailey, "Biological Disorders and Disordered Thinking," *Outlines*, (Chicago), January 1992, p. 36

New Book about Lesbian and Gay Foster Parents

Advocates for lesbian and gay families have a new resource this spring with the publication of *Lesbians and Gay Men as Foster Parents* by Wendell Ricketts. Intended primarily as an educational and strategic tool for child welfare policy makers, social workers, and foster care administrators, *Lesbians and Gay Men as Foster Parents* effectively combines legal analysis, political reporting, and social science review with personal anecdotes and interviews with lesbian and gay foster parents and their children.

Highlights of *Lesbians and Gay Men as Foster Parents* include an extensive bibliography of current social science studies related to lesbian and gay parenting, and a thorough and accessible review of the legal issues that surround lesbian and gay foster care and adoption.

The book is available from the National Child Welfare Resource Center for Management and Administration, University of Southern Maine, 96 Falmouth Street, Portland, ME 04103 (207 / 780-4430). The price is $15. postpaid. ▲

Second Parent Adoptions Can Be Done in Contra Costa County, California

by Liz Hendrickson, Executive Director of the National Center for Lesbian Rights

There has been an exciting new development for Lesbian/Gay families in the Bay Area: we are now able to do second parent adoptions in Contra Costa County.

As you probably know, over the past two years many lesbians and gay men in California have been able to adopt their partners' biological or adoptive children. These cases have taken place all over the state, but mostly in Alameda and San Francisco counties. Second parent adoptions are like step-parent adoptions: they give a child a second parent without diminishing the parental rights of the first parent.

Effective immediately, families living in Contra Costa County can go to court and request second parent adoptions. If you are interested, contact your lawyer or NCLR for a referral. The process takes a minimum of six months to complete. There is no restriction on the age of the children involved or on whether they are your biological or adoptive children.

I'd also like to let you know that we are able to do second parent adoptions for couples who are no longer living together. This is helpful to families who have weathered a break-up and still share parenting.

Please be aware that each case is unique and that there may be factors in a given family's situation that make it impossible for them to use a second parent adoption. It is also important that you choose a lawyer experienced in family law to handle your case. There are a number of experienced, affordable attorneys available. NCLR can give you names of lawyers who have handled second parent adoptions.

Although the availability of second parent adoptions is steadily increasing, this is still a new procedure. NCLR is preparing to approach Governor Wilson and request a change in state policy on adoption by unmarried couples, including lesbian/gay couples. We are also drafting changes in the adoption laws that should make it clearer that second parent adoptions are legally valid procedures.

Please feel free to call the National Center for Lesbian Rights with questions or suggestions at 415/621-0674.▲

Adoption Workshops in San Francisco

Amy Jane Cheney, an adoptee who has led groups and workshops for seven years, is offering a series of all-day workshops in March and April. Sunday, March 8 is a workshop titled "Adoptees, Significant Others & Friends." Saturday, March 28 is "Breath & Movement Work for Adoptees" and April 4 is "Lesbian Adoptees & Lesbian Birthmothers." Workshops are $50. each, or $45. with an advance deposit. For more information, phone 415 / 923-1454. ▲

WOMEN ADOPTEES WHO SEARCH

In the Fall 1991 issue of the American Adoption Congress' newsletter "Decree," Susan Miller-Havens, Ed.D., R.N., reported her 1990 research about the birth fantasies of adopted women who search. Miller-Havens found that adopted women who search had more fantasies about their connection with their birth mothers than about disconnection, although women who were adopted under two weeks of age produced fewer fantasies.

Fantasies serve to deal with feelings of loss, while "searching means being prepared to give up the fantasy to face the original loss necessary for psychological healing." Miller-Havens suggested that women who search may be those who can tolerate more pain, and not searching may be "a sign of massive denial."

In contrast with studies that claim unhappy adoptees are the ones who search, this study found that 75% of its 84 subjects did not search because of unhappiness with their adoptive family. The subjects were chosen from a non-clinical population, and most of them were adopted under 6 months of age. Other studies have included people adopted when they were older.

Susan Miller-Havens is a reunited adoptee living in Cambridge, Massachusetts.

For information on how to obtain the AAC Decree write: **American Adoption Congress, 1000 Connecticut Ave., N.W., Suite 9, Washington, D.C. 20036**▲