

Beware the Dragon!

Chapter 1 from *Adopting: Sound Choices, Strong Families*

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Once upon a time there lived a princess so beautiful both inside and out that every man in her parents' realm longed to marry her. After many months of grueling challenges, a noble, kind, and handsome prince won her hand, and they were married. As they left the palace of her parents to make their own way in the world, the young people were given the blessings of the monarchs, who presented them with a carefully drawn map. On it were plotted the roads and the rivers, the mountains and the mansions, the forests and the fields, the towns and the trading posts of their known world. It was a beautiful map, complete in every way...for as far as it went, that is. All around the edge of the map, beyond the blue of the wide sea and the purple of the impenetrable mountains, were printed warnings in bold red ink, "DANGER! Here there be dragons!"

Most of us spent many childhood days curled in warm laps listening as a parent read even more sexist versions of stories much like this one. Surrounding us was the firm shape of a parent who kept us safe and secure. The fairy tales gave way to more realistic stories, but the themes remained substantially the same: for those who are good, noble and true, for those who try their best, the dangerous unknown is only a fairy tale. Those who try hard will succeed.

And so, like the fairy tale princes and princesses of our childhoods, our expectations about love and family building were idealistic and simplistic. Two people fall in love. They commit to one another. They establish a firm foundation on which to build a secure home. They have children.

In biology class, in family living, in health and sex education there were drawings and diagrams, and warnings about the dangers of premarital sex. These classes offered several messages for Gen Xers and Millennials who are reading this, my third infertility/adoption decision-making book. The first message was about the demons of sexually transmitted diseases, and in particular AIDS. The second was the one familiar to earlier generations: our bodies are time bombs set to go off. If we engage in sex, we will get pregnant! Beware of that dragon, for sure!

Social studies sent a third message to those of us who did not find a partner with whom to parent as well as to those of us who were not heterosexual. It was that growing tolerance in society would soon open family building opportunities for us as well.

Ah, and then there was the comforting final message: People of the second and third birth control generations, you have as long as you want to become parents! Go ahead and delay marriage and parenthood. Get all of your financial, educational and career ducks in a row; take time finding just the right partner before parenting. There's always time.

You listened, and here you are?young-marrieds or married-agains, without a partner or with a same gender partner?facing a dragon guarding the entrance to parenthood.

When this dragon rears its head, many tend first to play ostrich, burying their heads in the sand and pretending not to see. For months and even years we may deny the possibility of a problem. We just haven't met the right person, we tell ourselves. Or, when we have and we are trying to conceive it's, well, We're under so much stress at work. Our timing is off. The travel schedule has gotten in the way. Looking back now and remembering your own denial, you may wonder why it took so long for you to realize that you needed help, why you wasted so much time with the wrong partner, the wrong doctor, why you refused to acknowledge that there was a problem brewing here.

The answer is not so difficult. You were afraid. Somewhere in the back of your mind you sensed that a dragon was lurking there. You hoped to avoid the crisis of facing the dragon by ignoring it.

The Chinese,an ancient and philosophically sophisticated culture, write not with a sound-based alphabet, but with complex word pictures. Interestingly, in Chinese, the written expression of the concept of crisis is said to be drawn by putting together the characters for two other words: danger and opportunity.

Because we sense danger in the face of any crisis, we often put off facing its reality. And so it was with singles, with gay couples, with fertility impaired heterosexual couples. To acknowledge a barrier to becoming a parent was to face imminent danger. Though at first we might not have been able to clearly identify precisely what it was that we feared, our subconscious sensed the possibility of loss or disappointment ahead and insulated us from pain through denial.

Do you remember that childhood friend who moved away when you were four? The special toy lost irretrievably on the plane to Grandma's? The cat that ran away? The math test you failed? The first love who dumped you unceremoniously? The college which turned you down? Getting laid off from that great job? Every day we experience losses and disappointments. Some of them are painful, etching themselves on our memories, changing who we consider ourselves to be. Others pass by nearly unnoticed because we have become so accustomed to dealing with them—keys misplaced for a couple of frustrating hours, another lottery ticket with the wrong numbers, forgetting an appointment, missing your train. But every loss—the large and the small—is one of the lessons which contribute to the development of a unique and very personal pattern for how each of us copes with disappointment and loss, a pattern which becomes so familiar, so automatic, that one rarely even recognizes that it has begun and is going on again.

Do you recall, for instance, having found yourself in a situation like the following...

After having spent a day shopping, you arrive at home with your house key in your pocket and your arms loaded with packages only to hear the insistent ringing of your telephone on the other side of the door.

Almost since the invention of the telephone at the dawn of the 20th century, people who have one have had a terrible time allowing a phone to go unanswered, so as a typical person, you struggle with the packages you are juggling in order to fish out a key and then rush inside to answer the phone.

As you put the receiver to your ear, you hear yourself saying, "Hello? Hello?"... to a dial tone (denial). You're surprised to hear that dial tone, and yet, after ten rings, you knew of course that enough time had passed between the last ring and your picking up the phone?

You begin a litany of "if onlys" (bargaining). ... "If only I'd had my key out and ready"... "If only they'd let it ring one more time."

Feeling frustrated and disappointed about the lost call, you begin to vent a little anger at somebody... "Doggone it! Why are people so impatient? They should have let it ring!" Or, perhaps, "Darn it, won't I ever learn to keep my keys in my hand!"

You look at the packages strewn in your foyer and, subconsciously you begin a familiar process?your personal process?for coping with (accepting/resolving) a loss.

Remember, all of us have been experiencing losses since infancy. There was the babysitter who talked on the telephone despite your cries for a diaper change or a bottle. The goldfish from the fair died and Daddy helped bury it in the backyard. Your best friend moved clear across the country when his mom was transferred. That really cute girl said no when you asked her to the eighth grade dance. You failed an all important math test. Your favorite uncle died. A lover left.

There are many ways of coping with loss, and after years of experiencing losses large and small, each of us develops a personal pattern for doing so. Some people are more comfortable than others in accepting loss as normal and natural?as a part of their fate. They may shrug this lost phone call off with an "Oh well, if it is important, they'll call back" and go about the business of putting away the groceries. Others feel more comfortable with a substitution. Such a person may pick up the phone and call a friend. "Hi, did you just call? No? Yeah, well, I missed a call just as I got in from shopping and I thought it might have been you? So what're ya doin?"...

Still others cope with loss more aggressively by seeking to avoid future losses of a similar kind and assuming as much control as possible over every situation. If this is what you most commonly do, your reaction to an accumulation of lost phone calls may inspire you to explore the option of adding voice mail or caller ID to your phone service or send you out shopping for an answering machine.

Those whose family building is challenged by infertility or their marital status or their sexual orientation experience multiple losses, each with its own degree of significance. Taking the time right now to determine how it is that you (and your partner, if you have one) cope with loss is an important step toward deciding what family building alternative is right for you. But first you must acknowledge the series of losses built into your experience. Over many years of thinking about it, reading about it, talking with hundreds of couples about it, I have come to see six distinct areas of significant loss, many of which encompass several other related losses. The following sections address each of those areas.

Losses Accompanying Challenged Family Building

- * Control over many aspects of life
- * Individual genetic continuity, linking past and future
- * The joint conception of a child with a beloved life partner
- * The physical satisfactions of pregnancy and birth
- * The emotional gratifications of pregnancy and birth
- * The opportunity to parent

The Loss of Control

Perhaps most clearly and immediately felt by those who experience family building challenges is the loss of control over numerous aspects of their lives.

Today's adults, who came to sexual maturity and selected partners after the birth control revolution precipitated by the wide availability of the birth control pill in the mid sixties, have always had the distinct expectation that they would be able to control their family planning. Unfortunately, because infertility was not discussed as they grew up, this expectation included not just the expectation that they would be able to avoid pregnancy when they so desired, but that they would be able to achieve pregnancy when they so desired. Losing control of a part of life which one's peers take so completely for granted is devastating and, for many people, precipitates a humiliating blow to self esteem.

Treating infertility demands that couples give up even more control. Control of their sexual privacy and spontaneity, for example, is forfeited to a medical team which asks them to chart their intercourse, supply semen samples, appear within hours after intercourse for a post-coital test, etc. Control of their calendars is given over to treatment.

Couples often comment that with infertility they feel that they have lost control of every aspect of their lives. What type or size car to buy depends on whether or not it will be carrying children. Accepting a new job or a promotion can become dependent on how travel impacts the treatment program, whether or not the new company has excellent health care benefits which cover infertility treatments, as well as whether or not the new employee's coverage for infertility treatment would be excluded because it was defined by the insurance company as a pre-existing condition. Continuing education may be put on hold when a woman expects that any day she will become pregnant, so that finishing a term might be difficult or impossible. Whether to buy a house in the suburbs with sidewalks for Big Wheels and excellent schools, or a condo in the city close to work and cultural events is controlled by infertility. Social calendars may be driven by the menstrual cycle. Even the most private of decisions—how much time to spend in a hot tub,

how much coffee to drink, how many miles to run each week, whether to buy briefs or boxer shorts—can be controlled by the infertility experience.

Singles and gay couples, most already feeling the sting of discrimination, have often compensated for much of the rest of their feelings of being “out of control” by taking careful control of as many aspects of their lives as they can. They may have planned and lived out successful careers, own beautifully designed homes in carefully chosen communities, yet they know that the dragon which guards the door to family building is outside their control.

To many individuals for whom being in control is an important part of their ability to feel confident and competent, challenged family building represents a devastating loss, but this is not its only loss.

The Loss of Genetic Continuity

Potentially, challenged fertility means the loss of our individual genetic continuity—our expectation that we will continue the genes of our families in an unbroken blood line from some distant past into a promising future. For those raised in blood-is-thicker-than-water cultures, this loss is significant enough to be avoided at all costs. While some extended families are entirely comfortable with the idea of adopting in order to carry a family into the future, others believe strongly that the family blood line cannot be grafted onto. Why we feel this way is not as important as the fact that we acknowledge that we do. When the potential for this loss is felt powerfully—sometimes re-enforced by repeated conceptions which end in miscarriage—alternatives such as donor insemination which allow a woman to use her own eggs and to be pregnant, or traditional surrogacy which provides a man with the opportunity to carry on his genetic material, or gestational surrogacy which allow both partners to use their own genetic material can sometimes be more attractive than traditional adoption. However, as we’ll discuss later, for individuals for whom loss of genetic continuity is central and powerful, pursuing family building alternatives which allow the other partner to retain genetic continuity at the loss of one’s own can be devastating to the relationship.

The Loss of a Jointly Conceived Child

Our earliest dreams about parenting included the expectation of our parenting a jointly conceived child. Gay and lesbian partners perhaps face this loss earlier than heterosexuals do. In choosing a life partner all of us do at least a little fantasizing about what our children might be like. Will he have her intellect and his sense of humor? Grandpa’s red hair and Aunt Wilma’s athletic prowess? Gosh, think of the medical expenses if she inherits both her mother’s crossed eye and her father’s terrible overbite! This child who represents the blending of both the best and the worst of our most intimate selves also represents for many a kind of ultimate bonding of partner to partner. In giving our genes to one another for blending, we offer our most vulnerable, intimate and valuable sense of ourselves—a gift that is perhaps the most precious we can offer. How more vulnerable can we be to another, how much more trusting, than to agree to give 23 of our unique chromosomes in exchange for 23 of our partner’s to make a new 46 chromosome human being? Losing that dream and so feeling forced to consider alternatives such as donor

insemination, hiring a surrogate mother, adopting, etc. can be painful indeed for those for whom this expectation was particularly important.

Pregnancy and Birth: Lost Physical and Emotional Expectations

Another challenging loss to deal with is that of the physical satisfaction of successful pregnancy and birth experiences. Though many people see the loss of a pregnancy as belonging entirely to women, this is not so. True enough, the physical changes and challenges of pregnancy and birth are experienced by women alone, but producing a child, as any counselor of pregnant teens will verify, is the ultimate rite of passage for both men and women—the final mark of having reached adulthood. You're grown up now, and your parents aren't in charge anymore. Beyond that, the physical ability to impregnate a woman or to carry and birth a child represents the ultimate expression of maleness or femaleness—our bodies at work doing what they were built to do. For many people, losing such capacities challenges their feelings about their maturity or their sexuality or both about their competence as adult men and women. It is their own discomfort with, and fear of, this loss which generates from outsiders the tasteless humor which relates infertility to sexuality in comments such as, "Do you need a little help there? Happy to offer my services!" or "Let me show you how it's done." or "Hey, all Steve has to do is look at me and I'm pregnant—must be in the water!"

Some do succeed in becoming pregnant—sometimes over and over again—but these pregnancies result in repeated miscarriages and neo-natal deaths. Trying to block out the unhelpful platitudes from well-meaning others ("Perhaps it was God's will."..."Don't worry, there will be another."..."At least you know that you can get pregnant!") can be a struggle like no other.

And there's more. Over the last several decades, a substantial element of our society, fearful of the impact of massive changes in family structure (and there certainly have been some), has mystified the experience of birth to an exaggerated extent. In search of the perfect "bonding" experience, couples carefully choose specific kinds of childbirth preparation? they attend classes together, read books, practice breathing, and so on. They expect to experience a magical closeness in spousal relationships, an irreplaceable wonder in sharing the birth experience, an expected instant eye-to-eye bonding between parents and child (a kind of magical superglue without which many fear that families will disintegrate). Hospitals marketing to the expectations of these couples, compete with one another to provide birthing rooms with the perfect equipment (birthing beds, chairs, tanks), the perfect atmosphere (music, guests allowed, champagne afterwards), and the perfect preparation (Lamaze classes, classes for siblings-to-be).

This set of expectations about the emotional gratifications of a shared pregnancy, prepared childbirth, and breast-feeding experience, though far too often unrealistic, is widely held. To risk losing such an experience is much more significant to today's would-be parents than it would have been to their parents and grandparents—whose mothers gave birth anesthetized in sterile operating rooms while fathers paced in waiting rooms outside, who often didn't see and hold their children until hours after their births, who bottle fed formula to their infants, and who bonded with their kids!

The Loss of the Parenting Experience

Finally, to be permanently family-challenged threatens the opportunity to parent, which is a major developmental goal for most adults. The psychologist Eric Erickson identified a series of developmental milestones humans work toward throughout their life span. In adulthood, Erickson wrote, the major goals are regenerativity and parenting. To be infertile, single and partnerless, or homosexual on the surface threatens our ability to achieve that goal, so that for many, challenged family-building represents a devastating blow.

Erickson and others have clearly demonstrated that it is possible for individuals achieve this developmental goal and to satisfy the need for nurturing without becoming parents. Many adults find other ways of redirecting or rechanneling their need to nurture—through interaction with nieces and nephews and family friends; by choosing work which brings them in frequent contact with children; by volunteering as religious class teachers, scout leaders, or for a group such as Big Brothers/Big Sisters; by substituting pets for children; by becoming active in non-child centered volunteer work; by nurturing the earth through nature hobbies such as gardening, etc. This is not to imply that lists of possible redirections like these are seen as equivalent substitutions, or as realistic direct replacements for the lifelong experience of parenting a child jointly conceived and birthed with a much loved partner. While some adults can and do actively choose to meet their developmental needs to nurture without becoming parents, for those who have made the choice to become parents and have then been thwarted by family building challenges, the choice to redirect that energy is difficult.

For readers of this book - people who are considering adopting - reactions about this particular loss (parenting) are the most important of all. Adoption provides the opportunity to avoid this loss and this one alone. Singles and couples who adopt will become parents, but in doing so they will give up even more control to the process of adoption: they will forfeit their genetic continuity, they will lose the jointly conceived child of their dreams, and they will be deprived of the emotional and physical expectations of pregnancy.

It is these potential and realized losses which tore at your gut during those days or weeks or months when you tried to deny the challenges you faced. These losses were the danger lurking in the crisis, and they were difficult to face. Now you are asking yourself to examine adoption?one of the potential opportunities which is a part of the crisis. Facing your feelings about infertility?s losses can help you to decide if adoption is right for you.

So unless the loss of the opportunity to parent strikes you as the one loss you would most like to prevent—the one you would find most devastating—adoption may not be for you. The truth is that adoption is not a good choice for everybody!

Addressing the Crisis of Challenged Family Building

When I was a child we had a toy?a child-sized plastic figure with a clownish face filled with air and weighted on the bottom with beans or sand. Its purpose was to be punched, and to rise from the blow grinning, waiting to be punched again.

It has often seemed to me that as my husband and I experienced infertility we were like a pair of

those punching bag toys placed on a conveyor belt moving through a system punctuated by swing arm gates. As we moved along that conveyor belt from doctor to lab to bed, to doctor to hospital to bed, to doctor to pharmacy to bed, to doctor to counselor to agency to attorney, and on and on, we found that the belt began to speed out of control (rather like the conveyor belt in the candy factory where Lucy and Ethel scrambled to fill boxes that rushed by).

Grinning madly (stiff upper lip, and all that) we were knocked askew by alternating swing arm gates—the doctor, the lab, the hospital, etc. and sent separately reeling to cope with new information, new alternatives. Occasionally in swinging upright again from a blow we would bump against each other and provide one another with a momentary steadiness. But each time we were hit again, we went our own separate ways—alone.

There are several ways that people commonly deal with crisis, but victimhood is the least helpful. Spending significant amounts of time allowing yourself to become the victim of the crisis, floundering in a sea of despair as you are overwhelmed by waves of decisions that must be made is often undergirded by a sense of damaged self esteem. Infertile heterosexual couples, gay or lesbian couples, partnerless adults may all harbor the fear that family building challenges are a punishment of some sort or a message that they wouldn't be good parents anyway. Some fertility-impaired people react by believing that they are somehow less competent than they were before infertility was discovered. If their reproductive systems aren't working, they somehow illogically reason, then maybe they shouldn't trust their judgment, either. (Maybe Uncle Charlie was right; we're just trying too hard. Perhaps Mom's manicurist's cousin's doctor in Podunk is better than the reproductive endocrinologist at the medical center. Maybe my neighbor who thinks adoption is a sad substitute for real parenting because nobody could ever really love somebody else's reject isn't so far off base!)

Feeling neither confident nor competent, victims become unwilling and unable to make decisions. They begin to abdicate more and more control to others, losing their power. The partnerless may date desperately or not date at all, putting aside any thoughts that time is passing quickly. Infertile people may move robotically from treatment to treatment, never looking at alternatives such as adoption or collaborative reproduction. Caught up in the panic of the situation, such people tend to make decisions only when they must be made, struggling forward from crisis to crisis.

Those who allow themselves to become victims drift into a childless future they do not want because they haven't been able to make the decisions that might have helped them consider choices available to them. Victims will fall into a dropped-into-their-laps adoption because someone they saw as competent told them it was the next logical step, and, unprepared for the challenging differences in adoptive parenting, will struggle for years with a feeling that things aren't quite right, that this didn't work either.

I worry about victims, because when one operates by crisis management there is little opportunity for reflection. Victims stumble forward on that conveyor belt carried by a panicky momentum much like that we felt as out-of-control young runners about to skin our knees again. I worry because family-challenged people operating in such a mode tend to act out of desperation. With self-conscious laughter, they tell you that they would do anything to have a baby—even drink poison! Sadly, many really would. They sense that the surrogacy service or the

adoption lawyer made it just a little too easy (and yet too expensive) for them to skip ahead of more 'traditional' clients. They beg for one more cycle of a drug their doctor has decided isn't working. They borrow money for yet another in a long string of unsuccessful IVF attempts. They risk it all on a not-quite-legal adoption. They juggle two or more potential adoptions or an adoption and a high risk pregnancy at the same time. Obsessively driven toward the goal of bringing a baby home to a waiting nursery, they have thought very little beyond arrival day.

I worry about these would-be parents, because by allowing themselves to become victims of the challenge to their family building dreams, by allowing themselves to avoid thinking about the ramifications of their crisis management style, they almost guarantee that they won't effectively deal with their losses. And, that years later those losses will reappear as reopened wounds when new and different losses set a grief reaction in motion - for example, losses of jobs, divorce, death of a parent or close friend or spouse, their adopted child's recognition of loss as a part of his adoption experience.

I worry because the self-absorption of people operating as victims won't allow them to feel compassion for others—for birthparents, for people dealing with secondary infertility, for the confused and panicked parents of quads or quints conceived on fertility drugs or in IVF cycles, for couples dealing with an untimely pregnancy, for pregnant infertiles who can't find a place to 'fit in' anymore. For one who has experienced reproductive loss or challenged family building to have lost compassion for those experiencing other types of family-related challenges is particularly ironic.

I worry because for victims there is no joy in living.

There comes a time to stop—to recognize that one has not been in charge and to step off the conveyor belt, regain balance, and look around for a better way. My hope is that the process for decision making offered in the next chapters of this book can become a tool to help couples and singles make that pause for reexamination happen, offering them practical ways to regain control of their lives again, helping them to look far enough beyond the danger represented by the dragon to see the opportunity lying just ahead.

Many significant beginnings and endings in our lives are marked by rituals that publicly mark the transition and invite the support—either in celebration or in mourning—of others. Weddings, funerals, christenings, baby showers, bar mitzvahs, graduations, going-away parties are examples of transitional rituals. Psychologists and sociologists are increasingly noting that transitions which are not accompanied by ritual—divorce, loss of a job, miscarriage, private changes of direction—are often harder to make, since they lack support.

Many family-challenged people are finding it important to create and participate in private or public rituals which acknowledge the progress of their lives. Infertility support groups across the county have put together periodically repeated mourning ceremonies for miscarried or unconceived children. Such ceremonies offer the opportunity for couples and their supportive family and friends to experience a release similar to that in a traditional funeral service.

Several years ago Bonnie and Lawrence Baron of San Diego wrote about their personally composed ceremony in which they formally ended treatment and moved on. Their ceremony was firmly rooted in their Judaic tradition and included elements of several ceremonies and prayers, as well as some nonreligious readings and music.

Mike and Jean Carter of North Carolina, authors of *Sweet Grapes: How to Stop Being Infertile and Start Living Again* (Perspectives Press, Inc., 1989, rev. 1998), note in their book and in their presentations the formal way in which they marked their choice to live a childfree lifestyle.

Wendy and Rob Williams of Ontario, Canada, created a poignant and very personal ceremony for saying goodbye to the child whose adoption was not completed because his birthmother changed her mind several weeks after placement.

In many ways the structure of the decision making format which will follow encourages the opportunity for using or developing rituals, whether formal or informal. You may wish to explore with your partner the idea of participating in appropriate transitional rituals yourselves as you mark your journey.

In “The Picnic,” one of the wonderful short stories in her collection *The Miracle Seekers: An Anthology of Infertility*/ Mary Martin Mason tells the story of Jill and Dan, frozen in time and unable to move beyond the miscarriage of Gerald, the baby they had waited for so long. In an awkward attempt to help, Dan takes Jill on a picnic along the raw Rhode Island shore. With her sketch pads and charcoal in hand, Jill makes her way to an ancient cemetery to do some rubbings. Dan finds her later, weeping over a one hundred year old tombstone that bears the names of a couple and their five sons—each of whom was named Josephus, each of whom died in infancy.

Here, Jill comes to see that what is preventing her from moving on is the fact that no one—not her mother-in-law, not her friends, not her husband—has allowed her to experience her grief openly, to mourn the loss of her son, to say goodbye in a formal way to the baby who was not to be. And so, together, Dan and Jill say goodbye to Gerald by burying a baby rattle which Jill has brought with them in the earth above the babies Josephus.

All significant endings and beginnings are indeed crises, fraught with the fear that is a part of facing the unknown. The Chinese concept of crisis consisting of both danger and opportunity is an important one for us to keep in mind as we do the hard work of making good decisions. Many years ago I clipped from a church bulletin a wonderful quote that speaks to this. It was attributed to Merle Shain.

“There are only two ways to approach life—as a victim or as a gallant fighter—and you must decide if you want to act or react... a lot of people forget that.”

But not you, the reader of this book! You’ll remember and decide!