

THE SHADOW WITHIN

By: Anne Malave, Ph.D.

(From the Spring 2006 newsletter of the Mental Health Professional Group of the American Society for Reproductive Medicine)

There has been relatively little exploration to date of the psychological implications of becoming a mother through egg donation. In fact, it has been noted that "...we lack a foundational understanding of the psychology of conception and parenting when using donor gametes" (Lee and Licciardi, 2005, p. 245). I will limit my focus here to women who become mothers through egg donation.

These women are likely to turn to an inadequate, outdated, and incomplete mainstream psychological literature for information about mothering. The absence in this literature of an integrated psychological understanding of the impact of modern methods of family-building such as egg donation may result in the development of feelings of inadequacy and shame in these women. In this brief space I will present some ideas and discuss how mental health professionals who come into contact with this population can provide the beginnings of a more complete psychology of human beings, by first helping to promote a psychological integration of this new experience for these women, and secondly by pioneering efforts at psychological theory-building for our larger society.

In turning to explore the inner experience of becoming a mother through egg donation we need to be able to bridge what we know about human experience with what we see and hear before us from these women. Science and scientific theory begins with observation, and all psychological theories evolve from the very careful efforts of the participant-observers who have direct contact with the population concerned. As mental health professionals practicing in this field, we need to use our openness and receptivity to filter felt experience through our specialized knowledge of what it means to be a human being.

One of the goals of this brief article is to discuss just how the experience of egg donation affects women's minds, which in turn has multiple implications for their own psychological well-being and also for their mothering. We need to expand existing theories to include this new experience. In

order to do this, we need to start the process of change by adapting existing psychological theory. It is the bedrock of all our psychological theories that our earliest experiences matter and that we develop and change over time. One of the most fundamental concepts of human development is that the past matters, that the past affects the present and the future, and that the past we are talking about goes back to the very beginning.

Another basic concept is the developmental progression from early dyadic (mother-infant) experience to a more stable, ongoing, triadic (oedipal) experience, where for the rest of our lives we are affected by issues such as competition, envy, being included, feeling on the outside, etc. I argue here that with the development of egg donation, the fundamental, early bedrock experience of the mother-baby dyad becomes instead triadic. This change is a dramatic historical, psychological event which necessarily has some very specific consequences.

I am proposing here that the experience of creating a child through egg donation involves a type of triangulation with another woman which I believe is best described as the internalization of a shadow figure. I am calling this figure here "the shadow within". We are quite familiar in psychological theory with the idea of internalized figures, and I am deliberately calling this figure a shadow figure to try and capture the particular effect that the donor has on the recipient. I am arguing here that the egg donor is bound to be incorporated into the mind and mental landscape of the mother, impacting her both intrapsychically and interpersonally, and also subsequently affecting her mothering. This added complexity may well present both additional challenges and threats to self-continuity as well as potential benefits, such as the development of a greater capacity for flexibility and the toleration of uncertainty. I believe that the mother's feelings and thoughts about this internal shadow figure will deeply affect her psychological wellbeing as well as her capacity to help her child integrate their own triangular origins and develop their own cohesive identity and self-image.

I suggest that this shadow is present from the very first exploration of egg donation, when painful triangular issues of competition and envy are often heightened, first from the general experience of infertility, and secondly by considering the idea of using an egg donor. Because we know that shadows and unknowns present ample space for the development of fears and shame, etc., it is important that mental health professionals help these women "make the unknown known" and recognize the inevitability of this impact, rather than have it go "underground" and have an impact which would be neither acknowledged nor recognized. In my opinion, it is crucial that the mental health professionals who come into contact with these women recognize, normalize, and promote acceptance of these internal shadows. I have some suggestions for how we can be helpful.

First, mental health professionals can powerfully model for these women. In showing an acceptance and a comfort level with the complexity, uncertainty, and ambiguity of this area, mental health professionals can help women do the same. I think it is important to point out to these women that this form of family-building is a new development which has yet to be incorporated into our current psychological theories.

I think it is also important to point out that the integration of this new experience is a process which takes time, and that this is as true on the levels of society and social science as it is on the individual level. I think it is important to acknowledge that it is easier for us all to talk about actions and behaviors rather than feelings and fantasies, and to encourage these women to recognize, accept, and reflect upon their full range of feelings and thoughts.

Other suggestions have to do with more specifically normalizing the territory. To begin with, I believe it is helpful to simply validate that the mother will have thoughts and feelings about this other woman. Further, I think it is important to validate that it is normal and expectable for these women to compare themselves with the donors in many different ways over time. Some of these comparisons have to do with competition and rivalry ("she has eggs, I don't"); some with collaboration ("the helper" idea); and some

have to do with the "other", with the donor being "not me".

It is also important to validate other common experiences such as feelings of "fakeness" and struggles with authenticity and in making the child their own, etc. (Sarasohn Glazer and Weidman Sterling, 2005). It is helpful to point out that there will be times in the future when this will be in the forefront of their minds, as well as times when it will not seem to be present. It is also helpful to recommend ongoing reading and access to specialized counseling or psychotherapy to provide a space where women can integrate the experience, as needed, over time.

In summary, I believe that we already know enough to begin to start conceptualizing a new theoretical framework which would address this new reality. I suggest that we cannot fit triadic experience into a dyadic framework. I further suggest that some of the ongoing debates and polarizations in our group have to do with this basic incompatibility.

I believe we need to pay more attention to understanding the actual impact and the multiple symbolic meanings of the "third" in third-party reproduction, and to do so thoughtfully, and psychologically. Obviously, the goal of developing a comprehensive model which includes all forms of family-building needs much more exploration and discussion. I believe that we need to develop a "network" meta-theory which would both interconnect and also recognize the integrity of all existing (and all possible future) varieties of family-building. In the meanwhile, we are at the frontier. I believe we can and we must simultaneously change psychological theory from the inside out and help these women (and their children and families) in the process.

REFERENCES

1. Lee, S., & Licciardi, F. (2005), Extraordinary Circumstances: Termination of Three Pregnancies Conceived with Donated Oocytes. In *Frozen Dreams: Psychodynamic Dimensions of Infertility and Assisted Reproduction*, ed. A. Rosen & J. Rosen. New Jersey: The Analytic Press, pp. 236-246.
2. Sarasohn Glazer, E., & Weidman Sterling, E. (2005), *Having Your Baby Through Egg Donation*. Indianapolis, IN: Perspectives Press.