

Single by Chance, Mother by Choice: The Formation of a Support Group for Single Women in a Donor Insemination Program

by
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With a gradual shift in societal attitudes, norms in family formation, and increasing social acceptance of non-traditional families of all kinds, a growing number of single women from diverse backgrounds are now seeking donor insemination (DI) services to build their families. While no two women feel precisely the same way in their decision to choose the donor route, they often have similar profiles and share a strong aspiration to be a mother.

Most commonly, these single women are in their 30s, have well-established careers, stability in their lives, and the emotional maturity and financial capacity to support solo motherhood. They have not yet found a suitable partner with whom they want to share their life, and they refuse to let go of their dream of having a much wanted child. Overall, they are mature, thoughtful and courageous women who simply want to be mothers like many other married or partnered women.

Single mothers who have children born through DI are very different from mothers who have become single due to separation, divorce, or life tragedy. Children from DI

single motherhood households have not experienced parental separation, family disruption, or feelings of abandonment from a father leaving the family.

A unique characteristic of single motherhood family building is that the child is not the result of an unplanned conception, but rather a deliberate pregnancy decision with medical intervention and professional assistance. The donor-conceived child is born in a household with a stable parental structure, and is raised by a committed mother who would beat all odds to provide the child with the best possible family environment in which to thrive.

To date, research has found no evidence of negative developmental outcomes in these children; like the majority of children born into traditional, nuclear families, they are well-adjusted socially and emotionally. While this evidence is reassuring for single women considering DI, it does not necessarily mean that the decision-making process is easy. In fact, many single women have gone through a lengthy contemplation process before seeking donor conception services. This is largely due to the ambivalence in deciding to go against the norm by having a child conceived and raised in a thoroughly contemporary way.

Anxiety, uncertainty, and self-doubt accompany the many “what if” questions common in the contemplation stage: did they make the right decision based on their personal circumstances? Are they ready to raise a child on their own without a partner? Will their extended family and close friends be supportive of their DI decision, and welcome the child with open arms? What if they later meet a potential partner who has a different or conflicting view on donor conception?

It is not uncommon to hear about single women putting their DI decisions on hold until their ovarian reserve is depleting, and



they realize that a decision needs to be made before time runs out. Support services during this contemplation stage would be highly beneficial to their decision making, but, unfortunately, support resources for single women are not easily come by.

While there are groups that support infertile couples (e.g. groups facilitated by the Infertility Awareness Association of Canada), and community-based services to support same-sex couples in the LGBTQ community in Toronto (e.g. 519 Church Street Community Centre, Sherbourne Health Centre, and LGBTQ Parenting Network), ongoing services aiming to support single women in the DI process are severely limited, although there is some support for single mothers in general (e.g. “On Our Own” – Single Parenting Group at Women’s College Hospital, and the Toronto Single Mom Group). Despite the proliferation of chat rooms and discussion forums in the virtual world, the Internet may not be the best place to look for emotional and social support due to the lack of human touch, face-to-face interactions and social connections.

At the Centre for Fertility and Reproductive Health at Mount Sinai Hospital in Toronto, a support group was started in August 2011 with membership comprising single women at various stages in the DI program. Other than building a support network for women who are on the same journey, the group aims to provide a safe environment for participants to share their thoughts and feelings related to the DI process and single motherhood.

The group was initially co-facilitated by two in-house social workers, and has gradually shifted to a self-help model with members supporting each another during and outside of group meetings. Along the lines of a self-help philosophy, this article was written with members’ participation in various ways, including the contribution of the following content and quotations to illustrate some of



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the key themes discussed during group meetings. The final draft of the article has also been reviewed by group members to ensure the contents accurately reflected their experiences.

“It’s scary but exciting ... entering into a new chapter of your life.”

The most commonly discussed topic in the support group is how group members come to the decision of taking the donor route to family building. Members support one another by sharing their anxieties and the ambivalence that comes with deciding to embark on the DI journey. It is heartening for members to know that these feelings and emotions are normal. As the group comprises women at various stages of the DI process, members may learn from each other through the sharing of their respective DI experiences, while supporting each other with advice and information.

“It just didn’t work out, and I’m not prepared to give up on being a mom.”

“There isn’t anything ‘wrong’ with us not getting married/partnered.”

Along with the discussion about how they arrive at making the DI decision is the validation of their strong desire to be mothers while being single. To have this type of support from others who understand would help to strengthen their resolve to choose the donor route. As shared by a member, “It’s not an end to my life - this is just another path.”

“It’s comforting to know that you are not alone.”

Members truly value the open-heart dialogues and sincere sharing of their experiences. The sharing of how one explores uncharted territory is not only consoling, but could help others find answers given their own personal circumstances.

Another benefit of attending the group comes in the form of unconditional support. While the majority of family members and friends are usually receptive to a single woman’s DI decision, there may be people who are prejudiced, and some who react with mixed emotions or even criticism. The support group provides members with suggestions on how to set personal boundaries of information sharing, and how to deal with friends and family who are potentially judgmental about one’s DI and single motherhood decisions.

"It reminded me of online dating."

"I picked someone who I would date."

These quotes illustrate some of the members' reactions when confronted with the task of choosing a donor from the online catalogues. Differences in individual preferences when selecting the donor's physical traits, personal history, and medical backgrounds are understandable. Nonetheless, most would agree that the donor selection process is emotional due to their personal reasons for choosing to conceive a child through DI. Some members also find it overwhelming to go through a large number of donor profiles in order to find a suitable match.

Another decision facing members is choosing between a known, an open identity, or an anonymous donor. Most women would

prefer to use an open identity donor so that the child would have the option of learning the donor's identity when he/she turns 18, with the donor not being a part of the child's life. Using a known donor from within their social circle is often a much less preferable choice for members.

"It's 10 days until I get my results back ... I'm ready to pull my hair out!"

"I feel like I am blowing up like a balloon ... and I'm moody!"

The emotional roller coaster of going through a cycle can be somewhat lessened through group sharing. Coping with biweekly blood tests, ultrasounds and daily injections can be both physically and emotionally taxing. Discussing and sharing these feelings with other members going through the same process is often accompanied by laughter,

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empathy, understanding and helpful suggestions.

"Despite my age, I'm willing to take the chance, good or bad, because I would regret it if I didn't try. It only takes one good egg."

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Another topic covered in the support group is how to deal with potentially disappointing outcomes. Most women opting for DI are in their mid to late 30s. As women age, so too does their ovarian reserve, with a corresponding drop in the quality of viable eggs. Besides, not all insemination results in successful conception, and not all successful conception results in a viable pregnancy. Therefore having the support in place would help members to cope with the stress when there is no guarantee of a successful, live birth at the end.

“Who’s your daddy?”

Last but not least is the issue of dealing with the “daddy” question, since the child would most likely want to know about his/her father when growing up in a single motherhood household. This includes discussion about how “he” is going to be brought up when

discussing the genetic lineage, and what and how to explain to the child about donor conception. It is interesting to note that there is really no clear preference among women for what the donor should be called. Whether he is going to be referred to as the “donor,” “sperm donor,” “helper,” “father,” “biological father,” or “genetic counterpart” is an individual choice.

Along with this comes the issue of how to deal with others’ inquiries regarding the nature of one’s conception, and questions about the identity and whereabouts of the child’s father. One member dealt with this last question by replying, “He lives in the States.” She retold this to the group with a sense of humour, saying, “It’s true, I used a sperm bank in the States and so he is from the States.”

Group discussions like these help single

women come to their own conclusions when deciding if DI is the right family-building choice for them, given the context of their situation. This is the kind of support that single women need the most as they open a new chapter in their lives, beginning the exciting journey to motherhood by choice. ■

About the authors

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