REVISIONING SELF AND OTHER: HOW WOMEN WHO DONATE EGGS FRAME VALIDATING AND INVALIDATING COMMUNICATION

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DEDICATION

This thesis is dedicated to women who help one another, no matter the contest, and to Laney whose mere existence has inspired and transformed me.
ABSTRACT OF THE THESIS

Revisioning Self and Other: How Women Who Donate Eggs Frame Validating and Invalidating Communication
by
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Master of Arts in Communication
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It has become increasingly popular for women to choose to become pregnant via egg donation. There has been a plethora of research that overviews why women who are infertile use egg donors, including their fears about the donation, their disclosure decisions regarding the decision to use donors eggs, and their negotiation of other aspects of becoming a mother via donor eggs. However, the vast majority of the research on this expanding fertility intervention, however, focuses on only one of the two patients involved: the recipient of donor eggs. The aim of this study is to begin to fill the gap in research regarding the experiences of women who donate their eggs.

This qualitative interview study of women who donate their eggs draw upon theories of framing, and explanations of fateful moments to determine how donors (re)frame discussion surrounding their donation as fateful moments of validation and invalidation. This research concludes that through conversations regarding their decision to donate eggs, women who donate experience fateful moments that lead to the development of layered identities.
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CHAPTER 1
INTRODUCTION

The dinner plates had been cleared, bits of pumpkin pie crumbs were mashed into the mahogany dining room table, and our wine glasses were almost empty. It was the end of Thanksgiving dinner and my mom, my brother and I were sitting at the table, stalling from getting up to finish cleaning the kitchen. The conversation had turned from a general discussion of what the rest of my mom’s siblings were doing for the holiday to her youngest sister, Molly, and how she was trying to have another baby. Apparently it wasn’t going well because she had just made an appointment at a fertility clinic. “Well Katie,” my mom told me, emptying her wine glass in one gulp, “you could always donate your eggs to her, right?” I laughed. “Hahaha yeah,” was my response. “What?” my mom countered, “You wouldn’t do it?” I shook my head back and forth, “No way! How weird is that! I would have a cousin kid!” I laughed again, and this time so did she. So, she was joking too…right? The subject changed, we gossiped about my cousins for a little while then eventually, begrudgingly, got up to clear the table. I thought about what she had said as I got into bed though: “Was she serious after all?” Her tone had been so lighthearted, she really had sounded like she was kidding, but I couldn’t help but think that maybe she was actually testing the waters a little bit. It was such a strange thing to say though. “Donate my eggs to someone else? My DNA? That was definitely too weird. Then again, had I been too quick to say no? It would be kind of cool, right? No, probably too weird. I wonder if there will be left over pie for breakfast tomorrow?” I fell asleep.

Fast forward one month to Christmas. My parents were recently divorced, my brother was spending the holiday with my dad in our hometown, and I was crashing my Aunt Coreen’s family ski vacation with my mom. We were used to big Christmas celebrations with the whole extended family, houses filled the brim and people coming in and out. This year it was just my mom’s middle sister, Coreen, her husband and two sons, and my mom and me: the straggling hanger-ons. Christmas eve we were sitting around the fire, again the plates were cleared, the last few sips, this time of champagne in our glasses.
Somehow the conversation turned to my mom and Coreen’s younger sister Molly. She had been to the doctor last month and found out that it would be difficult for her to conceive naturally. She was devastated and her two older sisters felt terrible for her. This was all news to me. Coreen teared up, partly out of compassion for her younger sister, and partly because she had had too many glasses of champagne earlier. She said, “I actually went to my doctor and asked him to check my eggs. You know just in case they were still good. He practically laughed at me. I mean I’m 50 freakin’ years old! I told Molly that I would donate to her if I could though.” My mom responded, “Oh I would too. In a heartbeat.” Coreen answered back, “I know. I told her that. She said she knew and then she said…” Coreen hesitated, “She said ‘Katie is the only one who could help and I could never ask her to do that.” I looked up, shocked. “Yeah. I’ll do it. Definitely. Tell her I’m in.” The words were out of the mouth before I even realized what I was saying.

As the above narrative reveals, my experience as an egg donor began as a spontaneous decision in an effort to help a family member. As my journey continued on, and as I began to find out more about infertility and egg donation, I learned how sensitive traversing the world of reproductive health can be. As an egg donor, I yearned for shared experiences of people who had been where I was, and from people who could understand how this experience was impacting me in ways I never anticipated. As a scholar, I began to wonder how, on a broad level, communication facilitated and constrained egg donor experiences. This research is one step into examining ways in which communication theory and practice can help deconstruct the egg donor experience.

Infertility is devastating. The diagnosis can immediately change someone’s life and force them to reprioritize their goals and plans. As couples delay starting a family until later in life (Diamond, Kezur, Meyers, Scharf, & Weinshel, 1999) infertility rates increase. A national survey of 10,847 women concluded that in 1995, 6.1 million women were infertile in the United States, (Stephen & Chandra, 1998) and in 2002 there was a reported 7.4 million married women (aged 15-44) in the United States who were diagnosed as infertile. On a broader level, the study indicates that in 2002, 12% of all women of reproductive age, or 7.3 million women, were either unable to, or had difficulty conceiving, or carrying a baby to term (Chandra, Martinez, Mosher, Abma, & Jones, 2005). Stephen and Chandra (1998), using population numbers from the U.S. Bureau of the Census, have estimated that by 2025
that number will have risen to 7.7 million women who have been diagnosed as infertile. As more couples are diagnosed with infertility, and search for solutions and resolutions, they are faced with many difficult decisions. Will they seek treatment? How much money are they willing to spend? Should they disclose their diagnosis to their families and friends? These are just a few of the questions that infertile couples are forced to answer after receiving a life-altering diagnosis.

One of the many possible ways to overcome infertility is through the use of donor gametes. Donor sperm has been used for decades to help infertile men and their partners, single women, or lesbian couples, have children. This is a relatively easy procedure and not uncommon (Diamond et al., 1999). However, if a woman is the carrier of the infertility and she chooses to explore egg donation and transfer, the procedure is much more time consuming, expensive, and complicated, both for her, and for the donor.

**Egg Donation**

The practice of egg donation has been steadily increasing since the first successful donation in 1983 (Golombok, Jadava, Lycett, Murray, & MaCallum, 2004). The process has now become popular in clinics across the country where woman can go to either donate or receive eggs. There are two distinctly different kinds of donation. A known donation is when the recipient and the donor have a pre-existing relationship, and have come to a mutual decision to have one woman donate eggs to the infertile recipient, usually a family member or close friend. These donations are particularly popular outside of the United States where anonymous donation is strongly discouraged (Golombok et al., 2004).

Anonymous donation is, however, very popular in the United States. Fertility or donor clinics recruit young women to come and donate at their clinic (Gorrill, 1998). Anonymous donors in the U.S. are usually paid somewhere between $1,500 and $5,000 per donation (Merrick & Blank, 2003). Interested potential donors put together a portfolio of information including medical histories, education background, and childhood pictures, that the clinic then distributes to potential recipients and their partners to examine and pick a donor (Blacksher, 2000). Once selected, the donors (both anonymous and known) go through a series of psychological evaluations, counseling appointments, and medical tests to verify that they are in good mental and physical health (Gorrill, 1998).
Following the selection and screening process, the donor and the recipient are prescribed birth control to synch their menstrual cycles in order to ensure that when the eggs are eventually extracted from the donor at the time of (medically induced) ovulation, the recipient’s uterus has the sufficient lining to nurture the embryos (Borrero, 2001; Buster, 1998). Following the birth control pills the donors and recipients, both start different hormone injections to either stimulate (donor) or repress (recipient) egg growth. They are monitored closely by the clinics, and when the eggs are mature enough, they are extracted from the donor through a large needle injected through the cervix and ovarian wall. After those eggs have been retrieved from the donor and embryos have been created in a lab using either the recipient’s partner’s sperm or donor sperm, they are implanted into the recipient. The recipient must remain on hormone treatments for the first few weeks of pregnancy, after which she is weaned off them, and the pregnancy continues as normal. This is a bit more complicated than when a man walks into a sperm bank and walks out a short time later. The complicated medical procedure also leads to complicated relational, and emotional ramifications for egg donors, all of which is negotiated, facilitated and constrained by communication.

This study focuses on how women who have donated their eggs framed communication from others, and how those perceived responses contributed to their revisioning of their self-identity. In chapter one, literature regarding how infertility, and egg donation, will be discussed along with an overview of theoretical constructs which will be drawn upon later and help to frame this research. Chapter two focuses on the crystallized qualitative methodology used to conduct this study. Chapter three presents how egg donors framed moments in which the people in their lives responded to their donation decision, and what the donors interpreted as validating or invalidating communication will be revealed. In chapter four, this research concludes with a discussion of how these frames of validating and invalidating communication contribute to a revisioning of relationships, motherhood, and self; along with a presentation of the implications of these findings and suggestions for future research.
An infertility diagnoses is only the beginning of a battle with fertility. After receiving devastating news that all the life plans a couple or individual may have made up to that point are no longer possible, or at least easily do-able, decisions need to be made, and made quickly. There is no simple, easy, or universal solution to infertility but luckily there are options. Research on infertility can help guide women when making these difficult decisions, but existing research is limited in what types of options are explored. Receiving donor eggs is one of the many ways that women choose to battle infertility, however because egg donation is a relatively recent procedure, social scientists have not caught up with all of the medical advancements in assisted reproductive technology (ART), especially within the communication discipline. Fortunately there is some information on how women make the decision to receive donated eggs.

Women choose egg donation for a variety of reasons, and it is becoming increasingly popular (Shehab et al., 2007), especially as new research emerges showing how successful it is (Golombok et al., 2004). Research on this increasingly popular medical treatment should not be focused solely on one of the two patients involved. The studies that concentrate on women who donate their eggs, rather than on the women who may be interested in receiving them, look solely on how egg donors are recruited (Borrero, 2001; Gorrill, 1998), or why they first made the decision to donate their eggs (Lessor, 1993; Shaw, 2004). However, further research is necessary to explore how communication is both manifested within the donor experience, as well as how donors communicate in regards to the donation. Egg donation presents interesting implications for communication scholars, as it is a unique context where no particular social script exists for how to talk about the donation with others within donor recipient dyads, or even within fertility clinics. This research contributes to the conversation surrounding communication within, and around, egg donation, and thus it takes a broad look at the reported experiences of donors to reveal nuances of communication, and give context to a growing area of interest.

The plethora of research regarding how infertile couples discuss infertility is helpful in regards to understanding the general context in which egg donors are living and negotiating their experiences. Communication research on infertility is plentiful, and sets the stage for how research within the field has begun to approach the related context of egg
donation. Because infertility necessitates egg donation, and because egg donors negotiate their experiences within the context of infertility, this literature review begins with a discussion of previous research on communication within infertility in general. While this research helps breakdown how communication is negotiated during the infertility process, it does focus solely on heterosexual couples, and tends to be heteronormative, and thus the following review of literature is written from a heterosexual perspective.

**Discussing Infertility**

Infertility is an incredibly private matter that many couples have a difficult time discussing one another (Brute, 2009), which can have a significant impact on marriage. It can cause a couple to question their relationship (Jessup, 2005), especially when the individuals within the relationship have differing opinions regarding infertility (Steuber & Solomon, 2008). When couples are diagnosed as infertile, they often question their entire life together (Scharf & Weinshel, 2000) and renegotiate the relationship (Steuber & Solomon, 2008). After finding out that they will not be able to conceive easily, couples must review their previously established goals, assumptions (Day, 2005), and attitudes (Jessup, 2005). Being diagnosed as infertile can be an incredibly tumultuous time for many, if not most, couples, and can seriously strain the relationship (Steuber & Solomon, 2011b). However, if couples are able to communicate openly throughout the process, and eventually receive a desired outcome, they report feeling closer than they did previous to the diagnosis (Day, 2005).

Infertility can be especially challenging if the members of the couple have conflicting opinions regarding the importance of having children, treatment options, or any other number of decisions that must be made in the face of infertility diagnosis (Steuber & Solomon, 2008). When couples prioritize these issues differently, it proves harmful to their relationship and makes both members of the couple feel as if there is a lack of empathy on the part of their partner (Steuber & Solomon, 2008). Occasionally, when one partner feels misunderstood, he or she will try to impose his or her opinion onto the other person (Diamond et al., 1999), which often only further alienates their partner. In contrast, when couples are in agreement regarding views on the importance of children and treatment plans, they report higher levels of marital satisfaction (Day, 2005). When they agree on how
infertility should be dealt with, the infertility not only doesn’t harm the marriage, but also can actually improve it in some instances.

Coming to a mutual consensus regarding treatment options can be difficult for many infertile couples due to the fact that it can be challenging for them to discuss the issue with one another in the first place (Diamond et al., 1999). One of the reasons outlined in infertility research for why couples may not want to discuss their infertile status with one another is that they want to protect one their partner from the negative aspects of coping with infertility. People do not often share their true feelings about their inability to conceive a child with their partner, because they do not want to hurt him or her further. This type of secret keeping, however well intentioned, actually causes more marital strain (Diamond et al., 1999), and does not allow for husbands and wives to truly support each other at the time when they need that support the most (Scharf & Weinshel, 2000).

One of the main factors regarding whether or not couples feel comfortable discussing infertility is who the carrier, or the person diagnosed as infertile, is. If a woman is the infertile partner, she may resist or even refuse to talk to her husband about the situation because she feels guilty (Greil, Thomas, & Porter, 1998). When a wife feels that she is responsible for the couple’s inability to naturally conceive a child together, she may blame herself and thus not feel entitled to share her feelings of depression and distress over the situation with her husband. On the other hand, since men are usually socialized not to discuss “female problems” such as reproduction or menstruation, they may find it equally difficult to discuss infertility with their wives (Griel et al., 1998). In addition, since women are usually the ones who have to go through various medical procedures in attempts to conceive, men may feel they do not have as much of a say in treatment decisions because some women are not willing to talk to their husbands due to a feeling of responsibility for the infertility, and some men are not willing to talk to their wives as a result of either being uncomfortable with the topic or not believing that it is their place to say anything, many couples go for long periods of time without discussing their feelings regarding the infertility.

Keeping emotions from a spouse for an extended period can be psychologically demanding (Schmidt, Holstein, Christensen, & Boivin, 2005). After some time, these emotions may eventually come out, which would allow these couples to move ahead and make joint decisions about future treatment plans (Jessup, 2005). Unfortunately, that does not
seem to be a steadfast rule. Some infertile couples keep secrets from one another regarding the infertility for years (Diamond et al., 1999), proving that the topic can be taboo to discuss, even within very close relationships, much less with people outside their marriage.

**Discussing Personal Infertility in Public**

Even when they are able to discuss their infertility with one another, couples may still feel anxious about discussing the subject outside of the marriage (Brute, 2009). It is normal for a couple diagnosed with infertility to feel isolated or marginalized from friends, family, and society as a whole (Diamond et al., 1999; Scharf & Weinsheil, 2000). When couples feel isolated and out of place in society, that they may start to avoid social situations altogether. Schmidt et al., (2005) found that because couples did not want to talk about their infertility in public, they avoided public situations. Steuber and Solomon’s (2011b) research supported this finding when many of the participants in their study of how couples managed infertility disclosure chose to isolate themselves socially in an attempt to avoid potentially negative responses, or have to explain their infertility situation to others. This sentence doesn’t make sense.

A second reason couples may choose not to discuss their infertility struggle with people outside the marriage is because of the stigma that they fear is associated with infertility (Steuber & Solomon, 2011a). Whether or not couples chooses to discuss infertility with others is related to the perceived risk of disclosure, and the gender of the carrier. When a man is the carrier of the infertility, and perceives a social stigma attached to the diagnosis, both members of the couple are unlikely to discuss the situation with others. However, when a woman is the carrier, even if she perceives a greater sense of personal stigma in relation to her infertility, both members of the couple are more much more likely to share their experiences. Women may try to protect their infertile husbands, and help them save face by remaining silent, even when they would have liked to talk more publicly about the infertility. When the situation is reversed, men do not seem to protect their wives from stigma in the same way. This may be due to the fact that men may not desire to share nearly as much as women do (Steuber & Solomon, 2011a). However, in some circumstances women do discuss their infertility, regardless of who the carrier is.
Many women find themselves talking more publicly about their infertility than they may have anticipated before being diagnosed as infertile (Brute & Vik, 2010). Even if they do not want to discuss the issue, many women find that others feel comfortable asking them about the situation bluntly (Brute, 2009) and forcing them to go public with their infertility situation. If this occurs, then once women (and men) start discussing their personal infertility with others, they may be met with either positive or negative responses.

Fear of negative responses to their disclosure is what usually keeps people from disclosing infertility to others (Steuber & Solomon, 2011a). Either they have encountered negative responses from other people in the past, and thus are no longer comfortable talking about their infertility (Steuber & Solomon, 2011a), or the couple is familiar with the negative stigma related to infertility and resist having to encounter that situation for themselves (Schmidt et al., 2005). This fear can stop infertile people (especially women) from talking to family and friends while they are negotiating their infertility (Brute & Vik, 2010). However, couples may decide to look to their loved ones for support, and trust that they will receive a positive response, rather than keep their emotions bottled up (Jessup, 2005). Many couples struggle with wanting to reveal information to their loved ones, but being nervous about the types of responses that they may receive (Steuber & Solomon, 2011a). Overall, it appears that couples keep how much they communicate about their infertility at a level that is acceptable to their needs of privacy and disclosure (Schmidt et al., 2005). This balance between disclosure and secrecy is complex and delicate, even regarding couples’ close-knit social circle.

In sum, infertility, from diagnosis to eventual resolution—either through treatments, donor gametes, surrogacy, adoption, or the decision not to have child—is a complete life crisis for couples (Scharf & Weinshel, 2000). One participant in a study on the emotional effects of infertility expressed the trauma by stating that, “Seeing the lab report was like reading a death certificate” (Jessup, 2005, p. 17). After being diagnosed as infertile, couples may have to reconsider what their relationship means to them (Day, 2005). Couples then have to figure out how to communicate with one another regarding the infertility, which can be a difficult process for all infertile couples, even those who shared open communication previous to the diagnosis (Diamond et al., 1999). Couples also must decide whether or not to discuss the infertility with family and friends (Brute & Vik, 2010), which they may choose to
do (Jessup, 2005), or feel forced into doing by others (Brute, 2009). After negotiating how to communicate about their infertility to one another, as well as to others, the couple is faced with making some difficult decision regarding how to move forward.

Deciding on Donor Eggs

Some women choose to receive donor eggs in an attempt to have children. After a woman experiences one or more failed in vitro fertilization (IVF) cycles, the use of donor eggs is often recommended by a physician as a treatment plan for infertility (Scharf & Weinshel, 2000). Many outsiders view the use of donor eggs as only being acceptable under certain circumstances, (mainly as only an option for a young, heterosexual couples) (Golombok et al., 2004). Even scholars stigmatize egg donation. Borrero (2001) summarized what some consider the three main “dangers” of egg donation below:

… *psychological* dangers—for example if a child discovers information about the donation ‘by accident’; *biological* dangers—risks of incest or ‘interbreeding; and *relational*—whereby dangers to existing relationships are produced or problematic new relationships are created. (p. 178)

The stigma concerning the use of donor eggs is clearly strong even within academia and scholarly research. Even in spite of potential judgment from others, many couples do decide to use donor eggs for many reasons.

The use of donor eggs is usually more successful for women diagnosed as infertile than most other treatments due to the fact that the egg donors are usually younger and have healthier eggs. Becoming pregnant with donor eggs may be an infertile woman’s best chance at being able to experience the birthing process (Scharf & Weinshel, 2000). A successful implantation of donor eggs would allow her to experience pregnancy, give birth, and breastfeed. In fact, the desire to experience childbirth is one of the main reasons why couples report a desire to use donor eggs over other options, such as adoptions (Oskarrson, Dimitry, Mills, Hunt, & Winston, 1991). Women who have children from anonymous donor eggs report that being pregnant made the child more truly her own (Bertrand-Servais, Letur-Konirsch, Raoul-Duval, & Frydman, 1993).

A second reason many women choose to use anonymous donor eggs because when they are not familiar with the donor they may want to deny the donor’s traits in their child. Instead, the recipient can project her own traits, personality, and history onto her child (Bertrand-Servais et al., 1993). Had the recipient known the donor, it may have been more
difficult for her to see herself in the child. Mothers of children conceived from anonymous donor eggs worry that had they decided to use a known donor, they would have been reminded of that choice often, especially if their child had characteristics, physical or otherwise, similar to those of the known donor.

Once the child has been born, some couples wish to deny the use of donor eggs altogether. Because a woman who used donor eggs is pregnant with, and gives birth to her child, it is simple for her and her partner to pretend that she is in fact the biological mother of the child, and hide the donation from themselves, as well as the child, if they desire. It may be easier for them to deny that any sort of medical intervention was needed when the donor is an unknown stranger (Beatens, Devroey, Camus, Van Sterteghem, & Pojaert, 2000). However, further research suggests that this type of denial can ultimately be harmful to the couple and the future child, and being open about the decision (with one another, as well as with the child when appropriate) can be a healthier decision for couples who use donor eggs (Diamond et al., 1999).

A third reason why couples choose anonymous donors rather than known is because they may believe doing so will mitigate any confusion on behalf of the donor regarding their role in the child’s life. The parents of anonymous donor children express that because their donor is not a part of their lives, there is no other individual who can claim parental involvement in their child’s life (Beatens et al., 2000). By using an anonymous donor, couples do not have to worry that someone will have a similar parental bond with their child, and be reassured that their child will not be confused about his or her parental relationship with another adult. Overall, couples that choose anonymous donors do their best to separate the egg they received from the child that resulted from that egg (Shehab et al., 2007).

The egg donors who donate anonymously often feel similarly to the recipient in that they separate the eggs that they donated from the potential child (Bertrand-Servais et al., 1993; Leeton & Harman, 1986; Soderstrom-Antilla, Foudila, Ripatti, & Sieberg, 2002). Even if they do see a connection between donated eggs and the children that those eggs have the potential to become, previous research has indicated that anonymous donors wish to remain anonymous. According to this research, anonymous donors do not want the recipient couple to have access to information about them, including their names, or to have information revealed to a child that could be genetically related to them (Soderstrom-Antilla et al., 2002).
Past studies also indicate that most anonymous donors do not want any information about the recipient of her eggs, or the child that may result from said eggs (Leeton & Harman, 1986; Oskarrson et al., 1991).

This desired anonymity may be because anonymous donors may choose to donate eggs to infertile couples for different reasons than known donors. Known donors donate to people they know for altruistic reasons (Beatens et al., 2000; Lessor, 1993; Shaw, 2004), while the number one reason that anonymous donors decide to go through with the donation cycle is because of the financial compensation that anonymous donors receive (usually around $5,000) (Bertrand-Servais et al., 1993; Kenney & McGowan, 2010). The second reason that anonymous donors decide to donate is for altruistic reasons; because they too want to help couples in need, often times having known someone who has experienced difficulty conceiving (Kenney & McGowan, 2010).

Unlike anonymous donors, egg donors who know the recipient of their donation are not compensated financially and unanimously report that their reason for donating eggs to their friend or relative was to help her have a child (Beatens et al., 2000; Lessor, 1993; Shaw, 2004). Like anonymous donors, known donors report being able to separate themselves and the egg they donate from the child or children that are genetically-related to them as a result of the donation, but some do report having a significant attachment to the child(ren) born as a result of their donation (Lessor, 1993; Shaw, 2004). However, known donors are quick to specify that the special bond they report having is unlike the relationship between mother and child, distinct from the bond they feel toward their own children, and that there is no confusion regarding the recipient being the child(ren)’s mother (Shaw, 2004). The recipient of known donor eggs and her husband also report no confusion about to whom their child belongs (Lessor, 1993). Couples who choose to have babies with the help of a donor egg from someone they know are not threatened by any potential confusion over parental rights or responsibilities.

Some people in the general public believe that the known donor dynamic will be destructive for the recipient family, and that ties should be severed after the donation in order to protect a future child as the donor may try and intervene in child rearing (Bolton, Golombok, Cook, Bish, & Rust, 1991). However, this public perception does not discourage
many couples from choosing to have a known donor rather than anonymous, for several reasons.

The first reason that couples choose known donors over anonymous is because the known donor is usually related to the infertile wife, and the couple wants that genetic tie (Beatens et al., 2000). By using eggs from a donor who is related to the future mother, the couple maintains some biological relationship with the mother’s family. The hope is also that, because of that relation, the child will look like the recipient and have characteristics similar to hers.

The second factor that influences a couple’s decision to use known over anonymous donor eggs is that they have a better grasp of the donor’s history. When choosing an anonymous donor, the couples are given ample medical histories of the donors, but little else (Diamond et al., 1999). Couples who use known donors have a much better grasp of their donors’ personal traits, characteristics, and intelligence (Beatens et al., 2000).

A third and final incentive for couples to use known donor eggs is that, because known donors are typically not compensated financially, it is much more cost effective (Beatens et al., 2000). Infertility treatments are expensive, and most couples that select an egg donor have gone through at least one IVF cycle (Diamond et al., 1999; Scharf & Weinshel, 2000). Therefore, saving money is often a concern when deciding whether to use known versus anonymous donor eggs (Beatens et al., 2000).

**Disclosing to Children**

Some research has been conducted regarding children born from egg donors (usually anonymous) and how their parents negotiate telling these children about their genetic origin. Studies of children conceived via anonymous egg donation have shown that there are no detrimental side effects of being the result of a donor egg (Golombok et al., 2004; Leeton & Harman, 1986), nor is the relationship between the child and their parent(s) any worse than the parental relationship that children who were conceived naturally have. On the contrary, mothers of children conceived from gametes report experiencing more pleasure and joy from motherhood (Van Berkel, Condido, & Pijffers, 2007). Recipient mothers worked harder to get pregnant, and as a result they believe they do not take motherhood for granted, and consider their child to be that much more of a blessing (Rumball & Adair, 1999). Instead of
harming the relationship between mother and child, having a child from a donor gamete appears to strengthen their bond (Golombok et al., 2004; Van Berkel et al., 2007). Research on adults born from donor gametes confirm that they do not experience any confusion regarding who their parents are, nor have they experienced any social stigma or developmental setbacks due to their genetic origin (Paul & Beger, 2007). This body of research reaffirms that the practice of donor eggs is not harmful to the potential children, however it focuses solely on women who donate anonymously.

Because all of these results are the product of studies focusing exclusively on families who used anonymous donor eggs, it is useful to also investigate research on open adoption. Many people in the public may view egg donation as similar to adoption because they place meaning on a genetic connection as an indicator of parenthood, a bond that cannot be separated or severed (Golombok et al., 2004). In many ways a known donor relationship does mimic open adoption relationships in that with open adoptions, the biological mother (and/or father) is in the child’s life, just as known donors are in the lives of the recipient’s child or children. This adds another dimension regarding infertility, egg donation, child rearing, and the communication surrounding therein, as another person is permanently introduced into the couple’s and the child’s life. Research on open adoption also indicates that everyone involved is clear on what his or her responsibilities to the child are. The children are not confused about who their parents truly are, and understand all the different roles that the adults in their life play. Birth mothers know where the boundaries are, and do not try to parent or reclaim the child (Grotevant & McRoy, 1997). In fact, there is reason to believe that the more face-to-face contact that a child has with his or her biological relatives, the more open the family is (Neil, 2009). If all adults involved know what their roles are, and neither party feels threatened, the same may be true for families involved in the donor-recipient relationship. Knowing assigned roles is important in open adoption relationships (Grotevant & McRoy, 1997), however having prescribed, while not necessarily explicit roles can get confusing when there is not dominant master narrative to fall into.

**INFERTILITY AND MOTHERHOOD**

Motherhood is often an expected, or assumed, aspect of women’s lives. In fact, some say that becoming a mother is a part of who they are and how they construct their identity,
even in childhood (Kirkman, 2003). Girls are instructed from an early age that their future will involve becoming mothers, caring for their children, and dedicating their lives to those children completely (Kirkman, 2003; Rothman, 1983; Van Berkel et al., 2007). The women in Kirkman’s (2003) study of how infertility impacted views on motherhood reported that motherhood was a fundamental component to identity and to how women related to society.

Women diagnosed as infertile spend time thinking about what motherhood truly means (Woollett, 1991), and question their ability to become a mother (Kirkman, 2003). They then question their identity, and change their view of the discourse surrounding issues of motherhood (Kirkman, 2003; Rothman, 1983). Because dominant discourses insist that a women’s identity is so strongly tied to becoming a mother, infertile women are out of place in the master-narrative of their gendered lives, and their place in society as a whole (Kirkman, 2003). When attempting to negotiate the tension that exists within this contradiction of a master-narrative many women may question their worthiness as a potential mother, and as a woman.

Research conducted by Van Berkel et al. (2007) found that egg donation can be “understood as a violation of the traditional family ideology” (p. 97). For infertile women who choose to seek out an egg donation, this compounds the identity issues they may already be having from being diagnosed as infertile in the first place. New reproductive technologies force patients to redefine conceptions of motherhood (Rothman, 1983). However, this has only been examined from the point of view of women diagnosed as infertile. How egg donation impacts donors’ constructions of motherhood has not yet been explored. Egg donation, like an infertility diagnosis, may cause a disruption of the master narrative, and egg donors may similarly have a difficult time making sense of their lives. The donation process, and especially communication surrounding the donation becomes a central part of the donors life for months.

**Fateful Moments and Agency**

The important moments within an individual’s life, the ones they ascribe particular importance to, and particularly resonate with, have been conceptualized theoretically in many different ways. Lived experiences that people draw insight from and prescribe meaning to are what Giddens (1991) refers to as fateful moments. These moments are points of transition
within narratives where a person recognizes that their life and identity has been altered due to choice or circumstances. Anthony Giddens (1991) conceptualizes a fateful moment as an important moment in someone’s life, during which they make choices, take risks, and ultimately work on a ‘project of self’ or, “times when events come together in such a way that an individual stands at a crossroads in their existence or where a person learns of information with fateful consequences” (p. 113). Fateful moments are choices where individuals’ take a risk, the consequences of which cause them to transform their self-identity.

Fateful moments require people to think about their options, and take action in relation to their circumstances. These moments are individually negotiated, but influenced by social structures (Giddens, 1991). Some examples that Giddens provides are marriages, separations, job opportunities, losing or earning large amounts of money, and medical diagnosis or treatments. Sometimes, such as with marriages and career transitions, it is clear that a big, life changing event is taking place. Other times, people may not know that they are experiencing a fateful moment until they are in it, which Giddens (1991) refers to as “events that impinge upon an individual’s life willy-nilly” (p. 113). An example of an unexpected fateful moment may be a vacation or trip that changes someone’s world view, or a medical diagnosis that may not appear to be serious, but has unexpected complications. Fateful moments may be instances of loss, or gain, and are often both (Giddens, 1991).

Fateful moments necessitate risk taking (Thomson et al., 2002). They can be scary because the future in a fateful moment is unknown, and decisions have to be made about how to proceed. Giddens (1991) describes these moments as a time when people, “… launch into something new, knowing that a decision made, or a specific course of action followed, has an irreversible quality or at least will be difficult thereafter to revert back to the old paths” (p. 114). Risks are associated with fateful moments, not necessarily because it is likely that something may go wrong, or that the moment is threatening or dangerous (although it may be), but because the moment is significant in some way, and thus once a decision is made the individual will always have to live with the, as yet unknown, consequences. In some cultures individuals may consult an oracle, religious leader, doctor, or other expert to negotiate risk assessment before taking action; however, those interventions do not necessarily provide the person in question with a clear-cut answer as to how they should proceed. Ultimately,
everyone must make their own decisions to see them through fateful moments, the consequences of affect both their future, and how they view themselves.

Fateful moments impact the future because the decisions made and risks taken reveal a path that leads the individual into another stage of their lives, and ultimately more fateful moments. These decisions also impact the individual’s identity. Giddens (1991) further explains,

Fateful happenings, or circumstance, are those which are particularly consequential for an individual or group. ... Fateful moments are those when individuals are called to take decisions that are particularly consequential for their ambitions, or more generally for their future lives. Fateful moments are highly consequential for a person’s identity. (p. 112)

Just like with all major decisions, the consequences of someone’s actions affect their future lives; however, one of the defining factors that determines whether that instance is an example of a fateful moment is how the person reflects on it, and incorporates it into their self-identity. These critical points affect the lives and futures of the individual, however what makes them particularly meaningful is how they affect the self-identity of the person who lives it. Giddens explains that these decisions, “once taken will reshape the reflexive project of identity through the lifestyle consequences which ensue” (p. 143). It is thus crucial to the concept of fateful moments that individuals’ recognize the importance of the moment, and reflexively reconsider their self-identity as a result.

**Self-Identity**

Fateful moments are so tied to identity development, and self-identity, that they cannot be theoretically isolated from one another. Identity is continually constructed and reconstructed by individuals as they traverse through life and reflect upon it. Identity is not based solely on the behavior of an individual. How he or she acts in any given situation, and how others respond to those actions, may be reflections of components of an individual’s identity, but are not manifestations of identity itself. Self-reflexivity, and a person’s ability to continually “keep a particular narrative going,” (Giddens, 1991, p. 54) are how identity is constructed and maintained. The agent who is living it creates self-identity. It is how people make sense of their lives, experiences, and selves in a narrative biography that organizes who they see themselves as. Although self-identity construction may not be a continually conscious act, self-awareness, which is the main tool through which identity is then
constructed and reconstructed, is. “Self-identity, in other words is not something that is just given as a result of the continuities of the individual’s action-system, but something that has to be routinely created and sustained in the reflexive activities of the individual” (Giddens, 1991, p. 53). Fateful moments, and constructions of identity require agency on the part of the individual. They do not just happen, people make decisions and choices that instigate these moments.

Egg donation is a prime example of a fateful moment in the lives of the women who donate. The donation necessitates women to make a decision that requires them to take several risks. In addition to the medical risks such as hormone injections and surgical retrieval, women who donate may face emotional and relational ramifications. Emotional risks, both due to the hormones and the personal nature of the process, and relational risks, due to the possible stigma or judgment attached to controversial reproductive technologies must be weighed by women considering donation. If they decide to go ahead with the procedure, women may be subjecting themselves to any number of consequences. As Giddens (1991) explains, deciding to take these risks will facilitate shifts in the identities of women who donate their eggs. The consequences of egg donation also affect how women Taking this kind of risk facilitates implies agency.

Agency

As discussed above, Giddens (1991) definition of fateful moments includes the decision making power of the agent. Even if an individual does not chose to enter into the fateful moment, the moment grants them choice. How they respond in any given situation determines how the rest of the moment will play out, as well as how that person will incorporate the experience into their self-identity. Agency is thus intrinsically tied to fateful moments.

How a person enacts agency depends upon their past, as well as their ability to imagine how the future can be different. By socially engaging in the world around them (Emibayer & Mische, 1998), individuals have the opportunity to enact agency by making conscious decisions to take action and create change in his or her life (Bandura, 1997). In order to claim agency, people must first understand that they have this option. If someone does not realize that change is possible, or that they are capable of change, they will not be
able to enact it (Bandura, 1997; Emirbayer & Mische, 1998). By being able to consider the past and imagine alternate futures, individuals can claim agency and affect change in their lives (Bandura, 1997). The discussion of fateful moments above overviewed how people need to make choices in the moment that will then determine the course of their future and how they self-identify. These agentic choices not only contribute to identity construction, but also influence how people make sense of their lives.

**Narrative and Framing**

Narratives are not simply used to tell stories. Narrative is used to make sense of an individual’s past, present, and future experiences (Allison, 1994; Pals, 2006) and “…provides life with meaning and purpose” (Pals, 2006, p. 1080). It is through narrative that reality is created and revealed. The organization of experiences into stories constructs the reality of individuals (Bruner, 1990); humans are naturally “storylivers” (Allison, 1994, p. 108). Narrative theory suggests that humans organize interactions, circumstances, even fateful moments, into a linear sequences through which they are able to construct, and view reality (Bruner, 1990), as well as understand themselves (Giddens, 1991). Narrative is the thread that strings multiple events, meanings, characters, and circumstances together to create a whole that can be easily understood (Bruner, 1990; Kellas, Willer, & Kranstuber, 2011). Narrative is how people make sense of their lives as a whole, framing is how reality is constructed and organized in various situations.

To better understand instances of how individual reality is constructed in any given interaction, a theoretical understanding of framing may be useful. Framing, according to Verloo (2005), is “concerned “with the (re)construction and negotiation of reality by social/political actors through the use of symbolic tools” (p. 20). Through language and discourse, individuals make meaning. How they view this meaning, in any given interaction, is their frame. Framing then is “the process of constructing, adapting, and negotiating frames,” (Verloo, 2005, p. 20) during which a subjective meaning is set, and reality is created. Framing is how the interaction is approached and perceived. People perceive what they believe is going on, rather than what is “actually” happening. Goffman (1974) uses, for example, a practical joke or misunderstanding, where what someone thinks is happening is
later proved to be false. In that moment, how they frame that situation is vastly different from how they come to frame the interaction at a later time.

Another way that framing creates reality, is that everyone bring different experiences and points of view to every interaction. Therefore, “variability is complicated . . . by the fact that those who bring different perspectives to the ‘same’ events are lively to employ different spans and levels of focus” (Goffman, 1974, p. 8). When two people have different backgrounds, and indeed different current roles in any given situation, how they frame the events that take place is obviously going to be different, biased by their own personal situations. Goffman (1974) explains further,

[I]t is plain that retrospective characterization of the ‘same’ event of social occasion may differ very widely that an individual’s role in an undertaking can provide him with a distinct evaluative assessment of what sort of an instance of the type the particular undertaking was. In that sense it has been argued, for example, that opposing rooters at a football game to not experience the ‘same’ game, and that what makes a good one for a participant who is made much of is just what makes it bad for a participant who thereby is made little of. (p. 9-10)

There is no single interpretation of events, and no correct assessment for what occurred in any particular situation, the way that people organize and make sense of them, subjectively, is how they frame that interaction. The example above of people rooting for opposing sports teams points out how people with clear differences may frame events differently, however people without such obvious discrepancies, who have much in common and may be very similar, also frame events differently (Goffman, 1974).

How someone frames an event is what was salient to that individual at that particular time. Entman (1993) points out that because frames necessarily focus on particularly aspects of an interaction, they cause a person to ignore other aspects. According to Entman (1993), “Most frames are defined by what they omit as well as include, and the omission of potential problem definitions, explanations, evaluations and recommendations may be as critical as the inclusion. . .” (p. 54). How someone frames a specific interaction relies just as much on what they leave out, as what they include from that, even in his or her framing of reality. Framing is about selection, “ The social world is a kaleidoscope of potential realities, any which can be readily evoked by altering the ways in which observations are framed and categorized” (Entman, 1993, p. 232). What remains salient to someone in any situation is how they ultimately decide how they will frame that event (Sniderman, Brody, & Tetlock, 1991).
The diversity of beliefs, biases, awareness, salience, and selection criteria amongst individuals in any given situation, makes framing necessary to make sense of and organize events (Goffman, 1974). Certain aspects of any given conversation will be more memorable and more meaningful to two people in different ways. “Frames highlight some bits of information about an item that is the subject of a communication, thereby elevating them in salience” (Entman, 1993, p. 53). Frames showcase what is important to the person making sense of the situation and, “select and call attention to particular aspects of the reality described” (p. 54). How someone uniquely frames a situation then, “no only anticipates experience, but molds it” (Kahneman & Tversky, 1984, p. 350). How an individual frames an event molds how they interact within it, how they organize it later, and ultimately the reality they create for themselves.

To better understand how egg donors’ realities are narratively constructed, and agentically lived, this research is concerned with how women who donate their eggs frame their communication, what is included and excluded from that frame, and what components of communication surrounding the donation remain particularly salient in how they frame those conversations. These inquiries lead to the following research question:

**Research Question**

How do women who donate their eggs frame their experience of communicating with others regarding their donation?
CHAPTER 2

CRYSTALLIZED EXPERIENCES

As I began my journey into egg donation, I quickly discovered there was more to the process than I had originally anticipated—physically, of course, through hormone injections and vaginal ultrasounds, but also socially, and emotionally. A decision that was ultimately easy for me to make became one that I kept secret. I did not tell any friends, or even all of my immediate family, for months after the decision had been made. Once the various treatments started, I began to talk to those around me hesitantly. Disclosing to each new person made me agonizingly anxious. Would they be able to hide their shock? Would they think it was a mistake? Would they now want to talk about it all the time? I thought through all possibilities with each person in my life. Telling people, or not telling them, became a central way that I negotiated and made sense of my decision.

I donated in May, and became a graduate student the following August. When I started school again the experience was still relatively new. I still thought through how or when to tell people. Now that it was over, there was no need to tell all these new people about it, and yet I found myself wanting to. I began thinking about the consequences of disclosing all over again. Rather than tell people, at least at first, I turned to another tried and true source of comfort for me: I began to look at the research. I hadn’t known anything about the donation process going in, and now that it was over I realized I still knew very little about egg donors, despite being one. I spent hours looking for research that reflected my experience, and found very little. An occasional survey study of egg donor’s motivations or attitudes toward donation, but generally all research regarding egg donation seemed to focus on my aunt: on the recipient of the donation. This was interesting, and is surely valuable, but as a donor and as a scholar, I had to ask, and I have to keep asking, where is my voice? Where is my story?

As my introductory narrative into this chapter discusses, I turned to research on egg donation at first for comfort, and for answers about my own lived experience. In chapter one I overviewed research related to how infertility is discussed, how egg donation is introduced
into the conversation, and how previous research has attempted to start a conversation about egg donors. Chapter one also introduced some theoretical principles that help to guide some ways of understanding this particular project. Chapter two will now begin with a discussion regarding my methodological choices for this study. The chapter will then turn to the specifics of how and where I conducted this research, and will conclude with an overview of how the data I have gathered will be represented in chapter three.

A multitude of methodologies, including ethnographic observation of online message boards, autoethnographic introspection, and participant interviews will be crystallized to form a comprehensive examination of how women who donated their eggs frame communication. Crystallizing multiple methodologies into one cohesive piece provides a thick, well-rounded description of the topic (Ellingson, 2009) in a way that utilizing only one of the aforementioned methods would not be able to fully represent. Through the weaving together of multiple forms of data, I can better represent a full picture of how egg donors discuss their perceptions of others' responses to their donation decision. Interview transcripts serve as the primary data for the study, as open-ended interviews allow for the full experiences of participants (Noller & Feeny, 2004), and for individual viewpoints to be voiced (Tracy, 2013). The other qualitative methods mentioned above aid in fleshing out the interviews and providing a thick description (Ellingson, 2009) of the egg donation process. Patterns emerged from the data and were analyzed to create a cohesive picture of the phenomenon occurring within this unique context, but before discussing how the analysis was conducted, this chapter will continue with a rationalization for each methodological choice.

AUTOETHNOGRAPHY

Rather than deny the role that the researcher plays in conducting and analyzing data, many qualitative research methods highlight the researcher and acknowledge that they are the instrument through which research is ultimately conducted (Gonzalez, 2000). However, I have chosen to include my own experience through autoethnographic excerpts. This, like many ethnographic research studies, is a personal journey (Ellingson, 2009) and by accounting for my lived experience through autoethnographic excerpts, I can share a part of myself with a larger audience (Tracy, 2013). Through autoethnography I am able to write about myself in relation to my participants (Ellis, 2009). Many times something that a participant said would directly relate to something I have experienced in my own life, and through this method I am able to write about my experiences in relation to the experiences of others.
that I felt, or something that contradicted my own story, and it was important to me to include all these viewpoints in the finished text. My egg donation experience serves as some of the data for this research, and helped me to better understand my participant narratives. This is an inherently reflexive project for me and by recognizing this I can at once contribute as a donor and inform as a researcher.

**REDDIT.COM AS A RESEARCH SITE**

Reddit.com is an interactive website made up user submitted content. Users can submit links, pictures, stories, etc. to hundreds of different topic specific ‘subreddits.’ To submit content individuals must have an account, which they can create for free, however all posts are open for public viewing. Through the search function users or ‘lurker’s (individuals who frequent the website but who have not registered an account and thus cannot post content or comment on previously posted threads) can find subreddits that interest them, or search the entire cite for keywords. This search function can be limited to only searching particular subreddits if an individual wants to narrow the results down.

As a frequent reddit user (redditor) for many years, I was familiar with how the website worked, and knew that occasionally individuals would post on the subreddit dedicated to infertility about donor eggs. However, when I began this research I decided to do a general search using the search function on the site and not limit the search to any particular topic specific board. What I discovered was that many women had posted on the ‘Ask Me Anything’ (IAMA) subreddit indicating that they were egg donors, and inviting other users to ask questions about the experience. As the name implies, reddit.com/r/Iama is a subreddit where users can post threads about an experience they believe may be unique, and other users are invited to ask them related (or occasionally unrelated) questions. I found 15 distinct Ask Me Anything posts by egg donors, and within each thread other users who had commented indicating that they too were egg donors and would like to participate in the conversation. To my knowledge, and after extensive searching this is the only collection of egg donor narrative experiences available online that is not sponsored by a particular donation clinic. All of the participants recruited for this study were found via the search function on reddit.com, and all online observation occurred on the site.
ONLINE OBSERVATIONS

Online observation was conducted by reading donor narratives online, and observing as donors and non-donors discussed the donation experience via an online community. I did not participate in these discussions, choosing instead to remain a researcher with no identity that can be recognized by participants in order to remain a complete observer (Lindlof & Taylor, 2011) and gain access to the ways in which donors and non-donors both organically communicated about the donation. This allowed me to see how participants chose to discuss their donation on their own, unprompted by a researcher, as well as what sorts of questions other asked of them. I did not want to influence these conversations, rather I chose to remain an observer and discover how women who donated their eggs selected what to share, and what people curious about egg donation chose to ask. These public posts were vital in giving me a foundation into how the donation is discussed with others and what components of the donation donors feel is important, or relevant to share.

I observed 15 individual posts submitted by egg donors online. Each post began with a narrative, varying in length, about their experience and inviting questions from other users. The posts varied in popularity with anywhere between 6 and 1398 individual comments. The average thread had 202.4 comments attached to it. I wrote 46 single spaced pages of fieldnotes based on this data that reflected how I responded to these posts, emotions that the online narratives and questions brought up, questions that the posts instigated, and ideas for further directions for this research.

PARTICIPANT RECRUITMENT

All of the 17 participants for this study were recruited through Reddit.com. To conduct this research, I conducted a broad search via the website’s search function for “egg donors” and “egg donation”. This brought up hundreds of posts in both the infertility subreddit, and the AMA subreddit. Most posts that came up on the search were not authored by donors, but were people asking questions about egg donation in general. Still, I was able to find several active users who had posted somewhere on the site about their experience with egg donation. Three users who indicated that they had donated eggs in threads within the infertility subreddit, and twenty users who had either made posts about being egg donors, or commented about being egg donors in those posts in the subreddit dedicated to
questioning others about life experiences, were sent the following message asking them to participate in this research:

Dear _______

I saw your recent comment regarding your experience as an egg donor. My name is Katie Brockhage and I am currently a graduate student studying communication at San Diego State University. I’m writing my masters thesis on the experiences of egg donors, and am a donor myself.

I am writing to ask you if you would be willing to participate in an interview regarding your experience as an egg donor. The interview is 100% confidential, would last about 45 minutes to an hour, and can be conducted online (via chat software such as skype, gchator any other program you may have), or over the phone.

After my donation, I began to look into research about other donor’s experiences and found that very little academic research exists regarding egg donation. I know that this is a complicated process and I really want to begin to fill that gap. I would really appreciate your help!

Thank you so much for your time, and I look forward to hearing from you.

Katie Brockhage

Eighteen women responded to these messages. One woman declined to be interviewed as the donation had not resulted in a child, and she felt she was still too emotional about the experience to discuss it further.

INTERVIEWING PARTICIPANTS

All of the other respondents indicated that they would like to be involved in the research. They were then given my email address, and when they contacted me via email I sent them an informed consent form (see Appendix A) to sign and return to me via email. At that time they were also asked when a convenient time for the interview would be, and what method of communication they preferred to conduct the interview. All but three participants chose to speak with me via chat-software, either Gchat, Skype, or in one case Facebook chat. The other three participants asked to speak over the phone. One of the participants who chose to be interviewed over Skype requested that the interview be via video chat rather than text chat. During the interview I followed a ten-question interview guide (see Appendix B) that loosely guided the conversations. I allowed the conversation to flow rather than strictly follow the guide and used it only to begin the interviews and during the conversation if I felt the participant needed more prompting. I used my experience as an egg donor to connect
with my participants and shared parts of my own narrative with them as we talked, which
opened myself up to vulnerability through self-disclosure (Conquergood, 1991). Through our
cconversations about both of our experiences, we worked together and co-created knowledge.
At the end of the interview I once again referred to the guide to ensure that I had covered all
of the topics that the questions touched on, and asked for any missing information directly.
By verifying that all of the questions on the interview guide had been answered in some way
by the end of my conversations with the donors, I was able to ensure some consistency across
the information gathered in all of the interviews.

The participants ranged between the ages of 22 and 43, with the average age of 28.5.
At the time of the donation, the participants' average age was 23.7. Five of the women were
single at the time of the donation, and 12 of the participants indicated that they were in a
serious committed relationship at the time. 16 of the participants identified as heterosexual,
one of the participants did not identify with a particular sexual orientation. All 16 of the
participants identified themselves as white, and the remaining participant, Sarah, identified
herself as Asian.

A breakdown of some relevant information about each participant is organized in
Tables 1 and 2. The table includes information on how long it has been since each woman
donated, the results of the pregnancy (if known), the relationship they had with the donor
(again, if known), and the frequency that framed communication as validating or
invalidating. As these tables indicate, the 17 interviews resulted in a total of 109 distinct
instances of perceived validating or invalidating communication.

Each interview lasted between 45 minutes and two hours. The average time was an
hour and fifteen minutes. After one hour had passed, I paused the interview briefly to
acknowledge that the time I initially requested had passed and that if they wished to stop the
interview or reschedule a time to continue to talk, that would be fine. All participants
indicated that they would like to keep talking, and even expressed that they enjoyed
discussing the topic or found it helpful. When one interview lasted longer than planned I had
to stop in order to make a previous appointment, and the participant and I scheduled another
time to finish our conversation. Once transcribed or transferred into a Word document, the
interview transcripts consisted of 106 single space pages. At this point all names were
changed and participants were given pseudonyms to protect there anonymity. Once all the
Table 1. Known Participant Breakdown

<table>
<thead>
<tr>
<th>Participant</th>
<th>Years since Donation</th>
<th>Results of Donation</th>
<th>Instances of Validation</th>
<th>Instances ofInvalidation</th>
<th>Relationship to Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa</td>
<td>2</td>
<td>No Pregnancy</td>
<td>5</td>
<td>3</td>
<td>Friend</td>
</tr>
<tr>
<td>Breanna</td>
<td>2</td>
<td>Twins</td>
<td>3</td>
<td>4</td>
<td>Niece</td>
</tr>
<tr>
<td>Brittany</td>
<td>2</td>
<td>Twins</td>
<td>2</td>
<td>5</td>
<td>Sister</td>
</tr>
<tr>
<td>Sarah</td>
<td>2</td>
<td>No child</td>
<td>2</td>
<td>2</td>
<td>Friend</td>
</tr>
<tr>
<td>Deena</td>
<td>5</td>
<td>Child</td>
<td>6</td>
<td>4</td>
<td>Friend</td>
</tr>
<tr>
<td>Renee*</td>
<td>2</td>
<td>No pregnancy</td>
<td>5</td>
<td>2</td>
<td>Friend*</td>
</tr>
<tr>
<td>Megan</td>
<td>1</td>
<td>Child</td>
<td>9</td>
<td>3</td>
<td>Sister</td>
</tr>
<tr>
<td>Mikaela*</td>
<td>3</td>
<td>Child</td>
<td>6</td>
<td>3</td>
<td>Friend*</td>
</tr>
</tbody>
</table>

* Renee and Mikalea, both met their recipients online while they were considering donation, and their future recipients were looking for potential donors. Both of them talked with their recipients online and then eventually decided to donate to them. During the donation process they both met with their respective recipients, became friends, and during each other their interviews they described their recipients as family. So, while they started out in more anonymous donation, due to the nature of their continuing relationship with their recipients they are included in the ‘known’ donor table above.

Table 2. Anonymous Donor Participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>Years since Donation</th>
<th>Results of Donation</th>
<th>Instances of Validation</th>
<th>Instances ofInvalidation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharon</td>
<td>1</td>
<td>Unknown</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Alex</td>
<td>&lt;1</td>
<td>Unknown</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Colleen</td>
<td>16</td>
<td>Children</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Rachel</td>
<td>4</td>
<td>Child</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Heather</td>
<td>4</td>
<td>Triplets</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Jamie</td>
<td>5</td>
<td>Unknown</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Shannon</td>
<td>3</td>
<td>Child</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Allison</td>
<td>1</td>
<td>Child</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Teresa</td>
<td>8</td>
<td>Unknown</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
interviews had been conducted, fieldnotes collected, and autoethnographic reflections written, I began the data analysis.

**Data Analysis**

The interviews, online observation fieldnotes, and autoethnographic reflections, were analyzed for patterns that emerged from the narratives (Ellingson, 2009), utilizing and interpretive approach (Tracy, 2013). This research is qualitative in nature, and thus I was not looking for specific patterns immediately, nor did I come in with a particular theoretical construct to test. However, it is important to acknowledge that I also did not enter into the analysis phase of this research without any background information. I had particular ideas in mind that I thought may appear in participant narratives, such as discussions of gender and motherhood, which were on my mind from my own donation process, as well as from previous research I’ve conducted with the recipients of donor eggs. I knew that my participants would most likely think of the conversations they had about the donation in particular ways, and thus I was particularly interested in how those specific frames. Tracy and Geist-Martin (2013) explain that these are what Charmaz (2006) and Glaser and Strauss (1967) refer to as “sensitizing concepts” (Tracy & Geist-Martin, 2013, p. 2). These concepts acted as “frameworks” (p. 3), and a lens through which I gathered, interpreted, and presented my data.

During the first round of initial coding I looked for broad patterns that particularly stood out to me. The first two patterns from the data to emerge were instances where participants perceived that their family and friends communicated to them that the donation was a good idea, and instances were donors perceived that the communication from their family and friends indicated that they thought the donation was not a good idea. With these two overarching patterns of ways that donors were interpreting communication, I went back to the data for a second round of analysis.

A second round of coding the data allowed me to begin to understand different ways in which the donors perceived the communication within my too categories of “good” and “bad”. It was in this second round of coding that I realized that the donors were describing communication that they perceived as validating, or alternately as invalidating their decision to donate. I defined validation within narratives as any instance where a participant expressed
that someone she talked to made her feel as if she made the right decision in donating, as if the donation, confirmed what she was feeling about the donation, or conversations that otherwise made the donor feel supported. There was no one particular way that donors framed validation, and thus the coding process was very opening as I discovered more ways (five in total) that donors discussed how others validated their donor experience. Coding for how donors framed communication surrounding the donation as invalidating was similarly broad. Instances that I marked as invalidating were conversations that participants described as upsetting, rude, disconfirming, or in some way unsupportive. Thus the categories of validation and invalidation as ways that conversations regarding the donation were framed were more than simply supportive or not. Support was a factor, but often donors would report that people in their lives tried to provide support, but, as the results of this research will reveal, they still felt that their experiences were not being validated by that individual. The coding of these categories required an open approach that would allow for these broad categories to be narrowed without constraining my participants' experiences into previously defined boxes.

In the third round of coding data I found that the ways in which the donors described the instances of perceived validation or invalidation signified that these were particularly important moments to them. Once I realized that these moments of perceived communication patterns were being emphasized by the donors because of a particular significance they associated with these interactions, I did axial coding (Charmaz, 2006) to figure out how these instances were related to one another.

Finally, a fourth round of coding the entire data set revealed subtleties regarding ways in which invalidating and validating communication occurred, allowing me to use in vivo codes to categorize and name different patterns within perceived invalidating and validating communicative behaviors. The fifth and final round of coding revealed how these aforementioned two types of communicative responses to the egg donation caused the donors to revision their relationship with the speaker, and ultimately their view of themselves.

After I had completed the coding stage, several clear ways in which participants perceived that the people in their lives validated or invalidated their donor experience had emerged. They are first, ways in which validating messages were perceived by donors. Donors saw these messages as occurring in five distinct ways: Reassurance, expert opinions,
gift giving, informative advice, and self-validation. In contrast to perceived validating messages, donors also perceived that their family and friends communicated instances of invalidation. They did so in these five different subcategories: Divergent beliefs, permissive criticism, anticipated judgment, retraction of support, and self-invalidation. Tables 3 and 4 show the frequency of subcategory of perceived validation and invalidation.

Table 3. Frequency of Perceived Validating Communication

<table>
<thead>
<tr>
<th>Perceived Validation</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reassurance</td>
<td>14</td>
</tr>
<tr>
<td>Expertise</td>
<td>10</td>
</tr>
<tr>
<td>Gift Giving</td>
<td>9</td>
</tr>
<tr>
<td>Informative Advice</td>
<td>12</td>
</tr>
<tr>
<td>Self-validating</td>
<td>11</td>
</tr>
</tbody>
</table>

Table 4. Frequency of Perceived Invalidating Communication

<table>
<thead>
<tr>
<th>Perceived Invalidation</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divergent Beliefs</td>
<td>10</td>
</tr>
<tr>
<td>Permissive Criticism</td>
<td>13</td>
</tr>
<tr>
<td>Anticipated Judgment</td>
<td>11</td>
</tr>
<tr>
<td>Retraction of Support</td>
<td>9</td>
</tr>
<tr>
<td>Self-Invalidation</td>
<td>10</td>
</tr>
</tbody>
</table>

Once patterns began to emerge, these titles were used as codes to create categories that organized the invalidating and validating communicative messages perceived by participants. I then began to turn to the question of how best to represent this data in a way that would allow my participants’ voices to shine through, clarify the subtleties of each category and subcategory, and incorporate my own experiences as an egg donor and autoethnographer. I once again sorted through the data, this time already coded into patterns, and carefully chose excerpts of moments from participant interviews that I felt best exemplified each pattern and revealed the donors framed communication that subsequently led to a revisioning of relationship, and/or self.
The following excerpts in chapter three are not a complete demonstration of each instance of a particular pattern, but rather have been chosen to represent a significant trend in the experiences of egg donors. Each passage identified as a quote is taken directly out of a participant interview, unless otherwise specified that a particular quote was gathered from an online source such as a blog post or comment on an online thread. Some of the quotes have been edited slightly to remove identifying information.

Chapter Three begins with a short introduction, followed by an autoethnographic narrative of my journey through egg donation. The narrative takes readers through my story, beginning at the time I agreed to donate to my aunt Molly through the time I found out that she was indeed pregnant with one of my donated eggs. This narrative reveals the complexities and complications that arise during the egg donation process, and serves as a single example, allowing readers a glimpse into the world of the donation. This autoethnographic narrative sets the stage for the contexts in which participants framed the responses of others as validating or invalidating. After the presentation of my story, the chapter continues with a discussion regarding how instances of validation or invalidating were framed by egg donors.
CHAPTER 3

FRAMING A UNIQUE EXPERIENCE

As my own story will reveal, some things cannot be predicated, things to do not always go as planned, and egg donation is often more complicated than expected. Every participant in this study has her own story to tell, and no two are the same. Some women found the hormones treacherous, some women were devastated by finding out that the donation had not resulted in a pregnancy, some had the support of their families and friends, while others were not so fortunate. The following narrative is my own unique journey through egg donation,

After Molly and I had agreed to go ahead with the egg donation, the next step was to schedule a time that would work for both of us. The donation would require about a month of four daily injections, and biweekly doctors appointments. Two weeks before the “retrieval procedure” was scheduled I would need to fly out to Denver, Colorado where my aunt lived, to attend daily doctors appointments at her fertility clinic, both so that they could monitor the progress of the eggs in my ovaries and so that the doctors would better adjust and increase the hormone injections as needed. This obviously would mean taking time off of work, arranging airfare, and finding a doctor could work with me in Los Angeles before I made the trip to Colorado.

I got on the phone with a nurse at my aunt’s clinic who told me that the first step in this entire process was to get my “day three blood work” done and sent to the clinic. On the third day of my period, just when I started a new cycle, I would need to go to a doctor’s office in Los Angeles and get several vials of blood drawn. Then, using the Styrofoam cooler that the clinic had already sent me, I would need to ask the doctor to ship my blood back to the clinic in Colorado for testing. All right, no problem. On the third day of my period I gave some blood, put an address on a cooler, and we get this whole thing started!

The three-day blood work was complicated by the fact that the third day of my period fell on a holiday when many clinics were closed. It also turned out that many of the remaining medical centers were hesitant to put several vials of blood into a small, unmarked,
cooler and send it out of state. I hadn’t thought of these factors until they were pointed out, and I began to panic that if I could not get the blood work done and sent that day, the whole cycle would be ruined and we would have to completely reschedule. It felt as if the success of the entire donation was on my shoulders, and I was helpless. I ended up having to visit four different centers before finding a hospital that would agree to ship the blood. This was the first time I realized that maybe I had underestimated how easy this process would be.

After my day three blood work had been tested for hormone levels and everything looked good, I flew out to Denver for 24 hours, taking one day off of work, for a six hour doctors appointment at Molly’s fertility clinic. She picked me up from the airport around 10:00pm, and we went to bed early so that we would be refreshed for the 7:00am appointment. It was her daughter, Lila’s third birthday.

The next morning, she walked me into the clinic. It was large, with mahogany counters, and accents, and a large water instillation in the middle of the room. It was quiet. We were pointed through an unmarked door down the hall and to the left. This door turned out to lead into the ‘donor’ area. They kept it very separate from the ‘recipient’ area across the building so that the anonymous egg donors and recipients would not interact. Molly made sure I was situated with a ‘US Weekly’ and left to head into her office, promising to be back before I was finished.

The appointment included several parts. I had to have more blood drawn and tested for everything from a genetic disorder to HIV, I had to provide a urine sample, go through a one hour online survey to determine that I was physiologically sound (most of these questions had to do with ghosts, demons, and whether or not I had an urge to kill myself, others, or any aforementioned demons), a one hour appointment with a psychologist to make sure I understood the potential ramifications of this decision, and finally an appointment with a donor nurse who would go over the paperwork with me and make sure I understood my legal rights, obligations, and what the process would involve.

Everything was going well until the psychologist asked me about my family history. My father is a recovering alcoholic, as are both of his siblings, both of his parents, and as far as I know, both of their parents. My paternal grandmother was also diagnosed with bipolar disorder several years ago. The clinic did not allow donors with that much alcoholism or any mental illness in their families to donate. However, because I knew my recipient, they would
allow the donation to continue under the condition that she signed a document stating that she was doing so against the advice of the clinic. They told me they would call Molly at work, brief her on the situation, and ask her to come in for a consultation. I sat in the lobby, called my mom, and tried not to cry.

I felt as if this was all my fault. I thought I was being told that my genes were ‘bad’ and that it would be a mistake for anyone to have a child with my genetic history. I felt guilty. I felt tainted. I felt especially bad because the alcoholism and mental illness was on my dad’s side of the family, and not related to my aunt. I felt awkward that my aunt had to leave work, and potentially explain to me that they did not want to use me as a donor, then take me back to her house and fix us dinner. I flipped through the pages of the US Weekly and waited.

When she arrived, we were taken into a small conference room and a nurse explained that we could go ahead with the donation if everyone understood that they were not advising that we do so, and that in an anonymous situation they would not be allowing me to donate. My aunt did not hesitate to sign that form and told me that everyone had something in his or her family, whether it was substance abuse or high blood pressure. I had to hold back tears yet again as she validated me, and my genetics.

After that appointment, I flew back to Los Angeles and we set up a timeline for the donation. Our first attempt did not work after my aunt’s period was late. Our cycles would have to be synced perfectly so that by the time the mature eggs were removed from my ovaries, her uterus would be ready for implantation. That false start had my aunt and her husband very discouraged. This was another set back in their two year struggle with infertility. They said that they would try one more time, but that if it didn’t work the next month, they would be done. Luckily, everything went relatively according to plan from then on.

I started giving myself two differently kinds of hormone injections in the morning, and again in the evenings, and was surprised by how easy they turned out to be. I didn’t mind the needles, and while hesitant at first, I did not have a problem giving myself the shots. My body swelled, and the hormones made my already stressful job working in an under-resourced high school classroom even more tenuous. Before I knew it, it was time for me to fly back to Denver for the last two weeks of the cycle, where I would need to be monitored daily by the trained nurses at the fertility clinic.
My mom dropped me off at the airport, pulling over in an empty parking lot so that I could give myself a carefully timed hormone injection before getting on the plane. I carried a cooler-lunch box full of hormones and needles through security without being asked any questions, and arrived at my aunt’s house feeling like I was on a mini-vacation, only with daily vaginal ultrasounds.

The clinic was not particularly happy with how my eggs were growing, and again I reacted as if this was a personal criticism. They were immature and not responding well the hormone stimulants I had been injecting for weeks. I had originally been put on a relatively low dose of hormones for fear of over stimulating my ovaries and causing potentially dangerous health problems for me later, however now they upped the dosage drastically. After doubling my hormone injections, the trip to Denver started feeling a lot less like a vacation. I was swollen, constantly tired, and very lonely. I had around fifteen follicles, the fluid sack containing each egg, in my ovaries and each one was around the size of a grape. My ovaries had swollen to the size of grapefruits.

My aunt and uncle took me to dinners, out shopping, and recorded my favorite shows for me. All very nice gestures, but I was still alone in their house most of the time—my schedule being determined by the next injection time or clinic appointment. Though I knew my coworkers back at home were annoyed with me for taking so much time off of work right before the end of the school year, there was nothing I could do to speed the process up. I just had to wait for my body to respond to stimulants for a retrieval date to be set.

Finally that day came. Exactly 12 hours before the procedure to remove my eggs, I had to have a “trigger shot”. This last injection would trigger me to ovulate, and release the now numerous eggs to be retrieved by the doctor. The problem was that the trigger shot had to be injected into my butt check rather than the fatty area around my stomach like the other shots, and I would not be able to administer it myself. Great. My aunt was too afraid of messing up the shot, and so my uncle was appointed the duty of giving me the trigger shot at 1:00 in the morning the night before the retrieval. The nurse had emailed us a video to watch about how to give the injection, as it was much larger than the previous shots. My uncle practiced by throwing darts. I was terrified. The memory makes me laugh now: Bracing myself against the wall in the kitchen with my pants pulled slightly down and my aunt holding
my hand as her husband mumbled “one swift dart-like motion” under his breath, repeating the words the woman in the video had used.

The next day I went into the fertility clinic for the last time. I was directed upstairs which surprised me because I hadn’t even realized that there was an upstairs previously. I was prepared for surgery as my uncle was ushered into a different corner of the building to “make his deposit.” My aunt read magazines in the waiting room. The last thing I remember before the anesthesia kicked in was telling the doctor that the stirrups they had my legs Velcroed into were incredibly comfortable.

I woke up about 45 minutes later a little woozy. Over the next few days I felt some cramping, but my recovery was fast and I experienced no complications. Five days after my retrieval, my aunt had two embryos implanted into her uterus. Two weeks after that, as I was driving away from the school for the last time and the students were celebrating summer vacation, I received a text message of a picture of bottle of sparkling apple cider and two champagne flutes. “Does this mean what I think it means?!” I texted back. “Yep! We had good news from my blood test today. We are beyond excited right now. It makes all our stress these last few months worth it. I still can’t believe it and we are so thankful to you for everything. It is still early and we go back Sat. for more blood work, but it’s good news now.” I burst into happy, excited, relieved tears.

Despite all of the unique aspects of each participant narrative, particular commonalities did seem to be consistent across different women’s experiences. Upon disclosure, participants seemed to frame the responses of others in two different ways: either one that validated or invalidated their decision. This framing of responses then caused participants to reflect upon the donation, their decisions, and their relationships; and ultimately revision how they thought of themselves as mothers and as people, as well as revision how they viewed the relationship with the people who they believed had either validated or invalidated their choice to donate. As discussed in chapter one, how an individual frames a situation is how they create and organize meaning. In this case, when responses to egg donation conversation were framed as validating or invalidating, the result was (re)framing of self and relationships that created new meaning for the participants’. The following sections will reveal the patterns of validation and invalidation expressed in participant interviews. There were five ways in which participants framed validating and
invalidating communication. Each of these patterns will be supported with excerpts of participant interviews, and discussed to further clarify how each subcategory can be interpreted. Both the categories of validation and invalidation will be introduced with an autoethnographic narrative of how I had framed communication surrounding my own donation as validating or invalidating.

**REASSURANCE, GIFTS, AND MORE: FRAMING VALIDATION**

I was working at a high school when I decided to move forward with the donation, and knew that it would require time off. I hadn’t yet told anyone and needed advice about how to negotiate the leave I would need to take for the retrieval procedure, with my own need for privacy. I decided the first step would be to tell my good friend at work, and gauge her reaction about the procedure, as well as ask her advice about how to proceed with approaching our boss about the time off.

During our lunch break one afternoon we were sitting outside under a palm tree on the school’s campus. It was such a clear day that when looking out across the soccer field we could just make out the Hollywood Sign in the distance. Hope rolled the sleeves of her t-shirt up so that the sun wouldn’t leave tan lines on her shoulders. She peeled an orange and handed half to me. As I slowly peeled the white membrane off the bright orange flesh, tearing small sections of the fruit apart with my juice covered hands, I took a breath and started nervously talking to her.

“So you know how I had that doctor’s appointment last week?” I asked, the hesitation clear in my tone. Hope immediately shot her head up. “Yeah. Why? Is everything ok?” Oops, I thought, I probably shouldn’t have led with that. “Yeah, everything is totally fine. It’s just. I’ve decided to do something kind of crazy. My aunt can’t have anymore children naturally. She’s been trying for a few years but the doctor told her it’s unlikely she’ll be able to get pregnant. So, long story short I’ve offered to donate my eggs to her. They’ll put me on hormones to make a whole bunch grow really big, then take them out of me, mix them with her husband’s sperm, or something, to create embryos and implant them in her. I know how crazy and weird that sounds...” I cut myself off before I could ramble too much more.
Hope didn’t skip a beat. “Really? That’s so cool! You’re so incredible for doing something like that for her!” I filled with relief and gratitude. She was the very first person I had told, and her reaction was absolutely what I needed to hear. Hope continued to be a main source of support through the entire procedure because she was always there to talk to, and even asked me questions about it a completely natural way. She didn’t think that it was crazy, or weird, just generous and interesting. She started calling it “The Polly-Pocket Brockhage Project.” The title made the both of us laugh, and normalized the experience, however, more importantly, it validated it. Hope was in the car with me when I found out that Molly was pregnant, and she cried with happiness right along next to me.

I framed Hope as validating my experience because she confirmed that I was doing a good thing, because she expressed interest in listening to me, and because she did not hesitate to talk and joke with me about the process. Many of my participants also had people in their lives whose responses they framed as validating their own donation experiences. Perceptions of validating communication, tended to focus on the participant herself. The women in this study framed comments centered on what the participant was going through, rather than the beliefs of the person speaking, as validating. As the following section will reveal, these comments addressed how the donation was impacting, and would continue to impact, the recipient, and the donor. Frames of validating communication were detected in five different types of ways: Reassurance, expert opinion, gift giving, informative advice, and self-validation. These five different ways that donors interpreted validation caused them to express how much they appreciate the people in their lives, and how glad they were for the support offered.

“What You’re Doing is Just So Great”: Reassurance

When people in the lives of the donor reassured her that what she was making a good choice, donors felt that they were being validated. These types of comments were framed by the participant as reassuring in times of stress, and helped them focus on the purpose of the donation. They expressed gratitude to their friends and family for listening to them, and being there to talk through their emotions. Breanna describes how her aunt’s expression of
emotion, and her friends helping her, gave her emotional support and made her feel validated:

One of my other aunts called me in tears because she was so touched and happy and that was a really big boost. My friends were incredibly supportive too. After one of my doctor’s appointments I remember meeting up with them and they hugged me while I cried and told me how proud they were, and that they believed in me. I really had a great support network.

Breanna framed the communication from the people in her life as validating when they reacted with emotion. When her aunt cried, and told her she was touched, Breanna was reassuring. She frames her friends’ responses to her after her doctor’s appointment as her having a “great support network”. To Breanna, having support, and receiving reassurance meant having friends be there for her physically and express verbal praise after important events, like a doctor’s appointment. Breanna framed reassuring communication as both verbal and nonverbal emotive actions. Shannon's mother also reassured her by expressing her emotions, in this case what Shannon framed as excitement:

My mom thought it was kind of exciting, and she was mostly worried about the process and my health. She thought it was a good idea though and was very supportive the entire time. She told me how proud she was of me for doing something so huge to help another couple that I didn’t even know.

Shannon draws particular attention to when her mom told her she was proud of her, because she framed that moment as particularly meaningful in her donor narrative. Shannon framed being told her mother was proud of her as her mom being excited, and thinking it was a good idea. Another way in which Shannon frames this instance with her mother as reassuring, is by discussing how her mom reconfirmed that what she was doing was altruistic. Her mom told her that the donation was “huge” thing to do for someone, which made Shannon framed as her mother communicating that the donation was a good idea. Brittany’s mother was also a special source of emotional validation when she was deciding whether or not to donate to her sister:

My mom was pretty supportive whichever way I wanted to go. I mean if I was questioning how I felt about it she was like ‘Well, let’s talk about it.’ She would listen to me and wouldn’t push it too much. She wasn’t trying to take [my sister] Julie’s side or my side, she was just being there to support how each one of us felt. When I decided to do it she did tell me I was ‘basically going to complete Julie’s life,’ and that that was a really beautiful thing.
When Brittany hears her mother say “Well, let’s talk about it”, she frames that as being “pretty supportive whichever way I wanted to go.” Brittany interpreted that sentence as not being biased toward her sister, and potential future recipient, Julie. When her mom told her that she was “going to complete Julie’s life”, and that the donation was “beautiful thing,” Brittany further frames the communication with her mother regarding the donation as reassuring of her decision to donate. Brittany felt her mother would support any decision she made, and when she did decide to donate to her sister Julie, she framed her mother’s communication as further validating because she was told that it was “beautiful thing.” Like Shannon, and Brittany, Mikaela perceived her parents as very validating, emotionally, because they told her how proud they were of her:

I was looking to see how my parents would react to me extending the family bloodline in an unconventional way. I am their only surviving child (my sister died a long time ago) and my children are their only grandchildren, so the idea of creating more ‘mini-me’s’ out there was something I wanted to make sure they wouldn’t freak out about. But actually they were really proud of me. My parents have spent their lives trying to make the world a better place—they both run quite major charities. My dad is founding member of Greenpeace, and I have never done anything like that, but I remember being taken aback, but really encouraged when my mum said she thought I was trying to make the world a better place just like they do, but in my own way.

Mikaela feared judgment from her parents, but when she approached them, she was surprised by their response, which she frames here as validating. When her parent’s told her that she was making the world a better place, she felt they validated her choices not only through reassurance that she was doing a good thing, but also because they compared her actions to their activism, which communicated to her that she was doing something similar and drawing on the family dynamic. What Mikaela frames as support is her mother’s confirmation that she is helping someone, and again, the communication that Mikaela is finding reassuring, is focused on her, her experience, and her choices. One of the reasons Mikaela may have framed this communication as so validating is because it referenced something that they each valued about the other. In addition to her parent’s expressions of pride, Mikaela perceived validation through reassurance from a far away friend:

My best friend Jesse was wonderful. She actually lives in California but was in Boston at the time, and she held my hand all the way through via email. She would send me little emails wishing me luck at milestones throughout the cycles, and she’d be my venting board when we were in the waiting periods to see if it had worked, and she comforted me when there was bad news. Just being there the
whole way through really, and being enthusiastic instead of weirded out by it.
She’s childless by choice, so it wasn’t a natural thing for her to be excited about.
Mikaela found her friend’s supportive remarks validating during the entire process. Despite
not physically being available to Mikaela, she still perceived this friend as being a
particularly strong source of support. She framed her friends actions as constantly reassuring
due to her constant presence and willingness to discuss the donation. In addition, her friend’s
support for the donation, in spite of her own feelings regarding her own reproduction, further
communicated validation of Mikaela’s experience. The communication that Mikaela
discusses from her friend focused solely on Mikaela, and being there emotionally for her,
instead of interjecting her own views on children.

It was Jamie’s mother-in-law, rather than her own mother or other friends, who
proved to be a pivotal source of emotional support for her:

My soon-to-be-ex mother-in-law helped me out. She was a great lady. We were
actually really good friends for a long time. She was a big help. She just said, ‘I
think it’s really cool that you got pregnant so easily,’ because I had gotten
pregnant twice on birth control, and she said, ‘I think it’s really cool that you’ve
taken something that you have absolutely no trouble with, and are helping
someone who can’t do it.’ She said, ‘There are so many people who want to have
babies and you weren’t even expecting any, and you were able to kind of turn that
around and help someone out who can’t have any so that they can enjoy
motherhood as much as you’re enjoying it.’ And she was pretty much spot on.
You know, that’s pretty much exactly how it felt.

Here, Jamie frames her ex mother-in-law’s communication as validating because she
reiterates Jamie’s own thoughts. When Jamie’s mother-in-law said she was proud, Jamie
framed that as a reassurance of her choice because it echoed back Jamie’s own thoughts, and
was “pretty much exactly how it felt.” Allison also found emotional support in a somewhat
surprising place:

The most supportive thing was from my piano teacher, he’s gay and has known
me my whole life. I’m surprised I even told him, but his reaction was a big smile
and “Congratulations!” whereas my girlfriends were like, ‘Really? Oh wow.’ It
was just really great.

Allison did not tell a lot of people, including her family, about her donation, and was often
met with judgmental, invalidating comments, which will be revealed in the invalidating
section of this study. However, when she took a risk and told her piano teacher, she framed
his smile as validating. The experience may have felt especially reassuring because she was
disappointed and perceived invalidation from her friends “Really? Oh wow” response.
Shannon received a letter from the gay couple who received her eggs, which she noted “made [her] cry it was so touching.” Though she never met them in real life, she saved the note from them and was kind enough to share it with me. It reads:

Dear Shannon,

We know we will never meet you in person, but we did want to send you some thoughts from us, to express our immense gratitude for what you are undertaking, and the incredible gift that you are giving us. It means the world to us.

We have been together as a couple for almost fourteen beautiful years, and each year our love grows deeper. Both of us truly feel we have found our soul mates. Although we are not legally married, a rabbi married us eight years ago in a ceremony with all our family and friends. It was the most wonderful day of our lives!

We yearn deeply for a child that we can raise in our home with tons of love and stability, strong values, and of course, much good food! Each year this yearning has grown, and we hope so deeply that our surrogacy process will have a miraculous ending. Both of us came from big families, and the desire to have our own family is very strong. A child will truly be the greatest gift God could give us.

We will never forget what you are doing for us, and you will always occupy a very special place in our hearts.

Thank you once again.

Shannon was recently contacted again by this couple, who shared the wonderful news that they did have a child from that donation and asked if she would be open to a second donation. Shannon agreed, partly because of how special she found that letter, and they are currently in the process of scheduling the second donation. This letter is an example of very direct, and explicitly supportive communication, that was naturally framed as validation by the donor.

One of the main ways that donors framed communication concerning the donation as validating was through perceptions of reassurance from loved ones. By commenting on how proud they were, praising the women donors' ability to help a stranger, or thanking the donors for their sacrifice, the donors framed the communication of the people in their lives to be reassuring of their decisions. The communication they framed as validating focused on their experiences as donors, and did not include comments about how the person they were speaking with may have personally felt about the donation. For example Jamie’s mother-in-law told her that she was doing something great for another couple, which happened to be
how Jamie saw the situation, and which (re)confirmed her own decision to donate. People who interpreted this type of reassurance framed the donation-centered communication in such a way that made them feel ultimately validated.

“She Had Done It Before”: Expert Opinion

Some participants’ who framed communication surrounding the egg donation as validating did so in terms of how they received advice. If a friend had a way of making a personal connection to the donation situation, and offered emotional support through that ‘expert’ viewpoint, the participant’s felt particularly understood and validated. The first of these examples is from Mikaela who had a friend with experience with IVF:

Nikki was great. She was the person who originally got me interested in egg donation. I met her through a local mothers group and she had done IVF a bunch of times to get pregnant, and for awhile it looked like she would going to use donor eggs. In the end she was lucky and one of her own eggs worked, but later when she and I were talking about IVF she told me about egg donation and I thought it was something I might be interested in doing. She became my IVF cheerleader during the whole thing. When I found out my recipient was pregnant I just burst into tears. I was driving when the call came through on my cell so I pulled over, and when I hung up I drove straight to Nikki’s house, and we drank a bottle of champagne, and I had to take a taxi home.

Mikaela framed Nikki’s communication as validating because Nikki had been through IVF before, she was someone who really understood why she wanted to donate her eggs, and so when she was there for her, Mikaela interpreted her communication as particularly supportive, and appreciated not only that gesture, but that someone else understood what it meant physically and emotionally to go through hormone treatments. Because Mikaela perceived Nikki as offering unwavering support, she then felt she had someone to go to with the news that her friend, and the recipient of her eggs, was pregnant. Again, Mikaela believed that Nikki understood this joy, and the two shared a celebratory drink. Nikki’s past experience with IVF helped Shannon frame her own view of the donation, and her view of her relationship with Nikki, as something they could do together. Shannon also had a friend who anticipated struggles with infertility, and because of this special insight, talking with this particular friend provided special emotional validation:

One of my good friends has Polycystic Ovarian Syndrome, and she told me she may need someone like me when it came time for her. We’ve been friends since third grade and she’s actually getting married in June, and will start trying to have a family then, so I guess we’ll see. I hope she can do it on her own, but at least
she has me to support her through whichever process her and her husband need. We still talk about it sometimes.

Hopefully Shannon’s friend will not have a problem conceiving, however because it is a possibility, Shannon saw her as understanding, grateful, and validating of Shannon’s experience. Having someone in her life who agreed with her decision for personal reasons, helped Shannon open up about it. Should her friend have trouble conceiving, Shannon is determined to be a similar source of support for her.

Teresa’s friend knew the person who inspired Teresa to donate, and thus could also offer special support, that she described as validating her donor experience:

> My best friend knew the same family with fertility issues who made me want to do this, so she really understood why I wanted to do this. She just asked about the process and was there through the whole thing.

Teresa had a friend who also knew the person whose struggle with infertility inspired Teresa's donation. Because her friend also had experience witnessing someone close go through infertility, she was particularly sensitive to the desire to donation, and understood Teresa's decision in a way that others who did not share that connection may not have. Teresa framed her friend’s knowledge of people with infertility as her friend understanding Teresa's motivations for donating. She also framed her friends questions about the donation as a sign that her friend was “there through the whole thing.” By being present, and having background information as to way Teresa wanted to donate, Teresa's friend seemed to validate the egg donation.

Lisa perceived great support and validation from her friend, who was also her recipient, and had gone through several rounds of IVF before turning to egg donation. Her guidance helped Lisa:

> My friend who I was doing this for was great. She was used to giving herself injection and walked me through it every night. She would talk to me for hours if I was getting emotional. She told me what ultrasounds would be like, because she’s been through them all. Plus I got to see her twice before the procedure for the psych evaluation and the physical. Seeing her really helped me.

By telling her what to expect from some of the injections and the ultrasounds, Lisa found her friend was not only offering her advice, but also validation through informational support. Lisa discusses how seeing her friend was helpful, however concentrates on the actions of her friend and her familiarity with the donation experience, which put Lisa at ease. Other participants perceived this same type of informational support and also found it incredibly
helpful. She framed consistency (walking her through injections every night), as well as duration of talk time, as something that was helpful during the process.

When people close to the donor had some sort of personal connection to what the participant was undertaking, whether it be through experience with fertility treatments, potential future experience, or even just inside knowledge about injections, the donors felt their friends were particularly capable of validating their donation experience. They framed personal experiences of friends and family as encouraging, even when that friend or family member did not directly tell them that the donation was a good idea. Reassurance was a direct way in which women who donated their eggs framed validating communication, but validation through expert opinion was a more subtle way of framing validation. Women may not have had direct conversations about the purpose and worth of the donation. Rather, they framed responses that incorporated personal experiences of IVF, injections, ultrasounds, or other things that gave them ‘special insight’ as just as confirming and “on board” with the donation process. Informational advice, the next subcategory of how women who donated their eggs framed communication from others in regards to the donation, was also not as verbally straightforward as reassurance. Like expert opinions, informational advice was framed as validating despite a lack of direct confirmation that the donation was a positive, and valuable experience.

“Good Idea”: Informative Advice

Many of the women interviewed were grateful to family and friends who offered them information as a means of support, thus, according to the donor, validating their decision to donate. Whether through information about how to handle the legalities of the donation, information about hormone injections, or frank discussion with educated people about the donation, this information made the participant’s feel more informed, and as if people who were experts approved of their decision. For example, Mikaela explained, “My dad has a PhD in psychology, and a masters in biology, so he was actually really interesting to discuss it all with.” Her father’s advanced degrees made Mikaela feel as if his opinion was especially important, and his approval especially validating. She framed discussions with him as validating because of his past education experience, rather than (or likely in addition to) the content of the conversations. The primary, or explicit ‘real’ content of Mikaela’s
statement is that she had conversations with her father about the donation that she found interesting. However, Mikaela keys her framing of those conversations as validating due to her father's education, which she believes makes him specifically suited to give her advice on reproductive issues. Heather discussed how her family provided informational support by way of useful advice:

My family was actually quite excited. They liked the idea that I was helping someone create a family. I got a lot of valuable advice and input too. On the advice of a family member I requested my own independent attorney and they were fine with that. He was paid a fee by the agency to help me read and modify the contract. Just to make sure I was totally protected and because I wanted it in writing that I was okay with any child contacting me in the future. This really gave me a flexible idea of family and I wanted to know that, since the world now contains my children, they would have access to me, through the clinic at least, if they ever wanted that.

Heather took the suggestion of a family member and requested that someone with her best interest in mind look over the donor contract. She found this information useful because it guaranteed that she was protected, and because it showed that her family member cared about her, and about keeping her safe, and making sure that she got what she wanted out of the donation, as well as fully understood what would be asked of her. She framed the suggestion that she seek legal counsel as her family friend’s desire that she is “totally protected” and connected the friend telling her to get a lawyer as the instigator that allowed her to have access to any future children that may be conceived.

In the passage above, Heather also indicates how the process of the donation caused her to reevaluate some of her conceptions of motherhood and herself. Her friend’s advice about getting a lawyer led her to reconsider what a family is, and she concludes that if babies were conceived from the donation she would consider these people her “children” and would want them to have access to her. While Heather did not explicitly address motherhood, by referring to children conceived via the donation as her children, she is referring to herself as mother, and further developing her place in the world as a result of the donation, and as a result of how she frames communication that she has with others regarding the donation, including the conversation she had with me.

Breanna’s aunt, who was also her eventual recipient, wanted Breanna to feel educated going into the donation, so before Breanna had officially agreed, she emailed Breanna
information about being an egg donor. Breanna explained:

My aunt is very logical and methodical. And particular. She said she was going to do a ton of research about donors because while she was fine going through all of the medications and procedures herself, she wasn’t sure yet that she could ask me to go through it, and she really did. I got so many emails full of research and websites and information. She said she wanted me to know what all of the risks were—even the smallest ones—and that I could back out at any time if I decided I couldn’t do it. I read a lot of them, but honestly I just felt it was what I needed to do, and I didn’t really get scared.

By offering her lots of information regarding becoming a donor, Breanna felt her aunt was validating her choice to donate or not to donate. Breanna felt she was ensuring her that she supporting her decision no matter what she decided, and that she cared about her well-being and her ability to make an informed choice. Her aunt’s emails with information about egg donation, were framed by Breanna as a way to express that she was not obligated to continue, and that the choice of whether or not to donate was completely her own. Even though Breanna did not read all of the articles, she framed her aunt’s informative emails as comforting. She was not afraid, not necessarily because she had done so much research and reading about the donation, but because she framed her aunt as so informed, supportive, and ultimately validating of Breanna’s own free will. Validating through the provision of information was important because it was framed by participants as being supportive of their opinion, rights, and well-being without explicit verbal confirmation of that support. The primary framework in these situations tended to be that someone was offering a small piece of advice (such as getting a lawyer) or information about the donation (such as articles or have a relevant educational background), however using keys the donors framed these informative piece of advice as validating and indicators of support. Another way that this was done was through more tangible support. In the following category women who donated their eggs framed validation as receiving physical forms of support, such as gifts, in relation to their donation.

“He Did All Kinds of Little Things”: Gift Giving

Another way that participants felt validated by the people close to them was through offering more tangible support. Many participants received rides to or from fertility clinics, help with after care, or received care packages that reminded them that they were not alone in this, and made them feel reassured in their decision to donate. While fewer participants told
full narratives about receiving gifts, or tangible symbols of validation, many of them mentioned how much it helped them in passing. They framed these gifts as expressions of support, affirmations, and validation. For example several participants told me who it was who took them to and from the clinic, and almost all told me who picked them up from the clinic, and provided after care immediately following the donation. For the participants’ who had young children at the time of their donation, offers of childcare were particularly meaningful messages of validation. Whether the validation came from a family member, or a friend the participant was extremely grateful that someone cared enough about their decision to donate to offer to help in such a real, concrete way.

One form of tangible support was through gifts, or meals around the time of the donation. Two women I spoke with, Lisa and Breanna, discussed how their recipient’s husband’s helped out a lot during the time of the retrieval due to what they attributed as an effort to stay involved in the process, and let the donor know how much he appreciated what they were doing. Lisa and Breanna felt that the husband of their recipient showed their validation by cooking meals for both the recipient and donor, by sending small gifts, such as books or favorite treats to the donors before the procedure, and by providing larger gifts, which donors framed as a sign of how grateful he was to them after the donation had occurred. These tangible items were framed as proof that what the donors were doing was valuable, and that even if it was not being expressed verbally, participants seem to have felt that the sacrifices they were making in their lives to help another person/couple were being acknowledged. Giving tangible gifts, rides to and from the clinic, or any other number of things people did to assist women in the process of donating their eggs, was framed as a ways to validate their donor experience and interpreted by the women who donated their eggs as having people in their lives who supported the donation. As with other examples of validating communication, this type of support made the donors feel stronger in their relationships, and revision themselves as good people who deserved recognition. The final ways that validation was perceived by women who dated their eggs was by framing positive thoughts as self-validating. Participants discussed how they affirmed their own experiences, felt pride, and developed further positive identity affiliations through the process of egg donation.
“All The Warm Fuzzies”: Self-Validation

Comments that indicated the transformative power of self-validation were framed as instances where the donor directly communicated how proud she was of herself, or when she recognized, verbally, that she had done something generous for another person. Self-validation made participants feel good, and empowered. An important shift that separates self-validation from the other types of validation above is that it was not communicated to the donor, but is rather communicated from the donor. For example, when reflecting on her experience Mikaela told me that,

Looking back, it’s still the most positive and uplifting thing I’ve done besides having my own kids. In fact in some ways it’s better—all of the warm fuzzies and none of the morning sickness and sleepless nights! I guess I felt, still feel actually, like I made a really big difference in people’s lives.

Mikaela joked about the difficulties of motherhood to express the ‘warm fuzzies’ that she has from the donation. She told me that she changed someone’s life, and it is clearly something she’s proud of herself for. She frames these feeling as validating her own experience by expressing that sentiment to others and frames her experience both as how it affected the infertile couple, and of how it made her think of herself. By keying me into her framework of how she developed and transformed after and in relation to the donation, Mikalea frames herself as a mother in two ways—a mother to her own children, and a donor to a child, which gives her “warm fuzzies.” Mikaela frames motherhood as a worthy, admirable task and the donation extended her version of motherhood. In the passage above Megan also discusses her agency over the process. She refers to the donation as something she’s “done” implying action, rather than something she went through, or something that happened, and also states that she made a difference in someone else’s life. Her actions make her reconsider mothering, and validate herself as capable individual. Megan also communicated self-validation when she told me:

This ABSOLUTELY had a lasting impact on me. Frankly, this may sound self-serving, but I feel like a mother-fucking superhero. And it absolutely made me feel so much more profoundly bonded with my sister. The fact that I could do this for her, and would do this for her, you know? It’s made me love my husband so much more to see him willing to go outside of his comfort zone in order to support my sister’s happiness. And really I’m just like ‘I can bring joy and life! Booooyaa!’
Like Mikaela, Megan validates herself by telling me that she’s “a mother-fucking super hero” and that she is amazed at her ability to help someone else give life. Donating eggs to her sister made Mikaela feel empowered, and she frames that feeling as being like a super-hero, and having the ability to bring joy to others. This also incorporates her agency, as “bringing joy” is something *she* did. The framing of her involvement as an agentic act that she takes responsibility for validated her view of herself and transformed her identity by reframing her self-view. Previous subsections revealed how others validate the donor experience during the process, but this kind of self-validation continued for the donor long after the donation procedure had concluded. Self-validation is more than being proud of the donation, or thinking that, in general, it was a positive experience. It is the expression and acknowledgment of self-development as part of the donor narrative, that makes these moments so powerful.

Sarah is another example of an egg donor who communicated a self-validation by telling me, “I still believe very strongly that helping other people makes you a happier person, despite it not actually resulting in any babies, despite how disappointing that aspect of it was, I’m still so happy I was able to do something like that. Something so big for someone else.” By expressing that she did something ‘so big’ for someone, Sarah is framing her experience as positive and assures herself, and others, that what she did was worthy, whether or not conception occurred for the recipient. She frames the donation as an agentic choice, and herself as someone who has helped others. In turn, helping others, and framing the donation as such, has made Sarah see herself as a happier person.

Breanna’s self-validating fateful moment was communicated to me toward the end of our discussion. I asked her if the donation impacted her in a lasting way, and her response was,

> I think I feel more confident, in a weird way. And a lot more compassionate. It helps me realize how strong I am—even just something silly like giving myself injections. I did what I was worried I couldn’t. I think it made me feel like I was finally really growing up, and becoming the kind of person I wanted to be. By sharing, and also by making a decision I believed in despite other people who didn’t understand or wouldn’t approve.

Breanna’s example summarizes what many other donors also expressed. Entering into the donation women who donated may have been scared, but they conquered that challenge and are reflexively and consciously different as a result, in a positive way. Breanna
communicated her confidence, compassion, and strength as a way to validate her donor experience. Breanna frames the donation as something that grown ups do, and a decision that she made independently, which further leads to a transformed identity of someone who does not need the approval of others. She frames her experiences as leading to compassion and confidence, all of which validates her self-concept as strong, capable, and generous.

Self-validating communication demonstrates how women who donate their eggs frame their experiences as empowering and impactful. The rest of the examples of validating communicative patterns exist in relation to relationships and conversations had with others. Other instances of validation relied on how women framed conversations with others, and the perceived positive reactions of people in the donors’ lives. The participants also discussed framing themselves in a positive light as validating to their experiences, and the donation as an agentic act that transformed identity. Conversations with others about the donation are complicated by factors outside the interaction, and by the complexity of the relationship itself; however, self-validation is an intrapersonal framework, communicated after the act when discussing the fateful moments of the donation. This makes this final subcategory of validation distinct from the other four.

Reassurance, expert opinions, informative advice, gift giving, and self-validation are each distinct ways that donors framed validating communication. These moments lifted their spirits, helped them persevere, and gain perspective about the grandiosity of what they were going through. When asked what advice they would give to future donors, many of the respondents replied that they would recommend a strong support network. The participants really valued the people in their lives who they felt validated them rather than tearing them down or projecting their own beliefs onto the donation situation. Validating fateful moments were an important part of how egg donors frame their overall donor experience. These frames consist of keying particular events as having a deeper, implicit meaning. This implicit meaning then is what validates the experiences of the donor. Reassurance did offer explicit statements of validation, however even in the reassurance sub-category the framing of a statement as particularly validating, and as a fateful moment in the donation process, was in the keying of implicit meaning behind the sentiment. The hidden, constructed meanings of support are how donors frame instances of validation.
Unfortunately, just as often as they felt validated, the donors framed responses from family and friends as disappointing and invalidating. Participants in this study framed invalidating communication in five different ways: divergent beliefs, permissive criticism, anticipated judgment, retraction of support, and self-invalidation. Donors framed these experiences as people disproving of the donation—and by extension, the participants as people and donors. Some participants felt that other people did not understand it, nor do they desire to. For these reasons, as well as several others, the framing of invalidating communication was something that all of the participants in this study were forced to negotiate. The following section reveals how participants discussed moments of feeling invalidated and details how they saw that invalidation was communicate to them.

**BELIEF, CRITICISM, AND FEAR: PERCEIVED INVALIDATION**

A few weeks after Christmas, before the donation process had begun, I was back in my hometown for a weekend visit. I was having dinner at a favorite cheap sushi restaurant with my two very best friends from childhood. These were the women who, for the majority of my life, I had shared everything with: Every celebration, every worry, every life decision, was first run by them. It seemed natural that I would tell them both about my decision to donate my eggs. One of them responded with “Well I guess if you’re ok with bringing another child into this world, then fine.” I felt like the wind had been knocked out of me, but I didn’t know what to say. I mumbled something to change the subject and fiddled with my chopsticks, looking down at the orangy-pink salmon that remained on my plate. My friend and I didn’t talk for a long time after that night. She isn’t my best friend anymore.

As described in my narrative above, instances of invalidating communication, or sometimes the anticipation of invalidation, often caused participants to reframe their relationships, and reconsider what they value in relationships. Often, they chose to end those relationships as a result of framing responses from those people as invalidating. Other times, participants would decide to continue the relationship, but to cease discussions centered on the donation process. Even when a woman who donated her eggs felt as if the people close to her responded negatively, she was not deterred from the donation. Rather she often revisioned herself as an independent person who did not need to rely on others for validation.
In order for this type of revisioning to occur, the participant first had framed some of the responses of her friends and family as invalidating.

Frames of invalidating communication were characterized by a donor’s sense of a lack of empathy for her decision to donate. When participants framed communication with others as invalidating, remarks were often made by people who discussed the donation in relation to himself or herself, pulling the conversation away from the donor and onto the person they were disclosing to. The people who donors felt invalidated their experience discussed the donation in terms of how it would negatively affecting them, or how it made them uncomfortable, rather than framing the donation conversations in terms of the donor. These types of responses are characterized below as *divergent beliefs*. Another way that the donors framed instances of invalidating communication was when donors perceived that the people in their lives were acknowledging that she was capable of making up her own mind about the donation, but that they could not or would not have made the same choice themselves. This type of invalidation will be referred as *Permissive criticism* and will be discussed as the second sub-category of invalidation. The third sub-category of how women who donated their eggs framed invalidation is the retraction of support, and as the name implies it happened when people seemed to be supportive at first, but donors later perceived their communication as invalidating. Next, *anticipated judgment* occurred when donors felt that they could not share their decision because they would be judged harshly. The final way that donors framed instances of invalidation was through *self-invalidation*. Below, each section will be discussed in detail, as appropriate excerpts reveal the intricacies of each subcategory.

### “God Wouldn’t Approve”: Divergent Beliefs

When participants disclosed to others, they sometimes framed the responses they were met with as negative. These responses ranged in content, however, they can be commonly categorized as instances where the donor described that the person she was speaking with indicated the donation was ‘wrong’ for some reason, or made them ‘uncomfortable.’ These comments focus on the person that the donor disclosed to rather than on the donor herself. Often, the person they were talking with had a belief that differed from the donor, and made the donation unacceptable in his or her opinion. When this happened,
the donor framed the interaction as invalidating of her donation experience, and internalized those feelings.

Specific religious beliefs were one reason why some people felt egg donation was unacceptable. Some of the people that participants discussed the donation with told them directly that they were doing something unnatural, which the donors framed as invalidating. Breanna framed a situation involving her aunt as this type of invalidation. Breanna said:

I think the only unsupportive thing was never said to my face, but I found out one of my other aunts said that it was completely inappropriate for me to donate my eggs and that she was uncomfortable with the entire thing. My mom was really upset and told me that, but there is more she didn’t tell me. She tried to smooth it over later, but one of my other cousins confirmed that my aunt was upset and uncomfortable. That aunt had had fertility problems as well though, and never had kids of her own. She did foster care and adopted, and I think that, combined with her being ultra-conservative, just made her jealous and crazy.

Breanna was raised in the Mormon Church and the aunt she is referring to is very involved in the Church. She framed her aunt’s communication as an expression of disapproving invalidation, in part, because of a conservative belief about what an appropriate way to conceive a child is. This belief dictated that egg donation was inherently ‘inappropriate.’ Breanna’s interpretation of her aunt’s reaction to the donation, and framing of the experience with her aunt, is focused on her aunt’s beliefs, her aunt’s view of donation in general, and not on Breanna, or the reasons why Breanna has chosen to help a loved one. In this case, the aforementioned aunt’s sister, become a mother. Breanna continues to describe the situation, framing her aunt as “jealous and crazy”. Breanna rationalizes her aunt’s behavior by characterizing her as irrational. Like Breanna, Brittany was also told that she was making a mistake because her decision violated someone else’s belief system, and like Breanna she framed this instances as invalidating and upsetting. Brittany told me,

We have these family friends, they’re really Catholic, and they told me that I shouldn’t be messing with nature. Well, the dad did at least. He didn’t think that it was right because it wasn’t natural, and God wouldn’t like it. He shouldn’t be talking though, his wife’s had like, three breast surgeries and facelifts!

Brittany reports being told in a very blunt way that the decision she was making was not okay. The person who told her this apparently felt justified in doing so because the donation violated his beliefs about what was appropriate and what was not. By telling Brittany that her choice was in violation to God’s will, he viewed the donation through his own lens and Brittany’s perceived her experience as invalidated without every having the opportunity to
share her side, motivations, etc. She framed the entire conversation with this man in relation to his religious views, equating something that is not “natural” as something that “God wouldn’t like.” Breanna framed invalidation as connected to religious beliefs.

Not all differing beliefs were based on religious convictions though. Kayla wrote online about how she framed her parent’s invalidation of her donation. “My family was not supportive. I wanted them to understand why I was doing it and how happy it made me, but to this day they are still not ok with it.” Kayla does not say why her family is unsupportive but she does frame their lack of support as invalidating when she writes that she wants them to be happy for her. She has spoken with her family about her donation, yet they are “still not ok with it” which indicates a difference in beliefs. Another non-religious expression of divergent beliefs was framed when participants perceived that the people in their lives were expressing that they had a right to the participants’ body, or future children, thus invalidated the participants’ decision. Heather discussed how she felt her boyfriend at the time had a problem with her donating because of his beliefs:

My boyfriend didn’t like the idea at all. He had issues with the notion that I would be creating a child with another man, however far removed from the process I would be. He said he didn’t like the fact that I didn’t want children of my own but I was willing to have them with someone else via this process. I responded that it wasn’t at all the same thing since I didn’t have any objection to the idea of creating a child with my genetic material, but rather I had problems with adopting the lifestyle associated with child-rearing. He could appreciate the cognitive dissonance of it, but he explained to me that it was an emotional reaction he was having and even if it wasn’t completely logical, it was a strong feeling. It didn’t make me reconsider or anything. I’m a fairly stubborn individual and don’t like the idea of a guy controlling me or pushing me into a decision I’m not happy with.

We ended up taking a break from our relationship because of it, but ultimately got back together and resolved it to a point. We never really came to a consensus. I tried to be comforting and reassuring, and he calmed down about it. I think we both realized that it wasn’t worth breaking up over, and that when we were apart we missed each other. I did two more donations and he still wasn’t thrilled about it, but didn’t put up as much of a fuss.

Heather’s experience with her on-again-off again boyfriend does a particularly good job of demonstrating how a perception of divergent beliefs focus on the concerns of the person the participant has disclosed to, rather than the participant herself, and leads to a frame of invalidation. In the passage above, Heather discusses how she tried to calm her boyfriend down, and reassure him that the donation caused no threat to him. Heather never considered
withdrawing from the donation process, but instead of receiving support from her boyfriend during a time that most donors find emotional, she felt as if she was the one who needed to provide the support to him. The couple broke up momentarily, however, they got back together and Heather continued to be an egg donor, indicating a change, or shift, in their relationship, and in herself. While at one point framing her boyfriend’s reaction to her decision to donate as invalidating was cause to end the relationship with him, Heather later comes to different conclusion and is able to both continue a relationships in spite of invalidation, and continue to donate her eggs. Similarly, Lisa believed her boyfriend had a problem with her donation because of his beliefs about her body:

I had a boyfriend of about a year and a half at the time of the donation. He had a problem with it. He basically told me that my eggs were his property because he was dating me, and he didn’t want anybody else having them. He was a jerk. I ignored him though and did it anyway. We broke up shortly after that. I think that made it end quicker actually, but it was a disaster anyway. I would have broken up with him anyway regardless.

Like Heather, Lisa framed her boyfriend’s belief about the donation as cause to end the relationship, and disagreed about his rights over her body, but that did not dissuade her from the donation. However, her perception of his differing beliefs about the appropriateness of the donation did affect their relationship. Lisa framed invalidation as a difference in beliefs regarding what people in a relationship have a right tell one another. She also discusses this situation in terms of her own agency. When her boyfriend expressed his divergent beliefs she took action by breaking up with him, not completely as result of her frame of his invalidation, but in part due to it, rather than ignoring his opinion entirely.

The above excerpts exemplify how women who donate their eggs framed experiences of invalidation as divergent beliefs. A difference in fundamental beliefs caused the donors to feel invalidated, but also to reconsider the relationships she had with these individuals. The people in their lives, according to the donors, did not take the motivations, feelings, or emotions of the donors into consideration when they expressed to her that what she was doing violated how they saw the world. Participants also framed experiences with invalidating communication as occurring when people would subtly put their decision down, which similarly to divergent beliefs, caused a revisioning of those relationships.
“Well I Couldn’t Do It”: Permissive Criticism

The subcategory of permissive criticism is one of the ways in which women who donate their eggs framed invalidation. It is characterized by the donor feeling as if the people in her life are feigning support for her freedom, while at the same time expressing that they would not be making the same decision. When others told the participant that she was capable of making the final decision for herself, and speaking in terms of what they would do if put in the same position, participants in this study framed that interaction as invalidating. This framing of a situation was characterized by the participant feeling invalidated by remarks that did not directly state that the donors were making a mistake, or should cease the donation process. Rather, people who made these remarks assured the donors that they could do whatever they wanted, but personally, that individual was not comfortable with egg donation. The people who said this to women who donated their eggs may not have known that the conversation was being framed by the donor as invalidating because they did not state disapproval bluntly, and “excused” their comments by relating the donation to their personal opinions. Still, participants framed these interactions as hurtful, invalidating, and cause to reevaluate their relationships. Allison perceived Permissive criticism from many of the people in her life. She explained:

My friends said that if I was comfortable doing it, then I should. To this day I still feel judged by them, or at least more judged than supported. I can’t explain it because on the surface they were nice. They said things like ‘I could never do that’, and ‘I think I’d regret it down the line’ and ‘as long as you’re comfortable’, which are all fine, but it was like saying, ‘I think you’re making a mistake, but whatever.’

I feel like especially this girl Beth, who I was really close with, was uncomfortable with the whole idea. She lives close to where I was going for the retrieval and I thought maybe because I was up there she would want to spend a little time with me. I think she was just uncomfortable with the entire procedure, and the potential implications of giving away your eggs. She didn’t explicitly bring any of that up, but she did vocalize how she could never do something like that.

Allison’s friends did not directly tell her she was making a mistake. In fact they told her that she should continue with the donation process, however, they were sure to mention that they would not be okay with doing a donation themselves, which Allison interpreted and criticism. The primary frame, in this example, appears to be relatively supportive, “if you’re comfortable, you should [do it],” Is a nice sentiment that, keyed differently, may be
interpreted as validating. However, Allison frames this experience as invalidating, and as surprising given what she expected from her friend. While they may not have meant to critique Allison’s decision, by commenting that they would not behave in the same way, Allison felt judged, and framed the interaction as if they were communicating that they did not think that donation was the ‘right’ choice. Allison expressed feeling unsupported when her friends told her that they would never do something like that. As with divergent beliefs, this invalidating communication shifts the focus onto the other person rather than the donor, and as Allison will explain later, caused a change in her relationships. Brittany also explained how some of the people in her life discussed the donation in terms of themselves, thus “excusing” their criticism of her choice, and causing her to feel invalidated:

The wife of the guy who told me it was unnatural was just like ‘I just couldn’t do something like that. You know, I just wouldn’t be able to deal with something like that.’ Plus, there are always those women that are like, ‘Well, how do you feel about that?’ I’m just like ‘You know, It’s just that I love my sister and I’m happy for her completing her family.’ I didn’t even pay attention to it after awhile.

Brittany’s perceived invalidation despite the fact that nobody was saying anything directly about how the donation was inherently negative. She framed the responses from both the husband and wife of this couple as invalidating, however did so for different reasons. As discussed previously, the husband’s negative response was attributed to his religious convictions, but his wife’s response to the donation was more centered on how she would behave in a similar situation. The woman who told Brittany that she could never “deal with something like that” focused on how she believed she may react, not on how Brittany actually was reacting. Brittany did not think that the women who asked her how she felt about this, were not asking because they were concerned, rather she felt they were indicating that they would not feel good about the donation. Despite the fact that nothing concretely negative was said, Brittany framed the interaction was invalidating and felt that she was being told that her choices were wrong. Like Allison and Brittany, Mikaela talked about how she had some people in her life who she felt discussed her decision to donate by telling her that they would not do the same thing, and why. She said:

The majority of people were incredibly supportive, but quiet a few people would say things like, ‘Oh I couldn’t do that, it would be like giving away my own baby,’ whereas I didn’t see it that way. The ‘giving away my own baby’ lines started irritating me after a bit, but I usually just said I didn’t feel like that, and
that it was just a spare bit of genetic material that I had no intention of using for myself.

Mikaela felt the need to defend herself against permissive criticism by explaining to the individuals around her that she saw things differently, and that to her, this was not giving away a child or anything close. Mikaela did not seem to think that the people who made these comments were looking at the donation from her perspective or discussing her feelings. These comments bothered Mikaela who constantly felt as if she had to defend her choice. Like the previous examples, the actual wording used is not inherently negative, but emphasis and framing make it so. Jamie’s sister and mother did not directly tell her that she disapproved of the donation, however they did express discomfort with the procedure and had many questions for her. Jamie told me:

My sister was sort of cautiously supportive. She thought it was a little crazy. She kind of, well, she was saying ‘Aren’t you worried that those people would grow up and want to marry your kids?’ and I was just like, ‘You know, not really.’ I guess there is a tiny chance of that happening but it seems so small that I don’t think it’s something that I need to waste a lot of worry on. She also wanted to know what the risks were, and possible side effects. Just a lot of questions. She asked me a ton about my attachment to the child and didn’t really understand my answer. Because this did make me think about that. I thought about, if this child came looking for me, in what sense would they be family? Would they be at all? And I think my general answer is no. I don’t think that’s what makes family. Anyway she didn’t understand that at all.

I don’t think my mom really liked the idea either. She thought I was crazy to subject myself to any kind of medical treatment that I didn’t need, which I found ironic because she does it all the time. My family just kind of had the idea that it’s your body and your choice and we’re not going to tell you one way or the other what should and shouldn’t do with it.

Jamie’s family was not directly unsupportive, and as she says, believed that she could make whatever decision she wanted to in regards to her body, however Jamie still describes having to defend herself. She had to explain her position to her sister, and tell her sister that her concerns were not Jamie’s. Jamie also felt that her mother was hypocritical in telling her that she should not take unnecessary medical treatments, as apparently her mother has subjected herself to what Jamie considered unnecessary medical procedures. While her family may have said that Jamie should do whatever she wants with her body, their communication indicated that they questioned her choice. Her framing of her experience was also centered around feeling misunderstood. She mentions that her sister “didn’t understand [her view of
family] at all,” which did not influence Jamie’s decision to donate, but did influence how she framed the support (or lack there of) from her family members. Jamie’s view of family was influenced by the donation, and not just her view of her relationship with her mother and sister, but by a new consideration of how she framed the concept of family entirely.

When donors were met with permissive criticism, they felt judged, and unsupported, even if that was not the intent of the speaker. Perceptions of permissive criticism then led to framing communication surrounding the egg donation as invalidating. The words that people used when discussing the donation with donors were not inherently judgmental, or unsupportive, and yet their meaning was interpreted, and framed, by the donor as negative. Moments of permissive criticism stood out to donors as particularly hurtful and difficult to make sense of. The meaning was implicit and had to be constructed by the participant, which was difficult because it than caused her to have to reevaluate her conception of that relationship, family in general, or herself in regards to the donation. The following subcategory of invalidation was a more direct way of undermining the donor and communicating disapproval and disappointment.

“*It Wasn’t a Good Idea*: Retraction of Support

A third way that participants’ framed invalidation was when people in their lives would be supportive at first, but later donors either retracted their support, or donors came to the realization that someone in their lives had actually never supported themselves in the first place. Sometimes the donor felt as if the person in question changed his or her mind, sometimes the donor perceived that they were just denying ever having provided earlier support, and sometimes they did not offer an explanation for why they were now giving invalidating responses to discussions regarding the donation, but the donor always framed these communicative acts as invalidating. Shannon discussed dealing with a retraction of support from her husband at the time:

> He seemed ok with it at first. I think he mostly just cared about the money though, and didn’t seem interested once the whole thing started. He said, ‘How much money do you get?’ when we talked about it, and asked about what I would need to do and why I would have to drive far away from the retrieval. After that I knew I would pretty much be on my own in regards to the shots and the meds. I tried to talk to him more about it as the process went on. He knew about it beforehand of course, and he had signed the agreement for the clinic’s attorney, but I feel like he was just not able to grasp what the full process involved for me, my body, my
hormones and all of the time that it would involve. The sad thing is, almost all of the money I got went into dental work for him. I knew how much it would cost to fix his teeth, but I also knew it would make him happier, and more confident, and that there was no way we could afford it otherwise.

Initially Shannon framed her husband’s actions as validating because he signed appropriate documents and did not say anything overtly negative. However, as the donation went on, Shannon perceived that he had not fully understood what it would entail, and did not care about her well-being. When he asked about the money she would make rather than how she was doing, and questioned the logistics, such as the drive to the clinic, Shannon framed her husband’s communication as a retraction of his earlier support, which invalidated her donation decision. Shannon was particularly upset by his lack of understanding and validation because she was doing the donation, in part, to make him happy and more confident. Jamie also thought that in retrospect her husband had not been as supportive as she believed he was initially. She said:

At the time my husband, soon to be ex husband, was all for it, but looking back I think it was just so that he wouldn’t have to feel like he owed me money. I hate to say that, but with hindsight and everything… Looking back on it my ex was very, uh, I didn’t see it at the time, but some of the things he said were very much like ‘I don’t care what this is going to do to you,’ you know? Some of the things he said, looking back, make me feel a little objectified for it in a way. Kind of like, ‘Great, you’re going to get money out of it,’ attitude. Like, ‘Whatever it does to you doesn’t matter.’ But you know, there was all that other stuff going on with that. He was involved with somebody else at the time, so I don’t think he was really paying that much attention. I found out he was sleeping with a coworker three weeks after I had my son. We stuck it out for another three weeks after that, and then he moved out, and actually went to Oklahoma for a training for a new job, and I’m in New Mexico. So I was there raising the kids, the oldest was one at the time, and just trying to get everything back together. That’s when I got serious about the donation. So yeah, he was pretty much the only person I talked to beforehand, and I think he was only being supportive for the money. I don’t think there was anyone else.

Jamie, like Shannon, believed that her husband’s first priority in regards to the donation was the monetary compensation that she would receive. Like Shannon, Jamie felt that he validated her choice at first by agreeing that it was the right decision for her, however looking back, and knowing that he had been involved with someone else at the time, and might have had other reasons for why he wanted her to make some money, she began to see that he actually was invalidating her experience. She did not perceive that he communicated any concern for her well being, and she doesn’t feel that he supported her decision to donate
beyond the desire that she make money off of it. She insisted multiple times that at the time of the donation she did not frame his communication as invalidating, and it is only in hindsight that she began to perceive that he was not invested in her well-being.

Shannon and Jamie revisioned their relationships with their partners after the donation had been completed and they had distanced themselves from the relationship. Jamie ended the relationship after the donation and Shannon was in the process of separating at the time. Allison was forced to revision her relationship with her boyfriend immediately when he changed his mind about the donation, and denied thinking it was a good idea. Allison told me about the situation:

My boyfriend at the time was all for it because we were long distance and essentially that would mean more money for trips to see each other. But then he came to visit and denied ever supporting the idea. It was a total slap in the face. At first he was all for it, in fact, he was in town when I made the initial phone call. He was supportive of the decision to do it! In fact, he was encouraging because it would mean getting to see each other more. I don’t know what changed—NO IDEA. He came to visit a month and a half, or two months after it was done, and he denied ever having supported the decision in the first place. My body was still recovering and I said something about how it felt physically in relation to the donation, and he was like, ‘Well, what did you expect? It wasn’t a good decision and I hope you don’t do it again.’ I said, ‘Are you serious??’ I could not believe that he out of all people said that. He just totally denied having ever been supportive. I was like, ‘What do you mean? You were one of the people who encouraged me to do it!’ and he just denied it. He said, ‘No I didn’t. I don’t judge you for it, but I certainly didn’t encourage you.’ I was just in shock because it made me feel like I was lying to myself. I never brought it up again because there really was no point. It made things a lot clearer for my about how realistic it was to maintain a serious relationship with him.

This impactful moment, of her boyfriend retracting his support, was particularly meaningful for Allison because she had to reframe her experience with him and revision her relationship with both him, and herself. It clarified for her that this was not going to be a long-term relationship. When he completely denied having supported her initially, Allison wondered if she was lying to herself. Her framing of his communication made her question her own behavior and thought processes, not just her romantic relationship with her boyfriend. Unlike the previous examples with Jamie and Shannon, Allison framed her boyfriend’s earlier communication as especially validating. When he was in town during the first phone call she made to inquire about egg donation, she took that as a sign of support. Furthermore, putting the money she would make from the donation toward future visits led her to believe that he
was on board with the decision because she assumed he would enjoy any opportunity that would help them spend more time together. When he suddenly told her that he did not “encourage” her to pursue the donation, Allison was surprised and confused. She then had to reframe the entire situation. Unfortunately Allison’s also had friends who retracted their earlier support:

The girl I originally asked to go with me for the retrieval flaked. It was a week before the procedure and she flaked over facebook! She was aware I was doing this, and seemed so supportive. I asked if she wanted to come, and I said she would get $100, and everything would be compensated. She had talked about going to [the city where the retrieval would be] for awhile and I said look, free trip! I even told her she could do whatever she wanted while she was up there, just that she would have to be with me on the day of the retrieval. She said she would go right away, which was about a month before the trip.

Then a week before we were supposed to leave I got a facebook message that said, ‘I can’t justify going up there and not seeing my father. He recently married and I’m not ready to see him. I hope you can forgive me.’ Which was so awkward, because we were taking a class together at the time. She had been one of my closest friends that I made at community college and had transferred to the university with me. I just responded with ‘Don’t worry about it. See you Monday!’ and she never brought it up. I don’t like it when people make me feel guilty, so I didn’t want to do that to her, but a facebook message when I see you everyday at school, and we hang out almost every weekend?

It was so embarrassing to have to call the clinic and tell them that I had no one to go with, and there was no one I could really talk to about it. They told me I should ask anyone else, and I thought ok, for sure my friend Karla could help because she was living up there at the time. We always used to call ourselves ‘sisters from the edge of time,’ we were so close. But she said she was busy. And I don’t want anyone to go because they feel sorry for me, or obligated, but I really could have used a little support. My boyfriend was far away, and we were in the process of breaking up, the first friend I asked wouldn’t go, and Karla wouldn’t go. What was I supposed to do? Luckily Beth, who I was talking about before, was living up there too and she agreed to come into the city and hang out with me, and help me even though she disapproved at first. I lost two of my closest friends over this, and I don’t have many friends to begin with. But it’s fine because I know what I did was a positive thing.

Allison had multiple people in her life agree to support her, only to feel that they retracted that initial support in some manner. Her friend agreed to help her in a tangible way by accompanying her to the retrieval, only to offer an excuse over the Internet and not discuss it in person despite regular face-to-face contact. The egg retrieval requires minor surgery, and hospitals, and fertility clinics, require that someone come and escort the donor home.
Unfortunately, Allison felt she had nobody who could help her during this time. She asked another close friend who also turned her down. Allison reassessed both of these relationships, and now feels as if she can no longer call those women friends. She framed her first friend’s cancellation over Facebook to be particular invalidating due to the fact that they saw one another in person often. She found Karla’s lack of availability to be invalidating, in part, because of how close she perceived their relationship to be previously to that request. Despite “losing two best friends,” Allison stood her ground and did not question the donation. Rather she questioned the invalidating comments and actions of her former friends. Allison remained sure of her decision to donate because she “knew it was a positive thing.”

Framing of invalidation as a retraction of earlier support was especially painful for women who donated their eggs because they expected more from those people and relationships, and had come to expect validation due to previous interactions with those people. This unexpected aspect of retraction of support made these moments particularly salient for the participants in this study. The retractions were either in how the situations were framed by the women who donated in retrospect, or were communicated directly by the people in those women’s lives. The perception of a retraction of support, whether implicit or explicit, then caused the donors to think differently about the relationships they had with them, and their own view of self, but did not cause any of the donors to reconsider the donation as an overall positive experience.

The fourth way that invalidation of the donor experience occurred was very different than the previous three. This type of invalidation was not caused by negative reactions from others, but was self-inflicted through fear. The following section overviews and demonstrates how anticipated judgment can cause invalidation.

“Not a Risk I’m Willing to Take”: Anticipated Judgment

This form of invalidation was actually internalized by participants rather than expressed by those close to them. If participant’s felt that others would judge them for their choice to donate, they sometimes decided to remain silent and not tell those individuals about the donation at all, and framed this experience to me as invalidating. For example, one woman wrote online, “I have not told anyone in my family. I know they would not like the idea of me doing this, so I thought it was better left out.” While this saved donors from facing
what they feared, they framed their silence as invalidating because it caused them to live as if they were being judged despite having never actually received judgmental communication from others. Allison decided to lie to her family about the donation because she was afraid that they would not approve:

I hated lying to my family, but I haven’t always had their support, and I didn’t want to be judged by them. I don’t want to hear about how I’ll one day regret it. I asked my sister about egg donation before I decided to do it and she said, ‘Oh, I thought about that, but I know I’ll regret it.’ My mom, my brother, my sister, I love them, but they are so judgmental. They are so smart, and wonderful, but because of it’s non-normative qualities, they would look down on it, or at least I feel like they would, and it was a risk I wasn’t willing to take. To this day, I don’t think I could ever tell my family. Maybe one day when I’m able to financially support myself 100 percent, I’ll tell them, but not before then.

Not discussing the donation with her family was hard on Allison, and the judgment that she anticipated from them made her feel as if her family was invalidating her experience, when they did not even know that she was going through it. It was not her actual mother, brother, or sister, who caused this invalidation, rather it was anticipated, and thus internalized, by Allison herself. Lisa also chose not to tell her family, not only because she was afraid that they would judge her decision to donate, but also because she was afraid they would frame the donation in a different, more personal way than she did. She explained:

I didn’t tell my parents. They are conservative, and I wasn’t sure how they would handle it. I was probably going to tell them when my friend was pregnant, but that never happened. I think they would have been worried mad for me. They would have been ok with it eventually, but it would have taken time. In the end they would have been happy, I think. I think my mom probably would see the child as a grandchild. My dad, probably more as a family friend. I know my mom is hoping for a grandchild and my dad has told me before that he just wants me to be happy. My mom would have spoiled the child rotten, put pictures up in the house and all that. Though I’m sure if someone asked she would say it was a family friend. She really would understand that technically it wouldn’t be her grandchild.

Lisa began to describe why she did not tell her parents by explaining that their conservatism made her think that they may have had divergent beliefs and disapproved of the donation. However, as she talks, Lisa begins to realize that she would have eventually told her parents had the friend she donated to gotten pregnant, and that she thinks her parents would have ultimately been supportive. Thus, Lisa refrained from telling her parents because she anticipated judgment, however she now looks back and realizes that they would have been okay with the donation had she shared it with them, and would have supported and validated
her, something she missed out on. As she talked she began to revision her parents, and realize that she thought differently of them, and how they would react than she did at the time of the donation.

When talking to me about their decision not to tell others, women who donated their eggs framed instances of invalidation that never “really” occurred. Allison wanted to tell her family, but could not bring herself to because of how hard it would have been if her family hadn’t reacted well. Lisa felt the same way, and anticipated a negative reaction from her family, however during our conversation she began to reframe her expectations and ultimately believes that her family would have been supportive. These perceptions and feelings of invalidation were felt just as much as the other ways in which donors framed instances of invalidation, despite the fact that the judgmental communication was something feared instead of experienced.

“I Feel So Selfish”: Self-Invalidation

The fifth, and final subcategory of how women who donated their eggs framed invalidating communication was, like the fifth category of validation, intrapersonal. Self-invalidation was not as common as some of the other subcategories, but deeply impacted the participants. This subcategory is characterized by instances were donors blamed themselves in some way, and not necessarily only when things went awry, and framed these moments to me as personal flaws, or judgments.

When the donor found out that a recipient had not gotten pregnant, she may have felt guilty for all the money that the couple had poured into the donation process, only for it not to work. Women who donated may have blamed herself if the donation did not work, despite realizing on some level that the results of the egg transfer were completely outside of her control. Self-invalidation was also experienced by participants when the recipient did have a child, the donor felt bad for other reasons, such as jealousy toward the recipient or connection with the child. The following section will reveal moments where the participants framed themselves as invalidating, and communicated this introspective invalidation to me.

Mikaela had a hard time when donating to a friend because she was sick often and her body did not respond to the hormones well. When it came time for the extraction, the doctor was not able to harvest very many eggs. She told me about this disappointment,
They only managed to collect a handful of eggs, and they were really bad quality, and no embryos resulted, which was devastating. I felt like I’d let everyone down and cost them a huge amount in medical bills, etc. with nothing to show for it. Logically I knew it wasn’t my fault but that didn’t really matter.

She continued to tell me about the guilt she felt after the donation failed, especially when her friends, the recipient couple, attempted to make her feel better,

It almost made things worse that they were so nice through it all. They sent me flower, booked me in for massages and pedicures, trying to do everything they could to make ME feel better when their hearts were breaking.

Mikaela communicates the guilt she felt when the donation didn’t work despite the fact that she logically realized that it was not her fault. She frames her “handful” of eggs as “letting everyone down,” and signals that this was an internal struggle by discussing the support of her recipient couple. Their lack of blame only made Mikaela feel worse, and further invalidate her own experience. Fortunately, Mikaela now fully realizes that it was not her fault that the donation did not result in a pregnancy and she as ceased the negative self-talk as a result. Unfortunately, another participant, Brittany, continues to invalidate herself and her donation experience.

Brittany donated to her sister, who had twins as a result. One of these babies, Vivianne, looks very much like Brittany and the resemblance was a point of contention for her and her sister. Brittany explained this to me and elaborated on how meeting her sister, Julie’s, children was much more difficult for her than she had anticipated.

For awhile, probably about a year after they were born, I was feeling really weird about it because the little girl looks just like me, and Julie was just pushing it like ‘Oh, Vivianne looks like this,’ and then finally she just stopped and was like, ‘You know Brittany, she’s the spitting image of you, and I love getting to hang out with you everyday.’ I just didn’t say anything because I wasn’t going to sit there and say, ‘Look Julie, the kid doesn’t look anything like you so just stop.’ It was just kind of annoying, and then I felt selfish for feeling that way too, you know? She wanted babies to look so much like her that I would have thoughts in my head like ‘You know, they’re not going to look like you. It’s a possibility maybe that they look like our mom’, but that’s not what happened at all. I wouldn’t have said anything about it because that’s just a mom wanting her kids to look like her, and I acknowledged that in my head, and felt so selfish to think that.

Brittany frames feeling close to one of the twins as selfish. She was annoyed when Julie continuously brought up baby Vivianne’s appearance, however, Brittany invalidates her feelings by framing them as her own fault. It had been important to Julie to have children that
looked like her, which was one of the reasons Julie asked Brittany to donate. The baby ended up looking just like Brittany rather than Julie, and Brittany frames recognizing the similarity in appearance as hurting her sister. Rather than talk to Julie about her annoyances, Brittany turns inward, only to then feel bad about having those thoughts in the first place. She engaged in negative self talk, telling herself that she’s selfish, refusing to talk to Julie about certain topics, and silencing herself, trapping herself inside her mind, and invalidated her own experience to help preserve Julie’s. Brittany continued by discussing her relationship with her niece Vivianne,

Nobody can really plan for afterward. I mean you can try to anticipate it, but there is just no way. There were just some weird feelings. It’s hard to see your genetic child being raised by a different person whether it’s your sister or not. It’s very strange and it was kind of messing with my head for a little while, and I don’t know if it was just kind of a weird maternal instinct that comes out in people or what.

I always wanted a baby that looked like me, and then my sister has a baby that looks just like me. I can only hope that one day I have a kid that comes out that fucking cute. That beautiful. It’s just crazy. It was messing with my head for a long time after that. I had a lot of jealousy issues about it. I never told my sister that because that would be a slippery slope where you cross the line. You don’t want to talk about something like that. I don’t feel that way anymore. Now they’re my niece and nephew.

Here, Brittany talked about feeling strange seeing Vivianne being raised by someone else because she has such a strong connection to her, however, she invalidates, or dismisses her feelings almost immediately. She calls her experience “weird” twice, indicating that she sees herself, and her feelings toward Vivianne as deviating from the norm, or not what should be happening. Brittany then says that she no longer feels the same way, and that now she thinks of Vivianne as a more traditional niece. Despite reframing and revising her relationship with Vivianne as time went on, seeing Vivianne changed how she thought of herself in terms of her own family planning,

I have a boyfriend that I hope things work out with. He just joined the air force so I’m a little nervous about it, but if there was anybody I wanted to be with for the rest of my life, it would be him. I don’t know if he even wants kids. … I didn’t want any before the donation, but after seeing a little me… Before I was like ‘Eh, I don’t want to gain weight. I don’t want my body to change.’ I looked at it like: there are too many kids in the world. I don’t know, it was stupid but after seeing a little me grow up, I kind of want to see a little me grow up in my own life.
I guess to sum it all up, if someone was thinking about doing this, I would tell them my story and let me them know that it does affect you. Watching a little you grow up in someone else’s arms affects you, and it messes with your head. I would tell them the weird stuff in my head that went on for awhile there, because it rattles you.

The jealousy she described as having earlier, and the experience of seeing a child with her genetic makeup, has caused Brittany to rethink her decision not to have children. While she claims to feel differently about Vivianne now, she did reconsider her own ideas about what it important to her in the future. Brittany summarizes her point by telling me that the experience “rattled” her, and that it “messed with her head.” Brittany does validate her experience in some ways. She owns up to her feelings, and admits them to herself, allowing them to impact how she plans on conducting her own life as a parent. However she also invalidated them by dismissing herself as selfish, and viewing her experience as unusual, and her feelings as wrong.

*Self-invalidation* occurred when donors expressed feeling guilt, selfishness or responsibility for negative outcomes. Even if they realized that these situations were not their fault, and even though they may still view the overall donation as a positive experience, they at one time invalidated their own experience. As with frame of *self-validation*, the communicative aspect is important. In Mikaela’s example, she communicated her guilt to the recipient couple who then attempted to reassure and cheer her up, which ended up causing more invalidating thoughts. Brittany silenced herself from discussing her “selfish” feelings of jealousy with Julie in order to preserve that relationship, which may have ultimately been the right decision for their dynamic, however caused her to resent her sister briefly for how she interacted with baby Vivianne.

The five frames of invalidating communication consisted of instances when donors perceived others' communication as disapproval or dismissal of the donation, or when the donor communicated instances of negative reactions, or negative thoughts. Invalidation, like validation is thus both an interpersonal and intrapersonal phenomena that consists of a multitude of differing responses. *Divergent beliefs, permissive criticism, anticipated judgment, retraction of support,* and finally *self-invalidation* all are represented as moments when the donor had to confront negative interpretations of her decision, and incorporate other people’s beliefs into her own interpretation and framing of her overall donor experience.
Frames of both validation and invalidation caused women who donated their eggs to reflect upon their choice, sometimes with renewed passion, anger, doubt or confusion. It is through experiences of framed validation and invalidation that donors construct and identify the important moments within the donation process, which they easily recalled, and which were then incorporated into how they think not only of the overall experience, but of how they think of themselves. The ten subcategories were made up of individual conversations and moments, that combine to make up their donation narrative. This chapter revealed how women who donate their eggs frame the communication surrounding the donation as validating and invalidating, and how those frames can be broken down into ten different subcategories. The next chapter examines the consequences of these interpretations. Chapter Four opens with the conclusion of my autoethnographic narrative in the form of a letter that I wrote to my cousin, Laney, immediately after she was born, before meeting her for the first time.
CHAPTER 4

TRANSFORMATION

Dear Laney,

Today is February 16\textsuperscript{th} 2012. You were born almost a week ago and as I write this I am on a plane from San Diego to Denver, on my way to meet you for the first time. I’m not sure if you’ll ever read this—probably not, but I wanted to write it anyway. Just in case, years down the line, you need to read it.

You were so wanted. Helping your mom and dad have you is the best thing I have ever done, and I have never been more sure of a decision. You have amazing parents who worked very hard to get you here. Your family loves you so much. Not just your parents and sister, but all of us. You don’t know this yet, but you have an amazing extended family.

I’m so sorry you never got to know grandma and grandpa. They were incredible grandparents. Grandpa loved his grandchildren, and loved getting the whole family together. He used to tell me all the time that I was his favorite granddaughter and I would laugh and laugh because at the time I was his only granddaughter. I wish so bad he could have gotten to know Lila and you. I definitely would have had some competition! Grandpa was amazing and loving and so funny, but it was grandma who held the family together. She was reliable, and good to her children and grandchildren. She taught me grace, humility, and how to stay strong, even when you’re scared. Your aunts and uncles are smart, funny and will always be on your side—which is good because you can never have too many lawyers on your side! They’ve taught us how to laugh at ourselves and that help is only ever a phone call away.

Your cousins are pretty cool too. We’ll always be there for you, no matter how much time has passed since we’ve all gotten together.

I in particular will always be there for you. You have a part of me in you. I don’t know what that part will look like yet. Right now all I know is that you have my round cheeks, and that just like me when I was born, you don’t have a whole lot of hair yet. Hopefully the hair will grow in, but you may be stuck with those cheeks—sorry about that! As you get older
maybe we’ll learn we have more in common. Or maybe we’ll be very different but we’ll always be connected.

If you ever have any questions, you can always come to me. You may want some answers about your genetic history, or me, or the process it took to get you here. You may not care about any of that but have other things going on that you don’t feel like talking to your parents about. I’m your girl, kid. I’ve got your back. I will always answer my phone.

Exactly one year ago today I flew from Los Angeles, where I lived with my mom, to Denver for 24 hours. I talked to your parents, had a lot of doctor’s appointments where they poked and prodded me, and made sure I wasn’t crazy. That evening we had cupcakes and celebrated your big sister’s 3rd birthday. I was on a plane home that night and the process of creating you had begun. It’s taken exactly one year and now I can’t contain my excitement at meeting you, and watching you grow up. Seeing who you become.

Please know that I love you more than I can describe. We have an incredibly unique relationship, and there is simply no word for it.

Love,

Your Cousin Katie.

I wrote that letter while on the plane to meet my cousin, and “genetic offspring” (as the fertility clinic instructed me to call her), for the first time. Slightly over one year later, I have immersed myself in conversations with other women who have also donated their eggs about what that experience was like for them. Like me, they all have stories they are eager to share. They perceived mixed reactions from friends and family, but remained steadfast in their decision and confident that they were doing the right thing, both for themselves and for the couple or individual excited to have a child. In the end, all of us donors experienced some sort of transformation. We all framed communication from others as validating and invalidating, and incorporated those moments into how we saw ourselves and how we talked about our donation narrative. This section begins with a discussion of the conclusions that can be drawn from the results presented in chapter three. Second, the theoretical, and practical implications of the results of this study are presented. Third, the limitations of this research study and some suggestions for future research are presented. Finally, this thesis project closes with some concluding remarks.
A PIVOTAL TRANSITION

All of the women I interviewed framed communication concerning their egg donation in terms of fateful moments of either validation or invalidation. These moments led to a revisioning of their self-identity, their relationships, and their conceptions of motherhood. By framing their fateful moments as validating or invalidating, participants (a) revisioned the concept of motherhood, and reinterpreted the master narrative of what a mother is, or should be, (b) revisioned relationships, and reassessed the value they placed on their relationships with friends, family, and recipients, and finally (c) revisioned themselves as strong, brave, and as mothers, or potential mothers. These three distinct types of revisioning that resulted from how women who donate their eggs framed fateful moments of egg donation impacted their self-identity, and in turn influenced how further conversations are framed. This concept, referred to as Layered Identities, impacts conclusions and implications. In the section that follows, I discuss two prominent conclusions that can be drawn from the results of this research. First, each narrative above represents a fateful moment, and second, the framing of validation and invalidation led these women to (a) revisionings of motherhood, (b) revisionings of relationships, and (c) revisionings of self-identity.

Validating and Invalidating Fateful Moments

Chapter one demonstrated how egg donation, in general, could be viewed as a fateful moment. The egg donation requires risk, action, and instigates some sort of result, or repercussion. This study explores in more detail this fateful moment, revealing how women who donate their egg discuss each conversation they have in regards to the donation. The mere fact that participants in this study discussed certain aspects of the donation, while neglecting others, indicates the importance they place on the conversations they participated in with friends and family. Participants discussed the donation as something that was, and continues to be, a very important part of their lives, and framed those important moments around the conversations they had with others about the donation. These conversations became important on their own; while they took place in the context of women’s decision to donate their eggs, the consequences of the conversations, and the revisionings that resulted from them, became important to the participants in their lives generally and not just related to their decision to donate.
Each interaction that centered around the donation began with a choice. Heather’s conversation with her boyfriend is an example of how each interaction, or conversation that revolved around the donation was subsequently framed as validating or invalidating and became a distinct fateful moment for her. Heather’s boyfriend told her directly that “he had issues” with the donation, however she made the choice to continue with the donation process. Heather’s decision to continue the egg donation in spite of her boyfriend’s resistance, which she framed as invalidating, and his belief that her eggs were his property, meant that she may risk losing her relationship, or at the very least upsetting someone she cared about by continuing on with the donation.

Allison is another participant who discussed taking a risk in terms of her communication. When several of her friends declined to accompany her to her retrieval procedure, she took a risk in asking a friend who had invalidated her experience previously. As Allison indicated, this friend “agreed to come into the city and hang out with me, and help me even though she disapproved at first.” In this case, Allison’s risk was in continuing to discuss the donation with someone who she knew “disapproved.” In essence, the conversations that many women participated in with others involved taking a risk in their relationships by owning and communicating what they believed, even when others may have resisted in ways that communicated invalidation. However, framing communication as validating also incorporated instances of risk. For example, Sarah told me, “I still believe very strongly that helping other people makes you a happier person, despite it not actually resulting in any babies, despite how disappointing that aspect of it was, I’m still so happy I was able to do it.” Here, Sarah discusses how even undergoing the process of the donation was a risk for her. Having a donation not result in a pregnancy was heartbreaking for women who donated, and still, they took that risk and, as Sarah pointed out, found joy and a clearer sense of self despite unfortunate results.

It is clear from the results of this study that, fateful moments instigate a “project of self” (Giddens, 1991, p. 113). Heather’s breakup with her boyfriend, which occurred in part because of his response to their conversation about the donation, made her feel empowered because she was doing what she wanted, rather than letting someone else dictate what was and was not acceptable behavior. Allison’s risk of talking to her friend despite past disapproval showed her that people could be surprising and she had to persevere. Sarah’s
disappointment after the failure of the donation to result in a pregnancy taught her that taking a risk, and having it end in ‘failure’ could still make her proud. These narratives about the donations are just three examples of how participants in this study framed their interactions with others in regard to the donation as involving agency, risk, and self-development. One of the aspects of these fateful conversations is how framing interactions as either validating or invalidating leads women to revision their views of motherhood.

**Recipients and the Concept of Motherhood**

The fateful moments that participants framed as validating or invalidating altered how they viewed motherhood in two ways: (a) altering the ways in which participants conceptualized the master narrative of motherhood, and (b) altering the ways in which they viewed recipients as mothers. Both of these revisionings resulted from the ways in which women who had donated their eggs reflected upon past conversations and (re)framed their donation experience.

The master narrative of motherhood, tied to gendered expectations of women, instructs girls that they are going to be mothers, and that motherhood will become their most important role and intimate relationship (DeFrancisco & Palzweski, 2007). While alternative pathways toward motherhood have been explored and accepted within the master narrative, how egg donation fits in is a grey area, and one that the participants of this study addressed directly. Earlier a discussion of Heather’s narrative was used as an example of communication surrounding egg donation as a fateful moment. The narrative she shared of how she framed the conversation with her boyfriend as an invalidating fateful moment also revealed how the donation clarified what motherhood means. Heather’s boyfriend was uncomfortable with the donation because he felt like any babies conceived from her egg would be somehow connected to her. However, Heather challenged that notion by explaining to her boyfriend that she did not make any such connection, even if he did. Mikaela also framed invalidation through permissive criticism in response to being told by others that egg donation would “be like giving up my own baby” and “giving away” a baby, and Jamie had to tell her sister that she wasn’t worried about the future of a child conceived from her egg. Having to explain contrary opinions about the relationship, or lack thereof, that women who donate their eggs expect to have with a child that results from that donation, shows that they
are conceptualizing motherhood differently than others. Jamie went on to tell me, as well as her sister, that she would not consider any child that resulted from her donation to be family.

While Jamie, Mikaela, and Heather reported that they would not feel any connection to a child that resulted from their donation, and that biology thus played no role in motherhood, other women who donated their eggs felt differently. Megan, for example, discussed the connection she felt with the child born from her donation, which she said was difficulty to express. Brittany discussed her complicated relationship with her niece at length, which signifies that she also felt that there was a biological relationship between women and their genetic offspring. The donation caused women to reconsider how they conceptualized motherhood completely, however, there was no one particular way that all donors envisioned motherhood after the donation.

A second way that motherhood is (re)conceptualized was by watching or learning how recipients of donor eggs became mothers. Known donors occasionally incorporated how they revisioned motherhood based on their recipient’s experience with infertility and egg donation. For example, Brittany comments on what an amazing mother her sister Jamie has become to the twins that she gave birth to following Brittany’s egg donation, and Mikalea discussed how impressed she was with the recipient of her donation’s mothering of the child. Brittany says that her sister is “obsessed,” is “super mom,” and is always busy running around. Brittany believes that her sister is burning herself out taking care of the kids. Mikalea expressed a similar situation by noting that the struggle with infertility led her to believe that her recipient appreciated the child more and was a better mom for it. Mikaela has thus begun to frame being a ‘good’ mother with appreciating motherhood, and with struggle. Toward the end of her narrative regarding her communication with her sister, Brittany commented that she hoped that Jamie would move closer to their family so that she would have more help with the twins. Brittany frames motherhood in this example through how her sister is interacting with her twins. She is obsessed, and she is “supermom”. She is dedicated to her children but could use the extra help. With all of these interactions and through the conversations she had with Jamie, which she framed as validating, Brittany is forming views of what a “good” mom is.

Women who are known egg donors frame narratives about good mothering based on recipient struggle, dedication, and commitment to the children that have resulted from egg
donation. Women who donate their eggs also reframe the relationships they have with their recipients, as well as relationships they have with other friends and family, as a result of framed invalidation and validation.

(Re)Considering Relationships

Framing communication surrounding egg donation as validating or invalidating caused participants to alter the value that they placed on those relationships. Not surprisingly, when women who donated their eggs framed communication with others as validating, they more highly valued the relationships they had with those individuals. However, if communication with particular others was framed as invalidating, they valued those connections less. A second way that the value of relationships was altered, also through frames of invalidating communication, resulted in the dissolution of that relationship all together.

Megan, when describing a narrative of self-validation, also said that she felt “so much more profoundly bonded with [her] sister,” and that the donation “made [her] love [her] husband so much more.” Likewise, Lisa felt “much closer” to her sister after discussing the donation. Heather and Mikaela are two interesting examples for how frames of validation led toward increased value in the relationship because they both started out the donation process assuming that would donate to anonymous recipients. However, after they each met women online who were looking for egg donors, they connected and decided to donate their eggs to those women. Both Heather and Mikaela describe becoming closer with their recipients as the process went on, and how deep friendships were formed. Heather described her recipient as “like family” even though the donation failed to result in a child because her future recipient had always communicated with Heather that their bond did not have to be tied to the donation. Mikaela also said she remains “very close” with her recipient, who she had not known prior to the egg donation process, because of how reassuring her intended recipient had been during the entire process. When communication with others was framed as validating, it often caused women donors to value those relationships more than they previously did, and likely more than they ever would had it not been for conversations revolving around the fateful moment of egg donation.
Unfortunately, as can probably be expected, when friends or family responded to conversations surrounding the donation with what donors perceived as invalidating remarks, the participants reframed that relationship, occasionally even leading to the dissolution of that relationship, like when Allison said that she feels like she “lost her two best friends over this”. Because of how she perceived their reaction to her decision, and the lack of support she received from them, Allison decided she could no longer continue a relationship with two of the people closest to her. It is important to note that Allison revisioned the friendship, not her donation decision, which she remained confident in. When discussing invalidating fateful moments Allison said “Losing friends is a fact of life. Only recently have I realized I can’t let their opinions affect my actions. Or rather, change my course of action entirely”. The loss of friendships experienced as a consequence of the perceived communication surrounding the donation prompted Allison to revision how she saw herself, and her decision making. She realized that she could not let others dictate her actions, and that she could not need approval from others in order to move forward with something important to her.

Transforming Views of Self

The final revisionings that results from frames of validation and invalidation is how women who are egg donors reconceptualize themselves, and themselves as mothers. Women donors often rethought who they were in relation to the donation, and their frames of the communication shifted how they saw themselves. For example, Breanna’s narrative of how she framed responses from her religious family members as invalidating, and communication with her uncle regarding her shifting religious views as validating, showed how communication surrounding the egg donation led her toward a new conception of self. She ended up leaving her religion as it was “like getting out of a destructive relationship”, which in turn “made [her] feel like [she] was growing up.” Breanna realized, through how she framed the responses of her family members, that the religion she had been raised in was no longer a part of her, and that leaving the religion made her feel more mature. Considering how important religion can be for many people, and especially how important it can be for family identity, it is very meaningful that how she framed responses to disclosure of the donation led her to question her faith and reconceptualize herself as someone who no longer followed that religion.
Donating her eggs made many women view themselves as good people who could help others. As discussed in chapter three, Sarah’s donation did not result in a baby, yet she said, “I’m still so happy I was able to do something like that. Something so big for someone else.” Due to the donation, Sarah was able to do something “so big” for someone else, which was empowering. Megan’s comment that she felt like a “motherfucking superhero” similarly shows how the donation made her see herself as someone who could make a big, positive, impact in the lives of others.

Frames of their egg donation experience also led participants to transform how they viewed themselves as mothers. Brittany detailed how her relationship with Vivianne, the child that her sister had as a result of the donation, prompted her to reconsider herself as mother. She did not want children before the donation, but after the donation she felt differently, explaining that, “after seeing a little-me grow up, I kind of want to see a little me grow up in my own life.” Brittany’s experience as a donor made her realize that she may be able to see herself as a mother someday. Jamie is already a mother of two, but when her mother-in-law told her that the donation was admirable because she was helping someone else enjoy motherhood just as much as Jamie did, Jamie realized that “that’s pretty much exactly how it felt.” Her mother-in-law’s response, framed as validating, made Jamie revision her motherhood as a catalyst toward donation, and view the donation as a way to help others achieve something that meant so much to her. These shifting concepts of self were then incorporated into participant’s identities, often at the same time as all other revisionings were impacting identity. These new identities further impacted how they framed other responses to and conversations around their egg donation.

**Layered Identities**

A layering of identities results from and influences how women who donate their eggs frame that experience. As discussed in chapter one, the frames that individuals use to interpret situations, conversations, and indeed their fateful moments, have the power to transform them (Goffman, 1974). This transformation occurred with all the women who donated their eggs based both on how they initially framed their decision to become donors and how they framed conversations they had with others surrounding this process of egg donation. The framing of communication that was validating and/or invalidating was
simultaneous. The conversations surrounding the fateful moments of egg donation were framed in tandem with one another, and so they cannot be analyzed as completely separate events.

As chapter three revealed, when participants framed communication about their decision to donate as validating, it led toward a positive identity transformation. People reassuring and reinforcing that the donation was an altruistic act that donors should be proud of facilitated their incorporation of those characteristics into their identity. Megan considered herself a “motherfucking super hero” and realized she could “bring joy” to others when she framed her husband and her sister’s communication as validating; she embraced this fateful moment as a solidification of her identity as an altruistic person. Brittany’s mom told her that she was “basically going to complete Julie’s life,” communication that Brittany framed as validating; she welcomed this identity as a good sister and family member. As a further example, Breanna “made a decision [she] believed in” and as a result, she framed her experience as validating; she incorporated the “grown up” identity as central to who she was in the eyes of others. As communication with others validated their choice to donate their eggs, the women incorporated those messages into their identity.

At the same time, when participants framed communication about the donation as invalidating, they internalized these messages and experienced further identity transformations. For example, Allison’s friends retracted their previous support, which she framed as invalidating communication, Allison revisioned herself as independent, and incorporated that notion into her identity. On the other hand, when her boyfriend retracted his support, she thought she might have been lying to herself about how she framed his communication as validating at the beginning of the donation process. She then incorporated that self-doubt into her identity, wondering if she was crazy. These identity transformations were happening simultaneously, but at this point were both the result of how she framed invalidating communication. Similarly, Brittany wondered if she was a selfish person because of the connection she felt with her niece, and Mikaela felt like she had not done enough to help her friends when the donation did not result in a pregnancy. These thoughts made their way into the identities of the donors, as people who tried to help but were in some way not good enough.
Identity transformation was exemplified as being connected with both frames of validating and invalidating communication. These shifts in identity though were not happening in distinct spheres, at different times of the process, nor did they result in one clean, clear cut new identification for women who donate their eggs to adhere to. Rather, the participants in this studying were constantly framing and reframing instances of validating and invalidating communication at the same time, often within the same interaction, and while distinct, these frames had to be negotiated in consideration of one another. As Brittany incorporated “good sister” into her identity, she was also revisioning herself as selfish. This type of simultaneous identity work is what I refer to as a layering of identities. Framing of communication as validating and invalidating led toward revisionings, and identity transformation in regards to both frames that were at once dependent from one another, and co-dependent on one another.

As discussed previously in this chapter, instances of framed validation and invalidation led to revisionings of self, motherhood, and relationships respectively. These revisionings led to layers of identity transformations, making this a cyclical pattern of layered identities, frames of communication, and revisionings (see Figure 1). For example, when Heather’s boyfriend tried to exert control over what she did with her body, and told her that he would not be able to separate her eggs from any children that resulted, Heather framed his communication as invalidating, but went ahead with the donation anyway, saying that she didn’t “like the idea of a guy controlling [her]”, and incorporating independence and being strong willed into her identity. Now that independence was a part of her identity, it would influence how she framed future communication on the topic, and she may not frame other instances of similar communication as invalidating (in fact, she got back together with her boyfriend later). The same could be true for instances of revisioned self and identity transformation in relation to frames of validating communication. Megan’s view of herself as a superhero surely influences how she may react to and frame communication from people who do not agree with her donation decision. Current identity, and susceptibility, influences how communication is framed (Goffman, 1974), which in this case then goes on to influence revisionings of self, motherhood, and relationships, the results of which are, again, incorporated into further transformed layered identities.
Figure 1. Communicating (re)visioned identities: Framing (in)validation in turning point moments.

THEORETICAL IMPLICATIONS

Four theoretical contributions can be developed from the results of this study. First, the theory of fateful moments can be expanded to reveal how fateful moments are layered together within a single experience. Second, the results indicate how egg donors exemplified theories of agency by recognizing their ability to take action, and creating change in their lives. A third theoretical contribution from the results of this study reveals how narrative within the context of egg donation can offer new understanding of narrative theory. Finally, the fourth theoretical implication of the results of this research reveals how motherhood can be conceptualized differently in a particularly context.

Layered Fateful Moments

First, the discussion of fateful moments earlier in this chapter demonstrated how participants discussed their egg donation in terms of fateful moments that were broken down into distinct vignettes, which helps organize and sequentially narrate their experience. The fateful moments of validation and invalidation reveal how the participants in this study
described the overall donation experience. But the women also discussed fateful moments within fateful moments.

The idea that fateful moments exist within larger fateful life changes is not a new concept. After all, Giddens (1991) mentions that marriage, for example, may consist of many fateful moments such as the decision to get married, the ceremony, moving into a house etc. However, this paper expands on theoretical explanations of fateful moments by claiming that the moments described in the donation processed are not necessarily linear in that same way. Donors’ fateful moments co-exist at the same time and are simultaneously negotiated. A donor may perceive validating communication from a parent, and invalidating communication from a sibling at practically the same time. These perceptions of communication could then be incorporated into the donors’ narrative experience as two separate and distinct fateful moments that lead toward a revisioning of self in two distinct ways. The fateful moments within egg donation narratives were distinct instances of perceived communication.

However, these moments are related and interlinked. One is affecting the other, and they are both part of the same umbrella fateful moment of the egg donation on a larger scale. They can be parsed out from one another but not completely separated or pried apart. Donors described the moments flowing easily into one another, yet as distinct instances that stood out as important to them, and remain relevant in terms of the various ways that the perceived communication caused donors to revision, and transform their identity. These moments can, and must, be looked at as both distinct and as part of a whole to fully understand the relationship that donors have with them, and how the donors narratively construct fateful moments to make sense of their experience and describe the revisioning of self. At any one time people may be juggling multiple fateful moments, constantly shifting in and out of various contexts and selves. A single thread, such as an egg donation, may connect those moments together, bringing out an overarching theme under which to categorize a life event, but that does not mean that they cannot also be separated out and interpreted independently and simultaneously.
Claiming Agency

A second important aspect of fateful moments is that they require agents to make decisions. As discussed in chapter one agency is how someone envisions change in their lives, and creates it through conscious agentic action (Bandura, 1997). Egg donation, and the choices of egg donors, offers an interesting context for a discussion of agency. The decision to donate required agency on the part of the donors—they had to realize they were capable of making that choice, many times despite the protests of loved ones or perceived judgment from others.

The ways in which egg donors responded to perceived messages of invalidation demonstrated an ability to claim agency. Rather than accept the information they were being given, such as the donation was unnatural, that they were harming others, or that they would later regret it, the donors in this study, the donors were able to envision an alternative future and forge their own path. Once they did so, they were proud of themselves for going through with something important to them, and recognized that they had made difficult choices, often against the advice of others, that led to their desired outcome. Egg donation offers another context in which agency empowers women to make their own choices, and, at a more basic level, demonstrates that making alternate choices is even an option at all.

Reconsidering Narrative

A third theoretical implication of the current study is that through utilizing and examining participant narratives, it is possible to see how reality is constructed and communicated (Allison, 1994; Bandura, 1990; Pals, 2006). The construction of a donor experience is no exception. The women in this study used narrative to sequentially make sense of their lives, organize fateful moments and communicate all of that to me. The more people understand about how narrative construction manifests across contexts the better individuals can grasp how it is done, and how each context requires a revision of previous narratives and identities to make sense of new ones. Understanding that egg donors create narratives consisting of fateful moments of perceived validation and invalidation can help others to better communicate with donors.

Narrative is the method by which humans organize their experience (Allison, 1994). In the case of egg donation narrative is used to organize fateful moments, but also to describe
a beginning, middle, and end of the donation experience. Many narratives of perceived invalidation began with an explanation of the relationship that the donor had to the individual they were talking to during any given moment—this characterization set the scene for the narrator and was the beginning of how they constructed the narrative for that particular moment. The middle consisted of the conversation they had with that person. Whether or not narratives have a definitive end is contested within research (Allison, 1994), however in the instance of communicating a narrative of a fateful moment, I believe that the end is organized by the change that occurred as a result of that particular moment. Narratives of egg donation help donors organize their experience in a way that they can communicate to others, and make sense of the experience for themselves. This helps them understand what they’ve been though and creates the possibility for conversations that uncover the nuances of donor narratives.

**New Implications of Motherhood**

The fourth, and final theoretical contribution this study makes regards the conceptualization of motherhood. As discussed in the conclusions at the beginning of this chapter, egg donor narratives include a revision of motherhood. Chapter one overviewed research that indicated that infertility affected how women constructed concepts of motherhood (Kirkman, 2003; Rothman, 1983; Van Berkel et al., 2007; Woollett, 1991), and that the use of donor eggs is considered particularly at odds with a traditional view of motherhood (Van Berkel et al., 2007). That body of work did not consider donor perceptions of motherhood. This research reveals that donors do renegotiate what it means to be a mother, and how they see themselves as mothers, expanding on traditional models of motherhood.

A traditional portrayal of motherhood assumes that women grow up, get married, have children and dedicate their lives to raising them (Kirkman, 2003). Motherhood is portrayed in media in as a sentimental portrait of womanhood that is both ultra-feminized and simplistic (Leonard, 1996). Questioning this master narrative of motherhood requires women to prepare themselves to face potential stigma, and serious consequences (Buzzanell & D’Enbaeu, 2009), and women who donate their eggs confront those challenges through their
revisionings of motherhood. These contradictions to the master narrative must be taken into account when research how motherhood is constructed and continuously negotiated.

When women are diagnosed as infertile, they expand their views of motherhood to fit their circumstances, and concentrate more on socio-cultural roles of a mother rather than biological (Rothman, 1983; Van Berkel, et al., 2007). Even if women believed that the very concept of motherhood was, in part, related to a biological connection with a child, once they were confronted with the possibility that they would not be able to have biological children, women diagnosed as infertile began to revision motherhood as a bond, role, and position that was socially built with a child, rather than inherent. For infertile women, the role of caregiving in motherhood becomes primary to any biological connection or lack thereof (Van Berkel et al., 2007).

This research expands on how differing roles in reproduction create new implications for the meaning of motherhood. Some women who donated their eggs reported no connection to any (future) children that resulted from the donation. In some cases both anonymous and known women donors reported that they felt as if they were donating a “spare bit of genetic material”. These women do not view themselves as mothers in anyway, or in any sense of the concept of motherhood. They interpret constructions of motherhood as purely social. However, other women who donated their eggs, again both known and anonymously, reported feeling some connection with the child(ren). They wanted to remain in contact, or leave the possibility of contact open, they saw themselves in the child (or thought they might in the future) and, while women who donate their eggs may avoid using the word motherhood (which, at least in my experience, was instructed to by the fertility clinic), they do somehow envision a biological connection to offspring. Donors’ reconstruction of motherhood, in contrasts to infertile women, does not disregard biological connections, but does incorporate a more social view of what it means to be a mother. The diversity in the conceptualization of motherhood among women who donate their eggs exemplifies the need to break apart the master narrative of motherhood, and allow room for individual interpretations of motherhood, even within one context.
HELPING WOMEN UNDERSTAND: PRACTICAL IMPLICATIONS

In addition to displaying how the decision to donate eggs can having a lasting and permanent impact on the donor, this research offers several practical implications for women considering donation, women trying to make sense of their donation experience, and people who know someone who is donating. This research is unique in looking at both responses to egg donation disclosure and the impact of those responses on the donor. Both of these results can help educate others.

First, women who are considering becoming egg donors are often not very familiar with what this will entail, especially emotionally. Fertility clinics may focus on the medical aspects of the donation process, and the required psychological evaluation focuses on clarifying how the donor will relate to any future children, rather than on her overall experience as a donor, and the impact it may have on her relationships and sense of self. This research shows how the donation is far more complicated than a medical extraction of eggs. Women who are considering becoming donors can use this research to consider how the people in their lives may react, and how to make sense of those reactions. In fact, as I was conducting this research and encouraging women who saw my post online to email me for more details about this study, I received an email from a woman considering donating to a loved one, but feeling uninformed and curious about the process, and repercussions. Women considering donation are anxious for more information, and making studies like this one available to them directly will be beneficial. This research can translate into an information guide that women considering donation can use when making difficult decisions.

Second, women who have already donated may benefit from this research as well. Many of the women in this study had never discussed the donation with another donor before, and were unsure of how to make sense of their individual experience. They knew that the responses they got made them happy, or upset but lacked a language to discuss these experiences further. As Weedon (1987) discusses, a poststructuralist feminist view instructs that language both reflects and creates reality. By beginning to create a vocabulary around invalidating and validating experiences, donors may feel it is easier to discuss these experiences. Many participants interviewed for this study expressed how much they appreciated talking about their donation, sometimes for the first time. This indicates that
more spaces are needed where women donors feel comfortable sharing narratives. Reading others stories, some of which are contained in this piece, may encourage others to reach out, and share their narratives.

The third and final way that this research can have a practical influence on others’ lives is through helping people who know egg donors to better understand those women’s experiences, and the impact that their words have on them. While people who have divergent beliefs may never change their minds about egg donations, and many people who found their criticism Permissive may not have realized the anguish that their words caused, it is important that they begin to realize the impact that their communication has on the women in their lives. Egg donation is not a normative reproductive technique, and many people are not aware of how it works or especially the impact that it has on donors. It is possible that some of the invalidating comments were made innocently by people who did not think through what their words would mean to the donor. Hopefully, by further discussing egg donation and by pointing out the importance of validating that donation experience, people who meet egg donors in the future will respond in a more sensitive manner, and offer comments that support, appreciate, and validate the donors. This research can hopefully act as a guide for how to validate the experiences of others.

LIMITATIONS AND FUTURE DIRECTIONS

This study, while useful both theoretically and practically, is also limited in several ways. These limitations can serve as starting points for future research to pick up where this project leaves off. Some of the limitations are that (a) the participants whose voices are heard in this study do not represent a diverse population, (b) that some of the woman interviewed were quite a few years removed from the donation, which may have impeded their ability to accurately recall specific conversations accurately, and (c) that this study focused only on the donor, which left out many important players in the donation process. All of these limitations offer interesting ideas for future research to expand on some of these ideas and forge new paths.

The participants in this study do not represent a diverse data set in several ways. With the exception of one, all of the women identify as white, and all but one of the participants identified as heterosexual, with the exception of one woman who did not identify with any
label of sexuality. This made my research represent a white, heterosexual population only. Different cultural attitudes may very likely play into decisions regarding egg donation, and what is considered appropriate and inappropriate. Unfortunately those voices are not heard in this study. Future research could look at how egg donation is discussed in different socioeconomic, and ethnic communities, as well as amongst women who do not identify as heterosexual. Until that research is conducted it is impossible to generalize about how egg donation is conceptualized among women.

A second limitation is that many of the participants had not donated particularly recently, and their ability to recall conversations and specific instances may not have been as accurate as the women who were reflecting on events that occurred only a few years ago. Then again, while the specific language reported by the women whose donations were far in the past may not have been as accurate, they have had more time to reflect on their experiences and construct a narrative of particularly important fateful moments. Future research may try to create consistency across the participants in order to better generalize how donation narratives are communicated after a specific period of time.

A third limitation is that this project, due to space and time limitations, only focused on communication expressed and perceived by the egg donors. Future research should attempt to interview both donors and recipients in a single study to examine similarities and differences in the way this process is negotiated without privileging either of the equally important women in the egg donation process. Even more, research may also want to take recipients’ partners into account. The partners of egg donor recipients are often completely ignored in the research, and when they are mentioned it is often in terms of their relationship to the recipient rather than their role as a distinct player in the infertility and donation process.

**Final Reflections**

Like the participants I interviewed, the donation process affected how I view myself. The donation made me proud, made me rethink family dynamics, and made me question myself as a mother. I saw myself in each participant and was surprised by how comforting I found that commonality. The participants also seemed interested in my story, and where our stories intersected. At the end of each interview I asked if participants had any questions for
me. This final question was a way to close out the interview and meant to answer any questions or concerns they may have had about the purpose of my research. Instead, most of the women I spoke with asked me about my own donation experience. They wanted to know if I had gone through similar issues with my relationships, and how the results of my donation turned out. I was comforted by the information they shared, and discovered that they too strived for information from other donors. It is thus my final hope that this research can help bridge the distance gap among donors. Many of us do not know people who have experienced something similar. Many of us have faced judgment, and learned from experience that this is not a topic that others are comfortable discussing with us. Others feel that they are alone with their stories, assuming that other donors did not feel alone, scared, or angry at times. I hope to continue conversations of egg donation, to both fill a gap in academic research and to encourage other women to talk to one another.

Speaking with these women has been one of the most rewarding chapters in my donor story, and I want to acknowledge the impact that they have had on me. Many women expressed that they do not have a space to discuss these issues, and that they enjoyed participating in interviews because it allowed them talk about something they had not discussed in a long time. It is my hope that this research, and research like this, helps donors to feel comfortable talking about their experiences in other spaces, and begins to lessen the stigma that they feel is attached to their choices.

While this research focuses on invalidating and validating communication surrounding the experiences of egg donors, the results of this research are not limited to that context. Anyone going through a life changing experience, whether medical, emotional, or spiritual, deserves validation from those that love them. I hope that reading this piece encourages people to accept the decisions of the individuals in their life regardless of personal beliefs, and to validate the experiences of others.
REFERENCES


APPENDIX A

INFORMED CONSENT FORM
Informed Consent Form

San Diego State University

Consent to Act as a Research Subject

(Revisioning Relationships: Donors communicative experiences)

You are being asked to participate in a research study. Before you give your consent to volunteer, it is important that you read the following information and ask as many questions as necessary to be sure you understand what you will be asked to do.

Investigators: Katie Brockhage, M.A. student in the Communication department studying under Dr. Geist-Martin

Purpose of the Study: The purpose of this study is to gain a better understanding how women who donate their eggs communicate with others about their decisions and experiences.

Description of the Study: This study will focus on how egg donors communicate with others about their experiences. The study focuses on messages of support, validating, invalidation and how relationships may change as a result of the donor process. Consenting participants over the age of 18, who have donated their eggs will be interviewed. Some of the questions asked during this interview will be: “How did the idea of using donor eggs first occur to you?” “Who did you talk to about this decision?” and “What was the most and least supportive things said to you during the donation?”

What is Experimental in this Study: None of the questions used in this study are experimental in nature. The only experimental aspect of this study is the gathering of information for the purpose of analysis

Risks or Discomforts: The risks associated with this study are that this is a personal topic and participants may be asked to discuss issues that are sensitive or make them uncomfortable. If
a participant is experiencing discomfort, or does not want to answer a question for any reason they are free to do so at any time. Participants can remove themselves from the study at any time for any reason.

Another potential risk associated with this study is that many women may consider this a very private matter that they do not often openly discuss with others, and may not wish others to know about. For this reason participants can be assured that they have complete confidentiality. No identifying information will be publishing about any of the participants and all names will be changed to protect those involved.

Benefits of the Study: This study could greatly add to existing information regarding infertility. While research regarding how women communicate regarding fertility issues has been conducted in the past, including some on women who choose to use donor eggs, there is very little research on the donors themselves. This information could be a valuable resource to women who are considering donating. This study could also be valuable to society as a whole as it seeks to better understand difficult decisions are discussed and negotiated.

Confidentiality: Participation in this study will be kept as confidential as possible. confidentiality will be maintained to the extent allowed by law. All participants will be given pseudonyms and no identifying information will be published. All transcripts or recording of interviews will be kept on the primary researchers password protected computer and no information will be shared with those outside of the study.

Incentives to Participate: The participants will not be paid to participate in this study.

Costs and/or Compensation for Participation: If there are costs associated with participation (e.g., tests, office visits, etc.) specify, in detail, the extent of these costs.

Voluntary Nature of Participation: Participation in this study is voluntary. Your choice of whether or not to participate will not influence your future relations with San Diego State University If you decide to participate, you are free to withdraw your consent and to stop your participation at any time without penalty or loss of benefits to which you are allowed.
Questions about the Study: If you have any questions about the research now, please ask. If you have questions later about the research, you may contact Katie Brockhage at KBrockha@gmail.com

If you have any questions about your rights as a participant in this study, you may contact the Division of Research Administration San Diego State University (telephone: 619-594-6622; email: irb@mail.sdsu.edu).

Consent to Participate: The San Diego State University Institutional Review Board has approved this consent form, as signified by the Board's stamp. The consent form must be reviewed annually and expires on the date indicated on the stamp.

Your signature below indicates that you have read the information in this document and have had a chance to ask any questions you have about the study. Your signature also indicates that you agree to be in the study and have been told that you can change your mind and withdraw your consent to participate at any time. You have been given a copy of this consent form. *You have also been given a copy of "The Research Participant's Bill of Rights." You have been told that by signing this consent form you are not giving up any of your legal rights.

____________________________________
Name of Participant (please print)

__________________________________  _________________________
Signature of Participant               Date

__________________________________  _________________________
Signature of Investigator              Date

* Applies only to research involving medical experimentation.
Note: If this consent document is being developed to obtain parental permission, the signature line should be labeled "Parent/Guardian of Participant." In addition, include a line that would be used by the parent/guardian to indicate the name of the child for whom they are giving permission.

____________________________________   ______________________
Signature of Parent/Guardian of Participant   Date

________________________________________
Name of Child (print)
APPENDIX B

INTERVIEW GUIDE
Interview Guide

1) How did this whole process get started?
2) Did you tell anyone or talk to anyone about the decision right away?
3) Can you tell me about a time when you had a conversation regarding the donation that you feel you got a lot out of?
4) Did you have any conversations that you felt were negative about the donation? Did anyone say anything to upset you?
5) Can you tell me about the best part of the experience?
6) How about the worst?
7) Did you anything about the donation surprise you?
8) Did the donation have any last effects on you?
9) How did the rest of process go? How was the recovery?
10) If you could offer someone who was going to donate some advice, what would it be?

Ok great. Thanks a lot! Is there anything you would like to ask me?