

## “I’d Know That My Child Was Out There”: Egg Donation, the Institutionalized “Ideal” Family, and Health Care Decision Making

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### ABSTRACT

This study investigates how young women of egg-donating age perceive egg donation. Using institutional theory, this study demonstrates how participants frame a health care decision, such as egg donation, utilizing familial ideals. Results revealed that women expressed the importance of ownership over their genetic material and that familial ideals encourage an ideal way to create a family, which egg donation only fits as a last resort. Results show that familial ideals reach past the institution of family into broader decision making, such as that of health care. Further, results show that as more families are constructed through assisted reproductive technologies, attempts should be made to gradually alter the familial ideal to encompass novel medical technologies such as egg donation.

According to a report released by the U.S. Centers for Disease Control and Prevention (CDC) (2014), more than 65,000 babies were born as a result of assisted reproductive technology in 2012. In 2025 as many as 7.7 million couples could be infertile (Stephen & Chandra, 1998). As a response to infertility, couples have turned to egg and sperm donation. According to the Society for Assisted Reproductive Technology, in 2011 in the United States donor eggs were used for approximately 9.7% of in vitro fertilization (IVF) cycles, up from 9% in 2005. As demand for donor eggs increases, supply will need to increase as well, meaning more young women will be recruited as egg donors.

Choosing to donate eggs is, at its core, a health care decision. The study of egg donation opens a window into the complexities of health communication and health decision making that emerge as new technologies enable novel reproductive choices. These technological shifts in health care processes require investigation into how technology advances in health care decisions, such as reproductive health, are ethically negotiated. Theory on health care decision making has focused on factors such as attitude toward the behavior, subjective norms, behavioral control, perceived threat, risk–benefit ratio, and self-efficacy (Harrison, Morgan, King, & Williams, 2011; Morgan, 2009; Stephenson & Witte, 2001). Research on egg donation indicates that potential donors may weigh the risks of the medial procedure against the benefits of altruism and financial compensation in making their decisions (Kenney & McGowan, 2010; Svanberg et al., 2012). They may also see the medical risks or psychological concerns as perceived threats or consider the subjective norms affiliated with altruism (Culley & Hudson, 2009). Misunderstanding the

perceptions and intentions of potential donors may cause dissatisfaction or long-term psychological concerns (Kenney & McGowan, 2010). However, although understanding of egg donation is increasing, existing research points to a need to understand what drives young women toward or away from donation (Purewal & van den Akker, 2009).

Women’s conceptualization of family may be important in these health decisions, yet it is not captured in most current health care decision-making models (Rapport, 2003). Conceptualizations of family are many and varied, and the circulation of societal beliefs about family plays an important role in health decision making (Fairclough & Micelotta, 2013). In fact, Rapport (2003) found that for women participating in egg share programs, conceptualization of motherhood was the most significant concern about the egg-sharing process. As the use of donated gametes increases, definitions of family will continue to be challenged and reshaped. Due to the connection between egg donation and definitions of family, it is important to further understand how definitions of family shape perceptions of egg donation and vice versa.

Building on institutional theory, this study investigates notions of the “ideal” family in how young women make health care decisions such as that of donating eggs. The findings of this study contribute to the growing body of knowledge on perceptions of egg donation. At the same time, the findings widen the scope of institutional theory as applied to organizational communication by interrogating the boundary assumptions made by the theory. We start with a discussion about egg donation and perceptions of family, followed by a description of and rationale for institutional theory as it applies to this context.

## Egg Donation Motivations

Egg donation is an increasingly popular infertility option that allows a woman to carry a pregnancy even if she has no viable eggs. The infertile couple/individual seeks a donor egg, which is then inseminated and implanted into the woman's uterus (Sember, 2004). Women donating the eggs are usually between the ages of 18 and 25 who are healthy and still in early childbearing years. For the donor, the process can last up to 6 weeks and entails many fertility drugs and procedures (Steinbock, 2004). If a donor completes the cycle she will be compensated typically \$5,000–10,000 for her time and effort during the process (Kenney & McGowan, 2014).

Young women are motivated to donate eggs for a variety of reasons. Research has shown financial compensation to be a strong motivator for young women to donate eggs (Kenney & McGowan, 2010). However, the controversy surrounding monetary compensation for egg donors, where one side claims that donors are being paid for eggs and the other claims they are being paid for time, may actually dissuade some women from donating (Almeling, 2007; Kenney & McGowan, 2014). However, women who claim monetary compensation as a primary reason to donate are often turned away by egg donation clinics (Almeling, 2006). Although monetary compensation may be appealing to some potential donors, the decision is no doubt extremely complex. Altruism is another important factor in young women's decision to donate eggs (Kenney & McGowan, 2010). Women who cite altruism as their primary motivation for donating are accepted as donors more often by egg donation clinics and are perceived by family and friends more positively than those who cite financial motivations (Almeling, 2006). In their meta-analysis of motivations of different types of egg donors, Purewal and van den Akker (2009) found altruistic motivations for patient donors, known donors, commercial donors, and volunteer donors.

Potential donors may just as easily be dissuaded from donating for a variety of reasons. One reason young women may choose not to donate is the physical health complications of donating. Physical complications young women associate with egg donation include ovarian hyperstimulation, infertility, surgical complications, side effects of hormones, unintended pregnancy, injection pain, and ovarian cysts (Kenney & McGowan, 2010). Additionally, young women may be turned off by the lack of information provided to them via the Internet and/or at donation clinics and uncertainty about the donation process. Websites and advertisements where women get their initial information about egg donation often feature insufficient information about risks associated with egg donation (Keehn et al., 2012; Rapport, 2003). Finally, and of specific importance to this study, young women might choose not to donate based on psychological risks. Kenney and McGowan (2010) showed that women who have donated their eggs felt they were not well prepared to deal with psychological complications such as the sense of loss and emotional attachment to their eggs, regret, depression, mood swings, stress, and curiosity about resulting children that accompany egg donation.

While research has shown several reasons women do and do not choose to donate eggs, little work has shown how conceptualizations of family impact perceptions of potential egg donors and

the decision to donate. This is a considerable oversight, seeing that many definitions of family still include relationships based on genetics, which would make a donor and her donation family. In Kenney and McGowan's (2010) research, several of the psychological risks noted by participants show perceptions of family are important in both the motivation to donate and postdonation satisfaction. Five of 10 psychological risks discussed in their study related to a donor's concerns about a resulting child, the donor's role in that child's life, and the implications of the decision for her own family. Their study hinted at the importance of family in donation decisions, but the relationship between perceptions of family and decisions to donate eggs is still unclear.

## Perceptions of Familial Definition

Many definitions exist for what constitutes a family. For example, a family may be defined by the way members communicate and interact (Vangelisti, 2004). Family may also be defined as "a group in which people typically live together in a household and function as a cooperative unit, particularly through the sharing of economic resources, in the pursuit of domestic activities" (Popenoe, 1993, p. 529). Still others recognize the importance of genetic ties to deem individuals a family (Spilker & Lie, 2007). Regardless of the definition used, most scholars agree the "typical American family" is in a perpetual state of change (Popenoe, 1993; Turner & West, 2013). However, research points to the continued persistence of idealized notions of family. According to Cutas and Chan (2012), in Western culture this ideal tends to hold that "children should be conceived *naturally*, born to and raised by their two young, heterosexual, married to each other, genetic parents" (p. 1).

Individuals may utilize the notions of the ideal nuclear family to analyze and form perceptions of family formation processes such as egg donation. For example, due to the inclination of some to evaluate egg donation by comparing it to the ideal nuclear family, the lack of genetic relationship between parent and child means that egg donation is often stigmatized (Rauscher & Fine, 2012). Preexisting ideas about motherhood may also influence how individuals view egg donation (Culley & Hudson, 2009). Kirkman (2008) noted that women who have become mothers through egg donation constantly fight society's image of genetic motherhood by feeling self-conscious about not "owning" their children. Further, issues of infertility as a whole are often linked with conceptualizations of motherhood. Bute (2009) argued that infertility is often associated with societal expectations of motherhood: "Such revelations not only reveal a particular health condition but also position women as trying to fulfill the societal expectation of motherhood" (p. 753). Overall, it is clear that the ideal nuclear family is often still used as a comparison point to evaluate one's own and others' families. These findings underscore the need for research investigating young women's accounts of egg donation and their ideas about why they would or would not donate eggs.

## Theorizing the Institutional Character of Egg Donation and the Ideal Family

Deciding to donate eggs is intimately personal, but also involves larger organizational, cultural, and legal notions of

family (Fairclough & Micelotta, 2013). As such, we contend that the decision to donate eggs involves institutions. Institutions are “constellations of established practices guided by formalized, rational beliefs that transcend particular organizations and situations” (Lammers & Barbour, 2006, p. 357). Institutional theory takes many forms, but in general, it holds that individuals and organizations adopt behaviors to accomplish normative goals that may contradict instrumental goals, and that seemingly straightforward technical decisions can become infused with meaning beyond technical criteria (Barbour & Lammers, 2015; Lammers & Barbour, 2006). Furthermore, institutional theory investigates how these broader meanings become instantiated in organizational structures, legal frameworks, professional standards, and everyday individual decision making.

Institutional theory has been traditionally applied in communication scholarship to organizational phenomena, and the vast majority of institutional research has ignored the family except to focus on family-owned firms or, more rarely, family as the underlying metaphor for organizing (Fairclough & Micelotta, 2013). Families can be structured like organizations with rules, boundaries, norms, and customs. Institutional norms and frameworks imply particular notions about what a family is and what it should be (the idealized family), and these notions are imbedded in regulative, normative, and cognitive social structures (Scott, 1995). Furthermore, these structures enable and constrain communication about health and family. Communication consistent with prevailing notions of family sustains the institution of family by sending and reiterating messages supporting particular versions of family, such as the nuclear family. Given the prominence of idealized notions about family, understanding how individuals may draw on formalized, rational, and widespread beliefs about family in their negotiation of a health care decision, such as that to donate eggs, may be particularly important.

Further, another reason institutional theory is important in this case is that medical technologies, such as egg donation, emerge relatively quickly compared to the frameworks we use to make sense of them. Institutional phenomena tend to endure, though they are not completely fixed, uniform, or unchanging (Lammers, 2011). As evident in the discussion of the idealized family just described, particular institutionalized beliefs about family have existed for some time. For example, the importance of genetic links for defining who is and who is not family are not only established in prevailing beliefs about family, but also in legal definitions of family (Spilker & Lie, 2007). Beliefs about familial structures, such as marriage, tend to resist change in part because they are moored to institutions (Lammers & Barbour, 2006). In the context of egg donation, organizational policy, legal frameworks, professional standards, and cultural-normative assumptions of family can influence individual health care decision making. Therefore, an institutional perspective may help us explain the ways in which family and health communication are influenced by phenomena beyond the influence of any single individual or organization. This study therefore asks, *in what ways do notions of family influence young women's decisions to donate eggs?*

## Methodology

### Participants

To participate in the study, women had to be between the ages of 18–30 years, the age range typically required to become an egg donor. We utilized this population rather than women who were already egg donors, because we wanted to see how women who had not yet made a decision about egg donation formed opinions about the process. Twenty women between the ages of 18 and 25 with a mean age of 22.2 participated. One participant classified herself as Hispanic, one classified herself as African American, and 18 classified themselves as Caucasian. Participants included seven graduate students and 13 undergraduate students recruited at two different universities in the midwestern United States. Our sample reflects the education levels and ethnicities commonly recruited by egg donation clinics due to their attractiveness to potential recipient families (Almeling, 2007).

### Procedures

After receiving approval from the institutional review board, participants were recruited through snowball sampling (Creswell, 2007). The graduate students volunteered for participation in the study without compensation, and the undergraduates received extra credit in one of their courses for their participation. After agreeing to participate in the study and completing the informed consent process, participants were prompted to “seek enough information to make an informed decision” about egg donation. The goal was to encourage variation in perspectives about egg donation and experiences in the information seeking process because many women of this age group know little about what it means to be an egg donor (Kenney & McGowan, 2010) and likely take it upon themselves to seek information about the topic before donating. The goal of the interviews was not to find out what they knew about the topic, but to understand how they thought through this particular health care decision, which would necessarily include seeking information.

Upon completion of their information search, participants were asked to schedule an interview to discuss the egg donation information they found, and in-depth interviews were then conducted in a semistructured format. At the start of the interview, participants were asked to tell the interviewer what they had learned about the process of egg donation, thereby allowing the interviewer to make a judgment about whether the participant knew enough about the process to continue the interview. Interview questions included “How did the information you found shape your opinion about egg donation?” and “How do you feel a process like egg donation could positively and/or negatively impact your life?” Probing questions supported a guided yet conversational interview. To encourage rapport building, female members of the research team conducted the interviews. Interviews ranged in length from 30 to 45 minutes.

### Data Analysis

Guided by the research question, a thematic analysis was conducted. We sought themes capturing the participants' accounts

of their information seeking and decision making. The thematic analysis sought the experiential structures that reflect the lived experience of participants; themes were not applied to the data but instead emerged from participants' accounts (Van Manen, 1997). Themes were selectively highlighted using Lindlof and Taylor's (2002) data management, data reduction, and conceptual development data analysis steps.

The researchers transcribed the interviews while listening for emerging themes. Upon completion of the transcription, the authors managed the data by reading and rereading all transcripts until overarching themes emerged. Throughout the theme generation process, the researchers looked for overlap among the accounts, the repetition of language in the accounts, and the emphasis offered in accounts by participants themselves (Owen, 1984). Throughout the analysis process, authors wrote memos detailing what participants were describing within each subtheme. By assigning labels to the themes and supporting them using data gleaned from participant transcripts, the researchers were able to move from emergent themes to abstract conceptual development (Lindlof & Taylor, 2002).

The resulting analysis was subjected to multiple forms of verification (Creswell, 2007). First, the authors developed rich descriptions of themes. These thick descriptions were intended to allow readers the flexibility to decide the degree to which findings are transferable. Second, the researchers contacted a subset of participants ( $n = 5$ ) for member checks. The authors presented preliminary findings to the participants, using pseudonyms, and asked them to affirm and challenge them. Their reactions confirmed the interpretations on the whole, but they did offer feedback that allowed for a refining of the results. For example, participants who did not view egg donation as an avenue they would ever pursue as a donor or a recipient noted that they would not judge others for choosing to do so. Third, the final author read the refined results independent of the analysis process to represent the perspective of established theory.

## Findings

Our participants reported that, regardless of the changes in the composition of family, there exists an idealized way to construct a family. They also argued that making the idealized family does not include the use of technology such as egg donation. Consistent with the review of existing scholarship on circulating views of the family, the idealized family for these participants included (a) married heterosexual parents, (b) preferably who are happy in their marriage, and (c) who produce a small number of healthy children possessing admirable traits and who (d) resemble their parents. But most interestingly, they argued that individuals have control over the creation of the ideal family—meaning, individuals can form a family when and how they want.

The participants positioned their perceptions of egg donation in and through idealized constructions of family. According to participants, a third-party egg donor was not part of the ideal construction of family. Participants explained that in the ideal family, women own their genetic material and have the power and agency to build a family. They construed

egg donation as, in part, a forfeiting of rights to that donated egg(s) and the child(ren) that may result. Their accounts made clear that forfeiting rights ran counter to the ideal family, and most participants ( $n = 18$ , 90%) indicated an unwillingness to donate. The analysis focused on two overarching themes that reflect the view of family employed by the participants in their thinking about egg donation, which included (a) owning familial rights and responsibilities and (b) creating the ideal family.

### *Ownership of the Egg/Child*

For participants, ownership embodied the idea that individuals should have control over their genetics and family. This conceptualization was consistent with the importance of the genetic link between parents and children in circulating notions of the familial ideal (Cutas & Chan, 2012; Kirkman, 2008). For the participants, separating “their child” from their genetic material was difficult. Each of the women interviewed claimed repeatedly that the principal reason she would not consider donating eggs was because of the child that might result from her donation. Participants tended to use similar language in describing these feelings of ownership, referring to the egg/child as “mine,” or “my child,” though they understood that, once donated, that egg legally belongs to the recipient couple (Robertson, 2002). For participants in this context, familial ownership ignored and superseded legalistic and market definitions of family.

For example, Cathy (age 21) explained that she felt disturbed by the fact that her child would be out in the world, and she would never know that child—a sentiment that recurred in other accounts:

And then, the biggest negative that I thought about was knowing—I don't know if I want kids—but knowing that I would have a child out there that is biologically mine that I'm legally nothing to. I could pass this kid on the street and have no idea. And I don't know if I'm comfortable with that at all. Knowing half of my genes are walking around and I have nothing to do with them and I'll never have anything to do with them. And I don't like that.

Cathy talked about how donating her eggs would result in her child being out in the world. When discussing how this would be her child, Cathy had an urgency in her voice that indicated how passionately she felt about her ownership of this egg and the resulting child. Hillary (age 22) agreed; using similar language she explained:

I'd be really, really distraught because I'd know that my child was out there. I think that, you know, it's that woman's egg so biologically it's her child, and it'll have all these features of me and, I think that'd be very weird knowing that somebody was carrying and raising a child that came from my body, like, it took my egg to do that.

Hillary believed her eggs belonged to her and questioned her ability to accept someone else raising a child that is biologically hers. She explained that sense of owning in terms of shared genetic traits.

Several participants also specifically used the word “mother” to refer to their role in a child's life who resulted



from their donation. Jessica (age 25) said, “I mean, half of that child is mine, how can you say I’m not the mother.” Sophie (age 24) made a similar comment: “You know, it was just mother’s day and always wondering if you actually mothered a child.” These data indicate that institutionalized notions of family may be reflected in the tendency for these women to talk about children resulting from their donations with possessive language and the language of motherhood.

Several participants also applied this idea of ownership to extended family. Allison (age 22) said, “I would definitely talk to my family because, back to the genetics, like that’s their genes.” Allison has extended the idea of ownership into the realm of her immediate family. When contemplating the decision to donate her eggs, she felt the need to talk to her family because her genes are also their genes. Hillary commented on a story about an egg donor’s mother told to her by one of the interviewers. The interviewer described a situation where a young woman donated and then died of a genetic disease several years after her donation. In this story, the mother of the egg donor sought out any children resulting from her daughter’s donation to inform them of the possibility of their inheritance of this genetic disease. In response to this story Hillary said:

I think it’s amazing what that grandmother did for that child, I mean even though she couldn’t find it . . . I think it’s wonderful because she was aware that biologically she’s related to this child, biologically it’s her granddaughter or grandson, and so she wanted it to have a long, healthy, happy life, so, that’s amazing that she tried.

When responding to this story, Hillary referred to any resulting children as the woman’s granddaughter or grandson, exhibiting her inability to separate the egg donation from the child and further highlighting her familial ideals utilizing the language of family.

A third young woman, Amber (age 24), extended the concept of ownership into her relationship with her fiancé. As we discussed whether or not she would talk to him about egg donation she said:

Yeah, I would talk to him, yeah. Um, he is very, uh, pro science type stuff, though, so I’m not sure, I’m not sure what his opinion on it would be but I think he would still say no, just because we are in a committed relationship where, I mean that could be his, I mean it could affect us as a couple later on, so. . .

Though she caught herself midsentence, Amber did mention that a child resulting from her donation would be her fiancé’s child, though that claim has no basis in biology. However, because she feels a connection to her family and her genes, she included her fiancée in this realm of ownership. Idealized notions about the definition of family come into play here. For example, though legal frameworks may include spouses in the definition of family, because spouses or significant others have no genetic ties to a child resulting from egg donation, such legal definitions of family cannot alone explain why these young women wanted to discuss egg donation with their partners.

The owning of genetics and family and the implications for their perceptions of duty to potential offspring and other family members were persistent themes in the interviews in

this study. When a woman gives up her rights to an egg when donated (Robertson, 2002), legal definitions of family cease to apply. However, when participants discussed their attachment to their eggs and children resulting from donations institutionalized ideas about family surfaced. Because children may result from their donation, they discussed feeling morally obligated to care for these children and be part of their lives. Further, the implied duty applied to extended family, including them in communication and health decision making about a woman’s choice to donate eggs. Because these family members have a vested interest in her genes, or even share her genes, each woman felt morally obligated to discuss her decision to donate. Per the research question, these data indicate that accounts of egg donation as health communication and decision making draw on institutionalized notions of the ideal family. This finding is not in and of itself surprising, although the consistency in the language of ownership and duty is fascinating. However, participants also drew on these same notions to explain their negotiation of what it means to create the ideal family, which was the focus of the second overarching theme.

### **Creating the Ideal Family**

Participants also argued there was an ideal way to create a family. For them, creating the ideal family involved (a) specific steps and (b) standards for the legitimacy of individuals within families. For example, Amber (age 24) listed questions she would like to ask recipient families:

Are they married? What kind of complications are they having? Why haven’t they considered adoption? Have they considered adoption? What steered them away? Why did they want to find a stranger to be an egg donor? And have they considered other options before going to egg donation and what caused them to seek an egg donor?

Amber wanted to know whether the couple is married, because ideally a person should be married to have children. She wanted to understand the circumstances that provide a legitimate warrant for egg donation. She also wanted to know if the couple’s first consideration was adoption, because in her mind adoption is a more acceptable way of forming a family than egg donation. Again, these questions are less an awareness of relevant legal or policy frameworks for egg donation or of health considerations related to egg donation, and more ideas of what a family is and how it should be constructed. Further, similar to the findings of Bute and Brann (2015), it seems the expectations of having a normal pregnancy were assumed by these participants and skewed their interpretations of egg donation. As participants reflected on egg donation their accounts reflected three core subthemes capturing participants’ accounts of egg donation as a deviation from the ideal family formation: the ideal child, the ideal recipient family, and adoption.

### **Ideal Child**

The first subtheme that emerged was the goal to create an ideal child. With egg donation, recipient couples are given the

opportunity to peruse egg donors and choose the traits they want in a potential child. Recipient mothers may choose to match the child's traits with their own, or they may choose a donor with perceived superior traits. Participants varied in their reaction to the fact that recipient families can choose more highly valued traits for their child. Some participants argued that choosing more highly valued traits would be perfectly acceptable; others questioned the ethics of buying genetically superior offspring.

Those participants who found the concept of choosing "genetically superior" eggs acceptable and natural argued that going through egg donation is expensive, so recipients should be able to select for a genetically advantaged child. Choosing "good" eggs would produce a strong child, they reasoned. Allison (age 22), for example, explained:

Um, I don't think that's unrealistic by any means because everybody wants to have a child that has the potential to be the best in something or doesn't struggle with a lot of things and . . . I mean, birth defects can also be given to anybody, but, if you're wanting a child, I mean I think you want to have the best opportunity, cause whenever you look for a spouse to have a child with you look for qualities and traits and everything that they carry, so I don't know why you wouldn't do that same looking for genes for your offspring.

Here, Allison justified a recipient couple choosing certain genetic traits for their potential child by comparing the process to choosing a mate. Her comments that everyone wants "a child that is good at something or a child free from birth defects" showed how she idealized certain qualities in a child. She condoned the concept of an ideal child, which may be more easily obtained through egg donation than through natural child conception. Amber made similar comments:

Everybody I guess wants to have a child that, this is like a perfect way for people to hand pick what their child is gonna look like, um, cause there's pictures of the donor, they ask them what their height and weight is, if they have any learning disabilities, or anything like that, which I think is information that should be relevant. If you're paying this much money I guess to select an egg you should know what you're getting.

Amber was, again, pointing out the characteristics of what she considers to be an ideal child. Further, her desire for an attractive successful child demonstrated an expectation that an egg recipient couple's choice reflects an extension of their striving for the familial ideal that puts the welfare of the family first.

Other participants advocated for choosing a donor based on characteristics of the recipient mother. They explained that recipients should try matching traits to the recipient mother, which would model the mother-to-child genetic link that is part of idealized notions of family. Erin (age 24) discussed matching average people with average donors:

I think if you have the money and you can't have children and you want this child who may not come from any of your genes. Like I think an average person's gonna have more, I don't know, I don't think genes are the right word, but more in common with another average person, you know, like IQ wise. I don't, I think it would be weird to be the mother of a child through in vitro and have a child who's like bright genius who came from this egg of this woman who's amazing but you're just like the Average Joe kind of lady, I don't know.

Erin argued for the match between the qualities of the recipient family and future child. She discussed that she would feel weird if she chose a genetically superior donor resulting in a child genetically superior to her. Here the ideal child is construed as one that is genetically similar. These accounts evoke a desire for physical and intellectual similarity between children and parents and reduce stigma associated with nongenetic parentage.

Participants also argued that choosing traits for a child would be unethical under any circumstances. Andrea (age 20) went so far as to compare choosing genes through egg donation to the construction of a superior race. She said:

I don't think it's very ethical. You're going to pay somebody extra money because you like the way they look. I feel like it's almost increasing the idea of a superior race . . . So, they're trying to genetically engineer their child to be the best. And then, that goes to a class issue. Because a lower class can't afford that. So, all the rich people are going to go buy their child and then there is going to be this group, they're genetically better than people who don't have money. And so there is literally like two separate races . . . Just let things go naturally. I know that it's hard when you can't get pregnant, but that's how it always was. If you can't get pregnant, you can't get pregnant.

Andrea, too, relies on arguments about idealized notions of family construction to discuss her discomfort with choosing genes for a child as "unnatural" and therefore immoral. These arguments for the realization of the ideal child offer divergent claims on the ethics of egg selection, but they converge in their appeals to familial ideals.

### **Ideal Recipient Family**

The second subtheme that emerged was the concept of the ideal recipient family. When discussing why they would be uncomfortable donating eggs, many women wanted to know more about the recipient families even though they knew most egg donations are anonymous. They indicated they would compare recipient couples to an ideal family. When discussing her reservations about donating, Amber argued:

You don't know who the recipient is and I would be concerned that I donated my eggs but maybe they're not a loving family or they end up getting divorced or, and how does that affect the child later on in life.

Here, the problem with egg donation is the uncertainty of the recipient family's legitimacy in that Amber did not consider divorce part of the familial ideal. Lily (age 24) also discussed her desire to vet a family before agreeing to donate her eggs. She said:

I'd probably still look into it and just make sure I know who they are before I get into it because I wouldn't want it to be just some random Joe Schmoe family that just wants to get a kid to have a kid. I want to get to know them before I give them my egg just to make sure that they are ready to have a child and be prepared for the consequences that come from having a child. All the finances and raising it right and being there for it.

For Lily the ideal family, and therefore the ideal recipient family, requires the resources and ability to care for the child. The family cannot be "some random Joe Schmoe family." Erin also argued that she would want to know more

about the recipient family so she would know “her child” would be going to a good family:

Yeah, [I’d like to know] the recipient better, like on a more personal level and make sure that they’re the type of person that I would want, that I believe should have a child and would care for the child and has the resources to have children, not like the Octomom. If I were to meet her and she already had six children I’d be like, well no I’m not giving you my eggs to have another child.

Note in this example how the themes of ownership and ideal family creation overlap. Erin’s duty of ownership extended to investigating whether an ideal family would be the recipient of her eggs. She also mentioned the “Octomom,” a single woman in the news at the time who already had six children and had recently given birth to octuplets. For Erin, a single woman with six children who takes on more than she can care for does not reflect the ideal family.

Kailyn (age 22) captured this ideal construction well when she explained:

I want kids eventually, but at the same time I want to do it the right way, like, . . . I don’t want to be a single parent, I don’t want to be having a kid when, and like not being able to finish school, I wanna like have my career, get married, have kids, you know like, and I don’t want to be the only person like, like I don’t wanna be doing this on my own, you know? I want someone to be helping me and all that stuff.

Kailyn used her own notions of familial ideals to make sense of the uncertainty of egg donation and to show what she believes to be the appropriate linear construction of a family.

Nearly all women interviewed discussed being skeptical of donating their eggs because they wanted to make sure their eggs would go to a good family. They expressed this hesitancy as a responsibility that was related to their own creation of an ideal family. Per their accounts, women have a responsibility to create an ideal family and therefore to see that recipients do so as well. For participants, the ideal family has enough money to support all their children and does not include divorce, single parents, or too many children. These accounts offered little room for the empirical diversity of family makeup (e.g., stepfamilies, single-parent families, same-sex-parented families).

## Adoption

The last subtheme in creating the ideal family is that families struggling with infertility should consider adoption before deciding on egg donation. Participants advocated for adoption, mostly because they felt adopting a child already in the world was a more acceptable way of forming a family than producing a new child through use of an egg donor. Jennifer (age 21) argued:

Adoption is always an answer to me, cause there are so many children who are without families. Even if you adopt from different countries, I mean there’s no reason for a child to be without a family or to be neglected, so, but I do think that adoption is, it should be number one on the list and, unless you really like, your husband really wants a child, but, it’s not gonna be your child like, it’s his child, but with someone else’s egg.

Reflecting concerns for altruism, participants made similar statements about adoption being the first alternative to natural child conception, as well as adoption being better than egg donation because the child has already been born. Beth (age 18) discussed how her personal ties to adoption would make her choose adoption before egg donation:

I’m against egg donation because I believe if you can’t have your own children physically, you should adopt. But then again I’m also biased because my family has adopted. And I just feel very strongly about it. If you’re not able to have your own children, you need to help the children who don’t have parents.

Beth framed her account of egg donation in relation to adoption. Her personal experience with adoption in her family influenced her to advocate for adopting a child rather than egg donation.

For participants, adoption did not present the problems of ownership discussed earlier. Participants would not consider donating their eggs because they felt the resulting child would be theirs; however, they did advocate for adoption, even though adoption also involves a woman giving away a child she would consider hers. This contradiction in feelings towards genetic ownership may stem from legal institutions and cultural acceptability of adoption versus egg donation, which we discuss below.

## Discussion

The research question for this study investigated how perceptions of family influenced views of egg donation for young women. Our findings demonstrated that for participants, idealized perceptions of family framed perceptions of egg donation. Participants reiterated the ideal of ownership of genetics and family, as well as the ideal family creation and construction. These data contribute evidence that health decision making—especially related to novel health technologies—involves established notions of family that circulate beyond any one family. Contrary to the initial expectations of the authors, the participants’ accounts of their decisions did not reflect straightforward concern for the costs and benefits of egg donation, such as the medical procedures involved in the process. Rather, their accounts reflect a concern for what is and is not a legitimate family. As a whole, our findings show that when making health care decisions such as choosing whether or not to donate eggs, young women often rely on institutionalized notions of family rather than solely on physical or psychological health outcomes or procedures.

The first theme, ownership, shows that the genetic link between parent and child is still an important component of family formation. All participants articulated the idea that a woman who donates one of her eggs to another couple, in her eyes, is still the owner of that child due to her genetic relationship with the child. Though definitions of family may be communication or interaction based, our participants favored definitions that emphasized the genetic relationship between parents and children (Spilker & Lie, 2007; Vangelisti, 2004). The institutionalization of family may have perpetuated the participants’ fixation on genetic ownership. The participants’ focus on ownership of their genes exhibited an underlying

notion that families formed through egg donation are not ideal because the resulting child “belongs” not to the recipient mother but, instead, to the woman who donated the egg. Given the existing literature on the ideal family, this finding is conformational but not surprising. However, it was fascinating that these women drew on familial ideals to make decisions and make sense of information about egg donation. It was intriguing too that their idealized notions of family not only defined family in institutionalized ways but also included the notion that women could and should exercise control of family formation.

The second theme, creation of the ideal family, showed participants supporting a particular way family should be created. Participants articulated that certain elements make up the ideal family and that, much like the results from Bute and Brann’s (2015) study about miscarriage, variations from this ideal often result in stigmatized beliefs. The first subtheme, the ideal child, conveys the notion that parents seek certain attributes in their children. Participants wavered on whether or not these attributes should be perceived as socially superior (e.g., superior intelligence, attractiveness) or whether they should be attributes possessed by the recipient parents. Even as participants disagreed about the ethics of selecting donors, they supported their accounts with appeals to institutionalized familial ideals.

The second subtheme, the ideal recipient family, supports the notion that an ideal family is comprised of certain attributes. Participants mentioned divorce, happiness of the recipient couple, number of children they already have, and resources to support those children as attributes they considered when thinking of the ideal recipient family. Each of these attributes has been mentioned in the family literature in regard to ideal attributes of families (Cutas & Chan, 2012; Popenoe, 1993). Though these participants may have harbored strong feelings against egg donation, they seemed to be more likely to condone it if the recipient family fit their idealized definition of family. While openness to donate to a family member did not surface enough to become a theme in this study, several participants did note that they might be open to donating to a sister. However, their justification for donating to a sister was largely supported by the participant knowing the child would be going to a good family, thereby supporting the subtheme of the ideal recipient family.

In the last subtheme, adoption, participants argued there should be a linear ordering of infertility alternatives. They discussed that parents should first attempt to naturally conceive children, and if that is not possible, they should adopt. Only if they cannot adopt should they turn to egg donation or assisted reproductive technologies. This subtheme also contradicted the importance of a genetic link between parents and child that was so valued by the participants in the first theme. Institutional differences may explain the variability in their reactions to egg donation and adoption. Adoption has been practiced worldwide for decades, culminating in clear laws and regulatory practices guiding adoption. Egg donation, however, has only been practiced since the 1980s and continues to lack the legal and regulatory guidelines found in adoption (Almeling, 2006). Further, this contradiction in findings may also be related to cultural beliefs. When adoption was first practiced it faced stigma (March, 1995), similar to

the stigma egg donation faces now. For example, early adoption contracts included secrecy clauses that have since been challenged, leading to more open adoptions and more acceptance of adoption in American society (March, 1995). Egg donation has experienced a similar trajectory in terms of privacy and anonymity related to donors and recipient families (Readings, Blake, Casey, Jadv, & Golombok, 2011), but does not yet experience the same level of openness as adoption. As egg donation practices become more common, legal and cultural beliefs and practices may become clearer, eliminating this contradiction.

## Implications

There are several implications for institutional theory and its application to health and family communication emerging from this study. First, the results confirm the value of an institutional perspective on family communication. Taking an institutional perspective holds that family ideals extend past individual families and even cultural norms into institutionalized practices and beliefs. Institutional theory helps explain why, even in the face of changing family composition, idealized visions of family are still so prominent. Familial ideals reflect institutionalized practices and beliefs, which change slowly. We learn institutionalized familial ideals through our families of origin and through professional and legal frameworks incumbent on families (Turner & West, 2013).

Second, these findings offer an example that builds on the communicative study of institutional theory, which has focused almost exclusively on organizational phenomena. They indicate the need to reconsider how we conceptualize the boundaries of organized communication behavior. Typical applications of institutional theory in communication research have conceptualized organizational membership as a principal scope condition (Barbour & Lammers, 2007, 2015). The core assumption reflected in this work is that organizational members negotiate institutions. Membership is defined by belonging to organizations nested within particular sectors. A physician must deal with societal frames for what is and is not legitimate medical practice, because physicians are members of the profession and members of health care organizations (Barbour & Lammers, 2015). Individuals making decisions about egg donation are influenced by institutionalized frames for egg donation as well, but these individuals do not fit neatly within the typical conceptions of organizational or professional membership.

Third, and perhaps most importantly, these results make clear the importance of institutionalized notions of family in health decision making wherein institutions may frame health care decisions but not determine them. For example, while some women do not want to donate based on physical and psychological health risks (Kenney & McGowan, 2010), these findings showed that participants relied more on familial ideals—the ideal of ownership of genetics and family, and the ideal family creation and construction—to make their decisions. In these data, participants’ concern for family duty and responsibility reflected a concern for righteousness that trumped concerns about the costs or risks of egg donation.



At the same time, the influence was not deterministic. Institutionalized notions of family were not uniform, but rather fragmented and contradictory. Participants negotiated the contradictions by drawing on institutionalized notions of family to make claims about the ideal family construction. The implications of utilizing the institutionalized familial ideal extends well past decisions regarding egg donation into other realms of health care and advancing medical technology. For example, individuals with a genetic mutation predisposing them to an increased risk of cancer must make decisions about family planning in tandem with decisions about preventative surgeries that may end their ability to have children. Based on the results of this study, these individuals may make decisions about preventative surgeries that could save their lives based on familial ideals rather than strictly medical advice. Future research should continue investigating under what circumstances familial ideals influence health care decision making.

Further, the notion that individuals use familial ideals to make health care decisions should be investigated as a factor in health care decision-making models. Traditional health decision-making models such as the Theory of Planned Behavior highlight norms as an essential element in making health care decisions. However, those norms are often based on health care- or context-specific norms rather than familial ideal norms—or if they do include family, focus on opinions of family members, rather than institutionalized familial ideals. Future research investigating the intersection of family and health communication should continue investigating how adherence to familial ideals may operate within existing health care decision-making frameworks.

### Limitations and Future Research

There were, however, limitations for the present study that merit attention here. First, the nature of the sample of participants may have constrained the data. All participants came from the U.S. Midwest. There is a possibility that participants from the East Coast or West Coast would have significantly different perceptions of family and infertility technologies. Additionally, all participants but one identified as heterosexual. Further exploration of how lesbian women and gay men discursively construct the idea of family and the role of egg/sperm donation plays in that process would be beneficial. Further, while allowing participants to search for information on their own reflects how young women often find information about egg donation, it is likely that their information was varied, possibly attributing to their focus on family. Finally, we read these data taking an interpretive approach. A more critical reading of these data might highlight ways in which family ideals reinforce hegemonic frames for what the family should be or reify cultural, (hetero)sexist, and racial stereotypes.

As reproductive technology advances and infertility rates rise, egg donation will increasingly become a hot topic of discussion. Understanding perceptions of egg donation will help better recognize egg donation as a solution to infertility. Specifically, future communication research on egg donation could focus on a number issues, including (a) the influence of

media on perceptions of egg and sperm donation and infertility technologies; (b) young men's perceptions of egg and sperm donation; and (c) gay and lesbian individuals who are considering having children. More investigation, therefore, is needed to further understand the ethical controversies surrounding egg donation and the role it plays in constructions of family in the 21st century.

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