



Inheritance beyond genes: Narrative conversations about male infertility and inherited identities

by Ximena Karmy Saieg



Ximena Karmy Saieg is a psychologist and family and couples therapist. Ximena completed a master's degree in narrative therapy and community work at the University of Extremadura in Spain and a year-long narrative therapy training program with Jill Freedman and Gene Combs. For more than 25 years, she has been honoured to accompany people with their life stories and to have the privilege to know them, their narratives and relationships, working with them to discover their ways of resistance and looking forward to alternative ways of being away from pain and in a more dignified and respectful way. xkarmy@gmail.com

 ORCID ID: <https://orcid.org/0009-0005-0770-7986>

Abstract

Many qualities that may be considered “genetic” are, in fact, inherited through stories and the ways they are narrated and re-narrated. This article describes therapeutic conversations with a heterosexual couple who had recently confronted a medical diagnosis of male infertility. Grounded in a relational understanding of identity and using the couple's Tree of Life, I illustrate how fertile ground was generated for the identity of a child conceived through sperm donation. Conversations supported the deconstruction of dominant cultural discourses surrounding fertility, fatherhood, masculinity and genetic inheritance, opening space for preferred stories about the couple's future and the identity of the child to come.

Key words: *fertility, infertility, sperm donation, assisted reproduction, relational identity, couple's Tree of Life, couple identity, gender, fatherhood, inherited identity, Chile, narrative therapy, narrative practice*

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Often, the most painful effects of involuntary infertility are not due to biology but rather to the dominant culture's norms of motherhood, fatherhood and fertility. In Latin America, particularly countries marked by strong social conservatism, experiences of male infertility occupy a terrain of particular social and emotional sensitivity. Biological conception and genetic filiation are central to discourses of identity, family and fatherhood, generating normative frameworks that are difficult to question and even more difficult to transform. Besides, assisted reproduction is a privilege because the treatments are very expensive, so only a very small group have access. This can "reinforce existing structures and forms of power and privilege where dominant groups are empowered to nurture and reproduce, while others are disempowered" (Tam, 2021, p. 3). In this context, the only way to become a parent is imagined to be the biological one, with a mother and a father. Other possibilities like same-sex parenting, assisted reproductive techniques or even adoption remain taboo.

Ana and Miguel, a Chilean couple in their mid-thirties, came to my practice. They had received the news that Miguel would not be able to have biological children: he had a genetic condition resulting in a complete absence of sperm. From a medical perspective, this could be summarised as a problem of male fertility. However, from a narrative perspective, this diagnosis opened a broader field of reflection: What cultural discourses come into play in considering fertility? How is the identity of the couple and each of its members affected? What might this mean for the identity of the child they hoped to conceive through donor sperm? What possibilities for narrative agency emerge when dominant stories about inheritance, masculinity and parenthood are challenged?

This article shows how, through narrative conversations, it was possible to move from a problem-saturated story towards co-constructed narratives in which the couple transformed the ways they related to the problem of infertility, strengthened their relationship and reimaged the identity of their possible future child.

Theoretical foundations: Principles of narrative therapy

Narrative therapy, first developed by Michael White and David Epston (1990), proposes a postmodern view of identity in which people are not defined by their problems. Narrative practices seek to understand people's life stories and how these are influenced by cultural, social and family discourses. Through practices such as externalisation, the deconstruction of dominant discourses and the construction of preferred stories, people come to occupy a more active and hopeful position.

One of the pillars of this approach is the understanding that identity is not something fixed or essential but constructed through interaction with others, within relational, historical and cultural contexts (Combs & Freedman, 2016). Thus, in therapy, the task is not to discover an "inner truth" but to re-narrate life in ways that expand personal agency and possibilities (Freedman & Combs, 1996).

These concepts were essential to my work with Ana and Miguel. The dominant story they held of Miguel's infertility positioned them within identities of failure, loss and rupture. These identities were following them into other areas of life. By introducing narrative ideas, it became possible to transform the conversation from "who we are because of what happened to us" to "who we might come to be in relation to what we are going through and the way we choose to respond".

Context and presenting problem

Ana and Miguel were a university-educated couple of high socioeconomic status. Both were raised in traditional and religious families. In Chile, and in such families in particular, one lives by a lot of "invisible rules" in order to belong. A man is raised to be a provider and to take on a "pater familia" authority. A woman is raised to be a mother, and her husband is supposed to make this possible. This is something you don't talk about directly,

but a lot of jokes are made linking a man's capacity to make his wife pregnant with his capacity as a man.

Miguel: In our social context it becomes very difficult to make a family the way we can make it.¹

Ximena: What do you mean by the way you can make it? What does this social context mean?

Ana: It means you must have your family in the "normal" way, and we are now out of religious parameters ...

They had been married for four years, following a 10-year dating relationship. A year before our first meeting, they had decided that they wanted to have a child and began trying to conceive. When Ana did not become pregnant, she decided to resign from her job, thinking that it might be a source of stress. All the physicians they consulted suggested conducting examinations on Ana, ignoring the possibility that the fertility issue might be Miguel's. Eventually, Miguel's infertility was diagnosed. This was a radical rupture in the life narratives of both partners. In our first session, they articulated a need to work on the issue of infertility within a safe space. Miguel expressed feelings of guilt, insufficiency and isolation; Ana oscillated between anger, frustration and a sense of personal failure.

As soon as they told me about the problem, they stated that they did not want to adopt. They had made a firm decision to conceive via donor sperm. They wanted their child to carry at least some of their "genetic material": for the child to be "50% ours and 50% adopted". The discourse of genetic supremacy came through clearly. They thought there was important information that could only be transmitted genetically. Donor insemination would mean that at least Ana's genetic information could be transmitted to their potential child. This statement made me wonder: What discourses were involved in their decision?

For the couple, the problem story had several strands. One was related to the identity of a

future child and the influence of "unknown genetics". Another, equally important, strand concerned the question of what kind of couple they would become now that they had received the infertility diagnosis. Their identity as a couple was also at risk.

Deconstructing discourses of genetic continuity

Social scripts (Nordqvist, 2021; Simon & Gagnon, 1984) organise the ways we think and act in particular situations. In Chile, the discourse of genetic continuity carries significant weight. Social scripts about fatherhood remain strongly linked to the idea of genetic transmission, making it difficult to integrate alternative narratives such as relational fatherhood or nongenetic parenthood.

Ana and Miguel explained that genetic traits like skin colour, eye colour and hair type were important: if their child looked like them, the child would have an "invisible acceptance". They even told me that they feared school bullying if too many differences were apparent.

In our therapeutic work, it was fundamental to make these scripts visible, to deconstruct them and to allow new narratives to emerge in which the identity of being a mother or being a father might not be exclusively tied to genetic inheritance.

Ana: My mother always told me that one could not be happy in this world if one did not have one's "own" children.

This sentence contained a universe of assumptions, mandates and pain.

Ximena: What has to happen for the child to be "yours"?

Within that word "yours" lay a large part of the problem. How "theirs" would the children be if only half of the genetic material they carried was from the couple? How might Miguel come to experience the children as his own while carrying these internalised discourses, including

about appearance? How might Ana and Miguel access the happiness and sense of completeness promised by discourses of biological parenting?

Ana blamed Miguel for “denying” her right to this happiness. This was accompanied by a great deal of anger:

It’s not my fault that I can’t have children.

The infertility issue is his issue.

I will be looked down upon
because of his failure.

This increasingly distanced Miguel, who began to internalise guilt without knowing how to move forward:

She could be with another man who
could give her what she needs.

The most appropriate thing would be for
her to replace me with someone else.

The relationship began to fill with reproaches, distancing them to the point of no longer having sexual relations. They said that the absence of sex was a consequence not only of the diagnosis but also of the disconnection it had opened between them.

There were multiple layers of complexity: social scripts about virility, fertility and traditional fatherhood; a deeply rooted religious framework that considered assisted reproductive technologies to be taboo; and the emotional disconnection that accompanied these difficulties.

If we consider Foucault’s (1982) concept of “games of truth”, described as “a set of rules by which truth is produced”, the way in which the couple’s identity stories were being distributed confronted us not only with a story of pain, but with a story in which the problem and suffering were produced by their sociocultural and familial contexts. The “truth” to which they had been exposed was a political issue that did not allow for more hopeful movement. However, Foucault also wrote of the possibility that there is always an opportunity to discover something different that can help to modify this game of truth.

We sought to identify and deconstruct the dominant ideas that were holding Ana and Miguel in positions of suffering. Ana and Miguel identified a number of taken-for-granted ideas about gender and fertility. For example, they named that a man must be capable enough to “stand up” for the family. When I asked what it meant to “stand up”, they both agreed that it implied a lot of things: that men must provide a wealthy life, must be a “problem solver” and also be capable of making their wife a mother. We teased out some of these implications: Was the only way for Ana to be a mother for Miguel to make her pregnant? What about men who encounter problems that can’t be solved? They didn’t have many answers but reflected on the questions. Miguel had become positioned as neither a “problem solver” nor as someone who could “stand up” for his family. He was not only incapable of “achieving” his mandates but rendered Ana incapable of achieving hers.

Miguel: Making family in other ways is judgeable in this cultural context. I want our family to be “normal”.

Ximena: What would normal look like?

Ana: But if we don’t talk, it can’t be normal. We are in a shit society – everyone judges and critiques anything away from the pattern. We must talk between us.

Naming the problem

Together, the three of us arrived at a metaphor that made sense to Ana and Miguel as a representation of what they were experiencing. We pictured the two of them walking along a mountainside when a sudden landslide brought down a giant rock in the middle of their path. To avoid being hit, they had each jumped to opposite sides of the bolder and had become separated by it. Wanting to move forward down the path, Ana described herself throwing ropes towards Miguel so that he might scramble over the bolder to where they could continue together. However, up to that point, her efforts had seemed fruitless.

In this desperation to “move forward”, she said that the only thing that mobilised Miguel was when her body would “speak for me”. She had started to experience severe panic attacks and physical ailments, to which Miguel responded with great concern. In these moments, they would reconnect, but without managing to shift or surmount the rock that stood between them.

We explored the rock metaphor together. It was not Ana or Miguel who was responsible for the suffering, but rather this obstacle generated by infertility, social mandates and accumulated silences. Through the externalisation of the problem as a giant rock, Miguel articulated his fears about infertility and the ways in which his identity had been altered. For her part, Ana believed that the rock was making her ill and she feared that her body would not withstand these conditions for much longer. There was a great deal of fear associated with their differing experiences of urgency, and with feeling that they were not communicating with one another about fears, hopes, expectations and so on.

The rock wasn’t allowing space for anything else but the problem, so their conversations revolved around it. To make space for other possibilities to emerge, they would need to find ways to talk and live that were outside the problem.

Ana: Perhaps the problem has been that we stopped telling our stories. This rock grew because we stopped speaking to one another with truth.

She proposed that, as a couple, they return to weaving a shared narrative. This seemed to be a way to confront the “silences” that had come between them. They had shared their stories with each other prior to the moment the rock had come between them, and we imagined that returning to narrating life – not only the past, but also the present and the future – might be a way to work together towards moving the rock. “Narrating” became a metaphor for shifting their orientation away from the rock and making space for life. Miguel described

this as speaking with “truth” and thus being able to discover together new truths within their identities as individuals and as a couple. This would help them to construct a new sense of “complicity” and to move forward along the path.

Miguel: This rock forces us to stop and think. It’s frightening, but it also gives us the possibility of doing something different.

The metaphor became a valuable narrative resource that helped the couple to re-signify their experience. The conversation was no longer only about conceiving a child, but rather about constructing a new story about who they were as a couple, what kind of bond they wished to have, and what stories they wanted to tell their future child about their origin and identity. Gradually, they were beginning to resist the problem.

From genetic determinism to relational identity

The idea that their potential future child, described by them as “50% adopted”, would have an incomplete identity represented a failure for them. If our conversations had remained within the idea that identity is genetically predetermined, we would have reproduced the dominant framework that was closely associated with the problems they were experiencing. For this reason, it became imperative to begin opening new pathways and to make room for alternative stories. We began to consider the concept of identity as a relational, dynamic and co-constructed process (Combs & Freedman, 2016). This orientation allows attention to be placed on who we might become beyond who we currently are. Thinking of identity as a “project” makes it possible to generate active movement by recognising the influence of multiple interpersonal relationships and diverse contexts.

Re-memembering conversations provided an opening to discuss these ideas. We brought into the conversation people who were important to Ana and Miguel because of the values they shared. They both named Ana’s father, who they described as a person who valued family life, work done well

and protecting his children. I asked if there were any specific genes through which those values might be inherited, and the answer was no.

Miguel: You have a point; I have my father's genes, but I have followed my own path. Genes don't guarantee you anything.

Making space for this concept represented an important step in moving away from the problem-saturated story. We explored values, purposes and dreams and linked these to life stories and the people who were part of those stories. An image emerged of identity as an interweaving of relationships and meanings. Treating identity as relational – in contrast to genetic determinism or the more individualistic approach that had been guiding the couple up to that point – allowed for an unexpected shift towards more hopeful pathways within the relationship.

For Freedman and Combs (1996), stories from different sources can give meaning to the construction of multiple possible identities. In this sense, the way in which we narrate these stories takes on particular significance. After extensive discussion of the discourses at play, and a relational understanding of identity in which stories of learning, adversity and resistance were incorporated, Ana concluded: "We are not only what we inherit genetically, but also what we choose to tell and what we share with others." Miguel, unable to speak, nodded with his head with tears in his eyes.

These conversations gave rise to a series of reflections about the transmission of values, family narratives, and the possibility of creating a narrative identity inheritance that could accompany, sustain and strengthen the identity of the child beyond genetic ties. This would require the active presence of the stories and relationships of both parents, and the construction of a history filled with meaning, belonging and significant bonds that were 100% inheritable.

We began to speak of *identity* being inherited – in particular, the identity they would contribute

to constructing for the baby, a concept in which both would have 100% relevance, together with other significant actors. This identity would be intentional and fluid, a process rather than a possession. With each interaction, scaffolding was created that enabled new actions. Arriving at the concept of "inherited identity" stood out as a moment of change and movement. We began to understand that the baby's identity would not be constituted by genetic material from the donor and from Ana. There would not be an unknowable 50% that "replaced" Miguel in terms of identity. Rather, the child's identity would be a constant "project under construction", and the ways in which shared stories were scaffolded could be even more significant than shared genes.

Inherited identities: Moving the rock

Once Ana and Miguel began losing the weight of narratives centred on genetics, a fertile space opened to explore how they wished to narrate the story of the child they hoped to conceive. Our conversations shifted towards becoming co-authors of an identity: imagining themselves not only as passive recipients of genetic material, but as active creators of a web of meanings, relationships and stories that would be built day by day.

Another concept used by Freedman and Combs to describe identity is "performance", referring to the idea that we are all actors in others' stories and audiences to them. The absence of other "actors" would also have an impact on the child yet to be born. This "absence", when viewed from another perspective, was very much present within the problem story. Through incorporating the idea of identity as "distributed", we could start considering the relational story that they, as parents, might tell their baby and also share with the grandparents, friends, social networks, family gatherings, school contexts, and so on. Until this point, they had kept the issue of infertility secret as a way of "protecting" Miguel from a society that would judge his "incapacity" to procreate, and would also judge the use of sperm donation.

I invited them to think about what they would want that child to know about their origin, about the decisions they had made, and about the love that motivated the child's arrival.

Miguel: I don't want that story to be marked by secrecy but by trust. I want them to know that we chose, that it wasn't accidental, and that it was done with all the love in the world.

It was at this point that we began to see that the participation of others in the couple's identity was fundamental. Both had spoken at length about the influence their families of origin were having. Miguel decided that it would be important to speak with his family about how painful this entire experience had been for both him and Ana, and to express that there were certain spaces he wished to protect and certain decisions they wished to make as a couple. His parents understood, but they did not make themselves available to speak further about the issue beyond that conversation. For Miguel this was a relief. He said it was enough to no longer have to explain himself. Ana's family, on the other hand, responded very differently. Miguel was able to speak with her parents about what this situation meant for them, and both parents offered their full support.

Ana: My mother is very Catholic – very. However, she has seen my suffering and is willing to help us. She was surprised that a lot of Catholic couples do assisted fertilisation.

This was very important for both, and for Ana it represented a significant shift, as she allowed herself to speak about the guilt generated by the ideas with which she had been raised.

Couple's Tree of Life: A new couple identity

Ana said: "I want my child to have more voices that love them, more eyes that look at them with tenderness." I suggested working with the "couple's Tree of Life" (Chimpén-López et al., 2022)

as a way to incorporate people who were relevant to the couple's identity and who would later be invited to form part of the child's team of life.

Just as individual identity is constructed in a relational manner, so too is couple identity (Chimpén-López et al., 2022). Each couple holds multiple stories, and the stories of who each person has been and who they may become do not exist outside of their relationships with others. The couple's Tree of Life is designed to strengthen and protect the identity and resources of the couple. Couple identity is a co-constructed narrative that emerges from the ongoing interaction between partners, their experiences, and their sociocultural context, which in turn redefines individual identity narratives (Chimpén-López et al., 2022).

Ana and Miguel each presented an individual Tree of Life incorporating the polyphony of voices they had interacted with throughout their lives. Miguel began by speaking about his family of origin and about how he did not want his child to "inherit" certain patterns, particularly the tendency to hide emotional experience in the face of major adversity.

I asked whether they believed this "pattern" to be genetically predetermined, and both were clear that it was not. "It will depend on the relationships and the stories our children build with us – on how they face their difficulties, and not on the genetic information we transmit."

Miguel realised that he had often faced difficulties alone and had consistently had to make double the effort. He wanted his children to inherit his strength, but also to feel deeply accompanied and supported by their father. This was the first time in therapy that he was able to incorporate fatherhood into his identity and to imagine himself from that position.

Miguel: I realise that stopping is also moving forward. This gives me confidence to wait for what life brings. There may be droughts and storms, and this tree – with what it has – can face them. I had to stop to move forward with these ideas.

In Ana's Tree, the fundamental pillar she highlighted was family: this family that had accompanied her through every storm, and above all, gave her a sense of "home".

Ana: I think my childhood was by far the happiest time of my life, and then, of course, when I married Miguel. Even though there was suffering in my childhood, [my parents] cared deeply about making it a happy one. I think I've spent the last year and a half unconsciously searching for this feeling of home.

Ximena: Would you like to describe that feeling of home a bit more, and how it has helped you weather this storm?

Ana: My mother always expresses love towards us; it's a way in which I feel constantly filled with energy. It's the possibility of enjoying freely. Being able to enter a feeling of pure joy – there is always love.

Ana and Miguel also collaborated on a shared tree that highlighted the wisdom they had developed through dealing with the problem. This was narrated as part of the couple's new identity.

Ana: I would love for our tree to have an atmosphere of home – a place where we can recharge our energy.

Miguel: I agree, and I also want to include those who have been there for us after the infertility diagnosis and who have supported us without judging the decision or the method we use.

Conclusions

Infertility in general, and male infertility in particular, is not experienced solely as a medical condition. It mobilises a series of cultural meanings, gender mandates and social beliefs.

The story of Ana and Miguel reminds us that even in moments of profound uncertainty, people can reclaim authorship over their lives and construct narratives that restore dignity, meaning and belonging. In the face of dominant discourses that define identity through biology, normativity and individualism, narrative practices can offer an alternative path – one in which identities are understood as relational, distributed and continually under construction.

In this case, the work was not merely about overcoming a medical diagnosis, but about resisting the effects of silence, shame and isolation imposed by a conservative social context that made it difficult to speak openly about sperm donation. The emerging narrative was not one of male infertility as tragedy, but of parenthood as a loving choice and as a relational practice. Identity no longer depended on genetic material, but on care, commitment and the stories they chose to tell and live.

I believe that incorporating this perspective into clinical work within assisted reproduction contexts could be highly beneficial, particularly if conversational spaces were opened in which people could redefine their experiences, name what has been silenced, and reconstruct narratives from a place of agency and respect for their own truths.

For Ana and Miguel, "narrating life" became a form of resistance and also a way of building a loving relationship and preparing for their future child. Sustaining the metaphor of "narrating life to move the rock" was not only a clinical intervention, but also a form of ethical complicity with their efforts to resist narratives of shame, failure and silence.

As a therapist, my greatest learning was that when stories are constructed with care and respect, identity ceases to be a burden inherited through genes and becomes a shared project.

Note

¹ Our conversations took place in Spanish. The transcripts are the authors' translations.

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