Saviours and satyrs: ambivalence in narrative meanings of sperm provision

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This paper reports on the complex representations of sperm providers in the narratives of donors, recipients and offspring involved in donor-assisted conception. Eighty-seven volunteers from Australia, Canada, UK, USA and Argentina participated in qualitative narrative research. Sperm provision was perceived to be publicly represented as sexualized, provoking both disgust and hilarity; this is interpreted as arising from its association with masturbation and the metaphorical representation of the donor sperm as cuckolding the recipient’s husband. Recipients’ representations of providers were found to mix gratitude with resentment, embarrassment, and anxiety; their constructions are strongly influenced by the position of the social father. The complex representation of the provider as a genetic father is considered: providers can be seen as threatening the integrity of parents if they become involved in the life of their offspring and abandoning their offspring to confusion and despair if they do not. The research demonstrates that, in spite of its relative frequency and familiarity, donor insemination is still represented ambivalently, including by those who may be said to benefit from it.

Introduction

Carl, who provided sperm to a sperm bank, said that he ‘doesn’t discuss it with anyone’ because ‘I don’t know whether I’m going to be laughed at, as far as: this guy’s a wanker and we’ve got the paperwork to prove it’. In one witticism, Carl summarizes much of the discomfort surrounding sperm providers: they are represented as self-indulgent; they probably think they are a gift to the future; and they conjure up sexual images—masturbation is unavoidable. In addition, their sexual facility implies that the man who needs their services is sexually inadequate. On the other hand, sperm providers are valued as saviours of those who cannot provide their own sperm.

The history of donor insemination (DI) emphasizes its negative connotations. The first recorded use of ‘donated’ semen was in 1884 when William Pancoast in Philadelphia chose ‘the best looking’ student in his anatomy class to provide sperm for a couple who had consulted him about the wife’s failure to conceive. Without her knowledge, the woman was...
inseminated under anaesthetic. She was never informed, although her husband was (Hard 1909). This first ‘donor’ insemination has subsequently been called rape (Corea 1985). Emphasis on the appearance of the ‘donor’ whose intellectual qualifications were demonstrated, as so often since, by his status as a medical student, are reminiscent of the co-history of donor insemination and eugenics (Greer 1984, Pfeffer 1993). It is notable that, although Hard himself saw eugenic advantages in ‘artificial impregnation by carefully selected seed’ he also—somewhat disingenuously—claimed that ‘the mother is the complete builder of the child’.

The public disclosure of Pancoast’s intervention, 25 years after it occurred, provoked outrage. Even so, openness about donor insemination would have been discouraged by the controversy surrounding artificial insemination using the husband’s sperm, practised in England and France at the beginning of the nineteenth century; there were accusations of adultery and horror at the thought of masturbation (Novaes 1998). In the 1950s and 1960s, the Church (especially in England) lobbied the medical profession to cease donor insemination. In the 1960s, the Feversham Committee, a UK government interdepartmental committee, declared that donor insemination was ‘undesirable’, and that donation was ‘an activity which might be expected to attract more than the usual proportion of psychopaths’ (quoted by Haimes 1988). Concealment was therefore impelled by the institutional pathologizing of providers as well as of donor insemination.

The sperm provider can loom as a dangerous figure today, a sexual Typhoid Mary, with wide publicity given, for example, to the Dutch man who was found to suffer from a rare degenerative brain disorder after providing sperm that resulted in 18 children (Reuters 2002). It has been recently demonstrated, however, that the chance of acquiring inherited or infectious diseases from donor insemination, given standard screening, is no greater than in the general population (Garrido et al. 2002). A group of US medical researchers has argued that screening procedures for sperm are gratuitously harsher than those for eggs, and that it is unnecessary to wait the standard 6 months before clearing sperm of HIV (Zavos et al. 2002). While not denying that HIV has been transmitted through insemination by donor (Stewart et al. 1985), Zavos and his colleagues propose that recent means of testing quantitatively for the presence of the HIV virus (using PCR technology) obviate the need for such a lengthy quarantine period.

There are significant numbers of people born as a result of sperm providers’ efforts. Over the last few years in the UK, for example, there have been about 800–1000 babies born annually from donor insemination through clinics (Human Fertilization and Embryology Authority 2002). In Australia and New Zealand in 2001, nearly 3,000 cycles of donor insemination were performed in fertility clinics (Dean and Sullivan 2003: table 6); these data underestimate the extent of donor insemination because they exclude non-clinic conceptions.

There has been little research on sperm providers (but see Daniels and Haimes 1998); what there is suggests complexity including connotations of
‘good’ and ‘bad’. Various researchers have concluded that sperm providers are motivated to help childless couples to conceive (Daniels 1989, Schover et al. 1992, Emond and Scheib 1998) (deemed to be good); and by the financial reward (Daniels 1989, Fidell et al. 1989, Schover et al. 1992, Pedersen et al. 1994, Emond and Scheib 1998) or to ascertain their own fertility (Daniels 1989) (deemed bad). It is common to find a mix of these reasons. There appear to be some national differences, with providers in Australia and New Zealand emphasizing altruism, and those in the USA emphasizing the financial reward, reflecting the greater likelihood of payment in that country.

A survey of UK clinics (Murray and Golombok 2000) found that payment was assumed to be the primary motivation for male students, while altruism motivated older men. All clinics believed that women donated for altruistic reasons. Gendered assumptions about gamete provision are clear, with the motives of sperm providers commonly doubted (Haimes 1993). In fact, there is evidence that motives of women and men providers coincide more than they diverge (Tong 1996).

Sperm providers have usually been paid. Some commentators, especially medical practitioners involved in donor insemination, argue on pragmatic grounds that we need to pay providers in order to maintain the supply (Lyall et al. 1998). Others argue against payment, claiming that the commercialization of gametes is to the detriment of all involved, especially the offspring (Daniels 2000).

Daniels and his colleagues demonstrated that the way sperm providers are recruited, including whether they are paid, determines the type of provider (Daniels et al. 1996). The recruitment of students with the promise of payment yields young, single men who do it mostly for money, although helping infertile couples is a secondary motive. The young men may have a biological advantage of healthier sperm. Advertising beyond universities for providers without payment tends to produce more mature volunteers who have children of their own; their primary motivation is to help infertile couples. This older group has the advantage of greater concern for the recipients and their offspring.

There is broad international debate about donor-assisted conception, particularly on whether provider anonymity should be permitted because it denies offspring knowledge of half their genetic history. Sperm providers have traditionally been anonymous. As donor-conceived people are encouraged to invoke the European Convention on Human Rights in support of their quest for information about their provider (Rose and Another v Secretary of State for Health and HFEA 2002), some infertility specialists claim that there would be few sperm providers if laws are introduced to remove their anonymity (Dyer 2002; see Robinson et al. 1991). It is claimed that anonymity is necessary to assuage fears of personal and financial claims being made against providers. However, experience in the Australian State of Victoria, as well as in Sweden, where there are laws requiring the release of identifying information about donors, and in New Zealand, where there is an open system (see Purdie et al. 1994), has been that providers will still volunteer. The Sperm Bank
of California (no date) has had an identity-release donor programme for nearly 20 years.

It is usually taken for granted that sperm providers do not, even should not, have any interest in the people born from their sperm; this assumption has been supported in some research (Pedersen et al. 1994) and contradicted in other research (Daniels 1989, Mahlstedt and Probasco 1991, Schover et al. 1992). The main reason given by university students in one US study for not donating sperm was ‘the knowledge that it might produce children that I may never meet’ (Emond and Scheib 1998). It has been found that providers may come to regret their decision, especially when they discover that they will know nothing about any offspring (Myers 1990).

Whether or not the provider wants to know about his offspring, there is evidence that most donor-conceived people are brought up to assume that their social parents are also their biological parents. The European Study of Assisted Reproduction Families (Golombok et al. 2002), for example, included 94 families with early-adolescent children conceived by donor insemination. It was found that only 9% of the DI children had been told about their genetic origins, whereas 50% of IVF parents and 95% of adoptive parents had told their children about the circumstances of their conception. In other studies around the world, it has been found that the majority of parents have not disclosed or declare an intent not to disclose: the provider is written out of the story.

The research described in this paper is part of a larger project on psychosocial aspects of donor-assisted conception. This element of the work was designed to learn from donors, recipients, and offspring how they interpreted sperm provision. To discover ‘how the things that people do make sense from their perspective’ (Ezzy 2002), I adopted narrative theory (cf. McAdams 2001, Kirkman 2002), which allowed me to look for explanation and meaning, and to acknowledge complexity in the experience of donor-assisted conception.

**Method**

An announcement seeking donors of sperm, eggs and embryos; those who had become or were attempting to become parents as a result of such donations; and donor-conceived adults was placed in newsletters (The Infertility Network, Canada; Australian Donor Conception Support Group; IVF Friends Australia; ACCESS Australia’s Infertility Network) distributed among infertility clinics in Australia, and published in the Australian *Woman’s Day* magazine and *The Age* newspaper published in Victoria, Australia. For ethical reasons, the announcement stated not only that the researcher was a psychologist but also that she had a child from donor insemination.

As a researcher I have been privileged to hear many intimate stories on a wide range of topics; my own DI motherhood, therefore, has not blinded me to the diversity of human experience and its role in autobiographical narratives. It would be inappropriate to pretend that I am disengaged; but
then, as Charmaz and Mitchell (1997) remind us, the fiction of scholarly neutrality in social research should always be challenged. As one means of ensuring a rigorous attention to participants' narrative interpretations, the research method was designed to incorporate the collaboration of participants in the verification of narratives for analysis.

Volunteers were recruited without restricting their cultural context, both to expand the range of sources of meaning and because the literature suggests that similar debates and concerns occur no matter where donor-assisted conception is practised. Furthermore, modern communication means that research results and opinions are transmitted rapidly around the world. The shared meanings among the interviews supported this approach.

Data collection and analysis

Thirty two participants were interviewed in person along with 20 email interviews, 18 audio-taped interviews, 16 written interviews, and one telephone interview. All began with the general question, ‘Please tell me your story of using (donating/being born as a result of) donor sperm, eggs, or embryos’. More specific but similarly open-ended questions followed as required.

Data collection and analysis in narrative research are part of an iterative process undertaken by the researcher, usually in consultation with the research participants, and in reference to the literature. The task of interpreting qualitative data such as these begins during data collection, as the researcher seeks further explanations and pursues particular lines of inquiry (Ezzy 2002). Oral interviews were transcribed; all interviews were edited to produce written narratives that followed the conventions of written texts. I sent each participant a draft of his or her document for amendment and approval, often with additional questions. Returning the edited version to the participant, usually about 12 months after the interview, served several ethical and practical purposes: It ensured consistency among narratives gathered from different media; allowed participants to correct any misinterpretation; gave me access to new events and narrative revision; and contributed to research validity through participant affirmation. Furthermore, given that the research process itself becomes an instrument in narrative revision, continuing contact with participants both acknowledges and draws on this interaction of the researcher and the researched.

Throughout the process of interviewing, editing, further communication with participants, and multiple readings of the approved narratives, I tested various interpretations of sperm provision presented by volunteers as their own or their perception of others’ opinion. The search was not for variables but for meaning. Because narratives were complex and subject to reinterpretation, specific numbers or percentages have been avoided in the discussion that follows.
Results and discussion

Demographic information

Among the 87 volunteers were five sperm providers: four from Australia (Carl, Evan, Neil and Quentin) and one from the USA (Edgar). Evan donated to people he knew; the others had provided sperm to clinics between 5 and 20 years before. They were aged 41–54 when they told me their stories. While these men can not be assumed to be representative of providers, they do stand as examples of some of the men who have provided sperm over the years. The other participants were recipients of sperm \( (n=35), \) of whom 31 had used anonymous providers; one had self-inseminated), eggs \( (n=21) \), and embryos \( (n=2) \); egg \( (n=12) \) and embryo \( (n=5) \) donors; and offspring of DI \( (n=12) \). Some of these occupied more than one category, such as sperm recipient and embryo donor.

Most participants were resident in Australia (68); the rest in Canada (nine), USA (six), UK (two) and Argentina (two). Ages ranged from 7 to 59, with 41 the median. There were 68 women and 19 men. Education ranged from those who had partly or fully completed school (29) to PhD (three); the mode was a college or university qualification (35). Most (59) were in female-male partnerships; 24 were single or separated; three were in female-female partnerships; and one was in a male-male partnership. All have been given pseudonyms.

Narrative representations

Narrative representations of the sperm provider are characterized by ambivalence, the extremes of which I have denoted in the title as saviour and satyr. In what follows, I discuss the public narrative of sperm provision, which participants perceived as sexualized, provoking both disgust and hilarity; comparisons between egg and sperm provision, in which women are seen in more benign terms than men; the contrasting reasons for being a sperm provider suggested for and given by providers; and the ambivalence in recipients’ representations of providers, in which gratitude is mixed with resentment, embarrassment, and anxiety. Recipients’ constructions are strongly influenced by the position of the social father. I discuss at greatest length the complex representation of the provider as a genetic father, before giving examples of the lack of consideration that may be shown to sperm providers.

Sperm provision as a bad joke: the public narrative. Participants reported negative public representations of the sperm provider and his actions. Wendy, who was conceived more than 50-years-ago from donor insemination in the UK, said: ‘You can see why it had to be secret: it was considered criminal, disgusting, offensive, adultery; ... society didn’t just frown on it, it was appalled by it; shocked and appalled’. As far as the churches are concerned, some recipients of donor insemination noticed little difference: Teresa reported from the USA that she had to
resist a feeling arising from her religious upbringing that she should confess as a sin her use of donor insemination, in spite of her rational rejection of such condemnation. The priest only reluctantly baptized her child, not wanting to ‘punish the child for the sins of the mother’. Harriet, an egg recipient from Australia, had heard people say recently that donor insemination ‘is immoral and should be illegal’.

Deanna, conceived by donor insemination, described the ‘vivid fantasy’ that one of her students presented to her adult-education class ‘of my “father” being some doctor masturbating in the adjacent room into a test tube, then inserting it into my mother’. Deanna described herself as ‘far less aghast’ at the fantasy than the students because it is ‘probably the reality’.

The provider as the epitome of sleazy sex was the most commonly-reported public emplotment. Jacinta, a recipient of donor insemination, claimed that ‘some people regard it as a type of “adultery”’. Carl wondered whether his provision of sperm could be interpreted as infidelity to his partner. Edgar keeps quiet about being a provider, saying that ‘society in general avoids the topic. It’s as if we’re talking about infidelity and lack of manhood’. Neil thought his close friends approved of his sperm provision, but described their reactions as ‘jokes about masturbation’. DI parents such as Holly found it hard to share ‘the hilarity’ surrounding the topic. Providers and recipients usually avoid talking about donor insemination.

The jokes and references to adultery suggest the cuckolded husband. When the sperm provider is considered in the context of the traditional romantic narrative of conception, in which the anthropomorphized gametes meet as heroic pursuer and conquered maiden (Martin 1990), his emplotment as sexual usurper of the husband’s place is comprehensible. Even in the absence of sexual intercourse between provider and recipient, the provider’s sperm has cuckolded the husband’s sperm and attracts the customary ribaldry and condemnation. At least one theologian has insisted that donor insemination is, by definition, adultery (Burtchaell 1992).

The public narrative of donor insemination has more recently accrued another reason for condemning providers as a result of the rise in concern for donor-conceived people. One Australian recipient of donor insemination, Ursula, identified ‘a media-driven push against the use of donor sperm’, in which only ‘unhappy stories about young people who are unable to cope with their conception or who are desperately seeking donor dad’ are featured.

Comparisons between egg and sperm providers: thoughtful women and wankers. Comparisons between sperm and egg providers were consistent with previous research findings. Participants often said that logically they are the same (as Edgar said, you ‘can trace the percentage genetic relations in each case’), but that the greater effort involved in egg donation means that women must think more carefully about what they are doing. Quentin, another of the providers, said that the rigours of the
medical procedures for egg donors meant that ‘probably you would have to be a bit more committed than being a sperm donor, which is pretty easy to do’. Andrea said that women tended to have more investment in the child that resulted from their genetic material:

I think it is one of the usual reasons why sperm donation has been traditionally unknown and why egg donation has been traditionally known; … I don’t want to over-generalize, … but by far the majority of people I know would say they would only donate eggs to women that they know … And men don’t feel that way. (Egg and sperm recipient, Australia)

Teresa reflected on the public perception of provider motivation:

The women who give up eggs are somewhat viewed as noble and that it’s a wonderful thing. Please pardon how crude I may sound, but donor sperm is always viewed with a bit of a wink and a snicker. ‘Hey, any guy can go in the bathroom and jerk off, so what’s so noble about that?’ … Or else it was merely a moneymaking proposition for him. (DI recipient, USA)

Egg donors and recipients among the participants were most likely to describe egg donation as much more difficult than the provision of sperm, with women providers rather than men giving it careful consideration. In contrast, the provider Carl described how donating sperm, eggs, and embryos was ‘in some respects, giving up a child’. This interpretation ‘has put a different aspect to masturbing in general … Each donation is a situation where I feel this could be a child going out there, so there is an emotional aspect to it all’. Tess thought that men usually had a casual attitude to sperm and spread them about liberally. However, when she asked men to provide sperm for her, she was surprised that nearly all said no: ‘when the sperm gets put in the context of making babies, it does change their relationship to sperm’.

The medical and surgical procedures required for egg provision serve not only to suggest that women are more reflective gamete providers than men; they also signify that women’s donations arise from suffering, not sexual pleasure. Sperm provision, on the other hand, is caught up in the cultural history of masturbation, which has been condemned as ruinous to mental and physical health, destructive of the social order, and immoral; it is also the source of profound erotic gratification and thus inherently ambiguous (Laqueur 2003). The ‘war against onanism’ has been a useful device for exercising surveillance and control (Foucault 1979); the guilt thus usefully harnessed continues to demonize masturbation, no matter to what beneficial ends such means are directed.

Why do men provide sperm? The five providers said that they provided sperm because they wanted to help infertile people. Quentin, for example, approached a clinic in the early 1980s after hearing a radio programme about male infertility. He was father to two young children: ‘I thought how it would be terrible if we couldn’t have kids, and if there are other couples out there and it would work for them, it was pretty easy for me to do’. Carl and Edgar wanted, in addition, to reproduce in the absence of children of their own. Two also saw it as a political act:
Evan, by helping lesbian couples or single women who had asked him to be their donor; Carl, in subverting the conservative government's attempt to restrict what is meant by 'family'.

Reasons advanced by others to explain sperm provision reveal more ambivalence about providers' motivations. Most recipients of sperm want to construct the provider as altruistic and hope that he was not doing it for the money or to populate the earth with his genes. Katherine, for example, said: 'I like to think he was a nice person with very altruistic intentions … My hope is that everybody is doing it for the right reasons'. A few recipients recognize that providers have often been young students who, as Mary put it, 'had a good time and they got paid for it'. Betty was disturbed by a provider she had seen in a television documentary: 'he was thinking himself the father of all the children out there … I sort of thought, are you in it to help couples or are you in it for yourself? … The male ego is a very complex thing'.

Few donor-conceived adults spoke of their provider's motivation apart from stating what is commonly known about medical students or doctors providing sperm. Rosemary, an adult from the UK, said that she would find it 'extremely painful' to discover that her 'natural father' had 'a flippant attitude' to his provision of sperm.

Recipients' representations of the provider: gratitude mitigated by resentment, embarrassment, anxiety. Recipients were grateful to their sperm provider, although their gratitude was hedged about with a mix of other feelings like resentment, embarrassment, and anxiety. Their narratives included dilemmas such as: the desire to meet and thank him; the hope never to encounter him; fear that their children will consider him the 'real' father; concern that he will not give information when the children want it; a sense of him as a generous person; and as a shameful reminder of sexual inadequacy. Andrea said she felt grateful to her sperm provider, but recalled 'sitting on a train and thinking, “Oh, my god! What if he's a sperm donor! Yuck!”'.

The sexual connotation of sperm provision could be a problem for parents. Polly and her husband had three children conceived through donor insemination, but found it easier to tell them that they had used donor eggs, not sperm, apparently because the collection of eggs does not require an allusion to masturbation.

Hardly any women commented on what it was like to have the sperm of a strange man inside them, but it was clearly a problem for those few. Angela, for example, had been sexually abused as a child and was 'repulsed' by the thought of alien sperm; she was helped to overcome her anxiety by sessions with a psychologist. One woman's infertility counsellor had advised her to fantasize about a film star as a way of imagining the donor: the recipient found this to be a hindrance rather than a help.

The social father who needs a sperm provider. The most complex emplotment of the provider arises in the context of the social father. In considering the sperm provider, there is an implicit image of the man
whose infertility necessitates him.\(^3\) The emplotment was influenced by the father’s attitudes to his need for a provider. A man who had had a vasectomy to avoid passing on genetic problems had little difficulty with the idea of a provider and was grateful to the anonymous man in a relatively uncomplicated way. However, all the offspring who discovered their conception as adults had been told that they had been kept in ignorance because of their father’s embarrassment and anxiety. Fertility and virility are conflated in our society, rendering an infertile man almost an oxymoron: how can you be a real man and shoot blanks? Some research participants who were not themselves involved in donor insemination reflected on what it must mean to an infertile man. Ian (whose wife used donated eggs) said that he could ‘only imagine what it feels like to have an asterisk next to your sexuality’.

The shame experienced by a man who can not produce viable sperm has ramifications for the way in which the provider is represented. Holly, a DI recipient from Canada, suggested that men found it hard to think of the provider as a ‘wonderful’ man, as egg recipients imagined the ‘sisterhood’ of women who donated eggs. According to her, ‘Men don’t generally feel the same about a sperm donor; it’s more like some guy out there did for my wife what I couldn’t do—kind of competitive’. Vincent, an Australian man who needed donor insemination, said, ‘You find yourself walking down the street, looking at guys, and you almost think of them as a walking sperm bank’.

**Is the provider in any sense a father of the offspring?** In assessing whether the provider has the status of father, ambivalence and complexity are, as always, apparent. Among recipient parents, the provider is construed along a continuum from having no parental relationship with offspring apart from a strictly (and almost irrelevant) genetic one, to being in danger of usurping the social father’s connection with his child. Some fathers worry that it will be only the wife’s and the provider’s baby, not his, although these anxieties appear to diminish as the parent-child relationship grows. Some men, like Tom, say they can accept an anonymous provider, but would be concerned that ‘a known donor could be a father’. On the other hand, parents like Zondra dismiss the construction of the provider as father: ‘He donated his semen so that people like us could be mothers and fathers’. Her definition of parenthood requires a nurturing relationship: ‘Anyone can donate sperm, but it takes the dedicated father to nurture that baby into a blooming adult’. It is evident, however, that the narrative line of the dominance of social parenthood at times co-exists with parental anxieties about the usurping sperm provider.

In spite of the social father’s anxieties, all parties represent the social parents as the ‘real’ parents. Nevertheless, the provider is in some ways defined as a father, especially by offspring. His significant role in supplying half their genes was acknowledged by offspring in the words ‘donor father’, ‘genetic father’, or ‘progenitor’, although the man who
reared them is an unmodified ‘father’ or ‘dad’. Steve calls the provider his ‘other father’ because:

my donor is not merely someone who gave my parents his sperm. I am as intimately connected to him as I am to the other ancestors I have never known. My genetics mean as much to me as the personal relationship (and love) I had for my dad. (DI offspring, USA)

Eleanor tells an informative anecdote about others’ perceptions of donor insemination and fatherhood:

I once had a really big argument with a friend when I was 10. She was threatening to tell the whole school that I didn’t have a real father … But that’s just not true. James is undoubtedly my father … Your father is the person who raises you and who’s there for you. (DI offspring, UK)

The providers themselves recognize the significance of genetic connection while ceding parenthood to the social father. Edgar said he was ‘eager to learn about the offspring from my donation, not to meddle in their lives or supplant their parents, but just to be available’. Evan, the donor who knows his offspring, does think of himself as their father, although his role is muted with the offspring who has a social father. He says he ‘loves and feels responsible for all of them’ but adapts his involvement according to ‘the needs of the children and the desires of their parents’.

The representation of the provider in public narratives and in DI family narratives differs according to whether there is a man in the family into which the child is born. With a single woman or a lesbian couple, the provider is more likely to be publicly represented as the father, which is what a few women accepted but most actively resisted. Cornelia, a single woman with a known donor, acknowledges and is grateful for the role the donor continues to play in her child’s life, but wants to ensure that she is the parent who makes the decisions and cares for her child. Tess was clear about the perceived difference between providers to a heterosexual couple and providers to a lesbian couple such as hers:

If there’s a heterosexual couple, they almost feel like, ‘Oh well, at least there’s a father’, … so … biology matters less and the fact of the social father is important. So I think that, unspoken in people’s questions about ‘Is there a father?’ is that a child needs a father or a father-figure, but that all gets twisted up in the biological debate. (DI mother (non-biological), Australia)

The biological debate is clearly fundamental to donor-assisted conception, with constant and unstable tension between genes and relationships.

Conceding that parenthood usually requires more than the provision of gametes, one of the most critical issues in donor-assisted conception is whether offspring can know about or even know their gamete providers. Recipients may know nothing about the providers other than that their physical characteristics are similar to the social father, if there is one.

Most parents in this research tended to assert the child’s right to know at least about the provider, if not to develop a relationship. Colin and Carol chose a known donor—a distant acquaintance—to ensure that their children ‘would have access to their biological history’ but, Carol said, ‘I don’t feel that a child has to “meet” their genetic father if they don’t want to’. For all their acceptance of their children’s rights to know the provider,
Colin and Carol are concerned that they ‘may get emotional and feel fear of rejection and confusion’ should the children meet him.

Felicity was pleased that she used an anonymous donor, although concerned about ‘someone knocking at my door before [my daughter] is ready for it’. She recognized that her daughter may want to know about him, but added: ‘I’d be more comfortable if the whole thing remained anonymous; on the other hand, if my daughter became ill and we needed information or some kind of donation, I’d like to have the option to contact the donor’. Felicity expressed the familiar recipient ambivalence and the conflicting needs, hopes, and wishes on various levels—health, identity, relationships, parental confidence—fluctuating according to the salience of any particular issue at the time; changing as all the parties grow and different needs become prominent.

It has traditionally been assumed that providers will want no association with recipients or offspring. In some cases, records have deliberately not been maintained to avoid any chance of revealing provider identity. Holly, whose ‘sharpest regret [is] that the children can’t know the donor’, reported that her doctor ‘is adamant that he’ll never open the records. In fact, he said if a 20-year-old were to come looking for information on his donor he would “burn his records”’.

In my research, the providers were aware of possible interest from their offspring and were willing to be contacted by them, although those with children of their own wanted to ensure that no demands were made that could be detrimental to their families or themselves.

Offspring in this research wonder about every aspect of their provider: Do I look like him? Are our personalities the same? What characteristics have I inherited and what come from my environment? Are there problems in my genetic inheritance? Some also talk about passing on their own ‘genetic ignorance’ to their children and all their descendents. Kelly felt ‘abandoned’ by her provider and wonders whether other offspring feel the same way. She described her identity as incomplete without him, or at least knowledge of him.

The degree of relationship desired by offspring varied, from a need to satisfy curiosity to a sense of fulfilling a pre-ordained bond. None of the offspring wanted money from their providers, nor were most of them seeking a parenting relationship. They did want to identify the person from whom they were descended. Most also had an interest in half-siblings, either solely to avoid consanguineous sexual relationships or additionally to develop friendship bonds. Some offspring conceived decades ago are deeply disturbed by the thought of almost a tribe of offspring from their provider: ‘Given that there were relatively few donors at the time of my conception’, said Natalie (from the USA), ‘it’s possible that I may have as many as several hundred half-siblings’.

The sperm provider can be ostracized or ignored. Alarm about such reproductive over-achievement in sperm providers is part of the ‘bad’ narrative about them, along with the fear that they are populating the world with poor genes and that they embody sexual excess or predation.
Sperm providers are already a marginalized group; they can be ostra-
cized when they are part of other marginalized groups. Lucy is a poten-
tial sperm recipient in a lesbian partnership in Australia. Because it was
important that their child should know both progenitors, they took a
gay friend to a fertility clinic as her donor. The clinic ‘went out of its
way to insult him’, saying that his sperm would be put in a pink-
labelled straw as a warning of HIV should they be legally obliged to
accept a gay donor. The combination of the lesbian couple and the gay
sperm provider can precipitate the construction of the provider as an
embarrassing wanker into a threat to civilization.

This extreme example of lack of consideration for sperm providers is
shocking; the usual lack of support and even provision of adequate
information—what Daniels (1998) refers to as ‘the lack of responsivenessto the psychosocial needs of semen providers’—often goes unnoticed. Neil
presents an example of how providers can be affected years later by their
exclusion from the system once they have delivered their sperm. Neil and
his wife have care of a child whose parents have died (in addition to their
own children), so Neil knows about loving someone who is not genetically
related to him. When he first spoke to me he was cautious about being
contacted by the offspring of his sperm from decades ago. Six months
later, Neil wrote to say that he had seen a documentary about a young
woman ‘desperate to locate her donor father’. He contacted the clinic to
ensure that he was recorded as a past donor in case someone was looking
for him. However, Neil was told that his sperm had never been used. He
felt ‘disappointed’ that he ‘never got to make someone as happy as I am’,
adding, ‘My ego’s bruised, I think’. The expectation that providers will
deliver the goods then erase it from their minds has left a pervasive sense
that they no longer have a role to play; that any concern they have for
offspring is irrelevant or inappropriate. Neil’s self-deprecating dismissal of
his disappointment suggests that he was surprised at the depth of his
investment in the fate of his sperm.

Conclusions

The history of donor insemination reveals its negative connotations,
especially in times when it was both rare and rarely discussed. This
research demonstrates that, in spite of its relative frequency and
familiarity, it is still represented ambivalently, including by those who
may be said to have benefited from it. The complex narrative
representations of the sperm provider are shown in the construction of
him by recipients, by perceptions of the public narrative about him
(associated with the cuckold and masturbation), and by the passion and
uncertainty surrounding the desired and actual relationships between him
and his offspring.

Saviour and satyr may be exaggerated contrasts, but sperm providers
are certainly represented as both kind men and wankers. As they step in to
do for women what their infertile husbands cannot do, or replace men
altogether with single women and lesbians, it is perhaps inevitable that
they evoke both gratitude and resentment. In relinquishing their sperm, providers are both giving life to people who would not otherwise exist and (in most cases) severing them from intimate connection with one of their progenitors. The providers can be seen as threatening the integrity of parents if they become involved in the life of their offspring and abandoning their offspring to confusion and despair if they do not.

What kinds of changes are necessary so that the scales may be weighted on the side of the kind man, the benign progenitor? The association with masturbation may be difficult to modify, but there are other possibilities. Culturally and socially, there needs to be greater understanding of male infertility and the decoupling of fertility and virility. In the administration of sperm provider programmes, clinics need to seek men who are prepared to be known to their offspring. There must be continuing support for families who want to be truthful with their children about their conception and to incorporate the provider into their children’s narrative identities in the most beneficial way. The recent Australian NHMRC draft ethical guidelines on assisted reproductive technology emphasize the rights of children above all else (Australian Health Ethics Committee 2003).

The potential need of donor-conceived people to have knowledge of their sperm providers is beginning to be recognized. The needs of recipient parents—stereotypically, of the recipient woman to give birth to her own child and of the man to overcome his infertility, preferably in secret—have always been matters of concern. However, there continues to be a lack of interest (with rare exceptions: see Daniels 1998) in the continuing welfare of the sperm providers themselves. The glimpses we have of a thoughtful few, when set against a background of changing attitudes to donor-assisted conception, suggest that greater consideration ought to be given to these men. The profound social and personal implications of donor insemination should mandate concern for all the parties involved as well as for the society in which it takes place.

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Notes

1. Because sperm providers may have been paid, I use that term in preference to the more common ‘donor’, after Daniels (1998).
2. Emplotment is the conferring of order, sequence, and meaning on a collection of otherwise isolated events and characters: applying the narrative device of plot (after Ricoeur 1980).
3. The single woman or the lesbian couple, of course, create a different set of male images, the redundant male among them.

References

Daniels, K. R. (2000) To give or sell human gametes—the interplay between pragmatics, policy and ethics. Journal of Medical Ethics, 26, 206–211.
Cet article examine la complexité des représentations qu’ont les personnes impliquées dans la conception par don de sperme (donneurs, femmes receveuses et descendants), des donneurs de sperme. Quatre-vingt-sept...
volontaires en Australie, au Canada, au Royaume-Uni et en Argentine ont participé à une recherche qualitative. Selon cette recherche, le don de sperme est perçu comme ouvertement sexualisé et provoque à la fois du dégoût et de l’hilarité ; ceci résulte de son association à la masturbation et à la représentation métaphorique du donneur de sperme en tant que rival du mari de la femme receveuse. On constate que les représentations qu’ont les femmes receveuses des donneurs mélangent gratitude et ressentiment, embarras et anxieté, leurs constructions étant fortement influencées par le positionnement du père social.

La représentation complexe du donneur en tant que père génétique est abordée. Les donneurs peuvent être perçus comme une menace pour l’intégrité des parents s’ils se mêlent de la vie de leurs descendants, et s’ils ne le font pas, comme des pères les abandonnant à la confusion et au désespoir. Cette recherche démontre que malgré sa fréquence relative et son caractère habituel, l’insémination par donneurs reste perçue de façon ambivalente, y compris par ceux dont on peut dire qu’ils peuvent en bénéficier.

**Resumen**

En este documento se explican las complejas representaciones de los donantes de esperma en los relatos de personas que participan en la concepción asistida de esperma donante (donantes, destinatarias y descendencia). ochenta y siete voluntarios de Australia, Canadá, Reino Unido, Estados Unidos y Argentina participaron en un estudio cualitativo de los relatos. Se observó que la donación de esperma era considerada públicamente como sexualizada y que provocaba a la vez repugnancia e hilaridad. Esto se interpretó como algo que afloraba debido a su asociación con la masturbación y la representación metafórica de que parece que el esperma donante pusiese los cuernos al marido de la receptora. Se observó que las receptoras veían a los donantes con una mezcla de gratitud y resentimiento, vergüenza y ansiedad. Su interpretación está muy influenciada por la posición del padre social. Se observa la compleja representación del donante como padre genético: los donantes pueden considerarse como una amenaza a la integridad de los padres si participan en la vida de sus descendientes pero al mismo tiempo dejan a los descendientes confusos y desesperados si no lo hacen. En el estudio se demuestra que a pesar de su relativa frecuencia y familiaridad, la inseminación de donantes todavía se considera ambivalente, también por parte de los que salen beneficiados.