
Saviours and satyrs:
Ambivalence in narrative meanings of sperm provision

REVISED VERSION

MAGGIE KIRKMAN PhD MAPS

NHMRC Post-doctoral Research Fellow

Key Centre for Women's Health in Society

The University of Melbourne, Australia

Running head: Narrative meanings of sperm provision

Postal address: Key Centre for Women's Health in Society

The University of Melbourne 3010

Australia

Email: m.kirkman@unimelb.edu.au

Phone: +613 8344 4333

Fax: +613 9347 9824

Bionotes

Maggie Kirkman National Health and Medical Research Council Post-doctoral Research Fellow at the Key Centre for Women's Health in Society, the University of Melbourne, 3010, Australia; email m.kirkman@unimelb.edu.au

Saviours and satyrs: Ambivalence in narrative meanings of sperm provision

Abstract

This paper reports the complex representations of sperm providers in the narratives of people involved in donor-assisted conception (donors, recipients, and offspring). Eighty seven volunteers from Australia, Canada, UK, US, and Argentina participated in qualitative narrative research. It was found that sperm provision was perceived to be publicly represented as sexualised, 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. This 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 has summarised much of the discomfort surrounding sperm providers: they’re represented as self-indulgent; they probably think they’re 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.

In this paper, I explore the ambivalent representations of sperm providers in the narratives of people involved in donor-assisted conception (donors, recipients, and offspring).

The history of donor insemination (DI) emphasises 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). (The first ‘donor’ insemination has 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 - 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 Haines 1988). Concealment was therefore impelled by the institutional pathologising 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 six 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 Fertilisation 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 Haines 1998); what there is suggests the complexity that I found, including the connotations of 'good' and 'bad'. Daniels (1998) noted that semen providers evoke a variety of reactions.

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 emphasising altruism, and those in the US emphasising the financial reward, reflecting the greater likelihood of payment in that country. (Because sperm providers may have been paid, I use that term in preference to the more common 'donor', after Daniels 1998.)

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 (Haines 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 (Lyll *et al.* 1998). Others argue against payment, claiming that the commercialisation 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 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. (I have written elsewhere about disclosure and secrecy and the effects that these have on offspring: Kirkman forthcoming-b.)

The research described in this paper is part of a larger project on psychosocial aspects of donor-assisted conception. This segment 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 (the history and application of which are discussed in, for example, 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 (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 psychosocial researcher I have been privileged to hear many intimate stories on a wide range of topics; my 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

I interviewed 32 participants in person, and conducted 20 email interviews, 18 audio-taped interviews, 16 written interviews, and 1 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 US (Edgar). Evan donated to people he knew; the others had provided sperm to clinics between 5 and 20 years before. They were aged from 41 to 54 when they told me their stories. These men can not be assumed to be representative of providers, but 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; 1 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 (9), US (6), UK (2), and Argentina (2). 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 (3); the mode was a college or university qualification (35). Most (59) were in female-male partnerships; 24 were single or separated; 3 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 characterised 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 sexualised, 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 fifty 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 notice little difference: Teresa reported from the US 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 baptised her child, not wanting to 'punish the child for the sins of the mother'. Harriet, an egg recipient from Australia, has 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 employment¹. 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 anthropomorphised 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-generalise, ... 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, US)

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 masturbating 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 demonise masturbation, no matter to what beneficial ends such means are directed. According to Laqueur, masturbation continues to be seen as an excess in the recent neo-asceticism of the US and related cultures.

(For further discussion of egg and embryo provision in this research see Kirkman forthcoming-a, under review-a.)

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 recognise 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 fantasise 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. (The single woman or the lesbian couple, of course, create a different set of male images, the redundant male among them.) 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, US)

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 recognise 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 (see Kirkman under review-b).

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 is pleased that she used an anonymous donor, although concerned about 'someone knocking at my door before [my daughter] is ready for it'. She recognises that her daughter may want to know about him, but adds: '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 expresses 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 descendants. Kelly feels 'abandoned' by her provider and wonders whether other offspring feel the same way; she describes her identity as incomplete without him, or at least knowledge of him (see Kirkman forthcoming-b).

The degree of relationship desired by offspring varies, 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 US), '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 banks designed to attract Nobel Prize winners and other men presumed to have superior genes, such as the now-closed Californian Repository for Germinal Choice, attract the negative connotations of eugenics.) Sperm providers are already a marginalized group; they can be ostracised when they are part of other marginalized groups. Lucy is a potential 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 civilisation.

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 responsiveness to 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.

Conclusion

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 emphasise 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 recognised (e.g. *Rose and Another v Secretary of State for Health and HFEA* 2002). 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, I am struck by the 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.

Acknowledgements

I thank the volunteers who so thoughtfully and generously discussed donor-assisted conception, as well as those who helped to notify them of the research: The Donor Conception Support Group of Australia Inc.; The Infertility Network, Canada; ACCESS Australia's national infertility network; IVF Friends Inc., Melbourne; several infertility clinics in

Australia; Australian Woman's Day; The Age, Victoria, Australia; and the LGBT Parenting Network, Canada. I have benefited from discussions with Elizabeth Short who read early versions of this paper, and from the thoughtful comments of two anonymous referees. The research was funded by the National Health and Medical Research Council, project number 007076, titled 'The facts of life: Identity and family among users of donor sperm, eggs, and embryos'. A version of this paper was presented at the Third Conference of the International Society of Critical Health Psychology, Takapuna, Auckland, Aotearoa/New Zealand, 10-12 April 2003.

References

- Australian Health Ethics Committee (2003) Ethical guidelines on the use of reproductive technology in clinical practice and research: Draft for public consultation (Canberra: National Health and Medical Research Council)
- Burtchaell, J.T. (1992) The manufactured child. Second Opinion, **17**, 103-107.
- Charmaz, K. and Mitchell, R.G.J. (1997) The myth of silent authorship: Self, substance, and style in ethnographic writing. In R. Hertz (ed.) Reflexivity and Voice (Thousand Oaks: Sage, 193-215).
- Corea, G. (1985) The Mother Machine: Reproductive Technologies from Artificial Insemination to Artificial Wombs (New York: Harper and Row).
- Daniels, K.R. (1989) Semen donors: Their motivations and attitudes to their offspring. Journal of Reproductive and Infant Psychology, **7**, 121-127.
- Daniels, K.R. (1998) The semen providers. In K.R. Daniels and E. Haines (eds) Donor Insemination: International Social Science Perspectives (Cambridge: Cambridge University Press, 76-104).
- Daniels, K.R. (2000) To give or sell human gametes - the interplay between pragmatics, policy and ethics. Journal of Medical Ethics, **26**, 206-211.
- Daniels, K.R., Curson, R. and Lewis, G.M. (1996) Semen donor recruitment: A study of donors in two clinics. Human Reproduction, **11**, 746-751.
- Daniels, K.R. and Haines, E. (eds) (1998) Donor Insemination: International Social Science Perspectives (Cambridge: Cambridge University Press).
- Dean, J.H. and Sullivan, E.A. (2003) Assisted Conception Australia and New Zealand 2000 and 2001 (Assisted Conception Series No. 7) (Sydney: AIHW National Perinatal Statistics Unit).
- Dyer, C. (2002) Warning on sperm donor rules. The Guardian, 14 May, http://www.guardian.co.uk/uk_news/story/0,3604,715034,00.html.

-
- Emond, M. and Scheib, J.E. (1998) Why not donate sperm? A study of potential donors. Evolution and Human Behavior, **19**, 313-319.
- Ezzy, D. (2002) Qualitative Analysis: Practice and Innovation (NSW: Allen and Unwin).
- Fidell, L.S., Marik, J., Donner, J.E., Jenkins Burk, C., Koenigsberg, J., Magnussen, K., Morgan, C. and Ullman, J.B. (1989) Paternity by proxy: Artificial insemination with donor sperm. In J. Offerman Zuckerberg (ed.) Gender in Transition: A New Frontier (New York: Plenum Press, 93-110).
- Foucault, M. (1979) The History of Sexuality. Vol. 1: An Introduction (trans. R. Hurley) (London: Penguin).
- Garrido, N., Zuzuarregui, J.L., Meseguer, M., Simón, C., Remohí, J. and Pellicer, A. (2002) Sperm and oocyte donor selection and management: experience of a 10 year follow-up of more than 2100 candidates. Human Reproduction, **17**, 3142-3148.
- Golombok, S., Brewaeys, A., Giavazzi, M.T., Guerra, D., MacCallum, F. and Rust, J. (2002) The European study of assisted reproduction families: the transition to adolescence. Human Reproduction, **17**, 830-840.
- Greer, G. (1984) Sex and Destiny: The Politics of Human Fertility (New York: Harper and Row).
- Haimes, E. (1988) Secrecy: What can artificial reproduction learn from adoption? International Journal of Law and the Family, **2**, 46-61.
- Haimes, E. (1993) Theory and methodology in the analysis of the policy process: A case study of the Warnock Committee on Human Fertilization and Embryology. In M. Hill (ed.) New Agendas in the Study of the Policy Process (Hemel Hempstead UK: Harvester Wheatsheaf, 152-175).
- Hard, A.D. (1909) Artificial impregnation. The Medical World, **27**: 163-164.
- Human Fertilisation and Embryology Authority (2002) Provisional National Data Statistics: IVF from 01/04/1999 to 31/03/2001 (London: Human Fertilisation and Embryology Authority) <http://www.hfea.gov.uk>.
- Kirkman, M. (2002b) What's the plot? Applying narrative theory to research in psychology. Australian Psychologist, **37**, 30-38.
- Kirkman, M. (Forthcoming-a) Egg and embryo donation and the meaning of motherhood. Women and Health.
- Kirkman, M. (Forthcoming-b) Parents' contributions to the narrative identity of offspring of donor-assisted conception. Social Science and Medicine.
- Kirkman, M. (Under review-a) Being a 'real' mum: Narratives from recipients of donated eggs and embryos.
- Kirkman, M. (Under review-b) Genetic connection and relationships in narratives of donor-assisted conception.
- Laqueur, T.W. (2003) Solitary Sex: A Cultural History of Masturbation (New York: Zone Books/MIT Press).

-
- Lyall, H., Gould, G.W. and Cameron, I.T. (1998) Should sperm donors be paid? A survey of the attitudes of the general public. Human Reproduction, **13**, 771-775.
- Mahlstedt, P.P. and Probasco, K.A. (1991) Sperm donors: their attitudes toward providing medical and psychosocial information for recipient couples and donor offspring. Fertility and Sterility, **56**, 747-753.
- Martin, E. (1990) The egg and the sperm: How science has constructed a romance based on stereotypical male-female roles. Signs: Journal of Women in Culture and Society, **16**, 485-501.
- McAdams, D.P. (2001) The psychology of life stories. Review of General Psychology, **5**, 100-122.
- Murray, C. and Golombok, S. (2000) Oocyte and semen donation: a survey of UK licensed centres. Human Reproduction, **15**, 2133-2139.
- Myers, M.F. (1990) Male gender-related issues in reproduction and technology. In N.L. Stotland (ed.) Psychiatric Aspects of Reproductive Technology (Washington DC: American Psychiatric Press, 25-35).
- Novaes, S.B. (1998) The medical management of donor insemination. In K. Daniels and E. Haimes (eds) Donor Insemination: International Social Science Perspectives (Cambridge: Cambridge University Press, 105-130).
- Pedersen, B., Nielsen, A.F. and Lauritsen, J.G. (1994) Psychosocial aspects of donor insemination: Sperm donors - their motivations and attitudes to artificial insemination. Acta Obstetrica et Gynecologica Scandinavica, **73**, 701-705.
- Pfeffer, N. (1993) The Stork and the Syringe: A Political History of Reproductive Medicine (Cambridge: Polity Press).
- Purdie, A., Peek, J.C., Adair, V., Graham, F., and Fisher, R. (1994) Attitudes of parents of young children to sperm donation--implications for donor recruitment. Human Reproduction, **9**(7), 1355-1358.
- Reuters (2002) Prolific sperm donor's bad gene. wired.com,
<http://www.wired.com/news/medtech/0,1286,50703,00.html>.
- Ricoeur, P. (1980) Narrative time. Critical Inquiry, **7**, 169-190.
- Robinson, J.N., Forman, R.G., Clark, A.M., Egan, D.M., Chapman, M.G. and Barlow, D.H. (1991) Attitudes of donors and recipients to gamete donation. Human Reproduction, **6**, 307-309.
- Rose and Another v Secretary of State for Health and Human Fertilisation and Embryology Authority (2002) CO/3802/01[2002]EWHC 1593 (ADMIN) (UK).
- Schover, L.R., Rothmann, S.A. and Collins, R.L. (1992) The personality and motivation of semen donors: A comparison with oocyte donors. Human Reproduction, **7**, 575-579.
- Sperm Bank of California (no date) <http://www.thespermbankofca.org/aboutus/indexa.htm>.

Stewart, G.J., Tyler, J.P.P., Cunningham, A.L., Barr, J.A., Driscoll, G.L., Gold, J. and Lamont, B.J. (1985)

Transmission of human T-cell lymphotropic virus type III (HTLV-III) by artificial insemination by donor. The Lancet, **326**, 581-584.

Tong, R. (1996) Toward a feminist perspective on gamete donation and reception policies. In C.B. Cohen (ed.) New Ways of Making Babies The Case of Egg Donation (Bloomington: Indiana University Press, 138-155).

Zavos, P.M., Aslanis, P., Kaskar, K., and Zarmakoupis-Zavos, P.N. (2002) Screening of oocyte and semen donors: are we discriminating against sperm donors? (Abstract) Fertility and Sterility, **78** (Suppl. 1): S233.

Note

ⁱ 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 Paul Ricoeur, e.g. 1980).



Minerva Access is the Institutional Repository of The University of Melbourne

Author/s:

KIRKMAN, MAGGIE

Title:

Saviours and satyrs: ambivalence in narrative meanings of sperm provision

Date:

2004

Citation:

Kirkman, M. (2004). Saviours and satyrs: ambivalence in narrative meanings of sperm provision. *Culture, Health & Sexuality*, 6(4), 319-335.

Publication Status:

Published

Persistent Link:

<http://hdl.handle.net/11343/34955>

File Description:

Saviours and satyrs: ambivalence in narrative meanings of sperm provision

Terms and Conditions:

Terms and Conditions: Copyright in works deposited in Minerva Access is retained by the copyright owner. The work may not be altered without permission from the copyright owner. Readers may only download, print and save electronic copies of whole works for their own personal non-commercial use. Any use that exceeds these limits requires permission from the copyright owner. Attribution is essential when quoting or paraphrasing from these works.