



## **On Becoming a Sperm Donor the Analysis of Masculinities in Sperm Donation**

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# Chapter 14

## On Becoming a Sperm Donor: the Analysis of Masculinities in Sperm Donation

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Going through my abstract for this conference again, which stated that *I will look at Danish sperm banks as transnational organizations that facilitate certain concepts of masculinity as part of sperm donation through screening standards and marketing strategies*, I found myself wondering if it is actually clear that masculinities play an important part in sperm donation. Surely, it is men that contribute their sperm in order for it to become a part of a global exchange system that involves so much more than just the materiality sperm. But is that reason enough to claim that masculinities are important in order for this exchange system to take place? And how do we as social-cultural scientists actually determine that masculinities are involved? Are they there because we *know* that they are there? Or can we actually identify them with the help of intelligible indicators?

So, instead of answering what concepts of masculinity are part of screening practices at Danish sperm banks, I want to take a step back and discuss the ways we give meaning to interpretations of gender as part of biomedical practices through our analysis of empirical material. First, I want to attend to examples of how other scientists went about analyzing gender, my objective being to spell out my argument beyond the introductory questions. After that, I want to use my own material to show that analyzing gender can pose problems whereas other analytical categories may not. My aim is to provoke a discussion about the way social and cultural sciences produce meaning from empiric material, in specific when they analyze gender.

### Men >=/< masculinities?

Let me start out by stating that I strongly believe that masculinities form an integral part of sperm donation as it exists today. And I surely share this perspective with other feminist researchers who take a closer look at reproductive medicine and technologies (Inhorn et al., 2009; Rosenfeld

and Faircloth, 2006; Thompson, 2005). But I am intrigued by the ways in which we actually got to where we are today within the discussion about the meanings of masculinities as part of reproductive biomedicine. It is one thing to say that masculinities are part of practices such as sperm donation and donor insemination, that they are negotiated when fertility treatments are implemented and andrological literature is written. But it is another thing to make clear how one has reached that conclusion and what one's analysis refers to.

An article that is almost always referred to when dealing with notions of gender as part of sperm donation is Emily Martin's *The Egg and the Sperm: How science has constructed a romance based on stereotypical male-female roles* (Martin, 1991). Written 20 years ago, Martin impressively exemplifies how biologists and other natural scientists use gendered cultural imagery to describe how egg and sperm cell interact. Martin ends her article with a call to dismantle the "sleeping" metaphors within scientific texts to stop reifying sex in its uncontested status. Yet, what Martin didn't do in her article is to lay out how she reached the conclusions she reached. She misses to clarify which analytical tools she used and provides no insights into how she applied gender to her analysis. Therewith, her premises lay just as hidden as those she is criticizing. Underlying Martin's text is the premise that the images of egg and sperm cells actually represent factual women and men, whereas the scientists she studied were in fact writing accounts of egg and sperm cells that can be read as reestablishing a binary concept of sex. As inspiring as Martin's article is, it is not clear, however, if the linkages Martin establishes are actually something that can be found empirically or if it is rather something that she constructs as part of her analysis.

In a recent analysis of the role of masculinities in sperm donation in Taiwan Chia-Ling Wu was able to show how the professionals involved in fertility care in Taiwan regulate the selection of men for donation programs by relying on certain concepts of masculinity (Wu, 2010). What I read as a fine analysis of how (male!) doctors legitimize their position as part of a state authorized reproductive care system by valuing certain masculine coded traits over others, still misses to make clear what masculinity or better masculinities actually mean in the research context. Wu operates with Connell's concept of *hegemonic masculinity* (Connell and Messerschmidt, 2005) but never clarifies what that actually encompasses in Taiwan. Simultaneously, she uses the terms *men*, *masculinities*, and *ideal men* interchangeably without spelling out why she uses them in the way she does and what that means for her analytical focus. The question arising is then: how do we know that masculinities are a part of Wu's field? With this question I do not want to doubt that masculini-

ties actually are negotiated in donor insemination programs in Taiwan, but I rather want to provoke a revisiting of her (and our) analytical gaze that set out to look for masculinities but that never made clear how they were found.

Also in a recent contribution, Helene Goldberg attended to male infertility in Israel (Goldberg, 2009). Her analysis builds on ethnographic fieldwork including participant observation and interviews and is a fine example of how masculinities are negotiated as part of the practices of fertility treatments. But again, the analytical category *masculinity* is rather implicitly considered than explicitly explored. While answering the question if the medical staff she interviewed saw a connection between “masculinity and sperm production” (Goldberg, 2009: 212) she states that the majority of the medical staff rejected such a connection. Yet still, she takes on the task to *reveal* – as she puts it – that the staff actually did make that connection after all. But how does Goldberg actually know what the protagonists really meant? How does she determine that the people she interviewed were actually talking about masculinity? And how do we know that that what Goldberg considers to be masculinity is also what masculinity means for the protagonists? Is the remark “implicitly considered not be masculine” enough to claim that masculinity is at stake when sperm counts are revealed? I am convinced that Goldberg is right in what she concludes. I just wish she had also explicated how she defined masculinity as part of her analytical approach and how she handled the various terms such as men, masculine, ideal masculinity in her research in order to reach her conclusions.

As part of a recent research project on masculinities in sperm donation (Knecht et al. 2010) two colleagues of mine and I interviewed lesbian women on their family planning (Hartung et al., 2010). We were interested in how images and concepts of masculinity influenced the selection of possible donors in order to have a child. Our analytical approach was based on the common ethnographic practice of interpretation (Geertz, 2000) of what was done, verbalized, shown, felt. Yet, in our analysis we didn't make clear how this practice of interpretation involved the analytical category masculinity, or, more precise, we didn't clarify what markers we used to identify it while interpreting the material.

## About the ways of finding men and masculinities

So, what I am concerned with is the practice of analyzing empirical material and drawing conclusions about the research field based on this analysis with a focus on gender (for a similar discussion about the analytical category sexuality see (Mohr, 2010a). Interpreting qualitative data is of course always a tedious process, requiring not only time but

also patience and clarity. But analyzing gender and gender relations does even more so since it involves knowledge that anybody has access to. We are all in one way or another gendered beings, if we like it or not. Even if we refuse to give in to the binary classification into woman and man, we are nevertheless situated within a regulative set of gender norms and, how Judith Butler rightly points out, “this sort of regulation operates as a condition of cultural intelligibility for any person” (Butler, 2004: 52). Simultaneously, gender is also a way in which we comprehend our realities, a category through which we make sense of our lives. Gender as an analytical category therefore binds us to our research field in a twofold way: it is both, something we represent and something we understand others and their actions by. It is not a fact that transcends time and space. And precisely therefore do we have to be very clear when we go about analyzing gender. It is not enough to just point out gender stereotypes in scientific literature, we should also uncover what we did in order to identify them. It is not enough to reveal underlying gender scripts in biomedical practices, we should also clarify what terms we used in order to make them analytically accessible. And it is not enough to conclude that masculinities are important when dealing with matters of reproduction, we should also define what we mean when we talk about masculinities and what we think distinguishes them from or what they have in common with other terms in our analytical vocabulary and the terms at stake within our research field. Not attending to these matters will run the risk of participating in a game of unclarity (how do we convince those we criticize for working with sleeping metaphors if we are not aware of our own?) as well as the risk of losing the critical potential that is part of feminist and queer heritage (how can we criticize science for reifying sex as a normalizing principle if we assume that the presence of men is reason enough to claim that masculinities are in play?).

These were my thoughts preparing for this conference. And paired with these thoughts were my recent research experiences within the field of sperm donation and fertility care in Denmark. Looking at the screening practices of Danish sperm banks and being involved in participant observation in an andrological lab carrying out sperm analysis in Copenhagen, it became less and less obvious to me what role masculinities played as part of the practices I observed and analyzed. I became confused since what I had started out with – looking at how masculinities were negotiated as part of screening practices and testing procedures – seemed to be more and more hazy the longer I attended to my research field. Finally, I faced my ultimate barrier: I knew that men were being screened to be donors and I knew that men left their sperm samples to be tested, but besides my conviction that I could identify their sex as male I

could not see how masculinities were part of what was going on within my research field.

## Donating responsibility

Starting to analyze my material, I did recognize however that I had less trouble finding other analytical categories that seem to make a difference when attending to the ways men are screened and assessed when applying to be sperm donors. One of these categories could best be described as *responsibility*. Sperm banks have a great interest in ascertaining business partners, clients, and legislative authorities that they run *responsible* businesses, since they could not operate otherwise. And therefore they also need men as sperm donors who can pass as responsible.

Through an (online) questionnaire the men that apply as donors are asked to categorize themselves according to the categories supplied by the sperm banks. These questionnaires are all asking for basic information such as contact details and physical data including height, hair color, type of hair, and age, but also demand to categorize oneself in racial and ethnic terms. In addition, sperm banks want to know more about the applicant's "medical history and background". This part of the questionnaire can be understood as a measure to ensure that the men applying are actually the responsible men the sperm banks are looking for. The questions concern "illnesses", "genetic conditions", "alcoholism", and "substance abuse" but also the "sexual partners" and the "sexual activity" over the last five years. Knowing very well that a questionable health condition, a large alcohol consumption, the use of illegal drugs, the 'wrong' gender of sexual partners or a high number of sexual engagements over a short period of time will disqualify them as sperm donors, the men are likely to stick with what is expected of them – they need to pass as *responsible*. Only then will they be considered sperm donors. This self-assessment is the starting point for men that consider being a sperm donor and mostly takes place in front of the home computer before actually having been at a sperm bank. This *pre-screening* as well as the assessment that follows, relies on a concept that Jacob Copeman has termed *donation asceticism* (Copeman, 2005), a concept that draws on the belief that *responsibility* is that what defines a *good* donor – be it a blood, bone marrow, sperm or any other kind of organ, tissue or cell donor. Sperm donation thus requires sperm donors to do the *responsible thing*, meaning abstaining from any so called *risk behavior* (cf. Mohr, 2010b).

The screening for responsible men continues throughout the application process. A director of a Danish sperm bank described the screening process as follows:

“The whole screening procedure from their first application until they actually start [as donors] takes two to three months. The first thing we look at is the sperm quality and we typically look at two or three sperm samples from one donor before we continue because that’s easy for us to analyze and it’s the easiest for the donor to provide, so we do not waste anybody’s time. And after they qualify through that process, the medical screening starts which includes an extensive family medical history and which is of course shared with our medical director and the attending physician. And then they have a physical exam by the attending physician and after that they have blood drawn and we do all necessary blood tests. And in the final exam the medical director uses the entire profile – the family medical history plus all other test results – to see if the guy can start donating”.

The men wanting to be sperm donors thus have to actually show some commitment to the cause. Through the initial period that the director just described and beyond the men have to prove their *responsibility*, with results of sperm quality tests as well as conclusions from medical history records and health statuses becoming the *evidence base* for their responsibility.

Another form of assessment are psychological tests. *European Sperm Bank* for example relies on the *Keirsey Temperament Sorter II* in order to assess donor personality. The test can be taken online and consists of 70 either or questions such as “which rules you more – your thoughts or your feelings” or “Are you prone to – exploring the possibilities or nailing things down”. As a result, the person being tested will be sorted into one of four main categories – artisan, guardian, rational, idealist – through which “a person’s temperament and character type” is “revealed” as it is stated on the *Keirsey* homepage (Keirsey.com). A sample of such a test result which is accessible to customers of *European Sperm Bank* portrays the tested donor as a *provider*, a subcategory of the guardian. Providers so the explanation “happily give their time and energy to make sure that the needs of others are met, and that social functions are a success”. So, being a sperm donor is not just about showing up, masturbating and receiving cash in return. It involves a process of constant evaluation that aims at securing the continuous responsible commitment of the donor.

But to achieve the objective of recruiting *responsible* men, the sperm banks not only rely on a self-selection process and certain tests. They also actively participate in creating an imagery of the responsible sperm donor they are looking for. *European Sperm Bank* in Copenhagen for example has an American branch in Seattle which provides a video on-

line that is aimed at recruiting donors. In this video, Steve, who would be considered a young handsome man, comes out of class in college and tells us a little bit about his motivations to be a sperm donor: “Even though you might be thinking this is about the cash, it is not. [...] This is about something more important and I think honorable”. (European) Steve goes on to explain that his brother and his brother’s wife had trouble conceiving a child until they turned to a sperm bank. This clearly made the difference in Steve’s life: “If I have the chance to help just one of them [childless couples] to experience the joy of having a child that couldn’t have otherwise happened, it will be worth it”. We are meeting a seemingly healthy and educated young man wanting to *help* further procreation. Steve is not likely to hang out at the local gay bar, he is not likely to participate in sexual activity after having misused stimulating substances, and he is not likely to leave his high school sweetheart who was the leader of the cheerleading squad. He is simply *too responsible* to do that and it is exactly this *quality* that made him the perfect sperm donor.

Once a man is accepted as a sperm donor and his sperm is advertised and sold to costumers worldwide, this image of the responsible man becomes simultaneously a part of the sperm banks’ marketing strategies and the public image of the donors. The so called *staff impressions* available to customers who are looking for a sperm donor and need help deciding which one to choose are a prime example for this. These impressions can be read as mini advertisements for the donors and are similar to the following one from *Cryos International’s* homepage:

“IBBER is an extremely nice and outgoing guy. He is always happy and smiling when he visits our department. A positive attitude also describes IBBER. He is happy to be a donor and he hopes that he is able to help a lot of people. He is absolute the staff’s favorite donor”.

These descriptions vary in length and detail but not so much in content. Most donors are referred to as helpful and as social and also as being among the staff’s favorites. A leading laboratory technician at a Danish sperm bank explained to me how these impressions come about:

“I normally look at how they [the donors] behave when they are here: is it a person who likes to talk, or is it a shy person that is reluctant to talk. It is my impression, how I see the donors. If a person is chitchatting a lot when he is here I can of course give a much better staff opinion on him than on others”.



Neither the staff impression nor the statement of how these impressions come about is about male qualities, but both examples are about an expectation of what a donor should be like. The donor in the staff impression is a social person respecting and helping others, in other words, a person who qualifies through responsible actions. And the assessment of this responsibility is drawn from the experience the staff has working with the individual donor. Interpersonal communication thus provides the basis for determining whether a man is responsible enough or not to be a sperm donor.

## Becoming a sperm donor

As much as my examples are about responsibility they are also very likely about masculinities. Yet, how do I identify masculinities when a man is described as happy, smiling and helpful? How do I get a grip on which concepts of masculinity are negotiated when sperm donors are portrayed as educated, well versed and seemingly selfless? How do I detect that masculinities are in play when a sperm donor's personality is described as being about making sure that the need of others are met? How do I pinpoint which masculinities are actually referred to when a sperm donor is expected not to participate in risk behavior and to be healthy? What are the analytical markers that help me make sense of a category that seems so fluid and yet at the same time is constantly present?

The screening process for sperm donors that I exemplified and the sperm banks' portrayals of sperm donors that I presented could be understood as a process of subjectivation (Foucault, 2005). As part of the screening process at sperm banks, men are not just tested and evaluated. They actually become sperm donors in a very performative sense. By checking off the right boxes on a questionnaire, by donating once or twice a week and having their sperm analyzed, by participating in psychological assessments, the men participate in a process that makes them a sperm donor. Citing different norms throughout, this process positions them in very specific relational contexts, one of them referring to responsibility. Therefore, sperm donors are not just men who donate sperm. In the larger context of sperm donation they are subjects who become only intelligible as sperm donors by citing specific norms that are considered important by those participating in sperm donation. The category sex is obviously cited when men mark themselves as male on a questionnaire. But does that also mean that the assumption of an identifiable biological reality remains uncontested? Following feminist and queer analyses of sex (e.g. Fausto-Sterling, 1992; Butler, 1993) this kind of reification is very likely to involve the invocation of traditional concepts of masculinity that emerged as part of specific gender relations. Yet, the ques-

tion remains, how does the subjectivation as a sperm donor, or for that matter any other subject, become identifiable as a process that refers to masculinities? I might not have provided a satisfying answer to this or to any of all the other questions I posed throughout my presentation. But I do hope that these questions sparked an interest in how we go about analyzing our empirical data. And I do hope so because I am convinced that it is through introspection of our own analytical work that we actually begin to see when things matter and when we just think they do.

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