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**“Fathers without children” – A discursive study of the
accounts and identities presented by sperm donors.**

A dissertation presented in partial fulfilment of
the requirements for the degree of

PhD
in
Psychology

at Massey University, Tairātea, Palmerston North,
New Zealand.

Kirsty J Ross

2004

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Kirsty J Ross
December 2004.

Discursive psychology challenges traditional psychology by contending that knowledge, reality and the “truth” are socially constructed and actively negotiated through language. Through discourse, people are placed in, or adopt, subject positions and roles that confer certain rights and responsibilities. Current discourses for talking about sperm donors can be seen to negatively position them at a low status, with little power or rights, but multiple obligations. This research interviewed 24 New Zealand sperm donors, with the aim of investigating how donors constructed and made sense of their experiences and their position as a sperm donor. These discourses revealed that being a sperm donor can lead to an enhanced construction of masculinity, and an accompanying powerful subject position with regards to other men in society. This had ramifications for the donors’ relationship with both the ‘social father’ and the biological mother of the offspring. Donors’ discourses of fatherhood revealed a delicate balancing act of trying to claim a position of (biological) father, and establish a role and place within the lives of the offspring without encroaching on the position of the recipients as parents, particularly the male ‘daddy’. Through their language and utilisation of discourses concerning masculinity and fatherhood, the men in this study challenged the dominant construction of sperm donors, and provided an alternative understanding of the psychology of being a sperm donor.

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Dedication

For my 'little man' Alistair
One day I hope you read this and that you are proud of your Mum.

Table of Contents

Abstract	III
Acknowledgements	IV
Dedication	V
Introduction	1
Chapter One - Discursive psychology: Foundations, theory and rationale.	5
New Beginnings	6
From Positivism to Relativism	8
Micro and macro approaches	12
Potter and Wetherell	13
Discourse and Power	17
Subjectivity and Positioning Theory	19
Micro or macro	24
Relativism and moral stances	26
Justification for using discourse analysis	28
Discursive research and reflexivity	32
Chapter Two - Sperm donors: Donors, Wankers, Vendors, Outsiders or Fathers?	36
Infertility	37
Donor insemination – Adultery to medicine	39
The process of DI	41
Who are the donors?	43
Payments and gifts – ‘Vendors’, ‘donors’ or ‘wankers’?	45
Anonymity and secrecy – Absent fathers and outsiders	49
The medical profession	51
Donors	51
Recipients	53
The offspring	57

Conclusions	58
Chapter Three – Masculinity and Fatherhood	62
Discourses on masculinity	62
Social constructionism and hegemonic masculinity	63
A masculine ‘crisis’	66
Egalitarianism and sexist talk	67
Discourses of sexuality and heterosexual relationships	70
Fertility and masculinity	73
The role of provision	75
Fatherhood – Form versus function	76
Conclusions	82
Chapter Four – Methodology	84
Research aims	84
Ethics approval	86
The interview schedule	87
Sourcing the donors	88
The donors	90
Table 1. The marital status of the donors interviewed.	93
Transcribing the data	94
Analysing the data	95
The discourses	98
Chapter Five – Hegemonic masculinity and the construction of money: Gifts and provision	99
The “Gift”	99
Voluntary behaviour versus commerce	100
Motivations	101
Selling your body	105
Exploitation of recipients	108
Reimbursement/compensation for expenses	110
The Clinics	115
Altruism	117

Spirituality, infertility and giving	119
Religion and science	129
The value of sperm - creating lives	133
Gifts and social exchanges	137
“Professional Wanker”	143
‘Lifeline’ for the Clinic	143
The value of sperm	144
‘Credit where credit is due’ – supply and demand	144
Work	147
Altruism	149
Conclusions	150
Chapter Six – Masculinity, sexuality and relationships	155
Sexual discourses of donating	155
Masturbation and sex: “Wankers”	155
The “masturorium”	158
Embarrassment	160
Isolation - being a ‘gender rebel’	161
Have/hold discourse	167
Donating and “Science” discourse	176
Donating as a biological, physical act	177
The biological value of sperm – a body “bi-product”	178
Gendering of gametes	181
Conclusions	185
Chapter Seven – Doing difference: The requirements of being a donor and the creation of the “Others”	188
Evaluations and tests	189
Medical discourse – Physical/ biological requirements	189
Safety	193
Special or expendable?	195
Fertility tests and masculinity	198
Being ‘picked’ by recipients	205
The ‘Right Donor’ and the creation of the “Others”	209

Medical criteria	210
Psychological characteristics	211
Creation of the “Others”	214
Curiosity	215
“Different from me”	216
Conclusions	219
Chapter Eight – Children’s rights versus parental authority	223
‘Birth right’	223
Inevitability	227
Secrecy and lies	228
Adoption	229
Parental power versus the use of ‘enforcers’	231
Intellectual knowledge	238
Emotional stability	241
Parent-child relationships	243
Donating – a ‘one-way street’	246
Faking pregnancy – ‘best interests of the child’	249
Conclusions	251
Chapter Nine – Fatherhood: Form versus Function	255
Families	256
Traditional families	256
Restrictions on potential recipients	257
The actual recipients	262
Defining parents – the nature/form versus nurture/function	264
discourse and the creation of ‘fathers’ and ‘daddies’	
“Form” – Biology, masculinity and ‘ghosts’	264
DI as a biological urge to procreate	264
“Not your parent”	267
Biological positions	269
“Ghosts” and the “Next man on the street”	272
The privileging of “Function”: claiming fatherhood	273
status through ‘Daddies’ and donor ‘fathers’	

Donating as fatherhood	273
Father versus dad	274
The (donor) father’s responsibilities	278
‘Image in my heart’ – attachment and loss	281
Lack of interest as a protection	285
“Uncles”	286
“New Families”	290
Conclusions	292
Chapter Ten – Conclusions	297
The Results	297
Subjectivities of donors	303
Validity and reliability	305
Reflexivity	307
Further research – where to from here?	313
Appendices	317
References	330

Introduction

The purpose of this section is to outline the structure of this dissertation, and provide some history and context to the project and the people involved. This research has spanned some years and during the course of the work, both the research and the researcher changed, developed and matured.

Upon embarking on a PhD, I searched for a topic that would be intellectually and professionally challenging. My interest and awareness of the issue of sperm donation, infertility and artificial reproductive technology (ART) was stimulated by reading an article about New Zealander Dr Vivian Adair's research into donor children (Watkin, 1998). The article discussed the ramifications for offspring's sense of identity when sperm donors were anonymous and untraceable. The area of ART and the psychology of the process and consequences for those involved intrigued me. A telephone conversation with Dr. Adair revealed the need for research into sperm donors in New Zealand. Consequently, I began my study into the psychology of New Zealand (NZ) sperm donors.

When the data for this study was collected, during 1999, legislation in New Zealand was aiming to alter the law and processes surrounding sperm donation. Two Bills were before a Select Committee, following years of debate, submissions and little progress. Both Bills had the aim of setting up a central donor register but differed in their approach as to who should be identified on the birth certificate – the donor or recipient male. Despite these Bills having potentially huge impacts on the lives of all those involved in ART, very little was known about how the donors felt about this.

Within this wider political context, there were the service providers that donors could access. All but one of the donors in this study accessed that same provider group, two sister clinics (known collectively as the Clinic) in NZ. In order to give some context to the donations the men in this study made and their talk around their experience, it is valuable to give some detail about the Clinic's procedures governing their donor programme. After expressing interest in donating, men were given a 'pre-donation counselling' session, where they and their spouse/partner (if they had one) met with one of the senior doctors to be briefed on policies and procedures. Partner

Introduction

approval/consent was preferred, as the Clinic perceived that donating involved the partner as well as the donor, and that both had to deal with the consequences of donating.

After the donor (and partner) decided to proceed, screening procedures began. Donors gave a sample of sperm, which was screened for medical diseases, such as the human-immuno deficiency HIV virus. The sperm was also tested for motility and re-tested after the six month freezing process to see how well it survived and whether it was still suitable for insemination – a process known as cryosurvival. The sample was also re-tested for HIV. The Clinic did not test sperm for genetic conditions and predispositions using deoxyribonucleic acid (DNA), and instead relied on donor honesty when disclosing family and personal medical histories and behaviours considered relevant to their medical ‘safety’ (such as drug use and safe sex practices).

Once it was determined that the sperm met the medical criteria, donors proceeded to give sperm. The Clinic required a certain volume of sperm be donated, and donors continued until they had reached this volume. Donors then signed a form that released the sperm for use. At that point, they received \$20 for each visit made to the Clinic to donate the sperm.

When releasing the sperm for use, donors could indicate their preference on the release form as to who got access to their profiles and samples. After 1990, the Clinic was unable to refuse to accept recipients into their programme (for example, on the basis of sexual orientation or marital status) due to the New Zealand Bill of Rights (1990).

Donors were also required to complete a lengthy form, detailing identifying and non-identifying information, and from this, the Clinic produced a non-identifying profile sheet. When recipients came to the Clinic to be inseminated with donor sperm, they were given several profiles to choose from; the profiles the Clinic gave clients to select from were closely matched to the recipient male in physical traits, such as eye colour, height, and hair colour.

Introduction

Clinic policy at the time of the interviews (and when participants donated) was that each donor's samples could produce a maximum of ten children, to four families. The rationale for this was that various calculations and statistical probabilities had suggested that this limit would minimise the chances that two half-siblings would unknowingly meet and form a relationship. If a couple had a child with a donor's sperm, more of that sperm was reserved for any siblings they might wish to have. This meant that the siblings would share the same paternal and maternal genes.

All donors in the programme had to agree to maintain contact with the Clinic for the rest of their lives. They were periodically invited to donor meetings, and if their sperm had been selected for use, they received a letter at the end of the year. This letter told them the progress made for each couple/recipient that had selected their sperm - how many children had been born during the previous year (although not their birthday, sex or other details), how many pregnancies were in progress, and how many recipients were trying to conceive. The political landscape and Clinic policies provide some context with which to consider the findings of this research and their influence is discussed during the results chapters.

Researchers have personal lives that inevitably involve subject positions (Davies & Harré, 1990); in keeping with the literature, I consider that in the area of psychology, where we are researching people's lives and experiences, our own subject positions, which can align with or run contrary to those of the participants, affect the research and our findings in inescapable ways. Therefore, researchers need to be clear and open about their own positions and what they bring to the research, and consequently, how that may influence their findings.

The body of the dissertation has two broad parts. During the course of the research, it became apparent that the study was not just about sperm donation, but also fatherhood and masculinity, and that gender was another layer of the sperm donation experience which had not been well explored. The first part of the dissertation consequently deals with theoretical issues and the existing literature on sperm donors, masculinity and fatherhood. Chapter One discusses discursive psychology in depth and proves a rationale for applying it to this research. This is followed by Chapter Two, which

critically analyses the existing literature on sperm donors, identifying available constructions and subject positions for the participant donors to adopt or challenge. Chapter Three discusses available discourses concerning masculinity and fatherhood. Chapter Four details the processes of how the research was conducted and the analytic procedures followed.

The second part of the research is the Results themselves. This consists of five chapters, each dealing with discourses drawn from the donors' interviews. The first (Chapter Five) details the discourses of "Gifts" and "Professional" which emerged in relation to talk around money. Chapter Six examines the "Sexual" versus "Medical" discourses in relation to the act of masturbation, and the effects this had on donors' relationships and subjectivity. Chapter Seven examines the discourse of "Tests" in that donating is a form of being evaluated and tested on many levels – as a man, a person and as a human being. This discourse of "tests" was then extended by donors to 'do difference' and set out the requirements of the 'right donor'. This established categorical differences between themselves and other men (including other donors), thus protecting the special nature of sperm donation constructed in Chapter Five. In Chapter Eight, the competing discourses of "Birth right" and "parental authority" are detailed; these have consequences in terms of bestowing obligations upon firstly the recipients and then donors to fulfil this "birth right". In Chapter Nine, discourses of kinship and fatherhood are the focus, as the position of 'father versus dad' is examined, along with the subsequent responsibilities involved in those subject positions, and the ramifications for donors, offspring, recipients and the donors' families.

Chapter Ten is a concluding chapter bringing the preceding nine chapters together to discuss overall conclusions of both the research findings and the research experience. It is hoped that at the end of this, the reader will have gained a greater understanding of the psychology of sperm donation and sperm donors.

Discursive Psychology: Foundations, theory and rationale.

Upon embarking on a large piece of research, I started with various ideas and questions which I wanted to answer. Once having determined that I wanted to research sperm donors, I needed to decide what exactly it was about these men that I wanted to explore and try to understand. My questions were around *who* sperm donors are – in their own words. This brief statement is only a basic summary of the issues I wanted to investigate, but captures my desire to learn more about these men and their experiences, their talk around motivations and attitudes towards the recipients and donor children – in sum, the psychology of being a sperm donor in contemporary New Zealand society.

However, before embarking on this research, I began a journey of exploring and questioning my understanding and acceptance of the foundations of research, what constitutes knowledge, and indeed what constitutes reality and truth. I examined and questioned traditional psychological research foundations and then began a search for an epistemology and methodology that fitted with my evolving world-view. This chapter documents this journey and how I came to conduct a constructionist piece of research using discourse analysis.

In this chapter, the foundations of discursive psychology will be discussed and compared with traditional psychological approaches and assumptions to provide the rationale for the use of discourse analysis in this research. Two of the major approaches to discourse analysis – that of Parker (1990) and Potter and Wetherell (1987) will be covered. While there are similarities between the two strands, they can be differentiated by their views on the function of language, and the different fields from which they emerge.

Within psychology, Parker (1990) is the primary theorist in the strand of discourse analysis that originated in the ideas of philosophers such as Foucault, and which concentrates on the ‘macro’ – the relationship between language and power relations in society (Burr, 1995). With regards to sperm donors, ‘power’ is heavily implicated

in decisions regarding who can utilise sperm ('ownership' issues), and following its use, choices around contact and relationships.

In contrast, Potter and Wetherell (1987) come from the tradition of social psychology, and look at the 'micro' – the constructive nature of language, how people talk about phenomena, and the functions that language can achieve. While these are convenient distinctions, they are somewhat artificial and arbitrary. There is also overlap between the two approaches, and many researchers move between the two theoretical frameworks (Parker, 1997). Indeed, I will advocate for an eclectic approach which combines aspects of the micro and macro, as others (for example, Riley, 2003; Wetherell, 1998) in discursive psychological research have done.

I will then discuss positioning theory and subjectivity in some detail, and how discursive psychology's focus on language addresses a fundamental question in psychology – each person's sense of who they are. Drawing on these different strands in discursive psychology, I will talk about the form this research took, and why it went in the direction it did. To conclude this chapter, I will discuss the place of reflexivity in discursive psychological research - the acknowledgement and exploration of the researcher's role in the development, execution and analysis of research.

New beginnings

Much of my undergraduate training in what constituted legitimate psychological research, and how it is conducted, reflected the predominance of positivistic epistemology and quantitative methodology at that time. The 'purity' of statistics, the need for researchers to be detached, and the necessity to maintain 'scientific standards' of validity and reliability in methodology were of paramount importance.

However, from an early stage in my training, I had difficulty reconciling how statistics and numbers could accurately and adequately portray or explain human behaviour and experiences. The detached nature of surveys and numerical analysis did not satisfy my desire to 'know' and understand more about participants and their life experiences. In addition, when in the position of being a participant in others'

research, I felt disappointed that my full responses were not captured by ticking a box or circling a number, and I felt somewhat disenfranchised that my ‘individuality’ was not recognised or expressed.

As a result, I came to the conclusion that qualitative research methods provided a richness of data that assisted me in my desire to study people and enabled me to fully capture responses. During the course of my postgraduate training, I was exposed to a number of excellent researchers who similarly advocated qualitative research methodologies. The burgeoning array of qualitative research paradigms necessitated some exploration into which theoretical model I felt most comfortable with, and which would best answer questions about the psychological aspects of being a sperm donor. Of particular interest was who the men are that become sperm donors - or rather, as I came to consider, who they represented themselves to be.

I needed an approach which captured both relational aspects to the data and the variation in meaning that I considered to be important to the current study. My overriding theory was that ‘sperm donor’ is not a predetermined, static or homogeneous identity that all who participate in the sperm donor process adopt. I also considered that relationships with others involved in the process would be influential in donors’ subjectivity. I came upon social constructionism and discursive psychology and realised I needed to examine some more fundamental questions in order to determine how I would conduct my research.

Recognising (and then understanding) the ontological and epistemological foundations of differing qualitative methodologies took some time. As it became clear that ontology, epistemology, and methodology cannot be separated, I needed to take a step back from selecting a methodology that I liked or was interested in, to finding a world-view that I agreed with and could see working in practice, and then selecting a methodology accordingly, one that I felt would best answer my research questions. Thus, I had to question my own world view to a large degree, a process fraught with difficulty. In keeping with the view that researchers must be reflexive and explicit about their ontological, epistemological and methodological assumptions (Mauthner & Doucet, 2003), this chapter documents my exploration of social constructionism.

From Positivism to Relativism

Discursive psychology argues that methodology cannot be chosen separately, nor can it stand alone, from epistemological and ontological assumptions and beliefs (Henwood & Pidgeon, 1992; Mauthner & Doucet, 2003). Ontology, epistemology, and methodology are terms that speak to different (but related) aspects of reality and knowledge. Nightingale and Neilands (1997) define these three terms in a straightforward way. Firstly, they describe ontology as the nature of reality, of the world, and of those who live within it. Secondly, epistemology is not just what we know, but what we can know about the world. Epistemology addresses questions such as: is knowledge merely a reflection of an external reality that is objective and separate from those who experience it, or is it socially determined? (See also Ambert, Adler, Adler & Detzner, 1995). The third term, methodology, is how a researcher goes about studying phenomena, and derives from their ontological and epistemological assumptions about what constitutes legitimate research and justifiable knowledge.

Discursive psychology is a term that covers a range of approaches that focus on the constructive and pragmatic aspects of language, and how it is fundamental to our understandings of the world we live in (Potter & Wetherell, 1987; Wooffitt, 1992). The constructionist epistemology underpinning discursive psychology has ramifications for not only language and psychology, but for the authority we exercise in our lives and relationships, and our very sense of self, our identity. Discursive psychology argues that people's accounts of their experiences emerge from the social context they were produced in, but are not the only accounts available to others in the same culture or social context (Hollway, 1989).

The ontological foundations of discursive psychology differ markedly from that of mainstream traditional psychology, which isolates and detaches the individual from the environment for the purposes of analysis. This is possible because phenomena, including individuals, are constructed as external entities that are discrete, and can therefore be explained, analysed and observed without regard for each other or for the external surroundings in which the individual exists (Nightingale & Neilands, 1997; Packer, 1985; Parker, 1997; Potter & Wetherell, 1987). Reality is said to be made up

of “objectively defined facts” (Henwood & Pidgeon, 1992, p. 98), which are separate from representation and description (Edwards, Ashmore, & Potter, 1995).

A naturalist tradition predominates in psychology, stemming from the extrapolation of the principles of science and biological entities to people and psychology, leading to a corresponding predominance of quantitative methodologies, such as experiments, to acquire knowledge and predict human behaviour (Hollway, 1989). Thus, these methodologies are grounded in the epistemological assumptions of positivism, hypothetico-deductionism, and empiricism (Henwood & Pidgeon, 1992; Nightingale & Neilands, 1997; Packer, 1985; Stainton-Rogers, 1996). These assumptions mean that knowledge is found in observable behaviours and data, which are thought of as ‘facts’ about the world that can then be objectively identified, recorded, quantified and theorised about through the use of experiments.

The data collected through experiments is said to be pre-existing, and independent of the construction of theory to explain it (Packer, 1985). Researchers set out to use procedures and methods that will facilitate the identification of universal laws, allow for the prediction of behaviour, and reflect the cause and effect nature of interactions; these laws seek to explain past occurrences and predict future ones (Hare-Mustin & Marecek, 1997; Hollway, 1989; Nightingale & Neilands, 1997; Packer, 1985). Statistics have become the ‘gold standard’ by which results are supported and research is judged and accepted for publication. Yet, as Harré (2002) points out, this is illogical; if claims are made that psychological phenomena reside within the individual, it appears contradictory to collate and statistically analyse mass data from numerous individuals to then drive general rules that reduce or eliminate individual diversity.

Despite the predominance of positivistic epistemology in psychology, there has been increasing unease in the field psychology with the notion that people consistently follow set rules of behaviour, just like any other biological organism, and are therefore predictable (Hollway, 1989). This desire and search for prediction has resulted in a dichotomy of theory and method; methodology appears to often be selected prior to the hypotheses and research aims being formulated. The assumption that quantitative methodologies will be used seems to be made prior to the research

being designed, and few positivistic research papers even discuss the epistemological and ontological foundations of their studies. It has appeared ironic to me that it is only when one questions the ‘status quo’ that the underpinnings of research are overtly discussed and explicated, in order to challenge the predominant discourse about what constitutes knowledge and thus, how to legitimately conduct research.

This predominance and reliance on positivism has shaped what has been studied, and conversely, what has been omitted from research. Smith (1996) argues that mainstream traditional psychology’s neglect of qualitative research and strict adherence to experimentalism has “produced a distorted agenda of what counts as legitimate inquiry and an impoverished map of psychological knowledge...” (p. 265). He argues that a blind commitment to quantitative methods has taken precedence over key concerns and areas for research, as they would be hard to quantify, thus would not produce the results and ‘laws’ of human behaviour that have been privileged and valued for so long.

The ontological foundations of discursive psychology differ markedly from that of mainstream traditional psychology, and have provided an alternative view to the nature of the world and people. Discursive psychology has a relativist ontology as its foundations and adheres to a constructionist epistemology (Henwood & Pidgeon, 1992). These frameworks argue that reality is fluid, and arises out of the processes of social interaction, and the various discursive practices used in those interactions (Davies & Harré, 1990). Phenomena are therefore not external constructs but are said to be social practices that occur between people (Edwards & Potter, 1993; Potter & Wetherell, 1994).

Language itself is one such social activity, which utilises societies’ linguistic resources (Potter, 1996a), and constructs, sets the boundaries for, maintains, challenges, and alters social reality (Hare-Mustin & Marecek, 1997; Nightingale & Neilands, 1997; Stainton-Rogers, 1996). We come to know the world through the language we use and the concepts and linguistic tools available to us. Knowledge, reality and ‘truth’ are produced from social interactions, experiences and social consensus (Hare-Mustin & Marecek, 1997); multiple versions of reality cater for the social conventions of the context and within the constraints of culture and time

periods. As Nightingale and Neilands (1997) suggest, the individual and the environment they are situated in are inextricably bound together and linked in a mutual relationship; they are not talked of as being two separate phenomena, but together, they make a whole entity.

Thus, positivists consider there to be laws of cause and effect that operate not just on the physical world, but with people also. In contrast, social constructionists do not seek to establish all-encompassing laws that are claimed to be ‘the truth’, but consider that explanations for human behaviour and phenomena can be attributed to cultural and societal norms in terms of people managing and constructing meanings that are in accord with the conventions of their social milieu (Harré, 2002). As Harré suggests:

Intentionality (meaning) and normativity (conformity to rule and conventions), not cause and effect, need to be adopted as the framing concepts of psychological studies. (p. 614)

Discursive psychology’s constructionist epistemology provides the foundation for assumptions about what reality is and how it is produced. Various, diverse approaches are called constructionist, but they also share some similarities. Social constructionists primarily emphasise the emergence of concepts from the data using predominantly qualitative methodologies around which the construction of social life occurs (Gill, 1996; Henwood & Pidgeon, 1992; Potter, 1996a, 1996b).

Burr (1995) covers four major assumptions that are shared in social constructionist perspectives. Firstly, there is no fixed relationship between our understanding of the world we live in, and “reality”. What we understand to be real or true comes from the linguistic resources and meanings that are available in our language. For example, we use the term ‘family’ to make sense of a group of people who have a relationship with one another. Categories and ‘labels’ enable us to talk about situations and people we encounter in our world.

Secondly, these linguistic resources and meanings are specific to time, place and culture. In the present study, how donors talked about and constructed the ideas of ‘family’, ‘parent’, ‘father’ and ‘child’, was shaped by the milieu they lived in - New Zealand (predominantly Pakeha) culture in the 21st century. As societies evolve, the language and meanings we use to talk about and make sense of our world also change.

Thirdly, knowledge is interactional. It is a result of social interactions and social processes, where meanings are shared and disseminated. Social constructionists tend to be critical of traditional realist ontological ideas, and argue that knowledge is not the result of scientific observations of an objective reality.

Fourthly, different knowledges enable and empower people to act in certain ways and in doing so, form the boundaries for social action. For example, the word ‘father’ has various knowledges and a man who fits that meaning can act in a certain way, fulfilling a role description that is ‘common knowledge’. Discursive psychologists seek to study the origins of such knowledge, how it comes about and is sustained, and in whose interests it operates – whose authority is maintained (Nightingale & Neilands, 1997).

Implicit in these four is the fifth assumption that Potter and Wetherell (1996) add; in social constructionism, discourse is the focus around which the construction of social life occurs. Traditional psychology views language as a passive route to, or mirror of, ‘reality’ and an underlying cognitive world, and believes that language is used just to access this internal ‘mind’. Social constructionism looks at the intertwining of behaviour and the ‘mind’ in social and cultural resources (Henwood & Pidgeon, 1992; Potter, 1996a).

Thus, language is constructive and active and forms versions of reality that are context-specific, adhering to the rules of language of an historical era or culture. When looking to understand someone’s actions in a certain context, it is important to look at what that context means to that person. How people talk about situations reveals such meanings; these meanings make sense to others who share that time and culture and the linguistic resources associated with it. This signifies that language is the key to understanding and providing a meaning for our actions.

Micro and macro approaches

I ventured into constructionism by reading works by the proponents of the two main approaches to discourse analysis; Potter and Wetherell (1987), and Parker (1990); this was how my initial understanding was shaped. These two approaches have been

termed ‘micro’ and ‘macro’ approaches respectively. They share a view of language as being constructive and hold assumptions about knowledge as a product of social interaction. They both fall under the term discursive psychology, while remaining distinct in their view of power and ideology. Later, my reading of subjectivity and how self-identity is formed broadened my understanding of reality and the role of language. In the following sections, I discuss both ‘micro’ and ‘macro’ approaches and argue for an eclectic analytic approach which merges aspects of the two strands: the action orientation of talk for the speakers, the subjectivities available through discourses, and the consequences these positions have for the ‘players’ in the discourse, especially the donor, as well as broader societal implications for notions of masculinity, fatherhood and families.

Potter and Wetherell

Potter and Wetherell’s groundbreaking book “Discourse and Social Psychology: Beyond attitudes and behaviour” (1987) challenged the traditional psychological view that language and talk merely reflected underlying thoughts and mental processes (see also Wetherell & Potter, 1988). They argued against the traditional psychological social-cognitive model for the explanation of behaviour, as it places cognitions as being of primary importance, and therefore tries to find cognitive explanations for social interactions (Potter, 1996a; Smith, 1996). This disregards the language used to talk about and make sense of such thoughts and actions, and how language is used in social interactions.

In contrast, social constructionism asserts that concepts and psychological phenomena that are traditionally considered to be ‘internal attributes’, such as attitudes, cognitive skills, and habits that have been considered to make up a person’s identity are in fact drawn upon from available discursive resources, and then utilised in social interactions (Harré, 2002). As a result of considering that these cognitive activities occur and are constructed in social interaction, social constructionists study conversation and discourse.

Various definitions of a discourse exist, but they share the characterisation of discourse as a representational system that is used by individuals to construct their realities (Potter, 1996a, 1996b; Stainton-Rogers, 1996). Davies and Harré (1990)

define a discourse as an “institutionalised use of language and language-like sign systems...institutionalisation can occur at the disciplinary, the political, the cultural and the small group level” (p. 45).

These discourses are a topic of study in their own right, rather than a means to an end (Gill, 1996; Potter & Wetherell, 1987). Discourses are located within time and culture, and contain meanings which determine possible realities/knowledges, and delineate possible positions available to people (who they can be) and the ‘terms of engagement’ between people, within that reality (Lazar, 2000). Gilbert, Walker, McKinney and Snell 1999) provide a useful definition of a discourse:

A discourse is a pervasive structuring principle of a society that is actively reproduced by individuals in social institutions (such as marriage) [brackets added to enhance clarity], modes of thought and self-definitions. (p. 762)

Potter and Wetherell’s definition of discourse covers both oral and written talk, formal and informal – these are all said to result from social interactions, which achieve social acts (such as blaming) which are psychological in nature, but traditionally seen to be cognitively, rather than linguistically, grounded. Through studying the way that language is both constructed and constructive, Potter and Wetherell indicate the link between social reality, practices and beliefs, and discourses used to talk about and make sense of them (Wooffitt, 1992).

The concepts discussed below - function, variation, construction and interpretive repertoires - are associated with this ‘micro’ approach to discourse analysis, and they are detailed in Potter and Wetherell (1987; 1994) and Wetherell and Potter (1988).

Firstly, language is active, rather than passive, in that it has a function; it not only says something, but it does something, rather than merely mirroring external reality (see also Edwards & Potter, 1993). Function may be intentional or unintentional, explicit or implicit, perhaps unconsciously used by the speaker or resulting from the interaction of speaker and respondent. Function can range from interpersonal functions such as justification, excusing one’s actions or spoken beliefs, or blaming another, through to ideological functions, in terms of the impact a discourse can have on one group’s authority in society. Functions are the ‘doing’ aspect of language – what is achieved through language use. These consequences are a topic of discursive

psychology and a focus for analysis. Researchers study discourse to interpret the purposes and outcomes of the language the speakers utilise. Functions are the ‘findings’ or results of discourse analysis, and are revealed through variation.

Variation has been argued to be the most important principle for analysis in discursive research (Potter & Wetherell, 1994). Variation can occur over time, between texts, which may be more obvious than variation within texts (although the latter may be more informative and produce valuable data for analysis). These irregularities in talk contradict the traditionally held idea that when people talk, they are expressing underlying, constant and fixed attitudes and traits, and that language simply describes these.

Variation is not only an indicator of function, but also of the ways in which accounts can be constructed, which is the third concept in Potter and Wetherell’s approach. Language is both performative and constructive in that it uses the existing linguistic resources and tools that contemporary society has available to it, and it is constructive in that an account of life and ourselves is built from a selection of these resources (Gill, 1996; Potter & Wetherell, 1987; Wetherell & Potter, 1988; Wooffitt, 1992). Descriptions and accounts produce different world ‘realities’, laying the boundaries within which we think, act, perceive and experience life (Stainton-Rogers, 1996; Wetherell & Potter, 1988). Not only this, but subjectivity – how we think of and construct ourselves - is mediated through language (this is discussed in more detail below). We are as we say we are, so to speak!

Variation also highlights that people use different talk and linguistic resources according to the context they are in and what they want to achieve (Gill, 1996; Smith, 1996; Wooffitt, 1992). Discourse and knowledge are located within historical, cultural and social contexts, and therefore it is not possible, nor desirable, to make sweeping generalisations across peoples and time, as traditional psychology tries to do (Nightingale & Neilands, 1997; Parker, 1997).

Indeed, the recent focus on cross-cultural research has emphasised that many phenomena are specific to a cultural context (Nightingale & Neilands, 1997). For example, artificial reproductive techniques may not be used in some cultures where, if

a couple were childless, they would be ‘given’ a child from a close relative to raise as their own. Donor insemination is something that, while it has been said to have been practised since biblical times with Abraham and Sarah, is relatively new in its current guise. Some sections of society, particularly religious sectors such as the Catholic Church, have talked of it as ‘adultery’, whereas doctors talk of it in medical terms as a procedure to alleviate an illness.

The linguistic tools that are available to people of a common language and culture are called interpretative repertoires (Burr, 1995; Potter & Wetherell, 1987; Wetherell & Potter, 1988). Interpretative repertoires develop over time, and they are the ways that people make sense of situations. They are comprised of the common sense understandings people have, and these understandings determine accountability and available subject positions (Potter, 1996a; Wetherell, 1998; Wooffitt, 1992). A repertoire is indicated when there are regularly occurring, internally coherent and stable language units that occur between texts (Wetherell & Potter, 1988). A repertoire can thus be defined as:

...a recognizable routine of arguments, descriptions, and evaluations distinguished by familiar clichés, common place, tropes and characterisations of actors and situations...[supported by a] collectively shared consensus. (Edley & Wetherell, 2001, p. 443).

Potter and Wetherell (1994) added two further concepts to their approach to discourse analysis, that of rhetoric and accountability. The first involves not just looking at how an account relates to a commonly accepted version of reality, but exploring how that version of reality relates to, and argues against, alternative, competing accounts (see also Billig, 1991). Accounts do not reflect a fixed reality, but rather they compete with alternative realities. It has been argued that the realities that participants identify and treat as alternatives to their own accounts should be the focus of analysis, which keeps it centred on the participants’ accounts (Edwards & Potter, 1993). Accountability is closely linked to rhetoric, and involves how an individual constructs their actions and claims in such a way that they seem fair, objective, and hard to undermine and refute.

There are two types of analysis implicit in Potter and Wetherell’s approach which have separate but complementary purposes (Potter & Wetherell, 1994). The first analytic approach draws from the sociological study by Gilbert and Mulkey (1984),

looking at scientists' explanations of their theories, and seeking broad patterns within discourse. Repertoires are identified and researchers look at how they are used. The second type of analysis identifies how accounts are asserted to be factual and what specific purpose and outcome these accounts have (for example, blaming). This type of analysis is drawn from conversation and rhetorical analysis.

In summary then, Potter and Wetherell (1987) formulated a language-based alternative in response to concerns and perceived faults with traditional social psychological approaches. This approach has also been termed 'micro analysis', due to the focus on intense study of short extracts of talk (Stainton-Rogers, 1996). It originates from ethnomethodological and conversation analytic traditions, and focuses on the action orientation of talk and the interpretative repertoires and rhetorical devices used to build these positions and counterarguments. This approach rejects 'realism' and the cognitive-based explanation of behaviour. Instead, it highlights the active nature of discourse, with variation in discourse being the main focus, and how language is fundamental in understanding people's social actions.

Discourse and Power

Nightingale and Neillands (1997) have criticised traditional psychology for disempowering certain non-dominant groups by not allowing their voices to be heard. Indeed, they argue that mainstream psychology has been guilty of maintaining the societal status quo in terms of power, by advocating and supporting theories and laws that are 'common-sense knowledge' and that reflect the dominant values and practices in society. Dominant and minority positions therefore may be formed and preserved through psychology's tools (Parker, 1989). For example, psychology attempts to describe who or what the 'normal' person is, based on dominant notions of what is acceptable behaviour; what this actually does is inevitably creates deviants.

In answer to those criticisms, the second approach to discursive research (often known as 'macro' analysis) drew from post-structuralist Foucauldian theory and concentrates on institutional power relations in society, and the political, social and economic processes that produce and maintain subjectivities with varying degrees of influence in social interactions. This 'macro' approach is more collective in nature; less emphasis is placed on individuals' talk as the origins and site of phenomena, and more

on the ways that discourses operate more globally, as cultural and social resources (Stainton-Rogers, 1996). The focus is therefore on how language advances social, ideological and political interests (Parker, 1997), the circular relationships between discourses and knowledge, and social practices which reproduce power relations and social institutions (Burr, 1995; Stainton-Rogers).

Traditionally, language has been said to be neutral, in that it merely describes what 'is' and therefore has no political value or power in itself. Discursive psychology challenges this assumption, by arguing that not only is language not neutral, but that rather it is very powerful. Discourses, knowledges and meanings, in offering various subject positions and forms of the self, produce power and are also produced by power. When the dominant group's meanings and linguistic resources are widely used in social practices and disseminated in society, they form the prevailing version of reality, maintaining the status quo and power structures (Hare-Mustin & Marecek, 1997; Nightingale & Neilands, 1997; Stainton-Rogers, 1996). Competing discourses are marginalised, perhaps through lack of dissemination; through lack of use and voice, less powerful groups' meanings and experiences can be lost. Power struggles revolve around changing which discourses are said to be the 'truth' and become the dominant meanings in discourse.

Marginalised forms of knowledge provide alternative subject positions to the dominant discourses that are held to be the 'truth(s)'. These alternative knowledges counter the existing power structures and relationships. Discursive psychology is therefore inherently political as it can deconstruct, and displace in some cases, 'truths' that have oppressed or disadvantaged groups in society. Psychologists thus become agents for social change in their ability to identify and disseminate alternative discourses and multiple realities, rather than categorising people and advocating one acceptable 'reality'.

Parker (1997) has contrasted the 'micro' concepts of variation, construction and function with the 'macro' concepts of contradiction, constitution, and power. Firstly, while variation in accounts can indicate the different meanings within a discourse, contradictions between discourses reveal whose ideas are being promoted and predominate, and whose meanings are disregarded because of that. Analysis

‘deconstructs’ a text to achieve this, which helps gain an understanding of how language informs and influences what we hold to be ‘common-sense’. Contradiction is related to power struggles, while variation is suggested to highlight diversity of meaning without emphasising the power relationships.

Secondly, construction is contrasted with constitution. Parker (1997) suggests that Potter and Wetherell’s approach to discourse analysis views the cultural resources, activities and meanings of language as being connected to other resources, activities and meanings, which enable people to relate to each other. However, he argues that meanings are historically and politically built, rather than emerging from a social and power void. These meanings influence and dictate how we make sense of the world.

Finally, the organisation of discourse to achieve something – function – gives way to the idea of power. Power is inherent in relationships between people. This relational power results from subject positions available within discourses, which involve rights, duties and obligations (Davies & Harré, 1990; Harré, 2002; Hollway, 1989; Van Langenhove & Harré, 1994). Speaking rights result from the societal systems of power and ideology. Subject positions are therefore produced by and reproduce power relations (Torrönen, 2001). They provide ways for accounting for oneself and some positions enable a person to ‘warrant’ their voice and actions – have the right to be heard, and be able to justify their actions and render them appropriate (Burr, 1995; Potter & Wetherell, 1987; Van Langenhove & Harré). Different positions have different warrants, which can be challenged, accepted or extended by the position-holder. This is a very different theory of the ‘self’ than that posed by traditional psychology.

Subjectivity and Positioning Theory

A major psychological concept is the notion of ‘self’. Traditionally, people have been perceived as having a self which is unique to them, described in positivistic terms as ‘personality’, with emotional states often being an expression of that ‘personality’ and explaining behaviour (Burr, 1995). For example, a person characterised as a ‘bully’ would be considered to have the emotions of ‘hostility’ and ‘anger’, which would then be manifested in the actions of violence. Behavioural contexts and the interactive aspect of actions are minimised.

In contrast, social constructionists assert that discursive practices and language are central to the construction of identity, emotions and what it means to be a person. Internal states are given shape and meaning through the language and discourses available in different cultures and eras, rather than being a reflection of ‘personality’. Subjectivity (as constructionists talk of it) can be described thus:

...a collective or social construction of a person, an embodied being with cognitive skills and capacities, and with a form of consciousness shaped by local convention. (Harré, 2002, p. 618).

The constructionist approach to self was quite challenging to me, as it dealt with something that I, like many people, held central to their lives – their ‘personality’. ‘Personality’ involves concepts such as emotions, beliefs, opinions, values and traits – all notions that speak to a central sense of self that is stable and unchanging, and that forms the basis for our actions and how we make sense of our experiences.

Traditional psychology’s adherence to the notion of a “rational unitary subject” (Hollway, 1989, p. 68) has limitations both in practical application and theoretical explanation. It argues that people act in a way that is consistent with the values they adhere to, and moreover, that these values are fixed (Hollway). The notion that the self has an essence that can be discovered, explained and predicted like other entities is a positivistic one that is popular both with theorists and lay people alike. Potter and Wetherell (1987) discuss the major psychological theories addressing the self - trait theory, role theory and humanistic theories.

Trait theory holds that the self is a ‘personality’ consisting of stable traits which result in patterns of behaviour consistent with those characteristics (Potter & Wetherell, 1987). People have only one identity, and therefore, are considered to have only one way of behaving. Clearly, this has significant limitations, both in theory and practical application. The difficulty with this assertion is that there is little room for people to alter their values in relation to interactions and experiences, and by default, anyone who does not act in accordance with their ‘values’ is ‘irrational’. The argument does not allow for contradiction and does not explain variance in people’s values and between their stated values and their actions. In addition, there is no consideration in this theory for the social context the person in question is acting within.

Role theory emerged out of such criticisms and incorporates aspects of both individual traits and social contexts (Potter & Wetherell, 1987). According to this theory, predetermined roles exist in society and are separate from those who fulfil them and act them out. Roles have prescribed duties and functions and when someone is assigned a role, they become skilled at conforming to that role and they become predictable in their behaviour and actions based on the role they occupy at that point in time. People become actors who behave in a predetermined way (Potter & Wetherell). Thus, the self is dictated by the role the person occupies. When a person occupies multiple roles, which can compete with each other in their requirements, this can lead to psychological distress.

Role theory assumes that people are ‘shells’ which fluidly and without resistance assume the requirements of the roles they have in society. Humanistic theories rally against this depiction of people as being victims of social circumstances. Inherent in role theory is the notion that there is a social self, the performance of which is reviewed and judged by the private self (Potter & Wetherell, 1987), and it is this ‘private self’ that humanistic theories focus on and expand. The humanistic tradition suggests that there is an ‘authentic self’ which can be overlaid with changes in identity as people progress through life (Elizabeth, 2000; Hollway, 1989). Once these layers are stripped away, this ‘private self’ can be revealed and developed (Potter & Wetherell).

Each of these major theories of the self claims to be pre-eminent and to be able to explain and reveal the ‘true nature of the self’. These claims rely on the inner self of people being ‘out there’ to be discovered and revealed, which is a positivistic and realist assertion.

Conversely, discursive psychology argues that what is conventionally considered to be the make-up of a person – such as attitudes, personality, motivations and emotions – are not concepts that are ‘out there’ waiting to be expressed through language; rather, these concepts are accessible through language, and are linguistic tools which enable people to make sense of their experiences and describe, explain and justify their actions and those of others (Burr, 1995). ‘Personality’ gives way to the concept

of subjectivity, which is discursively constructed through subject positions made available in discourse.

The theory of ‘subject positions’ (Davies & Harré, 1990) states that discourse provides subject positions in a story line negotiated and collectively constructed; speakers are able to adopt or challenge these positions, and also position others (Hollway, 1989; Howie & Peters, 1996; Lazar, 2000; Van Langenhove & Harré, 1994). Subject positions are both rhetorical and relational; they are defined and made sense of by alternative positions available to the speaker in that discourse, and exist in relation to other positions (Edley & Wetherell, 2001; Elizabeth, 2000; Torronen, 2001; Van Langenhove & Harré; Wetherell & Edley, 1999). In positioning themselves in relation to the Other (positions), speakers can differentiate between their values and abilities and that of the (op)position, and in doing so, strengthen their own position and power, while weakening the other.

Both implicitly and explicitly, in accepting a subject position, people reject other constructions of themselves. These subject positions may be differentiated through various parameters, such as gender, age or ethnicity (Hollway, 1989). In their accounts, speakers set themselves apart from others, either in their group or in relation to members of another group, using classification criteria pertinent to the discourse utilised (Elizabeth, 2000). Elizabeth terms this ‘doing difference’, and it has the effect of including or excluding people from a group – either themselves or others - and thus dictate which (and when) subject positions are available to people.

The concept of subject positions is a powerful one, not just theoretically, but also in practice, as individuals have the ability to manoeuvre through situations via subject positions and their associated attributes. However, it would be simplistic and incorrect to imagine people selecting and discarding positions at will. Available positions result from the interplay of the situation the speakers are in, as well as the speakers’ life histories. As Torronen (2001) suggests, life histories limit the possible positions people can accept. This is particularly true given that our life histories also include positioning according to race and gender that do not alter. However, he also points out that the possibilities change as people go through life, and their life histories expand, progress and alter.

Thus, the available positions and their relation to life histories can be considered to be a cyclical process. In addition, social interactions are reflexive, which leads to them being sites for change, rendering the significance and meanings of a position to be highly situated (Wetherell, 1998). As Seymour-Smith, Wetherell and Phoenix (2002) point out:

Possible subject positions are constrained by the linguistic resources available to an individual, their emotional investment in a particular subjectivity and the power relations of the context in which they are situated. (p. 1506)

People assume or counter the subject positions that discourse offers them, and in doing so, power relations are maintained and reproduced, or they are challenged. Hollway (1989) suggests that the adoption of subject positions is deliberate by the speaker (although not necessarily overtly or consciously done) because certain positions have associated meanings that reduce perceptions of vulnerability to others and bolster impressions of power.

Rather than conceptualising people as unitary subjects, positioning theory talks about people occupying multiple, contradictory and conflicting subject positions (Torrönen, 2001; Wetherell, 1998). As Torrönen suggests, speakers' positions alter across contexts, thus affecting the construction of values and also the potential for speakers to act. The usefulness of a subject position for a speaker varies across time, place and context, and adopting a particular position does not confer a fixed identity.

This “non-unitary theory of subjectivity” (Hollway, 1989, p. 44) suggests that people are inconsistent, variable and changeable. People do not consider themselves to be contradictory, and tend to talk of themselves as being in control of their actions, thoughts and knowledges (Davies & Harré, 1990). Although people tend to try to characterise themselves in the opposite manner, they often alter in how they present across contexts, times and in interactions with different (types of) people (Burr, 1995). Each person utilises language and adopts subject positions in a unique combination of subjectivities which leads to experiencing oneself as an individual. This means that while identity can shift with changing position, different selves are real and true to the individual. Contradiction in positioning and behaviour does not equate to being false, as there is no one ‘true self’ to misrepresent or contradict.

Discursive psychology argues that these variations do not detract from people's subjectivity or identity, but are an important aspect of it that needs to be acknowledged and studied. Discourse analysis has been criticised for not according respondents' talk as 'the truth', as the more traditional humanistic psychological research does (Gill, 1996). However, this notion of subjectivity as constructed in language does not disparage people's experience, nor does it suggest that people are irrational or illogical due to multiple shifting, at times contradictory, subject positions (Hollway, 1989). How people identify themselves evolves through social interactions and discourse, and they manage inconsistencies in self-presentation and identity across contexts through their talk. As Parker (1997) suggests, discursive psychology identifies and analyses these variations, while still valuing people's sense of self and the understanding that people have of their own lives, of who they are and of what they believe in.

These inconsistencies and variability in self-presentation have not been adequately addressed by traditional psychological research; variability tends to be discarded and 'evened out', rather than explored in depth and made the focus of analysis. Discursive psychology does not hide variation; instead of ignoring or pathologising these multiplicities and shifts, it recognises variance as valid and legitimate knowledge that is worthy of study and theorising.

Micro or macro?

As the previous sections have discussed, discursive literature talks of a 'macro' or 'top-down' and 'micro' or 'bottom-up' division between two major strands of discursive psychology (Peace, 2003; Riley, 2003; Torronen, 2001; Wetherell, 1998). Micro analysis draws from ethnomethodological and conversation analytic traditions, and focuses on the action orientation of talk, and the interpretative repertoires and rhetorical devices used to build these positions and counterarguments; macro analysis draws from post-structuralist Foucauldian theory and is more concerned with institutional power relations in society and subjectivities, and the political, social and economic processes that produce and maintain these.

Whilst utilising different approaches and terminology, both Potter and Wetherell and Parker share the view that reality, knowledge and the self are social constructions, and

they study the varying ways that people account for themselves and their actions by using (often conflicting) discursive resources; these resources are then looked at in light of the reproduction or resistance of dominant power relations (Gough, 2001).

Increasingly, the macro-micro division has been argued to be somewhat artificial, and indeed, conveys an almost positivistic notion that there exists a separation in data that can be captured in analysis. Several authors have pointed out that both the ‘data-focused’, ‘micro’ or ‘top-down’ approach and the ‘macro’ or ‘bottom-up’ approach have their drawbacks, and they are problematic when conducted in isolation from one another (Edley & Wetherell, 1997; Peace, 2003; Torronen, 2001). Potter and Wetherell (1987) criticise Parker for taking discourses out of the local discursive practises they are part of, to separate out their parts – in effect, decontextualising them. Parker (1997) asserts that Potter and Wetherell’s (1987) approach avoids the issue of power, and there is an implication that discursive psychology has a responsibility and obligation to examine, identify and expose the power relations and struggles that discourse analysis reveals, constructs and contributes to.

There are several articles demonstrating dialogue between researchers aligned to discursive and conversation analytic techniques, which identify not just differences in stances but also marked similarities (for example, Edley, 2001; Speer, 2001a, 2001b). As a result, there are growing calls from researchers advocating for and utilising an ‘eclectic’ approach (particularly in researching gender) that combines both ‘micro’ and ‘macro’ approaches for a more complete data analysis that looks at both the action orientation of the talk (interpretative repertoires) as well as the ideological/power relations and subjectivities involved in that discourse (Coyle & Morgan-Sykes, 1998; Edley & Wetherell, 1997, 2001; Gough & Peace, 2000; Peace, 2003; Riley, 2003; Seymour-Smith et al, 2002; Wetherell, 1998; Wetherell & Edley, 1999; Willott & Griffin, 1997). As Gough (2001) points out:

Whilst macro-level theoretical work is crucial in promoting understanding of gender relations, knowledge is also required of how central concepts (e.g. hegemony) are reproduced, reinvented and resisted at the level of the interpersonal. (p. 170)

Subject positions are reproduced by people in speech when interacting with others, thus rendering investigating their significance and social effect without analysing their

usage in conversation perplexing and illogical. Again, the ‘micro-macro’ distinction appears redundant. Whilst staying at the level of the text, observing and identifying meanings and subjectivities can illuminate power relations and how these are constructed and maintained. These themes and arguments can also prescribe and proscribe social action. An eclectic approach is advocated for and utilised in this study in order to provide a comprehensive analysis; in addition, it recognises and values participants’ accounts and meanings, whilst also being concerned with discourses’ effects at a societal and institutional level (Peace, 2003).

Relativism and moral stances

Relativism is challenging to many. Not only does it argue that knowledge and how we gain it is a result of interpretive practises and available discursive tools, but it also rejects the idea and claim that there is one ‘truth’ or ‘reality’. It does not, however, deny the validity or existence of the knowledges that are a result of realist practises; relativism just says that this is one knowledge, and there are multiple realities, which are versions of the world that can be examined, analysed, and debated. What we talk of as being the ‘truth’ and our self-presentations - who and what we say we are - are open for discussion, and analysts look at how they are argued and presented as ‘facts’. The negotiation and contesting of knowledge and ‘truth’ is all-important, as it acknowledges that reality is fluid rather than fixed.

People produce accounts as a result of their interpretations and how they make sense of things and others. As accounts are constructions, how they are built can be examined to reveal the linguistic resources used and the effects (for example, in terms of power relations) that these accounts have (Potter, 1996a, 1996b). ‘Truth’ and what is ‘true’ can be set aside to look at how accounts are argued to be true. In the extreme form of relativism, all accounts are given equal importance and researchers do not assign one or other as the ‘truth’. These researchers thus remain apolitical, by not taking up a position as a proponent of one version of reality over another.

Some researchers have argued that this is a failing of discourse analysis and social constructionism. There is no judgement on the validity or ‘correctness’ of a discourse - ‘truth’ is relativised, and researchers do not take a position on the truth of an account

(Wooffitt, 1992). This has been said to be a failing of psychologists' ethical obligations as members of society who are said to be able to give expert commentary on social issues. As a result, relativism has been criticised for rendering the researcher as amoral, in not taking stances on morally abhorrent issues and validating forms of discrimination and oppression. Concern has been expressed that a move towards relativism means 'anything goes'.

However, a strong counter-position has been put forward which states that rather than 'anything goes', 'nothing goes' without being scrutinised, questioned and challenged (Speer, 2001a). As Harré (2002) states:

It is no part of the social constructionist approach to deny that there are any universal aspects of human life, nor that, in a certain sense, there are some essential attributes of persons and processes. Nor is it any part of the social constructionist approach to deny that there are better and worse representations of the social world and of human psychology. (p. 612)

This stance suggests there are external realities outside of how we perceive the world (Parker, 1997). Normative ideas of human nature which are advocated by traditional psychology are relativised to acknowledge human complexity, and the influence of the environment, but moral standpoints are not relativised or accorded the same weighting or validity (Parker). Identifying the competing versions of reality can help us to understand why things happen, and the meanings and knowledges held by different people involved in events. As analysts, this does not mean we have to accept or agree with them, or in any way validate them by acknowledging these meanings. We can then use common-sense reality (based on the social consensus of the culture and time we identify with, which shapes the meaning of what is 'good' and 'bad') to take a moral standpoint and argue such a position (Edwards et al., 1995). Edwards et al.'s (1995) account of relativism as a position that 'steps back' from arguments and realities, allows room for assuming a standpoint from the meanings and values that the researcher believes in without contradicting the ontological foundations of the research.

Thus, social constructionism does not mean being 'value-free', and common-sense reality allows analysts to take moral positions on issues whilst identifying alternative accounts and examining the ideological effects they have. While not denying the

‘reality’ of events and situations, the aim is to examine how versions of this reality are constructed and what they achieve.

Justification for using discourse analysis

Ambert et al. (1995) set out the numerous advantages of qualitative research, as opposed to quantitative research, several of which particularly apply to discourse analysis. Qualitative research focuses on in-depth study of a few participants, rather than a less extensive analysis of a larger number of participants. This type of research is ideal for the discovery of new ideas (and discourses) rather than verification of existing theories, and is not driven by hypotheses and questions from the existing literature. Finally, qualitative research emphasises meanings as opposed to truths, and multiple realities that can exist for the same event or experience – it is contextual research.

No approach is without its imperfections, but there are important advantages to discursive research. Discourse analysis highlights the complexity of explanations people give for events, situations and others, and they are not reduced to an underlying cognitive process; rather these explanations are the focus of the study themselves (Wetherell & Potter, 1988). The content and organisation of lay explanations are placed as the primary focus. Accounts become valuable and take on a life of their own, rather than being downgraded as simply self-report.

Secondly, the findings and claims are open to scrutiny and debate by a reader who finds other interpretation on the basis of the materials and data given (Potter, 1996a, 1996b; Potter & Wetherell, 1994; Wetherell & Potter, 1988). Discourse analysis produces readings of discourse which are open to discussion and dispute. A reading in itself is a construction of the text, based on the researcher’s ontological and epistemological assumptions (Burr, 1995), but that reading should be convincing and follow on from the text, lending order and cohesion to the discourse under scrutiny (Gill, 1996; Potter & Wetherell, 1994). Discourse analysis presents detailed and rich data that allows readers to judge for themselves the interpretations the researcher has made, and the general claims that follow on from these readings.

In addition to being rich in data and using a reflexive and open process, discursive analysis also had a relational aspect and ability to cope with complexity that I regarded as crucial to this study. I considered that the identity of men who are sperm donors would result from subject positions made available in discourses and interactions with people; therefore, subjectivity would be something that donors formed when discussing the process and experience.

Utilising positioning theory made sense, both on a theoretical level and specifically for researching sperm donors' experiences. I considered that the identity of 'donor' is fluid and variable across and within men's talk. In adopting one position over another, this inevitably involves rejecting other available positions and justifying this through discourse. Sperm donors appear to have different relationships and status with different people in the process of sperm donation - recipients, donor children, medical staff, and their own family, colleagues, friends and acquaintances. The notion of subject positions arising from discourse provided a means to explore and try to explain these different relationships, and how donors talked about others in the process. In addition, I considered that the subject positions available in discourse and their different statuses would be important to a donor's sense of identity as a man and their experience of masculinity.

Donors' positions would be likely to alter according to who they are talking to, their intentions and the desired consequences from assuming that subject position. While examining these subject positions and their utilisation in talk, the broader societal impact was of interest – particularly the discourses of fatherhood and masculinity, and how these were utilised by donors in their specific circumstances. This desire to investigate both micro and macro aspects of discourse led me to adopt an eclectic approach.

Thus, the proposed complexity of how men form an identity as a sperm donor and the variability between and within men in how they talk about their experiences necessitated a similarly intricate and sophisticated methodology that would be able to tease out these subject positions. I also needed an analytic technique that would be able to explain how and for what purpose sperm donors represent themselves in

different ways to others. Discursive psychology provided me with the theoretical underpinnings and practical ways of achieving these aims.

After researching existing literature about sperm donation, it became evident that there were marked gaps in the literature - demographic and basic donor characteristics were sometimes specified, but there was still a great deal unknown, particularly the psychological consequences and implications sperm donation had for the donors themselves. Within NZ and internationally, there was a lack of in-depth, qualitative, focused research on sperm donors. The first-hand stories of the donors, and how they identified and talked about themselves, particularly in terms of dominant discourses of masculinity and fatherhood, were missing. I wanted to document and investigate the experiences of donors and the psychological consequences that donating had for them and their relationships.

In order to achieve these aims, a qualitative discourse analysis methodology was considered appropriate for this research, and was also used due to my epistemological and ontological stances. While not adhering to strict relativism, I consider that there is no one 'truth' or way of experiencing things that can be objectively defined, measured and quantified – although this does not preclude me from taking moral stances in line with the 'common-sense reality' of my own milieu. This epistemology and world-view involved several underlying assumptions about the reality of language and the self.

Firstly, the 'truth is not out there', waiting to be identified and reflected in language. There is no one reality. While phenomena can be identified and stated to be factual, how they are experienced differs from person to person. We assign meanings through discourse, and it constructs events, people, ideas, and institutions – our world. Power is wielded through the use of objects and subject positions in discourse. These positions have social and political consequences for those who adopt these positions constituted in discourse. While there is no one truth, social consensus about acceptable behaviour and common-sense reality allows me as a researcher to take a moral position, while acknowledging other experiences and versions of reality.

Secondly, subject positions both offer and constrain speakers in the range of discursive resources open to them. Subjects and the self are socially constructed and versions of the self can be the centre of conflict and disagreement. However, people's constructions of themselves and their experiences should be valued, while external (linguistic) influences on constructions of identity are acknowledged and discussed.

Thirdly, speakers do not always intend, nor are they always consciously aware of, the implications of the discourses they use. Finally, discourses are embedded in context, and language is used and built to achieve functions for the speaker (Wetherell & Potter, 1988).

This study looked at how donors talked about their experiences and whether these meanings corresponded to dominant discourses about sperm donation and donors, or whether they challenged them, and provided an alternative way to talk about the process. I wanted to investigate any intertwining and interplay between the available sets of discourses and the resources donors used to warrant their claims.

The analysis was conducted using an eclectic approach. While looking at the action orientation of the men's talk, I wanted to investigate the subject positions available to, utilised or rejected by sperm donors. Specifically, I wanted to examine who is enabled by the rights, duties and obligations of the subject positions – be it the donor or another party to the sperm donor process, such as the recipients or donor children. Part of this enabling process empowers and authorises subjects to make decisions with regard to setting out terms and conditions of contact and relations. Of further interest were the broader ideological implications these positions and conferring of power had for understandings and meanings of masculinity and fatherhood.

Discourse analysis was therefore used for this particular study for several reasons. Firstly, there are limited discourses available to make sense of and create meaning for sperm donation and being a donor. The voices heard are mainly from professionals, academics, theologians, ethicists and recipients, with offspring's voices being added to the available discourses as well. This will be explored in the following chapter. The voices and discourses of donors are largely missing and can expand these social 'realities', and as mentioned above, this was one of the aims of the present study.

Gill (1996) has suggested that discourse analyses objectify participants rather than empowering them. However, one aim of the present study was to reveal how donors talked about and constructed their experience, which enabled these different discourses to be aired. The talk and constructions of the less powerful and less dominant (donors) is then able to receive attention and discussion, and be placed more in the public domain. If this can occur, then the discourses of the less powerful may be taken up and become more widespread and more predominant. If they are not studied and revealed, then their usage will remain silenced.

Discursive analysis is appropriate for this research because many of the concepts associated with sperm donation and creating a child through the artificial reproductive process are open to negotiation and have differing and competing versions of reality – such as ‘family’ and ‘masculinity’. Whose accounts are prioritised affects the roles and rights each party has in the process.

Further, the context of the donors’ talk is important for situating their discourse within their social and cultural environs, the historical time that they are living in, and the linguistic resources available to them. What is socially accepted and agreed upon now, in terms of things such as ways to create a family, the make-up of a family, and parental rights, is quite different to what was acceptable in earlier times. For example, donor insemination itself is talked of as a legitimate practice and socially acceptable in many cultures and societies, due to the validating discourse of it being a medical procedure. In contrast, in previous times and in some religious societies and cultures today, donor insemination has been talked about as being adultery.

Discursive research and reflexivity

In traditional psychology, researchers aim to stay detached from their participants and the research process, and standardised practices and procedures are intended to ensure that individual bias is excluded as much as is possible (Billig, 1988; Hare-Mustin & Marecek, 1997; Henwood & Pidgeon, 1992; Nightingale & Neilands, 1997; Packer, 1985).

The position of researcher is one that has been elevated to a high status in discourse, with the result that research results have been privileged over more ‘lay-person’ accounts, and the researcher is perceived as being the ‘expert’ and able to cast an ‘objective’ eye over phenomena and find the truth of the matter (Mahlstedt, 1999). As Hollway (1989) suggests, the distancing of researcher and participant (such as through the use of psychometrics and anonymous surveys) has contributed to this process, through the desire to be ‘objective’ and emulate scientific endeavours in the ‘natural world’.

In contrast, discursive psychology argues for dropping the mirage that research should aim for the ideal of being neutral and impartial, and instead acknowledges that the researcher, their participants and the research process itself influence each other and are interdependent (Ambert et al., 1995; Henwood & Pidgeon, 1992). I have used the first person throughout this thesis to acknowledge that I have a role in, and an influence on, this research, but it goes further than that. A researcher’s epistemological orientation is part of the process in doing research, and should be clear to the reader, as these views will decide the way in which the phenomena in question will, and can, be understood (Ambert et al., 1995; Stones, 1985). One’s epistemological and ontological beliefs are the foundations for the methodology used in research – methods cannot be chosen for the method’s sake, without holding the aforementioned assumptions about the world and the nature of knowledge.

Taking up a social constructionist and relativist viewpoint had consequences in terms of reflexivity and my role in the research. I became positioned not only as the researcher, but also as a participant in the study, in that my constructions formed part of the thesis. My own linguistic resources shaped how this research was written, and my social constructions directed the discourses I was able to identify. The very analysis I give is shaped by what I have read and learned and my life experiences, and had any of these been different, my analysis would have also been altered. Indeed, as my own life altered and progressed through the course of this research, my analysis broadened and became augmented by my own changing subjectivities.

These research findings are one reading and interpretation of the interviews – a construction in itself. I present my reading of the data, but in doing so, I acknowledge

the partiality of it, and that it is limited to the place, time and culture of the donors interviewed. As a result, and in keeping with discursive psychology principles, while drawing generalisations from the results, in no way do I claim that the findings represent all-encompassing theories. They are the discourses I have constructed from the data. Other people may have different readings and meanings for the accounts presented here, based on their own experiences and knowledges.

Part of being reflexive involves making explicit my position and where I was coming from prior to this research and the analysis, as it was informed and shaped by the meanings and knowledges that my experiences and background provided. This points to other possible readings, which people from other backgrounds may have.

I came to this study as a young woman who had no children, but who had some doubts about my own fertility due to a medical condition, and some questions about the wisdom of having a family and possibly passing on this condition. This was something that was ‘in the back of my mind’ often, when collecting the data, and during analysis and write-up. During the course of the research, as I was in the writing up stage of the study, I had my first child, which had an impact on the meanings and discourses I was able to identify from the interviews and subsequently discuss. My initial position of feeling like I was somewhat of an ‘advocate’ for sperm donors became complicated by my personal constructions about the rights of children and my new position as a parent. I discuss these issues more fully in Chapter Ten – Conclusions.

My own curiosity and desire to have a family someday meant I had quite a strong interest in the topic. As I did not know anyone (at that stage) who was either infertile or a donor, it was a new experience for me to meet people who were experiencing such different life circumstances to my own. It was challenging to both me and my friends and family to think about the ramifications of facing infertility and how we would deal with such a situation. There were some heated debates as the material evoked deeply held constructions about our own family up-bringing and views of family life, parental rights, and discourses of nature versus nurture. This research was therefore not an abstract, erudite topic that was ‘left behind at the office’. It was (and

remains) a topic that people talk strongly about, and speaks to some major issues in life. Thus, this research consequently affected both me and those around me.

I also position myself as a feminist psychologist and researcher. My understanding of feminist research and the stance I take is that it challenges hegemonic gender relations and discourse as well as institutional practices that negatively impact on *both* women and men. Taking this position is not just a theoretical stance but a political one, and one which led me to feel more comfortable as a woman studying masculinities in a population that I considered to be vulnerable and in a minority, oppressed group.

This chapter has examined the ontological, epistemological and methodological foundations for both discursive psychology and this research. While traditional psychology is based on realist, positivist assumptions, seeking patterns in behaviour to generalise to all, discursive psychology values variation in experience, and enables different realities through discourse to be shared. This was considered particularly applicable to this research due to the marginalised status of sperm donors in the literature and dominant societal discourses of sperm donors.

The following chapter examines these discourses and the available resources in the literature of sperm donating to describe both the process of donation and the donors.

Chapter Two

Sperm donors: Donors, Wankers, Vendors, Outsiders or Fathers?

The purpose of this chapter is to give a brief précis of the literature concerning infertility, artificial reproductive technology (ART) and donor insemination (DI). The scant literature on sperm donors is discussed, followed by a consideration of two major issues that dominate the literature on sperm donation. In discussing these issues, I identify available positions for donors - ‘donors’, ‘vendors’, ‘wankers’, ‘outsiders’ and ‘absent fathers’.

The first main issue in the infertility and sperm donation literature is motivation and payment. While most service providers and clinics give donors some money, the amount and what it is called varies. There is a fine line between reimbursement and payment in donation (Walters, 1987), and the literature suffers from a lack of distinction and clear definitions between the two. Yet the terminology has important ramifications for the constructions of donors and available positions. ‘Expenses’ lends itself to a position of altruistic donor, while ‘payment’ involves positions of either vendor or the more emotive term ‘wanker’. The former term utilises marketplace discourses, while the latter uses essentialist discourses to characterise motivations as indicative of the ‘personality’ of donors.

Secondly, there is the issue of donor anonymity and disclosure. While a great deal of research has focused on the needs and desires of recipients and offspring, it would appear that donors’ wishes are given a lower priority, and once they have donated, they are relegated to being ‘outsiders’ in the decision making processes and sharing of information between parties. An alternative position of ‘absent father’ is suggested by literature that has found that donors want information about the offspring and feel some level of attachment to them. This position is also indicated in Hertz’s (2002) study which found that mothers of donor offspring created ‘imagined fathers’ who had potential relationships with both the women and offspring.

Discourses which discuss both issues speak of the ‘rights’ of offspring and the needs of the recipients, but as is evident from the paucity of research evaluating the psychosocial needs of donors, little attention has been paid to donors’ constructions of the process and DI, and the psychological consequences being a donor has for them. Current dominant discourses marginalise donors’ voices, and utilise and reproduce dominant constructions of donors which maintain their low status in society.

Infertility

This section briefly reviews the infertility literature to provide some context for this study. Infertile people are often the ‘other’ by which donors position themselves and therefore their stories are also important in the discourses of donors. Estimates of infertility suggest that 15% of couples experience infertility at some point, with half having their infertility unresolved (Templeton, 1995). Estimates of male factor infertility vary from 25% (Templeton) to 40% (Dickstein, 1990; McWhinnie, 1992; Moghissi, 1989). Evidence suggests that demand for, and the use of, reproductive technology is increasing (Daniels, 1985; McWhinnie; Shapiro, Saphire & Stone, 1990).

The psychological distress (interpersonal, marital and intrapersonal) caused by infertility has been well documented (for example, Andrews, Abbey, & Halman, 1992; Daniels, Gunby, Legge, Williams, & Wynn-Williams, 1984; Daniluk, 1988). It can be conceptualised as boundary ambiguity, a life crisis, developmental crisis, a disturbance of the requirements and expectations of marriage, an identity crisis or a crisis of sexuality (Burns, 1987; Clamar, 1980). Infertility can also be thought of within the notions of grief and loss. Infertile couples have been found to experience grief, guilt and blame from the loss of an anticipated and taken for granted ability to have children (Burns, 1987; Daniels et al., 1984; Downey & McKinney, 1990; Myers, 1990). Various factors, such as social support, economic security, self-esteem and locus of control have been found to assist couples to deal with the stress of infertility (Hirsch & Hirsch, 1995; Koropatnick, Daniluk, & Pattinson, 1993).

Research by Salter-Ling, Hunter, and Glover (2001) into talk around the experience of DI treatment reveals that it is laden with issues such as isolation, evaluation and

impersonal treatment by staff, resulting in secrecy and stigma attached to both the procedures and the result. The psychosocial needs of infertile couples undergoing treatment have been discussed and addressed by authors elsewhere (Daniels, 1992; Klock & Maier, 1991a, 1991b; Stewart, Daniels, & Boulnois, 1982).

The negative consequences of infertility for those who wish to have children but find they are unable to are thus well substantiated. Infertility for married couples has been suggested as particularly problematic, since it contradicts societal norms of both social and biological capacity to parent (Heitlinger, 1989). The dominant discourses of child-rearing emphasise: the positive emotions that being a parent invokes; the societal benefits to the community as a whole; connectiveness to others; and having the 'correct' priorities (Malin, 2002). Most societies value having (genetic) children, and parenthood can be considered an expression of one's gender (Edelmann, Humphrey, & Owens, 1994; Gannon, Glover, & Abel, 2004; Heitlinger).

Discourses on the primacy of genetic offspring involve talk about satisfying the human 'innate' urge to reproduce and repopulate. Religious discourse also talks of parenthood as the ultimate purpose of humankind. Society still places a great deal of emphasis on having children, and as a result, successfully reproducing and creating a family is constructed as a sign of success (Malin, 2002). Having children is the 'norm' for most cultures, and must be strived for and all efforts to do so exhausted; to not do so is considered abnormal (Edelmann et al., 1994; Heitlinger, 1989). The ability to have children thus remains fundamental to the self-concept of most people (Baird, 1996).

Various authors have suggested gender differences in reactions to infertility and subsequent counselling needs during treatment (for example, Andrews et al., 1992; Dickstein, 1990; McCartney & Wada, 1990; Myers, 1990; Wright, Duchesne, Sabourin, Bissonnette, Benoit, & Girard, 1991). Suggested reasons for these gender differences vary, and include different coping strategies, the different levels of intrusiveness in treatment for women and men, social/role theory and different gender identities and roles for men and women in procreation (Nachtigall, Becker, & Wozny, 1992; Wright et al., 1991).

Donor Insemination – ‘Adultery’ to ‘medicine’

The first recorded incidence of insemination using husband sperm was in 1790 by Dr John Hunter (Moghissi, 1989; Waltzer, 1982). The first documented case of insemination with donor sperm was in 1884 (Leeton, 1988; Moghissi). DI was variously construed as being adultery or rape, or obscene due to the masturbation component (Donovan, 1986; Kirkman, 2004). Early discussions of the ethics of the procedure were cautious at best and condemnatory at worst. Catholicism and the Jewish Orthodox Church have expressed disapproval of DI, and the Anglican Church has also condemned it (Annas, 1979; 1980; Hummel & Talbert, 1989; Kovacs et al, 1986), constructing the procedure as violating the exclusivity of marriage (Rowland & Ruffin, 1983). Consequently, the procedure and those involved were initially negatively talked about and treated.

Early commentators such as Gerstel (1963) disputed advocates of DI calling it ‘therapeutic’ and she questioned whether any psychological benefits could be had from DI for ‘normal’ recipients. Moreover, she suggested that those who decided to undergo DI were emotionally disturbed. These doubts about the legitimacy of DI as a procedure extended to men who contributed sperm. Historically, donors were considered to be of questionable character and dubious morals, which also led to doubts about the biological quality of their sperm, in terms of ‘purity’ and safety (Dunstan, 1975; Kirkman, 2004). As Kirkman points out, negative assumptions were made about the men as people, on the basis of their actions, and as a result of ‘institutional pathologising’ of donor insemination and those who contributed the semen, the process was hidden and those involved concealed their involvement.

In more recent times, DI has been constructed as a medical procedure, one that occurs within the realm of science, minimising any sexual/intimate associations. Some authors (for example, Moore & Schmidt, 1999; Wikler & Wikler, 1991) have challenged the medicalisation of what is a simple procedure, but one that has been talked about as science and technology that is therapy for infertile couples, and requiring the skills of physicians.

Seguin (2001) argues that scientific discourses in society have political functions in that their widespread use and acceptability leads to acceptance of phenomena and political decisions based on 'science'. Utilising scientific discourses adds legitimacy and credibility to an account and provides a warrant for claims and decision-making processes. Donor insemination as a procedure has gained legitimacy as a result of scientific discourse being used to counter moral and religious disapproval. As a result, public acceptance of DI has increased, but as a procedure it continues to receive mixed reviews.

'Pragmatics' about the risk-benefit ratio and the desirability of results of the procedures have been suggested to have superseded principles and ideals in some decision-making processes regarding moral issues (Lantos, 1990; see also, for example, British Warnock Committee of Inquiry, The Warnock Committee, 1984 and Warnock, 1985). However, there remain strong critics of DI and of its consequences for all concerned. "Conservative Catholics" and "radical feminists" have criticised ART for muddying genetics and notions of hereditary, and bringing reproduction into the realm of technology rather than nature, as well as rendering children commodities (Steinbock, 1996, p.167). While such terminology clearly tries to discredit these concerns, the issues raised are shared by large numbers in the community.

Compared to other procedures such as in vitro fertilisation (IVF), DI using the husband's sperm, and adoption, DI has been viewed as the most controversial, with samples from the community expressing uncertainty around a number of issues (Matteson & Terranova, 1977; Rowland & Ruffin, 1983). Variables such as gender, age, country of origin, family status (whether respondents have children) and religion have been found to be influential in determining attitudes to controversial aspects of reproduction, such as DI (Baluch, Fallone, & Khan, 1994; Kovacs et al., 1986; Rawson, 1985).

Although it is becoming more common, it appears that large sections of society are still not particularly knowledgeable about ART and DI, perhaps due to secrecy surrounding the process (Nachtigall, 1993). Awareness and knowledge of infertility (either personally or through other people) has been suggested to lead to more acceptance of DI, perhaps reflecting the importance that the family has within society

(Kovacs et al., 1986; Rawson, 1985; Rowland & Ruffin, 1983; Tyler, Nicholas, Crockett, & Driscoll, 1983). However, opinions about donors are less enthusiastic and more disapproving (Daniels & Lewis, 1996), centring on concerns about the effect the existence of the donor might have on families, including the exclusivity of the marital relationship (Purdie, Peek, Adair, Graham, & Fisher, 1994).

The process of DI

DI is predominantly used in cases of male infertility, which can be due to a variety of causes, including genetic/hereditary disease, inability to ejaculate, psychosexual problems, and immunological problems (Heywood, 1991; Hummel & Talbert, 1989). While the focus of the literature is on infertile couples that utilise DI, heterosexual couples are not the only users of DI (Klock, Jacob, & Maier, 1994; Klock & Maier, 1991), although little is known about the single female recipients (Klock, Jacob, & Maier, 1996). Community attitudes towards single and homosexual recipients are less favourable than towards infertile couples, partly based on the construction that the ideal and correct family structure is a heterosexual couple (Warnock, 1985). The focus of the literature (and this chapter) remains with infertile couples and their use of donor insemination, whilst acknowledging the importance of research that explores and reflects the experiences of other users of DI.

Historically, infertile couples would have used adoption to resolve their childlessness. The advent of ART gives childless people new choices, and many are choosing DI as their preferred way to have children, for reasons ranging from practical to emotional, negative to positive (Daniels, 1994a). While there may be advantages and disadvantages in selecting DI instead of adoption (see Czyba & Chevret, 1979; Daniels; Waltzer, 1982), for this study it is pertinent to note that couples select DI partly because the child would receive half of its genes from the woman in the recipient couple, a perception that the child would have a closer relationship with the couple due to bonding, and the privileging of the couple's needs by fertility clinics (Daniels). These factors have implications with regard to the dominant discourses of parenthood, families and the subjectivity of donors.

As indicated, electing to utilise DI is not without its problems, particularly for the men whose wives require donor sperm to become pregnant (Berger, 1980; Dickstein,

1990). Some authors have commented that the use of DI creates an imbalance in the relationship between the recipients, as the woman has the biological connection to the child that the man does not (Myers, 1990). As semen donors fulfil the biological fathering role (whereas in egg donation, the social mother must still carry the child), they are often perceived to be a threat to the family (Haimes, 1993).

After early warnings about deficiencies in screening donors for diseases (Barratt, Chauhan, & Cooke, 1990), it is now standard practice to test donors for sexually transmitted diseases including HIV, both immediately following donation and after the sperm have been frozen (cryo-preserved) for six months (Heywood, 1991). There are relatively few men who meet the criteria for being a sperm donor and there is a high attrition and rejection rate (Schroeder-Jenkins & Rothmann, 1989).

The conception rate for DI is equivalent to natural fertility rates (Heywood, 1991). While initially, many doctors set no limit to the number of conceptions per donor (Daniels, 1985), recent recommendations in several countries do set such limits (for example the Warnock Committee in the UK: Anonymous, 1984) and clinics in New Zealand have a voluntary limit of ten conceptions per donor. Donors are typically matched to recipients, with the primary criteria being physical characteristics and blood type (American Society for Reproductive Medicine, 2002a; Kovacs & Lording, 1980).

Several attempts at establishing criteria for 'ideal' donors have been made (for example, American Fertility Society, 1991; Schoysman, 1975) which specify upper age limits, health 'status', 'intelligence' and life history. Rationale included minimising risks of serious non-chromosomal birth defects associated with aging (Bordson & Leonardo, 1991). Screening guidelines have been set out for both egg and sperm donors, including criteria for donors and establishing processes such as ongoing monitoring, payment and information gathering (American Society for Reproductive Medicine, 2002a, 2002b, 2002c). The specifications tend to be predominantly medical or biological criteria, but reproduce and maintain the discourse that there is a 'right' and 'wrong' donor.

Who are the donors?

The demographics, ‘characteristics’ and reported motivations of donors vary between clinic, culture and country. For example, several authors have suggested that the majority of (American) donors are young (for example, 21-30 years old), predominantly single, students, often training to be doctors (Karow, 1992, 1993; Moghissi, 1989; Myers, 1990). Most American physicians practising DI find donors through their immediate network, whereas independent donor banks are likely to have a more diverse set of donors (Daniels, 1985; Karow, 1993). However, New Zealand and Australian donors have been reported to be quite different. They are typically highly educated, from a wide range of ages and backgrounds (although predominantly professional), and are married or in a stable relationship (Daniels, 1987, 1989; Kirkman, 2004; Kovacs, Clayton, & McGowan, 1983; Nicholas & Tyler, 1983; Purdie, Peek, Irwin, Ellis, Graham, & Fisher, 1992).

Attempts have been made to determine the ‘personality’ of men who become donors (including determining whether they have any pathological phenomena) (Nicholas & Tyler, 1983; Taus & Gerzova, 1991). For example, donors have been characterised as being intelligent, bold and risk-taking and distinguished from the general public by putting themselves forward “...for a social task without the benefit of social reinforcement...” (Handelsman, Dunn, Conway, Boylan, & Jansen et al., 1985, pp. 100-101). The implication is apparent – donors are constructed as being a homogeneous group that have a certain demographic profile and personality type. This is despite clear research findings that ‘who’ donors are varies considerably, and thus trying to define who and what a donor is becomes illogical.

Kirkman’s (2004) study of the representations of donors in the narratives of the public, donors, recipients and offspring found that there were ambivalent views held towards donors, varying between perceiving them to be ‘saviours’ or ‘satyrs’. In the public narrative of donors, the latter representation dominates. Donors were sexualised and as a result were viewed and treated with disgust, contempt, and ribald humour. Donors and recipients concealed their involvement with the process as a result of numerous factors, including: being characterised as enjoying and seeking sordid sexual encounters; associations between donor insemination, adultery and infidelity and usurping the recipient male; and the taboo status of masturbation.

The motivations of donors are constructed in the literature as being traits of the men rather than interactive or contextual factors; indeed motivations are not just talked about in terms of characteristics and traits, but they are also gendered. Haimes (1993) conducted a discursive study of the attitudes of the Warnock committee members to gamete donors. She suggests that sociocultural conceptions of gender roles and characteristics contribute to the inconsistency in attitudes towards egg and semen donors. Haimes found that egg donors were held in much higher esteem than semen donors, due to the fact that men masturbate to donate and it is an enjoyable process, which approximates the sexual act (see also Fielding, Handley, Duqueno, Weaver, & Lui, 1998). Haimes suggested that female egg donors are seen as being exploited and pressured to donate (a painful procedure) by society and familial expectations of women to be passive, giving, and altruistic. In focusing on the physical act of donating, the psychosocial issues involved are relegated to the background.

Alternatively, in keeping with Hollway's (1989) male sex drive discourse, male semen donors are perceived as exploiting the situation to satisfy a biological imperative to reproduce, procreate, and father numerous children without the responsibilities involved in parenting (Haimes, 1993; Kirkman, 2004). There is little credence given to, or research into, the possibility that semen donors are exploited, particularly those in financial difficulties, such as medical students who form the bulk of donors in the United States of America (Daniels & Lewis, 1996; Karow, 1993).

Kirkman (2004) echoed Haimes' (1993) findings that notions of gender entered into differing representations of egg and sperm donors, with the former being represented as 'thoughtful women' whose donations involve both psychological and physical pain, and the latter as 'wankers' who derive physical pleasure and psychological satisfaction from their actions. Women were positioned as more attached to their gametes, and showed more commitment and sacrifice than sperm donors. While some donors in the study expressed a desire to have children, which donating fulfilled, they spoke of this as more than a biological urge, and claimed the position of being attached to their gametes, challenging the exclusivity of this repertoire for women.

One study suggested that donors coped with the knowledge they are likely to not see their offspring through avoidance or denial (Nicholas & Tyler, 1983). In light of this,

findings such as those of Pedersen, Nielsen and Lauritsen (1994) who found that more than 80% of Danish donors did not wish to receive information about the pregnancies, meet the offspring or leave a message to potential offspring can be interpreted quite differently than considering that this indicates a lack of psychosocial consequences for sperm donors from their actions.

Payment and gifts – ‘Vendors’, ‘Donors’ or ‘Wankers’?

While there are centres (such as in France) that do not pay sperm donors (Moghissi, 1989), the literature reflects that this is the exception rather than the rule, and donors generally receive some money. The amount, frequency and terminology varies between clinic, state and country. This has significant implications for the subjectivity of donors. This section discusses the literature on reported motivations for donating, the construction of ‘payment’ for donating, and the positions that are rendered from discourses of donating being a voluntary versus paid deed.

The limited amount of research carried out on sperm donors indicates their motivations are constructed in terms of the opposing dimensions of ‘good’ (altruism) and ‘bad’ (financial) (Kirkman, 2004). However, motivations appear more complex than this simple dichotomy, and include other additional psychological motives, such as a desire for their fertility to be medically evaluated, fathering a child, continuing lineage, and financial reasons (Bartlett, 1991; Handelsman et al., 1985). In addition, there appear to be variations between countries as to reported dominant motivations. Studies of New Zealand and Australian donors have found them to be motivated predominantly by altruism and humanitarianism (Daniels, 1987, 1989; Kirkman; Kovacs et al., 1983; Nicholas & Tyler, 1983). In contrast, in the USA, UK and Denmark, high percentages of donors have been found to report payment as being an important motivator (Cook & Golombok, 1995; Pedersen et al., 1994; Schover, Rothmann, & Collins, 1992).

Stated reasons for donating are transformed into characterisations of the men; a man who reports money as being an important factor in the decision to donate is talked about in terms of a negative donor stereotype and assumptions are made about their willingness to fulfil the responsibilities that are associated with being a donor. For example, the suggestion has been made that rather than having altruistic and

humanitarian motives, some donors are self-serving and narcissistic in their motivations, with donating proving their masculinity and sexual potency. As Myers (1990) points out, unflattering assessments of donors' motives appear to be based on the presumption that they are young students, motivated by money, without the sense of responsibility required of donors, or the emotional maturity to empathise with the recipients.

This dichotomy and mutual exclusivity between altruism ('good') and personal gain/financial ('bad') motivations centres on discourses of 'donating' being a 'gift', and the implication that payment corrupts the essence of donating (Titmuss, 1971). The 'gift' relationship is one that has received some attention in the literature (for example Mauss, 1969; Murray, 1987; Titmuss, 1971).

Murray (1987) argued that relationships governed by commerce and the marketplace reduce moral and social relationships to a minimum. He argues that gifts are neither completely voluntary, nor instigate obligations. Instead, he argues that gifts create moral relationships that are fluid and open-ended, better suited than contracts for initiating and maintaining human relationships, as opposed to the limited relationships involved in marketplace contracts. With gifts, the relationship is the aim and focus; with contracts, it is the trade.

Murray (1987) suggests that the level of moral obligation a gift induces is dependent on factors such as the need of the receiver, and that gifts to meet needs and gifts of the body affirm societal solidarity. Appropriate responses from receivers of gifts involve "grateful conduct" (p. 32), which at a minimum involves expressing gratitude, along with reciprocating the gift in keeping with cultural norms and the relationship invoked by the gift. This etiquette also stipulates that receivers must appropriately and respectfully utilise the gift, while givers must not overvalue or commercialise the gift, demand a certain type of reciprocation or be reluctant in giving the gift (Murray, 1987).

Thus, Murray (1987) argued that gifts maintain mutually desired relationships and benefit both parties, but they are also contradictory in that gifts involve both being selfish and unselfish; they are freely given yet binding on the receiver and must be

reciprocated. The norm of equal value in gift exchanges prevents a power relationship developing. Impersonal gifts of body parts or blood to strangers do not regulate personal relationships but societal ones such as solidarity through the exchange of 'moral assets' that cannot be sold or bought (Murray, 1987) and societal norms about obligation to help those in need and the ethical inappropriateness of selling things such as blood and body parts. The nature of the thing given and the meaning and importance society places upon it will decide whether it belongs in the marketplace or the realm of gifts. Altruism and voluntary gifts are therefore talked about as being diametrically opposed to commercialism (Raymond, 1990).

Applicability of the 'gift relationship' to the donation of body parts and fluids has been discussed. For example, Novaes (1989) suggests that notions of reciprocity for gifts of body cells may maintain these donations and give them legitimacy in society. However, he acknowledged that the unique (unequal) relationship between donor and receiver in these situations renders the gift relationship model inapposite to sperm donation.

Blood donation is associated with altruism and gifts, and parallels sperm donation. Piliavin and Callero (1991) have studied the development of an 'altruistic identity' for blood donors where motivations for donating alter from altruistic to intrinsic during the donation experience. Indeed, research suggests that donors develop a 'donor identity' and a 'blood donor career' which influences and encourages future donations (Fergusson, 1996; Piliavin & Callero). Kretzmann's (1992) research found that when blood donors accept payment, this violates altruistic principles, and the donors are disparaged by both the public and medical professionals.

Thus, when 'donors' (of any body cell) accept money for their actions, this contravenes constructions of gifts and altruism and therefore is regarded suspiciously. Community attitudes indicate a desire to keep DI within both as a voluntary enterprise and within the medical/biological arena rather than the marketplace (Lyall, Gould, & Cameron, 1998; Rawson, 1985).

Payment has been suggested to actually minimise donors and depersonalises and commercialises the transaction, thus contributing to the marginalisation and low status

of sperm donors (Daniels, 2000; Daniels & Lewis, 1996). Annas (1979, 1980) argued that sperm 'donor' is a misnomer, and payment renders the men 'vendors' contracted to provide a product (sperm) in return for money. As Daniels and colleagues point out, when sperm is regarded as a biological part by medical professionals, payment is legitimised, but at a cost. Daniels and Lewis (1996), in a thought-provoking article on the role of professionals, argue that they are the 'brokers' of semen, and legitimise the selling of semen. Professionals may in fact see financial motivations as the least suspicious, the least troublesome (in terms of keeping donors and recipient families apart), and the most acceptable (see also Karow, 1993). Payment reduces the sperm to a tradeable commodity (something that is ideologically undesirable with other donations of living tissue, such as organs) while reinforcing society's perceptions of the donors' motives and morals.

Thus accepting money for 'donating' is regarded as reflecting the 'personality' and morals of the donor – essentialist discourses attribute donors as being motivated for profit, and gift discourses are used to place altruism in diametric opposition to money and marketplace repertoires. The influence of the context of donating has been largely omitted from the literature, yet the reported motivations of donors may be a reflection of the policies of clinics and professionals carrying out the procedure, particularly with regards to payment (Daniels, Ericsson, & Burn, 1996; Daniels & Lewis, 1996).

Professionals thus have a significant role in DI. Professional intermediaries prevent the recipients from feeling obligated or indebted to the donor, and reduce feelings that donors are a threat to the new family (Daniels & Lewis, 1996; Karow, 1993). By paying the men, professionals disrupt any gift relationship, and create a psychological barrier which separates the donor from the recipients and potential offspring; donors are effectively cut-off and expected to walk away and not reflect on the psychological, spiritual, and social significance of their act and the creation of a new life (Daniels, 2000; Daniels & Lewis). Professionals not only regulate and control the donor-recipient relationship, but also in many ways negate it, minimising the social significance of the donor and his contribution.

Many health professionals have argued that without payment, supply of donors would dwindle, if not stop altogether (Golombok & Cook, 1994). Earlier studies found that

donors were motivated by money, and most would be unwilling to participate if money were not offered (Sauer, Gorrill, Zeffer, & Bustillo, 1989); however, the donors surveyed were young, single, American medical students. Consequently, findings are likely to be context- and culture-specific, but were generalised to encompass all donors. Indeed, despite expectations to the contrary, after the implementation of the Human Fertilisation and Embryology Act 1990, supply of donors did not reduce, although demand from recipients increased, leading to an overall shortage of donors (Golombok & Cook, 1994).

Thus, the issue of payment utilises the discourse of gifts versus commerce and the marketplace, rendering donors as being either altruistic ‘donors’, ‘vendors’ or ‘wankers’ – the latter being mercenary men with few scruples. Whether or not to ‘pay’ donors (and how much) is constructed as a battle between pragmatics (in terms of maintaining adequate supply of sperm) and ethics (the morals of ‘selling gametes’ and disrupting the ‘gift relationship’ (cf Titmuss, 1971)), with the aim being to minimise harm to recipients (Daniels, 2000). The potential harm to donors from either receiving payment or not has received little attention, with the focus on the recipients and offspring, with attention on the potential psychological damage to offspring from finding out their biological parent ‘sold’ their gametes (as evidenced by Rubin, 1983).

Cultural variations (across both clinics and countries) in motivational findings support constructionist arguments that there is no one ‘set’ motive for being a sperm donor, and no one ‘type’ of person who becomes one. Indeed, peoples’ reported motivations may alter across time as well as location. These divergent results may be illustrative of the effect of differing recruitment and payment policies across clinics, states and countries on the type and demographics of donors (Daniels, Curson, & Lewis, 1996; Schover et al., 1992). They may also reflect the differences in both the legality of payment in different nations as well as how culturally acceptable it is to receive financial reward for a ‘donation’.

Anonymity and secrecy – Absent fathers and outsiders

The second issue in the literature concerns anonymity and secrecy/disclosure. While these are related concepts, they are not the same, and involve different groups of

people, as Mahlstedt and Probasco (1991) detail. Anonymity involves the recipient, donor and physician, and concerns the identity of the donor. Identity of the donor lies on a continuum, with recipients able to know a great deal about the donor, in terms of interests, hobbies, and so on, without knowing his identity. Anonymity is controlled by the physician (Daniels & Lewis, 1996; Mahlstedt & Probasco). In contrast, secrecy concerns disclosure of information about the donor and DI procedure between recipients, the DI offspring and others; the recipient couple controls secrecy.

Haines (1992) suggests there is a trichotomy of positions on secrecy and anonymity: advocating secrecy and anonymity; arguing for disclosure and anonymity; and disclosure and information about the donor's identity after the offspring turns eighteen. There has been a marked shift away from the first stance, as the 'rights' of the offspring are considered to be paramount. However, there remains contention between the other two positions. Daniels, Lewis, and Curson (1997) suggest that there is a split between the biomedical/medical model, which places the rights of recipients and donors as being most important, and the biopsychosocial model, which argues for the rights of the offspring being held paramount.

The issue of secrecy appears to be divided along the lines of honesty versus confidentiality, and again, these appear to correspond to offspring versus recipients' rights (respectively; Nachtigall, Becker, Quiroga, & Tschann, 1998; Snowden & Mitchell, 1981). Proponents of honesty argue it is an inherently desirable principle and therefore justification for disclosure in itself, along with avoiding the feelings of betrayal which family secrets can evoke. Arguments for continued secrecy revolve around protection of those involved, be it donor, recipient, physician or offspring (Blyth, 2000; Daniels, 1994a, 1994b; Daniels & Taylor, 1993b; Karow, 1992; Nachtigall, 1993). Confidentiality has the advantages of lack of stigma and privacy. However, Berger (1980) argues that total secrecy has been suggested to be an impediment to resolving the psychological conflicts people experience around infertility and donor insemination.

Anonymity means different things to different people (Daniels et al., 1997).

It has been termed a "dynamic of fear" (Mahlstedt & Greenfeld, 1989, p. 910); fear of physicians about a shortage of donors without the protection of anonymity, fear of

donors about obligations to offspring, and fear of recipients that openness will negatively affect their family, their status as parents and their children's identity.

The medical profession

There appears to have been a shift in societal attitudes towards secrecy from advocating nondisclosure to community acceptance of more openness and sharing of information (Kovacs et al., 1986; Rawson, 1985; Rowland & Ruffin, 1983; Tyler et al., 1983). However, doctors appear to have been (and continue to be) divided on their practices concerning secrecy and record-keeping of donors (Beck Jr., 1984; Daniels, 1985).

The medical profession now generally acknowledges the importance of knowing one's familial psychological and medical heritage in preventing future problems in these areas, and advocates the keeping of information for offspring (Braverman, Benward & Scheib, 2002; Corson & Mechanick-Braverman, 1998; Mahlstedt & Probasco, 1991; Nachtigall, 1993; Sanschargin, Humber, Cumming Speirs, & Duder, 1993). However, some doctors still favour anonymity and secrecy (de la Fuente Fonnest, Sondergaard, Fonnest & Vedsted-Jacobsen, 2000). It seems that while society and professionals have ostensibly acknowledged the importance of openness, some are uncomfortable with actually practising it.

Donors

The idea of donor anonymity versus identity lying on a continuum, with degrees of openness (Daniels et al., 1997), is borne out by the literature on donors' attitudes to anonymity. The belief has grown, socially and by medical professionals, that donors themselves want anonymity and secrecy, and would not donate if they were required to provide personal information (Golombok & Cook, 1994; Mahlstedt & Probasco, 1991; Rowland, 1983). As a result, there has been opposition to legislation and regulations stipulating openness in DI. These fears appear grounded in positivistic assumptions and generalisations made about the 'type of man' who becomes a donor, but ignores evidence that cultural expectations of donors influence the motivations expressed by men who donate, and their expectations and wishes as to what happens *after* conception and the birth of the offspring (see Daniels et al., 1996).

Further, the attitude of donors (and recipients) towards secrecy varies between clinics and countries, suggesting that while donor's characteristics and motives are important factors, clinic policies and attitudes also play a substantial role (Daniels et al., 1997). Some studies indicate donors desired (or at least preferred) to remain anonymous and do not wish to have legislated disclosure giving mature offspring a right to trace them (Cook & Golombok, 1995; Daniels et al.; Handelsman et al., 1985; Mahlstedt & Probasco 1991; Pedersen et al., 1994; Schover et al., 1992).

Legal issues such as paternity and potential financial responsibility may be an issue for donor recruitment (Daniels, 1985) and laws need to be clear about who are the parents of the offspring (Anonymous, 1984). Despite some concerns about legal liability, many donors remained committed to offspring having some information about them, contradicting the expectations and assumptions of medical professionals. The kind of information ranged from donors leaving personal messages and detailed information about the donor (as well as expressing concern for offspring's welfare; Daniels et al., 1996; Mahlstedt & Probasco, 1991; Purdie et al., 1992) to a register of identifying information (Nicholas & Tyler, 1983) and willingness to be traced by adult offspring and available to offspring once they reached age 18 (Daniels, 1991; Kirkman, 2004; Purdie et al., 1992; Rowland, 1983).

This contradicts the negative perceptions that surround donors and indicates that being a donor has some significant psychosocial consequences for the men. Based on attachment theory, it has been proposed that donors have the potential to form attachments to offspring (Dunnington & Estok, 1991), and donors have expressed such feelings of attachment and a psychological bond within an Australian study (Daniels, 1991).

New Zealand is unusual in that it recommends openness regarding information-sharing, although this is voluntary rather than legally required (Daniels, 1994b; Daniels et al., 1997). As a result, it has been found that the majority of NZ donors have a positive attitude towards centralised, controlled storage of identifying information, and would not stop donating if such a register existed (Daniels et al.). Purdie et al.'s (1992) study of NZ donors counters other literature in finding that donors were willing to be traced; this may be due to NZ legislation that absolves

donors of parental rights and responsibilities. The 1987 Status of Children Amendment Act clarified that donors are not legally responsible for offspring conceived through DI (Daniels).

In summary, the attitudes of donors towards disclosure and secrecy can again be seen to be context-specific. It should also be noted that ‘attitudes’ to disclosure and secrecy are not fixed, and are partly a product of societal attitudes and personal experiences that people have been exposed to; thus donor (and recipient) stances may change over the offspring’s first eighteen years (Karow, 1992; Purdie et al., 1992), although this has not yet been reported on.

While the popular perception is that donors do not look back once they leave the clinic, the literature suggests that in many instances this is not the case. While demographics of donors have been studied and documented, their psychosocial needs have been neglected in the literature, with only a handful of studies reported (for example, Daniels, 1986, 1989; Kovacs et al.; Handelsman et al., 1985; Nicholas & Tyler, 1983; Pedersen et al., 1994; Rowland, 1983). Reasons for this lack of research have been suggested to include: the secrecy and anonymity of DI, which has both isolated donors and put them out of reach of those interested in their psychological and social needs; the devaluation of donors, in that they are considered not as people, but as sperm that serves as a means to an end; the assumption that donors do not need psychosocial assistance; and the lack of clarity over the position of the donor – patient, parent, donor, or vendor (Daniels, 1989). This lack of clarity is reflected in the literature, which indicates that the position of donor is ambiguous; this translates into a lack of power for donors in decision-making processes once their sperm has been used.

Recipients

Genetic ties are socially and culturally important and DI enables parents to conform to cultural norms (Daniels & Lewis, 1996). In adoption, disclosure is talked about as inevitable (Annas, 1979, 1980). In the case of DI, a ‘natural’ pregnancy occurs and so recipients of donor insemination do not have to disclose their treatment to anyone – including the offspring (Annas). This ability to ‘fake’ a ‘natural’ pregnancy and deny

the male's infertility (to themselves and others) facilitates and promotes secrecy (Blyth, 2000; Daniels, Lewis, & Gillett, 1995; Klock & Maier, 1991a).

Mahlstedt and Probasco (1991) question whether DI and the donors themselves are really acceptable to the recipients. Research findings suggest that despite superficially accepting the treatment, couples wish to continue on as if the pregnancy were 'naturally' conceived (Klock & Maier, 1991a; Reading, Sledmere, & Cox, 1982). Previous practices such as mixing the sperm of the donor and recipient male has been suggested to contribute to psychological denial of the infertility (Nachtigall, 1993). Even women undergoing infertility problems display a lack of acceptance towards donor insemination, reflecting the social stigma of these techniques, possibly due to associations with sexual impotency in men and adultery (Kirkman, 2004; Shiloh, Larom, & Ben-Rafael, 1991).

Kirkman (2004) found that recipients' representations of the donors were characterised by gratitude mixed with negative emotions. These included embarrassment due to the sexual connotations of DI. Recipients also expressed resentment due to the conflation of fertility and virility for men, resulting in a sense of masculine competition between recipient male and donor. Finally, recipients talked about anxiety over the potential for the donor to disrupt the social father's relationship with the offspring, warring with the dominance of the narrative of social parenthood.

Both recipients and donors acknowledged the genetic place of the donor but established the social father in the parent position (Kirkman, 2004). Similarly, recipients place social parenting as more important than biology, and established the social father as the 'real' one, with attachment being given great importance (Nachtigall et al., 1998). Thus donors are positioned as outsiders - needed biologically but feared socially and interpersonally.

DI families have unique issues of when and how to tell the child of their origins, particularly when there is little advice and support, nor literary or visual aids for them (Cook, Golombok, Bish & Murray, 1995). Many studies looking at the issue of secrecy use adoption as a comparison point (for example, Sokoloff, 1987). However, numerous authors have suggested that there are important differences between the two

methods of creating a family (Berger, 1987; Blyth, Crawshaw, Haase & Speirs, 2001; Brand, 1987; Cook et al., 1995; Klock et al., 1994; Nachtigall et al., 1998; Purdie et al., 1992; Rowland, 1985). These issues include the confidentiality issues and society's disapproval of DI; the fact that the social father has no biological role in the conception while the mother contributes the egg and carries the child; and the lack of 'abandonment' in DI, as the child has not been given up by a biological parent.

A number of studies have highlighted that a majority of recipients are either uncertain or against disclosing to their offspring (Bielawska-Batorowicz, 1994; Daniels, 1988; Klock & Maier, 1991a; Nielsen, Pedersen, & Lauritsen, 1995; Walker, Gregson, & McLaughlin, 1987). A decision not to disclose appears to consolidate over time (Schover, Collins, & Richards, 1992). Other studies of recipients have found that, while a majority have not yet disclosed to offspring, they have an expressed *intent* to tell (Greenfeld, Klock, & Rausch, 2002; Rumball & Adair, 1999), although often have no clear idea of when or how to tell (Kovacs & Lording, 1980). Decisions about disclosure have therefore been talked about as being an ongoing issue for recipients, years after the birth of the child (Daniels et al., 1995; Nachtigall et al., 1998).

Protecting the social father remains a reason not to disclose (Cook et al., 1995; Karow, 1993; Kirkman, 2004; Lasker & Borg, 1989; Nachtigall et al., 1998). The link between infertility with impotence and sexuality in dominant discourses of masculinity may reduce the likelihood of disclosure (see Chapter Three; Cook et al., 1995; Haimes, 1993; Heitlinger, 1989; Karow, 1992; Klock & Maier, 1991a; Klock et al., 1994), perhaps due to perceived competition between the recipient male and donor (Back & Snowden, 1988; Kirkman). The donor may be a threat to the recipient male in the sense that the donor represents the aspects of masculinity that he has shortcomings in, and becomes a symbol of failure. The donor also becomes positioned as potentially a threat to the marital relationship due to the psychologically close relationship between the mother and donor.

Consequently, research has found that recipient men, more than the women, favoured secrecy and anonymity (Brewaeys, Golombok, Naaktgeboren, de Bruyn, & Hall, 1997). A comparison between single and married female recipients of DI by Klock et al. (1996) found that single women were significantly more positive in their intentions

to disclose to the offspring and to tell other people about using DI. This was suggested to be perhaps due to there being no male partner to protect from the stigma of male infertility and inevitable questions as to the circumstances of the conception of the child.

However, again the literature seems to suggest that the NZ situation may be different. Purdie et al.'s (1992) study of 53 NZ couples beginning DI found results that seem to contradict the other studies. The couples wanted to know about the donor and 82% were planning to tell their offspring of the DI. Indeed 30-40% would have preferred an identifiable donor. Women preferred the child to have identifying information more than men, who may be more vulnerable if a relationship between the offspring and donor develops.

These results contradict an earlier study of NZ couples by Daniels (1988) which found that 41% of recipients and donors did not think offspring need to, or should, be told. The later finding of Purdie et al. (1992) may be due to the clinic's policies, which provided counselling pre-treatment to all couples, and broached the issue of disclosure early on; the couples also knew that non-identifying information would be available at their request, once pregnancy occurred. The authors also speculate that their findings may be due to society's changes in attitudes to DI and male infertility; the more accepting society is, the less need there may be for secrecy.

An alternative position to 'outsider' is offered in the research by Hertz (2002). This study interviewed single mothers of donor offspring and found that they wondered about the donor and included him in 'birth narratives', trying to attribute unexplained characteristics of their offspring to their 'father' (donor), and imagining what kind of relationship they might have if they should meet. These 'absent fathers' occupy a place in the family, which reaffirms rather than challenges the dominant constructions of families and kinship. The mothers constructed the donors positively, as the man who assisted her and her child to be a family. Through the mothers' narratives, the donor took on a form, and became a person, rather than body cells.

The offspring

When discussing disclosure, protection of the child is utilised two ways – firstly to suggest that it is better if the child is not told, and secondly (and conversely), that nondisclosure violates the child's right to know, and risks both psychological and medical damage.

As DI can be hidden as a result of a pregnancy occurring, arguments have been made to suggest that the offspring should not be told (Annas, 1979, 1980). Recipients cite 'protecting' the child from information deemed to be potentially harmful for their own psychological well-being, as well as their relationship with their parents (particularly the social father) as reasons not to disclose to offspring the origins of their conception (Salter-Ling et al., 2001).

However, this keeping of secrets has been said to 'violate' the parent-child relationship and trust (Annas, 1979, 1980), leading to negative consequences not just for the offspring, but also for their relationship with the recipients. Some authors suggest that offspring finding out their origins is inevitable, and therefore secrecy can only be destructive (Nachtigall et al., 1998).

While secrecy suits the doctors and recipients, it runs contrary to the contemporary discourse of children's rights (Nachtigall, 1993), and recently, the voices of offspring have been heard and given priority (Blyth, 2000). Consequently, the interests of the child have been argued to be paramount in the consideration of both disclosure/secrecy and anonymity (Annas, 1979, 1980; Winkler & Midford, 1986).

Recent legislative moves have formalised the rights of the children to information about their donor (Blyth et al., 2001; Daniels et al., 1997). Austria, Sweden, Switzerland and the state of Victoria in Australia specifically legislate for offspring to be able to find out the identity of their donor if they wish to (Blyth et al., 2001). Men must be willing to be identifiable as donors under such policies, to the presumed benefit of offspring (Blyth, 2000). However, this assumes that offspring are aware of the circumstances of their conception (Mahlstedt, 1990), and this is something that has not, and is unlikely to be, legislated for, as it contradicts discourse of parental rights to make decisions in the best interests of their children.

Conclusions

How people have talked about DI has changed across time, from being adultery to being a medical procedure that resolved the problem of male infertility. The current discourses for talking about DI and sperm donors can be seen to position the donor as low status, with little power, and indeed, in a negative light.

In many ways, how the donors are currently discussed suppresses or oppresses them. They are considered as a means to an end rather than as a person (Daniels, 1987; Daniels et al., 1996). Despite numerous research articles suggesting donors are willing to be more open than was first thought, and that they are interested in the outcome of their donations, they are still regarded with suspicion, not just among the community, but among those who are knowledgeable about DI, such as medical professionals, law makers, and even those utilising the sperm in treatment. While the existence of donors is starting to be acknowledged, they are yet to be applauded or validated (Daniels, 1998), which may be contributing to a (world-wide) shortage of donors (Daniels, 1985).

The construction of donors throughout the literature is of men with questionable motives and character (Snowden & Mitchell, 1981). Donors have been categorised, to some extent, as being carefree extroverts who walk away after a pleasurable experience, without being responsible for the outcome. For example, one study stated “it would be interesting to know whether [donors] are unselfish helpers or presumptuous narcissists who would like to spread their kind in manifold ways around the world” (Blaser, Maloigne-Katz, & Gigon, 1988, p. 18). This is hardly a positive reflection on the men who have donated sperm.

The literature on DI highlights several main points. Firstly, there is no consensus among and between recipients, donors, and, indeed, professionals, with regards to such issues as identity, payment, and personal issues such as motivation of donors. Cook et al.'s (1995) study points out that agencies and governments remain ambivalent about the issue of secrecy; they encourage it by matching donors to fathers, implicitly encouraging deception of the offspring, while simultaneously keeping records on the donors. Every aspect of semen donation (recruitment, preparatory as well as ongoing counselling, facilities provided and sharing of

information as well as payment) reflects and constructs the meaning of sperm donation (Daniels & Lewis, 1996) and is a product of how professionals construct semen donation and donors. Clinic policies and health professionals' attitudes are highly influential in the perception of responsibility that donors have with regards to the offspring and information sharing (Daniels, 1998), yet constructions of donors utilise essentialist discourses to suggest that men who accept money (that clinics offer) for donating are inherently mercenary and uncaring, and any altruistic motivations become discredited.

Commercialisation of gametes has been internationally condemned but “legitimate expenses” have been recognised as being acceptable (Knoppers & LeBris, 1991, p. 359), as long as they are not so much an inducement to donate, and that they do not violate the principle that a person is not considered to be cells, able to be sold and bought (Golombok & Cook, 1994; Knoppers & LeBris). What constitutes ‘payment’ as opposed to ‘expenses’ appears to be linguistically negotiated and variable between contexts and cultures, thus rendering research and analysis of this issue problematic.

Literature that discusses the effects of secrecy focus on all parties involved, except the donor. The discourse around children's rights and acting in the ‘best interest of the child’ has been utilised in support of both sides of the contact debate. On one hand, constructions of the child's ‘right to know’ argue for disclosure of the origins, so that offspring can determine (at a minimum) their biological heritage. On the other hand, talk around ‘protecting’ the child from unnecessary information is used to argue against disclosure.

Donors play a huge and significant role in recipients' and offspring's lives, yet they have no social, personal or medical identity/status. In some countries (although not in NZ) donors do not have a say in what happens to their deposits (Mahlstedt & Probasco, 1991) even though the majority are agreeable to most uses (Handelsman et al., 1985). Nor do donors always find out if their sample has produced a child (Heywood, 1991), which most donors wish to know (Karow, 1993).

While the DI process itself is medically straightforward, the ‘reality’ of it differs for the people involved. Part of how that ‘reality’ differs is in the way people talk about,

and construct, DI and sperm donors. As Klock et al. (1994) point out, with the issue of identity and anonymity, semantics are influential. The words used have certain associated connotation; for example, ‘secrecy’ implies shame and guilt (Karow, 1993; Klock et al). ‘Donor’ also implies certain things and Daniels and Lewis (1996) suggest that ‘provider’ is more appropriate as it is neutral and does not suggest a gift or a sale. While I have some sympathy with this viewpoint, ‘donor’ is used in this research to utilise the language of the men interviewed in this study and how they identified themselves.

Novaes (1989) suggests that notions of reciprocity for gifts of body cells may maintain these donations and give them legitimacy in society. He points out that gametes are imbued with meaning in most cultures; therefore gamete donors make an important psychological choice to give away a part of them, which has links with their personal and sexual identity and to notions of family and kinship. However, the unique (unequal) relationships between donor and receiver in these situations renders the gift relationship model inapposite to sperm donation, particularly due to the threat the donor may pose to the recipients’ claim to parenthood as a result of his own ambiguous parental status. This fear and consequent decisions to protect the family system from the threat of the donor results in the donor, once their gametes have been used, being resented by recipients for being needed at all.

‘Othering’ results in lines being drawn between ‘them and us’, which extends to who is included inside family boundaries (Malin, 2002). As Kirkman (2004) states, once having provided the sperm, the donor is “written out of the story” (p. 322) and is no longer involved or wanted in the recipients’ lives. It is very clear from the literature that potential benefits or harm to the donor of contact or lack of contact have not been investigated. Certainly, discussing potential benefits to donors from having contact with the offspring would muddy the waters even more with regards to who a donor is and what place they hold in the offspring’s and recipients’ lives. The donor becomes the ‘other’ – the other man and the other father, and therefore is excluded on the basis of potential threats to masculinity, fatherhood and family boundaries.

As a result of the negative representation of donors as being over-sexed and of dubious morals, donors have been shunned and excluded once their gametes have

been handed over; they occupy a marginalised position (Kirkman, 2004) with few rights, but many duties and responsibilities. It is evident that how donors construct their experience and the psychological consequences of donating has been largely omitted from the literature (Daniels, 1987; Daniels et al., 1996; Rowland, 1983). While demographics of donors have been studied and documented, research into the psychological welfare of the donors (both pre- and post-donation) is rare.

Available discourses in the literature construct donors in negative ways. While the 'gift relationship' discourse provides space for donors to be constructed positively as altruistic men who provide a much needed resource to recipients, the imbalance in the relationship and the fear experienced by the recipients leads to the lack of reciprocity, however minimal. The position of 'donor' thus remains unoccupied by sperm donors; dominant discourses and findings in the literature instead characterise donors as vendors, wankers, outsiders or (rarely) absent fathers.

How donors and DI are constructed affects how donors are empowered to enforce their wishes with regards to the process of DI and subsequent decisions concerning offspring. Available subject positions also dictate whether their voices are heard concerning the effects the experience has had on their lives. Sperm donors are currently in a position of low power and status, and through discourse, they may attempt to have their voices heard. This is an aim of this research – to investigate how donors talk about their experience and how they position themselves in relation to the other parties. Most importantly, their constructions and stories will be heard.

The following chapter examines discourses concerning masculinity and fatherhood. The literature on infertility and recipients of DI indicates that the associations between masculinity and fertility have ramifications for the subjectivity of the recipient male, with consequences for the decisions recipients make with regards to disclosure and contact. This association has clear implications for sperm donors – men with high fertility – and their sense of self. Given the lack of positive available subject positions for sperm donors, discourses of masculinity and fatherhood are possible alternatives with which to enhance the subjectivity of donors in this study.

Chapter Three

Masculinity and Fatherhood.

This chapter discusses constructionist literature on masculinity and fatherhood. Literature on masculinity points to a strong association made between fertility and gender identity in the hegemonic discourse of masculinity, which has direct implications for the subjectivity of donors. Discourses of fatherhood are also clearly relevant to research on sperm donors. As the previous chapter discussed, the research literature suggests there are various subject positions available to sperm donors but they are predominantly negative. In order to negotiate and make sense of the relationships involved in DI, discourses of masculinity and fatherhood are likely to be important resources for donors to utilise in order to form a more positive subjectivity than those currently available in dominant discourses of sperm donation.

Discourses on masculinity

The study of gender has a long history (Hollway, 1989). Theorists from a number of paradigms have attempted to define what constitutes men and women, to assert that differences exist between genders and to provide reasons for these differences. Biological theories talk of gender identity as a result of our genes, sex organs, hormones, and neurobiological processes. Cognitive theorists speak of sex role stereotypes, with people internalising societal norms in their ‘mind’. Individual difference models prescribe a ‘norm’ for gender which people are then compared against.

Each of these paradigms has ontological and epistemological assumptions which render gender as a fixed identity, to be discovered and documented. Essentialist discourses of masculinity render it static across socio-historical contexts (Kaminer & Dixon, 1995). These constructions are used to claim innate differences between men and women that are universal and unchanging and operate to maintain current power relations (Anderson & Accomando, 2002).

In contrast, social constructionism provides an alternative to biological paradigms, as well as sex role, socialisation and early psychological theories on the development of

a masculine identity (Courtenay, 2000; Moynihan, 1998; White, 1994). It asserts that gender is produced in interactions via discourse, whereby people locate themselves in a gendered subject position. The discursive production of ‘others’ delineates subjectivity by specifying differences between the speaker and the other (Hollway, 1989). In the social constructionist view, there are a number of subject positions available within discourse for men that enable them to talk about themselves and their lives and experiences, as well as talk about others, in different ways. Masculinity is not a fixed identity or a term with one set of available meanings. Instead, masculinity has multiple meanings and possibilities, which enables men to position themselves in different ways, at different times.

Social constructionism and Hegemonic masculinity

Social constructionism suggests that masculinity is a “heterogeneous set of ideas and practices constructed around assumptions of power” (White 1994, p.123). Multiple masculinities exist, often contradictory, each contextually bound and thus able to be renegotiated (Hollway, 1989; Kaminer & Dixon, 1995; Kerfoot & Whitehead, 1998; Riley, 2003; Seymour-Smith et al., 2002). This constitutes masculine identities as constructed, negotiated and interactional and also provides for flexibility and change across time, culture and context. Masculinity (and gender) is dynamic, and is a *practice* that is carried out between people in their interactions and discourse, reflecting the dominant construction of what it is to be a man in that time and place.

Masculinity, as a subject position, is constructed in relation to (differences from) ‘others’– femininity and other competing and often subordinated masculinities (Archer, Pratt & Phillips, 2001; Brandth & Evande, 1998; Edley & Wetherell, 1997; Gough & Edwards, 1998; Kaminer & Dixon, 1995; Kerfoot & Whitehead, 1998; Seymour-Smith et al., 2002). In contemporary society, men hold a position of privilege and power, embedded and reproduced in the practices and institutions of western culture (Anderson & Accomando, 2002).

The feminist sociological concept of hegemonic masculinity was introduced and developed by Connell and colleagues (Carrigan, Connell & Lee, 1985; Connell, 1987, 1993). Hegemonic masculinity involves socially dominant notions of what it is to be a man which renders other masculinities as ‘marginalised’, effectively silencing and

discrediting them (Brandth & Evande, 1998; Kaminer & Dixon, 1995; White, 1994). In western contemporary society, hegemonic masculinity equates with a white, heterosexual, economically successful man (Speer, 2001a).

Traditional notions of masculinity include being logical and rational, strong, virile, assertive and independent, while traditionally, women are talked about as emotional, fragile, weak, passive and in need of being looked after (by men; Hollway, 1989; Kerfoot & Whitehead, 1998; Peace, 2003). Men are characterised as being non emotional and pragmatic, and as those who intellectualise matters, rather than ‘listening’ or heeding their emotions (Hollway; McQueen & Henwood, 2002). ‘Boys’ culture’ is one of competition, winning and survival of the ‘fittest’ (Archer & Yamashita, 2003; Kerfoot & Whitehead).

While hegemonic masculinity is a concept that has been broadly embraced by researchers, some reservations have been expressed about the inexorableness of hegemonic masculinity (see Wetherell & Edley, 1999), and the lack of a clear definition that can be used when analysing data (Speer, 2001a, 2001b). Hegemonic masculinity involves socially constructed commonsense assumptions about what it is to be a man; ironically, in research, it appears to be assumed that the definition of hegemonic masculinity as a term is obvious and pre-existing— thus researchers may actually look for these commonsense assumptions, reproducing the concept, instead of studying how men talk about masculinity and the discourses and linguistic devices they utilise. Thus, as Wetherell and Edley (1999) suggest, the active construction of accounts of masculinity needs to be prioritised in research, rather than the semantics of a concept that ‘everyone knows’.

As a result of such epistemological and methodological concerns regarding gender research, emphasis has been placed on masculinity as *part* of identity formation and subjectivity (Kerfoot & Whitehead, 1998; McQueen & Henwood, 2002). Discourses of race, class, sexuality, employment and local culture interact with masculinity to influence power relations, and indeed the opportunities men perceive they have in all facets of life (Anderson & Accomando, 2002; Archer et al., 2001; Archer & Yamashita, 2003; Courtenay, 2000; Gough, 2001; Gough & Peace, 2000; Seymour-Smith et al.; Willott & Griffin, 1997).

Therefore, the relationship between gender and power is not straightforward. Men cannot be assumed to be, or categorised as, powerful on the basis of their gender (Gough, 2001). While societal practices perpetuate and reiterate male privilege, all individuals, regardless of their own gender or position, have the ability to maintain and reproduce these power relations (Peace, 2003), which shift between people, identities and locations.

As Gilbert and colleagues argue, a dominant discourse is powerful because it allows only certain phenomena and people's voices to be heard and it conforms to what society deems to be 'commonsense', such as dominant discourses of gender relations and gender identity (Gilbert et al., 1999). Discourses that reproduce gender relations and hegemonic constructions of gender have been found to be very resistant to change and people have been reluctant to negotiate alternative discourse themes (Coyle & Morgan-Sykes, 1998; Gilbert et al.; Toerien & Durrheim, 2001; Willott & Griffin, 1997).

Those who do not conform to a 'normative masculinity' tend to be ostracised and characterised as effeminate (Coyle & Morgan-Sykes, 1998; Kaminer & Dixon, 1995). 'Pro-feminist' men are viewed with distrust and contempt (Edley & Wetherell, 1997; Gough, 2001), and it may be that these men create uncertainty around masculinity and gender relations. Other research has shown that men in non-traditional roles (such as stay-at-home-fathers) are spoken of in positive terms, but as *individuals*, not as members of the masculine gender category, enabling speakers to present themselves as progressive and egalitarian, whilst maintaining hegemonic masculine ideals (Riley, 2003). This leaves men with a dichotomy of choices – traditional *male* provider or non-traditional *person* enacting egalitarian ideals (Riley).

Wetherell and Edley (1999) discuss counter positions to the dominant construction of hegemonic masculinity. They suggest alternative ways of men talking about masculinity and positioning themselves as heroic, ordinary or rebellious. Heroic positions align with conventional masculinity, with men utilising 'imaginary', pre-existing ways to describe themselves. The second position ('ordinary') was the most common; it counters 'heroic masculinity' by talking about it as an artificial stereotype. In contrast, 'ordinary' men are positioned as mature, individual thinkers. The third

position – rebellious – involves being a gender rebel, proudly going against social norms and conventions, asserting characteristics of autonomy and independence. However, the alternative positions to heroic/conventional masculinity still drew upon traditionally masculine traits such as rationality and independence.

Speer's (2001a) re-working of the same data as Wetherell and Edley (1999), using conversation analysis, argued that masculinity can be talked about in a variety of different ways, depending on the context and the requirement to manage certain (problematic) identities. Speer argues that

...it is not simply the degree of *alignment* with (what is constructed as) masculinity that changes, but it is also (cf Wetherell and Edley) participants' *definitions* of masculinity that change. These different descriptions and *uses* of masculinity give it a different meaning across contexts. (p. 126)

Thus, culturally defined and located notions of masculinity are used at different points by people to achieve different aims.

A masculine 'crisis'

The literature on masculinity acknowledges a discourse that constructs a contemporary crisis in Western men's sense of identity and self-worth, in their physical and mental health and in their educational achievements (Anderson & Accomando, 2002; Archer & Yamashita, 2003; Coyle & Morgan-Sykes, 1998; Gannon et al., 2004; Gough, 2001; Gough & Peace, 2000; McQueen & Henwood, 2002).

Men's state of health has been a particular focus of attention. Health behaviours are relevant to this study due to the location of both infertility and ART/DI within the medical arena. Much research into this 'crisis' is positivistic in nature, attributing differences between men and women's health (physical and mental) and life expectancy as being due to 'inherent' biological differences. Additionally, role theory and cultural stereotypes have been proposed as contributing to disparity in health epidemiological factors (Moynihan, 1998). There is also a growing body of discursive research looking at the constructions of gender (especially hegemonic masculinity) and subsequent influences on such behaviour as health care utilisation and knowledge,

and acceptable emotional expression as possible explanations for differences between the genders in health issues.

Men access health services less frequently than women, and appear to be less well informed about their health (Courtenay, 2000; Seymour-Smith et al., 2002). Men's lack of uptake of health services has been suggested to be due to health(y) behaviours being considered feminine, thus rejection of them becomes a signifier of hegemonic masculine norms, such as denial of pain, unwillingness to show vulnerability or perceived weakness (particularly in health problems related to sexuality and sexual performance), and being strong and self-sufficient (Courtenay; Gannon et al., 2004; Seymour-Smith et al.). Rather than this being of concern to health professionals, it is regarded favourably and humorously, as 'typically male' behaviour.

It has also been proposed that men who do not have access to the social and economic resources to enact hegemonic masculinity are particularly likely to engage in exaggerated masculinities, such as risky health behaviours or violence/excessive 'toughness' to demonstrate their male identity, risking their well-being but gaining social acceptance in the process and conforming to hegemonic masculinity (Courtenay, 2000; Luyt & Foster, 2001).

Research suggests that health issues can be particularly problematic for men to talk about and deal with due to hegemonic masculine ideals. Men have a limited range of linguistic resources with which to construct accounts of masculinity and issues around health (Gannon et al., 2004). Institutional structures (such as health care systems) may reinforce gendered health behaviours through perpetuating stereotypes of men and enacting hegemonic masculinity, which reinforces cultural beliefs about men's health, thus making it more unlikely they will utilise and seek health services (Courtenay, 2000). This individual and institutional enactment of hegemonic masculinity in health is potentially influential in the experiences and subjectivity of sperm donors.

Egalitarianism and sexist talk

The discourse of a crisis in masculinity is talked about as stemming from changes in gender relationships and familial and domestic relationships (Collier, 1995; Coyle & Morgan-Sykes, 1998; Moynihan, 1998; Seymour-Smith et al., 2002). While aspects of

traditional masculinity are constructed as psychologically and physically problematic, these same aspects are also protected, and it is new (egalitarian and sensitive) demands on men that are held responsible for the 'crisis'. The literature on gamete donation indicates differing talk about male and female donors, with female donors being talked about more sympathetically and positively. How this difference is talked about by sperm donors can include discourses of masculinity, femininity, and gender relations, which may be influential in the positioning and subjectivity of donors.

A 'redundant man' discourse (Collier, 1995) has emerged, whereby traditional masculine 'roles' are said to have been altered radically as a result of industrial, technological, legal and political changes, including women's increased participation in the workforce, the pro-feminist movement, changes towards the state being responsible for the education of children and alterations to men's legal rights with regard to property, their children, and in their relationships with their partners, alongside increasing legal recognition of women's and children's rights. Changes in the construction of what it is to be feminine have corresponding effects on the construction of masculinity, and it is these changes that men have to negotiate in contemporary society (Toerien & Durrheim, 2001).

As a response to these changes, contemporary society has witnessed the growth of a 'men's liberation' movement and father's rights movements (Marsiglio & Cohan, 2000). They have varying aims and messages, ranging from groups lobbying for reforms to laws and legal processes dealing with custody and access issues, to religious and politically conservative movements advocating a return to fathers being the head of the household – economically, spiritually and in terms of decision-making.

The emergence of these lobby groups has led to an assertion that there is a 'backlash' against feminism (Anderson & Accomando, 2002; Gough, 2001; Willott & Griffin, 1997). Research findings would appear to support the notion that men consider themselves under threat and vulnerable to contemporary discourses of egalitarianism. A discourse of 'threatening women' has emerged, involving negative stereotypes of 'extreme' feminists (as opposed to 'reasonable' ones) undermining traditional masculinity and fatherhood (Collier, 1995; Edley & Wetherell, 2001; Gough; Gough

& Edwards, 1998; Gough & Peace, 2000). Consequently, men utilise a discourse which depicts them as ‘victims’ of (‘extreme’) feminism and ‘political correctness’, arguing that the movement towards equal rights has swung too far towards the rights of women, who manipulate men and ‘the system’ to achieve their aims.

Thus, advances in women’s rights are constructed as being at the *expense* of men, rather than beneficial for all (Coyle & Morgan-Sykes, 1998). Research has found men expressing feelings of loss and doubt about traditional masculine identity and its acceptability in contemporary societies that favour egalitarianism and disapprove of sexism (Coyle & Morgan-Sykes, 1998; Gough, 2001). Consequently, men have talked about needing to ‘bite your tongue’ and censor their traditional views around certain people (particularly women) and places (universities), saving their ‘real views’ for all-male settings (Gough; Gough & Edwards, 1998; Willott & Griffin, 1997). This restraint can be interpreted from a feminist perspective as a positive sign of constraint on hegemonic masculinity resulting in productive interactions with people/women; conversely, it could be interpreted negatively, as reinforcing and reproducing hegemonic ideals of masculine strength of character and self-control (Gough).

Often while espousing egalitarian views, men (and adolescent boys) utilise talk of essential differences between men and women, substantiating accounts with warrants such as the use of science and biology, and lay-person sociology, socialisation and psychological differences (such as emotionality; Edley & Wetherell, 1997; Gough, 1998; Gough & Peace, 2000; Kaminer & Dixon, 1995; Peace, 2003; Riley, 2003). Toerien and Durrheim (2001) reported a ‘real man’ discourse, which was an integration of ‘macho’ and ‘new man’ constructions, achieved through the use of a question and answer strategy which progressed men from being ignorant to knowledgeable about love, women and heterosexual relations. The real man was differentiated from both the macho man who was boorish in his approach to women and leisure activities, and the new man, who takes on feminine characteristics (such as emotional expressiveness) and thus blurs the boundaries between men and women. The real man discourse reproduced the traditional gender power relations and essentialised masculine sexuality whilst appearing to be receptive to egalitarianism.

These essentialist discourses express sexist talk in liberal progressive language and thus maintain the status quo while depicting that generally there is equality between the genders or, at the very least, it is nearly there. Such discourse functions to reduce the necessity for further social change and discredit those who lobby for it (Gough, 1998; Peace, 2003). A progressive construction of the history of gender relations suggests that society has (gradually) come a long way in improving the conditions and status of women (Edley & Wetherell, 2001) and, implicitly, people should be pleased (and perhaps grateful) for how far society has come.

The shifting power relations between genders have led to talk of a masculine crisis, and the 'loss' of traditional masculinity. Consequently, men have utilised sexist talk couched in progressive terms to reclaim hegemonic masculinity and traditional gender relations.

Hegemonic masculinity and variant discourses are available resources with which donors can position themselves and women provide an 'other' in terms of constructing subjectivity.

Discourses of sexuality and heterosexual relationships

Traditional masculinity includes (and is reproduced in) constructions of heterosexuality; homosexual men are an 'Other' form of masculinity that is delineated by illegitimate sexual practices, and 'feminised men', and consequently marginalised and derided (Gough & Edwards, 1998). References to (heterosexual) sexual performance and sex organs have been found to be common in men's talk, particularly in all-male interactions (Archer & Yamashita, 2003; Coyle & Morgan-Sykes, 1998; Gough & Edwards). The sexual construction of donation positions donors in relation to recipient women; discourses of sexuality and heterosexual relationships are resources with which to discuss and make sense of this positioning.

Wendy Hollway identified several discourses in her research on heterosexual relationships (Hollway, 1989). These include are Male Sex Drive, Have/Hold, and Permissive discourses. The Male Sex Drive discourse asserts that men are motivated in their behaviour by a biological imperative to find partners for heterosexual sex – for reproductive purposes in accordance with evolutionary theory (Gilbert et al.,

1999). As Hollway points out, this discourse has diverse and extensive effects on the way men's conduct is perceived and judged. This discourse relies on the proposition that sex is a natural drive and biologically, rather than socially, predisposed. The Male Sex Drive discourse constructs male infidelity as being excusable in the sense that it is normalised and talked of as being natural male reproductive behaviour.

As a result of the construction of Male Sex Drive being compelling and natural, men are expected (and perhaps permitted) to be forward and pushy in their relations, as they have 'natural urges' to satisfy – or rather, that women satisfy (Gilbert et al., 1999). Research has suggested that some men consider themselves victims of social pressures as a result of the 'myth of the ever-ready male'; they are expected to be consistently and frequently ready and willing for sex and risk derision and questioning of their masculinity if they fail to 'rise' to expectations (Coyle & Morgan-Sykes, 1998). Similarly, donors are expected to be able to 'perform' when asked to, and the literature suggests that talk concerning sexuality and sex negatively impacts on the positioning and subjectivity of donors.

Further research has identified a discourse that not only talks of men's sexuality being uncontrollable, but constructs the penis as an external entity with its own will and consciousness ('brain') separate from that of its 'owner', who needs take little (or no) responsibility for subsequent sexual behaviour (Potts, 2001). This separation of man from his body has implications for sperm donors in terms of talk of motivations and the psychological consequences donating has with respect to responsibilities and obligations resulting from what can be talked about as sexual behaviour.

The Have/Hold discourse talked about sexual relations occurring within a permanent and long-term relationship, mirroring Christian values (Hollway, 1989). This has interesting implications for sperm donors who are involved in an act which leads to the birth of children, without a prior relationship between the man and the woman. Potentially then, this discourse remains a resource for sperm donors to utilise in their talk around the recipient women.

The third discourse Hollway (1989) discusses is the Permissive discourse, which challenges and provides a counterbalance to the Have/Hold discourse. This discourse

talks about people being able to assert their sexuality as they wish to, without the necessity of being in a committed relationship. In this discourse, sex is separated from reproduction and ‘emotional’ attachment to the sexual partner is not necessary.

Hollway (1989) states that the Have/Hold and Male Sexual Drive discourses are contradictory in that they provide opposing subject positions. The former claims that sex occurs within a relationship imbued with significance and emotions that are far more prominent than the physical act, while the reverse is true for the latter. Hollway argued that the Permissive and Male Sexual Drive discourses have similarities, and contrast and oppose the Have/Hold discourse. But while the Male Sexual Drive discourse talks of sex as being somewhat clinical and asocial, the Permissive discourse places sex firmly within a social context, and sex (while still a physical act) becomes entwined with social relations. Although both discourses prioritise a sexual drive, the Permissive discourse detaches sex from emotions, while still retaining the context of social relations and the significance of the act. These discourses address the question of whether sex and sexuality are ‘natural’ (biologically or inherently based) or something that derives from the social context and its significance is socially mediated.

Further discursive work on sexuality and relationships builds on Hollway’s (1989) work. Burns’ (2000) research on heterosexual relationships identified two opposing discourses. The first, romantic love, was infused with talk of emotion. The second, a work discourse of love, was utilised primarily by men, who talked of relationships as being like a business to be worked at. It is interesting to note that, given the crucial role of provision in hegemonic masculinity (see below), men constructed relationships as work also, a central aspect of male identity. The two differing discourses of relationships spoke of differences between the genders in their skills in expressing emotion, with women conventionally being more expressive, and men being out of touch with their emotions and unable to express themselves. Burns asserted that both discourses identified men as the central characters in relationships, maintaining and reproducing male privilege.

Sperm donors can be positioned in relation to the recipient woman, but talk surrounding that is hampered by the unconventionality of the relationship. The man

and woman create a child, but have not (knowingly) met, nor had an intimate sexual encounter. The discursive separation of men from their penis and sexual acts, and discourses of heterosexual relationships remain available tools by which to talk about and make sense of this situation, and potentially enable the donors in this study to conform to hegemonic masculinity and relationships.

Fertility and masculinity

The impact on men who experience infertility has been the focus of research in more recent times (for example Dhillon, Cumming, & Cumming, 2000). Research into men's fertility and the relationship of fertility to masculinity is particularly relevant to this current research into sperm donors. Male infertility has been suggested to be a condition likely to be especially challenging to masculine identity due to the association of fertility and sexual potency (Carmeli & Birenbaum-Carmeli, 1994; Edelmann et al., 1994; Gannon et al., 2004; Nachtigall et al, 1992). This results in a deterioration in self-concept and masculinity due to a failure to achieve a socially desirable and prescribed goal (Carmeli & Birenbaum-Carmeli; David & Avidan, 1976; Dickstein, 1990; Heitlinger, 1989; McCartney & Wada, 1990; Myers, 1990; Stotland, 1990).

The ability to father children is integral to masculinity, and the association between fertility and potency is strong in dominant constructions of masculinity (Edelmann et al., 1994; Gannon et al., 2004; Malin, 2002), which results in stigma for infertile men. Infertile men who endorse items linking fatherhood to masculinity have been found to report more distress around their infertility than men who do not (Edelmann, Humphrey & Owens). Constructions of women's 'natural desire' to have children results in infertile men feeling they have thwarted this, leaving them feeling powerless and open to criticism or condemnation from their partner (Carmeli & Birenbaum-Carmeli, 1994).

While research has focused on the women in fertility treatments with regard to constructions of infertility and parenthood (for example Holmes & Tymstra, 1992), men's voices are largely missing. Studies of men's experience of infertility treatment indicate that the treatment has conformed to constructions of fertility as the responsibility of women, who are then the sites and focus for medical intervention,

resulting in women having a more direct relationship with the medical staff involved (Carmeli & Birenbaum-Carmeli, 1994; McCartney & Wada, 1990). While the negative impact on women from this discourse is indisputable, the effects on men tend to have been omitted from the literature.

Yet negative effects have most definitely been found. The research that has been done has found that the infertility treatment process for men is experienced as embarrassing, stressful, and threatening. The procedures and environment of clinics can impact negatively on men and can cause embarrassment. Infertile men experience stress from masturbating 'on-demand' for testing and treatment, a behaviour that has social stigma attached to it (Carmeli & Birenbaum-Carmeli, 1994; Dickstein, 1990; Heitlinger, 1989; Myers, 1990; Stotland, 1990).

It has been suggested that infertile men are marginalised in decision-making processes and treatment of infertility (Daniels et al., 1995; Carmeli & Birenbaum-Carmeli, 1994). The possibility of sperm donation as a 'treatment' results in men feeling dispensable and excluded by clinics, simply there to support their partner in treatment and contribute sperm, rather than participating and being 'treated'. This support role places additional financial pressures on men, who often become the sole economic providers while their partners undergo treatment.

For infertile men, the evaluation of sperm becomes personal, a test of virility rather than fertility which reproduces discourses associating masculinity with fertility (Carmeli & Birenbaum-Carmeli, 1994). It also establishes a dichotomy of success and failure based on sperm count which subsequently positions men (including the infertile male and donor) in 'competition' with each other over sperm counts.

This competition in masculinity and linking masculinity to sperm count results in not just men but populations being compared and judged (across time and place) in media reports and research into sperm counts (Gannon et al., 2004). This is ironic, as it is not known what a 'normal' sperm count (if one exists) actually is. There are contradictory findings in the research literature about whether there is a 'decline' in sperm counts. However, any decline reported is couched in both mysterious and catastrophic terms, and sperm are personified and characterised as being vulnerable and under threat from

unknown sources (Gannon et al.). A close relationship is constructed between men and their sperm counts, which results in a blow to masculinity should damage occur and sperm count drops. The effects of infertility on masculinity point to the obvious question of what the effects of high levels of fertility on masculinity are for sperm donors.

The role of provision

Masculinity has been located in public spheres, both in production and consumption (Gough, 1998; Peace, 2003; Willott & Griffin, 1997). Research has identified the role of provider as being central to the traditional male role and in the creation of status and identity for men (Archer et al., 2001; Riley, 2003) to the extent that unemployed men talk of casual work ('fiddling') as being legitimate paid work in order to conform to provision roles and engage in public drinking behaviour with friends (Willott & Griffin). Other traditionally male 'public activities' include drinking in public houses, a place talked about as an exclusively male domain, where men enact and reinforce traditional masculinities, reflected in their drinking behaviours and interactions with others (Gough & Edwards, 1998; Kaminer & Dixon, 1995; Willott & Griffin). Discourses of provision are an available resource with which men can talk about and make sense of money received for donating sperm.

For men, economic power resulting from paid employment reduces gender role confusion, as provision and working are significant in maintaining masculine identity and conforming to hegemonic masculine ideals (Brandth & Evande, 1998; Collier, 1995; Haney & March, 2003; Riley, 2003; White, 1994). Capitalist, individualist discourses which privilege economic success feed into this discourse of provision, resulting in perceived pressure on men to work longer hours in paid employment and seek increased responsibilities and promotions at work in order to reap the material rewards which have come to signify achievement of status and power outside of the home and family.

However, the role of provision in dominant discourses of masculinity can result in men having minimal knowledge of and participation in activities at home and with their children (White, 1994). The interaction of public and home life can be somewhat complex, as discourses of fatherhood include providing for the family whilst still

being emotionally available. The dominant discourses of fatherhood are discussed in depth in the following sections.

Fatherhood – form versus function.

Literature on fatherhood is located within the broader literature on masculinity, a research area that has been rapidly expanding over the last two decades, with a diverse range of disciplines and epistemologies utilising a variety of methodologies. The literature on discourses of fatherhood traverses many disciplines – law (Collier, 1995), sociology (Brandth & Evande, 1998; Haney & March, 2003; Hertz, 2002; Hood, 2002; Marsiglio & Cohan, 2000), human geography (Aitken, 2000), English language studies (Lazar, 2000), anthropology (White 1994), economics and business studies (Aaltio-Marjosola & Lehtinen, 1998) and psychology (Edley & Wetherell, 1999; Henwood & Proctor, 2003; Silverstein, 1996; Silverstein, Auerbach, & Levant, 2002). In the constructionist view, fatherhood is neither a predetermined reality nor a fixed identity, but is co-constructed, between individuals and between individuals, and cultural institutions (Lazar, 2000; Marsiglio & Cohan, 2000). Fatherhood is a practice and set of concepts that change constantly and that are continually negotiated and (re)constructed in day-to-day life and activities.

The utilisation of discursive techniques in researching fatherhood is thus widespread and has a solid grounding in the literature. Despite coming from different disciplines, the research into fatherhood is quite united in identifying two opposing but equally dominant discourses on fatherhood. The first defines fatherhood in terms of the biological relationship to the child – ‘Form’. The second asserts that the social relationship between child and adult (based on care-giving ideals of affection, attachment and attention) is pre-eminent in determining who occupies the position of parent. This is regardless whether there is also a biological relationship between adult and child, and thus a father is defined as someone who fulfils the ‘Function’ of a father. Consequently, a father does not necessarily have to be in a relationship with the mother of the child (Haney & March, 2003). At stake are the rights, duties and privileges that are associated with being a parent in the dominant discourse of parenthood and child-raising – including powerful decision-making authority.

The 'rewards' for being a father through form also include a sense of immortality via the next generation; inter-and intra-generational connections; as well as a perception of exclusivity to the family group based on blood connections (Aitken, 2000; Henwood & Procter, 2003; Malin, 2002; White, 1994). Other rewards such as social status, respect, and even promotions in paid employment due to the positive connotations of being a 'family man' are available to fathers through both form and function.

Legal interpretations and representations of fatherhood have been found to differ from public ones (Haney & March, 2003). Legally, fatherhood is defined as being a biological relationship which also has financial ramifications and responsibilities (Collier, 1995). These biological and financial aspects of fatherhood have been privileged over social relationships. In contrast, public interpretation of paternity privileges function (the relationship) and participation in fathering activities. As Haney and March point out, legally, once a biological relationship has been established, men are required to assume the financial responsibilities, if not the relational aspects also, associated with fatherhood. Conversely, mothers may consider the reverse process to apply; legal recognition comes after men have proven themselves as being 'daddies'.

In law, the representation of paternal masculinity has been linked with the nuclear family and being in a heterosexual marital relationship (Collier, 1995; Haney & March, 2003). In the USA, policymakers have strived to implement policies which encourage men to conform to this representation of good fathers – men in a nuclear family situation, in a provision role, accepting and meeting responsibilities of a politically conservative construction of families and the function of fathers. Men who fail to meet dominant constructions are eschewed (Henwood & Procter, 2003). As Collier (1995) states:

The family man of legal discourse is heterosexual, disciplined, economically responsibly and perhaps above all, he embodies a particular kind of authority over women and children in the family. (p. 20)

This both establishes the presence of fathers in families as not just desirable but crucial, and also renders the absence of fathers problematic (Collier, 1995). It also pathologises other forms of parenting and families other than heterosexual, nuclear

units (Silverstein, 1996). The norms of fatherhood and families have broadened, to include homosexual, single, step- and non-custodial (Marsiglio & Cohan, 2000); however, these alternative fatherhoods are subordinated against the dominant construction of a present, financially responsible man in a relationship with the child(ren)'s mother. A married father who provides for their family is constructed as desirable (regardless of their behaviour within the home), while masculinity and men outside of these perimeters are sexualised and considered to be unsafe and deviant (Collier).

While legal definitions of paternity have remained fairly static (some might say stagnant), social constructions of paternal masculinities and who can legitimately claim the position of 'father' has been rapidly changing with social trends (Collier, 1995; Haney & March, 2003). Fathers' responsibilities have traditionally been practical and economic ones, whereas women were responsible for maintaining the emotional and social relationships within and outside the family (Aaltio-Marjosola & Lehtinen, 1998). Traditionally, responsibilities attributed to fathers include passing on moral and ethical values (particularly to sons), disciplining children, provision of material comforts and spending time with the children (Silverstein et al., 2002; White, 1994). Sex role discourse talks of fathers as being necessary role models for their children (Collier, 1995), particularly boys, and the lack of such input has been blamed for a number of contemporary societal problems and feeds into the discourse of a crisis in masculinity (Silverstein, 1996).

Recently, expectations of fathers have changed to include being emotionally involved and spending time with one's children, elements of traditionally feminine mothering constructions (Aaltio-Marjosola & Lehtinen, 1998; Brandth & Evande, 1998; Haney & March, 2003; Henwood & Procter, 2003; Silverstein et al., 2002; White, 1994). Discourses about 'attachment' have stressed the importance of being bonded to one's child, and some argue that having a biological relationship fosters and builds this attachment, as inherited characteristics enable parents to perceive part of themselves in their child (Malin, 2002).

Fathers who attempt to carve out an alternative fatherhood construction and practices often meet resistance from patriarchal norms and have little cultural acceptance or

support (Aaltio-Marjosola & Lehtinen, 1998; Aitken, 2000). Research suggests that men experience ‘gender role strain’ when work and traditional masculine provision responsibilities have conflicted with their desire to be involved with family life and parenting (Henwood & Procter, 2003; Silverstein et al., 2002).

Research suggests however, that many men embrace the possibilities that a new, more involved and emotionally attached fatherhood presents, and that it provides cultural validation for their desires and liberation from being destined to repeat what they considered to be the mistakes of their own fathers (Henwood & Procter, 2003; Silverstein et al., 2002). These men created a new parenting paradigm which combined both traditional and progressive gender constructions, to share power, economic, domestic and child-rearing responsibilities, and facilitate more emotionally intimate relationships between the men and their children. For these men, being a caring father is constructed as conforming to masculine ideals of being strong and resistant to pressure (Henwood & Procter) – thus ‘feminine’ qualities become a signifier of masculinity.

Definitions of what it means to be a father thus have socially accepted and defined components which shape how men think about and carry out fathering, but also include a biographical element, in that they are connected to fathering received and perceptions of how adequate and beneficial those behaviours were (White, 1994). Commonsense understandings and what is expected of a father differ markedly from the subject position of a mother. Mothering includes child-care *and* house-work activities. In contrast, fathering appears to be confined to time spent actually looking after the child(ren), with house-work devalued and considered the domain of women, even in ‘progressive’ countries such as Norway (Brandth & Evande, 1998).

‘Progressive men’ who willingly take on care-giving activities still tend to position themselves as ‘helpers’ to their partners in the care of the child, rather than having those responsibilities themselves (Aitken, 2000; Henwood & Procter, 2003). This appears to be due to essentialised concepts of motherhood and fatherhood, which speak of women having a ‘mothering instinct’ and being physically suited and meant for child-care (Aitken, 2000; Edley & Wetherell, 1999). While men might express a wish to be equally responsible for child-caring, they claim that due to biology and

inequities in ability to earn money in the workforce, in practice this is unrealistic, and it is more logical if men go and provide economically for the family, thus maintaining gendered divisions of responsibility while minimising accusations of being sexist (Edley & Wetherell).

While the construction of motherhood is considered the ‘norm’ for child-care by which fatherhood is defined, compared and judged, often fathers’ activities are accorded higher status than mothers’ (Aitken, 2000; Brandth & Evande, 1998). While fathers have been found to ‘borrow’ aspects of mothering, they retain a masculine model of childcare which involves becoming friends with their children and doing activities side by side (Brandth & Evande).

However, as Aitken (2000) cautions, relying on a dichotomy of mothering versus fathering as a means of defining fatherhood is too simplistic and risks ignoring some of the imperceptible everyday practices of fathering. He argues that the current ‘crisis of fathering’ is a result of men being unable to relate to current discourses of fatherhood that are defined in relation to motherhood and draw on constructions of mothering as the ‘norm’ of childcare within a society that is inherently patriarchal in institutional practices.

Discourses of masculinity emphasise work as being important, and provision is also a central component of being a ‘good father’ (Aaltio-Marjosola & Lehtinen, 1998; Aitken, 2000; Brandth & Evande, 1998; Collier, 1995; Haney & March, 2003; Marsiglio & Cohan, 2000; Silverstein et al., 2002). Interestingly, Brandth and Evande suggest that men who have a strong identification with hegemonic ideals combine masculinity and fathering more successfully and easily as a result of deriving security in their masculinity from their work identity. This means that they are able to conform to contemporary discourses of both fatherhood and hegemonic masculinity.

Institutional practices support the association between provision and fatherhood, and employment practices assume that men have wives/partners to maintain the household and care for the children (Silverstein, 1996). Legitimate (public) paid employment results in and excuses absences from the home (Brandth & Evande; Collier). Having

Chapter Three – Masculinity and fatherhood

children creates increased financial responsibilities which rendered paid employment as *more* important following the birth of a child (Henwood & Procter, 2004).

Lazar's (2000) study of a government advertising campaign in Singapore identified two opposing discourses of parenthood and family life. The first was the dominant discourse of 'conservative gender relations', a construction of gender relations with traditional (unequal) expectations, responsibilities and rights for each gender. Men were constructed as being in executive activities (in both public and private spheres of life) and depicted in fun leisure activities with children, as opposed to the more mundane, daily routine tasks (which fell to women) which were devalued and rendered insignificant. In keeping with a sex role discourse, men were constructed as being role models for their sons.

In the 'conservative gender relations' discourse, men were seen to be able to combine career and domestic life easily, whereas for women, this balancing act was fraught with problems. Therefore, women were represented as needing to make choices, and cautionary depictions of risking being unable to have children if they leave it too long in favour of careers markedly constrained what the 'right choice' could be. Lack of children was depicted as being a failure on the part of the *woman*, whereas men were absent from apportionings of blame.

In keeping with other literature findings, Lazar (2000) found that men's role as providers rendered absences from home understandable and necessary. In this conservative discourse, families and children were assets for a man's career and psychological well-being. In contrast, women were constructed as deriving their well-being and personal satisfaction through pleasing others and assisting them to succeed and be happy, what Lazar terms "other-centeredness" (2000, p. 388). A 'good mother' puts others first and makes sacrifices in order that others are happy.

The second discourse Lazar (2000) documented was a counter-discourse of 'egalitarian gender relations', depicting and advocating equality between the genders. In this discourse, women were able to 'have it all' and combine career and motherhood easily in keeping with a 'New Woman' construction; men were involved caring fathers, the 'New Man' construction of masculinity and fatherhood, where men

take on stereotypically feminine characteristics, such as being sensitive, expressive, nurturing and emotionally available; and parenthood was comparable for both genders (see also Edley & Wetherell, 1998). While men and women were constructed in egalitarian relationships, traditionally conservative masculine ideals were preserved, and any redistribution of domestic labour was insignificant. In addition, while the 'New Woman' was unrealistically constructed as effortlessly combining career and motherhood, the latter was prioritised in her identity. These two discourses neatly sum up the literature findings on gender relations with parenting and familial boundaries.

Conclusions

This chapter has given a (necessarily brief) overview of discourses on masculinity and fatherhood. These two concepts were considered to be useful resources for sperm donors to draw on when constructing their subjectivity, given the scarce, negative subject positions available in discourses of sperm donors and DI.

Masculinity and fatherhood are negotiated, interactional notions which have corresponding rights, duties and responsibilities. Dominant notions of masculinity involve being heterosexual, fertile, in paid employment and strong (both psychologically and physically). Notions of a masculine crisis resulting from changing feminine positions (and corresponding changes in masculinity) have resulted in a discourse of men being 'victims' of increasing egalitarianism, resulting in a call for the 'good old days' and complacency that parity between the genders has not just occurred, but gone 'too far'. Several studies have identified alternatives to constructions of hegemonic masculinity, but in their utilisation, they work to reinforce notions corresponding to commonsense ideals of masculine gender identity.

All of the discourses concerning masculinity are available resources for donors to utilise in talking about their experiences and subjectivity. Of particular interest is the research on the association between masculinity and fertility. While studies have found infertility is linked to potency and impacts on men's sense of masculinity, there is little research looking at fertile men's constructions of parenthood and of masculinity (Edelmann et al., 1994). Fertility has received little attention from discursive researchers (although infertility is receiving increasing consideration), and

this study aims to partly fill that gap by researching how men with high levels of fertility talk about their subjectivity and how that maps onto current understandings of masculinity.

As discussed in this chapter, discourses of fatherhood involve two dominant constructions – form and function. The former is a biological relationship and the latter a social one. This has enormous ramifications as to who can claim the position of father and what their rights and obligations are. This is particularly pertinent in sperm donation, where the donor's role is ill-defined and ambiguous. Of interest is how the donors position themselves in relation to the offspring, the recipient woman and the recipient man, and the relationships they considered to be possible with them, and under what circumstances.

As Gough (2001) notes, little research has been done which investigates the meanings and constructions of masculinity espoused and utilised in everyday language by ordinary men. While donors are a small section of society, they are unique due to contravening social mores regarding relationships and parenthood. Subsequently, they have been positioned in dichotomous positions – such as saviours and satyrs – and generally positioned as 'outside' dominant familial, medical and social boundaries. This research looks at how donors negotiate their unusual situation in terms of dominant 'normal' discourses of masculinity and fatherhood, and the psychological consequences their actions have for them in terms of their subjectivities.

Chapter Four

Methodology

This chapter seeks to explain how the research was conducted and how the ideas and questions I had about sperm donors were examined and investigated within a social constructionist epistemology. In this chapter, I will talk about the justification of firstly a qualitative methodology, and then the specific discursive analysis utilised. I will detail the steps taken in the course of designing the research and the implementation of the methodology and analytic techniques.

A discursive methodology was considered not just appropriate for this research, but crucial, in order to be able to fully investigate some of the issues and questions surrounding sperm donors. Discourse analysis is committed to qualitative research in naturalistic settings, to analyse text, explore and reveal variation in meanings and to look at how meanings are negotiated in the context in which they are used (Henwood & Pidgeon, 1992; Pancer, 1997; Smith 1996).

While traditional psychology adheres to hypothetico-deductism, discourse analysis is inductive, in that it does not begin with a hypothesis to investigate (Pancer, 1997; Potter, 1996a). Results, relationships and theories emerge from the data, rather than vice versa (*ibid*). Indeed, as Hollway (1989) suggests, method and theory form a cyclical process. Consequentially, I began this study with objectives and aims, rather than hypotheses.

Research aims

One of my objectives in this research was to access donors' stories and to fill a gap in the literature. How donors construct their experience had been largely omitted from research, yet it shapes their experience and how it is integrated into their lives and identities. I wanted to make a qualitative documentation of the language and text that donors produced and the interpretative repertoires they used to construct their experiences. I also wanted to explore the subjectivities produced and utilised within these discourses and the relational power effects of these positions. Broadly, I wanted to explore and gain some understanding of how the donors talked about donating and

the psychological consequences donating had for their lives. I began with a number of general questions and issues that I wanted to investigate.

While formulating and revising these questions in the early stages of (and indeed, throughout) the research, I realised that they focused on the relational aspects of being a donor. Donating does not occur in social isolation. While the act of masturbation itself is often done alone, the context and consequences involve many others, in different layers – the donors’ families; the recipients; the offspring; the recipients’ families; the donors’ immediate community; and the broader society that the donors live in. During the course of the research, the organisation of the data evolved and developed, as I began to conceptualise an important question driving the research as: “How do sperm donors talk about the impact donating had on their perception of their masculinity, and where do they position themselves with regard to fatherhood?” To be able to explicate this question has taken considerable time and thought and involved the evolution of earlier questions.

Contemporary discourses for talking about AID and sperm donors arguably position the donor negatively, with little status or power. Donors are talked about as being financially-oriented, men with few morals, who ‘sell their children’. This construction draws on individualistic capitalist marketplace repertoires (such as working for profit) which are positioned in opposition to collective societal ideals, such as volunteerism. As a result of this, donors ‘motivations’ and ‘characters’ are doubted, and they are the focus of ribald humour and stigma, leading to isolation. While donors are disparaged for ‘abandoning’ their ‘children’, recipients also make it clear that (while grateful for the existence of men willing to give sperm) they do not wish donors to be involved in their lives (or the offspring’s), except to pass on medical information. Thus donors occupy a contradictory and undefined social space where they are simultaneously wanted and shunned. While investigating how donors talked about their personal experiences, their motivation and identity, I wanted to explore how donors positioned themselves in relation to the other people in the process of donating, and whose issues were prioritised.

In addition, discourses of masculinity connect masculinity and fertility. While the masculine identity of infertile men has received some attention, what could be thought

of as the opposite side of the coin (men with high levels of fertility) has not. Given the research which suggests hegemonic masculinity involves not just repertoires of sexuality but also competitiveness between men, these two issues may intertwine to result in donors and recipient men being positioned as rivals – but for what? Possibilities include discourses of heterosexual relationships and discourses of fatherhood.

Discourses of fatherhood define a father by ‘form and function’, associated with nature-nurture discourses – these two discourses do not cater well for artificial reproductive technologies. Thus, how donors defined and positioned themselves would reveal how they negotiated fatherhood discourses, and the implications both for the impact reproductive technology has on discourses of parenthood and families, as well as the implementation of such positionings and discourses in terms of conducting relationships with recipients and offspring.

The intention, therefore, was to document and analyse the individual psychological aspects of donating explicated in talk (such as discourses of motivations) as well as the broader societal implications of these in terms of the impact on artificial reproductive technologies on discourses of masculinity, fatherhood and families. Consequently, in order to fully investigate both personal and societal implications of discourses engaged in the men’s talk, this research utilised an eclectic approach.

Ethics approval

Once the research questions and methodology had been finalised, the process of gaining ethics approval began. While this was considered a low risk study by both my chief supervisor and myself, potential ethical issues were considered and steps were put in place to minimise risk of harm to the donors. A research proposal written in accordance with the New Zealand Psychologists’ Society Ethics Code was submitted to the Massey University Human Ethics Committee, including the principles of informed consent, respecting the participants’ rights, and confidentiality. A letter was also sent to the National Ethics Committee on Assisted Human Reproduction (NECAHR) to inform them of the study. A meeting with the then Minister of Health

was also held to discuss the research from a policy perspective, given the Bills before Select Committee at that time.

The information sheet (Appendix A) detailed the aims and nature of the study, the requirements of the participants and myself, and the participants' rights. They were able to contact me to ask any questions before signing a consent form (Appendix B), and could do so anonymously if they wished. Respecting the privacy and rights of the donors was paramount; steps such as donors nominating a means of communication meant that I did not inadvertently divulge their status as a donor or their participation in the research to other people.

The Ethics Committee requested clarification of the role of the fertility clinic (the primary intermediary for sourcing donors) in terms of how much input and influence they would have in the questions asked to ensure there was no conflict of interest. It was specified that the fertility clinic would assist in getting access to their donors, but would have no influence in the questions asked or the results of the research. Once this issue was addressed, the proposal was approved.

The interview schedule

Discourse analytic research can use a wide array of materials for analysis; however, the interview has been extensively used, as it enables a researcher to be active in the research and data collection (Potter, 1996a; Potter & Wetherell, 1987). Interviews afford focus in discussion, while facilitating exploration of the discourses that participants use to make sense of phenomena and for what purpose.

Interviews are predominantly guided by schedules that can direct the themes and areas covered (Potter, 1996a; Potter & Wetherell, 1987), and the interview format used for this research was semi-structured (see Appendix C). A schedule provides the means for a researcher to examine a standardised set of topics and ideas with participants without restricting participants to set responses or numbers (Pancer, 1997; Potter; Potter & Wetherell). Standardised topics also simplify initial coding and comparing of responses (Potter & Wetherell). While the interview covered certain areas and provided prompts if they were needed to facilitate discussion, participants were

predominantly able to engage in free-flowing talk. While the interview schedule was very useful in some of the interviews with less verbose men, it was not necessary for a number of interviews as the issues of interest were discussed during the course of conversation with the donors without prompting.

The questions on an interview schedule set the context for the responses and, as such can be included in analysis (Potter & Wetherell, 1987). The schedule for this research was devised after reading literature, talking to others in the field and looking at some other interviews contained in a media articles about donors. The interview schedule also came partly from my preliminary ideas and constructions about the nature of donating sperm (cf. Potter, 1996a).

The interview started with some demographic information to get a profile of the donor. It was intended to establish rapport and make the participant feel comfortable with the tape recorder and microphone, as well as building their confidence in an interview situation. The schedule then moved on to the donating itself and the history surrounding the decision to donate. The interview schedule covered process issues, legal issues, interpersonal issues, psychological issues, and then a final question asking the donors if there was anything else they wanted to discuss. The topic areas were designed to invite talk around motivations, the meaning of money, anonymity and secrecy, constructions of the rights and obligations of the parties involved and the effects of donating with regard to the men's sense of self and relationships with others.

Sourcing the donors

Alongside the development of the interview schedule and format, the process of gaining access to participants began. Through a fellow researcher, I became involved in Fertility New Zealand [FNZ; formerly the New Zealand inFertility (sic) Society (NZIS)], and was elected to be the Non-Medical Professional on the Executive. This brought me into contact with both consumers of infertility treatments and professionals, and provided some knowledge and awareness of the issues of infertility. The contacts made were invaluable for locating and gaining access to donors for the study. Professionals from within the infertility medical discipline were also involved

in FNZ, and through meetings, seminars and presentations I was able to discuss my research proposal with them in person.

I initially contacted two fertility clinics, and after talks with the first, it was decided to pursue the second, due to their greater enthusiasm and support for the project. An initial meeting was held to clarify the research and each party's needs and expectations. The Clinic agreed to provide access to their donors and that the research should remain independent of the Clinic. While it was agreed that they would receive feedback on their service, this research was not intended to be an evaluation study.

While the Clinic was the main source of donors for this study, several other parties also provided avenues to access donors. Various journalists in national media publications had interviewed several donors for articles they had written prior to the data collection for this study. These journalists were contacted to request they pass on an information sheet detailing this research to their interviewees, and one donor was sourced through this route.

FNZ was also administering a survey questionnaire asking donors their opinions on proposed legislation at the time. Two donors from this survey indicated their wish to talk further and in more depth about the issues, and they were contacted and given an information sheet. Both donors were subsequently interviewed.

Accessing donors via magazine articles, newspaper articles and the FNZ survey raised the ethical issue of being careful not to put pressure on donors to participate. All donors contacted through these means had previously expressed their willingness to talk to researchers, and indeed, some had been open about their identity in publications. One donor interviewed in a magazine article had left an e-mail address at the end of his interview for interested parties to contact him, and another had given his full name and occupation in a newspaper interview. Both of these donors were therefore contacted directly, whilst still emphasising the right to refuse participation.

Information sheets (Appendix A) to prospective participants were either delivered by the relevant intermediary or contacted directly in the case of two of the donors. Donors made contact only if they wanted to take part in the study. Anonymity was

protected in that the details of men who did not want to take part will never be known (apart from forming a (non)-response rate). As most of the information sheets were sent out by the Clinic, I had no way of identifying or contacting non-responders myself.

Participants who wished to be part of the research then contacted me to ask questions and obtain a consent form (Appendix B). Upon receiving the signed consent form, donors were asked to nominate a time and place for a one-to-one audiotaped interview.

The donors

The initial aim was to interview 15 donors. Fifteen was considered a reasonable number to aim for, given the qualitative nature of the study and methodology, and the desire to analyse a relatively small number of interviews in depth. The aim was not to achieve 'statistical sampling', as I shared Hollway's (1989) concern that this type of sampling places numbers as being more important than detail and that experience becomes lost in the desire to have a certain volume of responses. Having stated this, it still took some time to ease the concern that I would not get 'enough' participants, a remnant of positivistic thinking perhaps. This fear, along with an unexpectedly high response rate, resulted in over-sampling and having an enormous amount of data, which was a challenge for a sole analyst.

The Clinic sent out letters to 30 of their past donors; 29 replied, and data from 19 was collected, in addition to the 5 interviews conducted with donors sourced outside of the Clinic (detailed above). Over several trips, a total of 24 donors were interviewed for this study. The very pleasing response rate was a reflection of the eagerness of donors to share their experiences, and I felt that all donors who wished to be interviewed should be allowed the opportunity to tell their stories.

Saturation was reached quite early on in the interview process; I became very familiar with the emerging discourses during the process of doing the interviews, and it became clear that donors' stories were quite common and there were shared discourses that were being repeatedly used throughout the interviews.

In addition to the very high positive response rate, there was a great deal of support for the research from other donors (even if they did not participate) in terms of an expressed willingness to assist if needed, as well as an interest in the results. From the 29 donors from the Clinic who replied, two donors were willing to be interviewed if needed, one of whom hundreds of kilometres away. These two men were not interviewed but requested a summary of the research results (Appendix D). Five donors also asked for a consent form but did not return it. Two others expressed interest to the Clinic's donor co-ordinator; one asked to do a written interview, which he subsequently did not return, and the other donor did not follow up by contacting me. These donors were not pursued, due to the high number of participants and considerable amount of data already collected.

The very high response rate was unexpected by both the Clinic and the researcher. This meant that the target number of interviews was easily exceeded, which brought its own difficulties and issues, as will be highlighted in the final chapter (Chapter Ten). A response rate of about one-third had been anticipated. It was clear that the finding in some studies in the literature that donors are unwilling to talk about their experiences was not borne out by this response rate, or by subsequent data from the interviews.

All of the men in this study were similar in that they had donated sperm, but they differed in ages, background, and other contextual factors such as marital status and sexuality. The specific details of the donors (in terms of where they lived, their occupation, etc.) was not considered important, as discursive psychology aims to study the language of a particular group of interest – in this case, male sperm donors. All of the men interviewed for this research were part of this group, and other details were of less importance, but are reported due to the recognition that they interact with gender to influence positioning and discourses available to speakers.

In contrast to traditional psychology, this type of research does not aim to find a representative sample because, while generalisations are drawn from excerpts, all-encompassing laws of behaviour and social interaction are not the aim. The aim is to take a snapshot of how donors constructed donating and those involved in the process, in a particular time, place and culture. Constructions are thus context-specific and

while they shape experience and behaviour, they are fluid and change (both between and within people) as time and culture changes.

Any personal information considered relevant is noted here and during discussion of constructions in later chapters. For example, being infertile with one's wife is important, because it placed a participant in the position of being both a consumer of infertility services and a donor – two positions that are often talked of as having competing interests and rights or power. How a person manages that in their talk is highly relevant.

Two-thirds of the donors had children and were, or had been, married (see Table 1). More than three-quarters of the men were in their thirties and forties, with only three being in their twenties, and only two being in their fifties. Several of the men were not NZ born, but had emigrated to NZ from European countries. All of the men were NZ citizens and identified as New Zealanders. All but one of the donors identified themselves as NZ Europeans. The lack of Maori and other ethnically identified participants is consistent with previous findings that ethnic minorities are less likely to be sperm donors.

There were several avenues and service providers used by the donors to donate. All but one of the men interviewed had donated through private sister clinics (known collectively as the Clinic), and the other provider was a public hospital. The donor who identified himself as homosexual had donated twice through the Clinic (once many years ago, prior to the existing policies of openness, and once under current policies); he subsequently also became a personal donor for a lesbian couple. Nearly all of the donors had a history of 'donating behaviour' in that they were, or had been blood donors.

Table 1.**Marital status of the donors interviewed.**

MARITAL STATUS	
Married, with no children	1
Married, with children	10
Single, with no children	5
Single with children	1
Separated/divorced with no children	1
Separated/divorced with children	5
Homosexual (with no children)	1

As mentioned above, several of the donors interviewed occupied dual positions within the ART process as they had experienced some form of infertility themselves. This meant that they had been consumers of infertility services and fertility treatment as well as being donors. Two men could not have children with their wives. One of these men's wives had children from a previous marriage; as a couple, they also fostered two children and he had informally adopted another. The second man had adopted two children with his wife – they were separated at the time of the interview. A third donor experienced secondary infertility with his wife. This is often unexplained infertility, where couples cannot have a second child 'naturally' (without medical intervention) after already having a child successfully without assistance. Seven donors also occupied the position of being voluntarily sterile as they had undergone vasectomies after donating.

Given the strong construction by the churches that ART and sperm donation is morally wrong, it was interesting to note that very few donors identified themselves as 'religious'. Instead they called themselves 'spiritual', living in accordance with principles, rather than worshipping a God through an organisation. This is discussed further in Chapter Five.

Several donors had their wives present in their homes during the interviews, and two wives participated in their husband's conversation with me. One actively participated

as a contributor to the discussion (Ann) and another woman (Susan) answered questions from her husband and myself with regard to her constructions of donating. While these contributions are interesting and are discussed when appropriate, they were not the focus of analysis.

Transcribing the data

As Potter (1996a) suggests, while a discursive study that looks at discourses needs only a relatively basic transcription system, this does not reveal the influence of the social interaction of the interview on the content. Fuller transcription also facilitates the ability of the readers making their own judgement about the constructions that can be read from the interview (Potter, 1996a). Therefore, the transcription protocol and notation used in this research was that devised by Gail Jefferson and set out in Potter and Wetherell (1987). This was detailed enough to provide context and richness to the transcripts, whilst not overly linguistically detailed, which was not considered necessary for analysis. The focus of the research was the discourses used by the donors, not the linguistic or semantic tools.

I transcribed the majority of the interviews myself. Due to the larger than expected response rate and the huge amount of data involved, a professional transcriber was used for the last six interviews with the donors' consent. This enabled the transcripts to be returned to the donors in a timely fashion. Once I had received the transcripts from the transcriber, I listened to the tape while reading the transcript and inserted the punctuation, emphasis and intonation, and corrected any mistakes. Consequently, I consider that I know the interview almost as thoroughly as if I had transcribed the tape initially.

Once the interviews were transcribed, a copy of the transcript was sent to donors to enable them to edit, amend, or add to it. While all efforts were made to return transcripts, several donors had moved in the interval between the interview and the completion of the transcription of their interview and subsequently could not be contacted.

If donors requested changes to their transcript, they sent it back indicating where they would like the adjustments. These changes were then made to the transcript for analysis, and the amended transcript was sent to the donors. Some participants sent back a letter indicating their satisfaction with the transcript and kept the one they had been given. Once the transcript had been finalised, the donor's interview tape was either returned or destroyed, in accordance with their wishes as they had indicated on the consent form. Then began the task of analysing the data contained in the final transcript using a social constructionist and discursive epistemology.

Analysing the data

This study used an eclectic approach, looking at both the action orientation and power relations of discourse. As Wooffitt (1992) suggest, Potter and Wetherell's (1987) attempt of describing how to 'do' discourse analysis flounders when they try to elucidate the processes involved in dealing with the data and making sense of it. Even Potter and Wetherell (1994) admit that they are unable to provide detail of what they do. Rather, they argue that instead of there being a set number of stages and procedures that will lead you to the results, doing discourse analysis is a craft skill, akin to "bike riding or chicken sexing..." that cannot be readily explicated (Potter & Wetherell, 1994, p. 55; Tuffin & Howard, 2001; Wetherell & Potter, 1988). As the researcher becomes more adept, it becomes more difficult to separate and define the individual stages of analysis. While I find myself in some agreement with these authors in that I have found discursive analysis a skill to be honed through repeated attempts and re-reads, this is not very useful or informative for readers of research.

Consequently, despite this ethereal quality to analysis, I have attempted to detail the analytical steps taken in the study below. Several steps and stages of analysis were involved which, as Gough & Peace (2000) note, occurred in a cyclic, rather than linear process. Saturation point was reached relatively quickly, as the donors' stories and emerging discourses were very similar.

The first level of analysis was the interview itself. Listening to the men, I compared and contrasted each successive interview and was able to relate what each man was saying to previous donors' interviews.

The second stage of analysis was the transcription. Potter (1996a) states that a "... profound engagement with the material" (p. 136) is needed for a good transcript, and repeated replaying of the tapes facilitated this process. Transcription intimately involved me in the interviews, and again, they became a collective group, with links and themes emerging as the interviews were set down on paper.

As Gill (1996) suggests, discourse analysis involves the process of immersion in your data, and this was achieved in the third stage of analysis, which involved repeated reading of the transcripts. Reading for detail, as opposed to trying to find the summary or overall picture of the text (Potter & Wetherell, 1994), was vital for analysis. The transcripts were read numerous times until they became almost memorised, which was a necessary step before coding could begin.

According to Wetherell and Potter (1988), searching material for patterns and repeated constructions is not so much a case of following a set of analytical rules, but is more a matter of following one's intuition and developing theories which may have to be revised and discarded. This is where the researcher plays such a large role in shaping the findings and why having results open for scrutiny and re-working is an essential feature of discursive psychology. Different codes and groups of data emerged during these first three stages. Around this time, my chief supervisor also read and analysed some interviews, and we compared our independent analyses to verify that we were discerning similar codes and discourses.

I began coding when the interviews had been thoroughly read. A concertina file was labelled with preliminary codes. The printed transcripts were analysed individually and sections were cut up into the relevant codes. Often, a piece or section of talk had numerous codes that it could be assigned to, and notes were made on each cut section to indicate this, along with any other thoughts that went with that section of interview. The codes were relabelled several times as the results shifted and were re-analysed. At this initial stage, coding was as inclusive as possible, with all borderline cases included in each code (Gill, 1996; Potter & Wetherell, 1987; Wetherell & Potter, 1988).

Once the codes were satisfactory, the pieces of interview data were physically laid out to see how they linked and were related to one another. Patterns in the data were sought, both in terms of variability within and between accounts, and consistency (Gill, 1996). Within each code, there were numerous sub-codes – for example, “payment” involved sections including ‘marketplace’, and ‘time and effort’, among others. Sections of interviews that added no new material to existing coded data were set aside.

Once these codes and sub-codes had been organised and reduced, they were analysed for not just what was said, but also for what that talk did and achieved. Identifying the function of the talk and consequences of the discourses in terms of rights, duties and obligations involved in each position was the final stage of analysis.

The analysis revealed the use of various discursive strategies by the participants, which warranted their accounts and asserted their veracity, in comparison to competing accounts. Extreme case formulation (Pomerantz, 1986) is when a speaker exaggerates or makes extreme claims in order to strengthen the argument of an account. Speakers can also use three-part-lists (Jefferson, 1990) as a way of appearing to have provided a complete account and argument, which covers all aspects of an issue. The use of ‘sandwiching’ (Riley, 2003) identifies and simultaneously refutes competing accounts, enabling a speaker to present themselves and their accounts as balanced, without actually discussing the competing arguments in any depth. Similarly, stake inoculation (Potter, 1996b) is where a speaker presents an account which addresses and responds to possible alternatives, protecting their own argument. Riley discusses the use of ‘bottom-line’ arguments and historical longevity by speakers also. The use of biology and evolution are examples of such ‘bottom-line’ arguments, which warrant an account through the use of science and ‘fact’. Historical longevity presents an argument as being common-sense through its endurance across time, enabling alternative accounts to be rejected as being unproven. The invocation of real-life experience and experiential knowledge warrants an argument through the value given to people’s experience, in comparison to abstract theory (Haney & March, 2003). Finally, speakers use of ‘softeners’ (Speer & Potter, 2000) such as ‘just’ and ‘only’ as well as humour (Riley) enable a speaker to dilute the controversial and contentious aspects of an account, and present it as being reasonable.

The discourses

The complexity of relationships between the parties involved in sperm donation was enormous. When the donors were discussing issues, the rights and responsibilities of the parties could not be separated easily – when one person was positioned a certain way and given power through the discourse, another position ceded power. The interview schedule and the analysis placed artificial structure on relationships that are inextricably intertwined. This made the structure of the analysis difficult to organise, and often, an excerpt of interview could be read as both giving power to one person, and positioning the other party(s) in a less powerful position, whilst excluding another party from the discussion altogether. Deciding whose rights/power was the topic or focus of the talk was often difficult and could change with different readings. Ultimately, the donors' positions and how their talk about issues and other people affected their power and status became the focus of attention and the organising feature for the analysis.

Discourses themselves intertwine, and labelling them placed somewhat of an artificial boundary for where one began and another ended. For example, the discourse of provision (and the repertoires of compensation versus payment) was a factor in masculine identity and was utilised in the construction of the 'right donor' and the 'othering' of other donors. This intertwining, I believe, reflects the complexity of the experience of being a donor and the donors' experiences of the issues as interrelated.

The following is the presentation of the constructions that donors presented as they talked about donating, the consequences it had for them in terms of their subjectivity, and their relationships with those involved in the process, as well as with their families, friends and colleagues. Within the constraints indicated above, the discourses have been drawn from the interviews and are one reading of the data. They are presented in chapters, each one dealing with the donors' talk of such things as sex, altruism, money, and relationships, within such broader discourses as masculinity and fatherhood. What these constructions and discourses achieve in terms of the action orientation of the talk, whose rights are prioritised, and the subject positions created, assumed or rejected in this talk is discussed within each chapter.

Chapter Five

Hegemonic masculinity and the construction of money: Gifts and provision

Upon completion of the donation process, a financial transaction from the Clinic to the donor occurred. All but one of the men in this study donated through sister clinics, which set an amount of \$20 per trip made to donate sperm. This chapter sets out to investigate the constructions and meanings the money they received had for donors and what arguments were used to justify or refute the legitimacy and acceptance of this money.

Donors in this study acknowledged that they received money from the Clinic but rejected the stereotypical discourse evident in the literature of donors being either ‘vendors’ or selfish ‘wankers’ for whom money was the driving force behind their actions. Through their talk, they provided alternative meanings to the money they received from the Clinic. Donors predominantly utilised the discourse of gifts, and constructed the money received as being legitimate expenses and reimbursement, rather than payment. This enabled donors to position themselves as altruistic benefactors of recipients, a position with high societal status. Within this discourse of gifts were social exchanges, with donors receiving psychological benefits from being ‘givers’.

However, an alternative discourse was also utilised, one which utilised the discourse of work and provision and constructed the money received as payment, which positioned the sole donor who utilised this discourse as gainfully employed. This discourse is discussed in light of discourses of masculinity, and the reproduction and maintenance of dominant constructions of men working and providing as integral to their sense of self.

The “Gift”

This section discusses the discourse of providing sperm as being a “Gift”, and the positioning of the men as voluntary donors who gave something of value to others

with the intention of helping them. All but one of the men interviewed utilised this discourse in their accounts, and it featured significantly in their interviews. This discourse included notions of collectivism and voluntary behaviour being for the greater societal good. In contrast, ‘donating’ that was paid was constructed as being symptomatic of an individualistic capitalist society, where money (rather than moral principles) became the overriding goal that drove human interaction. ‘Donating’ was therefore talked about as being of high moral worth, and defined (and valued) in relation to the ‘other’ position of being ‘paid’. This discourse enabled donors to position themselves as not just voluntary, but altruistic. This aspect of the discourse required donors to assert that they had ‘given away’ something of value, hence sperm became infused with significance and infertility was constructed as a terrible affliction that donors were pivotal in ‘curing’. Having established that they were altruistic, donors were enabled by this position to acknowledge personal benefits from their actions.

Voluntary behaviour versus commerce

Donors constructed donating as being altruistic and voluntary, and expressed a strong desire to preserve the ‘essential nature’ of donating (both sperm and blood):

1. Gavin: [Donating] was a basically a continuation of my, um, willingness to be a blood donor (.). It seemed to me that there was something that used to be very voluntary in public, um, (.). community spirit in medicine that’s largely been lost as commercial changes occur (.). and the, um, blood donation and sperm donation seem to be one small remaining aspect of volunteerism in the medical system, so.

In Extract 1, two things are achieved. Firstly, Gavin constructed donating as being special, one of the last bastions of “community spirit”. He invoked a dichotomy of commercialism and volunteerism, and positioned donating in the latter. Gavin spoke with nostalgia and regret that the rise of commercialism occurred at the expense of voluntary behaviour – commerce was talked about as not just incompatible with altruistic volunteering, but also threatening to it, and the way of life that it represented. This “community spirit” has associated meanings of people looking out for each other, doing things for the collective good, as opposed to capitalist commerce discourses.

Gavin used his prior history of donating both blood and sperm to warrant his

argument and provide credibility for his claims. This invocation of historical longevity as a donor also enabled him to position himself as someone who has experience in donating and has witnessed the changes (over time) which he is now describing as having occurred in medicine (and society).

Secondly, commonsense notions of voluntary activities construct actions done without expectation of benefits for oneself (particularly payment) as being worthwhile and to be applauded. By constructing donating as being voluntary and unpaid, Gavin was able to position himself (and donors generally) as altruistic, a socially desirable ‘quality’, and one which enhances the status of ‘donor’.

Motivations

Commerce and altruistic donating were thus positioned as mutually exclusive and the incidence of the former talked about as being at the expense of the latter. Commerce and altruism were also positioned in opposition in terms of agency. While donating was talked about as behaviour which was *chosen* by the person (thus enabling them to claim a position as altruistic), commerce and money were talked about as shifting the motivations of people:

2. Kirsty: Right. Do you, um (.) here’s a question for you, do you think donors should be paid?
Trevor: (.) No.
Kirsty: No? Why not?
Trevor: No, um, because (.) because people will do all kinds of things for money, for the wrong kinds of reasons.

Trevor answers in the negative as to whether donors should be ‘paid’. The influence of the word *paid* in the question should not be underestimated. Payment is a term which forms part of the discourse of work and commerce, and donors utilising the Gift discourse reacted to that term quite emphatically: donors should not be paid, and sperm donation does not belong in the realm of commerce.

Trevor makes a key statement that “people do all kinds of things for money, for the wrong kinds of reasons.” Two points stand out from this statement. Firstly, that money and personal gain are the wrong motivation for many actions (donating included) and would attract the wrong kinds of men to the programme. Secondly, there is the implication that money is such a driving force that people will do things

which are intimated to be harmful or ill-considered in order to gain money (and economic/material status).

This inference of money reducing personal agency is made succinctly by Walter:

3. Walter: [paid donors] would come along and (.) they would come along purely for the money side of it, not for the side of making another couple happy, you know [] Money kills everything.

Walter made a very powerful statement – “money kills everything”. As indicated in the previous extract, money was considered to be forceful and to have agency – it shifts motivation, and in doing so corrupts and “kills” an altruistic activity, removing the inclination to help others, and to make them happy. The use of the word “purely” and the emphasis on “not” situated helping others and making money as opposing and mutually exclusive motivations. The motivation impacted on the value of the outcome; even if making money by donating achieved the same outcome of helping people to have children, the true spirit of donating would be compromised.

Donors therefore set out very strongly their dominant construction of the ‘spirit’ of donating – that it is voluntary and done for altruistic reasons. Paying donors brought commerce into donating, something donors spoke strongly against, as payment and money formed part of a capitalist and individualist discourse that was constructed as being contrary to the spirit of giving.

Donors used stake inoculation to simultaneously recognise and refute the arguments for paying donors – for instance ‘pragmatic’ issues, such as supply:

4. Nigel: (.) I wouldn’t like to see it [donors being paid] done, no, no. No, I’m (.) yeah, because it, it, it’s taking the onus off what you’re actually doing it for. Um, I guess if you offered to, yeah [laughs], money, you’d probably get a lot more people doing it. (.) But, whether or not you’re going to get the right, right people, we don’t know. No, I certainly wouldn’t like that.

Nigel stated that he wouldn’t *like* to see donors paid, but left open the possibility that they might be paid. He followed this somewhat ambivalent stance with several ‘noes’, which can be read as emphasising his view. Nigel, as did others before him, characterised money as being contrary to the dominant construction among donors that giving sperm should be done voluntarily – “what you’re actually doing it for” is

emphasised to highlight the importance of motivational factors, which stand outside of commercialism.

In the second half of the extract, having positioned himself as being against payment, Nigel acknowledged that for others, money would be an incentive to get more men into the donor programme. Again, money is constructed as the driving force and ultimate incentive to get men into an activity they otherwise might not consider. Hegemonic notions of masculinity involve men being breadwinners and achieving economic success [this is discussed in depth below], but it was clear that the men interviewed considered that money might lure other men into the donor programme who should not be in there, and possibly that men in particular are tempted by lures of financial reward. These ‘other men’ (in comparison to the men interviewed) may not have the strength of character to resist money and donate for the ‘right’ reasons.

This notion of strength is important in masculine identity. The donors were doing something that was unconventional and at times disparaged by other men: being ‘gender rebels’ (Wetherell & Edley, 1999). Yet the strength of character that this took conformed to hegemonic notions of masculinity, thus enabling the men in this study to assert their masculinity and not to have their subjectivity threatened by their donor status, even under difficult circumstances.

The concept of others is important here, as donors worked hard to establish what donating is ‘really’ all about, and argued that motivations affected the ‘type’ of people who became donors. Essentialist constructions of motivations as indications of the personality and morals of the donor were used to establish who they considered to be the right donors, a group they positioned themselves within and were protective of.

From this position of being in the ‘right donor’ group, donors’ talk protected the spirit of giving and essential voluntary nature of donating. Whilst recognising that payment was an option with which to remedy a shortage of supply of men willing to donate, this possible solution was quickly rejected due to the ‘type’ of person that money (already argued to be a corrupting influence) would attract.

Essentialist constructions of motivations being reflective of the person were therefore used to say that someone motivated by money was the ‘wrong’ donor (in contrast to the men interviewed, who positioned themselves as altruistic ‘right’ donors). Reasons given included paid donors not being beneficial for the offspring in the long-term:

5. Paul: I mean I would, would love to be contacted, um, whereas, if you’re being paid for it, I mean, (.) in fifteen, twenty years, I mean, you’ve gone into it for (.) a financial reason, um, you know, , yo-, ho- (.) you’re, you’re not going to be (.) reacting right, if you wish, I, I don’t know how else to say that, to, to people who are wanting to actually find out who, who their p-, um, biological parents are, um. I, I think it would be a very sad outlook for, for any children engendered from a paid scheme, =
Kirsty: = Mmmm. =
Paul: = to, to trace their roots, if you wish. I, I, I think it would be tragic (.) in a lot of cases, and certainly not worth paying.

Paul implicitly established himself as someone who did not donate for money by the use of the word “whereas”, and inoculated himself from being considered to be a paid donor, ascertaining his credentials as the ‘right’ type of donor. Paul demonstrated that he had considered long-term issues, thus adding to the credibility of his views. Not only are men who donate for payment positioned as being of doubtful morals in the now, but also their intentions and actions some distance in the future are questioned. The ‘nature’ of donating is crafted and defined in relation to what is talked about as the opposing position of being a paid donor, both in motivation and in essentialist notions of personality type and morals.

In talking about the outcomes for donor offspring, Paul elaborated on inferences other donors had made in terms of long-term (dire) consequences of having paid donors. Paul spoke of paid donors not “reacting right”, immediately establishing a dichotomy of right and wrong reactions to potential requests for contact in the future. Rhetorically, his later statements about paid donors not reacting right placed his opening statement as being symptomatic of reacting right, thus confirming he is the ‘right’ donor.

Talking of an extreme case emphasises the dangers he considered to be possible from a paid scheme – ‘tragic consequences’ for offspring, something that is so ‘sad’ that *no amount of money* would be worth the consequences. This bottom line argument places

the offspring's wellbeing as both under threat and in need of protection, and also as of foremost priority. This is difficult to refute and provides a counter-position to possible arguments *for* paying men to donate. No matter what the possible advantages, Paul argues that there are things more important than money and profit – namely, an offspring's sense of identity and ability to know their 'roots'.

Donors in this research therefore discursively placed 'paid' donors in a negative position – they were talked about as having 'purely' financial motives, which was equated with commerce and individualism as opposed to 'community spirit'. By placing these motivations in opposition to one another, donors negated any possibility that a person could express both a desire to help others and gain financial reward at the same time. Donors utilised the same type of dichotomy in motivations that Kirkman (2004) found – motivations are either good or bad, and donors established themselves as having the former.

These underlying constructions about commerce and money rendered a marketplace framework for DI unacceptable to the donors in this study. Being paid for a job in the marketplace and in the commercial world involves getting a job (being hired), fulfilling the terms of the contract and being paid, and then there is some 'closure' and finality. There is an end point. 'Employees' move on to the next job, with both parties having fulfilled their contractual obligations. Talk of payment and a contractual, short-term commercial arrangement was considered by donors as incompatible with the long-term responsibilities of donating. In constructing paid donating as being dangerous and inappropriate, donors formed an 'other' – an opposing position of paid donor by which to define and position themselves. These constructions of money, payment and paid donors served to protect the position of the men interviewed, whilst positioning them as champions of the offspring.

Selling your body

In establishing a discourse that paid donation was 'wrong' and voluntary altruistic donation (the 'gift') was right, donors defined what it would be that would be bought and sold in a paid donation programme – part of their body, themselves and their genetic heritage.

6. Luke: I don't think I'd feel so comfortable about (.) doing it if I was being paid for it. Kind of like (.) selling your body.

Luke positions himself as someone who is 'comfortable' with the unpaid status of his donating. He then makes an association between being 'paid' for donating and selling something – part of his body. While commerce and capitalist discourses generally involve free markets and trade, buying and selling for profit, commonsense notions of the inviolability of the body proscribe selling parts of the body for financial gain. 'Selling your body' also carries inferences about prostitution, an activity which has traditionally been viewed with disapproval, with those who sell their bodies (predominantly women) in a position of low status and power.

In a commercial marketplace, something is sold only if ownership can be transferred, and can be traded. In the construction that paying donors involves buying sperm, this made available the argument that men do not own the genetics that are contained in sperm, and so cannot be paid for something that is not their 'property' to trade and sell:

7. Paul: = I mean, the thing is [sighs] (.) in a way it's, it's, it's (.) you, you shouldn't be paid for the genetic material. That's not yours to sell. Okay, so I have a philosophical problem there [] The reason I did tell my parents was because I, you know, (.) it's their genes. (.) I'm, I mean, they don't own their genes either, but I (.) felt I had an obligation to tell them. I would have told them anyway, but I think philosophically, I, you know, I was using their (.) genetic material, um, I don't feel the same way about my brother and sister.
Kirsty: So they don't know at all?
Paul: No:: They don't know. I don't care if they know though, [] I, I wouldn't mind telling them, um, I just don't feel any need to tell them.

Paul achieves several things. Firstly, he positions himself as a thinker and a 'philosopher'. This is a term associated with intelligence and academia, and the use of scientific terms such as genetics enhances his credibility and adds weight to his assertions. From this position, Paul shifts the focus from sperm as a body part to sperm as genetic material. Using personal experience warrants his assertion that genetics are familial heritage. Referring to his parents reinforces Paul's claim that genetics do not belong to a single person, but are collectively 'owned' and passed on, and therefore not able to have their ownership transferred between people in a commercial arrangement.

Interestingly, Paul's extract highlighted two contradictions. Firstly, it was acceptable for donors to give their sperm away, but not sell and make money from it. Paul informed his parents of his donation some time after the event and stated that he felt an obligation to do so, as the genetics contained in his sperm were partly theirs. Clearly, he did not feel the need to seek their permission prior to passing on the genetic material, and it would be somewhat absurd to ask permission of one's parents prior to conceiving a child with a partner, yet to consciously *sell* the genetic material was 'philosophically' wrong. Perhaps Paul considered that donating approximates the natural conception of children far more than selling sperm.

Secondly, through the use of the term 'obligation', Paul bestows rights upon his parents as holders of this genetic heritage and the generation which gave him his genes – but his siblings have no such rights. Whether they know or not about him donating is of little consequence to Paul. He distinguishes between not *mind*ing if they know and not *need*ing them to know. This is an important difference, as a need is an inalienable claim, and by asserting that they do not need to know, Paul insulates himself from allegations that he has denied his siblings something they are entitled to – knowledge. There is little explanation for the contradiction between rights bestowed upon parents and siblings, and one is left to ponder possibilities, such as constructing parents as demanding respect as the previous generation, or as authority figures unlike siblings.

The moral and philosophical sanctions against 'selling your body' were reinforced by legal prohibitions:

8. Kirsty: Do you think donors should be paid?

Ivan: No, it's against the law. As small as a sperm is, it's a body part.

This extract firstly talked about sperm as a body part, bringing it under the jurisdiction of existing laws which outlaw body parts being sold as commodities. Invoking legal proscriptions is a bottom line argument – if the law prevents something, there is no room for argument or negotiation. By stating that the law disallows selling body parts, and constructing sperm, despite its size, as a body part, Ivan effectively ends the discussion and debate about the morality of paying donors. Commonsense indicates that laws are there to protect people and reify the morals of society, and are therefore

to be obeyed. What is protected in law could be the seller or buyer. However, the topic of the statement is sperm, so it could also be read that *sperm* is protected by law from being sold and exploited for financial gain, and has the same status as other body parts in the eyes of the law.

Exploitation of recipients

Donors claimed that selling sperm is legally and ethically prohibited, to protect offspring from the ‘wrong’ donor and possibly to bring sperm under the protection of law. Selling sperm was also talked about as being detrimental to recipients.

Commercial discourses of free-market economics involve terms of supply and demand. Subjecting the sale of sperm to such market laws was argued to risk exploitation of recipients desperate to have children with donor sperm:

9. Walter: [If donors are paid] then everybody says, starts looking at your sheet and say oh this guy’s good, you know, he can produce a boy, blue eyes, [] blonde hair if you like, and, you know, and then people say oh, I want him, so you can turn around and say well if you want me you’ll have to pay for me, and then you get this sort of (.) bargaining power and then all of a sudden [] the emphasis has gone away from the (.) being a family.

Walter talked of donors having “bargaining power...” with the potential to charge recipients more for desirable traits. If a ‘commodity’ is scarce and desirable, the seller is in a position of power and the price rises. Men could exploit desirable physical and genetic assets to make recipients pay large sums of money for their sperm to get the child they want. This donor presented a scenario where a “good” donor could exploit recipients and profit from their situation, rather than helping them be a ‘family’.

This extract highlights a number of assumptions. Implicit in Walter’s assertions is an essentialist claim that there are inheritable ‘qualities’ which are desirable, valuable and able to be ‘priced’. It could be read that he makes reference to Aryan people with comments of recipients wanting “blonde hair and blue eyes”, which were given as examples of desirable physical characteristics. This allusion to World War II and Adolf Hitler’s selective breeding programme is an extreme case of manipulation of so-called desirable characteristics and serves as a warning to the dangers of opening up the creation of people to a free market.

Sperm was not regarded as a body part anymore, but was personified, to represent a detailed picture of the child it would create. In effect, what Walter was asserting was that it is not sperm that would be sold, but the (potential) child that would result. Selling children is something that social morals prohibit, and paying donors thus took on a new meaning, one abhorrent to commonsense notions of acceptable behaviour.

The notion of agency is represented twice in Walter's extract. Firstly, echoing other donors' statements, there is an insinuation that money (and the desire to make it) will override commonsense ideals of acceptable behaviour, leading to exploitation of recipients. In this scenario, recipients are positioned as vulnerable, and the donor in a powerful position; while this could be argued to be the case in both unpaid and paid donor situations, the agency with which money is infused results in this unequal power ratio being disadvantageous for recipients when donors are paid.

Secondly, donors are depicted as being in control of not just their bodies and sperm, but as being able to determine the physical embodiment of the children that their sperm can/will produce. Thus, donors are talked about as being in control of their sperm, and the results of its usage, but (when paid and subject to free market forces) controlled by money, which causes them to forget the 'real' reason for donating – to create families.

The above extracts illustrate the assertions that donors utilised to argue against paying donors and construct donating as a voluntary act. A marketplace, commercial framework was constructed as being inappropriate and inapplicable for sperm donation for a multitude of reasons. Firstly, essentialist discourses were used to assert that motivations for donating translated into the 'type' of person who would donate. Paid donors were constructed in keeping with the dominant discourse of donors identified in the literature, of men with dubious character and morals, who donate for personal gain and to the detriment of other parties – recipients in the short-term, and offspring in the long-term. In ascribing this characterisation to *paid* donors, the men in this study were able to construct categorical differences between them and other (paid) donors in motivations and personality, and thus reject the dominant discourse as applying to them. This enabled them to utilise a discourse which constructed donating as a gift, thus providing a counter position of donors as altruistic.

Donors constructed sperm itself as having certain properties which rendered it immoral and illegal to be bought and sold. Sperm was talked about as being the vehicle for genetic material, familial heritage which belonged to no-one and therefore could not be sold (although could be given away). Notions of the collective good and protecting the welfare of recipients and offspring were bolstered with legal prohibitions which were bottom line assertions that the law forbids selling body parts; as sperm was constructed as part of the body, paying donors is illegal.

Reimbursement/ compensation for expenses

However, donors faced a difficulty in that, by their own admission, they had received money from the Clinic following the completion of the donation process. Having argued that being paid would attract the ‘wrong’ men and would be harmful for recipients and offspring, donors needed to negotiate the meaning they placed on money received with their assertion that donating was voluntary, and they were different from paid donors.

This section will discuss the language and meanings given to the money that donors in this study received. Donors spoke of this money as being ‘reimbursement’. This term will be used to generically talk about the donors’ claim that they were compensated, reimbursed, had expenses met, and received travel allowances, and so forth. Having these expenses met was acceptable, but payment was not, and a clear distinction was made between the two.

All but one of the men interviewed spoke of the money they received as being ‘expenses’ ‘reimbursement’ and ‘compensation’ as this illustrative extract shows:

10. Kirsty: Do you think donors should be paid?

Neil: Um, (.) yeah, no I don’t. To me, it’s, it’s kind of um, yeah okay meet expenses, or something, or maybe if you want to pay for people’s taxi fare from the city or something, but be very clear about it, it’s expenses only.

Neil stated that in his personal opinion (“to me”), donors should not be paid. He then sandwiched an acknowledgement (“yeah, okay”) that money does change hands with a re-statement that *paying* donors is unacceptable. This gives the impression that Neil’s response is a complete and authoritative one, and that his assertion that

‘expenses only’ should be met is the appropriate one. Neil gave an example of what “expenses” might include – such as taxi fares, thus providing firm boundaries over what is acceptable in terms of financial settlement. For Neil the issue is black and white and his statement “but be very clear about it” and the use of “only” brooks no argument.

This extract illustrates a fundamental point that nearly all donors tried to convey – the money *they* received was not payment, it was reimbursement for expenses. The two concepts (payment and reimbursement/compensation) were talked about as being very distinct. However, the assertion of clarity and lack of ambiguity indicated in Extract Ten was hindered by awareness that the money they received could be interpreted as being payment:

11. Paul: = No [donors should not be paid]. That was a definite and emphatic no. [speaks directly into the microphone].
Kirsty: [laughs] Why is that?
Paul: Um, (.) well, paid is an interesting word, you see, because (.) we were given travel allowances [by the Clinic]. [] Um, and that was fine, I mean I did go to cons-, you know, a reasonable amount of expense, um, and, I was late for work on the days that I, I did do it, um (.) and then I, you know, I had to make a special trip down there [to the Clinic] and back, so, certainly, I mean, it didn't cost me twenty dollars, but ah, it was a nice gesture and that's it. Um, (.) I certainly don't believe that, that, that donors should be paid.

Paul was very definite in his response, both in voice and body language. He got as close to the microphone as possible, to ensure that his message was heard clearly, eliciting laughter from me, thus softening what might have appeared to be an overreaction to the question. However, when questioned why he considered that donors should not be paid, Paul acknowledged that he/donors did receive money and that this could be construed as payment. He thus began a description of what that money was, and labelled it ‘travel allowances’. He then accounted for this allowance by giving quite detailed information about the ‘costs’ involved to him in donating, in his time, travel, and possibly petrol. This detail was intended to justify accepting the money, on the basis that it was reimbursement for legitimate costs incurred.

Whilst rejecting a commercial discourse as being appropriate for donating, Paul (like other donors) utilised the language of business and work to legitimise money

received. However, Paul then described the money received as a ‘gesture’ from the Clinic in appreciation of him donating. This gesture was symbolic recognition of the efforts and costs involved to him, without actually exceeding them and risking the money being construed as payment. The term ‘gesture’ is part of the ‘Gift’ discourse, and the change from language of business to language of gifts signified the difference between what the money was (intended) for (covering costs) and what it meant to him (a gesture). His comment “...it was a nice gesture and that’s it...” reduced the importance the money had for him and placed it as a token act, and inoculated against the claim that the money was a motivating factor for him.

Sandwiched between his opening and closing emphatic statements that donors should not be paid was thus some clever negotiation of the meaning of the money received. Paul used language from commerce (‘travel allowance’ and ‘expense’) and also the language of gifts (‘gesture’) to account for the money he received, justify it, and maintain he was not paid, thus enabling him to position himself as a voluntary donor.

Donors had to delicately negotiate between the possible connotations of money received with the desire to maintain a stance that they were voluntary donors, and this was the correct type of person to be donating. Donors achieved this by reporting that the money was not for the *sperm*, but, as Paul and Luke below take pains to stress, was for their *costs*:

12. Kirsty: Do you think donors should be paid?

Luke: In some ways, yes [] it takes time out of your [working day] (.) so I think they should reimburse you for the time you’ve taken out. They don’t have to be at exorbitant rates or anything like that, I think they’ve just got to compensate you for your time [] I mean you get, they call it, um, petrol allowance, they get here – it’s only a small fee, but I mean I didn’t do it for the money, I did it for, or I do it for, you know, making people happy, but if they reimburse you for your time it just makes it a little bit easier (.) you know. [] It should be a natural thing, you shouldn’t be paid to do it, but you should be compensated for the time you did actually take out from work.

The delicate situation donors found themselves in was apparent in Luke’s first comment – “In some ways, yes”. This, along with Luke’s later emphasis on ‘you shouldn’t be paid to do it, but’ illustrates his conditional stance with regards to payment. Following his agreement with my question, Luke qualified his stance, and

immediately started talking not about *paying* donors, but about being ‘reimbursed’. By stating that he was not seeking “exorbitant rates”, Luke inoculated against the accusation that he (and other donors) would profit from their donations, and he reinforced this with examples of costs to him for donating and claiming that the money he received was small.

Luke’s extract illustrates the amount of work required by donors to maintain a voluntary position, while explaining and justifying the receipt of money from the Clinic. Luke (as Paul did) mixed terms from commerce and gift discourses. He appeared aware of the dominant construction that donors were financially motivated and worked hard to refute that, with assertions that his own motives were altruistic, to ‘make people happy’. Given that, he warranted the money received in light of the costs he incurred and implied that donating was not ‘easy’ as is commonly talked about, due to these costs.

Luke stated that donating should be ‘natural’ which was equated with voluntary, a reference to essentialist notions of an inherent human desire to help fellow humans. Payment thus takes donating into the ‘unnatural’ realm, with people gaining financially out of another’s need.

Two further points stand out from Luke’s extract. Firstly, Luke distinguished between the time taken to donate and his normal working day. By separating work and donating, and indeed, indicating that the latter impeded the former, Luke discriminated between *paid* employment and *voluntary* donating.

Secondly, Luke stated that “they call it, um, petrol allowance”. ‘They’ refers to the Clinic, and this is an important statement. Daniels and colleagues (Daniels et al., 1996; Daniels & Lewis, 1996) have argued that the constructions and policies of clinics have a marked influence on the experience of donors and talk of money received. This would appear to be borne out in this study also. Donors were told that they would receive ‘petrol allowance’, which constructed the money received not as payment for sperm, but as money for expenses. This context enabled donors to legitimately position themselves as voluntary and altruistic, with the endorsement of the ‘professionals’ warranting their claims that they were unpaid. Whilst not

subscribing to essentialist notions of ‘types’ of people who donated, I consider that the contextual factors of the Clinic policies would influence donors’ constructions of the money received and the meanings they ascribed to it.

Donors defined boundaries between reimbursement and payment by relating the money to material expenses such as petrol, as well as other costs such as being late for work. The amount received was a further linguistic tool used to delineate reimbursement from payment:

13. Kirsty: Do you:: think donors should be paid?

Jeremy: Ah, no, but I think that the way it works is pretty good well, (.) they should get something, I think I got ten dollars as a donation which covered your petrol, which I think was just a nice sum (.) ah, yeah. So, I think at the end I got one hundred and twenty dollars, so I must have gone twelve times. And that (.) I think that was quite good (.) you know, and if it was (.) I wouldn’t have wanted it to be less than that and I wouldn’t, you know, to have been much more, there wouldn’t be much point. [] I think there needs to be a little bit of a (.) it’s something that you want to do (.) and you get reimbursed, you know, ten dollars and that’s nice.

Jeremy simultaneously answered that donors should not be paid, whilst endorsing the status quo of donors receiving *some* money. He indeed claimed that donors “should get something”, with the implication that they deserve to. Jeremy termed the money a ‘donation’, which has voluntary connotations on the part of the Clinic; the donor did not insist on, or require the money in return for his sperm, and therefore maintained his own voluntary position. In this way, the ‘donation’ was recognition from the Clinic, but not payment. The nice double use of the term *donation* reinforces this point.

Jeremy made reference to a tangible expense which the money covered, and called the amount a “nice sum”. When read in the context of the rest of the extract, “nice” can be read as meaning that the money recognised the men’s contribution and costs, without jeopardising the voluntary nature of donating - “it’s something that you want to do”. Jeremy later used the term “untidy” when referring to a situation where donors were paid. “Tidy” and “nice” appear to indicate that the amount kept the relationships at the status of donor, recipient and medical clinic, rather than seller, buyer and intermediary.

Again, the influence of Clinic policies can be noted, both in the amount of money received, and the corresponding meanings attached to the money. The level of the financial transaction was important, and as Jeremy implied, it was a fine line - too little and it did not cover costs incurred in a voluntary activity; too large and money could be construed as payment and profit for donors, rather than just reimbursement, compensation, expenses, travel allowance, etc. Jeremy made the interesting comment “to have been much more, there wouldn’t be much point”. I read this as meaning that had the amount of money received been much higher, the benefits of the financial transaction for all parties would have been lost – both in terms of financial benefits, subjectivity and relationships between parties.

Donors talked of the money they received and accepted as being reimbursement and compensation in recognition and acknowledgement of the costs incurred as a donor, and as a gesture of appreciation for their ‘good deed’. There were specific conditions attached to reimbursement, including it being a small amount and attached to concrete costs. The sanction of the Clinic and the Clinic policies warranted donor claims that they did not receive payment, but were entitled to reimbursement of expenses. This enabled donors to maintain their subject position of being altruistic, and the ‘right’ men to have in the programme.

The Clinics

The construction from donors that they ‘gave’ their sperm without payment is illustrated in the following extract from Ivan, who negotiates his view of donors as being unpaid, with recipients having to pay for treatment using the sperm:

14. Ivan: I would be really grumpy if my sperm was being on-sold. Do you remember when the Government was going sell blood, just a few years ago? Patients were going to be charged for blood, and I give blood as well, I’m a blood donor. And I thought ‘you bastards, we’re giving it for free and you’re going to sell it’, and they just backed off quick because they realised there would be no blood in the bank, because people would just refuse to give it. [] No, I don’t believe [donors] should be paid, it’s a service, but I know that the patients get charged (.) whew, heaps for treatment, and I just wonder if part of that cost is (.) well I guess it would be, they’ve [the Clinic] got to store it, they’ve got to (.) supervise it and keep proper records on it, so yeah, they’ve got to recover their costs.

At the time of the interviews, NZ fertility clinics generally charged recipients for infertility treatment (part charges if they were funded through the public health system). Ivan makes reference to this in his extract, and appears to consider there to be a contradiction between him donating sperm and the possibility of having it “on-sold”. Ivan claims that donating (both blood and sperm) was a ‘service’. This is a term with associated meanings of helping others, particularly in terms of the community. Constructing donating as a service substantiates it as a voluntary, unpaid activity, which is located outside of a commercial framework.

Ivan then discussed the commercial activities of the Clinic(s) and the high costs of treatment which recipients must pay. Implicitly, there lingers the possibility that both donors and recipients are therefore being exploited and duped. This would reflect badly not just on the Clinic, but also on donors, who would appear to have been conned. Rewording charges as ‘recovering costs’ saved face for donors and utilised the same linguistic discourses which donors had used when discussing their own ‘payment as expenses’. The parallels were obvious, and the Clinic receiving money for expenses legitimised and warranted donors’ assertions that they received expenses for their costs. For both donor and Clinic, charging for sperm was not acceptable, whereas recovering costs was.

A further important point is the mention of previous donating behaviour from Ivan. He utilised historical longevity as being a donor of both blood and more recently sperm to warrant his arguments and give him some authority on the issues. As other studies have found (Fergusson, 1996; Piliavin & Callero, 1991), the men in this study with a prior history of blood donation appeared to have developed a ‘donor identity’ and the position of donor had become important in their subjectivity.

While in Extract Fourteen, Ivan accounted for the fees the Clinic charges by terming them expenses (drawing comparisons between the Clinic and donors), he later expressed unease with the construction of the Clinic as a commercial enterprise making a profit:

15. Ivan: [] my impression [of the Clinic doctor] was that he was, okay, he was running the business, and it was a for profit business. I was giving

life to a couple, and the money doesn't become involved in that concept, in my book. [] You're at opposite ends of the schedule.

Ivan expressed concern that the 'business' character of the Clinic and making money was at opposite ends to his intention to "give life to a couple". The dichotomy of gift and commerce discourses and corresponding 'good and bad' motivations was raised again. The Clinic was talked about as a commercial venture, and doctors as businessmen, in contrast with the altruism of the donors. Traditionally, doctors have been talked about as the epitome of caring for others; the advent of private medicine has evidently blurred the positions of doctors in that they are helping people and charging them money for it at the same time. This was something which sat uneasily with Ivan, mirroring the disquiet felt about donors being paid. Ivan clearly stated that profits have no part in his concept of altruism and helping others. This placed him in opposition to the Clinic; it also referred to a discourse of medicine in its totality as being altruistic and non-profit.

The contradiction evident in Ivan's Extracts Fourteen and Fifteen can be understood as Ivan construing charges for sperm donation treatment as being recovering costs, whereas the overall aim of the Clinic was to make a profit, presumably from other activities. Utilising the discourse of expenses enabled donors to save face from being considered to be duped, and also provided a reference of legitimacy for claiming expenses of their own, in what was considered (ultimately) an altruistic venture. However, later derogation of the Clinic as being for profit, as opposed to his own altruism, enabled Ivan to have a reference point – an "other" – by which to delineate donating as voluntary.

Altruism

The above two sections detail the complex linguistic negotiations required by donors to counter the dominant discourse of donating as being a paid activity and construct it as voluntary. Donors gave meaning to the money they received as being for expenses and reimbursement, which enabled them to talk about their own motivations as altruistic, and to position themselves positively. In this study, donors invariably claimed their primary motivation for donating was "altruism". This was talked about as donating a "gift" to make (infertile) people happy:

16. Paul: Oh, basically the motion, ah, the motivation, I'm going to claim is completely altruistic [laughs] [] it was a gift from me, um, and it was to hopefully, make people happy. Um, that sounds rea::lly, rea::lly sort of (.) um, (.) sugar-coated, but it's true.

Paul stated that his motivation for donating was “completely altruistic”. Paul termed his donation a ‘gift’, with the aim and hope that it made people happy. He associated altruism with gifts; altruism has meanings of caring for others, humanitarianism and charity, all commensurate with his claims of wanting to make others happy. However, altruism also has associated meanings of doing something for another without expecting or requiring something in return, and this, with regard to money, was what donors predominantly claimed. Whether the construction of altruism (as being non-reciprocal) claimed by donors corresponded with discourses of gifts (which involve elements of reciprocity) is the focus of the next few sections.

The language Paul used warranted his claims to altruism; ‘basically’ carries meanings of this being the principle or bottom line motivation, a position reinforced by the use of ‘completely’. The laughter following this first sentence and saying that it “sounds really...sugar-coated” indicates that Paul considered people might challenge his motivation, given the dominant discourse of donors having dubious motivations and characters. As such, he utilised stake inoculation and emphasised that “it's true”.

Paul stated the sperm was a “gift from me”. This is important, because it positions the recipients and donor as being in a gift relationship, rather than the Clinic giving sperm to recipients, which it obtained from donors. There is also agency involved in Paul's statement; *he* gave the gift, consciously and intentionally.

Talking about altruism invoked the meanings associated with it - selflessness, generosity, humanity and philanthropy. ‘Gift’, ‘donating’ and ‘altruism’ were all part of a discourse which countered dominant representations of donors and positioned them as principled people to be regarded highly. The ‘Gift’ discourse has two important interlinked components. Firstly, that people need the sperm, that it is valuable and something of worth, which donors relinquish for the good of others. Following on from this is the construction of infertility as being a terrible affliction, which sperm remedies, giving it its value.

Spirituality, infertility and giving

Donors utilising the gift discourse placed great value on sperm for what it represents. Sperm was talked about not as biological cells, but as the children that were potentially contained within the genetic makeup of the sperm. Talking about a spiritual aspect to donating and representing sperm as being more than just biological cells formed a major part of the positioning of donors as being motivated by altruism and “giving”:

17. Neil: I really did want to help people that would be in need. Um, (.) and I felt happy knowing that, you know, (.) I’m giving somebody a chance. Yeah. [] I feel you’re giving hope, yeah [] Personally myself I feel that, you know, it’s just something you’re giving, you know, and you’re giving hope, and you’re giving life [] Yeah, I mean I’m quite (.) I’m a spiritual person, and I just wanted to give (.) yeah. I really did, from the beginning. I didn’t look at it as I’m going to get money for this. You know, I didn’t, that didn’t even come into play. I wanted to help people and that was my main goal. It sort of touched my heart when you see these heart broken families, you know, who can’t conceive, and I thought well I can do something, you know, I can do something, why don’t I do something (.) constructive. [] I just wanted to show a bit of compassion.

Much is achieved in Neil’s talk, which illustrates a number of key points. Firstly, the discourse of gifts is invoked as Neil mentions “giving” numerous times in his extract; this repetition emphasises that his motivation was not for his own personal gain, but rather was to help recipients. What is talked about as being ‘given’ is not sperm; it is “chance...hope...life”. This is very powerful language; it infuses sperm with positive qualities and value and it became symbolic and representative of life itself, warranting claims to altruism.

Neil acknowledged the construction of donors being motivated by money, and inoculated against this being considered a factor in his decision to be a donor by providing an historical context to this motivation (“from the beginning”), suggesting that his motivations have longevity. This perseverance and ‘proof’ across time adds weight to Neil’s claims that altruism is his (sole) motivation. This provided a counter-discourse to the representation of donors as self-interested and motivated to donate for their own gain.

Neil mentions gaining personal happiness and satisfaction from imagining the impact of his donation – making people happy. This could be interpreted as a reciprocal benefit for Neil from his actions, and indeed, this type of psychological ‘boost’ was something noted by other donors (see below), and appeared to provide support for the donors’ claims their actions had been noble, without detracting from the altruistic claims made.

Neil used an essentialist discourse to locate himself as a “spiritual person”; donating became an expression of his ‘personality’, and was constructed as a spiritual act, motivated by empathy and altruism. This mention of spirituality is important, as it provided a mechanism by which donors could position themselves (and donating) as living and acting by morals and principles without locating their beliefs within a religious discourse. In view of religious condemnation, to utilise meanings borrowed from religious discourse, but located within a discourse of spirituality, both provided both a moral warrant for being a donor and gave value to the actions, enhancing the position of altruistic donor.

Importantly, in Neil’s extract, recipients were talked about as being “people in need”. This construction of recipients as “heart broken” needy people, who gained “hope...[and] a chance” from the sperm donation was a crucial part of the construction of donating as altruistic. The intention of Neil (and other donors) was to help *infertile people* (in contrast, perhaps, to women who choose to conceive without a partner or lesbian couples) overcome the devastation of infertility. The intended recipients of the ‘gift’ were important, as construction of their subjectivity as vulnerable and in pain provided part of the discourse which gave value and weight to the donors’ contributions.

A further important point was raised by Neil’s comment that he had the ability to “do something...constructive” to address and resolve what was talked about as a terrible problem. This sense of agency was for not just change and action, but providing (part of) the solution for infertile people. This ability to “cure” a problem’ was a powerful position to be in:

18. Walter: = Well, (.) the only views I had was that I could make an infertile couple really happy. [] I was their life line if you like. It's like a person who has cancer and you turn round and say "I've got the drug that will cure you". [] I suppose in some ways you feel a little bit powerful but you don't know who you are giving to so (.) but if the person (.) I know (.) probably under my beliefs, I know that, that couple will be really grateful, and I know that there are a couple of couples out there that are:: really grateful to have their own children. [] you would know that you made a couple happy, and they are probably very, very happy, and they would make you feel like you're a million dollars, you know, and you'd probably end up crying on each other's shoulder, and things like that.

In Extract Eighteen, a number of analytic issues emerge. Firstly, Walter invoked the 'gift' discourse with claiming his "only" motivation was to make infertile people happy. The use of 'only' may exclude alternative motivations which would correspond to the dominant discourse of donors as being motivated by personal gain. Similarly to Neil, Walter constructed the recipients firstly as an infertile couple, and secondly, as being "really happy" as a result of having a child using his sperm.

The use of the word "make" in the first line is crucial, as it attributes agency to Walter. He didn't just contribute sperm to the treatment; through stating he 'made' them happy, Walter positions himself (as a donor) as being pivotal to the success of the treatment, minimising (and indeed, making invisible) the roles of the doctors and health professionals, even the recipients themselves.

The statement "'I've got the drug that will cure you'" reinforces this message; whether intentional or not, it can be read that through a medical analogy, sperm is equated with a drug (and perhaps infertility with cancer). The use of medical terms and comparison with a serious disease such as cancer warrants Walter's assertions and provides a sense of urgency and gravity to the situation of infertility. Constructing infertility as like a disease of high impact and seriousness enables Walter to make analogous sperm and medicinal drugs. Walter spoke of being a 'lifeline' for the recipients. These medical metaphors also render Walter not just as pivotal in remedying the condition, but also perhaps in the position of a doctor, high status and deserving of respect.

Consequently, in Walter's own words, having the 'drug' that 'cures' infertility is a powerful position to be in. The use of 'cure' is curious here, as the underlying reason for infertility remains; donor sperm does not cure the recipient male's own sperm problems, it circumvents it. While successfully having children through donor insemination may ease the psychological distress of infertility, it is questionable as to whether it would eliminate it completely. However, in Walter's consideration, the advent of the child would remove any unhappiness. This, along with the reference to having one's 'own' children, speaks to the importance of having (biological) children in contemporary society.

As a result, Walter considered the recipients to be "really grateful...to have their own children". This imagined response followed from the construction of infertility as a terrible disease, donors' sperm remedying it, and the donors as being active agents in this process. Walter stated that 'under his beliefs' the couple would be grateful; this reference to a belief system provided both a moral warrant for his assertion, and also positioned him as someone *with* beliefs.

Whilst talking of altruism, it is clear from Walter's talk that, despite not knowing the recipients, he has spent some time thinking about them, and that they (and their circumstances) provide an 'other' by which his position as a donor is defined. Further, while constructing his donation as a 'gift', given with altruistic motives, recipients' gratitude and a sense of power provided some reciprocal gains for Walter. Despite not actually receiving this gratitude, how Walter *assumed* the recipients would feel and react was a powerful reward in itself.

As was evident in the above two extracts, an important part of the discourse of donating being an altruistic gift centred on talking about infertility itself as being a terrible affliction:

19. Shaun: And it was once told to me that (.) being infertile was like a death in the family, have you heard that? [] But the problem is (.) that if you have a death in the family, a year, two years, three years, four years (.) you get over it. If you've never had a child, (.) you're grieving forever, that you have not had a child [] unless you've been through it, you just don't know.

Shaun positioned himself as someone informed and who had experienced both infertility and being a donor; he had adopted two children when he and his wife were unable to have children together prior to donating. Stating “unless you’ve been through it, you just don’t know” is an emphatic way to assert authority through the use of a powerful experiential warrant.

Shaun alluded to infertility being akin to a death. This is a powerful metaphoric tool to emphasise the impact of infertility – the loss of imagined children and families. However, he then went further and constructed infertility as being *worse* than a death in the family, bringing unresolved grief and loss due to lack of (biological) children, and that the only way to end this suffering was by having children. This had implications for the subjectivity of both donors and recipients; the latter as being vulnerable and in unresolved psychological distress. The donors, as Walter said, were in a powerful position of ‘curing’ recipients, helping them to resolve this loss, enabling them to move on and have fulfilling lives. This construction of infertility as a terrible disease and infertile recipients as suffering was one which many donors referred to, and utilised to construct their own subjectivity and position as a donor and a man. Masculine notions of protection, strength and power were enacted through the relationship between donors and recipients.

The devastation of infertility was talked about as being a motivation for donating, in keeping with the ‘Gift’ discourse. Donors expressed sympathy for the loss of infertility, but Shaun’s extract (Nineteen) indicated that true empathy was only possible for those who had experienced infertility themselves. Personal experience of infertility became a warrant for positioning himself as an expert and authority, due to his dual position as both infertile with his (ex-)wife and a donor:

20. Shaun: I considered (.) at the time I made a decision on (.) what was going on around me, (.) and that was I was seeing people hurting because they couldn’t have children. Really, really hurting. [] I knew (.) what people were going through, (.) physically, mentally (.) so I was perhaps helping (.) people of my own kind

Shaun used an experiential warrant and subjectivity as someone who had gone through infertility to position himself as someone informed, who did not just consider the distress and pain that infertile couple/recipients experienced, but he *knew* it. While

being in the role of a donor, he also claimed membership to the group of the infertile, and as such, was helping people of his “own kind”. This speaks to the importance of parenthood to subjectivity, and that even after adopting two children with his (ex-)wife, he still positioned himself within an infertile subject position. He consequently provided infertile people the possibility to change their position and status to that of parents, which was something he had achieved through adoption.

The preceding extracts illustrate donors’ talk constructing children (and parenthood) as being a central component within not just subjectivity, but happiness. Shaun utilised personal experience to warrant his assertions about the pain of infertility, and the loss and grief it brought. Other donors who had not experienced infertility also utilised the meanings of infertility to warrant their own claims to altruism and empathy, and placed these meanings as being significant, if not crucial, to their decision to be a donor. The notion that a rewarding life involves parenthood elevated the significance of sperm donation to an action that satisfied a psychological need, enabling people to live full lives. Sperm therefore became meaningful and representative of happiness through the potential of having children.

This construction of sperm and donation was located within a gift discourse which utilised arguments of ‘giving’ something of value, from a position of spirituality and moral beliefs which countered discourses of donating as being immoral. This element of ‘spirituality’ is evident in Roger’s talk about the act of visiting the Clinic as requiring respect:

21. Roger: I’ve had to catch myself a few times, just sort of coming in here in (.) a very frivolous mood and not treating it with the respect that the situation is due. I almost have to centre for a little while before I come here, I feel, and treat it with a little bit more respect. Because I see it as something of the ‘grand plan’ with huge results for people. I mean, you know, (.) an offspring of someone is, yeah a very serious matter, to reproduce, to bring a life into this world.

Roger uses ‘respect’ twice, illustrating the meaning he is trying to convey in this extract, that donating is not a “frivolous” activity. Roger implicitly refers to the way donating is talked about – with a lack of respect and flippancy. Cleverly, by talking about this frivolity as his own reaction, he is able to criticise and counter it, thus inoculating the position which he espouses in the rest of the extract – that the use of

the sperm ('life') lends respect and seriousness to it. It was apparent throughout the interviews that donors were cognisant of the popular discourses of donors and sperm donation and spent considerable time addressing and countering them.

The "huge results" that donating had (the subsequent conception and birth of the offspring) made the act of donating important and 'serious'. In the extract, Roger hints at two opposing discourses – the first talking about donating as 'frivolous' and the second as 'serious'. Clearly, while the act (masturbation) may be considered to be somewhat trivial if considered in isolation from the consequences, the fact that offspring may result from the act renders it 'serious'. The presence (real or potential) of the offspring thus provides an important 'other' by which donating is defined and valued.

In the extract, Roger spoke of having to "centre" himself, and that donating was part of "the 'grand plan'". These are again references which would fit into a religious discourse, and thus locate donating and the parties involved (including donor and offspring) within a discourse associated with things sacred and consequently of high moral value. The construction of donating fulfilling some kind of destiny ("grand plan") had implications for the agency of the donors. These discourses suggested that while donors consistently claimed to have made a conscious, deliberate choice to donate, they also talked about being part of something bigger than individual circumstances and choices.

While some donors located donating within a spiritual discourse, those that utilised this discourse were often at pains to distinguish between spirituality and religion, and did not position themselves as 'religious'. Of those who had been raised in a particular religion, few considered that they were 'active' in or 'practising' their religion. Donors instead talked about being 'spiritual', living by certain principles, with donating being part of these values:

22. Adam: I don't consider myself to be religious, really, um (.) emotionally, I'm quite (.) extremely happy in what I, what I've chosen to do, and um, (.) I'm a man who lives (.) I live by my values and one of my core values is giving more than I receive, and, in many ways this is, this is just an example of one of them [] I suppose it is a spiritual belief in many respects (.) that I've embraced and chosen to do.

Adam identified and positioned himself as a spiritual man, which to him meant living by certain beliefs and morals. Such an essentialist notion enabled him to talk about donating as being consistent with these beliefs and his ethic of “giving more than I receive”. In fact, Adam claims that altruism is a “core belief”. In talking of himself as being ‘essentially’ a spiritual person, this indicates a lack of agency, as he lives in a way dictated by the ‘type’ of person he is and beliefs he has. However, this is contradicted by his claim that he has ‘embraced and chosen’ to donate; this can be read to mean that people choose their beliefs, or perhaps choose activities which fit in with those beliefs.

Adam indicates a lack of reciprocity in being a donor, or unequal giving and receiving. It could be read that donating has in effect cost him something as he has not received equivalent ‘benefits’ from his actions. However, he also talks about the emotional and psychological satisfaction he has received, which could be understood as social exchanges and psychological benefits he received. Adam states he is “extremely happy”; I read this as meaning that he is happy with donating in that he considers it to be in keeping with the position he has adopted as a spiritual altruistic person, and reinforces the identity he has constructed for himself. In this way, the position of altruistic person and donating are cyclical and self-perpetuating.

In accordance with these notions of beliefs and values of giving, donors were able to talk of their motivations as being altruistic, as a ‘spiritual expression’ of love and empathy towards infertile people and humanity in general:

23. William: It was, it was a desire to, um, (2.3) to be a, to be an agent, (1.2) an agent for life, to, to be able to do something at which, at, for me, at, on a sort of a spiritual level, is the most essential thing that one can do, is to, is to express (2.4) an act of love [] it’s quite separate from the actual mechanics of the process [] being able to be creative I think, is an archetypal thing, and I think it’s like, hh it’s what we’re called to do. (.) And how, whatever the ways or way, whatever the ways, in which we express that creative impulse, I think that’s (.) one of the, that’s what connects us to that part of us which is divine.

William separates the act of masturbation (the “mechanics of the process”) from the *meaning* of the act. This is a response to the shadowy dominant construction of donating which centres around meanings and associations of masturbation as being sordid. Several analytic points emerge from William’s extract. Firstly, he spoke of

donating as being an ‘expression of love’. The ‘other’ to whom this love is directed can be read to be infertile people, who form an important part of the meaning and subjectivity of donating for the men in this study. It could also be read to be an act of love in the creation of life – the offspring, who form the other important ‘other’ for donors.

Secondly, William talks of being “an agent for life”, to bring life into the world, and act in accordance with a master force or grand plan. Again, notions of spirituality and constructed subjectivity as being a vehicle through which a ‘grand plan’ is implemented has implications for donors’ agency. On the one hand, donating is an ‘expression’ of being ‘creative’, which has indications of intention and agency.

However, being creative for someone or something else reduces this agency considerably. William’s statement “it is what we are called to do” could suggest an innate reproductive drive, but can also indicate the decision to donate was partly made by someone/thing else. This contradiction of agency makes sense when put in the context of acting for someone/thing that is ‘divine’, which has associated meanings of both wonderful and Godly. William spoke of donating being the most “essential thing that one can do”. This talk elevated the importance of sperm donation (and the donor) – in saying there is nothing more fundamental than creating life (including by donating), donors were positioned as accomplishing an essential function.

William spoke of a “creative impulse” that was part of everyone; he talked about finding an expression for it as the purpose of being human, and being creative as the part of humans that is divine. Donating was constructed as being an expression of this impulse, and was therefore not just “creative” but “divine”. Essentialist talk of something ‘within’ everyone was taken from something intrinsically human, to something spiritual. In attributing this creative impulse to all people, William left open the possibility that everyone could express this by being a (gamete) donor, and fulfil what is construed as being a human purpose.

Talk of giving, acts of love, creation fits in more with constructions of feminine subjectivity. It can also correspond with masculine subjectivity associated with the ‘New Man’ discourse, but also fit in with hegemonic notions of strength – of

character. In this way, feminine constructs preserve a masculine identity. Both the evolutionary/biological and spiritual constructions talked about donating as fulfilling a fundamental human requirement, but on different levels – one physical and evolutionary, and the other spiritual, both addressing different aspects of gendered subjectivity.

The associations constructed between divinity and agency were extended by Walter in the following extract. While William talked about the ‘spirituality’ of donating, that it “connects us to that part of us which is divine”, Walter spoke of “creating life” being a powerful position to be in:

24. Walter: [] you always know in the back of your mind, that there’s a person out there that you’ve helped to create. [] So, you have the power to create life. In some ways I feel like God. [] When you can actually give somebody a life, an opportunity to have a child, I think that’s really powerful and you feel like you’re sitting up next door to God. He’s probably giving you a nudge on the shoulder and saying well-done son. [laughs]

In Extract Twenty-Three, William talked about being an ‘agent for life’, acting *for* the divine, similar to references by Roger of a ‘grand plan’. Above, Walter spoke of feeling *like* God, with the ability to create and give life. In this account, being a donor was not simply an expression of something creative, it *was* creating. This ability to create life enabled Walter to metaphorically ‘sit next to God’, with equal prerogative, and thus claim agency and power for himself (and other donors). Walter considered he had not given sperm; he had given a life, something valuable and worth being congratulated for by God.

Walter referred to himself as ‘God’s son’, which could be taken literally to indicate he considers himself God’s child, or as a vernacular term. I consider that in the context of the extract and interview with Walter, and the laughter at the end of the extract, the latter case applies. The construction of donating as being in keeping with ‘God’s will’ and having His approval provided morality and warrant to the subjectivity of donors and directly contrasts with religious censure of ART and sperm donor insemination.

A further point worth noting in Walter's extract is his comment:

...you always know in the back of your mind, that there's a person out there that you've helped to create...

This account speaks of a level of consciousness about the offspring; furthermore, Walter does not mention fleeting or intermittent thoughts about the offspring, but an ever-present awareness of their presence. This presence locates offspring as being an integral part of the subjectivity of donors, and by which their very identity is constructed. By the offspring's existence, the donors' altruism is confirmed.

Religion and Science

Science is traditionally held in high esteem, and used to warrant discourses and behaviour. However, increasingly, a discourse has emerged and gained currency which constructs science 'interfering' with nature. Donors appeared very aware of this, and the negative impact this had on the construction of DI and their position as donors:

25. Leroy: For some people (.) there's still people, um, (.) I think largely held to older stereotype of a religion um (.) for example, I don't think the Catholic Church yet accepts masturbation, and I certainly don't think they have any acceptance, official acceptance of, um, artificial insemination. (.) It's interfering with nature.

Leroy spoke of the 'stereotype' of DI, corresponding to religious (specifically Catholic) discourses which negatively construct masturbation and ART as immoral and "interfering in nature". His depiction of religious discourse as being an "older stereotype" locates it as a construction that originated in and belongs to a previous era and perhaps generation, rendering it outdated in contemporary society. The use of the term 'stereotype' reduces the legitimacy of the religious discourse, due to the negative associations made between prejudice and stereotypes.

A dichotomy of natural and unnatural reproduction locates ART within the latter. This has important implications for the subjectivity and agency of the parties involved in ART and DI. Natural has connotations of being outside of human control; DI can be considered to be people attempting to wrest control of reproduction from nature into the realm of medicine. This served to isolate donors and leave them open to negative reactions:

26. Walter: I select who I tell, because you'll get people who are harsh, you know [] they'd turn around and say 'oh you're going to have a test tube baby'. I said I'm not having a test tube baby, you know.

Accounts of science disturbing a natural process resulted in negative constructions of DI as making a “test tube baby”. This is a popular discourse used to describe children conceived through ART, and construct the process as some sort of bizarre scientific experiment, emphasising the move away from nature. Bringing science into the realm of the ‘natural’ process of reproduction was incongruous to some people, and they reacted “harshly” to donors. They also attributed agency (and it reads ownership or parenthood) of the offspring’s conception and birth to the donor – “you’re going to have...”. This held donors responsible or accountable for the process, and led to the situation of donors being unable to share their activities. Instead, Walter spoke of selectively disclosing his status as a donor, and feeling the need to defend both the act of donating and the procedure itself. This sense of isolation is discussed further in Chapter Six.

DI can be considered to be giving nature a ‘helping hand’ or technology that interferes with normal and natural reproduction. ‘Natural’ and ‘unnatural’ ways to conceive children illustrates contemporary societal discourses. Natural is talked about as being good, healthy and optimum, and while science may be held in high esteem, there are growing challenges to science’s authority, and a reluctance to ‘meddle with nature’, particularly in areas such as reproduction (for example, with genetic engineering and cloning) and medical research (with resistance to gene therapy and stem cell research). Labelling DI as ‘unnatural’ reproduction therefore placed a negative construction upon the procedure and the donors, which made it difficult for them to talk about it with others, including family.

The ‘Gift’ discourse, with its associations of altruism, beliefs and spirituality, and morals provided alternative subject positions for donors, based on a reworking of the meanings of the technological aspects of DI. Rather than pitting nature and science against each other, technology was constructed as aiding nature, resulting in DI (and offspring) being ‘special’ rather than unnatural:

27. William: The technology has come about through the desires and wishes of people [] when men [sic], um, have, bring about conception,

naturally, I think it's more, it's not as conscious. [] .hh Um, or as deliberate. [] .hh It's not like, like naturally, you know, it's like, the distance to travel between, the distance that this has travelled is greater than a normal, (.) than a regularly conceived child. [] Cause there's a specialness about it, cause it's unique. And it's, ah, there's so much thinking and (.) stuff involved?

William stated that the technology of DI was developed to meet the “desires and wishes of people”. This alters the meaning of a procedure traditionally considered within the medical realm, as medical technology developed and driven by doctors and scientists. Instead, ART and DI are located within the community, and indeed, brought about intentionally by the community which utilises it. People who oppose DI are therefore opposing the very community they reside in, and their wishes, rendering objections to DI as somewhat unnatural and unreasonable.

In contrast to his extract (twenty-three) above, William talked about the deliberate, conscious nature of DI, placing agency firmly back with people, including him. Importantly, conception through ART is contrasted with ‘natural’ conception. In contemporary discourse, the discourse of ‘natural’ is associated with healthy and good, and thus arguments levelled against ART construct it as being unnatural and, consequently, immoral. In the above extract, William cleverly addresses this dominant ‘natural versus unnatural’ discourse; he does not contest that ART is technology, but associates it with effort, agency and “specialness”. Unnatural is transformed into special, valuable and extraordinary. The technology is not imposed upon people, but is utilised *by* them, for their purposes.

The effort and “distance to travel” to conceive a child is said to be greater than with ‘natural’ conception, and ‘a regularly conceived child’. While conception without technology is (arguably unrealistically) constructed as being quite effortless and taken for granted, conception with DI is more conscious and ‘unique’. It is interesting that William’s assertions centre on notions of ‘thinking’ and ‘conscious’, rather than the technology itself, which becomes somewhat incidental to the process and there for the purposes of people. The recipients and the various obstacles to having children which they face are once more highlighted as being integral to the way DI is talked about, and the meanings and subjectivities made available through these constructions.

William talked about DI as technology, but constructed it positively as conscious, deliberate intervention. Placing DI as being special and spiritual provides an alternative way of talking about the technological aspects of DI, and positioned the donor more favourably than talk of DI as unnatural intervention. The discourse of DI being unnatural has arisen from the shifting location of reproduction from the private to the public/medicine. Infertility is now constructed as a medical condition, one challenged and circumvented with procedures carried out in medical facilities by medical professionals.

The construction of medical procedures as helpful technology with a spiritual element (evident in William's exposition above – Twenty-Seven) warrants the morality and worth of DI and donors. This counters the construction of medical procedures as being unnatural, which negatively impacted on the subjectivity of donors:

28. William: Like, they [other people] might, might want to believe that if, if it [conception] wasn't poss-, if it wasn't possible naturally, that this might be viewed as an unnatural (.) intervention?

Kirsty: Yep =

William: = Cause, cause there is artificial, external assistance =

Kirsty: = Mmmmm =

M: = and intervention, not just...

William transforms an account of DI as “unnatural intervention” into “artificial external assistance”. William implicitly locates DI as being man-made (as opposed to ‘divine’) and external to the recipients. However, instead of that being unfavourably considered intervention in the ‘natural’ reproductive process, it becomes assistance to a natural process. The last two extracts echo Throsby's (2002) findings that people's accounts of IVF utilise a discourse of the technology as being an extension of, or aid to, their own natural reproductive capabilities – a helping hand, rather than doing it for them. Intervention has implications for agency being located with health professionals, whereas assistance retains agency within the people utilising the technology – the recipients. By giving meaning to DI as assistance, the position of donor also shifted from abetting technology that both defies natural ‘divine’ processes and is potentially considered to be imposed upon infertile people, to enabling the recipients to be assisted in their chosen course of action.

The value of sperm - creating lives

An integral part of the “Gift” discourse involved notions of firstly, infertility as being a terrible affliction, which donating (and donors) had the power to ‘cure’. Secondly, donating was talked about as a spiritual expression of compassion and empathy for infertile people. Churches have historically been strongly opposed to donor insemination. If a couple are unable to have children, this is talked about as being ‘God’s will’ and any intervention is therefore interference with His divine plan. ‘Private’ issues such as conception and procreation are talked about as being left to God’s decree.

Donors in this study used this alternative ‘spiritual’ “Gift” discourse to position them in a positive way, as being altruistic and moral, and connecting with the divine through their actions. This account utilised many of the resources in the language of religion to talk about donors as being moral and altruistic, and donating as a spiritual act. Technology became an aid to nature, rather than an opposing force.

Sperm itself was also talked of as being valuable, due to its significance and the potential for creating “life”. Sperm was spoken of as more than just a means to fertilise an egg – it is personified (Gannon, Glover & Abel, 2004). In contrast to the biological construction of sperm as merely a biological fluid or “body bi-product”, the “Gift” discourse constructed sperm as having deep meaning and importance:

29. Roger: [] on another level your body uses a lot of life force to produce those fluids [sperm] [] yeah it [sperm] does have a very holy type, you know, spiritual essence of life, precious sort of aura about it for me. [] I think sperm is a lot more (.) yeah, sort of precious [than blood] or, I don’t know whether (there is more of a) (.) more feeling about it than blood [] There’s a lot of energies around sperm donating, subtle energies. The effects of it are far more profound, than giving someone some blood for their operation, or (.) whatever. The impact, as far as, say, the karma for the cause and effect level is far greater, um (.) yeah and you know the energy of (.) I think of the expectant couple must permeate the whole transaction, their um, (.) desire to have a child or intentions thereof, cross the boundaries sort of (.) yeah and I think fill everyone involved in the business, to some degree.

Extract Twenty-Nine is lengthy, but makes a number of analytically valuable points. Roger spoke of sperm using terms from religious discourse – “holy”, “aura” and “spiritual essence”. He constructed sperm as having two levels of meaning and

significance: the biological fluid, and the second level to be the “essence of life”. This placed sperm as having meaning and significance beyond being biological cells.

This elevation of sperm into something sacred, “precious” and valuable meant that donating took on a different meaning. Far from donating being an ‘easy’ act, involving merely expelling some body fluid, donating was constructed as difficult, involving giving something of value, that took effort to produce, and had an “aura” and “life force” around it – both in its production and use. These religious terms extended into talk about the consequences of donating – karma. This is a term with meanings of fortune following on from actions. Utilising this term in the context of donating and the valuing of sperm indicated potential for donors to be in some way rewarded for their good deeds, more so than for blood donation, due to the different effects and value given to them. This talk of “profound” effects and karma rendered sperm as more “precious” than blood.

As discussed above, the characterisation of the recipients and their circumstances were significant factors in the differential weighting given to blood and sperm donation. In Roger’s extract, he talks of the recipients’ situation and their wish for children as affecting not just them, but all involved in the procedure. It is interesting to note that Roger termed it a transaction, and that the process was a business. These aspects of commerce appear out of place given the previous spiritual terms utilised, and the tone of the rest of the extract. Roger was the sole donor in the study who constructed his subjectivity around notions that he was ‘employed’ by the Clinic and ‘paid’ for his donations. His mixing of commerce and gift discourse indicated that he (unlike others) did not consider the two to be opposing positions, but that it was possible to merge aspects of both.

Roger talks about sperm having more “feeling” and “energies” about it. This is an interesting proposition and I consider there to be a dual meaning in this context. Sperm donation is arguably a more intimate and personal act than donating blood. Sperm is not generally discharged in public, whereas blood can be spilt (and donated) in front of others in a socially acceptable manner (for example, cutting one’s finger in the kitchen). Secondly, “feelings” and “energies” illustrate the deeper significance which sperm had as part of the body; Roger did not give it away lightly, and it has a

deep meaning for him. This contrasts with dominant notions of donating as being a physical act only, with few psychological consequences.

The valuing of sperm was achieved by describing and establishing categorical differences between comparable entities which can also be ‘donated’. In the “Scientific” discourse discussed in Chapter Six, sperm is compared and (de)valued in relation to eggs. In the “Gift” discourse, sperm was valued in comparison with blood. It is revealing that nearly all of the donors in this study were, or had been in the past, blood donors. In earlier extracts, they appeared to have adopted a donor identity, with donating blood and sperm providing an altruistic subjectivity. However, in the “Gift” discourse, blood and sperm, while both considered altruistic, were given different values. Repeatedly, donors gave meaning to sperm as ‘creating/giving life’, while blood sustained life:

30. Kirsty: In terms of, of viewing sperm donation, some people see it as being along the same lines as donating blood. How do you view it?
Phillip: No, I actually um, (.) I mean they are along a continuum if you like, but to me, there’s a bit of a disjunction between helping maintain a life, and actually creating a new one.

In the above extract, I questioned Phillip about his construction of blood and sperm. This question was due to other donors making the comparison between the two (for example: Adam: Blood obviously can save people’s lives, whereas sperm can give life.). I offered the comparison found in the “Scientific” discourse, where sperm and blood were equated, as a possibility for constructing the two activities. Phillip rejected this, and located sperm and blood donation on a “continuum”. This served to make a connection between the two, whilst clearly distinguishing between them. It also suggests a progression, with one activity leading to another – blood donation being the initial altruistic activity, followed by sperm donation. This progression also implies that there are degrees of difficulty or effort between the actions. Consequently, blood donation begins the altruistic identity, and the more difficult sperm donation extends or perhaps confirms it.

The consequences of the actions provided the basis for making categorical differences between two behaviours that can both be said to be altruistic. While blood sustained someone who is already living, sperm created a new life, and as a result, the esteem

(and potential payoff) for sperm donors exceeds that of blood donors. ‘New’ has meanings of hope, purity, freshness – all characterisations made of babies and newborns. However existing lives carry with them history and past actions which can be judged, and through essentialist discourses, people can be valued:

31. Shaun: I get more (.) pleasure out of creating life, than pumping [blood into] some drunken bloody (.) road raged asshole.

Shaun talked about sperm donation being more meaningful than blood donation due to his construction about the worthiness of the recipients. Both sperm and blood donation arguably fulfil a need (or desire) that the recipient has. How that need was constructed affected the weighting that the donation was given. Donated blood could go to anyone – including a “drunken bloody road raged asshole”, a negative depiction of someone unworthy of assistance. In contrast, donors considered that their sperm went to not just needy and deserving people, but also created a life (and person) which has greater value than existing people.

The purpose of the sperm is to create a new life; the potential of this new life enhanced the value of the sperm:

32. William: And, that’s part of my dream, I don’t know whether it’s a wish, or whatever, that, that a child that might be born might be a great person. Or, they might have a special gift that they could share.
Kirsty: Make a difference somehow?
William: Yeah, make a difference. Yeah, absolutely. Ay, you never know, and I (1.8). Because, part of me wants to feel that I, I can make a difference, or I make a difference, (.) too.

William talked about the potential of the child arising from his sperm. His talk around dreams and wishes is evocative of expectant parents’ imaginings about what their children might grow up to be or do. This included having a “special gift” to share with their community and humanity, being a ‘great’ person; I read this as being an influential, perhaps famous person, as this extract emerged from discussing an historical famous person who was a leader in their culture and community. As the offspring had the potential to make a difference to humanity, William also indicated that *he* would subsequently feel he had made a difference and positively (and more importantly actively) contributed through providing the means for the offspring to be conceived and born.

This speaks of donors having agency in the life of the offspring; their abilities and actions are (partly, at least) due to him. It is interesting that the recipients are absent in William's imaginings, and it is he, the donor, who makes a difference, through his ability to bring children into the world. The consequences of donating consequently took on a greater significance than the effects on the lives of the people involved in the process, and extended to potential societal benefits.

The preceding extracts illustrate the construction of sperm and donating as being meaningful and spiritual. Donors talked about sperm as having an "aura" and "energies"; it was precious, and the effects from the donation were profound. Part of the importance and energy of the sperm and donation process came from the worthiness of the recipients. However, the motivation of 'love' and following the morals and ethics of giving and altruism also elevated sperm donation from being a physical act of giving some biological cells to an act of great meaning and importance, giving something valuable. Sperm donation transcended biology to become part of a master plan to create life, something fundamental to humanity. The creativity involved was given religious associations, and donors talked of God approving of their actions – in direct contrast with the construction of DI as contravening God's law and nature. Donors thus positioned themselves as being moral, ethical people, acting in line with (not against) Christian morals and beliefs.

Further, constructions of the purpose of the sperm (to create, rather than maintain, life), the needs of the recipients and the potential of the offspring all contributed to the valuing of sperm over and above a simple biological bodily fluid. Categorical differences were established between blood and sperm to differentiate between them in purpose and value. This valuing process meant that the donors were positioned as having given something of importance away, which enabled them to position themselves as altruistic, and this justified the benefits received from this social exchange, the focus of the following section.

Gifts and social exchanges

The "Gift" discourse constructed donating as valuable and worthwhile and the positioning of donors as altruistic. However, as Novaes (1989) suggests, there is an unequal relationship between donor and receiver in the context of donation of body

cells, and as a result, reciprocity is not achievable, but social exchanges are. The unequal relationship between donor and recipient came about partly due to a lack of knowledge about who the recipients are:

33. Walter: It's sort of like there's a wall (.) and I'm on one side of the wall and I'm the sperm donor, I throw it over the top. Whoever catches it, I wouldn't have a clue.

This extract speaks of a metaphorical barrier between donors and recipients, established through the law and Clinic policies. The lovely phrase 'throw it over the top [of the wall]' nicely captures what I read as being an (artificial) closure to the act of donating, as well as an act of faith in the recipients and the Clinic, that the appropriate person or people will be there to catch it. Following donation/throwing, the donor's part is prematurely cut short by a 'wall' which then created inequalities in the relationship between donors and recipients. Donors had had little information about the recipients who eventually used their sperm, but recipients were able to know quite a lot about donors from their profile sheets, and they then had the ability to 'select' the donor that they wished to use.

This 'wall' meant that true reciprocity is not possible in sperm donation. However, while positioning themselves as being altruistic and being motivated by morals and the desire to help people in need, donors spoke of receiving psychological benefits. The most important of these was adding to/changing their subjectivity to include the position of father; this is discussed in Chapter Nine. Other personal gains were also talked about by donors, such as a sense of pride and personal achievement, testing their own fertility and having some 'insurance' in case they wished to expand their families in the future. However, similarly to expenses as opposed to payment, these personal gains were talked about as "perks" rather than primary motivating factors.

The discourse of "Gifts" involved the construction of donating as being altruistic and helping infertile people (talked about as being in pain) to have fulfilling lives; this resulted in donors giving accounts of experiencing feelings of personal achievement from donating:

34. John: I mean, I didn't (.) feel unconfident before, but (.) it's sort of gone from a (.) pass to a (.) okay, you can not help but feel (.) better about what you're doing, for doing it. [] I mean, like you walk around

(.) more confident in what you're doing, because you've done something good.

John was careful to inoculate against the possibility that he lacked confidence prior to donating, and that he was somehow vulnerable or weak. This also guarded against the possibility that donating was intended to boost his self-image. He talked about his self-concept being elevated from a “pass” prior to donating to feeling more confident as a result of the discourse of “Gifts” and positioning as altruistic. The construction of donating as being significant and worthwhile, and positioning of donors as being “good” and valuable members of society, thus had positive psychological effects for donors. Indeed, such positive feelings were constructed as being inevitable and compulsory, suggesting they would be experienced by all men who donate.

John's extract indicates a level of judgement about who he was prior to, and then after, donating, and that his own ‘value’ had increased as a result of being a donor, due to the positive subjectivity available in the discourse of “Gifts”. However, it was evident that he constructed this as being a consequence of donating, rather than something he sought or something that motivated him.

Similarly, other personal and psychological gains were carefully referred to as being “perks” of donors’ altruistic actions, rather than motivations in themselves:

35. Kirsty: Was that a motivation to, to become a donor, you know the fact that you can actually find out your fertility and everything like that?
Adam: Without (.) yeah, and also without paying for it. [laughs] Yes, yes and no. I knew it was (.) it was almost like it was a perk of doing it, but not a, not a driver. [] I thought [] the fact you've allowed yourself to be (.) you know, you've come forward, that, you know, should there be a problem, that they would be pretty open with you and [laughs] maybe not offer you fertility advice but um (.) yeah I mean, it's all centred in one location so why not? Yeah, so it was more of a perk than a driver.

Adam agreed that testing his fertility had been a factor in donating. I termed it a motivation, and Adam altered it to a ‘perk’. Adam laughed after acknowledging that testing his fertility was done for free in the process of becoming a donor; this use of humour softened what could have been read as contradicting his previous account of himself as a spiritual and giving person, motivated by altruism. Adam spoke with contradiction about the importance that fertility played in his decision to become a

donor; he reconciled this by stating that testing his fertility was a “perk rather than a driver”. This preserved his position of altruistic, whilst enabling him to access discourses of masculinity and the importance of fertility for his masculine identity (discussed in Chapter Six). Distinguishing between perks and drivers enabled donors to acknowledge additional motivating factors (or positive benefits of the process of being donor), whilst still utilising the “Gift” discourse and positioning themselves as altruistic.

Donors thus placed what could have been constructed as personal motivations as being “background” factors, rather than at the forefront of their decision-making:

36. Oscar: It was as much sort of a (.) an insurance thing as much as, well, not, not as you know, that was a, a background thing, um, cause, I’ve, I’ve got, had the nick [a vasectomy], since then, so I thought oh, if, maybe if we want kids later, we, we didn’t think we would, but you never know what happens, um, you’ve got some sperm on ice [laughs] just in case, you know? Um, so it’s sort of a, I mean that, that wasn’t a major decision, um, it was a just a sort of a (.) a background justification

Oscar protected his stake as an altruistic donor and his account of his motivations. Laughter was also used by Oscar to soften and minimise what may have appeared quite a selfish reason to donate. He spoke of feeling secure in the knowledge that despite having had a vasectomy, his fertility was in some way preserved due to being a donor and having sperm stored at the Clinic. This speaks to the importance of both fertility and fathering children in masculine identity.

Oscar utilised terms such as insurance and background (justification), as well as insisting this was not a ‘major’ factor in his decision to donate; these terms were all said with emphasis, to underline the ‘real’ motivation – altruism. Oscar involved the interviewer in his account and his comment “just in case, you know?”, speaking to the reasonability and common-sense aspect of his desire to retain some aspect of his fertility after undergoing sterilisation, perhaps with some ambivalence.

It is interesting that he called retaining sperm as ‘justification’ for donating; who that justification is directed to could be family (including perhaps his wife), friends or society at large. It also suggests the likelihood that being a donor would require

explanation of motivations, and indeed justifying it to others. Donating and the reasons for it are clearly not self-explanatory, and are therefore open to being misunderstood.

Of further note is the implication in Oscar's extract as to the ownership of the sperm. His suggestion that it would be available for use indicates that for him, releasing it to the Clinic does not relinquish proprietorship and associated rights. Should he and his wife require it to have more children, it would be available to him, rather than belonging to the Clinic, or being preserved for recipients. However, to claim this as the 'driver' for donating would severely undermine assertions of donating being a "Gift", hence the minimisation of the importance of this 'perk' in the decision to be a donor.

These benefits were talked about as being 'perks' for good deeds, and 'background justifications'. Minimising these aspects of their motivations enabled donors to assert altruism as the 'driving force' behind their actions, while admitting receiving personal gains from donating. This positioned them in a more favourable light, given the social desirability of altruism.

Whilst positioning themselves as altruistic (through their unpaid status), donors utilised the discourse of the gift relationship to substantiate two important points. Firstly, that their donation was valuable. Secondly, that as a result of this value, donors 'deserved' some benefits. These ranged from gratitude from recipients to more concrete things, such as a photo or information:

37. Paul: A nice sanitised picture of one year old would be really nice, to have something concrete. Um, it would, it would be nice, yes. [] I think this deserves a photo

Paul had (just prior to this extract) laughingly stated that he did not like pictures of newborn babies, and thus the reference to desiring a picture of a one-year-old born from his sperm. Two points emerge from this account. Firstly, due to the unequal relationship between recipients and donors (and the 'wall' which Walter mentioned above), donors were often left experiencing donating as somewhat of an intangible experience; the knowledge was there if their sperm had been used and a child born, but to know it and realise it were spoken about as two different things. The photo

would be ‘evidence’ of the “Gift” given, and the result. Whether this would be evidence for private or public dissemination is unclear, but both could equally apply.

Secondly, Paul asserts that his donation ‘deserves’ a photo. This is a claim to elements of social exchange from recipients (and the Clinic, perhaps as an intermediary for contact), on the basis of the value established in the “Gift” discourse. An altruistic subject position enabled donors the right to request something ‘concrete’. This extract also indicates the effect that being a donor had on the men’s subjectivity, and suggested that some contact (even if intermittent or one-off) was desired by some donors.

In summary, the “Gift” discourse was utilised by many donors interviewed in this study. This discourse rested on establishing several points. Firstly, donors were unpaid, and donated sperm out of altruistic motives. Personal motivations were relegated to the background, as ‘perks’ rather than drivers. Altruism was characterised as being compassion for recipients, depicted as being infertile couples, afflicted with an emotionally painful condition. This altruism was infused with spiritual terms, borrowed from a religious discourse. Sperm was valued as more than a bodily fluid; it was creating life, full of potential, purity and value. As such, donors had ‘given’ away something of value, and were thus positioned favourably. This position also involved (imagined) gratitude from recipient and respect from others. It also enabled the donors to positively acknowledge benefits from this social exchange, in terms of psychological satisfaction.

Crucial to this discourse was the rejection that money received was payment. However, one donor in this study not only agreed that he was paid, but he embraced this suggestion, and constructed a discourse which centred on being a ‘professional wanker’. While this was a discourse espoused by one donor, it is important as it airs a discourse not discussed in the literature, and offers a possible discursive tool which explores payment as a motivating factor in more depth. This discourse is the focus of the next section.

“Professional wanker”

This was a competing discourse which brought sperm *within* the laws of commerce and trade and which used a marketplace discourse to sanction and endorse paying donors. This discourse involved constructions of the Clinics as profit-making enterprises, and talk of supply and demand, payment as sharing in the profits, with donors receiving ‘credit where credit is due’. These constructions created a competing discourse of donating as being a job, and paid donors as being respected ‘professionals’.

‘Lifeline’ for the Clinic

In the “Professional Wanker” discourse, the Clinic was constructed as being a profit-making organisation. In contrast to the way the charges were talked about in the “Gift” discourse, the money recipients paid was talked about as being fees, and the Clinics were businesses who came under the commerce paradigm:

38. Roger: Um, (.) these organisations [fertility clinics], I mean, are making good money and I think that some of that should be shared with the donors who actually (.) are the lifeline to their trade, in some ways. Without the donors, there (.) wouldn’t be a lot of work for them.

This extract utilises aspects of a commercial discourse – Clinics were ‘organisations’, there to ‘make money’ (and it is implied they make a good profit), and who engage in ‘trade’. ART is ‘work’ rather than an altruistic service. These terms contrast markedly with those used in the “Gift” discourse, and construct not just the Clinic as a profit-making business, but donors as a resource that provided scarce ‘goods’, essential to their industry and their commercial viability. Sperm is a commodity that can be bought and sold in a marketplace forum and is therefore open to market forces. Talking of sperm as the “lifeline to their trade” places donors in a powerful position to dictate ‘terms of sale’.

This talk of sperm being a resource therefore establishes an argument to pay donors, as ‘contractors’ or ‘employees’ of the Clinic. Payment for donors becomes a logical extension of the commercial discourse, and is justified through reference to the characteristics of the Clinic. The construction of Clinics as businesses rendered payment as quite impersonal and pragmatic. The Clinic becomes an entity which requires donors and therefore it is reasonable to pay them.

The recipients are noticeably absent in Roger's extract; constructing payment as coming from the Clinic rather than the infertile people protected donors from being accused of exploiting recipients (which was something Walter spoke about above as being a concern of his).

The value of sperm

In the "Gift" discourse, donors had constructed sperm as being the potential for 'creating life' and valued it accordingly, with a high level of significance that transcended being simply a bodily fluid. In the "Professional" discourse, sperm was similarly valued, but for a different purpose:

39. Roger: [] you know, [donating] is cutting into my time. Not so much, you think well, you're only here for like less than half an hour, but (.) the ejaculation process takes a lot of vital energies from the male and that should never be minimalised, even though guys, they masturbate for free at home. [laughs] You are essentially disbursing your vital energies by coming here, and that is worth something to me.

Roger talked of donating as costing him something; he acknowledged donating did not take up a great deal of time, but involved 'costs' to him of intangible things which came under the umbrella of 'vital energies'. This encompassed both the physical 'exertion' of masturbation, and also the high existential value of sperm. This value, while providing a basis for claims of altruism, also substantiated arguments for paying donors. Indeed, Roger argues that to not pay him would be to minimalise that value and the cost to him, both physically and spiritually, with money. Roger acknowledged a discrepancy between paying men for something they do 'freely' at home; the difference appears to be the use of the sperm, rather than the act of masturbation itself. Payment is therefore not for 'expenses' but for the sperm, and the value intrinsic to it. Roger speaks of his own opinion, and this use of personal experience warrants his arguments; his use of emphasis both recognises the counter-arguments against payment, and challenges them.

'Credit where credit is due' – supply and demand

The construction of the Clinic as being a profit-making enterprise as opposed to an altruistic service, along with high valuing of sperm, provided warrants for the assertion that donors should be paid. The discourse of ART as a business and donors as employees (or perhaps contractors) providing an essential, valuable resource led to

discussion about how to value not just sperm, but also donors. Roger advocated ‘credit where credit is due’ to not just justify and advocate paying donors, but also to put a price on their abilities and characteristics:

40. Roger: Um (.) well, I always believe in credit where credit’s due, and merit and bonus and all that type of thing (1.5) I’m a performance orientated person whether its sports or (.) I think if you’ve got a good donor, like someone, um (.) who is extremely intelligent and takes, invests time in (.) um (.) in his health, that they should be credited. But to (.) I’m a free market believer and um (.) yeah, I think it really depends on what (.) supply and demand is like too.

Kirsty: So your, um, your kind of philosophy, if you like, is pay the donors well but still be selective about who comes along?

Roger: Yeah, these clients are paying a lot of money. Give them the best.

[] I think it’s up to the clinics to provide intelligent donors for their clients. If the clinic is not meeting that by just grabbing whoever they can, again, that’s not my problem but, um I think (.) I don’t like to see, yeah um (.) reproduction of the ignorant and the uneducated and the intelligent, um, sort of living sort of single, bachelor type existences. Down the line (.) all the wealth in the world but umm (.) I think everyone has their place, um (.) but again I’m bringing my own personal judgement to core.

Extract Forty is lengthy, but rich in detail about the discourse of donors being “Professionals”, and warrants for paying donors. Within the first part of this extract, Roger utilised a number of terms from the language of commerce – free market, supply and demand, credit where credit is due, merit, bonus, invests, performance orientation - which are terms of business and commerce. They are also often associated with determining levels of wages and salary payments. The marketplace law of supply and demand is invoked here, reinforcing the marketplace paradigm which contextualises Roger’s talk. This referred to the shortage in ‘supply’ of sperm donors worldwide, and positioned donors (and their sperm) as valuable ‘resources’, in high demand. The supply versus demand argument cleverly incorporates the donors’ individual gain for the collective good of recipients.

Roger’s extract uses the metaphor of a donor being akin to a top athlete, who must train, prepare himself, and keep himself in peak condition. Demonstrating a commitment to investing time in maintaining these assets and skills should therefore be rewarded financially. These commonsense notions appear fair and warrant his initial comments, and are intended to justify the later ones also. The logic and

reasonableness of his arguments in the first section soften the impact of the second part, where Roger makes some quite controversial statements.

Roger sets out arguments not just for paying donors, but for differentiating between different levels of payments, and valuing *people*. The essentialist tone of his statements is evident in his talk about linking the level of these payments to the ‘assets’ of the donor (such as health and intelligence). He spoke of intelligence and health as being objectively desirable qualities, and that men could be measured, based on them having such characteristics.

Roger also said that clients deserve the best. This could be read that recipients would get better ‘quality’ donors if they were paid what they were worth; only the best would find it financially viable to donate, and those of poor quality would be weeded out. Thus, paying donors was argued to actually benefit infertile couples, refuting notions alluded to above of recipients being exploited in a user-pays marketplace for sperm. In addition, clinics are actually implied to be failing their clients by not implementing a marketplace framework.

Roger deflects the issue from being one which is “his problem”, and places the issue as being one which both Clinic and recipients should be concerned with. In doing so, Roger places the discussion as being concerned with the common-good, rather than for his own individualistic gain, which is less socially acceptable and desirable.

Roger’s statements about not approving of the “ignorant and the uneducated” reproducing while “intelligent” people remain single and/or childless were stated as being his own “personal judgement”. There was subtle and implied reference to an evolutionary discourse to warrant these statements, and soften what reads as highly discriminatory talk. Roger spoke of the childless intelligent people being wealthy in older age, but not having produced children, which is construed to be “their place”; this is in contrast to the “ignorant”, whose place was clearly not to reproduce, or at least for their reproduction to exceed the “intelligent”.

Thus essentialist and evolutionary discourses warrant what are socially unacceptable statements. These form part of the “Professional” discourse and bolster an argument

to pay ‘good’ donors well, for the benefit of the recipients, rather than the individual men. The above extract also implicitly sets out the requirements of a ‘good’ donor, both in terms of essentialist ‘qualities’ such as intelligence, but also character traits, such as willingness to work hard to preserve such qualities. The construction and utilisation of categorical differences and the discourse of the “Right Donor” is discussed in depth in Chapter Seven.

Work

What the above extract also does is argue that being a donor is ‘work’ and should therefore be paid similarly to a job, with similar requirements – skills and willingness to work hard. This forms the crux of the “Professional” discourse:

41. Roger: Yeah, I mean, you know, you’re a professional wanker basically, [both laugh] you know, and I thought about my standing in the community as a professional wanker, and umm (.) and if I go ahead with this (.) this thing that I do, um (.) So, once I got my own head over it, I was very happy with it, yeah. The connotations are not needed, but amusing. I think it’s great to say that I get (.) I get paid to masturbate. [laughs]

Roger laughingly referred to himself as a “professional wanker”, and the negative impact this would have on his reputation and status in society. The humour in this extract would appear to indicate a nonchalant attitude to the possibility of social derision. However, Roger also talked of getting his “own head over it”, indicating that there was a process that occurred over a period of time to accept the impact being a (paid) donor would have on his subjectivity, for himself and others. The decision to “go ahead with this” was thus not as straightforward as might have first appeared.

Having made the decision, Roger said it was “great to say I get...paid to masturbate”, and that he was happy with his decision. This rather defiant attitude counters the negative positioning of paid donors indicated in the “Gift” discourse and in the literature, and denoted in Roger’s comment about the “connotations” of his position. Roger is unrepentant, because the “Professional” discourse argues there is nothing to ‘repent’. Donating is a job; ‘good’ donors are paid, and rewarded appropriately for their abilities and efforts.

There is an element of irony in Roger's talk, in getting paid for something which, as he stated above, is an activity that is done "for free" at home. This contradicts Roger's previous statements that he is getting paid for the more intangible aspects of donating, not the act itself. However, my reading of this extract is that for Roger, there is some 'shock value' in his statements, and his positioning of himself as being paid to masturbate (as opposed to being paid for the sperm) is in direct response to the dominant negative construction of paid donors which he has encountered in the community.

In the "Professional" discourse, paid donors are not positioned negatively, except by others, who focus on the act of masturbation, rather than the more respectable job attributes required. 'Wanker' is both a derogatory term and one that colloquially described someone who masturbates. The term 'professional wanker' linked a positive and negative term, which illustrated Roger's attempts to rework it and normalise it in the face of negative societal attitudes. The social taboo of masturbation is clear in Roger's extract (and throughout the interviews), and this (along with the social desirability of altruism) had a significant impact on the discourses of donating and the positioning of donors.

Roger called donating "this thing that I do"; this indicates absorption of being a donor into his subjectivity. It is not an activity – it is what he *does*, his profession, his employment. Willott and Griffin's (1997) study of unemployed men is directly applicable to this current discourse. Roger (age 36) was unemployed at the time of the interview; more specifically, he was 'semi-retired' having made significant money in the past in his profession as a tradesman. His subsequent investments enabled him to be retired from a formal job. Willott and Griffin found that the role of provision in masculinity was so strong that the men in their study constructed their 'fiddling' as work.

Similarly, Roger constructed donating as a job, one that positioned him as a 'professional', in paid employment, which differentiated him from the dominant depiction of paid donors either exploiting recipients or being desperate for money. 'Professional' is an entirely different subject position with more power and social standing than a 'paid donor' who merely sells their sperm for profit. Roger had

attributes and skills which were fairly rewarded in this discourse, and by maintaining these, he was effectively training like an athlete. The other men in this study were careful to differentiate their paid employment from donating in the “Gift” discourse, and consequently had provision already accommodated for in their masculine subjectivity. Thus money received became ‘reimbursement’, rather than payment or paid employment.

This extract gave paid donors some respectability as ‘professionals’ who worked hard to maintain their assets, for the ultimate benefit of the recipients. Being a ‘professional’ has meanings associated with it - being highly qualified, trained and respectable. Being a ‘professional’ donor with these associated meanings justifies payment for expertise and skills, without the negative ramifications for the donor/wage earner.

Altruism

Money received was accounted for in a positive way in the “Professional” discourse. However, being a “Professional” was not talked about as being incompatible with being concerned for the recipients and having altruistic motives:

42. Kirsty: And what about now, what would you say it [your motivation] is now?

Roger: Well, to be totally honest, I mean, I’m in the area I think, hey I could go get thirty dollars, you know, and that’s kind of (.) you know, it doesn’t take very long, and the spending money’s good for me because I’m not working, I don’t have a lot of disposable income now, even though I’ve sort of made out that I was wealthy, I live very frugally, that’s why I maintain this situation. (.) That keeps me coming, but then (.) also the main motivation has not changed. [] The idea of a couple in that situation, and their difficulties, (.) does inspire me to help and be part of this, I wouldn’t probably be coming here, even if the money was greater, if the result was destructive towards people.

Extract Forty-Two illustrates the multiple, contextually-bound and shifting accounts of motivation. Roger locates his statements as being the ‘truth’ and consequently admits to something that is not socially accepted – being motivated by the money received, which ‘kept him coming’. Roger points out the lack of cost to him of donating, and the financial assistance that donating provides for him. This appears to contradict his assertions and positioning of himself as a highly ‘qualified’

professional. However, in the context of the interview, this extract came prior to the ones discussed above, which expound the “Professional” discourse. The later use of the “Professional” discourse positively accounts for accepting the money, warranted by assertions of fairness to the donor and for the common good. This regard for the recipient couple is claimed in Extract Forty-Two, to the extent that it supersedes Roger’s own financial needs and desire to have some disposable income, given his lack of formal employment. Indeed, Roger claims that if the outcome of him donating was destructive, no amount of money would result in him donating.

Despite Roger’s apparent confidence and advocacy for payment, the power of the “Gift”: discourse is such that this is invoked in addition to the “Professional” discourse. Indeed, the “Gift” discourse is positioned as dominant over the “Professional” one. This illustrates the difficulty for men to claim to be financially (and individualistically) motivated within current societal discourses which render this unacceptable, and require donors to normalise and untrouble this account of receiving money, and subsequent positioning.

Conclusions

How money is talked about and given meaning shapes the positioning of donors. For example, constructions of financial transactions in the literature and public arena have been used to question the ethics of donating, and the morals, motives and character of the men who do so. In this study, the focus is on how donors themselves talked about money, and what these constructions achieve and are used for. Donors used commercial marketplace arguments to talk about money and payment, and this provided the ability for donors to be both advocates and critics of paying donors for their sperm. This had consequences for the position and power of the men who receive, desire or require such payment. The language used to talk about money altered the meaning it had for the donor and where they were positioned publicly, as well as in relation to others involved in the donation process.

Two discourses were identified – “Gifts” and “Professionals”. Whilst donors who utilised “Gifts” rejected the alternative discourse, the reverse was not true. The donor from whose interview the “Professional” discourse emerged also utilised the “Gift”

discourse at times, and spoke of the two as being quite separate but not mutually exclusive.

In the “Gift” discourse, donors talked of the money that they received in such terms as ‘compensation’ and ‘reimbursement for expenses’ rather than ‘payment’. This construction enabled them to claim to have altruistic motives and rendered this money socially acceptable, as it merely meant they were not out-of-pocket from their actions. Words such as ‘reimbursement’ negated any commercial aspects of a monetary transaction between service provider and donor, and neutralised the selling/vending connotations, and the profit and financial motive that the word ‘payment’ seemed to invoke.

Donors utilising this discourse endorsed dominant constructions of paid donors as immoral and exploitative of the recipients, putting individual gain before common good. Donors argued that there is a mutually exclusive relationship between altruism and money or, more specifically, profit. Donors argued that money corrupts motive and those who wish to profit in such a way and who require payment should not be donors. Whilst not always receiving positive reactions from others, donors presented themselves in socially desirable ways, and they argued to preserve the special nature and positive qualities of sperm donation.

The donors constructed ‘payment’ in negative terms and that it was payment for sperm itself. The issue of the ‘price’ and worth of sperm was discussed at length, utilising marketplace language. A number of donors argued that there was the potential for exploitation of clients, by men who set high prices on their sperm. The issue of valuing someone based on certain desirable traits led to the implication that not only is there an objective way to ‘rate’ people, but that this could happen, leading to some people being worth more than others. Charging clients was talked of as being wrong, as it profited from their situation and was contrary to altruism. The broader issue of whether someone can or should sell their genetics (and body parts) was something the donors expressed unease about, with both philosophical and legal prohibitions being raised.

Donors utilised religious terms to talk about the sperm cells and donating as having a spiritual, deep significance, thus making the sperm intrinsically valuable, with important consequences for the individuals involved (through creating life), and in fulfilling a ‘grand plan’. This challenged the basis for negative reactions from religious groups and the constructions of sperm as merely a body cell with little importance. Donors spoke of being motivated by love and that donating fitted in with essentialist notions of values – including altruism.

Recipients were talked about as suffering great pain, due to the importance placed on parenting and having children. This meant donors were in the powerful position of being able to provide the means to alleviate the pain and hardship of infertility. They positioned themselves as having done something important and worthwhile, not just for individual infertile people, but also potentially to humanity. As a result, men who used this construction of donating and sperm experienced psychological benefits through increased self-esteem and recognition from others. While acknowledging some personal gains from their actions, these were minimised as ‘perks’ rather than motivating factors.

The second discourse was the “Professionals”, which emerged from the interview with Roger. He utilised commerce arguments and warranted his arguments for payment based on the construction of sperm donation being within a free-market framework. Essentialist notions of traits were used to ‘value’ people and differentiate between ‘good’ and ‘bad’ donors. Roger advocated that donors who have desirable attributes and who prepare physically to keep their bodies in good health should be paid their worth, and given ‘credit where credit is due’, utilising assertions of fairness to warrant discriminatory statements. Clients would then have the choice of a better quality pool of donors, if they were paid according to desired qualities, and that supply would then also be able to match demand, resolving a shortage of sperm. Roger constructed the commercial relationship as occurring between donors and Clinic, rather than donor and recipient, which reduced the possibility of being considered to be exploiting the recipients.

The construction of donating as a ‘job’ involving work and effort also enabled Roger to positively position himself as a “professional wanker”, conforming to hegemonic

notions of masculinity and the role of provision in a masculine subjectivity. This merging of a positive and negative term cleverly illustrated Roger's attempts to normalise a socially unacceptable stance and position himself favourably.

Within the context of his interview, this "Professional" discourse emerged in what appeared to be a response to earlier acknowledgement of being paid (and the importance that had for him) whilst still positioning himself as altruistic. The "Professional" discourse warranted receiving money whilst still enabling donors to claim more socially acceptable motivations. Thus, the motivations donors claim were variable and multiple, and not necessarily mutually exclusive. Donors were clearly cognisant of popular constructions of sperm donors and the role that payment had within those discourse, and attempted to counter these through various arguments which warranted claims of being a 'good' person.

Donors used the "Gift" discourse to argue that reproductive procedures should not be subject to free-market and business laws and that donating should be an altruistic act, whilst acknowledging that they received money for their actions. Roger used the "Professional" discourse to advocate for a free-market commercial framework for sperm donation, while arguing that it helps to achieve altruistic motives. Within motivational talk, the meaning attached to the money received by donors was pivotal, but there were clearly complex negotiations and meanings attached it.

The two discourses had in common the aim of positioning donors more positively. The "Gift" discourse positioned donors as altruistic, whilst enabling them to positively acknowledge personal benefits from their actions. The "Professional" discourse positioned donors as highly skilled and dedicated, which made payment 'fair' payment for their 'work'. For Roger, it also enabled him to conform to hegemonic notions of masculine provision, given that he was not employed in formal work at the time of the interview. In both discourses, donors attempted to establish categorical differences between them and paid donors ("Gift" discourse) and them and unemployed, unskilled exploitative people looking for 'easy money' ("Professional" discourse).

The following Chapter deals with motivational talk, both motivations assumed by others and counter-discourses espoused by the men in this study. Donors discuss the popular construction that they perform a sexual act while donating and are driven by the “Male Sex Drive”. The associations made between fertility and sexuality in masculine identity have important ramifications for the subjectivity of both donors and recipient men. While the ‘super-fertility’ of donors enhanced their masculine identity, it placed them in competition with other men, resulting in them experiencing isolation.

The ‘sexual’ discourses positioned donors as being in a relationship of some sort with the recipient woman. Chapter Six explores the utilisation of the “Have/Hold” discourse to talk about the relationship with the recipient woman, which normalised the reproductive process for donors and enabled them to conform to hegemonic notions of relationships. The Chapter then moves on to the counter discourse constructed by donors which spoke of DI as non-sexual “science”, and sperm as merely bodily cells.

Chapter Six

Masculinity, sexuality, and relationships.

Chapter Two highlighted a dominant negative discourse depicting donors as highly fertile, oversexed men, who had adulterous relationships with the recipient women. This positioned donors negatively, as being both immoral and highly sexual. This has implications for positioning of donors as potential partners for recipient women, and as a result, in competition with other men, including recipient males. Consequently, this chapter discusses and explores discourses relating to sexuality and relationships, and their impact on donors' masculine subjectivity and positioning in relation to the 'others' of partners, recipient females, recipient males and the community at large.

Sexual discourses of donating

When a man donates sperm, he must masturbate in order to produce the sample. The Clinic had policies that stated that the sperm could not be produced during intercourse with another person (with or without a condom); this was to reduce the chances of diseases and bacteria in the sample. This masturbation could be done at the Clinic, or at home, if the sperm was taken immediately to the Clinic for preparation and storing. Only one donor interviewed in this study masturbated at home, with his partner, and then took the sperm to the Clinic. The remainder of the men donated in the facility provided at the Clinic, unaccompanied.

As was indicated in several extracts in Chapter Five, masturbation remains a clandestine activity in society; it is rare that people discuss the value and meaning masturbation and sperm has for them, yet this had ramifications for the value given to donors' actions, as well as their subjectivity and whether the men told people about donating. In this study, donors were very aware of the public construction of them as men who were motivated by sexual urges and the devaluing effect this had on their actions.

Masturbation and sex: "Wankers"

The process used in donating (masturbation), and the connection between orgasm and ejaculation, led to the popular discourse that donating was inherently sexual and

pleasurable, and that this was a motivating factor for the men to become involved in the programme. This led to donors being derided by others and called a “wanker”:

1. Walter: Oh, some people think I was just going along there to have a (.) donate sperm, if you like, just to look at a dirty book, or a movie, or whatever the case may be, you know, and they'd call you a wanker sort of thing, and some people were quite cruel actually [] I said you don't just go down there to have a quick wank sort of thing and then bugger off. [] once I got into their ear, I explained to them what I did, they took out a different (.) you know, approach and say 'oh, you're actually doing this for more than just a thrill'. [] She's a big step, it's not, you know, some people think it's just 'oh yeah, go and have a (.)' and it's all over. No, it's not. It's a little bit more than that.

Walter spoke of the dominant social construction of donating as a “quick wank...a thrill”. This reflected the prevailing representation that donating was done for short-term personal pleasure, and was somewhat sordid. ‘Props’ such as pornography contributed to this. Material intended to be erotic and ‘helpful’ to masturbation such as a “dirty book or movie” provided a sexual context to the act with pictures of women and sexual activity. The use of a term such as “dirty” illustrates societal disapproval and misgivings about pornography, and those who use it. Condemnation of pornography contributed to disparagement of donors, in that the use of pornography was transformed into essentialist notions about the character and type of person who would donate – a “wanker”.

The act of masturbation was depicted as pleasurable and a motivational force in and of itself. The notion that men would go along to the Clinic “just” to masturbate speaks to some notion of men being driven by their bodily urges, as represented in the “Male Sex Drive” discourse (Hollway, 1989). There is a lack of agency for the donors inherent in this assumption; in this first extract, Walter reclaims agency through asserting that donating is something he has chosen to do, after some reflection and a decision making process which has considered the consequences of donating. Thus, the decision was driven by his *mind*, rather than his body.

Walter positions himself as an authority, warranted by his personal experience, and consequently talks of needing to ‘educate’ people with regard to both his own personal intentions and the true significance of donating. Walter represented donors as being misunderstood and vilified due to the social (mis)constructions and meanings

associated with masturbation (and pornography). In positioning himself as an ‘expert’, he simultaneously positions the unseen “Others” in this extract as uninformed. Once Walter had enlightened them about donating, their response altered to a more appropriate (and sympathetic) reaction to donating and him as a donor, which strengthened his account.

Walter accounted for his actions to others in a more positive light, and this was evident in the previous chapter also. The act itself is given little intrinsic value; while it is over quickly, it is the consequences which render it a “big step”, with long term ramifications. Walter countered constructions of donating as an act for short term individualistic pleasure, and this was warranted with terms which imply some historical longevity to donating – donors cannot “bugger off” and it is not “all over” once the act of donating is complete. Walter staked a claim that donating was a collective good achieved through an individual act.

To further counteract the representation of donating as a “quick thrill”, donors spoke of the conditions and act of donating as being ‘difficult’, and nonsexual, due to the condition that Clinics had that the sperm must be produced ‘alone’ (that is, not during sexual intercourse with another person):

2. Shaun: I (.) some days donating was very difficult [] It was just this little wee room (.) that was the worst part. I mean, you see it on TV overseas, they give you these Penthouses, okay that helps (.) but when it comes down to the (.) the business, it’s hard, (.) so, yeah. [] If you’re not in the mood, it’s very difficult. Very, very difficult. [] I would have liked (.) a supportive partner, (.) to either do it for you, (.) I mean that would be marvellous, do it for you, help you, because you can’t use creams, you can’t use (.) because it’s, yeah, it’s got to be sterile, fresh, pure.

Shaun constructed the act of masturbation as a “business” as opposed to pleasure. Indeed, his account of the act of donating described it as “hard...Very, very difficult.” The repetition of “difficult” emphasised Shaun’s experience of the process. Donating for him was far from pleasurable or easy. The lack of a partner to create a “mood” rendered the act as being nonsexual, as there was no “other” to ‘help’.

This depiction of masturbating as nonsexual was also warranted by the Clinic’s requirement for sperm to be produced alone, so as to be “sterile, fresh, pure”. “Sterile”

referred to both the context of the act and the condition of the sperm produced. There was somewhat of a dilemma between the clinical construction of sperm produced during a sexual act with another person as ‘impure’ and contaminated to the Clinic with the construction of masturbating alone (in contrast to with a partner) as socially disreputable.

The social representation created by the media (also referred to by Walter above), of donors effortlessly masturbating (at will) to erotic literature was refuted by Shaun’s experience of the process of donating as a solitary, difficult act. The influence of the Clinic environment in the ease and construction of donating was evident in Shaun’s talk of sperm needing to be “sterile”. The nonsexual “mood” of donating created through the lack of a partner was compensated for by the ‘props’ provided by the Clinic, presumably to provide an ‘other’ to make masturbation easier. Ironically, the Clinic environment conformed to hegemonic masculine notions of male sexuality as being effortless and sexual functions as being readily accessible (Coyle & Morgan-Sykes, 1998) – the “Male Sex Drive” discourse (Hollway, 1989). Yet this was countered by the men in this study, who kept sex separate from the act of masturbation for donation.

The “masturtorium”

The context of the Clinic (the “wee room”) therefore appeared to conform to a negative stereotype of donors and donating which also corresponded to a discourse of masculine sexual behaviour. However, this did not necessarily correspond to the donors’ experience. Medical, clinical terms such as “sterile” were used to warrant the claim that donating was nonsexual, and difficult. In fact, many donors indicated that they found the Clinic facilities somewhat distasteful and provided little disparity to the discourse of donating as being sordid and covert:

3. Roger: I think I would have liked to see the masturborium or whatever you call the room [both laugh] the room with the magazines (.) not right off reception, like it is here, um, and yeah just a little bit more of a, um (.) spiritual sort of aura around the process, in regards to the building and it’s location, and the decor and (.) yeah it kind of feels like, you know, I’m in a public toilet [] I [would] feel much better about giving it in a loving situation [with a partner] than this sort of transaction in this kind of core hospital.

Roger refers to the changed location of the “wee room” with the relocation of the Clinic just prior to the interviews. The new building had a purpose built room for donating, separate from the rest of the Clinic. In the old building, the ‘donating’ room was a toilet just off the reception; people in the waiting room (including potential recipients) could plausibly have ‘heard’ men donating, or witness them enter the room.

Roger termed the new Clinic facility the “masturtorium”. At one point in his interview, another donor (Steve) termed it the “masterborium”. The humour evident from Roger (and that I joined in with) illustrated the mockery that occurs around the topic of masturbation. Naming ‘the room’ with terms that expand on the word masturbation suggested that the room was clearly for this purpose. The expectation of men entering the room was evident from the ‘props’ provided, conforming to the “Male Sex Drive” discourse (Hollway, 1989).

The room, its location and décor created an atmosphere conducive to feelings of embarrassment. Lack of privacy for the “masturtorium”, and its placement directly off reception contributed to Roger feeling like he was in a “public toilet”. This mention of toilets raises interesting associations. Firstly, that the “masturtorium” was a public facility, for what was constructed as a private act. Secondly, potential negative associations between (public) toilets and illicit sexual acts (particularly between men) rendered such a place inappropriate for the way that Roger would like to account for donating – as a “loving situation” with spiritual, rather than sexual associations. These terms linked with the “masturtorium” contributed to Roger’s experience of donating as being clandestine and ignominious.

The requirement to masturbate alone, rather than in a “loving situation” meant that Roger (similarly to Shaun, Extract Two) experienced donating as a “transaction” in a hospital. Shaun’s term “business” and Roger’s reference to “transaction” warranted their claims that masturbation was an act devoid of emotion, and tried to establish a clear difference from sex with a “loving partner”. Evident in Roger and Shaun’s accounts were attempts to rework the act of donating to refute the sexual construction of masturbation. This was done through accounts of masturbation being “difficult...sterile” and having a spiritual element to it which is quashed by the Clinic

“masturtorium”. While masturbating with a partner would make it respectable, it would also complicate matters somewhat by conforming to traditional constructions of sex. Clinics could, however, provide a different atmosphere and setting, which would enable donors to construct the experience more positively and as more socially acceptable.

Embarrassment

The Clinic environment and the “masturtorium” thus contributed to donors experiencing the act of donating as being a difficult “transaction” set in a hospital environment that was both sterile (in that they had to masturbate alone) and sexualised (due to the ‘props’ provided). While the ‘props’ corresponded to constructions of male sexuality in the “Male Sex Drive” discourse, this was not something that resulted in enhanced masculine identity; indeed, donors talked about the sexual connotations having a somewhat negative impact on them psychologically:

4. Adam: I think the very first time I walked in to, well the first couple of times I went there to provide samples, I think (.) there's actually a very attractive receptionist at, at the clinic and (.) I felt a little bit embarrassed, but (.) you know, [chants] "we know what you're doing" [laughs] (.)

Adam spoke of the embarrassment he felt entering the Clinic on several occasions. This experience of embarrassment was due to the discourse of masturbation being sexual, and the subsequent negative positioning of donors. Adam’s self-consciousness was due to concern that people knew why he was there - “We know what you’re doing”. Adam may have expressed pride later in his interview about being a donor, but the secrecy and hidden nature of the act of masturbation meant that his attendance at the Clinic was something he did not wish to publicise.

The embarrassment was talked about as occurring in the context of an attractive female receptionist. To have a woman (a potential date for a single man) be aware that he was about to masturbate brought the act within the realms of sex, and this public awareness of a private (masculine) activity led to some awkwardness. Adam talked about this embarrassment with some humour and self-deprecation; the humour softened what might have been experienced as “cruel” (cf Extract One) and perhaps reduced negative impact on his subjectivity.

Isolation - being a “gender-rebel”

However, humour was not apparent in all discussions about the reactions of others. The sexual discourse about donating influenced the reactions of others to the news that the men had masturbated and produced sperm for insemination. While not all reactions were negative, the hidden nature of masturbation and the private nature of things sexual meant that donors spoke of being selective about who they told about their donating, and in many situations, chose to remain silent. They also positioned themselves as unconventional and challenging society’s expectations of men.

The negative sexual constructions of masturbation led to donors being isolated from one another, due to keeping their experiences to themselves:

5. Kirsty: Um, (.) do you feel a sense of isolation?
Nigel: A::h, a little bit, yeah. (.) Yeah, I, I (.) guess yeah, u::m, (.) perhaps it’s always been a taboo subject, (.) u::m, (.) because in order to, (.) um, to donate, you need to masturbate and (.) you know, a lot of people don’t like talking about that, but, um, (.) I guess it’s come out more and more in the open now, u::m, (.) [] I’ve told my mates, and virtually everybody that (.) that I’m a donor and they said yeah, no, good on you. Some people say well I couldn’t do it, because of (.) um, the way you do it [via masturbation], sort of thing, and, um. (.) But, no I, I guess you do feel a little bit (.) isolated, only from (.) fellow donors, I suppose. [] Um (.) I mean, I guess my next-door-neighbour could be one, of course you (.) it’s the type of thing you don’t sort of discuss those sort of things. [] It’s certainly not a thing you sort of just bring out into the open at your (.) rugby or whatever.

In Extract Five, several analytic points emerge. Nigel places some historical context to his assertions; he indicates a change, a progression in societal attitudes to ART, with more people talking about their experiences, but the social “taboo” surrounding masturbation remains, making it difficult to discuss donating with others. The social stigma surrounding masturbation meant that lack of open discussion around masturbation prohibited them from connecting with and knowing about fellow donors. As Nigel said - “my next-door neighbour could be one”. This lack of communication is constructed as typically masculine by Nigel, and this type of conversation does not occur in public forums and events where men traditionally meet and carry out masculinity (Gough, 1998; Peace, 2003; Willott & Griffin, 1997).

Nigel constructs donating as something that not everyone can (or wants to) do. While those he had told were positive in their reactions, the requirement to masturbate to donate sperm was contentious for many, so much so that some men said it was the reason they did not become donors themselves - “I couldn’t do it”. This set donors apart from other men, and positioned them as somewhat unusual in their ability to masturbate ‘on command’ and overcome the ignominy and embarrassment indicated in the above extracts to become donors. In this way, categorical differences were established between men who can and men who can’t (be donors). Establishing boundaries between donors and others (“doing difference”) is discussed in depth in the following Chapter (Seven).

The important point about this extract is the way Nigel positioned himself as a “gender-rebel” (Wetherell & Edley, 1999); rather than having his masculine subjectivity jeopardised through his nonconformity to hegemonic ideals, he positions himself as a trail-blazer, having the strength of character to go where few men have gone before; not only that, but he communicated his experience with others, which also is non-traditional for men.

However, rather than being positioned as feminine due to this nonconformity, these behaviours are transmuted into traditional masculine qualities – such as strength and leadership, as the following extract illustrates:

6. William: (2.4) .hh I think, (.) yeah, let me be bold. [] I think, I think leaders (.) um, (.) In whatever field that they lead in, will necessarily experience, at times, feelings of alone-, loneliness, um, isolation, because, (.) they’re bold enough or they have enough faith in themselves or what they believe in, to put that into action. (.) Against the current of opinion. [] I think to, to feel funny about that is to be a bit self-indulgent.
Kirsty: Okay. But, there is a slight sense of (.) aloneness that goes along with it [being a sperm donor]?
William: .hh Yeah, but it’s not a bitter aloneness. [] It’s not an aloneness, twinge of pathos, it’s an aloneness which could be, is quite sort of, sublime. (.) So I, I recon- make it positive, you know? [] It’s a price you’ve got to be willing to pay.

William gave himself permission to be ‘bold’, signalling that his subsequent comments would be somewhat unconventional. And unconventionality was the predominant meaning of his extract. William positioned himself as a leader: amongst men, his culture and society in general. He talks of having essentialist traits such as

strength of character, which has enabled him to be nonconformist to hegemonic masculinity.

However, like Nigel, nonconformity is not feminised; William positioned himself as having traditionally ‘masculine’ traits – autonomy, strength, individualism and boldness. He spoke of having the faith or boldness to go “against the current of opinion”. The ‘cost’ of being a leader (isolation) was a “price you’ve got to be willing to pay” to be borne stoically and without regret. William reframed this isolation as positive (even “sublime”), as an indication that he has done the ‘right thing’, although it may not be widely acknowledged. William also positioned himself as a “gender-rebel” and nonconformity to hegemonic ideals actually enabled him to normalise being a donor in the sense of exhibiting traditionally hegemonic notions of masculinity.

In Nigel’s extract, he alluded to a lack of discussion about donating (and masturbation) as being particularly acute between males - “It’s certainly not a thing you sort of just bring out into the open at your rugby”. Donors constructed men as typically unable to talk about intimate topics between them:

7. Phillip: [] you know how guys tend to, you know, parallel play and all that, you know, go to a match and sort of watch the game and sort of utter their odd monosyllabic sort of comments, and you sort of get the picture between the lines.

Phillip described hegemonic masculine notions of non-communication, and he talks of this as being commonsense “you know”, such that I (a female interviewer) would be aware of and understand what he was describing. Hegemonic male communication patterns involved men remaining distant from one another and interacting primarily around, and through, sports and public events. Communication occurred implicitly (“between the lines”) rather than explicit discussion occurring about a topic. This, as Nigel suggested, meant that men were in fact isolating themselves by conforming to such communication patterns, which negatively impacted on the experience of donating.

This inability to openly communicate with each other was said to be even more accentuated when it came to personal topics:

8. Steve: So, from my perspective (.) I mean, I was comfortable with all the (.) physical side of it, which a lot of people I know (.) I've talked to other, I don't actually talk to other [donors] but, I've got, I know that a lot of other males just talk about it vaguely and they go woooo, and go all funny and don't want to talk about it.

Steve portrayed himself (as did many donors) as unconventionally open about, and comfortable with what he said were the “physical” aspects of donating (masturbation). He constructs reactions by other men as being “funny”, and that they are somewhat unnerved by the topic, and therefore avoid it.

Steve speaks in the first person, locating and warranting his assertions as being personal experience. He indicates he has spoken to a number of people and canvasses their views, adding to his authority. However, as he has not spoken to a lot of donors (again, isolation from one another is suggested), he can only talk about other men in general. In relation to these “others”, Steve also positioned himself (as did the donors above) as ‘rebellious’ and ‘unconventional’ (Wetherell & Edley, 1999), a person who was strong enough to do what he wanted to, and who challenged stereotypical masculinity and male communication patterns.

Donors therefore spoke of men as conforming to hegemonic notions of being non-communicative with each other and unable to talk about intimate topics. They talked about themselves as being different from such conventional men, but this resulted in problematic interpersonal relationships and encounters with men:

9. Kirsty: Who were the people who were cruel [in their reactions]?
Walter: Mainly (.) mainly blokes, you know, and I think it's the old tradition, you know, the old macho type thing – you don't do that sort of thing, you know, get another beer down you sort of thing and carry on with life, but I turned around and said I'm sorry, if they can't relate to it well that's their problem, and I just walked away and say well, talk about something else.

Walter (who had talked about “cruel” reactions above) invoked the hegemonic masculine discourse of men being “macho”, interacting around alcohol, being fairly non-communicative with each other, and unable to relate to something which Walter characterised as a “gift”. Giving is part of a conventionally feminine discourse, and consequently, men in the pub were unable to relate to it as they enacted hegemonic masculinity (cf Willott & Griffin, 1997). In contrast, Walter positioned himself (as did

the donors preceding him) as a gender-rebel, defying traditional masculine traits, withstanding the scorn of fellow men, and taking on more ‘feminine’ characteristics (such as willingness to talk about intimate issues) whilst positioning himself as remaining staunchly masculine (although isolated from fellow men).

As indicated above, this position of being a nonconformist “gender rebel” came with personal costs. While donors positioned themselves as being unconventional, independent and willing to be individual, they also acknowledged that this individuality had a price in terms of how they were talked about and treated by others:

10. Trevor: = Well, I’m pretty open about all that stuff, I mean none of that bothers me, um, I wouldn’t like (.) this to be public knowledge (.) but that’s because so many people have, are narrow-minded, and (.) you know, form very (.) simple, black and white kind of opinions on it, and I’m not interested in having my life affected by their (.) simplistic view of things.

Trevor talked about being “open” about donating and being unfazed by any reactions from others. However, he then contradicts this by saying he wouldn’t want it to be public knowledge. Clearly, something does ‘bother’ him about disclosure, but he guards against the assumption that he is somehow ashamed of his actions or being a donor. In order to achieve this, he represented himself as progressive while other people were “narrow-minded...black and white...simplistic” and unable to understand donating. His ambivalence about disclosure was warranted by reference to essentialist notions of ‘others’ being prejudiced and insular. This positioned him as heroic and martyr-like in the sense of participating in a process that was misconstrued and unfairly denigrated.

This assertion of being misunderstood or unheard further increased donors’ sense of isolation; however, donors spoke of not just masculinity leading to isolation from other men, but that they distanced themselves from others, and used ‘selective disclosure’ to protect against being negatively affected by others’ reactions:

11. John: I’ve only told the people, who I’m confident are mature enough to (.) handle it.

Disclosing to others that they were donors was indicated to place the men in a vulnerable position, both physically (one donor spoke of threats received after talking of his experiences in a newspaper) and psychologically. Donors utilised discourses of

“trust” and “power” when discussing disclosing to others that they were donors:

12. Matthew: [] generally I don't tell people unless I trust them, it won't be abused.

13. Roger: [Whether I tell people or not] really depends on how (.) vulnerable the other person is making themselves, obviously I'm not going to give a lot to someone who's not giving me anything back.

Kirsty: Do you feel that revealing that [you are a donor] puts you in a vulnerable situation?

Roger: Oh, to some degree, yeah, I mean, if things don't go well with that person they could (.) throw it back at me, and it's like (.) they've known more of me than I've known of them, so they're in a sort of power position.

In Extracts Twelve and Thirteen are discussed together because of their commonalities. Both donors claim that disclosure leaves the men vulnerable and open to their trust being abused. Once they have disclosed, they are in a position of powerlessness and the relationship is potentially skewed in terms of balance of power – power to hurt the donor and threaten their subjectivity. Only those who could be trusted not to take advantage of that knowledge and exploit it to the donor's detriment were told. Thus, conditions were placed on disclosure. This speaks to the sexual discourse of donating with the associated negative positioning of donors and subsequent isolation. Therefore, some time passes and a relationship must have developed prior to disclosing occurring; again, disclosure is talked about as a reflection of the 'character' of the person being told.

Roger depicted social interactions as incrementally making revelations that made the discloser vulnerable, unless the 'disclosee' matched the magnitude of the disclosure. Discourses of equality and egalitarianism within relationships would require someone to reciprocate disclosure. Indeed, Roger can be read as invoking a “gift” discourse by talking of 'giving' of oneself and one's 'secrets' in relationships; this construction of relationships as a series of increasingly intimate exchanges enables him to request reciprocation of sharing information.

The preceding extracts illustrate that while many donors spoke of positive reactions to them donating, there were also numerous negative reactions – particularly from other men. The negativity was largely due to the sexual discourse of donating, which

focussed on masturbation, and the ‘aids’ given to donors such as erotic magazines. The popular construction of donors as in it for merely a short-term ‘cheap thrill’- a “quick wank”, without regard for the consequences or other people involved positioned donors negatively and was something donors attempted to challenge.

The sexual connotations of masturbation led to embarrassment, non-disclosure and a sense of isolation due to negative reactions (predominantly from other men). As Haimes has suggested (1993), focussing on the physical act of donating, the psychosocial issues involved are pushed into the background. Men’s reactions to the donors created a position for the donor of gender-rebel or hero – leading the way, doing something that was worthwhile but misunderstood. However, while challenging traditional constructions of men, donors also reinforced ideas about men being strong, bold, independent leaders and confirmed their own masculine subjectivity.

Have/hold discourse

The above section discussed the popular discourse of the act of donating being sexual, and the effect this had on donors’ subjectivity. The “Sexual” discourse of donating had further consequences in the sense that the construction of donating as being a sexual activity had implications for the men’s relationships with their partners, as Steve discusses:

14. Steve: There was (.) yeah, there was a (.) just a sort of primal (.) jealousy really [from his wife], as well, like I was having an affair with somebody, and that I was really doing it to (.) having a sexual dalliance really, I don’t know, sort of vague voyeurism or (.) a bit of a flirtatious exercise she thought, and I think all of those things were mixed up. [] So, my motives were (.) were different from what she perceived them to be and I thought she was being very unrealistic, well, unreasonable actually, very unreasonable (.) in that she could only see it from her own selfish perspective, which got up my nose a bit. And um (.) yeah. So that’s, yeah I think all those things, that she saw it that way.

The discourse of donating being sexual challenged and threatened the “Have/Hold” discourse (Hollway, 1989), which located sex as ‘properly’ occurring within a long term permanent relationship. This resulted in tension between Steve and his wife, which I attribute to the different discourses that they used to talk about and experience Steve’s donating. His relationship with his wife appeared to be interesting to say the least, and her reaction was within the context of not being consulted about his

donating, and only being told after it was a *fait accompli*. From Steve's account, their relationship appeared to be experiencing some difficulties prior to him donating, and this disclosure did not help matters.

Steve's wife talked about him donating as having an extramarital affair. The terms used to describe the donating (affair, sexual dalliance, voyeurism, flirtatious exercise, jealousy) are part of a sexual discourse, and positioned Steve as being in an intimate relationship. Two possibilities arise from this. Firstly, that implicit in the talk are elements of the "Male Sex Drive" discourse, in that Steve's wife appears to consider he would be so 'driven' for sex that he would donate to satisfy these urges. Secondly, she considered he wanted to start another relationship, and donating satisfied this wish. Only by talking with her directly would this become clearer, but the point is made that discourses of sex in relation to donating can be detrimental to not only donors, but to their partners and relationships.

Steve's reaction to this was interesting, in that he termed his wife's reaction as "primal jealousy". By locating her concerns as being a biological, basic response, Steve accounts for them as being based on emotion (a traditionally feminine attribute) instead of more masculine reason. He termed her "unreasonable...unrealistic...selfish", warranting his own assertions by constructing his wife as acting irrationally, by focussing on sex, rather than other discourses of donating and motivation which Steve espoused.

While donating was predominantly talked about as having a positive (or at least neutral) effect on donors' relationships with partners, clearly this was not so in all cases, and resulted from the discourses used and subsequent experiencing of the donating. For people who utilised the "Gift" or "Science" discourses, the donor was positioned in a platonic position, unlike with the "Sexual" discourse. The construction of donating as being sexual, and having an 'affair' challenged the traditional values inherent in the "Have/Hold" discourse, and what it means to be married:

15. Gavin: I wouldn't have gone ahead without my wife's support (.). I feel that if you marry someone then there's an implicit co.. (.). part of the contract is that you (.). having children is part of it, and effectively in being a sperm donor, that's, um, then its effectively saying that she's prepared to share some of that and (.). I, I felt she had the right of (.). saying 'I didn't want

that' issue but she hasn't, she's enormously supportive, she thinks it is, um, tremendous and I understand that women in general do have a pretty positive, um, feeling about sperm donation.

Gavin utilised the "Have/Hold" discourse to talk about marriage and the rights and obligations on each partner. In this discourse, marriage is an exclusive relationship; it is a contract, an agreement to abide by certain rules, one of which is to be faithful, and the other to have children only with each other, due to the sexual faithfulness required. Donating enabled men to have children without breaking fidelity (depending on the discourse utilised) and therefore, this 'amendment to the contract' needed to be negotiated between husband and wife and her approval given. Also contained in Gavin's talk is the depiction of his wife being involved past the decision making process, and being involved in a longer term interest, as one might be with the children of a new partner.

While Steve's wife reacted negatively to the news that Steve had donated, Gavin reported that his wife was very supportive of him donating. The discourses of whether donating is sexual or not, combined with what marriage involves led to some donors conferring rights upon their wives to prohibit them from becoming donors and having children outside of the marriage with another woman. Gavin talked of his wife's supportive stance as being typical of female reaction to donating. When one considers the extracts above which detail negative reactions from men, this appears to have some basis to it, and the discrepancy between reactions from men and women was something several men mentioned. Traditional discourses of women position them as 'givers' and putting others' needs before their own. The discourses of donating being a "Gift" thus fits with a discourse of femininity, perhaps leading to differing reactions from the genders.

The "Have/Hold" discourse, while refuted by the majority of donors, was invoked by a small minority of men interviewed. The men who utilised this discourse positioned themselves as (potentially) being in a relationship with the recipient woman, as fellow biological parents of the offspring:

16. Shaun: I've thought about (.) what if (.) the recipient couples were divorced? (.) What would happen if I met (.) the recipient wife? Would there be a natural (.) factor, being a) the child. [laughs] I've considered that. [] I wonder if (.) the wife would have the same feelings as me, not for

the child but (.) what is he [] What does he look like, does he look like my son or my daughter, how would we get on if we met? I've thought about that. (.) Only since I've been divorced. Because it would be a natural (.) common bond, (.) to say 'well we haven't been married, but this is (.) this is our child'. [laughs] I don't know. [] If, if she [the mother] was in the same situation as me, I'd be interested (.) in meeting her. But, if she was happily married, I'm nowhere near, nowhere near. [] I would like to meet the mother of my (.) child, children (.) and if it happened, if a relationship happened [] And (.) it may happen because you're not having to start from scratch, going on the first date and (.) you know, all of a sudden [clicks fingers] anyway. I've thought about it but I, it's (.) it'll probably never happen.

Shaun stated he had wondered about the mother of the offspring, and appeared to have thought quite a lot about the possibility of meeting and forming a relationship with her, and under what circumstances that would be likely and socially acceptable.

Shaun's use of the term the 'mother of my children' positioned him as in an intimate relationship with the woman. Two aspects of this (potential) relationship stand out – the relationship as parents and as a romantic couple. Shaun talked of the recipient woman and he having a "natural" common bond, based on common parental status and also on the shared experience of infertility. The term "natural" places the bond as outside of their control; rather than being something they chose, it was talked about as an inevitable consequence of their situation.

This "bond" eliminated the need to 'get to know each other'. It was quite separate and distinct from imaginings about the offspring, and having a biological child in common and the circumstances of the birth was talked about as leading to an instant awareness and familiarity between the donor/father and the recipient woman/mother. In this way, parenthood was implicated in heterosexual relationships and intimacy was created through having a child together. The two were connected; the difference in this scenario was that for donor and recipient woman, the parenthood came prior to a relationship.

Shaun appeared to have considered reciprocal 'wonderings' on the part of the recipient woman. Hertz (2002) talked about the mother of donor offspring wondering about the donor, including him in 'birth narratives', trying to attribute unexplained characteristics of their offspring to their "father" (donor), and imagining what kind of relationship they might have if they should meet. These absent fathers occupy a place

in the family, which reaffirms dominant constructions of families and kinship rather than challenges them. The mothers constructed the donors positively, as the man who assisted her and her child to be a family. Through the mothers' narratives, the incorporeal donor becomes solid and real.

A similar process is apparent in Shaun's account. He appears to be transforming his relationship with the recipient woman into a traditional "Have/Hold" one, which would enable him to conform to hegemonic masculine ideals in terms of relationships and also fatherhood (see Chapter Nine). Shaun's comment "we haven't been married" signals the "Have/Hold" discourse. He spoke of the relationship between him and the mother in a way that placed it potentially on the same footing as that of spouses who have had children together. By saying that he would only meet the mother if she were divorced (like him), there was the implication that the common (parental) bond would be a threat to the recipients' marriage, where the bond of biological parenthood would be missing. That Shaun had thought about meeting the mother only since his divorce suggested that he would be open to, if not seeking, a relationship with her. He became positioned as a rival to the recipient male, and potentially a threat to the marital relationship due to the psychologically close relationship between the mother and donor (Back & Snowden, 1988).

The discourse which locates sexual relationships and having children within a heterosexual relationship therefore means that the donors pose potential risks to the recipient couple:

17. Walter: [] it sort of gets a bit complicated and you feel like you're actually pushing the father out [] the wife would tend to steer towards you, this is the way I've thought about it, and you can imagine if (.) I mean, I imagine myself if I was there as a couple and the sperm donor walked in to the room, I'd feel like I have to leave, because I'm not part of the, the little cycle here, there's a boy or girl there, these two are the real couple and you're just there to make a number up, you know, and you feel like uh oh (.) And I don't think I'd like to do that to a guy.

Walter also talked about common biological 'parental' status leading to the "wife...steer[ing]" towards the donor. The "Have/Hold" discourse was apparent again when Walter bracketed the donor and wife, rather than the recipients, as the couple. This drew the family boundary around the offspring and biological parents, which

positioned the recipient male as an ‘outsider’ - just there to “make a number up”, and not part of the “cycle”. This was interesting, in that having a child together (so to speak) was given higher priority than a marital relationship, and spoke to the powerful ‘bond’ which these donors indicated they would have with the recipient woman. Walter expressed concern about the effect his presence would have on the recipient male, and that he would not “like to do that to a guy”. This not only spoke of male camaraderie, but also constructed the donor as a threat to the recipient male and his relationship with his family and wife.

The construction of a family based primarily on nurturing relationships (“Family as a Function” discourse) was set aside by Walter to place biological parenthood as a major factor in defining who was the *couple* and extended the “Family as Form” discourse. Having a child together, even though it was not conceived through some kind of intimate relationship, was talked about as drawing the donor and mother together in a ‘natural’ bond that could not be disguised. Once the donor ‘entered the room’, the “real couple” would become apparent.

The intertwining positions of the donor within the “Have/Hold” and “Family as Form” discourses therefore placed him in a powerful position in relation to the recipient male, and extracts from Walter and Shaun indicated a degree of agency on their behalf. They chose not to exercise this power out of respect for the recipient male and the relationship between the recipients. However, they spoke of a bond which would be invoked upon meeting; thus in choosing to stay away from a married recipient couple, they were electing to avoid the “complications” that would ensue. Masculine subjectivity and the association with fertility placed men in competition with each other, and this extended to relationships with women.

Shaun and Walter’s extracts illustrate the imaginings some donors had about the mothers of the offspring, and the placing of the donor and mother in a relationship based on the “natural...common...bond” of having a child together. Walter spoke of the mother and donor as being the “real couple”, with the offspring completing the “cycle” and the recipient male just “making up the numbers”. Thus, donors considered the possibility of being positioned as the partner of the mother; these extracts also spoke to the progressive constructed nature of relationships, in that

couples meet, form a relationship and then have children together. What is interesting to note is that neither Walter nor Shaun were in a relationship at the time of the interviews, and could not invoke the “Have/Hold” discourse and conform to this aspect of masculine subjectivity in their existing personal relationships. None of the donors in relationships at the time of being interviewed spoke of themselves in terms of having a relationship with the recipient woman/mother, while several donors who were unattached did. These imaginings therefore seemed restricted to men who were single and speaks to the dominance of hegemonic masculine standards.

The element of agency in choosing to avoid a potentially difficult situation was evident in Walter and Shaun’s extracts. However, these were based on imaginings, and the fact remained that they knew nothing of the recipient women and were unlikely to find out information which would lead to any meetings (and subsequent relationships). Phillip, however, was both single and in the rare situation of being donor who was in contact with the mother of his donor offspring. Following the birth of the child born from his donations, Phillip and the recipients began contact. He informed me this was terminated abruptly by the service provider he donated to (not the sister clinics the other donors used). Phillip claimed this cessation was because the clinic was unable to adequately manage the contact and they had fears for both parties as a result of ambiguous boundaries.

Subsequently, through some covert communication via a media publication, Phillip and the recipients resumed contact, which led to its own issues:

18. Kirsty: What type of relationship do you have with [the mother]?

Phillip: Well, it’s fairly hard to relate it to anything else. Um (.) we’re not yet friends, because, you know, we just haven’t had that depth or longevity of interaction, um. (.) We are people who share a concern and love for [the offspring], and (.) so we, we tend to focus around that [] it’s something that’s just going to develop at it’s own pace.

Kirsty: Do you feel a connection with her, or a bond with her? =

Phillip; = Yeah, yeah, and it’s, it’s quite unspoken, um, and it’s something that I’m very happy to just leave in it’s place, if you like, um, yeah, no, I mean, there is a bit of a minefield running in there, and I’m quite conscious of that, um. [] the dangers are very simply that one or, one or other of us would develop quite a strong attraction, and start acting on it, while either or both of us were in a relationship with somebody else, and that’d be slightly messy, yeah. [A relationship] is a possibility, I haven’t excluded it. It, it’s not on the table now, um, yeah.

I questioned Phillip about his relationship with the recipient woman. He indicated that current discourses of relationships were inadequate to describe or account for their relationship. Friendship had meanings of a ‘deeper’ and longer relationship that they currently had, but they were more than acquaintances also. The apparent difficulty for Phillip in talking about their relationship indicates the need for new discursive resources to talk about the relationships created through ART.

As a result of inadequate available resources for their relationship, the focus centered to the offspring, and discourses of parenthood. Phillip characterised his relationship with the mother as an unspoken and unexplored bond, resulting from the child they have in common. Again, this bond is characterized as ‘natural’ and outside of their control. However, they retain agency in terms of what they do about it (and Phillip uses “consciousness” to signal this agency), and the pace at which the relationship develops (if at all). Thus, at the time of the interview, Phillip chose to tread carefully, but retained the option to pursue a possible relationship in the future.

The bond between Phillip and the mother was something he talked about as being potentially problematic if developed while one or both was in a relationship (at the time of the interview, she was in a relationship, while Phillip’s had recently ended). A future relationship would lead to a situation that would mirror the “Have/Hold” traditional discourse of both relationships and parenthood – two people in a relationship with a biological child together. The close links between discourses of parenthood and relationships were again evident.

The above extracts illustrate that the process of donor insemination can challenge the dominant social discourse about the conventional process of relationships and procreation - couples meeting, falling in love and having children. With donor insemination, the ‘couple’ do not meet and fall in love before having a child together. In the extracts above, the process was talked about as possibly being reversed – meeting and having a relationship (if not also falling in love) after the child is born. Having a child *together* (biologically) was said to result in a common, natural bond, and potentially a mutual attraction, that, if explored, would be a threat to the recipient couple’s relationship. Therefore, contact between the mother and donor was talked about as being unwise in the situation where one or other was in a relationship.

Despite DI relationships being unconventional, the power of the “Have/Hold” discourse was apparent, as donors talked of the potential for their relationship with the recipient woman to conform to traditional discourses of relationships and parenthood. This is somewhat startling but, in the context of the men in the above three extracts being single, can be understood when it is considered to enable the men to conform to hegemonic masculine discourses of relationships.

While single donors talked about potential relationships forming with recipient women, the possibility of a relationship was something men in relationships actively tried to avoid:

19. Steve: I always felt very uncomfortable about (.) about single women being um (.) recipients. [] I just think that some of those women can get a bit strange about [] their relationship with the donor, it’s a bit sort of. [] that was probably the lesser concern, the greater concern was that child brought up by a single family. [] I was quite comfortable about the lesbian couple thing.

Kirsty: Why are you okay with a lesbian couple and not a single mother, given that there’s going to be no male father figure in a lesbian relationship?

Steve: Mmmm sometimes there sort of is. Sometimes there is, you know one of the females tend to take on a bit more a male relationship (.) a male role, and I think they’re probably a bit more settled and I know they won’t try to form a bond with me. [laughs]

Steve had previously dismissed his wife’s construction of DI as adulterous as being “unreasonable”, yet in the above extract, he indicated a recipient woman desiring a relationship was a possibility he made efforts to avoid, by restricting the use of his sperm to exclude single women. The difference appeared to be that his wife accused him of intentionally seeking another relationship, while in the above extract, Steve talked of a relationship as an unintended consequence of donating. As Shaun and Walter had asserted, there was an implied ‘natural’ tendency for people to couple up, particularly when there is a child involved.

Steve expressed concern about the possibility that a single woman recipient would consider him as a potential partner (or father figure for the offspring), and that their relationship would therefore conform to a “Have/Hold” discourse, as his wife had indicated. The power of this “Have/Hold” discourse is evident in the imaginings of Shaun and Walter and the expressed concerns of Steve. While Steve stated this was a

“lesser concern” compared to the detrimental effect (talked about by other donors) a lack of father figure would have on offspring (see Chapter Nine), the latter part of the extract indicated that it was quite a major issue for him.

Steve’s extract positioned him in a vulnerable position, and female recipients entitled to make some claim upon him, unless he reclaimed control through restricting the use of his sperm. Steve used humour to soften what was an argument to exclude single women from the DI process. His assertion that he was “comfortable with the lesbian couple thing” partly inoculated against being accused of being discriminatory, and his extract attempted to establish categorical differences between two familial situations that had no male involved, and warrant these differences in response to my challenge of his argument.

Steve’s differentiation between single women families and lesbian couple families was warranted through the use of stereotypical images of lesbian relationships, which correspond to traditional discourses of relationships being between a masculine and feminine partner. The ‘masculine’ woman would fill both the male father figure for the offspring and the male partner, which would result in the family being “more settled...and won’t try to form a bond” with him. There would thus be no male absence that Steve would be required or requested to fill.

Donating and “Science” Discourse

The alternative to a sexual discourse was to talk about DI as being science, and focus on biological aspects to the procedure and sperm itself. This discourse involved DI being talked about by donors as being motivated by, and characterised as, a biological function. This occurred in two ways. Firstly, donors spoke of the act of donating as a physical act. Secondly, sperm was talked about as being a biological entity, comparable to blood. This involved assigning sperm given a value, based on biological qualities. As a result, DI was talked about as the donation of biological cells with little intrinsic value. This discourse contrasted with the “Gift” discourse, but was used for a different purpose – to refute that donating was sexual. Thus, the “Gift” discourse could be used to talk about motivations, while “Science” could be used to talk about the act itself.

Donating as a biological, physical act

While DI could be described as sexual due to the masturbation involved and surrounding contextual factors as well as the discourse of the “Male Sex Drive”, it could also be talked in more scientific, biological terms. This rendered the sexual aids in the “masturtorium” as ‘inappropriate’:

20. Adam: And, and the material that they do leave lying around, I actually believe is particularly inappropriate. (.) I can understand why it’s there, but I don’t see there’s no need for it to be there. You know, I come just to perform a biological function, which is, for me, is, in that situation, is just like going to the toilet. Although, slightly different [laughs].

Adam uses the analogy of donating being like going to the toilet to warrant his assertion that donating is simply a biological functions. The humour acknowledges that the two actions are dissimilar also, but in performance, rather than kind. This indicates two uses of the penis – biological and sexual and this differentiation enables Adam to claim that masturbation is the former rather than the latter. This rendered the material provided by the Clinic as incongruous with the situation and purpose of being in the room, and also pointed to a discrepancy between the Clinic’s construction of the act of donating and the men interviewed. Adam signalled awareness of the sexual discourse of donating, in his comment “I can understand why it’s there”, sandwiched in his claim that masturbation is biological.

Previously, donors utilised medical discourses to talk of infertility as an illness, which they were able to provide the ‘cure’ for. Donating therefore became part of a medical process, which had both advantages and disadvantages for donors. They were able to negotiate potentially fraught discourses about masturbation being sexual. As discussed above, the discourse of masturbating as sex involved potentially positioning donors as being in a (hetero)sexual relationship with the mother, leading to both tensions within their marital relationships and the reinforcement of dominant discourses of donors being “wankers”. By constructing donating as being a physical, biological act, donors positioned themselves within a medical discourse, whereby they were both helping recipients (a positive position to be in), but were also subordinate to medical professionals (and procedures) who hold a high status position in society and wield a lot of power.

Equating sperm and blood donation was a further way to account for the act sperm donating as clinical within the medical/science realm:

21. Harry: Um, [donating sperm] is a very clinical thing.
Kirsty: Right.
Harry: Again, I think it's the medical side of things.
Kirsty: Mmm.
Harry: To me, it is no different to:: donating blood, or (.) whatever. =
Kirsty: = Mmm. =
Harry: = Um, (.) it's, it's totally clinical.

Harry mentions the terms clinical/medical three times in this short extract, to account for the act of donating as nonsexual. The description of sperm as being similar to blood constructed donating as being a medical procedure. The reference to “Again...it's the medical side of things” was a reference to previous talk of Harry's career as a medical professional. This warranted his account and also positioned him as someone within the medical realm, who could speak with authority and credibility about both sperm and blood donating. Harry utilised strong words to assert there were no differences between sperm and blood donation and that both are “*totally* clinical” [my emphasis]. His positioning as both a donor and a professional provide a completeness to his account, which defies contradiction. The science/clinical discourse illustrated above related to the act of donating and was used to position the donor in a nonsexual way.

The biological value of sperm - a body “bi-product”

Donors utilised discourses of biology to (de)value sperm as merely a body cell, with no sexual or relational connotations:

22. Adam: I know the, the biological side of it, it's, um, (.) a heck of lot of (.) there's a heck of a lot that's made, and most of it gets (.) I think it's (.) looking up some research on it, 85%, 90% of sperm (.) it dies, it's not ever used, or is never, you know, sort of expelled from the body in whatever form. And then I think it's some ridiculous um, point zero, zero, zero, zero two, [0.00002] percent of that, ever actually, um, possibly finds, meets and greets an egg, so, um, if you've got it and you're not using it, why not use it to a good cause? [] I've got lots of it, and it's produced naturally within my body, (.) and gets destroyed quite often, as some blood cells as well, (.) why not, basically. I don't, you know, if I don't use it, it's going to die.

Adam positioned himself as being an authority through his claim to have looked up “research” into sperm, which warranted his assertions in the remainder of the extract.

The use of statistics and percentages similarly added to his credibility in his claim that sperm is a body cell which is naturally produced, plentiful and dispensable.

Sperm was likened to blood cells in having a progressive natural ‘life cycle’, ending in inevitable death if not used. This progression rendered sperm as having a limited viability, but unlimited supply. Adam’s use of the term “expelled” dissociated ejaculation from sexual activity and emphasised the biology and science of sperm’s life. In contrast to the “spiritual aura” which donors ascribed to sperm in the previous chapter, this extract is very clinical and lacks any talk about feelings and emotions as a result of talking about something that is plentiful and easily given. The actual process of fertilisation is captured in a lovely term – “meets and greets” – which has associations of familiarity and friendliness, without sexual connotations.

This (de-)valuing of sperm rendered the donation process and experience as being fairly pragmatic – supplying something that was needed but that was not held in high regard until required or needed. The extract may have had the effect of reducing claims to altruism, as the donor gave something that involved little cost to him. However, Adam used the claim that donating is a “good cause” to remind the reader of his intentions to help others. The value of the sperm was directly related to the use (or lack of) of it. I consider that this extract did not devalue donating, but delineated the relationship between man and his sperm as being ‘unemotional’.

In rendering sperm as being a biological cell, donors talked about it being ‘theirs’ in terms of ownership and determining its use, including rights of transfer:

23. Steve: [sperm is] my biological part, ultimately it’s my responsibility, it belongs to me and I can basically do what I wish with it, and, um, she’ll [his wife] just have to get her head around it really. [] I think ultimately it’s my decision, it’s ultimately my life and my decision, as any donor, whether it’s organs, eyes, corneas, blah, blah, blah. I don’t think that the spouse has the right to veto it. Um, yeah, I think you can (.) seek their opinions, but I think with most women they’re not going to be very happy about it, I just think it’s, it’s biologically kind of (.) a bit of a slap in the face really, I guess really, that’s how they see it. I don’t see it personally myself the same way. I mean, if she says to me ‘I’d like to donate my eggs’, I personally would have no problem with that. But then again, how much (.) we have different natures (.)

Steve established a categorical basis for biological parts of the body (with sperm being included in this) and who has the power to decide what happens to them. He claimed possession of his body, which positioned him as the owner and entitled him to (exclusive) decision-making rights as to the use of his sperm. Unlike other donors who spoke of their wives having some input, Steve rejected his wife having any say or input into the decision. Steve used the word “ultimately” several times; this is an ‘extreme’ word, which both referred to (particularly his wife’s) contrary point of view, but simultaneously dismissed it. His claim on his sperm as a biological part was a bottom-line argument which made donation a very individual endeavour, rather than a ‘joint’ venture, as some other donors had characterised it.

Steve, like men in other studies (Gough, 1998; Gough & Peace, 2000; Peace, 2003), positioned himself as a ‘victim’ to women’s desire to have input into decisions which arguably affect their lives also. He used his reaction to the reverse situation of his wife wishing to donate eggs to establish his own ‘reasonableness’, which simultaneously rendered her concerns as ‘unreasonable’.

Steve also used essentialist arguments which attributed his wife’s reaction to her gender, which was depicted as being ‘typical’ of women in general. Steve and his wife had endured secondary infertility following the birth of their first (and only) child; his statement that donating was “biologically kind of(.) a bit of a slap in the face really” utilised discourses of traditional femininity and relationships, in that his wife considered her role as the mother of his children had been threatened.

However, while Steve asserted his entitlement to determine what happens to his “biological parts”, this power ended after the sperm was donated and released for use; the science/medical discourse meant that, as a biological part, doctors then had control over it, and decided how it would be used, and for whom:

24. Steve: I mean I don’t see that I have any rights really. I see that that’s it, it’s a bit like blood where when you give it, and you don’t really have much say over it, that’s the conditions that go with it.

Steve sets out the ‘rules’ of donating within a medical/scientific framework. Donors provide a body part, which upon release to medical professionals becomes ‘theirs’. As people in positions of high status, doctors have entitlements to make decisions once

the sperm has been handed over, and as such, donors became powerless to assert any 'rights'. Steve accepted this as being the 'conditions' that the Clinic established. This illustrates the power the policies of the Clinic have in how donors experience and talk about donating; the context within which they donate provides certain discourses within which to make sense of donating and the psychological consequences this had for them, and their rights and responsibilities (or lack of) following the actual act.

Gendering of gametes

As discussed above with Adam's extract (Twenty-Two), the biological features of sperm therefore rendered it something which men were not attached to:

25. Jeremy: Well, yeah, I have a sort of a (.) I think (.) eggs are much more sort of like the nucleus of a, you know (.) of life, where I think sperm's very much a throwaway sort of thing. Do you know what I mean? There are billions of sperm, there's only one egg. You know what I mean?
Kirsty: So it's rarer, or it's more =
Jeremy: = I think it's a bit more precious actually, you know what I mean? I think it's a lot more (.) I think sperm is made to be (.)
Kirsty: Thrown away? [laughs]
Jeremy: I was going to say, sort of shot all around the place, you know what I mean? [both laugh] You know, but eggs aren't, I mean you know it's just a (.) I know I'm being a bit crude now, but, you know what I mean? That's sort of what it is. Well, you take (.) in the wild life bulls and all that, they just get around a hundred cows if they could. You know what I mean? That's what sperm is for, you know, but eggs are not.

Jeremy's extract illustrates how the science/biology discourse of sperm rendered it as being of less value than eggs, due to the sheer number that a man has at any one time. Quotes of numbers are used to emphasise this, and the use of biology warrants Jeremy's assertions. While both sperm and eggs are biological cells, categorical differences were established on the basis of number eggs were given much greater weighting due to the fact that each egg is a potential opportunity for a woman to conceive, while only one sperm out of millions in each ejaculation could fertilise the egg. As such, the egg was constructed as being the "nucleus of life", precious and scarce, while sperm was labelled "throwaway". When I suggested this meant eggs are rarer, Jeremy corrected this by saying more "precious"; rarer implies number, whilst precious has meanings of value.

However, it is more than a biological discourse at work here; there is also the “Male Sex Drive” discourse evident with the gendering of gametes. The intertwining of the “Science” and “Male Sex Drive” discourses results in sperm being talked about as having both masculine characteristics (in desiring to have sex) and animalistic, evolutionary features in wanting to “get around” as many female partners as possible. Jeremy’s extract reads as saying that sperm is for wide dissemination, whilst eggs are venerated, depicted as fragile and to be protected – traditionally feminine qualities. The humour evident from both Jeremy and me when talking about sperm illustrates how little respect it is given, when there was no humour evident when talking about eggs. This lack of respect contributes to the negative positioning of donors.

The science discourse established categorical bases for inclusion of sperm as a body part. Donors also established differences (as well as similarities) with other body parts, which not only (de)valued sperm, but overlaid gender upon the gametes. Haines (1993) and Kirkman (2004) found that discourses of gender influenced the representation and subsequent positioning of male and female gamete donors. As is highlighted above in the sexual discourse of masturbation, the men in this study were termed ‘wankers’ by other people, and assumed to derive physical pleasure and psychological satisfaction from their actions. In contrast, women were positioned as more attached to their gametes, and showed more commitment and sacrifice than sperm donors, partly due to the (de)valuing of sperm in relation to eggs, and the actual medical risks of donating eggs in contrast to sperm:

26. Ivan: [] donor insemination is of little consequence, I feel, to a male. [] I mean, a woman has a limited number of eggs. [] For a woman to give an egg is quite risky, but for a man to give sperm is nothing. [] Men are not attached to their sperm in any way whatsoever [laughs]

Ann: When we went to this, um, thing at, at the Clinic once, when they had a get-together, and they (.) said it’s like, because men give it away, but women receive, and so maybe that’s why it’s harder for a woman to give up an egg, than it is for a man to give up sperm, you know, it’s sort of a, men do it all the time [laughs].

What is evident above is the use of feminine and masculine characteristics to differentiate between egg and sperm donation. Hegemonic notions of men being ‘unattached’ and unemotional were generalised to sperm donation, and the suggestion that men would feel loss in giving up sperm was laughable to Ivan. Therefore the sperm donation process is uncomplicated by emotion, and the donor conformed to

hegemonic notions of masculinity. However, by inference, women *are* attached to their eggs and consequently conform to dominant discourses of femininity and emotion.

To have Ann's perspective was fascinating, as she utilised dominant discourses of masculinity and femininity to gender gametes in the sense that women were labelled 'receivers' and men 'givers'. The mention of a Clinic meeting both warranted Ann's account as being something a medical professional said, and illustrated the influence Clinic policies and staff have on available discourses with which sperm donors and their families can make sense of their experience. I cannot help but wonder whether Ann's input effectively prevented Ivan from utilising other discourses, and whether he had to 'bite his tongue' (cf Gough, 2001; Gough & Edwards, 1998; Willott & Griffin, 1997) in front of his wife.

Ann spoke of men 'giving away' sperm all the time - a reference to the "Male Sex Drive" discourse, where masturbation is common for men; therefore doing it in a Clinic is nothing special. Masturbation was talked about as a 'natural' thing for men to do, as part of their character. This is in contrast with the construction of other donors (such as Roger) which characterised donating as very different to masturbation.

The use of "givers" and "receivers" was interesting, as it referred to a discourse of men and women's function in reproduction – the man gives the women the sperm, who receives it. In this way, men 'gift' women the sperm. This has implications for the relationship and positioning of sperm donors and recipient women, and in some ways warrants the utilisation of the "Have/Hold" discourse discussed earlier. It also suggests the reinforcement of masculinity for donors who are 'selected' by recipients to be their donor.

This utilisation of dominant notions of masculinity and femininity and essentialist ideas of the nature of men and women rendered the donation process less complicated due to men being 'naturally' non-emotional and detached:

27. Jeremy: [] you know the sperm donors, it's much easier for a guy that, because there is no (.) guys don't have an emotional thing same as a

woman does. I'm sure if my wife gave eggs, you know there would be sort of brooding and clucking, and you know? [laughs] So, there would be all sorts of problems, I'm sure. If you were doing the same survey on women that had donated eggs, I guarantee you'd get a totally different result.

A hegemonic masculine notion of men lacking emotional attachment to their gametes was constructed alongside feminine discourses of women “brooding and clucking”. The analogy between women and hens emphasised the ‘naturalness’ of such behaviour and tendencies, and established categorical differences between female and male donors and their tendencies towards emotion (or lack of). He constructed men and women as having innate propensities towards being unemotional and emotional, respectively.

In describing these in essentialist terms and with the discourse of ‘natural’, these feelings were constructed as being outside of the individual’s control. As a result, Jeremy asserted that *every* woman would experience emotional difficulties after donating, and every man would not. Terms such as “guarantee...totally” were quite extreme words and left no room for discussion or dissension.

Jeremy privileged masculinity, by depicting feminine emotion as problematic for a donor, and possibly for other parties (such as recipients). In saying this, Jeremy effectively normalises detachment for donors, and untroubles a lack of emotion which could be interpreted as being psychologically unhealthy or even ‘unnatural’.

Thus, donors constructed sperm as having little intrinsic value until utilised by someone else, chronologically separate from the act of donating. Therefore, sperm had no inherent importance for men, whereas eggs were to be respected and protected (feminine qualities). In contrast, and often in the context of discussing whether their wives could or would donate their eggs, men gendered gamete donation and placed women as, due to their very ‘natures’, unable to detach and ‘appropriately’ partake in donating.

These hegemonic notions of masculinity and femininity placed sperm donors in somewhat unsympathetic subject positions. Luke referred this to somewhat bitterly:

28. Luke: Oh, it's different, like ladies will go off, and you know, some have donated their ovaries to somebody, and, you know, it's a really big deal, but if a guy does exactly the same thing it's like whoa. [laughs] They give him heaps about it. [] there's a total imbalance towards men and women full stop.

Luke constructed the different subject positions of egg and sperm donors as a “total imbalance”, weighted in favour of women, at the expense of men. In this way, Luke depicted men as ‘victims’ of hegemonic notions of both masculinity and femininity, and the subsequent positioning of men which rendered donating as sexual and to be joked about. In contrast, women were lauded for their actions. One might argue that this could be due to the differing physical requirements of men and women gamete donors, but Luke's comment “there's a total imbalance towards men and women full stop” illustrates that he considers this imbalance in treatment is more pervasive and at a societal level perhaps partly as a result of the discourse of hegemonic masculinity, which renders men as unemotional and detached and women as fragile, to be protected and emotional. Luke stated that men do not receive the recognition they deserve. This was ironic considering that a number of the donors constructed sperm as being of little importance, and placed egg donation as being of greater value, therefore reinforcing hegemonic masculinity and the claimed discrepancies in treatment between the genders.

Conclusions

Donors talked about the act of donating in two ways. These constructions positioned the donors in different ways, with different rights and responsibilities, and which had ramifications for how others reacted to the men disclosing their donor status.

Firstly, donors discussed the dominant construction of them performing a sexual act, with their character and motivations being construed negatively. The ‘props’ provided by the Clinic added to this construction, and did little to change the discourse of donating as sexual and somewhat sordid. The sexual construction of donating conformed to the hegemonic notions of masculinity of the “Male Sex Drive” discourse, and had negative effects for donors, both in their ability to feel pride in their actions and in the reactions of others.

The necessity to masturbate meant that donors found it difficult to discuss their actions with others, especially males, and this lack of communication also conformed to hegemonic masculinity and was depicted as ‘typical’ of men with resultant experiences of isolation. This led to selective disclosure by donors, partly in protection from not just verbally abusive reactions, but the potential for physical harm. The sexual construction of donating also brought into question the exclusivity of marriage and the “Have/Hold” discourse, with negative effects on one donor’s relationship. Donors dealt with negative reactions by positioning themselves as gender-rebels, involving both challenge to, and endorsement of, traditional male characteristics.

While the majority of donors refuted the sexual discourse of masturbation and subsequent potential positioning of them in an intimate relationship with the recipient woman, several donors attempted to invoke the have/hold discourse (Hollway, 1989). They spoke of shared parenthood as a connection that ‘bonded’ them together. As a result, donors became powerful competition for the recipient male, due to the hegemonic masculinity and fertility.

Secondly, the “Science/Biology” discourse challenged the negative sexual construction of sperm and provided an alternative way for donors to talk about their actions. Donors talked of donating as a physical act, clinically providing body cells. The act of donating became within the realm of medicine, akin to blood donation, with resultant positioning of donor as having few rights in deference to health professionals. Gendering of gametes was evident in talk which attributed essential masculine and feminine attributes to sperm and eggs respectively. This resulted in sperm donation being talked about as easier and less problematic for both practical and emotional reasons, and emotion in a (female) donor was problematized. This left donors who wished to express emotion with regards to donating as potentially being positioned as feminine, and having their masculinity challenged. Indeed, the imbalance between the values placed upon sperm versus egg donation was not endorsed by all donors, and some spoke of feeling a sense of injustice that their actions are not as recognised and appreciated because they are men, and it is sperm they are donating. In this way, they became ‘victims’ of traditional discourses of

masculinity and femininity, which limited both the available discourses to talk about donating and their subsequent experiencing of their actions.

Thus, the masturbation involved in donating and the sperm produced could be constructed as sexual or biological and each discourse had varying psychological and interpersonal consequences for the donors. The power of hegemonic masculinity was evident in both discourses, from the “Male Sex Drive” and “Have/Hold” discourses that were evident in the sexual discourse of masturbation to the gendering of gametes in the “Science/Biological” discourse. Hegemonic masculinity and fertility, and the discourse of donating being a series of tests, is the focus of the following chapter.

Chapter Seven

Doing difference: The requirements of being a donor and the creation of the “Others”

To be a donor at the Clinic, men had to undergo a lengthy, involved acceptance procedure. The donating process at the Clinic has been detailed elsewhere. In summary, the process spanned some months; firstly, sperm was tested for its ‘quality’ and whether any diseases were present. Once it had passed this first assessment, it was frozen for six months and retested for diseases and to evaluate whether the sperm quality survived the freezing process. Meanwhile, donors were both physically examined and ‘counselled’ by the Clinic. This typically consisted of one session between the donor, their partner (if they had one), and a staff member (usually a doctor) of the Clinic.

Donors talked about the Clinic process as being a series of tests and evaluations – with both the Clinic and the recipients having the ability to accept or reject the men, based on medical and psychological criteria respectively. While the men in this study had been accepted by the Clinic as donors, not all had been selected by recipients to use their sperm. As the analysis will show, being accepted by the Clinic, and meeting their stringent criteria, had positive effects on the donors’ sense of masculinity, due to the association made between fertility and sexuality. The strict medical requirements meant that donors talked about themselves as part of an elite, select group.

Being ‘picked’ by recipients also had significant psychological consequences for the donors. Donors considered that being selected by recipients to provide the sperm for their offspring was a positive reflection on them as people, and consequentially, enhanced their self-esteem, achievement and pride. From the position of being an ‘accepted’ donor, participants discussed the requirements of the ‘right’ donor. The result was that, as the Clinic and recipients did, donors made a series of judgements about both present and future donors, and placed restrictions on who could and should legitimately become donors. In this way, donors also established categorical differences between them and ‘ordinary’ men, as well as between them and other

donors. As a result, ironically, the judgements donors made about other (existing) donors were negative, and reinforced the very stereotypes they challenged elsewhere.

Evaluations and tests

Medical discourses - Physical/Biological Requirements

Within the “Medical” discourse, the issue of men being evaluated was evident in the donors’ accounts. The Clinic was talked about as having the power to accept or reject, based on medical criteria:

1. Paul: = Oh, and number [] number and cryosurvival, and cryosurvival is based on the motility. Okay, and, at that point they [the fertility clinic] al- (.) they accepted or rejected you [] based on your, (.) both the vol- the, the number, and the survival rate, and they had quite harsh criteria.

Paul spoke knowledgeably about the specifications the Clinic had in terms of the characteristics of sperm needed to be a donor. His use of the medical terms regarding sperm gave him some level of authority and warranted his account of the ‘tests’ he was required to pass. Passing these tests led to being “accepted or rejected” by the Clinic; this placed the Clinic in a powerful position of being able to make a judgement of a man.

I read Paul’s use of the term “harsh criteria” as indicating that the criteria were strict. “Criteria” speaks to some objective set of requirements, able to be measured and rationalised, rather than decisions being based on whim or partiality. It indicates a level of detachment which fits with a medical discourse which talks about doctors making medical, rather than personal decisions. Passing such criteria positioned existing donors as members of a select few, an exclusive group who had passed rigorous tests, and established categorical differences between men who were donors and men who were not.

Due to this, donors expressed pride about having been accepted and having ‘passed’ the ‘harsh criteria’ of the Clinic:

2. Shaun: But not everyone’s sperm can be frozen and thawed, and be suitable. So you feel quite proud too, that yours is good stuff, and it does the trick.

Shaun pointed out that not all men can be donors, based on the medical criteria, which determined whether sperm was “suitable” or not. This had the effect of not just differentially valuing sperm, but placing exclusion and inclusion criteria on which men can legitimately be donors. Shaun stated that his sperm was “good stuff”, and was able to not just meet the criteria, but also do “the trick”, and produce children.

Two points emerge from this last sentence. Firstly, that a sense of pride results from being accepted as a donor and, therefore having ‘good’ sperm. This pride results from hegemonic masculinity and associations with fertility. Secondly, sperm is ‘good’ when it meets medical criteria and fertilises eggs. In a “Science” discourse, sperm has little intrinsic value until it is utilised. In contrast, in the “Gift” discourse, sperm was infused with spiritual meaning due to the potential life. In this “Medical” discourse, sperm is valued on medical criteria, which relate to the potential fertilisation of eggs, but in a clinical, rather than metaphysical sense.

Thus, whether a man was accepted or not by the Clinic, based on having ‘high quality’ sperm, impacted on his sense of identity, particularly his masculinity and whether he was “man enough” to be a donor:

3. Paul: [] along the way you have this extreme impending, sort of, maybe I won't measure up, because they take a, you know, [the Clinic's] criteria [] rules out 75% of the population and then once you count in the mot- this cryosurvival rate, that counts out another huge number, so you've got this, um, (.) sort of; (1.2) am I a man enough? [laughs] [] I, I don't, don't want to push that point because that's not ex- exactly right, but there is an element of it. [] this is, do you measure up [] I mean, ar- (.) are you good enough? I, I mean, that was awkward, and, and, it was anxious, and I'm, I'm glad I ended up on the yes world.

Extract Three is rich in analytic points relating to hegemonic masculinity and fertility. The ability to father children is integral to masculinity, and there is a strong association between fertility and potency in dominant constructions of masculinity (Edelmann et al., 1994; Gannon et al., 2004; Malin, 2002). “Measuring up” speaks to being judged, and Paul’s comment “am I a man enough” strongly signals hegemonic masculine notions of potency and queries about masculinity. While Paul was married at the time of the interview, he and his wife had no children together. Thus, Paul’s sense of masculinity in relation to fertility had not been ‘tested’, and in the process of becoming a donor, he was faced with questions not just about his fertility, but his

masculinity. His masculine subjectivity was therefore reinforced with his acceptance, which enabled him to conform to hegemonic notions of being potent.

Paul characterised being a donor as a process, which spanned some time. Included in (and sustained throughout) this process was this ever-present evaluative aspect – would he “measure up”. This anxiety ended when the Clinic accepted him into the programme, and Paul “ended up on the yes world”. For infertile men, the evaluation of sperm becomes personal (Carmeli & Birenbaum-Carmeli, 1994) and it would appear that this is the case for donors also. Paul’s emotion talk, use of humour and attempts to minimise his associations of fertility and masculinity appeared to be inoculating against being read as being somewhat conservative and macho. Instead, he positioned himself more as a ‘new man’, with more feminine characteristics (such as emotional expressiveness) (Toerien & Durrheim, 2001), whilst still espousing traditional masculine concepts.

Clearly, being accepted into the programme established a categorical difference between men. The decision was warranted by medically determined sperm characteristics. Being evaluated on the basis of sperm not only reproduces discourses associating masculinity with fertility, but as is evident in Paul’s extract, also sets up the dichotomy of success and failure based on sperm count, which has the effect of placing men (including the infertile male and donor; see below) in ‘competition’ with each other over sperm counts (Carmeli & Birenbaum-Carmeli, 1994).

The construction of donating as being a series of evaluations, involved not just examining the donors’ sperm, but also their physical make-up. Undergoing a physical assessment was talked about as a further test of them, particularly as it was their most private parts of the body being examined:

4. John: Obviously the medical is more strenuous, because obviously you have to (.) show your bodily parts to (.) another doctor, which is [difficult]. [] Yeah, I mean, you’re not supposed to be in that state with people you don’t know, so sure. That was a stress, but you get over it. [] I mean, I knew that was going to happen, I mean, because it (.) with that part of the body you expect to be (.) checked. So (.) I mean it doesn’t stop your heart racing, but it’s no big drama.

John described the physical examination, which contradicted societal norms of remaining clothed in front of strangers and maintaining physical privacy; however, within the context of the Clinic, this type of ‘exposure’ is warranted through a medical discourse, illustrating the high status which medicine (and doctors) have in Western culture.

While John spoke of being under stress, and described such physical symptoms of anxiety as his “heart racing”, he dismissed it as “no big drama”, and that he ‘got over it’. Men participate in health care services less frequently than women (Courtenay, 2000; Seymour-Smith et al., 2002). As a result, the medical environment may be less familiar to men, resulting in experiencing ‘stress’. Men’s lack of uptake of health services has been suggested to be due to health(y) behaviours being considered feminine, thus rejection of them becomes a signifier of hegemonic masculine norms, such as denial of pain, unwillingness to show vulnerability or weakness (particularly in health problems related to sexuality and sexual performance), and being strong and self-sufficient (Courtenay, 2000; Gannon et al., 2004; Seymour-Smith et al., 2002). Thus John’s minimisation of his own experience conforms to dominant masculinity.

The medical environment was therefore perhaps foreign for the men interviewed which increased the anxiety reported during the physical examination:

5. Roger: Anyway um (.) well, I think that the (.) the only time I was really being measured, like all the other times I was thinking very much my own space situation, and that was the only time I was being measured, and I’ve always felt uncomfortable with doctors, always. So just being with a doctor talking about golf probably would have done the same. [both laugh] [] I think the interview with the Doctor was probably (.) yeah, had more weight than anything for me, because (.) I mean it was an examination of (.) not only my physical structure, but also my emotional / mental structure as well, that’s were the examination of me was at it’s (.) you know everyone’s looking at you and saying ‘oh what’s he like, what’s his kids going to turn out like’. But um (.) that was the definitive (.) under the microscope time (.) and yeah, I mean, that was a little bit anxious.

As Roger discussed, during the examination and interview with the doctor, he felt vulnerable, that he was out of his “space” or comfort zone. The use of “always” indicates some historical longevity to warrant his claim and signal an essentialist ‘attitude’ to doctors, rather than focussing on societal discourses or the context Roger found himself in. The use of “microscope” mirrored the scientific discourse of

medicine and added to his authority within a context where he expressed feelings of vulnerability.

Roger's extract indicates the foreignness of the medical setting, and the subordinate position he was in with regards to the doctor. Medicine and science have high status, and the doctor, as a representative of medicine, was in a position of authority, with the right to make judgements and assessments of people and subsequently decide whether Roger would (or could) be a donor. Roger's extract indicates that it is the status of doctors, rather than simply the medical discussion, which left him feeling powerless. He endorsed this medical discourse by stating that the interview with the doctor carried more "weight" for him than other aspects of the donating process. Roger's statements point to the power of discourses in society, in that the status of the doctor was present regardless of the topic of conversation. The example of talking about golf perhaps illustrates dominant masculine forms of communication within both public and sporting arenas.

Roger's feelings of vulnerability arose from his experience of being measured emotionally and psychologically, not just physically, and that his future offspring were being imagined, providing a yardstick for judging his worth as a donor. This suggests essentialist notions of innate characteristics which are transferable through genetics and reproduction. It also signals essentialist discourse which renders a person as having fixed attitudes and traits by which they can be evaluated by some objective measure.

Safety

Several donors talked about being examined by the Clinic doctor as stressful, partly due to the power of medical professionals in society. Part of the process of becoming a donor was talked about as being evaluated and tested through essentialist biological, physical, and psychological features. 'Safety' was an aspect of the medical discourse which warranted the tests as being necessary:

6. Neil: I can see where they're [the Clinic] coming from and I can see that they want to be safe, and I can see all those reasons why they do that, I mean, and it's so important, you don't want to (.) you know, pass on any hidden diseases or whatever, and it's only natural for you to do that, you know, to screen people. That was okay, I was quite (.) open about it.

Yeah, (.) yeah it was okay.

Neil constructed the tests as a way to ensure the safety of the sperm, with regards to ensuring it did not carry diseases. In this way, safety was equated to the absence of diseases. The use of ‘natural’ indicated this is a commonsense argument, which warranted the tests as being reasonable, and based in science, rather than discriminatory practices. Ironically, the Clinic relied on potential donors’ honesty for many health questions regarding certain conditions and diseases.

The use of ‘safety’ and placing the collective good over individual rights therefore warranted certain medical tests. This was fairly uncontroversial; evaluating the donor psychologically would be more contentious, as it would raise the question of what essentialist psychological characteristics would be deemed desirable and what would be considered objectionable and grounds to ‘reject’ a donor. It also raises the interesting question as to whether such traits are genetic.

Several donors indicated that they believed the screening procedures they underwent were the bare minimum that a responsible clinic would require:

7. Jeremy: I can remember filling out forms which said, (.) have you ever been a drug user, or a prostitute, and all that sort of stuff, and (.) which I would have thought if they hadn't asked those questions would have been (.) reckless on their part. You know what I mean? So I didn't see it as being (.) intrusive or (.) anything.

Jeremy talked about the questions he was required to answer about himself as part of the screening process donors went through. These questions related not to biological, physical or health questions, but to behaviours and personal experiences. Utilising ‘safety’ warranted these questions within a medical discourse, questions which ordinarily may have been construed as intrusive or unreasonable. Instead, the questions were talked about as being illustrative of the Clinic being responsible on behalf of the recipients.

In addition, men who had been drug users or prostitutes would be rejected on the basis of safety within this medical discourse; this is based on assumptions made about the health of people within these categories. Clearly it would be undesirable to have a person with HIV donating sperm and possibly transmitting the virus; however, more

pertinent questions, such as whether a person had had unprotected sex or used unclean hypodermic needles, may have targeted such concerns more adequately, rather than questions based on discourses about drug users and prostitutes which depict them as high risk and ‘unsafe’ health wise.

Special or expendable?

The above extracts illustrate the powerful position doctors were in as a result of the discourse which rendered donor insemination a medical procedure. The Clinic and medical staff had the authority to reject or accept men, and to screen men out, warranted by ‘safety’ and ‘quality’ of sperm. However, donors had an ambiguous position within this medical discourse; they did not fill the position of ‘patient’ within this discourse, as they were not treated. Walter, in Chapter Five, talked about being a part of the ‘cure’ for infertility, which positioned donors alongside doctors. However, this clearly was not the experience of the donors cited above, who felt somewhat powerless and subordinate to the medical professionals and to the selection procedures.

The themes that have arisen out of research into experiences of participants in DI treatment (isolation; fear of negative evaluations and judgements from others; and feeling disempowered through lack of knowledge) (Salter-Ling et al., 2001) were found in this study with some donors. This perhaps speaks to the policies of clinics, but in my view, is more a reflection of the discourse of medical professional being experts, and having positions with very high status, and consequently, significant power in their relations with their ‘patients’ or non- medical people.

Within the medical discourse, and focus on biological characteristics, there were expressed feelings of powerlessness and being depersonalised and valued only for biological and genetic characteristics:

8. Steve: [] the Clinicians take (.) you know, see me as more a, a piece of stock, to, you know, or product, for their use, and secondly they see, they probably don’t much care about the emotional side of it, he looks happy and that’s okay, everything’s okay, he’s okay (.) chromosomally and whatever blah de blah. [] no one really much said (.) you know paid any attention to what I said [] they don’t really spend much time with you [and] I think you sort of just have to put up and shut up, really. [] I think that’s pretty typical because most, I mean (.) most people don’t ask men

what they feel, so I thought ‘oh well that’s par for the course’, you know it’s blokes. We just have to do what we do, and no one ever asks you what you think. [] maybe that’s why I spoke to you because I thought somebody’s got to listen to what we say [] the men don’t get bugger all, [] you know, and you’re left a little bit in the lurch.

Extract Eight highlights the dual positioning of doctors as experts with power, and the men in this study as donors of biological cells with little power. The focus on biology within the “Medical” discourse meant that Steve experienced feeling like “a piece of stock”, a reference to farming which emphasised his lack of power in the process, and his humanity being reduced to that of animals. This lack of power manifested through a lack of say once the sperm had been given and released. Steve felt unheard, and that his emotional needs were not attended to. His biological features (“chromosomes”) became how he was known and treated. “Put up and shut up” is a fairly strong statement and depicts donors as vulnerable and that their needs were not adequately considered or addressed.

This emotion talk was interesting, as it appears to be in conflict with the construction the Clinic had of donors’ needs. Two possibilities emerge to explain this. Firstly, the use of the term “product” may point to the Clinic’s policies being grounded more on the “commercial” discourse as opposed to the “Gift” discourse. Payment has been suggested to render sperm a product and actually minimise donors, depersonalise and commercialise the transaction, and thus contribute to the marginalisation and low status of sperm donors (Daniels, 2000; Daniels & Lewis, 1996). Talk of Steve’s sperm being a product indicates that the money paid may have rendered the donation process a contract, and the Clinic’s relationship with the donor finished upon completion of the transaction. However, as was clearly indicated through this study, the men interviewed did not consider money received as ‘payment’ but ‘reimbursement’ and maintained a “Gift” discourse when talking about motivations. The mismatch between the way the Clinic and the donors constructed the money may have led to a lack of psychological support for donors following the donation process.

However, a second (and in my opinion, strongly supported) possibility also emerged through Steve’s extract – that the Clinic was acting on the basis of the assumptions about men’s detachment and lack of emotion within the discourse of hegemonic

masculinity. Hegemonic masculine notions would indicate that male donors would not require psychological input following donating, that men would have no psychological attachment or emotions as a result of their actions. Steve's comment "that's par for the course" suggests that this is a pervasive pattern of treatment for men, with this experience being one of many of being unheard. In this way, Steve positioned himself as a victim of societal discourses of masculinity which render men unemotional and uncommunicative.

There was a strong suggestion of a lack of power for Steve in this extract and he concludes he was "left in the lurch". He had little agency to make decisions or participate in the process beyond in a biological sense. By participating in this research, Steve reclaimed agency and power, and positioned himself as strong, fighting unfair treatment and a hero (cf Wetherell and Edley, 1999). The emotion talk suggested a "New Man" discourse, while the "Hero" discourse reinforced dominant masculine ideals of strength and assertiveness.

Steve's comments were atypical of talk concerning the Clinic and the way donors were treated by staff. The discourse of "Tests" and establishing exclusivity to the position of donor resulted in talk of being "special" to the Clinic:

9. Walter: I felt that I was someone special [at the Clinic]. I wasn't (.) looked down upon, put it that way. I was someone special that walked in their doors and they'd say "Oh here he comes, look out, get the red carpet out", and it makes you feel really good inside.

Reference to a "red carpet" has associated imagery of a celebrity being vaunted upon arrival, and emphasises Walter's account of being important and valuable to the Clinic. Walter's reference to not being "looked down upon" illustrates the low status and positioning that donors have generally. The 'special' treatment at the Clinic was a positive experience that stood in stark contrast to some of the negative reactions Walter had encountered from others.

Thus, while the "Medical" discourse could disempower some donors, others felt empowered by it, as they were part of a select group who had 'passed' "harsh criteria". These exclusionary criteria were warranted by arguments of 'safety', 'quality' and 'responsibility' and commonsense arguments of preventing transfer of

diseases. The status of medicine and associated power of medical professionals entitled the Clinic staff to make judgements about donors based not just on biological features, but ‘lifestyle’ behaviours such as drug use.

The “tests” were talked about as both anxiety-provoking but necessary, and at times, donors advocated for even stricter (biological) criteria. This served to preserve the exclusivity of the position of donor, with the result that being accepted by the Clinic had psychologically positive consequences for donors. While one donor spoke of feeling like he was only valued for his sperm, other donors spoke of feeling important to the Clinic as one of a somewhat elite group who had been accepted into the programme.

Fertility tests and masculinity

The screening tests discussed above were part of a “Medical” discourse of donating which created categorical differences between the ‘yes world and no world’; the criteria were both biological and behavioural, and were talked about by the donors as a series of judgements of them as people – and as men. This last aspect is the focus of this section: the association between fertility and masculinity, and the enhanced masculine subjectivity which resulted from being accepted into the donor programme.

Several donors talked about a sense of “ego swelling” and “male charge” at hearing they had high sperm counts. This was part of the discourse of hegemonic masculinity which links high fertility and potency with masculinity:

10. Roger: Um (.) I think if any ego sort of swelling occurred it was when I was told my sperm count was quite high, [laughs] yeah I don’t know why, I, yeah, but it’s sort of probably some sort of manly type sort of thing [both laugh].

Roger acknowledged feeling an increased sense of self-esteem when told he had a high sperm count, and he (laughingly) characterised it as a “manly” reaction. Utilising a psychological term such as “ego” warrants his claim of enhanced pride and adds some credibility to his account. This concept of ‘ego’ suggests an essentialist concept of a psychological entity, which can increase or decrease depending on experiences such as being informed of high fertility.

While Roger initially denies knowledge of why he would feel pride about his fertility, he clearly had awareness of a possible reason – the discourse of fertility and masculinity. The laughter evident from both Roger and me suggests that this is something that, while prevalent in societal discourses, is not taken hugely seriously, and the claim is softened as a result.

This “manly” reaction was talked about as being somewhat primitive and instinctual:

11. Phillip: I’ve got to say that I got a real little, um, male charge though, when they came back and said you’ve got a really high [sperm] count. [laughs] So, yeah, I mean, it’s just, yeah, pretty primeval so.

Phillip acknowledged receiving a “male charge” upon hearing of his results. This is framed as somewhat of an admittance, and these two extracts indicate some hesitation in stating boldly that masculine subjectivity was enhanced by the importance of fertility to dominant constructions of ‘manliness’. Phillip’s self commentary on his reaction and terming it “primeval” both relegates it to an ancient and instinctive reaction and reduces agency on the part of the donor, guarding against being positioned in a ‘macho’ discourse, whilst espousing hegemonic masculinity.

Several donors reported experiencing competitiveness from other men, on many levels, including their fertility/masculinity:

12. Steve: I think there’ll always be the sort of male to male thing of(.) you know (.) I’m a bigger bull than you, or I’ve got bigger balls than you.

As Extract Twelve illustrates, donating fits into a discourse about what it means to be a man – and part of this male identity is linked to fertility. Fertility is constructed as being an essentialist concept, able to be measured and judged, and therefore comparable. Equating fertility with masculinity thus places men in competition with one another on the basis of their sperm, which became an indicator of fertility. Historical longevity and an extreme case formulation (“there’ll always”) warrants Steve’s account, and the mention of animals again constructs this as a ‘natural’ phenomenon, outside of men’s control.

This discourse of masculinity and fertility therefore involved notions of competitiveness between men, with several effects. Firstly, donors spoke of their own

high fertility with some pride and were arguably positioned with higher status than non-donors and especially infertile men. Secondly, the competitiveness indicated between men as a result of hegemonic masculinity led to some negative interpersonal consequences for donors when other men discovered their status as donors:

13. Phillip: [] occasionally with guys, and it's something that I used to, it used to piss me off actually, um (.) quite often I, I feel a really strong competitive thing running from other guys, like I, without meaning to, I, I (.) other guys get quite threatened by me um, partly, I guess because of my intelligence, partly because I get on well with women, um (.) partly cause I've had a lot of kids, all those things sort of tend to push male buttons, you know [] who do you think you are, some kind of stud or something

Phillip spoke of experiencing competitiveness from other men, and that they felt threatened by (among other things) his success with women and having children. While initially this was said to be an 'occasional' occurrence, it then altered to 'quite often'; this warranted his claims by depicting such interactions as happening across a period of time and contexts. Phillip utilises a three-part list to warrant his claim to enhanced masculinity which other men find threatening, and gives him superiority over them. Phillip describes this superiority as unintentional and almost 'naturally occurring' it was therefore depicted as out of his control, and not a deliberate effort to subordinate other men.

Phillip described intelligence, success with women and having children as dominant features of masculinity, and criteria by which to judge and compare men. Ironically, while 'success' in these areas could have led to enhanced subjectivity for Phillip, the competitive aspect of masculinity rendered it problematic in his interpersonal relationships with other men, and pushing "male buttons". Phillip's high fertility resulted in reactions such as "who do you think you are, some kind of stud". This refers to the "Male Sex Drive" (Hollway, 1989), which depicts men as wanting to have sex frequently as part of their 'nature'. While masculinity and fertility are connected in hegemonic masculinity, 'boasting' about it is clearly unacceptable, as evidenced in the extracts by the humour and minimisation of the sense of pride experienced at having high fertility. While this was able to be expressed privately and quietly, public acknowledgement was interpreted as 'flaunting', particularly to other men, as a result of the power associated with being positioned as 'superfertile'.

It is enlightening that having a lot of children and/or partners was constructed as being indicative of ‘masculinity’; for women, this would be related to negative positioning of them in terms of morals. Multiple partners and children do not lead to enhanced femininity, due to the predominance of the “Have/Hold” discourse (Hollway, 1989) for females.

The association between fertility and masculinity was further evident when donors discussed their fears of infertility for themselves prior to becoming donors and having their masculinity ‘confirmed’:

14. Adam: [I] found out that I was actually extremely fertile (.) [laugh] [] in many respects it was actually nice to know that I could conceive, my side of the equation was good, [] I think it's also a little bit of that male macho bit that I might (.) I'm not particularly male macho at all, but it's just one of those things, if you don't (.) if you've not had children, then you always think, well, are you capable [] am I able to father children? [] so, so it was a relief. Huge relief actually.

Extract Fourteen illustrates an important point. High fertility talked about as being associated with masculinity and conversely, even the possibility of low fertility was talked about as having a negative impact on a man's sense of masculinity.

Consequently, for childless donors in this study such as Adam, there was a feeling of “Huge relief” that they were fertile. The emphasis placed on ‘huge’ highlights the importance of this to his sense of self and masculinity. Adam sandwiched his denial of being excessively masculine (thus inoculating against being positioned as “macho”) within comments which conform to dominant masculinity and the importance of fertility to this aspect of subjectivity. His comment “it's just one of those things” intimates that his feelings were natural and common to most men, therefore both normalising them and rendering them outside of his control.

Fertility was talked about as being ‘a capability’; This gives meaning to fertility as being a pre-existing potential, which until people have children, remains largely uncertain. It also speaks of fertility as being either absent or present. This contrasts with fertility being constructed along a continuum, something which can be enhanced or decreased with behaviours. The ‘capability’ construction of fertility reduces individual agency and places control for fertility as being largely up to ‘nature’.

Also evident in talk about fertility was a two-sided construction which spoke of women and men having autonomous fertility. This creates a situation where, in the situation of infertility, one side or the other can be held responsible for not playing their part in conception. This construction of fertility problems, rather than perceiving it to be a couple's problem may therefore result in tension and difficulties within couples experiencing fertility problems.

In traditional discourse, motherhood is located as being integral to femininity; discourses such as “mothering instinct” and “biological clock” illustrate the discourse that motherhood is not only natural but therefore outside of individual control. Motherhood also conforms to feminine characteristics such as nurturing and women being located primarily in the domestic sphere. For men, fatherhood is also important in the dominant discourse of masculinity, but for different reasons. These include the ‘proof’ of fertility. For some men, doubts about their fertility prior to donating had a significant impact on them, and led to not just thoughts about their own identity as men, but that of the recipient males:

15. Phillip: Yeah. Um (.) but it was bizarre, I went through all these things about um, maybe I'm sort of old and useless now, and you know, okay, I've been lucky enough to have these kids, but you know, maybe the [sperm] count's not there and it was like, really, what it was, it was actually really good, because what it did was really put me in a situation of thinking about the recipient Dad, and just thinking shit, how would that be? Um, there's some real stuff to deal with there. I, I'm not capable, boof.

In Extract Fifteen, the ‘capable’ construction of fertility was also evident – the sperm count would either be present or absent. Few men have no sperm count, so I read this as Phillip meaning that his sperm count was high enough to qualify as ‘fertile’. This is ironic as it is not known what a ‘normal’ sperm count (if one exists) actually is (Gannon et al., 2004). However, this construction suggests a somewhat all or nothing approach to fertility and sperm counts. “Lucky” also points to a ‘natural’ discourse of fertility, which creates a lack of agency for individuals over their fertility. Phillip's extract contains expressed sympathy (and male camaraderie) for recipient males, based on the assumption that their masculinity would be negatively affected by their inability to father children.

Phillip spoke about his sense of masculinity being negatively impacted by (initial) doubts about his fertility due to his age, even after having had children with partners and having ‘proof’ of his masculinity. Phillip talked about experiencing such self-doubts as “bizarre”, resisting a ‘macho’ position, but also suggesting such thoughts were somehow outside of his control. The emotion talk evident positioned Phillip more in line with a “New Man” discourse, whilst still espousing dominant masculine concepts.

There was a process of some length which he “went through”, that revolved around the meaning of fertility to him. “Old and useless” also indicates the discourse that fertility is finite and fragile and declines with age. The inevitability of aging renders this decline of fertility as being outside of human control. It also points to the association of fertility and masculinity – if a man cannot father children, he is “useless”. It can also be read that his sperm is useless, indicting a close association between sperm as a signifier of fertility and masculinity.

This association between fertility and masculinity not only had implications for the recipient male, but placed men in competition with each other, and positioned the donor in a powerful position in relation to the recipient male:

16. Trevor: I imagine the problem is for the husband, you know, I mean, he’s got to admit that he can’t do it anyway, and that’s (.) ah, you know, that would be a blow, ah, I would not like that myself. You know, it’s going to (.) affect one’s manhood, I should think, even if nobody else knows, you know. The fact that he and his wife know, is, is something he’d have to, have to deal with, and (.) .hh, you know, it’s quite possible that he might feel some resentment, you know, resentment about the fact that this is how it is, and about the fact that some other guy is perfectly potent and his wife can conceive [with him].

Trevor talked about the recipient male being negatively affected by his infertility, as a result of the discourse associating fertility with masculinity. He used (imagined) personal experience (“I would not like that myself”) to warrant his assertions. The knowledge (public or private) that a sperm donor was required to impregnate his wife was enough to be a “blow” to the recipient’s self-esteem and identity as a man due to hegemonic masculine associations. What was interesting was the term “he can’t do it anyway”; talking of conception as ‘it’ leaves the term open for other interpretations, such as the recipient male being impotent, rather than infertile. The use of the term

“perfectly potent” at the end of the extract positions the donors’ potency as the ideal by which the recipient male is unfavourably positioned. This also illustrates the conflation of fertility and potency in dominant discourses of masculinity.

‘Potent’ also has meanings of power, and the extract exemplifies the competitiveness between men in not just fertility, but manliness. The donor fulfilled a function that the recipient male *ought* to have been able to do as a man. The mention of the recipient woman suggests a concrete ‘prize’ for this competition, in addition to the public display of manliness via children. The “resentment” attributed to the recipient male identifies the donor as the source of both competition and reduced sense of ‘manhood’, and places the donor in a powerful position. The very notion of men competing and showing strength reinforces hegemonic masculinity in itself.

This depiction of a recipient male as subordinate and possibly resentful towards the donor placed the donor in somewhat of an awkward position of being proud of their high fertility, but aware of the effects low fertility may have on the recipient male, and possibly his relationship with his wife, as a result of thwarting feminine desires to have children (Carmeli & Birenbaum-Carmeli, 1994). The extracts above suggest awareness of potential negative effects of infertility on masculine identity. In expressing sympathy and some male camaraderie towards recipient males, donors also placed themselves in a powerful (but also compassionate) position in relation to these other men, through their talk of their own enhanced sense of masculinity due to their high fertility. This empathy inoculated against being considered overly macho and arrogant about their high levels of fertility.

Donors acknowledged that by their very existence and contribution/role in the creation of the offspring, they possibly evoked feelings of inadequacy in recipient males and that this might result in him feeling threatened by the existence of the donor:

17. Matthew: [] well, you know, especially, well obviously the father, would actually have to reconcile himself, I think, to the fact that I am here, and that (.) you know, they are my blood and umm (.) I think it would be quite (.) it could be quite difficult for a lot of men to actually (.) you know, there’s a pride and a sense of umm (.) a lot of things there which would make it difficult for a bloke to actually umm (.) acknowledge me.

Extract Seventeen exemplifies the delicate positioning the donors exhibited in their talk – asserting some stake with regards to the offspring as a biological father (“they are my blood”), while inoculating against being accused of being exploitative of the recipient male’s situation for their own pleasure or gain. This process is echoed by talk of a similar process for the recipient male, that of “reconciliation”, bringing together two divergent desires – to have children but wanting to preserve their masculinity (and “pride) by not wanting to acknowledge or make space for the donor.

The negative impact of infertility on recipient males’ masculinity is well supported (Carmeli & Birenbaum-Carmeli, 1994; David & Avidan, 1976; Dickstein, 1990; Heitlinger, 1989; McCartney & Wada, 1990; Myers, 1990; Stotland, 1990). These findings may have direct consequences for the donors in that their existence may be hidden or denied. Indeed, literature suggests that the ability to ‘fake’ a ‘natural’ pregnancy with DI and deny the male’s infertility (to themselves and others) facilitates and promotes secrecy (Blyth, 2000; Daniels, et al., 1995; Klock & Maier, 1991a).

The above extracts illustrate the anxiety donors talked about experiencing during the screening process. This anxiety resulted from the discourse of the process of DI being a series of tests by the clinic, and that the men were being judged and evaluated not just physically, but psychologically. Donors (particularly those without children) talked about their very masculinity being tested along with their fertility. While discovering they had high fertility brought feelings of pride and achievement, there was awareness and consideration of how they would feel if they had low or infertility and subsequently, the impact of infertility on the recipient male’s subjectivity and how they might feel towards donors.

Being ‘picked’ by the recipients

During their discussion of the screening process, donors alluded to feelings of having little control over the Clinic’s decision-making process, and whether they would be “accepted or rejected”, due to the power of medical professionals, who use science and health to warrant their decisions. These feelings of being judged and being powerless to influence the outcome flowed through into discussion about being evaluated, and subsequently ‘picked’ by (potential) recipients:

18. Matthew: I think to be honest with you, half of my thoughts when I was going to the Clinic were self-consciousness, just being there, you know, in a situation where I might actually brush up against [recipients] and them judging ‘well, is that someone I would want my children to be (.) sired from’ and that kind of thing [laughs].

Matthew stated he felt self-conscious when entering the Clinic, in case he ran into some recipients. Donating at the Clinic meant that donors generally entered the “masturitorium” alone, and this made visible their reason for being at the Clinic to others present, including recipients. This ‘publication’ of a private matter left donors vulnerable to being judged. This judgement was evident in Chapter Six, with regards to the social acceptability and legitimacy of what was often talked about as a sexual act (masturbation). In this extract above, the evaluative aspect was to do with Matthew’s worth as a donor/potential father for the recipients’ child(ren). ‘Self-consciousness’ speaks of some embarrassment, and it reads that Matthew would have preferred to remain anonymous to individual recipients, and that his actual presence at the Clinic remained hidden.

This talk of self-consciousness upon coming into the proximity of the recipients illustrated donors’ experience of being ‘on show’, judged on their personal attributes before recipients determined whether to use their sperm or not. This is interesting in that recipients did not have this level of control over selecting their donor. The profiles received were anonymous, and they did not get to interview donors. Evident in Matthew’s account was something akin to a humanist discourse that he as a person would somehow be evident in his very appearance, however briefly glimpsed. In addition, his ‘personality’ would be transmutable to his children through his genes, an essentialist discourse which warrants feelings of being judged.

Judgement therefore appeared to be based on two factors; biological attributes and the ‘personality’ of the donor, which would be evident from the profile sheet supplied to recipients:

19. Paul: Did I sound interesting enough that they might choose me, or am I going to be like the last person chosen for the basketball team, baseball team, or something like that, you know the, the age old, um, school yard nightmare of being the last one picked [laughs].

Paul spoke of experiencing anxiety over whether he would meet the recipients' requirements and subsequently be chosen. He constructed this as being selected not on the basis of biological composition characteristics, but on evaluation of him as a person. What is fascinating about this extract is that talk of emotions and vulnerability (indeed, even child-like emotions of ostracism) were framed within the metaphor of sports teams, an arena which conforms to masculinity and thus inoculates against being constructed as a 'feminine' outpouring of sentiment. "Age old" suggests some historical longevity to such dilemmas, as well as a normalisation of these ordeals as part of growing up.

Extracts Eighteen and Nineteen indicate the anxiety that donors felt upon either coming into contact with recipients or waiting to hear from the Clinic whether they had been selected by recipients to be their donor. Both men in these extracts used humour to soften their statements and perhaps minimise the vulnerability that could be read into their extracts, thus preserving notions of strength and masculinity. In both situations, donors felt self-conscious and that they were being selected personally, rather than biologically. Donors are generally matched to recipient males on physical characteristics; in New Zealand, (as is the case world-wide) there is a shortage of donors and with a small population base, recipients have only limited choice when using donor sperm. For donors with less common physical characteristics, the likelihood of being matched to recipient males and then their profile being offered to recipients is reduced; non-selection, based on the extracts above, would have a negative impact on self-esteem for those donors.

Donors thus talked of being picked as some sort of test, with acceptance and selection by recipients being an endorsement of them as people. In this way, biological features and the profile sheet with a deconstructed outline of them come to represent essentialist notions of personality and character. As a result, men selected by recipients talked of this as being an affirmation of them as a person, with positive psychological consequences:

20. Phillip: [] it's a privilege for somebody to say yes, I want to have your child [] I mean, I can't think of a nicer thing to say to somebody, I really can't. I mean, what more meaningful thing, it's like, um, yeah, well, anyway, enough said. But, yeah.

Kirsty: Well, it's, I guess you're the chosen one, type thing.

Phillip: Yeah, and it's (.) it's a real (.) like, you know, there are lots of things you might say to somebody, I'd like you to be my (.) you know, best man at the wedding, or maid of honour, or whatever, but I mean to say I'd like to have your child, I mean, shit how more, you just can't be more fundamental than that. That's a real, you know, I like who you are. Thank you.

Phillip constructed being picked by recipients as an indication that they like him as a person. "Your child" is an interesting term to use as it speaks to the notion that the offspring were reflective of the donors as people, and that they were personally selected for the child they would 'produce'. Rather than being selected based on pragmatic issues such as scarcity of donors, it was talked about as "meaningful" and highly complimentary, an indication and affirmation of who the men were as people. No other indicator comes close to indicating the esteem with which others hold them. This renders donors' subjectivity vulnerable to recipients' selection decisions; indeed, Phillip talked of gratitude to recipients ("Thank you") for their affirmation. However, being selected and receiving this validation, positively positioned donors which accords with the notion of sperm donation being a "Gift".

An eloquent example of this talk of affirmation came from Gavin:

21. Gavin: Basically, um, a group of four women have said that they're prepared to accept you to father their children (.) No, that's, you know, that's emotionally the equivalent of winning the Nobel Prize. That's an enormous affirmation, you know, I felt really good about myself and, um, (.) it's a privilege to be part of it.

Gavin talked of feeling honoured and privileged about being selected; he listed a number of positive psychological consequences for him, primarily due to his construction that being a donor is a personal validation from the women who have selected him to "father their children". This spoke of the women's selection as a choice for him to not just provide sperm but to fulfil a particular role. This was so momentous to him that he constructed it as being "emotionally the equivalent of winning the Nobel Prize". This challenges the dominant representation of donors being somewhat emotionless about their experiences. Instead, both Phillip and Gavin used a great deal of emotion talk to express the positive impact donating had on their sense of worth.

“Privilege” was used by both Phillip and Gavin. In constructing being a donor selected by recipients as a “privilege”, this indicated that selection was not expected, and thus illustrates the ‘two-tier’ aspect of this discourse of “Test”. Having passed the first test (from the Clinic) the second, and perhaps even more meaningful, was being selected by recipients. While the first tier was closely associated with masculinity, the second had to do more with how ‘nice’ a person and how liked the men were. The use of the example of being involved with someone’s wedding placed the donor and recipient’s relationship more on the footing of an intimate relationship, warranting the assertion that selection was a personal choice, rather than expediency. Gavin used the metaphor of winning a Nobel Prize – this speaks to a competitive element between donors to be selected by recipients, which was also evident in Paul’s talk of sports teams. Thus, while the first tier placed men in competition with each other, the second tier placed donors in competition.

The ‘Right Donor’ and the creation of the “Others”

From the position of having been accepted into the programme by the Clinic, and (for most of the men interviewed), being chosen by recipients as their donor, the men in this study consequently utilised the discourse of “Tests” to construct a set of requirements that potential donors had to meet in order to be considered the ‘right donor’. This is the focus of this section. These requirements echoed the criteria set out by the Clinic in terms of medical requirements, but also went into psychological concepts like motivations, personality types and characteristics such as ‘strength’ as indicated by such things as decisiveness.

The criteria set out by donors mirrored the characteristics and motivations they claimed for themselves. In establishing the qualities that potential donors need to have to become ‘one of them’, donors ‘did difference’ (Elizabeth, 2000) – they placed limits on who should (and could) or should not legitimately be a donor, preserving the exclusivity and ‘character’ of the group and establishing categorical differences between men who were and were not donors. In delineating these categorical differences, the donors also indicated their notion of whether other (existing) donors fulfilled those requirements and ideals.

Medical criteria

As indicated at the beginning of this chapter, the men in this study endorsed and approved of the medical checks they were required to undergo, and the questions about their lifestyle and personal history that they were required to answer. These questions were warranted by discourses of medicine and science, which rendered certain behaviours as clinically high risk and ‘unsafe’.

The responses men gave to such questions were not checked by the Clinic for their truthfulness. The Clinic relied on men to be honest and open in answering these questions. For some donors, this was said to be not going far enough to discharge the duty to the recipients and maintaining the standards of donors in the programme:

22. Steve: I think about whether the um (.) whether there’s enough um (.) research done, or screening done on the basis of sort of chromosomal abnormalities, and stuff like that, and medical reasons. [] a lot of things are sort of you know genetically (.) predetermined [] they [the Clinic] don’t seem to do any DNA screening, they ask a few questions but they don’t [] I think that side could be more improved on. I can’t see the point of giving birth to a (.) or allowing people to go into pregnancies when there is a known risk of medical (.) spina bifida, you know, a number of things that (.) are able to be picked up in gene screens before you, um, proceed, you know that seems to me to be a bit bloody (.) a dimwit sort of a way of approaching things. [laughs] [] I hope the system tidies that side of it up.

Several analytic points emerge from this extract. Firstly, Steve expressed disquiet about the lack of chromosomal screening done. These concerns were warranted within a medical discourse which placed the expression of conditions such as spina bifida as being solely attributable to genetics. Within this discourse, these conditions were not attributed to nature, and therefore agency was located in the hands of scientists and doctors to prevent these conditions from occurring. Steve’s extract placed the Clinic (or the State, through legislation) as having the authority and responsibility for ensuring that donors with genetic predispositions are kept out of the programme. Utilising terms within this medical discourse (such as chromosomal and DNA) added to his credibility, while his use of humour also softened his stance, as did his use of language such as ‘dimwit’.

Secondly, and as a consequence of his disquiet, Steve expressed a desire for more genetic tests to be done in order to ensure that genetically ‘determined’ diseases and

conditions were not passed on to offspring. This (de)valuing of certain people based on their physical and mental capabilities is rendered acceptable within a medical discourse; decisions to effectively prevent people from having children with such disabilities were warranted with this value system. Steve talked about this as being commonsense, thereby normalising it, but also inoculated against being accused of discriminatory and eugenist by talking about this within a medical context.

When comparing Extract Eight from Steve with the above extract, a contradiction emerges. On the one hand, in the above extract, Steve advocated for stronger screening procedures for potential donors and closer scrutiny of them biologically and genetically. Within a medical discourse, this judgement as to their suitability as donors was warranted on the basis of genetics, rather than as people. However, he protested in Extract Eight about being valued as a ‘piece of stock’, and that his ‘chromosomes’ were placed before him (as a person) in importance. When contrasting these two extracts, Steve argued that prior to acceptance, medical criteria should be the predominant and deciding criteria upon which entry to the programme depends; however, men accepted into the programme (having passed such “Test”) should be valued in the donating process, and treated as more than the sum of their biological and genetic parts. Thus, Steve’s objection to being treated on the basis of his biology contrasts with his advocacy that potential donors should be judged in this way. This can be interpreted as protection of the ‘right donor’. Once in the position of being a donor, the men’s talk about requirements and strict criteria indicated the ‘right’ donor discourse. Their pride and psychological investment in their position and subjectivity as donors resulted in the men’s talk protecting the special nature of donating.

Psychological Characteristics

While the Clinic was held responsible for medical ‘safety’, they were also said to be accountable to recipients for ensuring the donors had desirable features such as ‘intelligence’. In Chapter Five, in the context of arguing for payment of donors within a “Professional” discourse, Roger asserted the Clinic is responsible for ensuring the Clinic provide the ‘best’ donors for their clients, using essentialist notions such as ‘intelligence’. In addition to the notions of ‘health’ and ‘intelligence’ several donors constructed the position of ‘donor’ as requiring personal resources:

23. Roger: I wouldn’t like to think that if you had to counsel a donor that

you'd actually want (.) them. But then, I'm very hard. You know, I'm a very hard person.

Roger asserted that a man who *needed* to be 'counselled' prior to being a donor was not someone who was desirable to have in the programme. The connotations of 'counselling' are that the person being 'counselled' needs therapy, help and guidance. Roger positioned himself as a 'hard' person, and therefore simultaneously positioned someone needing counselling prior to making their decision as 'soft'. 'Hard' signifies strength, a dominant masculine feature. Dominant constructions of masculinity also depict men as emotionally detached and less communicative than women. As psychotherapy is often termed a 'talking therapy', women are depicted as the traditional utilisers of it, as this is in keeping with feminine communicativeness. . Consequently, Roger's extract can be read as advocating that men who conform to hegemonic masculinity (like himself) are more desirable than men who display features of femininity such as vulnerability and emotional expressiveness.

The need for counselling thus became a further "Test" for men who wished to become donors, as a test of their resolve, motivations and mental preparation:

24. Paul: Um, I think it [the 'counselling'] was (.) there to change your mind, perhaps, if you weren't (.) doing it for the right reasons, or perhaps if you hadn't considered what you were doing, properly.

As Extract Twenty-Four demonstrates, counselling was talked about as a test of potential donors, a way for the Clinic to identify and dissuade unsuitable men from becoming donors. Consequently, a desire for input from the Clinic and emotional support was seen as a weakness and flaw in potential donors, and the need for counselling became a tool by which to define categorical differences between 'right' and 'wrong' donors.

'Counselling' was depicted as being a process whereby the 'truth' was revealed from potential donors as to their motivations. Donors' constructions of their motivations are discussed in depth in Chapter Five, where all donors (at some point) claimed an altruistic identity within a "Gift" discourse. Consequently, whilst acknowledging variance in expressed motivations, donors claimed that altruism (as opposed to money) was the 'right' motivation to have.

Paul's extract illustrates the donors' talk that there were "right reasons" for becoming a donor, and that it required a great deal of 'proper' thought and consideration, rather than a sudden decision. Donating was talked about as a decision not to be taken lightly, and existing donors spoke of having done this preparation prior to going to the Clinic, thus eliminating the need for the 'counselling' and enabling them to conform to masculine notions of strength and decisiveness:

25. Adam: [the donor coordinator] (.) um (.) gave over lots of information, but I'd already pretty much (.) I'd made my decision very, very quickly, and (.) I wasn't going to change it, I'd made that decision, I was committed to that decision [] I'd made my choice, I'd thought about it, I'm an analytical person, a theorist as I said earlier, and I, I'd (.) I'd found out as much information as I could [] I made my decision and that was it.

Adam positioned himself as decisive; he made his decision quickly at the Clinic, not because he was impetuous, but because he had done his research in advance. Adam utilized scientific terms such as 'theorist...analytical person' which located and warranted his decision within an objective (masculine) discourse, rather than acting on (feminine) emotion. Like Paul, Adam indicated that much of the information given by the Clinic was to "Test" the resolve of the potential donor, to change their mind if they were not 'suitable'. However, Adam spoke of commitment to his decision, made after having gone through a process which implicitly spanned some time of research, consideration, and analysis, and that this information did not change his mind.

Consequently, donors constructed prior consideration of the ramifications of donating as being a requirement of potential donors. Decisions should be made on reason and logic, research and information, rather than more 'feminine' emotion. This construction simultaneously challenged the notion that donors acted on impulse when they entered a clinic (without thought for the others in the process, nor the consequences of their actions) and positioned donors as conforming to hegemonic masculine notions of decisiveness, logic and reason, although this did not exclude emotion talk such as empathy and feelings:

26. Walter: And I think with donors, if anybody wants to be a donor they have to sit down and think beyond giving the sperm, they have to think about (.) the couple, and think along their lines. [] they have to really go through it in their own mind, that they have to jump that wall, that imaginary wall that you're giving this donation and there is somebody on the other side that is going to receive it. You have to say how you feel about them, how would you think you would feel about them, (.) how would you feel if you

were the one that's receiving the donation.

The “Gift” discourse is evident in Walter’s use of the term ‘donation’. However, the focus of this extract is to highlight the requirements Walter set out for potential donors, broadly within notions of regard for the recipients and the ability to empathise and imagine oneself in their situation. The three part list to these requirements lent completeness to his account. Walter focussed on the long-term consequences of donating, which are constructed as being a relationship with the recipients. Walter spoke of an “imaginary wall” dividing the donors and recipients, and that donors must “jump that wall” in order to fully understand what donating is about. In Walter’s account, men must be able to not only think through the ramifications of donating, but be able to express their feeling, traditionally a more ‘feminine’ attribute.

In this way, Walter differs somewhat from the previous extracts, in that he appears to be advocating that potential donors conform to the “New Man” discourse, and exhibit both traditionally masculine and feminine qualities. However, Walter’s talk around feelings also rendered them intellectualised – and he sandwiches talk about *thoughts about* feelings within talk about feelings, and in this way, appeared quite progressive, while retaining (feminine) emotion talk within the realm of (masculine) thought and reason.

The creation of the “Others”

Donors therefore had clear ideas about what the requirements of future donors should be, based on not just medical criteria such as ‘health’, but also psychological ‘traits’ such as intelligence, the ‘right’ motivations and personal resources. These requirements defined the boundaries of who the ‘right donor’ is, and ‘did difference’ by establishing requirements which differentiated between men who could and could not become donors. This encouraged exclusivity for the position of ‘donor’, and indicated a protective stance from the donors to ensure that the ‘right’ men entered into the programme.

Within these extracts, the attributes specified conformed to traditional notions of masculinity. The extract from Walter appeared to be more in keeping with a “New Man” discourse, with talk about feelings and empathy, but these were talked about

within a cognitive paradigm, rather than an emotional one and so were more in keeping with traditional masculine discourse. The requirements can also be interpreted as being an indication of how the donor talked about themselves, as conforming to traditional masculinity. By specifying such characteristics in other men, this encouraged the pool of donors to continue to be ‘like them’.

Contact or knowledge of other existing donors was limited; while all donors were invited to periodic donor meetings, few men in this study attended them, and those that did attended sporadically. As a result, the men in this study expressed curiosity about their fellow donors. While all donors undergo the same (medical) screening programme and tests, the men interviewed expressed some suspicion of other donors, and whether they met the psychological and personal requirements that are discussed in the previous section. Donors in this study established categorical differences between themselves and other donors, and positioned themselves as unique among their group.

Curiosity

Due to lack of contact donors displayed curiosity about other donors, and whether they were like them:

27. Luke: (3.1) No, what would you put me in, the average sort of bunch [of donors] or? [laughs] I just sometimes wonder about what sort of persons, person would donate as well.

In the above extract, Luke questioned me about the other men I had interviewed, and whether he was an “average” donor compared to the others. This suggests two points. Firstly, that within the interview, I was positioned as the ‘expert’. This was due to my location as a researcher within a tertiary education institution. My field of psychological study probably contributed to my positioning as an ‘expert’ on people. Importantly, I had also probably met more donors than Luke. Luke was a tradesman, and while our economic status at that point may have been comparable, the difference in education levels positioned me as more knowledgeable; this differed from my view that Luke was the expert as the donor, but illustrates the discourse which equated education with knowledge and wisdom, and the higher status that academics have in relation to some other occupations.

Secondly, Luke's extract indicated a construction that donors are a homogenous group, and that the 'type' of man who donates can be pinpointed and identified. This signals an essentialist notion of personality type – what "sort" of person becomes a donor. Interestingly however, implicit in Luke's account was an indication that he considered himself to be different in some way from other donors; had he not, he could have reasonably assumed he would be the same 'type' of person.

This wondering about other donors is also illustrated in the following extract from Richard, who expressed surprise upon meeting other donors that they were "normal":

28. Richard: Um, one thing I looked at the other guys [at a donor meeting] and I thought they're normal actually, um, you know (.) I think I'm normal but you know what I mean.

Richard's extract and that of Luke's illustrates that donors simultaneously carried assumptions that other donors are a certain "sort" of person, but that they are different from them. There was a curiosity about what the other men would be like, and when they discovered they were actually 'normal' like them, this was a revelation. 'Normal' carries both valued judgements and essentialist ideas of normal and abnormal. It can be read from Richard's extract that he claimed to be normal, and prior to meeting other donors, he positioned them in the 'other' position of abnormal. 'You know what I mean' suggests that his assumptions were reasonable and based on commonsense ideas of what donors are like, prior to actually meeting them.

The isolation from other donors that the men in this study spoke of contributed to negative positioning of other donors. Ironically, after challenging negative dominant constructions of donors and presenting more positive alternative accounts of the position of donor, the participants failed to utilise more positive discourse when talking about other potential and actual donors. Instead, they emphasised their own individuality and positive positioning, while separating themselves from other donors.

"Different from me"

When donors had taken the opportunity to meet other donors, some (as Richard did above) expressed surprise that the men *were* like them in many ways and that they were "normal". However, other men interviewed spoke negatively about the "Others",

reinforcing the dominant discourse of donors as being men of dubious characters and motivations:

29. John: I met (.) people at one of those donor meetings (.) I mean, that were curious to know what (.) was the child doing well at school (.) I mean you could tell they were doing it because (.) I mean if the child's doing well that means I'm a great person (.) I mean, that's [] I wouldn't say it's selfish, but it's too ego-tripping for me, I'm afraid.

John spoke of other donors he met as being self-serving, and that success of the offspring allows them to bask in reflected glory and have an increased sense of self-worth. John positioned himself as an expert on people, and able to 'tell' their motivations and hidden thoughts. He talked about donors having firstly, some investment in the child's achievements; secondly, essentialist assumptions were made that these could be attributable to them in some way, perhaps genetically.

While this could be interpreted positively as being indicative of concern for the offspring, John spoke of this interest negatively, as being an indication of self-serving motivations for being a donor. While he attributed such intentions to donors, he differentiated himself from them, and thus distanced himself from similar accusations about his own motivations and behaviours.

The negative talk from some men interviewed towards other donors consequently constructed them as being 'others' who were the 'wrong donors' in comparison to themselves:

30. Walter: I think what I've experienced with the group sometimes is guys just come in there for a quick wank and that's it. You know, and I don't think that's right, there's got to be a bit more than that. I'm not saying all of them are like that, but I'm saying my personal experience I've had.

In Chapter Five, Walter had strongly rejected the construction that donating was a short-term act for sexual pleasure without regard to the consequences. Indeed, he spoke of needing to educate people about what donating was really about. Yet, in the extract above, he reinforced the very discourse and positioning that he tried to refute for himself by talking about the donors he met in the donor group as having these sexual, short term motives. Walter used his personal experience to warrant his claims, and inoculated against being too general by qualifying his account by saying not "all

of them are like that”. His account illustrates the ‘us and them’ talk, which established differences within donors based on motivations.

As a result of lack of contact, donors thus employed dominant negative discourses in their talk about other donors, whilst utilising more positive discourses to talk about themselves. This differentiation was possible as a result of the men in this study distancing themselves from their peers, and talking about themselves as ‘different’:

31. Harry: I don’t fit the norm (0.8) you know?

In the above extract, Harry clearly identifies that there is a ‘norm’, and that he (unlike other donors) does not fit within this category. ‘Norm’ is a term of the individual differences discourse which renders people outside the dominant discourse as being ‘outliers’ and aberrations. However, in this extract, this position is claimed as a positive one, due to the ‘norm’ for donors being negative within dominant discourses.

As a result of this establishing of categorical differences, many donors rejected the need or desire to associate with other donors:

32. Kirsty: So, did you ask to speak to any other donors, before you (.) went ahead? Do you think that would have helped?

William: (0.9) .hh No, um, it may have helped, but I would have wanted to have known (.) I would have wanted to speak to someone like me. []

Yeah, I would have wanted to speak to someone who set similar (.) coming from a similar place, not, I mean I could under-, I could, I might imagine there might be people with completely different feelings and thoughts, and that’s their right, about how they, why they do it, and [] You know, and that’s their, that’s, that’s cool, but I (.) wouldn’t have got anything from talking to people like that.

William had previously expressed a wish that he could have had someone with whom to discuss the issues prior to making a final decision to become a donor. When I questioned him as to whether he had sought out another donor out to act as a sounding board, William said no, and explained that talking to other donors would have been unlikely to have assisted him, as psychologically, they would more than likely be different from him in their “feelings...thoughts...why they do it”.

William expressed somewhat of a contradiction; he wanted to speak to someone he knew was like him, yet did not want to talk to people to find out if they *were* like him.

In this way, isolation perpetuated the construction of the “others”. William implicitly differentiated himself from other donors, while positioning himself as egalitarian and liberal by expressing that everyone is entitled to their motivations. In this way, he inoculated against being unfairly biased against other donors. William used extreme case formulation to warrant distancing himself from other donors through categorical differences, signalled by the use of “*completely* different feelings and thoughts” [my emphasis].

Donors thus considered that they were unique within a group of otherwise homogenous men. They constructed the “Others” through the use of categorical differences established through reference to psychological concepts such as ‘norm’, ‘thoughts and feelings’ and ‘motivations’, which warranted isolating themselves from their fellow donors. These assumptions were made without actually knowing what other donors are like, and often rejecting opportunities to find out. Consequently, the men in this study simultaneously rejected dominant discourse of sperm donor, and reinforced them when talking about the “Others”.

Conclusions

This chapter has examined the discourse which talks of donating as being a series of evaluations and tests, from firstly the Clinic and secondly, recipients. Apparent was the power of doctors entitled through their position within medical discourses to make important decisions about people’s lives on the basis of criteria which might otherwise be termed discriminatory outside of a medical context. Medical professionals offering treatment are in the powerful position of determining, to a large extent, access to reproductive technologies (Daniels & Taylor, 1993a; Heitlinger, 1989), and they set the rules and environment for donating, such as screening, recruitment policies and compensation (Novaes, 1989; Rosenthal, 1990), and sanctioned by their position of high status in society (Back & Snowden, 1988).

Being evaluated, both biologically and psychologically was part of the “tests” discourse, and as a result, donors talked about having to measure up to some tangible yardstick, set firstly by the Clinic, then by the recipients. Biological qualities and

essentialist traits therefore became representative of the men themselves, perpetuated through the limited contact donors had with Clinic staff.

Donors spoke of being not just medically examined by the Clinic, but also assessed psychologically. They expressed pride upon being accepted, and a heightened sense of masculinity upon discovering they had high fertility. This link between fertility and masculinity had several consequences for donors. Many donors expressed a sense of “male pride” in hearing they were very fertile. For childless donors (and those advancing in age) it was affirmation that their manliness was intact. Having high fertility and enhanced masculinity created negative consequences in the sense that talk of competitiveness between men created resentment and jealousy towards donors from other men. This discourse also meant that upon reflection of what fertility meant for their sense of self, donors considered the position of the recipient male, and speculated that his lowered sense of masculinity would lead him to having difficulty accepting the donor.

Despite the rigours of the medical and physical tests from the Clinic, the tests were justified by notions of ‘safety’ and ‘health’ which graded sperm in order to ensure undesirable conditions were not present in the offspring. Such eugenic ideas were warranted within the medical discourse and commonsense ideas about wanting the healthiest child possible.

Sperm for donor insemination has been termed ‘technosperm’, marketed by sperm banks as new and improved (compared to ‘ordinary’ sperm) due to the testing and analysis that it is subject to (Moore & Schmidt, 1999). While this type of marketing was not apparent with the Clinic, the notion that the sperm from the sperm donors was somehow superior was evident in the accounts of the men, and placed them in a powerful position in relation to other men, particularly the recipient male. In this way, men were judged on their sperm, and in competition with one another for the ability to inseminate women.

As a result of essentialist notions of personality and humanist discourse which suggested that the ‘real’ donor would be apparent through their profile sheet, the men in this study experienced personal validation upon being ‘picked’ by the recipients.

Implicit in this is the assumption that through the profiles of donors that recipients are given, they are able to reconstruct the donors from the deconstructed cells to create a ‘picture’ of a man (Moore & Schmidt, 1999), which they then select.

As a result of the tests they had to pass, donors had their own notion of the requirements of the ‘right donor’, which often advocated stricter psychological as well as medical criteria than they had to go through. Given the worldwide shortage of sperm donors, to advocate for stricter criteria and closer scrutiny of the lifestyle and integrity of potential donors was interesting, and donors did so by warranting such recommendations through talking about the safety for recipients and the need to maintain (if not tighten up) the strict standards for donors, preserving the position of donor as being quite exclusive. Donors indicated that the ‘right donor’ was not only healthy, but had psychological qualities such as intelligence, the ‘right motivations’ and was psychologically strong-minded and decisive. The privileging of traditionally masculine notions of logic and reasons over emotion meant that potential donors were talked about in terms of conforming to hegemonic masculine features.

These requirements were characteristics that the existing donors claimed they had, and their stipulation that these requirements form the ‘right donor’ created a donor identity that matched their own. The participants’ talk protected the special nature of donating and not only validated themselves as the ‘right donors’, but would also result in more men like them becoming donors.

Donors spoke of themselves as being somewhat unique and established categorical differences between them and the homogenous group of the “others”. While the men in this study expressed curiosity about their fellow donors, often they rejected association and contact with them, based on their construction of their individuality. Many donors not only distanced themselves from other donors, but talked about them negatively, and at times, utilised the very dominant constructions of donors that they had previously tried to counter. The lack of contact perpetuated the use of these dominant discourses.

In conclusion, the construction of donating as passing tests positioned donors as being both powerful and conforming to dominant discourses of masculinity due to their

(medically determined) high levels of fertility. This was acknowledged as a source of pride and achievement as a male. Donors referred to the discourse that links masculinity with sexuality/potency and expressed empathy and sympathy for the recipient male, who, due to infertility was rendered in a subordinate state of masculinity. The recipient male became an ‘other’ by which the position of donor as ‘hyper-masculine’ was defined.

The contrary situation to this power was that of the Clinic and recipients to reject or accept a donor, based on firstly biological, and then personal, criteria. Once accepted, donors spoke from a position of knowledge about their construction of the ‘right donor’, which they met, but the “Others” often did not. Thus, potential and existing donors became another group of “others” by whom the position of donor was delineated.

Donating was talked about as being a series of tests and evaluations by many donors; having passed these placed the men in an exclusive group. From this position, and using construction of the ‘right’ donor and motivations, donors then discussed their construction of the requirements to be a donor, providing the power to maintain and protect the exclusivity of the position.

The following Chapter moves the focus somewhat to discussing discourse surrounding children and parents. Of particular interest is the discourse which bestows rights upon children to their biological origins, and the competing discourse of parental authority.

Chapter Eight

Children’s rights versus parental authority

In contemporary society, there has emerged a discourse which accords children a number of privileges, underpinned with the rationale that they are smaller versions of adults and so should be accorded the same protection of their rights. This has come about partly due to increasing awareness and condemnation of children being maltreated physically or psychologically due to notions that they are somehow lesser than adults.

As Daniels (1995) points out, in the case of donor insemination (DI), with the multitude and complexity of relationships involved, there is a conflict in the rights and needs of the parties, with the needs of the offspring being placed before the rights of the other parties. However, what the needs of the offspring are is open for negotiation, as is who is responsible for fulfilling those needs and how.

This chapter explores donors’ discourses of children and parents, and the impact these discourses had on the donors’ position in relation to offspring and recipients, and each party’s rights. These discourses emerged within the context of discussions of disclosure (should offspring be told of their origins) and anonymity (should offspring have access to, and contact with, the donors, or should donors remain anonymous).

‘Birth Right’

The discourse of “birth right” was complex and involved talk of it being ‘right’, ‘natural’ and ‘inevitable’ that children would want to know their origins and possibly contact their donor. This rendered the position of child as being both powerful and simultaneously vulnerable and in need of protection:

1. Roger: I think a child should be treated as an adult, as most as possible given the respect and rights as any individual. (.) It’s very important to their development. [] children should be given (.) protected in society, and encouraged and nurtured and given more chances than adults, they are forming, they need breaks, you know, they can’t provide for themselves, they need to be educated and looked after, and their emotional well being has to be catered to as well by society and (.) and, yeah I think it’s really important to know where you’ve come from, and I’m only putting myself in their situation and saying that (.) a donor should be prepared to go some distance [for that].

Roger provides two statements which at first reading appear contradictory. Firstly, he compares children and adults, and locates children as being entitled to the same treatment as adults. Roger’s opening sentences read as equating adults and individuals; adults are thus the ‘norm’ against which children are compared and positioned. His assertion that children have rights and should be treated with respect is not absolute – it is qualified by “as most as possible”, providing room for some presumably acceptable amount of lack of even-handedness. This equity between children and adults is contradicted by the rest of the extract, which argues for “more chances” for children, on the basis of the construction of them as being vulnerable.

Roger provides a three part list of things that a child requires – protection, encouragement and nurturing. This suggests a comprehensiveness and credence to his account which warrants his claims. Roger indicates categorical differences between adults and children, such as physical and emotional maturity, independence and knowledge. In this way, children are positioned as vulnerable and unable to fend for themselves emotionally or physically and therefore, are in need of protection.

At the end of his list, Roger talked of children’s emotional well-being, and included within this broad psychological term was knowledge of “where you’re from” – biological heritage. This assertion that knowledge is fundamental to emotional health is something other donors also mentioned. However, of note is the use of (almost) personal experience which warrants his assertion that donors have a responsibility to fulfil what is constructed as an entitlement of the offspring to knowledge. “Some distance” can be interpreted both figuratively and literally, but in either scenario, the donor is required to make considerable effort to meet this ‘right’.

This contradicts previous assumptions that donors absolve themselves of responsibility for the consequences from their donations (the offspring) upon leaving the clinic. On the contrary, many donors’ talk illustrated their opinion that donating did not end upon leaving the clinic, but continued long after offspring are born. Donating therefore spanned some ‘distance’ in time and space, and which was argued to follow a progression which included the donor fulfilling the ‘right’ of the offspring to knowledge.

The “birth right” was constructed as principle which contrasted with Clinic policies of donor anonymity:

2. William: [] while the [clinic] protocols talk about anonymity, (1.9) .hh um, donor anonymity, or the certain age where people, might (.), when they can have access to that information [about the donor and their ancestors], um, (1.9), it was important to me, in participating that, that, if there are child-, a child, if there is someone conceived from this process, um, that they’ve got access to that information for their own well-being.[] Um, because without that, (.) um, (.) a birthright would be denied them. [] I’m feeling that, um, whose right is it to hold the truth from people? You know, who has the right to withhold the truth from people?

William argued against clinic protocols that prescribed anonymity or set age limits when offspring can access information about their origins. Instead, he advocated that offspring should have ready access to information about their donor. William called this a “birthright” of the offspring that is necessary for the offspring’s own emotional well-being. This echoes Roger’s account, where knowledge of the donor was talked about in terms of emotional well-being. This is a bottom line statement, as few would argue that practices should not be for the well-being of the offspring.

The term “birthright” can be interpreted in different ways. It could be read as being a right that every child is automatically granted upon birth, thus applying not just to donor offspring, but to all children who have an ‘absent’ biological parent, including adopted children, children born using artificial reproductive technology, and also children from single parent families. In this way, the ‘right’ becomes naturally occurring, and therefore outside of human agency. Alternatively, it can be interpreted as a right that occurs as a result of the circumstances of birth, which is narrower in focus and applies only to this particular situation of assisted reproduction and anonymous gamete donation. Within the context of William’s interview, I read the term as meaning the former, in that every child has the ‘right’ to know their origins – and that this included biological and ancestral information.

Upon consideration of the beginning and end of the extract, William can be read as claiming clinic “protocols” which stipulate donor anonymity actually violate the entitlement of the offspring to the “truth”, and exceed the Clinic’s authority. The ‘truth’ is used as a powerful resource to place limits on the authority bestowed on medical professionals in the “Medical” discourse; it should not in principle extend to

matters of the ‘rights’ of the offspring, but William can be interpreted as claiming that their policies impacted negatively on those rights.

William argued strongly that no-one has the right to withhold information from the offspring, and this could include not just the Clinic, but also the recipients. This places limits on parental authority, as William argued that the ‘truth’ and ‘rights’ of the offspring override the traditional authority of parents to determine what is best for their children.

Further, “birth right” places obligations upon donors to facilitate the fulfilment of this right, and the notion that to maintain donor anonymity would also withhold an entitlement invested in the child, and negatively impact on their ‘well-being’. Implicit in this is a privileging of information pertaining to not just genetics/biology, but also ancestry, and the notion that regardless of the type of environment within which the offspring are raised, this type of information remains critical to their psychological health. This is also evident in the following extract:

3. Trevor: I think the child has a right to know [] as much as they (.) want to know, about their own history, their own origins and background and all the rest of it, um, (.) you know, they’ll obviously be brought up in a (.) an environment created by their parents (.) their, you know, their mother, their biological mother and their (.) legal father (.) ah, which will, you know, take them in a certain direction, but, and you know, the fact that they are (.) actually, um, genetically somebody else’s (.) child is, may or may not be relevant to them, but I think they have the right to know that, and be able to find out more about their father if they want to.

Several things occur in this extract. Trevor invoked the “birth right” discourse, through his assertion that *all* children have the “right to know”, detailed in a three-part list (“background, history and origins”) which provided completeness and credibility to his claim. “Birth right” positioned the donor as being influential in the offspring’s life in two ways: through the passing on of genes which are talked about as being a pervading and life-long influence; and through the passing on of knowledge of what could loosely be termed heritage in the sense of information about their origins.

Trevor goes further than this, however, in that not only does he refer to the offspring having a right to know, they have the “right to know as much as they...want to”. This placed the offspring in a powerful position of being entitled to as much knowledge as

they wish to have – from both recipients and donors. Both recipients and donors were positioned as quite passive in the process of disclosure and giving information, and having little agency in decisions around disclosure.

Trevor alluded to the influence being “genetically somebody else’s child” might have on the offspring’s life (independently of the upbringing they receive from the recipients), in a reference to the ‘nature versus nurture’ debate. The possibility that genetics may not be relevant to the offspring was sandwiched among talk about the right to know; thus, while Trevor acknowledged the possibility that ‘nurture’ was more important to a child, he effectively spoke of this as being redundant in light of talk about ‘rights’.

Trevor termed the recipient male the “legal father”, in contrast to calling the recipient female the “biological mother”. This positioned the recipients in different roles and status - one legal and familial, and the other biological and familial. This separates out terms and roles for people in the DI process based on biology versus legal (and social) status. It can also be interpreted as providing a place for the donor as the “biological father”. The donor has an appropriate label, which is biological and familial, without usurping the “legal father”.

Inevitability

Part of the discourse of “birth right” involved talk of it being natural and inevitable that the offspring will want to know about their (genetic) origins:

4. Neil: Sooner or later that child wants to know. We are all curious of our origins, and sooner or later (.) yeah, that question’s going to be asked.

Neil normalised a desire for knowledge as being common to all people, regardless of their circumstance of birth and accordingly, disclosure becomes a matter of when, not if. Consequently, ‘inevitability’ reduces the agency of all parties involved – the offspring, the recipients and the donor, and positions them as being deferential to human nature. The discourse of inevitability has been utilised in the literature, with some authors suggesting that offspring finding out their origins is inevitable, and therefore secrecy can only be destructive (Nachtigall et al., 1998). This argues for

disclosure to the offspring, and recipients’ ability to decide otherwise is greatly reduced.

Secrecy and lies

Terms such as trust and openness were utilised in this study (as in the literature, for example, Annas 1979, 1980) in relation to offspring and recipients’ relationships, which consequently made nondisclosure destructive and untenable:

5. Matthew: If I was a child by some other father, and I was treated as being somebody else’s child and later I found out, and there were things that I never understood between our relationship, that I could never explain, and the secrecy, and the lies, and the lack of openness. I think all of those things would mean that I would resent not having been told, and I think that because of not being open, and not being told, the relationship with my father who was looking after me from nought to zilch, would be compromised, because I think that the most important thing between two people is openness and honesty. And I think that, that would be a sad loss.

Matthew mounts a strong case for disclosure, based on the association of secrecy with lies and “lack of openness”. “Lies” has meanings of being intentional misrepresentation; similarly “secrecy” also involves deliberate withholding of information. In contrast, “lack of openness” is more passive in terms of agency. The use of a three part list (“secrecy...lies...lack of openness”) warrants his assertions as to the destructiveness of lack of disclosure. These consequences were framed in terms of loss - loss of honesty due to the opposing tack of secrecy and dishonesty. Implicit in this is the notion that honesty is fundamental to all relationships, something that is presented as commonsense.

Several points stand out from his argument. Firstly, Matthew suggests that the offspring would be treated as if they had another “father” (due to lack of a biological relationship with the recipient male), and that this would negatively impact on their relationship with the recipient male, in intangible but instantly recognisable ways. This extract could be interpreted as being applicable in other situations, where the biological father is not the man raising the child. The biological donor was positioned as the “other father”, in relation to both the offspring and the recipient male, hinting at some competition between two men vying for the position of father.

In talking in the first person, Matthew depicts himself as someone who can imagine another person’s circumstances; this use of “If I were....” appeared to be a common way to warrant claims. Utilising something akin to personal experience provided credibility to claims and enabled the speaker to make strong assertions, whilst inoculating against accusations of making generalised assumptions about people.

Matthew claimed children would *instinctively* knowing that something is different and ‘wrong’ about their relationship with their parent, something some authors have argued in the literature (Gerstel, 1963; Snowden and Mitchell, 1981). As a result, the question of disclosure then became one of *how* the offspring finds out, and the effects from the method of discovery, rather than whether they should be told. For example, Rubin (1983) wrote of the damage to her sense of identity from nondisclosure, including the deterioration in her relationship with her (social) father; interestingly, she also wrote of always sensing something was different, and not quite right, and feeling betrayed from being ‘lied to’ for so many years. She advocates for offspring’s rights to be given priority, and maintained the inevitability of offspring discovering the circumstances of their conception.

Thus, talk of dishonesty being destructive, and honesty being constructive, situated disclosure as inevitable and integral to an offspring’s sense of well-being and their family relationships. This positioned the offspring as powerful due to (ironically) their vulnerability, and the discourse of “birth right” thus protected their interests, whilst positioning both the recipients and donors as obligated to fulfil this entitlement.

Adoption

One of the resources donors used to argue for privileging the needs and rights of the offspring was the negative experiences adoptees had when adoptions were ‘closed’ and they could not access information about their birthparents. Donors used the adverse effects this had on adoptees as a framework to argue for “birth right” and to claim that genetic and historical knowledge is essential for people’s well-being and mental health:

6. Shaun: I think in those days it [open adoption] was all you could get. You either agree or you (.) But, but, (.) we felt, and everyone else felt, that the child (.) should know, at the earliest age (.) to come to grips with it. Because I’ve heard of people at twenty-one, at thirty, at forty, being told that they’re

adopted, and it’s shattering. Absolutely shattering. And then because they’re so old, perhaps the records haven’t been kept, and it’s just a huge fight to find out where their roots are. [] So I’m in both camps here, the adoption camp and the donor camp, I knew the rights of the children and the donor children now have the same rights as adoptive children, and that’s quite clear to me but perhaps not to somebody else. I know what’s going on.

Shaun achieves a lot through reference to the ‘lessons learnt’ from adoption. Shaun acknowledged that there are various positions in the debate on disclosure when he spoke of “camps”, he also established himself as an ‘expert’, a ‘knower’ someone in a unique position to see both sides, be in both “camps”, and therefore provide a balanced, informed perspective. This use of personal experience of both adoption and sperm donation therefore gives him credibility and warrants his account. This ‘expert’ positioning is evident in his claims that he ‘knows’ the rights of the offspring, and “what’s going on”, whilst someone else without his experience would not. From this position of authority, Shaun provided an extreme case formulation to warrant his claim that nondisclosure (or even disclosure ‘too late’) is highly detrimental to offspring – this is evident in his statement “Absolutely shattering”.

Shaun acknowledged that open adoption was the only option available to him and his wife at the time they adopted their children, but inoculated against being positioned as having to comply with legal policy. Rather, he claimed agency through talk of an open adoption being their preferred option and their choice, rather than a matter of necessity.

The ‘rights’ of the adopted and donor ‘children’ are non-negotiable and able to be clearly identified and therefore protected. Shaun extended the legally and socially sanctioned rights of adoptees to DI offspring, from his position of knowledge. He advocated early disclosure, and depicted a process whereby offspring come to terms with the impact of the information. Later or non-disclosure led to what was characterised as a battle to find out their “roots”. This battle can be interpreted as pitting offspring in a fight with time, policies and people who have thwarted their rights – including their biological parents, medical personnel and their adoptive parents. Similarly, nondisclosure would result in a battle for the rights of the offspring to prevail, over the donor, recipients and Clinics. The use of closed adoption, therefore, serves as an extreme case formulation which warns of the consequence of

nondisclosure for donor offspring.

Parental power versus the use of “enforcers”

Donors’ talk revealed a discourse that privileges offspring’s “birth right”. This involved talk of an inevitability in the offspring’s ‘need to know’ about their heritage, for their well-being. While ‘right’ has meanings of an entitlement, there was an awareness that this may be thwarted in some way, and this resulted in talk about the need for ‘enforcers’ to protect the “birth right” of the donor offspring. This pitted a discourse that privileges traditional parental authority against the construction of the power of the State to override it, sanctioned by talk of the ‘best interests’ of the offspring:

7. Steve: I think the ultimate reality is that they [offspring] should be told, so you know (.) how do you go about it, is it best that the donor approaches the child, or the state, or the body, or somebody tells the child that they are actually a donor child, you know. I don’t think they should be left in the dark; I’m not very (.) I don’t agree with that. And then they can have (.) then it would be their decision that they approach someone to find out the information. Probably it’s not the duty of the donor that they are (.) something (.) maybe the clinic has a responsibility to do that or somebody has a responsibility to follow up, to see that they are told, because I don’t believe that they should not be told.
Kirsty: So you don’t believe it should be just left up to the parents then?
Steve: No. I don’t think so. I think (.) some people (.) I was surprised (.) I think [the donor co-ordinator] or somebody told me that some 30%, or that sort of figure, don’t tell their children, which is not right, I don’t think it’s right.

Steve’s extract used extreme case formulation to unequivocally state that offspring be told of their origins – the use of “ultimate reality” both acknowledges counter-views, but dismisses them in importance. However, how and by whom disclosure occurred was more awkward and less clear-cut. Various options were proposed in a three part list which suggested the donor had given this some consideration, but that the answer remained problematic. The options considered were the donor, the state, or the clinic. The recipients were not mentioned in these options, because as Steve inferred towards the end, they cannot be relied on to do the ‘right thing’, and tell their children; this claim was warranted by mention of statistical figures provided by the ‘experts’ at the Clinic, which stated a considerable number of recipients do not inform their children that they were conceived with donor sperm.

In this extract, the recipients effectively had their ‘parental authority’ diluted in deference to this discourse of “birth right”. In addition, the donor was positioned as a potential (although not likely) enforcer of these rights, along with powerful institutions such as medicine and government. Whilst not perhaps being the enforcer of the “birth right”, donors (by advocating that these rights be realized), positioned themselves as protectors of these rights.

The promotion of the use of the law or agencies to enforce disclosure has the effect of reducing their authority as parents to make decisions for their children. This challenges a dominant discourse of parents having significant power, and confers power to other groups in positions of authority to influence what have traditionally been considered ‘private’ decisions made within personal arenas. This alternative construction talks of these private areas of life falling within public and political forums.

The power of the discourse of parental authority was such that, even while advocating for the primacy of offspring’s rights, some donors were more ambivalent than Steve about ensuring disclosure occurs through legislation:

8. Paul: = [It] would be nice if there was some way it could be enforced so that the parents would tell [offspring] I don't think that can be legislated though. Um, I think that it shouldn't be legislated, I would like the parents to be responsible enough themselves, to do that. Of course, I live in a fool's paradise [laughs]. Um, (.) I tend to want to give people more personal responsibility and less legislation, um, that puts me a little bit at odds with how things really work. So, (.) my own little Platonist world. Um, (1.1) is (.) usually disappointed by how people really act. [laughs]

Paul suggested the desirable scenario is that people take personal responsibility and do the right thing without state legislation being involved. In this way, personal responsibility was contrasted with the Government (represented through legislation); the latter is not necessary unless the former does not occur. Moreover, Paul asserts that personal responsibility is signified by disclosure, and in this way, places an obligation of parents to disclose, or risk being positioned as irresponsible.

Paul’s term “fool’s paradise” indicated a use of humour (evident throughout the extract) which softened his statements about the nature of people – that they are

inherently irresponsible and require legislation in order to do the ‘right’ thing. This located disclosure as a moral issue, in fulfilling rights and complying with some positivistic moral code. “Platonist” refers to the Ancient Greek Plato, a political philosopher who devoted many of his works to human virtues and what an ideal society is, including the role of Government (Kemerling, 2002; Kraut, 2004). The mentioning of Plato positioned Paul as a philosopher, adding credibility and warrant to his assertions, and locating them as moral and metaphysical arguments.

This depiction of people leaves the way open for possible legal remedies to be necessary to ensure people tell offspring of their origins. This would bestow decision making powers with the Government or other agency, rather than parents/people. However, while Paul spoke of wanting offspring to be told of their origins, he backed away from saying that recipients should be *made* to disclose, preserving parental power in decision making for their children. His extract can be read as locating decisions on disclosure as being a moral test, but one which should not be written into legislation.

The opposing discourses of parental authority versus offspring’s rights are illustrated in the above two extracts. On the one hand, as illustrated by Steve’s Extract Seven, donors advocated that offspring’s right to know overrides the parents’ decision making abilities, and authorities – such as clinics or law-makers – were given the ability to create enforceable rules that take away the power of recipients and move the state (via laws) into the arena of the family and family relationships. That has been deemed appropriate in the area of adoption, and was extended into the area of artificial reproductive technology, in both cases with the stated aim of protecting and privileging the rights of the children over the rights of all other parties involved in the process.

However, Paul’s Extract Eight points to the hesitation many donors had in taking such a step, and reducing parental authority. Donors often occupied the dual position of donor and parent to their own children (for want of a better term), and therefore to argue to dilute parental authority would affect them in both positions. Paul expressed a wish that the ‘right thing’ (disclosure) would happen, but acknowledged that it often does not. Despite this, he did not support legislation *making* parent disclose,

preserving the rights of the recipients to decide whether, and how much, to tell their offspring of their origins. Indeed, this authority was talked about by many as sacrosanct:

9. Harry: (1.4) I don't have any strong (.) position [on disclosure] there. U::m, (.) I don't feel I am the one (.) who:: is able to judge. I think that is strictly up to the parents, (.) whether they do or they don't. If they do, okay, and if they don't, so be it. You know? Leave it alone.

Harry (unlike other donors) positioned himself as being outside of the decision process and placed all authority with the parents. It is their decision *alone*, and once the decision is made, no one should interfere in it or overturn it. This eliminates the power given in other extracts to both the community to judge decisions, and institutions of authority to enforce the ‘right’ decision. Harry was a single man with no children, which may have influenced his views, in that he was unable to claim personal experience as a parent to warrant his account. Paul was similarly childless, but utilised mention of Plato to warrant his claims.

A complete deference to other was not common in the talk of participants, most of whom staked a claim as to the rights and best interests of the offspring. These claims were warranted in various ways, through reference to philosophy, statistics, personal experience and extreme cases which warned of dire consequences of nondisclosure. In advocating for disclosure, donors privileged information pertaining to not just biology/genetics, but to more familial terms such as ‘history and background’. This positioned the donor as being important in both a practical way (giving information) and a more intangible positioning of being important in the offspring’s sense of identity, due to notions of ancestry.

The position and influence of ‘experts’ at times acted as an arbitrator between parental authority and the “birth right” of offspring. Whilst positioned as a champion and protector of offspring’s rights, donors positioned the Clinic as protectors of their rights, within the context of fulfilling the “birth right” of the offspring:

10. Kirsty: Would you want contact made via a third party?
Paul: For me, I, I don't mind. I mean, I guess it could be a shock at times, just to have somebody turn up on your doorstep. [] I guess for protection, all round, I mean [] for me, I don't mind. I mean, I, I'm quite, when, when I do have children I'm, I'm not going to not pretend, I'm not going to pretend this didn't happen, I'm going to say, you know, you, you have (.) some biological

(.) siblings out there, and, um, (.) they, they may contact. But, you can easily imagine where people don’t say that to the children, because those people don’t involve their children in things like this, and someone turns up at the door unexpectedly, and all hell breaks loose. [laughs] [] Um, for me, I don’t, I don’t mind, at my current state of life, I think that (.) if they did turn up at the door, fine, um, it would be a shock, though. (.) I guess the real advantage of (.) having a third party involved, (.) is that you can both decide at the time. (.) I mean your (.) you know, (.) life may have changed, you, you may be doing different things, and this includes suc-, I mean I’m say-, primarily this is about the child [] I think the third party (.) is a good thing, because it (.) I mean, in general, because it gives you some (.) ability to say no. Personally, I don’t feel I need it.

This extract from Paul illustrates the contradictions and negotiations evident in donors’ talk around the privileging of the “birth right” of offspring and subsequent obligations on the part of donors, and the additional factor of openness with their significant others. The notion of ‘protection’ was used in relation to all parties – the donor, the offspring and the donor’s (current and future) family. This can be read as relating to (in the case of donors) unexpected contact. Paul talks of the alternative option of nondisclosure to his children, sandwiched among his assertion that he will tell.

The use of a ‘hypothetical’ situation (other donors not telling their families and then having an offspring make contact) enabled Paul to talk about the need for protection in relation to *other* donors, whilst asserting that he has every intention of telling his (future) children. In Paul’s extract, he moves from particular situations to a general ‘rule’, which benefited him from what is talked about as the needs of other donors and their families. The use of hypothetical situations and other donors adds rhetorical strength to his argument, and inoculates against him being viewed as having only one perspective and staking a claim in (solely) his own interests.

Paul’s extract is rich in analytical detail, and indicates that he has considered the possibility of contact in the future as a result of the “birth right” discourse. This contradicts suggestions in the literature that donors do not contemplate or care about the offspring upon completion of the donation process. Paul’s account also illustrates that the “birth right” discourse is related primarily to knowledge, but not necessarily to contact. The desire for contact and some sort of familial relationship is discussed in the following Chapter.

There is some contradiction in Paul’s account; despite claims in his interview that he is open to and wanting contact, in the above extract, he also spoke about having the clinic as an intermediary as protection for him. This is due to the construction of contact as being sudden and unexpected, and psychologically, something he (and his family) would need to prepare for. While he claims that ‘in his current circumstances’, contact would be okay, he also rhetorically argued for an ‘out’ if life circumstances change. Thus, having the Clinic make contact on behalf of the offspring would give him the “ability to say no”. His stance is therefore not depicted as being a fixed attitude, and there is acknowledgement that it may alter with the positions he will take on as his life changes – such as having children with his wife, and his obligations to them. The use of “primarily” indicates not only that there are others involved; while the needs of the offspring *for the most part* are privileged, there is allowance for obligations to others to take priority.

As indicated in Paul’s account, donors also spoke of their own children having the right to be told of their ‘biological siblings’. This was a parallel process to disclosure to offspring, although donors were generally vague about the process of disclosure. Roger, in Extract One, constructed children as having rights and deserving respect as adults do. Donors also privileged honesty in relationships. Roger argued he would disclose his donor status to them, in keeping with these ‘principles’ of respect and honesty:

11. Kirsty: If you do get married and have children, would you tell your own children (.) that you were a donor, and that you had donor children out there?
Roger: Yep. I don’t keep things from people, as I said I’m very open-handed. [] I’d like to think of myself as honest and straight-forward and um, you know, I have nothing to hide. [] They’d have to live with that knowledge, because that’s the way things are, this is the world, you know. I’m not (.) at all interested in keeping things from children, and I don’t feel that would be (.) it would make them emotionally vulnerable. Personally, I believe the way I presented it, at the time and the place, and the way it was done, with my own matter-of-factness, I think that they would actually be much better for it. I don’t see it as an issue, but [as] a strengthening bond. I don’t know, maybe I’m too idealistic and the child would react negatively, my own child. Um (.) [] if [] they were fragile, I’d do every thing to try and repair that, but um (.) yeah ninety-nine [99%] percent of the time, I’d be very open handed.

Roger staked a claim as an open, honest and straight-forward person, through his own self-description and suggested in his assertions regarding disclosing to any children he

may have in the future about his donor status. However, his words “I’d like to think of myself...” suggest there is some room for negotiation from these positivistic qualities, and that he may not always live up to these assertions. This is borne out by his closing statement, where Roger stated that nearly 100% of the time, he’d be open with his children about being a donor.

The use of percentages may have been intended to warrant his claim, but also moderates his preceding talk about having the stance of being open with his children by giving him the flexibility to not disclose. While Roger claimed his relationship with his children would benefit and strengthen from them knowing about him donating, he acknowledged the possibility that this may be “too idealistic”. This sandwiching of alternative accounts of disclosure provided completeness to his account which warranted his views and inoculated against a simplistic outlook on what is in the best interests of the offspring. Indeed, talk about potential negative effects on his children provides rhetoric strength for arguments not to disclose whilst still being able to adopt a position of having the ‘best interests’ of the child in mind. Non-disclosure would therefore be out of ‘character’ for him, and would be as a result of the needs of his children taking precedence, rather than being contradictory to his ‘beliefs’.

Shifting obligations are evident in Roger’s account, as he moves from talking about his obligation to be ‘open and honest’ to placing their reactions as their responsibility. He represented himself as ‘matter of fact’ and operating on the basis of reason, logic and facts (“that’s the way things are”). These traditional masculine qualities resulted in Roger conforming to dominant discourses of masculine subjectivity. In contrast, the child may react emotionally. The primacy of fact and logic over emotion is evident in Roger’s account, and as a result, the children’s reaction is largely depicted as their responsibility. However, in constructing children as being “fragile”, Roger was also able to position himself as conforming to hegemonic masculine concepts of reason and strength in acting to protect the children, even through non-disclosure.

What is interesting about the above extracts is that donors, when talking about disclosure, often asserted that the offspring have a right to know of their biological parent and that this took precedence over traditional parental authority. When talking

about disclosure to their own offspring, the right to know of their biological siblings did not necessarily override the parental authority of the donors, who retained the power to not disclose at their discretion.

The discourse of children having a “birth right” included constraints as to the implementation of this right, predominantly around when disclosure would occur, and when contact might take place. The ‘how’ of contact has been mentioned above, in Paul’s extract regarding the position of the Clinic as an intermediary. The construction of children being vulnerable was further evidenced by use of the term ‘maturity’ which was used to delineate when the “birth right” should be realised. This concept of ‘maturity’ involved firstly intellectual knowledge and secondly, what can be described broadly as emotional stability.

Intellectual knowledge

Intellectual maturity was talked about as being an individual and developmental stage, varying with different children:

12. Kirsty: Do you, do you have any idea about, kind of, the optimum age to, to tell a child that they’re a donor child?

Ann: When they start asking. [] You know, I think, you know, a lot of these things it’s (.) different children.

Ivan: They’d need to be at the stage where they can understand the concept of conception, as distinct from the concept of parents.

Ann: Yeah, but I also think, that you know, the parents (.) have got to, the parents that brought them up, have got to be (.) able to put it to them that (.) you know, the way it all is, and why it was, and why they wanted to do it, and things like that, it’s not just. Yeah, it would be quite, it would be very complicated.

Several things are going on in this extract. Firstly Ivan’s wife Ann invoked an individual difference paradigm to represent children as varying in their development. This is presented as being commonsense (“you know”), and questions about their origins are depicted as when not if, and therefore ‘inevitable’ (as discussed above). Given this variation, Ivan then specified what he considered to be the minimum requirement for disclosing to offspring– understanding (biological) conception as opposed to parents. This makes a distinction between a biological and social concept, indicating that in the case of DI, the two can be talked about as being separate when it comes to the donor. Ann also alludes to some distinction between positions bestowed

by virtue of social and biological status by her reference to “the parents that brought them up”.

It is interesting that while Ivan spoke of (traditionally masculine) intellectual matters, Ann discussed the complicated (traditionally feminine) social/emotional issues, such as motivations and why donor insemination was needed. Ann also gave some weighting to the recipients’ abilities to explain to the offspring the reasons for the way they were conceived, and “the way it all is”. This suggests some objective, taken for granted reality that all parties will be in agreement about.

This argument of maturity and intellectual knowledge emerged in relation to all offspring including the children of the donor:

13. George: I will tell the [children] at some stage. I just don’t know when yet. I haven’t worked out when I’ll say it, but I will tell them, (.) sometime. [] Yeah, I haven’t thought about (.) I haven’t thought (.) I daresay when we get to talking about the birds and the bees, a bit down the track, it’ll be (.) something, somewhere around about then will be the first time I’d ever say anything, probably. I haven’t really (.) [Susan] and I’ll probably talk about it at some stage.

Susan: [] Oh, yeah. No problem

George: It’s not a problem, it’s just when.

Susan: No, it’s when they’re old enough to understand, that there are other children out there, from Dad, really.

George: Yeah so we’ll, it won’t be until (.) yeah, they understand the biological things, probably.

In Extract Thirteen, there was a progressive theme to development and maturity, as suggested by terms such as “stages...down the track”. While George asserts a commitment to disclosing his donations to his children, where along the ‘path’ of development this will occur is still unclear, but the point when they talk to their children about sex was suggested as an appropriate ‘stage’. Both this and the previous extract associate knowledge of biological conception (“the birds and the bees”) with intellectual readiness to hear and understand the information. Again, while George focuses on intellectual maturity, it is his wife Susan who mentions the more emotional and relational implications - that “there are other children out there, from Dad”.

George suggested that for him (and his wife), disclosure is a foregone conclusion in *principle* and that it is not an issue whether to disclose, only a matter of when.

However, the details are vague, and this may illustrate the lack of ‘scripts’ with which to talk about sperm donation. George indicated that no thought has gone into planning to tell their children about the donating. Similarly, the literature suggests that if recipients state an intention, they have no clear plans as to how and when they will inform the offspring (Daniels et al., 1995). Thus, the process that donors and recipients go through in terms of disclosure may be experienced as being similar, and the low number of recipients who disclose may also be mirrored by the numbers of donors who disclose.

Even Shaun, who has told his children that he is a donor, found it difficult to elucidate exactly how and when this happened:

14. Shaun: They’re [his children] only just coming to grips with it now. [] But they’re not, it’ll hit them. They know what I’m doing but they don’t probably understand what I’m doing [] I didn’t sit them down and say ‘Listen, I’m a sperm donor’, and this is what I mean, blah, blah, blah. So umm (.) I don’t think they fully understand what it is, but they will, because (.) I mean, one day they’ll say, ‘shit dad’s a sperm donor, and that means this and this and this’, and they may come back to me with questions.

This extract is fascinating for the dichotomy constructed between knowledge and comprehension. Shaun represented disclosure as a gradual unfolding of information and understanding, while knowledge will occur suddenly (“it’ll hit them”).

Knowledge and understanding were constructed as two separate processes, with the latter following the former. The details of disclosure are vague; he indicates it was not done ‘formally’, but talked about it as an ongoing process, continuing as the children realise the implications of Shaun’s donating. Telling the children about the donating was consequently not the end of the disclosure process, but rather is the beginning, especially if it is done relatively early on in the child’s life. Similarly, in the literature, decisions about disclosure have been talked about as being an ongoing issue for recipients years after the birth of the child (Daniels et al., 1995; Nachtigall et al., 1998).

Shaun’s children are adopted, and in regards to both the adopted and donor offspring, he stated, “...you just want them to know.” This contradicts his later statements (discussed below) that donor children do not need to be told. While being contradictory in terms of the right of children (offspring and other children) to know

important things that affect them (as, could be argued sperm donation would), donors’ talk around disclosing to their own children stated that they ‘should’ know. This contrasts with the offspring’s ‘right’ to know, but also reserved the parental authority to decide what (and when) to tell their children.

Emotional stability

Donors’ talk about maturity illustrates the lack of consensus in society about a clearly defined age when a person is an adult. The position of adult has entitlements to make decisions independent of parents. As such, becoming an adult means a shift in the power dynamics between offspring and recipients, from dependent and protector (respectively) to a more equal status. When offspring are considered to be children, their ability to satisfy their “birth right” remains largely dependent on the decisions of recipients to fulfil this entitlement.

When offspring are considered adults also had consequences for donors, in that they would be able to independently seek information about their donor. “Birth right” places an obligation on the donor to provide such resources as would satisfy this right. While donors spoke of the offspring having this “birth right” to information, when this was considered to be appropriate varied, and notions of both intellectual and emotional maturity served the purpose of delineating (and delaying) when offspring could call upon the donors’ obligations.

Maturity was talked about as being not just intellectual knowledge or understanding, but having ‘adult’ emotional and psychological resources. Donors represented adolescence as a turbulent time and stage in life, when offspring are vulnerable to emotional events and peer pressure. As a result, several expressed concern and trepidation about offspring having the ability to contact them at this stage in their life:

15. Adam: I think if the child wants to meet with [the donor] then [the Clinic] should be brought in to counsel that person, particularly if they are under the age of eighteen. (.) And also probably over eighteen, but I think under eighteen for it to be compulsory that a child looking to maybe meet with their biological parent should (.) be counseled, because there are too many things that um (.) could go wrong. God, at sixteen years old if I’d known that um, fairly emotional events that occur in your life around that age, I don’t know how I’d have reacted, and I don’t think it’s fair on the child, the family or the biological parent (.) for (.) for that to occur.

Adam characterised adolescence as being a difficult emotionally charged stage of life, where the offspring may not have the emotional skills to deal with contact and possible outcomes. As a result, he asserted that for a “child” under eighteen, it should be compulsory for them to receive counselling before meeting a donor, and that it should be recommended for those over eighteen also. Advocating for ‘counselling’ can be interpreted as a form of protection for vulnerable children to ensure they are prepared for any psychological effects of meeting the donor. However, there are certain meanings that can be attached to ‘counselling’, such as the person counselled being troubled and in need of professional guidance.

This is quite a paternalistic stance towards the offspring, and has assumptions that the offspring may be guided by their emotions rather than the more privileged notion of logic and reason in seeking contact with their donor. This gave authority to a ‘professional’ to judge whether offspring are ready and able to meet their donor, rather than respecting their decision as would likely occur with an adult. It entitles professionals and recipients (adults) to make decisions in the ‘best interests of the child’, until such a time as they reach ‘emotional maturity’ and are able to appropriately manage contacting their donor. In this way, ‘appropriately’ would mean behaviour driven by reason, rather than emotion. In seeking to separate emotion and reason, and take the former out of any interaction with the offspring, Adam is conforming to hegemonic masculinity. ‘Feminine’ emotion is talked about as something problematic and that the donor is in need of protection from.

At the end of the extract, Adam used a three part list to provide completeness to his account and warrant his assertion that deferment to experts safeguarded the interests of not just the offspring, but also recipients and donors. While the focus of the extract remained with the offspring, the utilisation of ‘experts’ was akin to Paul’s desire for the Clinic to act as an intermediary – for the donors’ protection. Similarly, the use of ‘experts’ to determine whether the offspring were acting on emotion or reason would act as a mediating factor to safeguard the donor from an adolescent who was acting on emotion. Such proposed interventions also recognise the complexity of the issues involved for all.

‘Maturity’ and ‘adulthood’ are negotiable concepts; there is an arbitrariness of when someone is termed an adult (which many donors commented on), depending on the motivations of the speaker and desired consequences – either to bestow entitlements and autonomy upon offspring as individuals, rather than children who fall under their parents authority; or delay offspring having the authority to make contact independently of the wishes of the recipients.

Parent-child relationships

Parental authority is a discourse that challenged the “birth right” in that parents are positioned with the power to make decisions for children, which may or may not include disclosure. Parents and children are positions with differing power and the relationship can be constructed as one that changes with time and age. In the following extract, variation in the definition of adulthood is discussed, along with a construction of the parent-child relationship being a progression, with changing dynamics and power sharing between children and parents as the children mature and age:

16. Kirsty: When do you think it would be appropriate to start contact?
Matthew: Well I said eighteen, I think that would be fine. [] each child’s different, and you know, you separate from your parent’s at different ages, but at that age, by law, they are individuals in their own right, and the parents have to face that in many different aspects of their life, that they’re not under their control. And I think that, by being at an age where their parents don’t actually have any control over them, it means it gives the kids a lot more freedom in the whole issue and it can remove a lot of the (.) nastiness that could arise by the parents blackmailing, saying ‘oh we’re not letting you do that’ and all that kind of stuff. But, it also allows at the earliest stage, you know, practical for them to actually (.) follow their (.) need to know.

Matthew makes reference to the “need to know” discussed above. He also used a number of discursive resources with which to talk about a shift from childhood to something more autonomous – what can be interpreted as signifying adulthood. He used an individual difference discourse to describe variations in when children ‘separate’ from their parents. This notion of separation is associated with control and agency over one’s life. The age of eighteen is nominated and warranted by reference to legislated rights at this age. The law provided a common benchmark and boundaries of adulthood, which served to nullify individual differences.

Separation/adulthood is also depicted as being “individuals in their own right” as opposed to being constructed as part of their parents. It is by reference to the position of parent that child is defined, and vice versa. In Matthew’s account, parenthood is equated with the ability to ‘control’ children, and the notion that children have a lack of freedom to exercise their “birth right” as a result of what was depicted as unreasonable motivations and parents protecting their own position and power.

This extract equates age with adulthood, and adulthood with freedom and individuality. It illustrates the discourse of parental authority (which contrasted with “birth right”). In this discourse, parents have power over their children up until a certain point, identified as adulthood, when children take control of their lives, and become distinct identities, as opposed to extensions of their parents’ views and actions.

The tension between the discourses of “parental authority” and “birth right” are well illustrated below:

17. Paul: Um, I don’t like the word power, because (.) um, I certainly don’t think the word power should be applied when you’re talking about children. Okay, but, I mean, in the end, up to a certain age, up to the child is a certain age, you know, the parents are the people who are invested by society to hold the responsibility and to know best supposedly about the, what’s good for that child, and I’m not prepared to challenge that (.) um, socially held belief. I hold it myself (.) okay? Um, but, after a certain age, when the child has reached a majority, or, um, a, a certain degree of maturity, then I think it’s up to them [] the person that child becomes must be able to (.) have, get, must be given that information at a certain, at, at some time.

Paul reflected on negative connotations of the term “power”, equated with the ability to control another person. This discussion of power was within the context of talk about parental responsibilities and rights devolved to them by society as a result of their position. Commonsense (for example, “in the end”) and collective agreement within ‘society’ warrants this parental authority; sandwiched in talk of offspring’s rights, Paul acknowledged the dominance of the “parental authority” discourse in society, and positioned himself as complicit with this - until the offspring reach a certain age. Age is therefore again a tool that delineated when “parental authority” could no longer be applied legitimately.

The progressive nature of development was evident in Paul’s extract – people move from being children to people and this move results from age and maturity and entitles people to autonomy and agency over their lives, including the right to have their “birth right” fulfilled. In this way, “parental authority” can be talked about alongside “birth right”, with the passage of time moving the legitimacy and dominance from the former to the latter. This progressive depiction of maturity rendered it as being ‘natural’ and people as non-agentive in this process.

The previous extracts illustrate the construction that there is a power relationship between offspring/children and recipients/parents. This was talked about as a dynamic relationship, changing with age and maturity and as children move towards being adults. With the position of adult comes the ability to take more control, and act autonomously – including seeking the donor, regardless of the wishes of the recipients.

When talking about “parental authority” the concept of control was clearly evident. However, donors disputed the notion that control means ownership, or that it locates children as the ‘property’ of their parents. Instead, they spoke of offspring as distinct individuals that parents care for and nurture, guiding and preparing for life, then releasing them to make their own way:

18. Roger: [] what strikes me is the concept of ownership of children, and the idea that “my kids”, you know, your kids, their kids, you know, who has these children. (.) I usually challenge them on that (.) from that angle, you know, do you really feel that they’re yours, or they’re theirs, is that so much of an issue, they’re children and I like to think of the parents as just the bow and the child the arrow, and you send them forth [] Yeah, the child is a new force moving into the world and the parent is a spring- board.

Roger, in Extract One, spoke of conferring children the rights and respect given to adults; as such, he also challenged the concept of parent’s owning their children. In the above extract, Roger challenges the construction that parents ‘own’ their children, and argues that parents are merely the “spring-board”, the bow that “sends forth” the arrow that is the child. These metaphors are used to talk about a complex and dynamic relationship, whereby parents and children are separate entities, with different origins and make-ups, but they intertwine. Arguably the children need the parents, at least initially, to give them the means to go forward into the world, but retain agency of

their life; they are “a new force”, as opposed to extensions of an existing one (that is, their parents).

Much of this extract involves language (“challenge...strikes me...bow...arrow...force”) which hints at a struggle between people for control, and parents and children specifically. Within this challenge, Roger positioned himself as a champion of the children, a protector of their rights and advocate for their individuality. This position of ‘defender/protector’, within the context of this metaphorical battle, reinforces hegemonic masculine notions of strength; it also can be interpreted as a ‘fatherly’ protection of the offspring.

The depiction of children as separate, independent entities from their parents argued that they are autonomous, providing a basis to challenge the authority that society gives parents to make decision for their children, whilst not denying the need for children to be protected due to their emotional and physical vulnerability. Offspring are therefore constructed as having inherent rights (including the “birth right”) that parental authority does not diminish. Non-disclosure may thwart or delay the fulfilment of the inalienable right that is conferred by birth, but does not alter its existence.

Donating – a ‘one way street’

The above extracts argued that offspring have a “birthright” to know about their origins, and this is a matter of their emotional health and well-being. The rights of the offspring were given priority by donors in their talk, although the dominance of the discourse of parental authority was also evident. While the use of intermediaries and ‘experts’ protected the donor from ‘unexpected’ and ‘emotional’ contact, donors were also clear that they considered they had few rights. The discourse of “birth right” rendered donating a ‘one-way street’:

19. Steve: [It is] essential that if they want to make contact, yeah, we’re available. Yeah, well, we, us, I, I’m available. [] I’ve come to understand it as a one way process, that as a donor you get nothing, and you don’t get any information, and, or rights with the other way, and I was happy with that, so that’s how it is. I can see how it is, because I can see the donor children might not want to be approached by their donor father, whatever. [] I don’t think you have the rights to refuse information really, I think that’s round the wrong way. [] I believe that the donor (.) should um, you know, not be, um, (.) you know invisible, basically, [to the children]. I think that if you don’t want to be

approached I don’t think you should do it, really. I’m think that’s fair enough, I’m quite happy about that. And it comes back to the rights of the child really, that they’re paramount. They should have the right to the access to the information at all times. Conversely, I would (.) I’m not sure if I had the rights to find out who they were, I’m not sure that I would do it, I don’t know. It’s never (.) it’s never been an option so I haven’t given it any thought. I probably wouldn’t. [] I mean it was a one way donation, so that’s it really.

Steve’s account illustrates a number of key points. Firstly, he privileged the offspring’s rights ahead of all others – they are “paramount”. This was stated to the extent that men who would not agree to be “available” should not become donors, an indication of the ‘right donor’ discourse. This extreme case formulation warranted his account and left no room for counterarguments. Talk of this availability as being ‘essential’ spoke to the claim that such knowledge is important to offspring’s well-being. A notion of fairness invoked a collective warrant to Steve’s account – individual men’s needs came second to the needs of the offspring and children generally. This positioned the donor as both fulfilling the offspring’s needs and being somewhat ‘heroic’ in placing the offspring needs first. It positioned donors as having few emotional or psychological needs resulting from their donations, in keeping with traditional masculine discourses, and able to be strong/ masculine for the offspring.

However, this ‘fairness’ did not involve reciprocity in the sense of rights for donors; there was no ‘converse’ situation, and indeed, the donor seeking information was talked about as being ‘unfair’ on the offspring. This indicates both the primacy of the discourse of children needing protection and also the “birth right” discourse which places so much importance on information about origins. This latter discourse placed obligations on donors to fulfil this entitlement, but there is no corresponding right for them. Clearly, this discourse is also enacted in Clinic policies and donors were complicit with this positioning of them as subordinate to offspring. Steve constructed arguments to support this lack of rights; the complete acceptance of this as the ‘final’ word is indicated in his statement “so that’s it really”.

Steve’s account and the “birth right” discourse renders the donors “invisible” to the offspring, unless (and until) the offspring seek them out. Steve depicted donating as a “one-way process” – as a donor “you get nothing” and they have no reciprocal rights in the process. This invoked the “Gifts” discourse, and placed the donors under an

obligation to wait and watch what the offspring decided with regard to contact and seeking information about their donor. In this construction, the donor is placed in a passive and somewhat powerless position, with obligations but no corresponding rights with regard to access and information.

While several donors talked about the conflicting rights and wishes between the various parties in donor insemination, it is evident in the “birth right” discourse that the rights of offspring were considered to be “paramount”, due to their ‘innocence’ and lack of choices in their conception:

20. Kirsty: So do you think that each party has certain rights to information, and rights to refuse information?

Roger: Yeah, it’s like forming any group situation (.) I mean you are perfectly free to do what you want, I feel, and that if one party is saying “No” then that should be respected. But then at the same time I have an enormous amount of compassion for the offspring, and I think it is critical that they do (.) gain an insight into the nature of their donor parent [] the donor should be of sound enough mind to (.) I mean, you know, they volunteered to do it, the children didn’t volunteer. Yeah for their sake I feel that there (.) should be some opportunity [to find out who their donor was] [] If the donor’s apprehensive [about] the security of their name or image or (.) well, maybe they should question if they really want to do it [] you’ve got to have something for them [the offspring] as well. You can’t live without a heart.

Roger staked a claim that the needs of the offspring are “critical” with regards to information about their donor. However, also evident in his account is an orientation towards counterclaims of other parties (including the donor) having rights, and by acknowledging these, he inoculates against being considered one-dimensional. Roger talks of individual rights and respect for these; however this liberal approach is constrained by the use of “But”, and talk about the needs of the offspring. So, while donors are “free” to act out their own wishes, this is not endorsed in practice as it would contravene the entitlement of the offspring. Indeed, within Roger’s extract are two opposing positions – donors of ‘sound mind’ who make themselves available, and those who are of unsound mind, who put their own wishes of privacy first. This made accessibility a requirement of being a donor.

In talking about having “compassion” for the offspring, Roger depicts himself as a caring person. Reference to living with a “heart” alludes to the “Gift” discourse and positioning of donors as altruistic. It was from Roger’s interview that the

“Professional’ discourse emerged; his extract above indicates that this did not preclude him from utilising terms from the “Gift” discourse and subsequent positive subjectivities that this made available.

The privileging of the offspring is warranted by reference to their lack of agency in the DI process; they did not choose the method of their conception, and have to live with the consequences of other people’s choices – the recipients’, and the donors’. Ironically, offspring’s lack of agency actually gives them power in the “birth right” discourse.

Roger and Steve’s extracts positioned the donor as passive within the discourse of “birth right” – donating was a one-way process, without reciprocal rights. ‘Good’ donors were talked about as being required to comply with requests for information. This obligation was constructed as a moral, rather than legal, responsibility, illustrating that donors considered themselves to have ongoing duties to the donor offspring:

21. Gavin: There’s a real moral obligation for me to be available to these children if they should push [for it].

While Gavin positions himself as having obligations, these are dependent on the offspring activating them.

Faking pregnancy – ‘best interests of the child’

In contrast to the discourse “birth right”, there were several donors who talked about whether there is a need to tell the children at all, due to the processes involved in donor insemination. Interestingly, while Shaun, who had previously claimed to “know” the rights of both adopted and donor offspring, and that there were negative effects on offspring of nondisclosure, later claimed that donor insemination and adoption *are* different, in that the former can be ‘faked’ as a ‘normal’ pregnancy:

22. Shaun: [] why worry a child (.) unnecessarily, (.) and if they’re not told, (.) why (.) upset them by telling them, I don’t know. [] I would assume that the child hasn’t been told and there’s no need for the child to be told. It’s (.) because it’s so easily done, donor insemination, that they may not have even told their immediate families. If you’ve got big problems, then yes, you confide in your family and ‘we’re going for IVF and blah, blah, blah, blah, blah’ so you then must tell the child (.) you haven’t got (.) “I’m not your father, this is how it happens, it goes in a test tube”, but if a couple go in,

defrost the sperm, insemination, no one will ever have to know, not even the child. (.) And that’s their choice, that’s fine, that’s fine.

Kirsty: Given that you have adopted children that you’ve told right from an early age?

Shaun: Yes. But there’s no way around that. You can’t suddenly have a ba::by. But you can have insemination, it takes nine months, so everyone thinks it’s a natural pregnancy. So the child doesn’t even have to know. Unless there’s a (.) medical problem later on, and they find out that they haven’t got the same blood group as their father.

Shaun’s extract contains contradictions with other statements he has made regarding the right of children to know, both offspring and his children, using adoption as a model and his own ‘expertise’ as a warrant. This extract illustrates an important point about the obligations placed upon the donor as a result of the “birth right” discourse – they are only invoked if the recipients inform the offspring of their origins. And the ‘technological’ processes involved with DI enable recipients to conceal the use of DI from everyone and conform to a ‘natural pregnancy’, unlike other ART procedures or adoption. This reduces the likelihood of accidental disclosure to the offspring.

As a result, the “birth right” discourse is not utilised; rather, a discourse which makes this ‘right’ more flexible is used. Recipients are not positioned as being under any obligations to disclose to the offspring, and parental authority and the needs of the recipients to conform to society’s expectations and dominant discourses of parenthood (see Chapter Nine) are paramount. Only in cases of medical need would the offspring be required to know about the use of DI; expediency supersedes any moral obligation constructed above. The ‘truth’ then becomes an issue only if others also know, rather than an inherently desirable principle.

The argument of ‘best interest of the offspring’ has a very different meaning in this extract – disclosure would negatively impact on their well-being. He stated that donor offspring do not need to be told (and that the natural outcome of DI is that they are not told), and if parents choose not to tell them, then the offspring should not be worried or “upset” by someone else telling them, or inadvertent disclosure some other way. The power to tell is talked about as starting and ending with the recipients.

The opposing discourses of “birth right” and “parental authority” can be interpreted in the above extract as being driven by whether parents ‘have’ to tell or not, and how

likely it is that the offspring will find out anyway, as others know the ‘truth’. The ability to hide the true origins of the offspring enabled parents to conform to the norm of having a child through an outwardly ‘normal’ pregnancy.

Conclusions

As in other studies (Mahlstedt & Probasco, 1991; Rowland, 1983; Nicholas & Tyler, 1983), donors in this research were supportive of their details and information being preserved and non-identifying information shared with offspring, should parents decide to disclose. This was as a result of the “birth right” discourse that all donors (at some point in their interview) invoked. However, this does not tell the full story of the intricacies of rights, authority and control which this chapter has examined, through explication of the discourses of “birth right” and “parental authority”.

The discourse of “birth right” conferred to offspring firstly, the entitlement to knowledge of their origins from the recipients and secondly, information from the donor about their background. Correspondingly, it also placed obligations upon both recipients and donors to fulfil these rights. It also diluted parental authority to decide to not disclose and reduced the legitimacy of anonymity for donors. The information from the donor encompassed more than biology and involved more familial terms such as ‘history’.

Donors used various linguistic resources (including talk around adoption and adoptees) to argue that not only do offspring have the ‘right to know’, but that it is natural for people to want to know about their origins, and therefore inevitable that this search for information will occur. Further, donors argued that this knowledge of their donor is crucial to a sense of identity and well being as well as a positive relationship with the recipients. The privileging of these rights extended as far as talking about the Clinic or Government being in the position of an ‘enforcer’, to ensure disclosure occurred.

While donors invariably agreed that offspring were entitled to knowledge about them, contact was different, and a matter for discursive negotiation. While some donors argued that they have a “moral obligation” to meet each and every need of the

offspring, other donors did not consider that they had responsibilities other than providing information. Reasons for this are detailed in the following Chapter. Therefore enforcement of rights did not extend to forcing donors to be available; instead, the Clinic was placed as an ‘intermediary’, to give the donors the chance to ‘prepare’ or even refuse contact.

The alternative discourse of “parental authority” vested rights with the recipients to determine if and when offspring should be told. However, authority did not mean ‘ownership’, and the individuality of children was recognised, but not their autonomy. Autonomy was talked about as occurring in a dynamic and inevitable process which occurred with age, whereby children ‘separated’ from their parents, and were able to enact their rights (including “birth right”). In this discourse, the ‘best interests’ of the offspring was decided by the recipients, rather than by reference to an inalienable right. As a result, nondisclosure could be justified through this notion of ‘best interests’.

In addition, some donors spoke of there being ‘no need to tell’, which contradicted the principles of openness and honesty that had been advocated. Donors’ talk around this issue revealed that the rights and experiences of adoptees did not necessarily have to apply to donors’ offspring, on the basis that ‘no-one need know’ as the pregnancy could be ‘faked’ to be ‘normal’.

Within the “birth right” and “parental authority” discourses, donors defined who and what children are, in relation to firstly adults and then more specifically, parents. Donors argued that children should be given the same rights and respect as adults, but that they also needed protection and recognition of their vulnerability. Through their vulnerability and lack of agency in their own conception they were given power.

In defining children in relation to adults, donors used the concept of maturity (both intellectual and psychological) to establish categorical differences and place constraints on when and how offspring should be told of the circumstances of their conception and birth. This concept of maturity is negotiable and whether this mark had been met was largely determined by other adults – including ‘experts’, legislators and parents. ‘Turbulent adolescence’ was a resource used to depict adolescents as

unstable and vulnerable, and in a stage of life where contact would be problematic for all parties, due to the emotion involved.

Maturity was therefore associated with adults enacting reason and logic, rather than children acting on emotion; this pointed to the privileging of intellect over emotion, the former being traditionally associated with masculinity and the latter with femininity. Masculine adults were therefore the norm by which others (including children) were judged. Through the achievement of maturity, the discourse of “parental authority” was rendered irrelevant, and “birth right” was unchallenged.

The effects of these discourses on the donors were varied. The “birth right” discourse placed the donor in a position of some importance, whilst having no rights of their own with regard to seeking information. Donating was thus talked about as a “one-way street”, and the donors were positioned as “invisible” and as one donor put it “waiting in the wings” for the “birth right” to be enacted by the recipients and thus invoke the donors’ obligations. Donors also positioned themselves as protectors and defenders of the offspring’s rights to knowledge, and this can be interpreted as indicators of strength and protection, conforming to hegemonic masculine subjectivity. Being a protector also fits within a fatherhood discourse, and this is the focus of the following chapter.

Thus, donors advocated for offspring’s rights to be given primacy within a “birth right” discourse, which placed obligations upon both recipients and donors. This contested the commonly held discourse that donors walk out of the clinic, never to look back or feel any responsibilities. Instead, donors spoke of having obligations without reciprocal rights in their relationships with the offspring. Challenging this “birth right” discourse was “parental authority” which vested power with recipients, but only up to the time that children ‘mature’ and are positioned as adults.

As indicated, the “birth right” discourse positioned the donor as important in the offspring’s life, to provide information along with more negotiable concepts such as “history”, which can be interpreted as having familial terms such as ‘ancestry’. This suggests that the offspring and donor may have more than a biological relationship. Accordingly, the following chapter focuses on the two competing discourses of

Chapter Eight – Children’s rights versus parental authority

fatherhood and kinship – “Form/Fathers” versus “Function/Daddies”, and what this means in terms of masculine subjectivity and relationships with the recipients (especially the recipient male) and the offspring.

Chapter Nine

Fatherhood: Form versus function.

This chapter explores the discourses donors used to define and construct families and parents (particularly fathers), as well as constructions of responsibilities and rights that they attributed to people in those positions. The construction about who, and what, are parents is very powerful, as it defines the boundaries of arguably the most important and influential people in a child's life. People in the position of 'parent' have the authority to make decisions for their children, based on the widespread assumption that parents will act in their children's best interests.

In Western culture, a parent has been predominantly defined as the biological creator of a child, who also raised and nurtured the child. However, the advent of alternative ways to have children, such as ART (including DI), as well as adoption, means that a child's parent(s) may not necessarily have supplied the gametes for their creation, and are not biologically related to them. DI thus provides a challenge to the traditional ideas of family and procreation, through the separation of genetic, gestation, social and sexual aspects of reproduction (Back & Snowden, 1988; Beck Jr., 1984; Blank, 1990; Connell, 1990; Daniels, 1998; Dunnington & Estok, 1991; McWhinnie, 1992; Walters, 1987).

The traditional representation of the 'nuclear family' (mother and father living with their children) as the norm has been challenged with accounts of family using terms such as whanau, extended family, birth family, adopted family, and stepfamily. "Family" now has many meanings and possibilities, and the addition of further descriptors has become necessary to clarify relationships. Traditional discourses of family relationships (including fatherhood) in Western contemporary societies privilege biological relationships. This has been challenged by a discourse which prioritises the 'functional' aspects of these relationships, the nurturing and emotional support, which have become increasingly prominent in how and who we talk about as being parents. As a result, men who are not biologically related to the children (nor are in a relationship with the mothers) are able to take on the identity and role of 'father'.

Chapter Nine – Fatherhood: Form versus function

Blank (1990) argues that due to the ambiguities in the definitions of parenthood, there needs to be clarification of the relative importance of each aspect – genetics, gestational and nurturing. One study found that recipients placed social parenting as more important than biology, and established the social father as the ‘real’ one, with attachment being given great importance (Nachtigall et al., 1998).

This chapter looks at how *donors* talked about and defined parents (particularly fathers) and families, and what meanings they attributed to fathers and families. Donors’ constructions of who could legitimately be called ‘parents’ had direct ramifications for who they ‘allowed’ to use their sperm. Donors’ definitions of parents also had major ramifications in how they positioned themselves (and their families) in relation to offspring, and subsequent rights in terms of the amount of responsibility and attachment for the offspring they could legitimately claim. The relationship between masculinity and fatherhood is also explored. Echoing findings in the literature, the men in this study utilised two discourses of fatherhood - ‘daddies’ and ‘fathers’ (the former being a functional social relationship and the latter a biological one of ‘form’; Haney & March, 2003).

Families

Traditional families

1. Kirsty: What is your family made up of?

Adam: Like most people, hopefully a mum and a dad, that are both (.) my generic parents, as I call them. They [] conceived me and they parented me.

[] that’s the ideal world, we don’t live in an ideal world. We live in an ever-changing environment.

Adam identified and distinguished between two aspects of parenthood: conception and parenting. The separation of the conception and nurturing components of being a parent provided scope for other constructions of parents (involving one or other component), including donors claiming some form of parental position.

This distinction also captures two dominant and competing discourses in contemporary society - ‘form/nature’ (biology) and ‘function/nurture’ (raising the offspring). Adam stated that he considered the ‘ideal’ parental arrangement would be

to have a mother and a father fulfilling both biological and nurturing roles, corresponding to the traditional discourse of the nuclear family. In calling this ‘generic’ and claiming that this was the makeup of “most people[’s]” families, he normalised this representation as the model by which other family arrangements are judged and subsequently positioned as ‘other’ subordinate forms of families and parenting.

While Adam has an investment in the discourse of traditional families (in that his own family conforms to this), he acknowledged other compositions, thus presenting himself as forward thinking whilst conforming to the traditional representation of families. However, while families are presented as dynamic (“an ever-changing environment”), this is not depicted as a progressive change, but rather a shift from the ‘ideal’ thereby acknowledging the need for interventions such as ART.

This discourse of traditional families extended to be the preferred situation for offspring to be raised in:

2. Paul: I would prefer the (.) the people, no, children, I’ve engendered, whatever, I don’t know what the term would be, to (.) grow up in an environment, I’d prefer them to grow up in [] in conventional families

In Extract Two, two important points emerge. Firstly, Paul found it difficult to find an appropriate term from existing linguistic resources to talk about the offspring and his relationship to them and position in their life. Secondly, Paul expressed a preference (as did many other donors) for offspring to be raised in “conventional families”. This was a curious statement, given that DI families are arguably non-conventional due to the circumstances of the conception of the offspring. Therefore, “conventional” would appear to refer to what the families ‘look like’, in the sense of their composition. In this sense, DI families are able to conform to dominant discourses of families through having two parents living with the children.

Restrictions on potential recipients

Donors were in a position of low power, due to factors such as medical professionals having high status and authority and the discourses of “birth right” and “parental authority” conferring power to offspring and recipients respectively. Consequently,

donors experienced little control over the utilisation and outcome of their donations once they had released it to the Clinic.

However, donors did have some influence *prior* to signing over the sperm. Through their ability to place conditions upon their sperm, donors could determine what an acceptable and legitimate parenting structure was. These conditions stipulated who donors would allow their sperm to go to, and enacted discourses of families and parents:

3. Jeremy: I didn't want it [his sperm] to go to lesbian couples [] I just see a family really, as a married man and a married woman, do you know what I mean? [] my (.) old fashioned (.) because I'm very conservative really, I am.
[] In my mind I would like to think it was going to (.) a young married couple in their mid twenties, that had been trying for a few years, that couldn't have kids, for whatever reason.

Jeremy stipulated that his sperm was not to go to lesbian couples; this was due to his advocacy of the traditional discourse of families. This pathologizes other forms of parenting and families other than heterosexual, nuclear units (Silverstein, 1996). Jeremy positioned himself as “old-fashioned...conservative”. This is interesting, given that he was participating in an arguably modern process which created families in situations where it would otherwise be very difficult, if not impossible. The families created challenge the traditional view of families in the sense of (lack of) biological relationships. However Jeremy's conditions upon the use of his sperm meant that recipients would conform to the traditional discourse of parents as being a young heterosexual married couple (particularly those wanting babies and young children). This is in keeping with the “Have/Hold” discourse which mirrors Christian representations of relationships and families (Hollway, 1989). This construction of the ideal (and imagined) recipients was quite specific, in age and circumstance; this specificity and location of his claim as being (morally) conservative warranted what is arguably discriminatory practice.

Notions about the type of environment that assists a child to be psychologically “balanced” warranted talk of parents which conformed to traditional discourses of parenthood and rendered other forms of families as problematic:

4. Matthew: I wasn't keen on the same sex marriages, or just a single woman by herself. [] I think to be a balanced child, what a father brings to a child is very important, and I think that if that child is going to be happy and balanced then yes, that is needed in that child's life. [] I think it ultimately it's the child's happiness. I don't believe that a child born in a same sex marriage is going to be psychologically balanced when it comes to role models, and understanding relationships, and, their sexual inclination. If I have children through the process, I would like to think that those children are going to actually be able to have their own family and have a loving relationship with somebody of the opposite sex to give them a whole and complete life. And that was my view on it.

Matthew also privileged heterosexual married relationships. While acknowledging other family structures, he established the presence of fathers in families as not just desirable but crucial, which rendered the absence of fathers problematic (Collier, 1995), in both single female and lesbian families. This is warranted through reference to sex role discourse, which talks of fathers as being necessary role models for their children. However, a father's influence was extended to appropriately understanding and participating in (sexual) relationships, indicative of traditional responsibilities bestowed on fathers, which include passing on moral and ethical values (Silverstein et al., 2002; White, 1994). This not only constructs the 'ideal' family, but what is a legitimate adult relationship. Men are therefore not only rendered crucial for children, but for women and relationships to be "whole and complete".

Reference to psychology provided credibility to Matthew's claim, and may have been partly due to the context of being interviewed by a psychologist. He protected his stake through use of extreme case formulation ("ultimately"); mention of the "child's happiness" provided a rationale for limiting the recipients of his sperm whilst inoculating against being positioned as discriminatory. The privileging of offspring's rights meant that concern for their happiness was rendered to be commonsense.

In Extract Four, Matthew said "if I have children through this process". This positioned him in both a paternal and protector role, wanting to give the offspring the best chance (in his estimation) that he could, by trying to ensure recipients conform to a 'conventional' set of parents and family arrangement. The placing of conditions upon the sperm's use placed agency with donors to determine (to some extent) the environment they wanted "their" children to be born into:

5. Shaun: I put a restriction on healthy, heterosexual, couples. (.) And by that I meant that (.) two lesbians [] couldn't come in and demand (.) treatment [] because you had no control over (.) how they would be brought up. Now, I'm not saying that two lesbian women couldn't bring up (.) a child better than (.) [] but I just considered that (.) we had to wait five years, and go through absolute shit to adopt a child, now I thought to myself, why doesn't two (.) lesbian women have to go through the same five years to prove, we had to prove that we were suitable parents [] I'm not against lesbians, don't get me wrong, that's their business, but when it concerns me, then it's my business. They shouldn't have the right just because they've got money just to walk in there and demand treatment. [] Anyway, they were my two conditions – healthy parents and heterosexual couple. But I would change my mind, if there were some sort of (.) vetting system.

Extract Five is rich in detail about discourses of families and the privileging of masculinity within a family. As did the donors above, Shaun stated that he placed restrictions to limit his sperm to 'healthy heterosexual' couples. While the notion of 'health' may at first glance read to mean medical health, it is also possible that it means psychological and emotional health, with reference to Matthew's extract and heterosexuality being associated with well-being. Evident in Shaun's account is the sandwiching of egalitarian talk amongst speech that was prejudicial against lesbian couples both in terms of the legitimacy of their relationship and their parental 'abilities'. This provided rhetorical strength to Shaun's account and inoculated against accusations of having a one dimensional (discriminatory) stance.

Shaun's account was warranted through reference to his personal experience when going through the adoption process with his wife. Consequently, Shaun positioned himself and his wife (and other heterosexual couples) as victims of egalitarianism with regard to sexual orientation; while they had to prove their suitability as parents, lesbian couples were able to purchase ART without such evaluation. Shaun's account also indicates an attempt to regain some agency through controlling the environment of the offspring given the donors' lack of ability to 'choose' their recipients.

Allowing lesbians to use his sperm would mean that he had "no control over how they [offspring] are brought up". Lesbian parenting was outside his realm of experience, whereas he was familiar with heterosexual parenting, and felt that his conditions provided an avenue for him to have some indirect input into the upbringing of the offspring. This influence would occur through the positions made available in the discourse of traditional parenting and families, which Shaun (as did other donors)

appeared to assume would be enacted within a heterosexual (married) couple.

The section above illustrated that while donors participate in a process that assists people to have children, not all people who want to utilise this process were deemed to be ‘proper’ parents, or have a ‘right’ to have children. Only (potential) recipients who corresponded to donors’ constructions of the ‘right’ family environment for offspring to be psychologically healthy and happy were entitled to use the donors’ sperm. Those who did not fit the norm of heterosexual (married) couples were considered unsuitable and potentially harmful parents, and were accordingly excluded from the process through restrictions on the use of the sperm. The notion of the ‘best interests of the offspring’ illustrated the power of the discourse entitling children to rights, and positioned the donors in a protector and paternal role.

When comparing the above extracts, a heterosexual couple who had been experiencing infertility was positioned more sympathetically than the recipients donors excluded – single women and lesbian couples who had not ‘suffered’ infertility and who, through financial ability, would be able to have a child relatively easily and overcome infertility caused by lifestyle, rather than medical causes. Recipients who have been through infertility were considered appropriate and ‘deserving’ benefactors of the donors’ sperm. These extracts also indicate the privileging of masculinity within parenting and relationships and the construction that the absence of men in the lives of children is problematic.

It should be noted however, that not all donors placed restrictions on their sperm, and advocated this traditional discourse of relationship and families. For example,

6. Ivan: = Yeah, they [the Clinic staff] talked about same sex couples, but that doesn’t worry us. I mean, everyone has got a right to have their children um.

In the alternative discourse, all people, regardless of sexual orientation have a ‘right’ to have children. Interestingly, donors were more vocal and detailed about discourses of families when they had placed restrictions on their sperm; this may be due to the privileging of egalitarian discourse in contemporary society, which meant the donors identified a need to warrant actions which risk positioning them as discriminatory.

The actual recipients

In contrast to the constructions of homosexual and single parents and families, talk about actual recipients (who had already met donors' conditions) was consistently positive:

7. Luke: I think anyone that's gone to the (.) as far as this to get children, I think that they're going to give the kids a really good life. [] I don't need to have any doubts that they're going to be mistreated or anything like that, otherwise, I wouldn't have done it.

Extract Seven demonstrated the argument that (infertile) recipients, due to their desire to have children would greatly want the offspring, and would thus care for them and give them everything necessary for their development to give them a “really good life”. This also fits in with the discourse which speaks of infertility as a journey which ends with resolution through ART, and also that the technological construction of ART renders it special. The latter half of the extract indicated concern for the offspring, which can be read as both fatherly and masculine. This contrasts with the predominant construction of donors as not caring about the offspring and walking away from the Clinic without a second thought for the results or outcomes of their actions.

Talk of the recipients as giving the offspring a good upbringing was warranted through reference to the “Have/Hold” and traditional family discourses which prioritised children within a marriage and the commitment that a child represents within a heterosexual relationship:

8. George: What I thought was they (.) most couples that go (.) to get it [fertility treatment] are probably people who can afford it, because it's quite expensive, and therefore may have been together for a while, and the relationship (.) you know, if the relationship is that good that they're going to pay to have a baby, then it's probably (.) I would think there's more chance that a baby might be brought up with two parents. [] I think it's better that there are two parents [] I thought it's more likely going to be people who are going (.) if they're going to invest in a child (.) to get a child, that much, they're likely to (.) I mean, it may be totally false, but it's likely they may invest longer term in the child and stay together.

George talked about the recipients as being more likely to stay together due to the lengths they had to go to in order to have children. Within this extract is an advocacy for children to be brought up within a two parent family, although in this particular

Chapter Nine – Fatherhood: Form versus function

extract, the make-up of the couple is not specified. While there is some implicit recognition of alternative accounts of recipients through the use of “most...probably...may have...more chance...more likely...may be totally false”. This provided rhetorical strength to George’s claims, along with his assumptions being presented as being commonsense. This also inoculated against being considered a one-sided account.

Discourses of commerce are evident in this extract, indicative of a user pays philosophy which governed fertility treatment funding with NZ at the time of the interviews. However, while commerce was rejected as being applicable to ART in Chapter Five, in this extract, the money spent to have a baby was positively interpreted as commitment, to each other and the child. In addition, the recipients were positively conceptualised as being quite affluent; two points emerge from this. Firstly, money is given primacy in discourses of quality of life, happiness and well-being, in this case for children. Secondly, George reasoned that affluence is associated with older couples who have had time to accumulate wealth.

As recipients were constructed as meeting a traditional discourse of families and relationships, they were talked about positively by donors. The traditional family discourse involved the privileging of a heterosexual relationship, as well as notions of commitment, love and desire for children. These factors were talked about as being ingredients in creating a positive environment for the offspring.

By placing conditions upon their sperm, donors gained some control and agency in a process where others’ needs and rights superseded their own. They were positioned in a masculine protector role, which could be read as being paternal. This contrasts with earlier constructions of donors as being selfish “wankers” who have little regard for the offspring upon leaving the clinic. Instead, numerous donors in this study said that they would have liked more information about the recipients, to ensure that they conformed to their discourses of the appropriate environs for children. One donor even said he would have liked recipients to fill out a profile similar to the one he completed. However, as this was not possible, and the donors did not have the ability to decide upon and select recipients on a case-by-case basis (as the recipients did with

donors via their profiles), placing blanket conditions was the only avenue open to donors to ‘select’ recipients, as they had been selected.

Defining Parents - The nature/form versus nurture/function discourse and the creation of ‘fathers’ and ‘daddies’

The next section details the two competing discourses of fatherhood – form and function and how donors positioned themselves in relation to the recipients (especially the male) and the offspring, and the consequences these constructions had in terms of the donors’ responsibilities and rights. The influence of discourses of masculinity within these discourses of fatherhood will also be examined.

“Form” – Biology, masculinity and ‘ghosts’

Within this discourse, fatherhood was talked about in biological and evolutionary terms. This links in with the construction of donating as being a (masculine) physical, rather than (feminine) emotional, act. Consequently, donors positioned themselves as having little or no relationship to the offspring.

DI as a biological urge to procreate

Donors were cognisant of the discourse of donating being sexual; while many men rejected (either implicitly or explicitly) this in terms of a “Have/Hold” discourse (Hollway, 1989), several donors positioned themselves as conforming to the discourse of male sexual drive identified by Hollway, and spoke of a reproductive ‘necessity’ to father children, driven by urges and evolutionary laws, reducing their agency in the process of the actual creation of offspring:

9. Adam: I felt (.) fundamentally that [] men and women are brought to this Earth to (.) procreate, and that's, you know, there isn't any other reason why we're here. [] I felt I had always had a biological right, [an] overwhelming urge within me that I felt that I should be a father. Not that I should be a father, but, um, almost as seeing me as a, basically as a bunch of um, chromosomes that it's my duty to, you know, bum off a couple of those chromosomes [] I don't believe there's any sort of father or paternal drive within me. I love kids, and the drive within me is to make sure that um (.) my biological (.) thing of being a human being is fulfilled, and I got a lot of satisfaction out of putting in place a tool that's going to (.) um (.) do that for me. [] I don't feel a biological requirement to, um, to be a parent [] as a bloke I don't think there is that strength (.) it's obviously

different than [for] a female, because there's the mothering aspect of it, we're not (.) bought up with that side of it.

Adam located reproduction within an evolutionary discourse as the 'purpose of life'. Extreme case formulation, evident in the use of "fundamentally...there isn't any other reason", provides strength to this claim. Procreation was constructed as being inherent to human identity, but also talked about as a duty to mankind. Adam was consequently *required* to pass on his genes. While evolutionary discourse placed an obligation on Adam to reproduce, his humanness bestowed upon him the "biological right" to have children and pass on his genes. Utilisation of scientific terms such as 'chromosomes' added veracity to his account of donating within an evolutionary discourse.

While Adam's claims fit within an evolutionary discourse, they can also be read within a religious discourse. Adam states "men and women are brought to this Earth", which depicts people as being placed on Earth by someone/thing else, such as a deity. This reading places people as non-agentic, and doing the bidding of some other being.

Also evident in Adam's account was a distinction between biologically fathering a child and being a parent – this separation is the focus of this chapter. Adam's talk of a biological urge rendered it 'natural' and therefore out of his control, reducing his agency within this discourse. Calling it "overwhelming" further warranted this claim that Adam is subordinate and powerless to evolution and his genes; the process of DI is a "tool" which helps him satisfy his obligation and right to biologically father children, without the actual rearing and responsibility of parenting the offspring. Interestingly, while talking of this evolutionary "urge", Adam spoke of his love for children; this emotion talk appears out of place within the assertions of this extract, but can be read as inoculating Adam against being accused of not caring about children. He located himself as child-friendly but not as paternal or parental.

This discourse of donating placed a biological but not parental obligation upon Adam. This was accounted for by utilisation of discourses of masculinity and femininity. In this way, fatherhood and men were defined in relation to the "Other" of motherhood and women, with both representations conforming to hegemonic discourses of gender.

The desire to father but not parent was normalised and untroubled through reference to essentialised concepts of motherhood and fatherhood, which speak of women having a ‘mothering instinct’ (Aitken, 2000; Edley & Wetherell, 1999; Ulrich & Weatherall, 2000). In contrast, men were said to have an evolutionary “drive”. This was talked about as being taken for granted knowledge (“obviously”) and therefore a collectively held belief. Adam actually refers to both instinct discourses and learning/social conditioning discourses through stating men are not “brought up” with the expectation that they will fulfil the nurturing side of parenthood.

Talk of this urge as being irrepressible due to biology (which was associated with gender) also involved talk about men having being conditioned evolutionarily to ‘fertilise’ and procreate:

10. Steve: I think there’s a thing in males, maybe that you want to fertilise the whole, impregnate the whole herd [laughs]. [] Yeah maybe, I mean, that’s a primordial sort of thing, maybe that’s there in the background.

Steve claimed he has a masculine urge to “impregnate the whole herd”. This constructs men as instinctively wanting to get as many women pregnant as possible, for evolutionary reasons. In the literature, Annas (1979, 1980) reported that socio-biologists have identified that animals spread their genes around as much as possible, and that sperm banks enable men to father multiple children without the practical restraints that might otherwise impede this. Donors in other studies have also talked of being ‘programmed’ to impregnate women to spread their genes (Nactigall, Becker, Quiroga & Tschann, 1998).

Steve termed this urge “primordial”; this along with metaphors of a man being like a stud bull and women like a herd of cows warranted the claim that men have a primitive animalistic urge. This was talked about as being a background, unconscious motivation for donating, rather than an explicit one. By depicting this ‘urge’ as natural drive which he is primarily unaware of, Steve spoke of it as being natural and outside of his control.

Constructing such urges as ‘primal’ and innate positioned the donors as fulfilling their “duty”, destiny and rights as men to father as many children as possible, while

disconnecting this from the role of a parent. Nurturing parent was associated with femininity, warranted by reference to an essentialised concept of mothering instinct.

“Not your parent”

In Extract One, Adam separated the nurturing and biological components of parenthood, providing room for defining ‘parent’ using one, other or both of these elements. In this study, there was consensus from donors that nurture, as opposed to nature/biology, was the fundamental element in the construction of who could legitimately fill the position of a parent. The emotional, temporal, and practical investment in an offspring was talked about by donors as being the defining aspect of parenthood, with the result that many donors specifically talked about the recipients being the parents, with the rights, responsibilities and emotional ties that were said to be components of the position:

11. Adam: [] you had the opportunity [on the profile form] to say something, a message to them [offspring], and I think I said basically [] ‘challenge the reason why you’d want to find me. I am biological, I’m not your parent. Your parents are the ones that parent you, and whatever happens, always respect that’, because I feel really strongly that (.) the parents are [] two people who love you, who have nurtured and brought you up

Adam captured the form versus function discourses in his assertion that biology was separate from and did not automatically denote parenthood. Indeed, in the case of DI, biology and parenthood were considered by many donors to be separate. By placing nurture as the defining characteristic of parenthood (as opposed to who supplied the gametes), the recipient-offspring relationship was privileged, and it also warranted questioning the wisdom of the offspring seeking contact with the donor, certainly for seeking a paternal relationship with him. Adam indicated that an offspring seeking out a donor (for some kind of relationship) would be disrespectful to the recipients. Nurturing parents were thus accorded rights to be respected as a result of their position. The three part list of specifications of a parent that Adam set out (love/attachment, nurturing and raising the offspring) added completeness to his account and excluded the donor from legitimately assuming the position of a parent. Donors therefore adopted a ‘non-functional’ parental position, without the responsibilities (or rights) of the role.

Socially and legally, donors therefore assigned the parental role to the recipients. Several donors were very clear that they had no intention to be a “nurturing parent” when becoming a donor, and those were the conditions they agreed to with the Clinic and the expectation they had of the process:

12. Adam: I don't intend to parent the child, and, um, from day one of, of doing this, that's what was accepted of me. What I chose. [] I feel that I will not [] be anything other than just the biological parent. And I don't want anything really other than that. (.) At this point in time.

Adam states that his understanding of his role did not include parenting the offspring - he wanted to be “just the biological parent”. The use of ‘just’ minimised the importance and extent of this role. The position of “biological parent” was also implicitly enacted in the expectation of others the Clinic, and donors were positioned as being a parent in form only. However, this was not talked about as something imposed by the Clinic. Adam claimed agency within his talk; lack of parental status and responsibility was what he chose, and historical longevity to his stance (“from day one”) provided some credibility to his account. Interestingly though, after clearly rejecting parental nurturing responsibilities, Adam indicated some room for him to alter his position in the future by locating his standpoint in the present, rather than being fixed and life-long.

In contrast, not all donors considered they had agency in the process of determining the expectations of the position of donor:

13. Kirsty: Do you feel, a, a kind of a parental responsibility?
William: .hh Well, you're not allow-, I'm not allowed to, I mean, I think, it's like, they're [the fertility clinic] really clear about the protocol.

William stated that Clinic protocols ‘prohibited’ him from feeling parental responsibility. This indicates the power that William considered the institution of medicine to have; Clinic policies not only constrained the role of the donor and the expectations associated with it, but William also spoke of the ‘protocols’ governing the feelings of the donors towards the offspring.

Donors therefore looked to Clinic policies and conditions to guide their understanding of donating, and also for protection of expectations they had when they became donors. However, there was also some room allowed for these expectations to alter on

the part of the donor, but resistance to any change in expectations from a legal standpoint, or from the Clinic:

14. Roger: I've agreed to father a child for someone else, but I have not agreed to sponsor that child throughout their life, and if that situation arose, I'd be most upset with the authorities, and feel that my (.) that a trust has been, you know, violated. Whereas, I've agreed to go a certain distance, and I would feel (.) unfairly treated, yeah, and be quite angry that I was put in this situation.

Roger clearly constructed his position as one of “father[ing] a child for someone else”. This would appear to indicate an agreement between donor and recipients, which is protected by the ‘authorities’, a reference to both legislators and Clinics. Terming this a ‘trust’ has indications of vulnerability on the part of the donor, and “violated” suggests powerlessness and lack of agency compared to the power of the institution of law (and that of medicine).

The legal protections in New Zealand for donors absolve them from financial responsibility for the offspring. This contradicts usual legal discourse which enacts hegemonic masculinity in the construction of fatherhood as being a biological relationship, which has financial ramifications and responsibilities along with decision making authority (Collier, 1995; Haney & March, 2003). Due to the laws surrounding donating deviating from traditional legal discourse, donors felt some vulnerability with regard to the possibility that laws on donating would alter to conform to dominant discourses of the responsibilities (financial if not emotional) of fatherhood.

The notion of ‘sponsoring’ has a financial connotation, but also a mentoring one, in that a sponsor can also mean a godparent or someone who takes on responsibilities for another. This points to a discourse of fathering where not only nurturing is important, but also provision (Aaltio-Marjosola & Lehtinen, 1998; Aitken, 2000; Brandth & Evande, 1998; Collier, 1995; Haney & March, 2003; Marsiglio & Cohan, 2000; Silverstein et al., 2002), a feature of hegemonic masculinity (Archer et al., 2001; Riley, 2003; Willott & Griffin, 1997).

Biological positions

The above extracts demonstrate that Clinic protocols were clear about the roles and responsibilities of recipients and the men who entered into the programme

(predominantly) accepted and agreed with these partitions. They considered that they had an agreement with the other parties and this was enshrined in law, cementing the conditions under which they donated and subsequent (lack of) responsibilities. Nevertheless, fathering a child while not assuming a ‘parent’ role or responsibilities contradicts contemporary Western discourses of fathers. By positioning the recipients as the parents of the offspring and privileging function over form, donors were able to respond to these issues and maintain a positive subjectivity.

The power of the discourse of “Form” with regard to fatherhood is illustrated in John’s talk of societal pressures to assume some kind of familial position, contrary to his understanding of what it was to be a donor:

15. John: [] people just can’t help themselves, but mention it in, through familial terms, like they always, they would always call me the biological father, where that really, really bugs me, because I’m not the father. [] the biological fact makes no difference what so ever. [] the emotional link is a million times stronger than the biological link [] So I mean, the fact that I can (.) I am referred, (.) well, I am, as a donor, am referred to as the father, sort of insinuates an emotional link, where it’s just not there. That really bugs me, as well as the denigrating of the father- child link within the recipient couple. I mean, those words [to describe the relationship between donor and offspring] really need have all their emotional (.) connotations taken out of them completely [] If it wasn’t for the fact that I had (.) a pretty clear understanding of what I thought a family was, then yeah I’d feel pressured about that. [] I’m quite (.) happy with the fact that (.) they were never my children to start with and they will never be my children in the future. [] I have no tie to the child, I have no link to the child, and I have no responsibility for the child.

This extract illustrates several analytic points. The privileging of the “Form” discourse of fatherhood bestowed the discourse with agency – people were said to be unable to talk about donating other than in terms that rendered the “Form” of the biological relationship between donor and offspring as being a familial one. This illustrates that “Form” and “Function”, while competing discourses, appear to be intertwined in the sense that one (nurturing) follows from the other (biology).

This was incongruous to John, who dismissed biology as being of *any* importance to the definition of ‘father’. Extreme case formulation is signalled by such claims as “the biological fact makes no difference what so ever...the emotional link is a million times stronger than the biological link” and the use of such extreme numbers warrant

his claim that donating is not a form of fatherhood, and that “Function” is the *only* legitimate discourse of fatherhood. In this claim, John positioned himself outside of a familial discourse and privileged the recipient male as the only man able to claim fatherhood status. Consequently, John asserted that the “Form” discourse was not only illegitimate but also disrespectful to the ‘rightful’ father – the recipient male.

This discourse of function following form corresponds to psychological discourses of attachment which assert that having a biological relationship fosters and builds emotional attachment (Malin, 2002). John rejected this discourse and thus positioned himself in somewhat of an empty space in terms of subjectivity. For him ‘donor’ was a term with no fathering associations and was used to avoid both “Form” and “Function” discourses. However, he positioned himself as somewhat of a ‘gender rebel’ (Wetherell & Edley, 1999), and his account of himself as going against social norms and conventions spoke to traditionally masculine qualities of strength and independence. In this way, whilst rejecting fathering discourses which convey masculinity, he nonetheless reinforced conventional masculinity.

John claimed agency in this extract in that he indicated that the position he was in (that of someone outside all familial relationships, responsibilities and rights with regard to the offspring) was something he accepted and *chose*, and that he did not contest it or wish to change it in the future. The use of a three part list “I have no tie to the child, I have no link to the child, and I have no responsibility for the child” reinforced the rhetorical strength of his account, as did an indication of historical longevity to his stance – “they were never my children to start with and they will never be my children in the future”.

Available resources and terminology did not fit well with some donors’ construction of their role, and how they talked about their position - that of a biological contributor to the offspring, but without the meanings associated with familial terms, nor the responsibilities bestowed in their usage. In this regard, neither “Form” nor “Function” discourses adequately captured John’s experience, as he did not position himself as being in the position of father at all, even biologically.

“Ghosts” and the “Next man on the street”

The “Function” discourse of fatherhood involved the concepts of nurturing and attachment which were unavailable and rejected within the discourse of “Form”:

16. George: I’m just sort of divorced from it, so it’s not (.) I don’t deem myself as being in any way related, you know it was just a physical act to help someone, and I don’t feel anything, I’ve got no emotional attachment as such (.) yeah, so (.) I’m the ghost. [laughs]

George positioned himself as detached emotionally from the offspring as a result of the language used to talk about donating – a physical act. George invoked a non-sexual “medical” discourse of donating - it was “just a physical act to help someone” – which contrasted with the meaning invested in donating in the competing discourse of “Gift”.

The use of extreme language warranted his claim that he did not consider himself to be “in any way related” to the offspring and therefore felt no ‘attachment’ to them. In this way, George was conforming to contemporary hegemonic discourses of men being rational and unemotional, and acting physically rather than emotionally

This lack of emotion and attachment to the offspring led George to consider himself a “ghost” – invisible, ‘there’ but not in a substantial way, a presence that has its origins in the past, without a legitimate place in the present-day or the future, nor any ability to influence anything or exert any authority. The use of humour softened statements which contravene dominant discourses of fatherhood currently available.

Thus George illustrated that for some donors, “Form” did not in any way involve aspects of parenting such as the concept of attachment to the offspring that is part of the traditional construction of a nurturing parent; this appears to follow on from the “medical” discourse of donating as being a purely physical act, rather than personal. This impersonal construction of donating is clearly evident in the following extract also:

17. Ivan: The next man in the street. [] You’re not part of the process. You’re not emotionally involved in any way, um, you’re totally detached. [] I don’t know that I’d be very particularly interested in any involvement with offspring. They’re not our children. We’ve got our children.

Ivan was a donor who invoked a “medical discourse” to talk of donating as not only non-sexual, but physical. Both George and Ivan subsequently positioned themselves as a father in “Form” only, which involved rejection of any kind of role, responsibility or involvement with the offspring, familial or otherwise. “They’re not our children. We’ve got our children” is a powerful distancing technique to separate the donor (and their children) from the offspring. Consequently, Ivan placed himself as no more important or intimate to them than someone who was a stranger passing them in the street. As a result, he was absolved of any responsibilities towards the offspring.

The privileging of “Function”: claiming fatherhood status through ‘Daddies’ and donor ‘fathers’

The preceding section illustrated the privileging of ‘nurture’ as being representative of parenthood and families and the positioning of donors as being fathers in “Form” only, and sometimes “ghosts” with no real relationship to the offspring. This prioritised the first aspect of parenthood that Adam identified in Extract One – social relationships. The discourse of “Form” was a biological, evolutionary one, which spoke of the physicality of donating, and rejected emotion talk in the construction of relationships with offspring.

This section explores an alternative discourse, one which positioned donors as fathers in “Form” but involved a progressive narrative of fatherhood – “Form” can progress to “Function” including the use of available discourses such as emotions and attachment. The distinction between biology and social relationships was still retained in the form of ‘fathers’ and ‘dads’. While emotion talk is more indicative of a “New Man” discourse, the positioning of donors as being strong and unconventional meant that dominant masculine discourses were nonetheless enacted.

Donating as fatherhood

In William’s extract above (Thirteen), he talked of the Clinic not ‘allowing’ fatherly feelings. In the following extract, he defied this by talking about donating as being a “form of fathering” for the donors, even though they did not have contact with the offspring:

18. William: In a way, [sperm donation] is a form of, of, um (1.8) fathering, even from a distance, from (.) behind a veil of anonymity, or (.) protocol.

William both mounts an argument for the recognition of donating as a “Form” of fathering due to the biological relationships, and depicts the tenacity of this position – neither physical distance, nor obstacles such as Clinic protocols of anonymity alter a fatherhood construction of donating and subsequent positioning of donors in a paternal position as anonymous fathers. Read together, the two extracts (Thirteen and Nineteen) position William as unconventional and rebellious (Wetherell & Edley, 1999), a position he adopted throughout his interview. This defiance retained agency with the donor in the sense of their emotions, whilst recognising the implementation of any parental feeling is outside of their control.

Father versus Dad

Similarly to William, numerous donors in this study laid verbal claim to the donor offspring as ‘their’ children by virtue of the “Form” discourse and biological relationship:

19. Jeremy: [] you know, in terms of the child, I suppose you know, it’s half mine, isn’t it? [] when you donate sperm, you know, and you have some children, you know that you’re their half (.) their father.

Jeremy talked with some possessiveness of ‘having children’ through the programme, with the donor offspring being “half mine” and calling himself “their father”. This appears to contradict his earlier extract, where he had positioned himself as not being part of the offspring’s family. However, for Jeremy, the term “father” appears to be a position defined on the basis of biology (the “Form” discourse), rather than the nurturing (“Function”) relationships that the term ‘family’ evokes. In giving ‘father’ a biological meaning, Jeremy was able to claim this position, without it necessarily involving familial membership.

It became clear during the course of the interviews that there were a number of donors in this study who talked of the offspring as ‘their children’ and spent considerable time trying to find appropriate ways, with the current available resources, to claim their ‘biological fatherhood status’, while still designating the recipient male as the offspring’s primary nurturing ‘father’. The distinction between “Form” and “Function” provided a means for them to do that and establish categorical differences between the recipient male and donor which enabled them to occupy different discursive ‘space’:

20. Matthew: Well, I'd like to think that I feel the same way [about the offspring] as I do towards my own children, open and loving. []
Kirsty: You think of them as your children?
Matthew: Well, I do in a way. I don't like to step on the toes of the father, I really don't, I mean, because as I see it he's the father, he's the one who's given the kids the time and the love and attention and all that, and that will be the greatest making of that child, and I don't want to take that away or stand in between them in any way, but umm no, I do actually, because as I said, that was one of the reasons I wanted to do it too, because it was like my own family wasn't complete.

Matthew positioned the offspring as 'his children' and he as their 'father'. By positioning the offspring in this way, they were entitled to the *same* feelings from him as his "own" children – that he be "open and loving" towards them. This suggests that Matthew was receptive to some sort of contact or relationship with the offspring in the future. Matthew's comments that he would "like to think" he has these feelings towards the offspring and that "in a way" they are his children points to some qualification and uncertainty – this is the ideal for him, which he is striving for, but he speaks tentatively about the outcome and his position in relation to the offspring and the recipient male.

This talk of emotions towards the offspring also indicates that the duality of "Form" and "Function" does not necessarily capture the experience of donating. Talk of feelings and emotional attachment fit more within a "Function" discourse and contemporary expectations of fathers that include emotional involvement, traditionally feminine mothering constructions (Aaltio-Marjosola & Lehtinen, 1998; Brandth & Evande, 1998; Haney & March, 2003; Henwood & Procter, 2003; Silverstein, Auerbach & Levant, 2002; White, 1994). However, Matthew is positioned as a father as a result of the biological relationship ("Form"), and he has had no involvement with the offspring past the stage of conception. Thus, men who identify as fathers due to the discourse of "Form" may utilise terms traditionally associated with nurturing, "Function" and mothering.

The second part of the extract focuses on talk of the donor in relation to the recipient male, with the offspring the common factor. Matthew used the alternative account of 'father' being predominantly a social relationship sandwiched in his own account of 'father' also being conferred as a result of biology and knowledge of the offspring's

existence. This provided rhetorical strength and completeness to his account and inoculated against being viewed as indifferent towards the recipient male. While the recipient male's nurturance of the offspring was prioritised over biology, Matthew maintained that the offspring remain his children nonetheless.

Implicit in this talk was the tension between "Form" and "Function" which placed the recipient male and donor in opposition to one another, and the donor as a potential threat to the recipient male's relationship with the offspring. This alludes to hegemonic masculinity in the sense of the importance of fertility to masculine subjectivity and men competing with one another, in this case for the position of father to the offspring. Donors consistently appeared cognisant of this competitiveness resulting from talk around fatherhood, hence the acknowledgement and lauding of the recipient male. There is also evident in Matthew's extract a discourse of 'interference' which a number of donors mentioned; this is discussed further below.

Not only does Matthew construct the offspring as being the 'same' as his children in terms of entitlements to emotions of love and caring, he talks about them completing his own family. This 'completion' was talked about as a motivating factor for both Matthew and William. While this initially signals the use of "Form" to define family boundaries, there are more intangible aspects to 'fathering from a distance' apart from a biological relationship that fit within contemporary discourses of fatherhood as a nurturing social relationship; this is evident in the emotion talk in this extract. It can also be extrapolated from things such as Matthew's expressed wish to leave some books to his donor offspring in his will in the event of his death.

In Matthew's extract, donating and the birth of the offspring fulfilled an expressed wish for a larger family, despite the fact that he did not know the offspring at this point. Matthew's wife had been unwilling to have more children within their family, and Matthew subsequently entered the sperm donor programme. Several donors who were single or unable to have (more) children with their wives discussed donating and being a 'father' as being an important factor in their subjectivity. This is discussed in more depth below.

Thus, while deferring to the recipient male as the primary father of the offspring and the privileging of “Function”, several donors asserted their own position as fathers also. In order to do this and distinguish between the “Form”/biological and “Function”/nurturing aspects of fatherhood, several donors called themselves the ‘fathers’ and the recipient males ‘Dads’, capturing the two discourses of fatherhood (respectively):

21. Paul: = Dad’s [the recipient male] not Dad, I mean, (.) well, sorry (.) Dad is a special person, Dad’s not my father, that’s a better way of putting it. [] Okay, I am their father, but I’m not their Dad. [] Um, my interpretation on that is your Dad is the person who you grew up with, you, you know, taught you to ride your bicycle, who loved you, and all that kind of stuff. I am, like it or not, their genetic father. I am their father.

“Dad” versus ‘father’ provided the capacity for donors to claim to be the offspring’s father, without usurping the recipient male from the offspring’s lives. This echoes findings in Haney and March’s (2003) study which identified ‘daddies’ and ‘fathers’. “Dad” was constructed by Paul as the man present during the offspring’s upbringing, passing on skills and ‘loving’ the child. This also fits with contemporary expectations of fathers as being involved and loving (Aaltio-Marjosola & Lehtinen, 1998; Brandth & Evande, 1998; Haney & March; Henwood & Procter, 2003; Silverstein et al., 2002; White, 1994).

Paul stated “I am, like it or not, their genetic father. I am their father”. This assertion illustrated that sperm donors challenge available discourses of fatherhood and may be considered threatening to the recipient male. It also suggested defiance of Clinic protocols (see William’s extract above also) that left the donors without a clearly defined or legitimate position. “I am their father” was therefore staking a claim to fatherhood.

However, whilst claiming the position of ‘father’, donors talked about not wanting to “interfere” in the recipients or the offspring’s lives, indicating the awkward space that donor ‘fathers’ occupy:

22. Paul: I don’t want to interfere in their being a family [] I think you really do need to keep out of them (.) actually fusing as a family. [] I don’t have a place in their family. It’s only going to confuse people, me included, and, ah, best kept separate.

When donors constructed themselves as ‘fathers’, this was situated outside of the recipient family. The family in this case was defined by geographical, social and emotional proximity. Paul indicated people ‘become’ a family; this points to a discursive assertion that people ‘do’ family and that it is not an objective fixed phenomenon.

It also indicates that being a family takes time and effort, and is not an automatic grouping. Paul’s talk also suggests that while this “fusing” is occurring, the family is vulnerable to disruptions, and the donor is considered in this category, as a complication. In this extract, the donor being ‘invisible’ is protective for all parties – the recipients, but also the donor.

Paul hinted at concern for his own psychological well-being, and this (as much as regard for the recipients and offspring) meant that he considered that maintaining his isolation and detachment to be in everyone’s best interests. This suggests that the lack of clear boundaries and position for donors not only created potential issues for the recipients, it also posed a dilemma for donors, that they would overstep the mark and breach the line between ‘father’ and ‘dad’, causing psychological and emotional confusion for all.

The (donor) father’s responsibilities

Extracts from donors at the beginning of this chapter illustrated their consideration and concern that the “right” people would be raising the offspring, and in what environment. Their conditions on the use of their sperm went some way to allay their concerns and give them some agency in the DI process, as they were able to ‘select’ as much as possible the recipients of their sperm who conformed to the traditional discourse of families. While not all donors placed conditions on their sperm, and allowed any person(s) to use it, those that did place restrictions expressed reasons which can be read as parental concern. Consequently, the conditions they placed on the sperm were powerful in that they fulfilled parental responsibilities in as much as the donors were able.

While assigning recipients the position of parents (and the recipient male as ‘dad’) within the “Function” discourse, many donors claimed the position of ‘father’ and

considered that part of this involved responsibilities towards the offspring. The discourse of “birth right” bestowed responsibilities to the donor to provide information for the offspring’s identity and well-being; in this Chapter, the responsibilities talked about in the position of ‘father’ were quite expanded.

Several donors talked about themselves as being a ‘safety net’ in that they were an additional resource in the offspring’s lives, and willing (if able) to take on active parental responsibilities and tasks, should there be no-one appropriate in the recipients’ families. Steve’s extract is illustrative of the positioning of donors as waiting “in the wings” to be called upon if needed:

23. Steve: Well, I do have a responsibility but I (.) and I (.) I think I think I’m always there, should there be a breach, but I don’t think I’m (.) I’m not the prime (.) I mean I do believe in the nature thing, being pretty, you know, fifty percent of it, maybe even more. But, at the end of the day it doesn’t absolve the parents of their decision that they make, it’s their decision, umm in that they are the principle providers for all those things. I’m only there to sort of fill in the gap, really [] in the wings. I guess I’m there for biological information, genetic information, and I didn’t (.) you know I didn’t set out to be (.) there for nurture type things, but I guess I’m always there to cover (.) you know if it all turns to (.) like if say both parents got killed in a car crash, well then you say ‘shit what do we do here’, you know, and you’d have to think quite seriously, or think about that issue [guardianship]. So yeah I guess I’m a back- stop.

Steve claimed biology/‘nature’ to be (at least as) equally important to nurturing, a point emphasised with the use of percentages. This places the donor as being as important as (if not more than) the recipients in the offspring’s life. Evident in this extract is an assumption of responsibility sandwiched among his assertion that the recipients, as the people who instigated the conception and subsequent birth of the offspring, had the primary responsibility to provide for the offspring. This sandwiching of arguments gives Steve’s extract rhetorical strength. “But” indicates an acceptance of one account, but the impact of that is softened with claims towards another argument. While Steve accepts responsibility as a result of the position of ‘father’, he points out that this was not his intention, and intent is given importance in his account of who has responsibility (and when) for the offspring.

Steve called himself a “back-stop... there to sort of fill in the gap, really... in the wings” in the situation that there is a “breach”. A distinction was drawn between

primary and secondary responsibilities for the offspring. The latter are invoked if there is a disjuncture in the former. This position of being there to fill any “breaches” in the offspring’s life was given some historical longevity (“always there”). And the extent of the responsibilities shifted from initially being one of providing information to considering assuming guardianship, an active, social and nurturing role, which would result in the donor conforming to the conventional discourse of parenting. It would also mean that a nurturing and social role would result from a biological relationship.

This willingness to take on conventional parental responsibilities, when this was not the aim of donating, contradicts dominant discourses surrounding donors of them as walking away from the Clinic without a second thought or consideration for either recipients or offspring. In stark contrast to this, donors trod a fine line between making themselves available should they be needed, and not interfering or encroaching upon the position of the recipients (especially the male) and offspring.

This ‘waiting in the wings’ also illustrated that the donors’ willingness to contribute to the offspring was something they were powerless to offer proactively; instead, they had to wait to be called upon by someone on the “other side of the fence”:

24. Kirsty: So, did you do into the donor programme knowing that you wanted to be a part of that child’s life?

Phillip: That was definitely my preference, um, but equally, acknowledging that I had no control over it, cause I mean, I know what the legal situation is, it’s very straight forward, so I made myself as available as I could, um, from that point of view, but it’s, it’s not my call. The call is on the other side of the fence. [] it’s futile to do anything else with it.

Phillip expressed both a willingness and an intent to contribute to his donor offspring’s life. However (“but”), the Clinic protocols and legal situation reduced his agency in being able to implement his wishes with the other parties. He was only able to ‘make himself available’; the agency and power was with the recipients. The depiction of barriers to relationships and restrictions on donors’ activities was clear; Phillip did not challenge the authority of the law, Clinic, or parental authority of the recipients. Consequently, even those donors willing and wanting to contribute and be more involved in the recipients and offspring’s lives were limited in their ability to do so, and had to wait to be called upon.

'Image in my heart' - attachment and loss

Many donors indicated that they considered their role as biological 'father' to involve practical assistance (information), along with potential emotional responsibilities, and being available as a "fall-back" if there should be a breach in the provision of care for the offspring. When talking about and constructing themselves as 'fathers', donors utilised discourses of emotions such as 'attachment' to the offspring that form part of a more traditional discourse of mothering and, in contemporary society, fatherhood:

25. Roger: It will become concrete [if offspring are born], yeah, the fact that I could have a child, will be, yeah, consolidated to 'I have a child' to some degree, and umm (.) yeah, I won't carry an image in my wallet but I'll definitely carry an image in my heart.

Roger stated that when he knows offspring have been born from his sperm, his identity as a donor parent would become solidified and "consolidated". This progressive narrative of donating was evident with other donors also – the birth of donor offspring and the utilisation of the sperm shifted men from potential to actual donors (and 'fathers'). Knowledge of the outcomes of the donation was important for some donors to integrate 'donor' (and 'father') into their identities. Roger made reference to the metaphor of carrying "an image in my heart" of the offspring, contrasted with the photos many parents carry in their wallets. This is a powerful statement, as it signals a level of emotional feeling for the offspring as the donor's child which can be interpreted as 'attachment'.

Being unable to enact this attachment and having only an 'image in their heart' resulted in what donors termed 'loss':

26. William: .hh (2.2) Oh yeah, I suppose, course, I mean, if I'm completely honest, there is some [loss], but I just accept that. [] I choose to live with the loss, but not be disabled by it. [] part of that I think, would be around, the, .hh um, obviously sharing in the celebration of the birth [] Sharing in those, in the significance of those milestones, I mean you, you obviously can't participate in that, those, one of the ways things are set up at the moment [] and all of that attachment, (.) you know, all of that attachment stuff, you, you (.) sort of best that you could achieve is (.) strangers meeting.

The extract is rich in analytic points with regard to both fatherhood and masculinity. William talked about feelings of loss; this was attributed to being in the position of 'father', but without rights or agency to participate in important events in the

offspring's life, beginning with their birth. This lack of agency is due to “the way things are set up”, a reference to the legal and clinical policies in place at the time of the interviews. William's use of the term ‘attachment’ (a psychological theory) and ‘milestones’ lent his claims some credence. The emotion talk was given some volume (“all that attachment”) and longevity across the life of the offspring. The feelings were talked about as being unfulfilled attachment; the natural progression of attachment is represented as being a close social relationship, in contrast to the ‘strangers’ that the donor and offspring would be. This is reminiscent of Ivan's position of ‘the next man in the street’ (above); however, the difference was that in Ivan's case, he chose that position, whereas William spoke of this being imposed upon him, in contradiction to his emotions.

This talk of loss and emotions indicates a vulnerability and sensitivity usually part of a feminine subjectivity. The expression of these emotions points to a “New Man” subjectivity. However, William reclaims agency in the extract, and claimed he not only accepted the loss, that he chose how to live with, and deal with it. A process can be read into William's extract, similar to a stages of grief model espoused in psychological literature. William's extract positioned him as (emotionally) strong and having strength of character in overcoming difficulties. This can be read as William positioning himself as a ‘gender rebel’ (c.f. Wetherell & Edley, 1999), and in being nonconformist, displaying traditionally masculine features.

Clearly, some donors would have liked to be more involved in (or at least informed about) their offspring's lives, and there were limitations reducing their agency and restricting this from occurring. This resulted in donors talking of feelings of loss due to lack of a relationship with offspring. These feelings of loss were unexpected for many donors, who spoke of having been given the expectation by the Clinic that donating would be an emotionless experience, particularly for men donating sperm, based on dominant constructions of the emotional ‘abilities’ of men compared to women:

27. Paul: [] the [clinic] counsellor said during a dual interview with my wife and I and the counsellor, that it was much harder for women to give up their eggs, because for some reason they were emotionally attached to them. [] And that's complete crap, because I'm (.) I (.) was therefore in some ways led to believe this wouldn't be too hard, but, [] I can't help

feeling I'm missing out. [] I'm (.) undergoing a small amount of hurt over this, too. [] And some degree of sadness. Yes, okay, there's a degree of loss, okay, you kind of got that out of me. [] I would just like to know who these people are, and what they've become and [] hopefully (.) when they're, they're grown, they'll choose to, to contact me, and that would be great. I'd love to get to know them [] it's (.) not my place to be like that [] in a way, if you think about it, it fits with our supposed stereotype, you know, we're tough, we don't cry, we can hit our fingers with hammers, and instead of crying we swear, um, ah, we go to the pub and get drunk, instead of, you know, having a big emotional release and all that kind of ss- stereotypical rubbish, which might apply to some people, but doesn't apply to me [] so, in a way, I'm trying to repress these feelings, but they're there [] had I been told (.) this, I still would have done it. I don't think it would have made things any better, I would have thought, oh nah, that can't be right, I'm not going to have that problem. [] in a way, I could just be being broody, because I want some of my own [laughs].

Kirsty: Do you think having your own children will change those feelings?

Paul: Reality bites, no. [] I think I'm always going to, um, be interested.

This extract is a complex discussion of dominant discourses of gender, and how these were enacted in the policies and 'counselling' from the Clinic, and subsequently, Paul's expectations of how he would experience being a male donor. Within Paul's extract he details the dominant discourse of masculinity – men are 'tough' (emotionally and physically), suppress their feelings, swear, and participate in public activities such as drinking in pubs. This corresponds with traditional masculinity as discussed in the literature (for example, drinking: Gough & Edwards, 1998; Kaminer & Dixon, 1995; Willott & Griffin, 1997). Consequently, male donors were not expected to be 'attached' to their sperm and thus donating would be easy for men; attachment was a signifier of a discourse of femininity. This was a discourse reinforced by donors who depicted donating as a "medical", non-sexual act.

Having these dominant discourses enacted by the Clinic resulted in Paul assuming he would act in an appropriately masculine way; in expressing emotions as he did, he defied not just the Clinic, but societal expectations of men, and was a 'gender-rebel' (Wetherell & Edley, 1999). Paul's statement, that it was "not my place" to feel as he did, speaks to the power and negative influence hegemonic masculinity can have for men who do not conform. He spoke of "hurt...missing out...loss...sadness", all which speak to psychological distress due to notions of attachment. It also suggests that talking of donating as being biological 'fatherhood' misses out the emotional aspect

of donating which some men expressed, and the desire for a social relationship which conforms to traditional fatherhood.

Paul's railing against the dominant discourses of masculinity is contradicted by other aspects to his extract, and illustrates the power that hegemonic masculinity has in discourse. After condemning the 'stereotype' of men, and how this did not match his experience of donating, Paul then talked about 'repressing' his feelings and that I 'got it out of him' that he was feeling loss. In this way, Paul was talking about suppressing 'feminine' emotions and conforming to the very discourse of masculinity which he had just criticised. His statement that he did not expect to feel emotional about being a donor, and had he been told this might happen, he would not have believed it, also illustrates this point.

Thus, some donors who identified themselves as 'fathers' and considered they had an important position in the offspring's lives, subsequently expressed feelings of attachment which fit in with a more traditional discourse of parenthood. As a result of a lack of agency to enact these feelings, these donors expressed loss about their relationship (or lack of) with the offspring. Paul acknowledged the argument that this loss may be due to a lack of enactment of a more traditional parental identity in his family with his wife (they had no children at the time of the interview) and inoculated against this by claiming that the loss centres on a relationship with people he positions as his children, rather than a simplistic desire to have children 'of my own'.

While Paul dismissed this claim, donors who had their 'own' families talked about these children meeting their parental needs and identity:

28. Kirsty: Do you feel a sense of loss (.) or missing out?

Matthew: No, my own children fill my need for love very much and no I don't.

Daniels et al. (1996) suggest that donors can be constructed as having two 'families' – their own and that of the recipients/offspring. This is illustrated in Matthew's extract and that of Walter below, who spoke of their 'own children/families' meeting their psychological needs arising from being a father. In addition, the donors' 'own' children were positioned as having first call of the donors' resources, both emotional and practical (including financial). This mirrors the claims by Steve that the primary

family of a child meets their needs first and foremost. Walter stated, his “powers” go to his child, and his identity as a father is enacted solely with the children he has nurtured and has a social relationship with:

29. Walter: hh No, you don't want to carry on a relationship like you've got with your own son [] You know, you just couldn't. You just couldn't do it [] no, no it's too complicated. No, I've got a lovely [child] and my powers go towards [them].

While Paul dismissed the possibility that his ‘own’ children would reduce his feelings of loss, it appeared in this study that single/childless donors may have differed in how they position themselves and the effects donating had on their subjectivity. Paul and William spoke of experiencing loss, missing out on ‘fatherly’ experiences such as milestones and attachment to their ‘children’. For donors with children, their experiences with their own children resulted in them having their self-identity as ‘dads’ fulfilled already, with their ‘own’ children meeting their needs and providing an expression of the “Function” father discourse (including rights and responsibilities and emotions).

Lack of interest as a protection

Paul and William spoke of experiencing attachment and subsequent loss as a result of having their identity of ‘father’ as only partially fulfilled (in terms of “Form”).

Several donors also talked about not wanting information or contact as ‘protection’ from possible negative psychological consequences as a result of being “Form” fathers only:

30. Kirsty: [] what type of contact you would want with the couple and the child?

Harry: None. [] when I say none, and I say it so forcefully, doesn't mean I don't care. (.) u::m, I don't know if it's a good idea. [] You know, there's a few too many emotional, ah, strings that can be plucked here []

Kirsty: Do you think it would be different if you had your own children?

Harry: = It would make life easier, yes. [] (.) What would it be like (.) if, if I could, if I saw something, if, if I looked at this child, and thought (.) you know, and that this, and knowing that this child is mine, it would probably make it more difficult. U::m (0.9) why rub it in?

Harry was initially quite vehement that he did not want contact with the recipients or offspring; however he then inoculated against being considered uncaring and clarified his reasons behind this as not being due to indifference towards the offspring. Instead,

lack of interest was ‘protection’ for him, as he represented himself as emotionally vulnerable. Harry had previously stated that one of his motivations for donating was that “I don’t have any children, and would still dearly love to have children.” In Harry’s case, he had only one family (c.f. Daniels et al., 1996) and thus the offspring were his only ‘children’, and his only available discourse was that of a “Form” father.

Donors therefore alluded to ‘risks’ associated with contact, partly due to the lack of power donors had to enact fatherly responsibilities or assert fatherly rights, as discussed above. Consequently, lack of knowledge and involvement served as a form of protection.

“Uncles”

Donors who claimed a position as ‘father’ had the delicate task of finding a suitable term to call themselves and describe their role in the offspring’s life. Paul talked of ‘father versus dad’; however the term father, while being used by donors to talk about a biological relationship, can still have familial connotations. While many donors who identified themselves as ‘fathers’ also spoke of feelings of attachment and responsibility, they were also wary of encroaching onto the recipient males’ discursive ‘territory’. Thus, many donors struggled to find a label to describe their relationship with the offspring in an appropriate way, which captured both their immediate biological relationship and their more removed personal connection:

31. Phillip: [I am] Biologically a father [] apart from that, in terms of role, um, (.) .hh the term that I put on myself, in thinking about what my role vis-à-vis, say [the offspring] would be was Uncle [], so it’s got that element of connection, but removal, and godfather’s got no blood connection, that’s why I thought of uncle, because it’s got, it, it recognises the biological connection, but it has got that element of removal as well [] part of the tribe, but, very definitively, you know, (.) yeah, an adult, but over there, but connected, yeah.

Phillip positioned himself as “biologically a father”. He then ‘imposed’ a term on himself, illustrating, in my view, the inadequacy of existing linguistic resources for donors to talk about their experiences and position in relation to the offspring. Phillip selected “uncle” as the closest ‘fit’, which captured a biological relationship to the offspring, but not an immediate parental nurturing role. This uneasy mixture of “Form” and “Function” (from a distance) speaks to the challenge which DI provides

to dominant discourses of fatherhood.

In calling himself an “uncle” Phillip also positioned himself as part of the offspring’s extended family – “the tribe”. This positioning of the donor within the boundaries of the recipients’ and offspring’ family had implications for the positioning of not just the donors, but their immediate families also:

32. Roger: I’m in the situation now and I have added responsibility, (.) to some degree. [] Well, it’s given me an identity as well, to some degree. Through having a biological continuation of the lineage and the offspring, and it’s provided, you know it’s a transaction, I’m getting something, they’re getting something (.) umm (.) that something is (.) yeah (.) very primal [] [] initially my motivation was to be able to throw down a photo, or even maybe (.) a chance meeting, if that was allowed by the parents of say an off-spring of mine. Just for my mother to go out of this world with sort of that, sort of sense of having achieved grandchildren at some level, even quite a removed one. [] I’m probably not going to marry. Neither is my [sibling], that whole sort of primal urge of keeping the family name, family line, I’m sure that’s coming out (.) at some level.

Roger stated that having biological offspring provided him with an “identity” – that of being a biological father. This discourse of “Form” fatherhood still involved responsibilities, and these extended beyond the recipients and offspring to his own family, including his mother. “To some degree” indicates limits to both the identity and subsequent responsibilities. Evident in Roger’s extract is an expressed motivation to enable his mother to “achieve grandchildren”. This speaks to his mother having a familial relationship with the offspring also. “Just” softens what is an important statement; that being a donor and being a father in “Form” enabled donors to actively ‘create families’ on both a biological level (through continuation of the donors’ genetic and family line), or on a functional social, enabling donors (and their families) to conform to dominant discourses of families on a more social level.

Roger characterised donating as a “transaction” – he gave something, and received something in return, through the continuation of “the family name, family line”. The notion that somehow the family name would be continued, despite the offspring having the name(s) of the recipient(s) indicated that Roger considered that the offspring were part of his family tree, regardless of what (if any) social relationship he and his family may have with them. This was described as a “primal urge” similar to the urge discussed above with regard to evolutionary notions of the “Male Sex Drive”

(Hollway, 1989) and fertilising as many women as possible. In terming this “primal”, Roger depicted this was natural and therefore outside of his consciousness and control, reinforced by use of “at some level” which was repeated several times.

Roger terming donating as a ‘transaction’ indicates some element of social exchange to donating and also some rewards for fatherhood. These include: a sense of immortality via the next generation; inter-and intra-generational connections; and a construction of exclusivity to the family group based on biological relationships, all things which have been identified in the literature on fatherhood (Aitken, 2000; Henwood & Procter, 2003; Malin, 2002; White, 1994).

This construction of offspring as not just the donors’ children, but also their parents’ grandchildren, was indicative of some donors’ talk about offspring fulfilling desires not just for children, but also for *families*, and “Form” fatherhood having rewards in terms of identity and subjectivity:

33. William: [] yeah, I wanted to be (.) a, a parent, and be a father, (.) I mean I am, I am already, what with [his adopted and step-children] and all that, but, um, you know, I was brought up with romantic notions about a family, and what family looked like, and, (.) and, so, and .hh I wanted to have a bit of a piece of that [laughs] [] I haven’t been completely altruistic, because, um, because of the immense satisfaction and joy I felt (.) a sense of joy = [] A real joy, like a deep, deep, profound pea-, feeling of at peaceness [sic], and, and, and, um, (.) um, like I’d done what was right to be, was the right thing to do, and I was meant to, you know. Donating met a need I had [] I’m operating from a sense of completeness and wholeness, whereas before, I was operating from a place of, a sense of, I felt like, a sense of, like, um, incompleteness and frustration and, and resentment [] I think what one most wants, and it’s got to be, has, needs to have a willingness to give away, [clears throat] and, um, and then, (1.2) just leave it to, (0.9) to whatever.

William occupied a position which would fall under the “Function” discourse – he was a nurturing father to children biologically unrelated to him. Yet despite this, he spoke of feeling ‘incomplete, frustrated and resentful’ at not having his “need” for biological children fulfilled. (William and his wife were unable to have children together.) His use of a three part list warranted his claim of experiencing negative psychological effects from not having biological children which met with his idea of a *family*. Having biological children made him complete and whole, and enabled him to

Chapter Nine – Fatherhood: Form versus function

conform to discourses of family. William's account is fascinating for its privileging of "Form" over "Function" in his own subjectivity of being a father.

Also evident was the notion of rewards of fatherhood, although in this extract, the rewards were psychological – 'peaceness' [sic], joy and satisfaction. These were not just incidental to the process but were talked about as being "immense" emotions. Thus donating changed William's subjectivity in a positive psychological way. William claimed that having biological children was something he "most wants" and through being a donor, was both achieving that and giving his desire for a family away to the recipients.

The pauses and clearing of his throat illustrate the emotion with which William spoke at that point in the interview; having children through donating was not a 'primal' urge for him, but met a psychological need that is not captured in available masculine discourses currently, and fits more within a 'mothering instinct' discourse of hegemonic femininity. The somewhat heroic stance of giving away what he most wanted to people who also could not have children together positioned William as strong and a leader (as his extract above also illustrated) and thus enacting hegemonic masculine qualities.

William was in the unique situation of being both an infertile man with his wife and a sperm donor, and consequently enabling a couple to have a child together, when he and his wife were unable to do so. William's extract speaks to the importance having children had for him, and that being a donor enabled him on one level to achieve what he most wanted – a family biologically related to him. He talked about the offspring as part of his family, and this 'completed' him to such an extent that he talked about being able to move on from infertility to lead a life with joy, satisfaction and peace.

This progressive narrative of moving on from infertility corresponds to discursive findings in the literature. Throsby's (2002) discursive study of how people negotiate IVF failure suggested that people transfer their parental energy into other projects. Tuffin's (2002) reanalysis of the same research also indicated that infertile people talked of moving forward positively in their lives after unsuccessful IVF. Both discursive resources were evident in this study in the talk of the donors who were

unable to have children with their partners, or who were involuntarily childless. As Hirsch and Hirsch (1995) found, infertile people can reach some resolution, either by having children through alternative means, or acceptance of childlessness. For the infertile (and involuntarily childless) men in this study, being a sperm donor was a resolution for their childlessness, providing fulfilment, and consequently they spoke of being able to move forward positively.

“New families”

Thus Roger and William spoke of the offspring as part of their families in two different ways. Firstly, Roger talked of having his family lineage continued and being able to ‘achieve’ grandchildren for his mother, thus altering both of their subjectivities. In contrast, William spoke of the knowledge that he had the family he always wanted enabling him to live a fulfilling life, even though he had “given away” that which he most wanted.

A traditional discourse of families speaks of both biological connections and personal relationships with one another. This chapter illustrates the challenge that donor insemination (along with artificial reproductive technologies) brings to such a representation of families and kinship. The biological relationship donors have with the offspring was talked about as being of great significance to them, fulfilling needs as diverse as carrying on family lines to providing a sense of completeness through having children constructed as ‘family’.

The challenge that this discourse of families poses to contemporary discourses of families was recognised by some donors, who spoke of the need for culture to change their constructions of family to incorporate these new “pseudo-family relationships”:

34. William: This is where this whole area’s, I mean, is quite exciting [] it’s way out there, it’s at the edge of what we, (.) um, (3.4). Yes, when I look, you know, when we look at traditional families, and you look at how, how traditional families work [] I (.) can imagine it, sort of like a group of people, for all intents and purposes, kind of strangers to each other, coming together and sharing (.) shared experiences, different and unique experiences, but also sharing in some shared experiences, in terms of, um, stuff around origin and (.) conception and. (1.6) Yeah, it introduces other dimensions, which I think the culture, (.) our culture doesn’t have clear mechanisms for handling. But, I think we will. (.) The culture will need to adapt to this, what, what these kinds of, um, (.) sort of pseudo-family

relationships will entail, in terms of new relationships. [] it's going to bring people's values and beliefs right to the surface

William's insightful extract highlights the changing language and meanings of what 'parent', and consequently 'family', involve. Procedures such as DI introduce "other dimensions" apart from a simple dichotomy of "Form" and "Function" that contemporary culture has not yet adjusted to and made room for in the language and discourses of family relationships. While procedures such as DI are becoming more prevalent, the consequences in terms of where donors, recipients (especially the male) and offspring fit in relation to each other remain problematic and unaccounted for. Thus, DI and those involved in it remain "at the edge", on the margins and outside of the dominant representations of family relationships.

William talks of DI family relationships as an evolution and progression from traditional discourses of families. As a result, there is a tone of inevitability to his extract – "culture will need to adapt to this". He gives some indication of what this new "pseudo-families" consist of – having shared experiences in the sense of sharing in the circumstances of the birth of the offspring, and 'origins', which I read as a term broad enough to encompass culture, biological history and familial ancestry. While having these shared experiences, the people involved would be "for all intents and purposes" strangers, as there would be no social relationship prior to meeting.

In terms of this last quote, I have read this as meaning compared to traditional family discourses, the new relationships do not fit the same mould of knowing one another prior to meeting. Even in quite diverse and geographically spread families, there tends to be the shared knowledge of who is a member of the family, and where they 'fit' in the overall story of the family. In the situation of DI, who the members of the 'family' are is largely unknown, until both sides agrees to reveal themselves and meet. It is from that first meeting that the 'family' moves forward and begins to get to know each other, and conform to traditional families in the way they look, although not in their genesis.

Thus, William spoke of contemporary western culture lacking "clear mechanisms for handling" the challenge that DI provides to conventional discourses of parent and

family. William spoke of people's "values and beliefs" being 'brought to the surface', capturing issues such as whether people consider "Form"/nature or "Function"/nurture to be privileged in determining who is a parent or considered part of a family.

Conclusions

This chapter has examined a number of issues in the donors' talk. The opening sections examined the constructions donors had of the 'ideal' and 'right' environment for raising children, and how these discourses of traditional parenthood and families led to them placing conditions upon who would be acceptable as recipients of their sperm. This ability to place conditions was powerful for the donors, in the sense that it enabled them to 'select' the recipients (as much as possible within the existing clinic protocols), in a parallel process to the recipients selecting donors from their profiles. However, this power was only available prior to the use of the sperm; once released for use, donors considered they had little control over what happened next.

In keeping with other studies, many men in this research had clear constructions of who they wanted to use their sperm, and the family environment they wanted to contribute to/create (Daniels, 1991). While there was talk about the 'right' of recipients to have children, this right only extended to those that matched the donors' constructions of parents and families. In this way, categorical differences between the 'right' and 'wrong' recipients were established (much as they were for donors in Chapter Seven) on the basis of economic status, marital status, and most commonly, sexuality. Discourses of sex roles were used to privilege masculinity and position men and fathers as essential for the well-being of children.

Donors spoke positively of recipients who had met their own conditions for the use of their sperm, and used essentialist discourse to construct them as being motivated and emotionally, practically, and financially invested in the offspring. Interestingly, there is some support in the literature for the donors' discourse of who recipients are. McCartney and Wada's (1990) study reported that recipients had a high motivation to become pregnant, as suggested by the time they had spent trying to conceive. Another study found that recipients of DI had lower divorce rates than in a matched population (Amuzu, Laxova & Shapiro, 1990). As Daniels (1991) suggests, the fact that many

Chapter Nine – Fatherhood: Form versus function

donors in this study (as in others) know someone who had been through infertility meant they had some prior knowledge of infertile couples upon which to base their constructions of recipients.

Purdie et al. (1994) similarly found that potential donors desired information about the recipients. The authors advocated a move away from a model of treatment that prioritised the selection of very fertile men to provide sperm for recipients to a move towards socialising the process and encouraging the donor and his family to “adopt” a small number of recipient families. It would appear that some donors in this study would support such a move; however, this would also represent a significant shift in power in the process of DI currently, one which might meet resistance from the recipients, who would then be the ones being ‘evaluated’. The socialisation of the DI process may also provide legitimacy and solidity to the position of donor.

Donors in this study privileged nurturing and investing time in the child over a biological relationship in parenting. This prioritised the recipient male’s relationship with the offspring. Indeed, donors talked at length about not wanting to encroach upon the recipients and the male in particular. Donors utilised the two discourses of fatherhood being defined by “Form” and “Function” to define their status in relation to the ‘Other’ – the recipient male. Donors assumed the position of “Father” (form) and assigned recipient men the position of “Dad” (function). This enabled the men to position themselves as having an important role to play in the lives of the offspring without usurping the recipient male, but also rendered them outside of the immediate family boundary. However, some men struggled to utilise either discourse, and hence occupied an unidentified ‘empty’ space with no recognition, status and power.

Two distinct stances occurred in relation to what a donor ‘father’ was and what responsibilities if any, the position held. Firstly, some donors rejected a parental position, on the basis that the offspring were not their ‘children’, and as a result, talked of having little attachment or sense of responsibility towards them. However, for those men who denied a parental role, they struggled to both shrug off familial terms to talk about them, and find alternative, acceptable ones to appropriately describe their relationship to the offspring. To borrow George’s term, these men

positioned themselves as ‘ghosts’, belonging in the past and with no substantial relationship to the offspring.

Secondly, some donors who spoke of being donor ‘fathers’ also talked of responsibilities that went along with this position. This ranged from providing information to fulfil a “birth right” (see Chapter Eight) to being a “back-stop” and willing to consider actively participating in the offspring’s life should the recipients fail to fulfil their responsibilities (for whatever reason). These men occupied an awkward space, in that they were ‘fathers’ ‘waiting in the wings’ to respond to whatever requests came their way, but did not consider they had the right to make any demands to requests of their own.

Several participants spoke of emotional attachment to ‘their children’. Based on attachment theory, it has been proposed that donors have the potential to form attachments to offspring (Dunnington & Estok, 1991). Certainly, in this study, for some men donor ‘father’ involved notions of attachment and responsibility towards the offspring that form part of the discourse of parenthood; this has been found in a study of Australian donors also (Daniels, 1991; also Kirkman, 2004). As a result, the men in this research reported subsequent feelings of loss as a result of not being involved in the offspring's life. These feelings of attachment contravene the policies and expectations of the clinic and health professionals, who have stipulated in the past that in order to be accepted into the programme, donors must *not* have feelings for the recipients and/or offspring (Rowland, 1983).

In talking about attachment and loss, donors utilised terms previously assigned to traditional discourses of motherhood and femininity. Sensitivity, emotional attachment and expressions of loss are also part of a ‘New Man’ discourse (Edley & Wetherell, 1998; Lazar, 2000). Men accessing the discourse of the “New Man” could utilise emotion talk when discussing future relationships with the offspring, and the psychological effects on themselves from donating sperm. While utilising traditionally feminine concepts, these men also positioned themselves as leaders, strong and independent and gender-rebels (Wetherell & Edley, 1999), and thus conformed to hegemonic masculine discourses whilst simultaneously challenging them.

Ironically, men who enacted this “New Man” discourse expressed more psychological distress than men who subscribed to ideals of hegemonic masculinity. This poses the question – does identifying with hegemonic masculinity assist men to ‘cope’ better with the psychological demands of being a donor, or does it render them unable to access language to express the effects they experience? Certainly, one donor (Paul) who expressed a great deal of distress and loss also spoke of not being ‘allowed’ to feel that way, and that he should try to repress such emotion talk, even within the context of the interview.

Several donors spoke of the assumptions made about them due to their gender, and how their gametes became infused with dominant gender discourses by staff at the clinic and more broadly, society, much in the same way Haines (1993) found. Research comparing egg and sperm donors often reinforce constructions of gender. For example, one study reported that women are more ‘involved’ and ‘concerned’ than their male counterparts, and that while both types of donors were altruistic, women were more so (Fielding et al., 1998). Many men in this study challenged this, and stake a claim to being attached, feeling responsible for and wanting involvement with offspring. However, others reinforced and adopted an essentialist discourse warranted by reference to biology to claim that men are detached, less nurturing and less biologically and psychologically ‘programmed’ towards parenthood.

One study suggested that donors coped with the knowledge they are likely to not see their offspring through avoidance or denial (Nicholas & Tyler, 1983), and this was the case for some of the donors in this study, who spoke of not wanting to know about their offspring, as it would be too painful. This was partly due to the lack of power as donor ‘fathers’ they felt they had to act on responsibilities they considered they had to ensure the offspring were being raised in a way that would enhance their well-being. Thus, they spoke of lack of interest as being protection for them, and as a result of attachment, rather than an indication of a *lack* of attachment.

For single men and those who were involuntarily childless with their wives, paternal feelings appeared to be particularly acute, as a result of their entire identity as a ‘father’ resting on their relationship to and with the offspring, in contrast to donors with their own children, who were able to enact the “Function” aspect of fathering

Chapter Nine – Fatherhood: Form versus function

with their ‘own’ children and have their psychological needs met this way. For some donors, being a donor enabled them to move on from infertile experiences they had gone through with their partner, similarly to the participants in Throsby’s (2002) study (Tuffin, 2002).

As Malin (2002) discussed, having genetic children taps into a discourse about the benefits and ‘value’ of both producing and having a relationship with biologically related offspring. Feelings of immortality, having fulfilled the human purpose of reproducing, and contributing to society, as well as talk of attachment were all noted in the donors’ talk. Constructing the offspring as their ‘children’ and consequently as part of their family therefore brought satisfaction to donors, but also an awareness of the challenges to conventional talk about families that DI brings. And it is this that emerges most strongly in this chapter. Dominant discourses of “Form” and “Function” can be utilised to determine that recipient males are the ‘dads’ and donors the ‘fathers’. However, they do not capture the experience of the men in this study, who talked of either being ‘ghosts’ or alternatively, a ‘father without children’, experiencing loss and sadness and considering the offspring part of their family towards whom they have responsibilities towards. This lack of adequate available discourses in relation to fatherhood renders the experience of donating as difficult to convey to others, perhaps contributing to the negative discourses and subsequent positions that are available to donors currently. This, along with a discussion of the results and conclusions of this research is discussed in the following final Chapter – Conclusions.

Chapter Ten

Conclusions

“A person is a sperm donor for only a short time; after that he is a man with children in someone else’s family” (Purdie et al., 1994, p. 1358).

To me, this one quote speaks so much of what is analysed in this study. It indicates the complexity of subjectivity for sperm donors (in the sense of both masculinity and fatherhood) as well as the relationships they hold with the recipients and offspring. This final chapter will firstly review the results of the analytic chapters. Building on existing discourses of sperm donors is somewhat difficult in this area, given the lack of discursive psychological research on sperm donating. In discussing the results of this study, I will therefore discuss the implications of the findings with regards to the literature and available positions with regard to sperm donors and masculinity. The utility of discursive research in this area will then be examined, as I reflect on the process of this research. I will then draw some final conclusions about the psychology of sperm donating and possibilities for further research into sperm donation, fatherhood and masculinity

The Results

In Chapter Five, I examined the discourses of “Gifts” and “Professionals”. These discourses emerged primarily in relation to talk around the money received as a donor, from the Clinic. In the “Gift” discourse, donors spoke of sperm as being infused with spirituality and meaning – the potential to create life, rather than maintain it. As Novaes (1989) points out, gametes are imbued with meaning in most cultures. Thus, gamete donors make an important psychological choice to give away a part of them, which has links with their personal and sexual identity and to notions of family and kinship (Novaes, 1989). This provides a counter discourse for donors, one that opposes the construction that sperm donating is psychologically ‘easy’, as participants spoke of giving away something of value, which infertile couples desired.

The large body of literature discussed in Chapter Two concerning the negative effects of infertility on individuals and couples illustrates a discourse about childlessness as a

tragedy, providing psychological and psychosocial distress; reproductive technologies such as DI thus alleviate this pain. Donors expressed compassion when referring to this construction in their interviews. This discourse positioned donors as altruistic, providing the 'gift' of life, and helping resolve infertility for recipients, a powerful position in itself.

The mixed role of health professionals and biomedical practitioners who are also businesspeople make it ambiguous whether to apply the moral expectations of the gift relationships or marketplace to their actions (Murray, 1987). Sperm donation in New Zealand sits awkwardly between the commercial system of the United States of America and the altruistic/gift system advocated in Europe. The 'reimbursement' payment produces ambiguity in the construction of the motives of donors. Constructing money as reimbursement rather than payment enabled donors to maintain an altruistic identity and position themselves positively. This corresponds to Piliavin and Callero's study (1991) that found donors being labeled as such fostered a positive identity.

The men in this study overwhelmingly spoke of paid donors as being amoral and having a negative impact of the offspring. They did this from the positive position they had adopted, that of an altruistic donor. One prominent adult donor would appear to support this stance. An adult offspring, Suzanne Rubin stated her donor "sold what is the essence of my life...without a second look back...now I'm the bastard daughter of an unknown and amoral father" (1983: 214).

In Kretzmann's (1992) study of paid blood donors, he found they unsuccessfully attempted to draw on the constructions of gift relationship or medical service to create a positive identity; experienced donors constructed the demands of donation as a form of work, fostering a positive identity and sense of self worth, and confirming to discourses of hegemonic masculinity. The requirements of work became the requirements of a good donor. This can be found in this study in the "Professional" discourse, where Roger constructed himself as a "professional wanker", and spoke of the requirements of donation and a job interchangeably. This brought respectability and legitimacy to payment for sperm and enabled Roger to positively integrate getting

paid into his self-identification as a 'donor', and to conform to masculine ideals of provision.

Chapter Six examined donors talk on their encounters with the dominant "Male Sex Drive" discourse which, when applied to donating, positioned donors negatively. In contrast to the dominant representation that donating is intimate, easy and sexual, donors spoke of the process of donating – masturbation –as both difficult and embarrassing, with the social taboo surrounding masturbation leading to both negative reactions from others (especially other men) and subsequent isolation. This finding agrees with earlier studies (such as Rowland, 1983) and challenges the construction of donating as inherently pleasurable for the men. The process of giving samples for treatment or testing was talked about as somewhat of a negative experience, with no special room set aside as there is for female procedures, and pornography adding to discomfort. This has been found in studies focusing on the infertile man in fertility investigations and treatment (Carmeli & Birenbaum-Carmeli, 1994), and may illustrate the marginalized position of men in the ART/DI process generally. Donors talked of masturbation as merely a physical act or "Medical" procedure, devoid of emotion or sexual connotations, and the sperm was considered merely biological cells, similar to blood, to which they had little attachment.

This chapter also discussed how some donors utilised a "Have/Hold" discourse when talking about their (potential) relationship to the recipient woman. In this study, several donors spoke of wondering about the mother, and the possibility of a relationship forming with her, based primarily on the bond of mutual parenthood. In this way, donors who were single were able to conform to the "Have/Hold" discourse and their masculinity in terms of relationships was derived from their position in relation to the mother of the offspring.

In Chapter Seven, 'doing difference' and "Tests" was the focus of discussion. Donors constructed the process of donating as a series of "Tests", firstly from clinics, then recipients, both with the power to accept or reject the men, not just biologically, but personally. Being selected by the clinic validated their fertility and masculinity, due to social constructions of gender. Being selected by the recipients was experienced as validation of them as people.

Kretzmann (1992) found in his study of paid plasma donors that they had few positive interactions with staff to sustain a positive identity. Staff treated the donors as morally suspect, and passivity and compliance was expected from them at all times. While one donor in this study reported negative interactions with clinic staff, generally the donors spoke very highly of the medical personnel they dealt with, due to their 'specialness' at having passed the stringent tests of the clinic. This relationship provided them with positive feedback and validation. This has been found to be the case previously for Australian donors also (Daniels, 1991).

Social constructions can have the dual function of being a source for invested identity and providing an "other" to position oneself against (Wetherell & Edley, 1999). In this study, in the "Gift" discourse, donors adopted social ideals of altruism into their identity as donors and positioned themselves against the dominant social construction of sperm donors – who became "the Others", negatively constructed in many respects. Ironically, donors utilized the very negative dominant construction of donors that they challenged during their interviews to talk about the "Other donors" (both potential and actual), while distancing themselves and positioning themselves as unique. Isolation (both imposed and through choice) from other donors perpetuated this negative positioning of their peers.

Chapter Eight examined the discourse of "birth right" versus "parental authority", recognition of the conflicting rights in DI, and the primacy given to the rights of the offspring (Daniels, 1995). As in other studies (Mahlstedt & Probasco, 1991; Nicholas & Tyler, 1983; Rowland, 1983), donors in this research were generally supportive of disclosure and information sharing. This was due to the discourse of the offspring having the right and need to know of their origins. This desire for knowledge being depicted as inevitable and essential for the offspring's well-being.

While some donors argued that "birth right" was so strong that 'enforcers' should ensure that the offspring were told of their origins, other donors utilized a "parental authority" discourse to argue for the rights of parents (including themselves in relation to their children) in determining the best interests of their child, and at least when and how they be told.

Donors expressed uncertainty over how and when children (both donor offspring and their 'own' children) should have their "birth right" enacted. Interestingly, mirroring the claims of donors in this study, research suggests that the time to disclose is when the offspring passes Freud's latency period (5-6 years), when they are able to understand the process of fertilization, but before the 'crisis of adolescence' in the teenage years, when offspring have difficulties with communication and seek to avoid references to their parents' sexuality (Matot & Gustin, 1990). Donors in this study also spoke of the 'turbulent' adolescent years, and used the concept of 'maturity' to delay the onset of adulthood and the ability of the offspring to seek information about the donor. This delay was also protection for donors from 'immature and emotional' teenagers, seeking alternative parenting arrangements.

Chapter Nine examined discourses of kinship, families and parents. Donors who placed conditions on their sperm did so by justification of a "traditional family" discourse, where men were talked about as being essential for the well-being and 'balance' in offspring's lives. Donors desired information about the recipients, as has been found in other studies (Purdie et al., 1994) but as this was not forthcoming, they relied on blanket conditions which went some way to ensuring that the recipients conformed to traditional discourses of families, including marital and sexuality status. Unlike personal donors, who can choose their recipients (Adair & Purdie, 1996), anonymous donors do not have the power of veto, and once the sperm is released for use, they lose control over its use. Thus, the conditions were a form of power for donors, and a way to take some control and have some influence (albeit indirectly) into the upbringing of the offspring.

Chapter Nine then examined discourses which firstly identified fathers on the basis of "Form" or "Function" and examined the applicability of available discourses of fatherhood to sperm donating. The master narratives of one mother and one father (Hood, 2002) construct parenting as both genetic and exclusive, and this shaped how donors talked about and construct those in the DI process. Haimes (1992) suggests that disclosure and openness in DI would both challenge and erode constructions of 'normal' mothers, fathers, and families, and would legitimize a range of family systems.

As William pointed out, the dominant constructions in our culture do not allow for two fathers, which resulted in donors having to negotiate this in their talk, and find legitimate ways of positioning themselves in relation to the offspring. While endorsing the recipient male as “dad”, the nurturing social parent, and giving him preeminence in the offspring’s life, many donors nevertheless positioned themselves as ‘fathers’, corresponding to “Form” or “Function”.

However, what ‘father’ meant varied between being a biological donor, with no attachment or responsibilities – a “ghost” – to an emotionally involved father, who was ‘waiting in the wings’ to be called upon to enact traditional fatherly duties if required. As a result of this talk of attachment, participants reported subsequent feelings of loss as a result of not being involved in the offspring's life. Such feelings contravene the policies and expectations of the clinic and health professionals, and also defy contemporary discourses of both masculinity and fatherhood. For childless donors, their identity as a father was completely entwined with their position as a donor father; the “Function” aspect remained absent, unlike donors with children, who had their ‘own’ children to be a source and outlet for fatherly experiences. For the infertile (and involuntarily childless) men in this study, being a sperm donor was a resolution for their childlessness, providing fulfillment.

Donors also spoke of lack of interest as being protection for them, and as a result of attachment, rather than an indication of a *lack* of attachment. This points to a problem with the predominant methodologies in researching the psychosocial aspects of DI for donors – surveys and questionnaires do not adequately examine responses to questions and provide detailed analysis of the stances donors take on issues. For example, Pedersen et al. (1994) found that more than 80% of Danish donors did not wish to receive information about the pregnancies, meet the offspring or leave a message to potential offspring. While these figures could be taken as a lack of interest or care, the results of this research provide an alternative interpretation, that many donors utilize lack of knowledge to both provide boundaries for them in the process and protect them from the possibility of attachment and subsequent experiences of loss.

Subjectivities of donors

William: I, I was reading something interesting that said like, the other day that said, it's not so much about finding one's identity, as it is about creating it.

You know = [overlap]

Kirsty: = Yeah =

William: = and I quite liked that?

Kirsty: = Yeah.

William: You know, we can spend a lot of energy trying to find out who we are, or who one is, um, then you could, have to wonder whether that's [unclear] deciding who you want to be, and becoming that person?

Kirsty: Right. So, becoming a donor has, um, added to your identity = [overlap]

William: Yeah, it's deepened, hasn't compromised it = [overlap]

Kirsty: = and the way that you've identified yourself.

William: Got it. Yeah, absolutely, it, it, it, yeah it deepened the experience, because it's, it's another way, expression of that.

Kirsty: Mmmm.

William: Broader, it's not just narrow and prescribed. I don't want anyone (.) I don't want to feel as if anyone else is saying this is (.) h-how I'm meant to be.

Kirsty: Mmmm.

William: Because of someone else's definition or understanding, or, (.) whatever.

This quote from William encapsulates the reasons for utilizing discursive analysis in this study. The identity of a sperm donor is multi-faceted and complex, and is variable between and within men. To try to pin down and definitively state that this is who a 'typical' sperm donor is would be erroneous, and does not do justice to the stories that these men have told. The discourses available at a certain time and place shape the experience of being a sperm donor, and provide the means by which to communicate and advocate that account to others. In this way, language both constructs and is constructed – through our talk, let us be known. As Wetherell and Edley (1999) assert, discursive practices are central to the construction of identity and what it means to be a person.

The discourses identified in this research made available certain subject positions, which were drawn from the literature on masculinity and fatherhood as much as from sperm donation. Aspects of hegemonic masculinity were evident in this study, including the role of provision in the "professional" discourse and the association between masculinity and fertility, along with 'characteristics' such as strength and independence. In addition, donors spoke of both the "Male Sex Drive" and "Have/Hold" discourses identified by Hollway (1989) when talking about the sexual

construction of donating. Further, a number of donors in this study positioned themselves as being a gender-rebel (Wetherell & Edley, 1999), leading the way, misunderstood and isolated by their actions, doing the 'right' thing, but often vilified for it.

Research has talked of the donor as an 'outsider'; a threat to the recipient male in the sense that the donor represents the aspects of masculinity that he has shortcomings in (fertility), and becomes a symbol of failure (Back & Snowden, 1988). While the 'hyper fertility' of sperm donor was a source of pride and enhanced masculinity, it also provoked negative reactions from other men, who enacted a competitiveness that is included in a hegemonic masculine discourse.

Hegemonic masculinity may be enacted in clinic policies with regard to what some donors considered to be a low level of support for donors following the donation stage and after sperm has been selected and used. Assumptions may have been made about traditional male 'traits' such as lack of attachment to gametes and consequently, suppositions that sperm donors would not experience or express negative emotions (such as loss) may have led to policies which resulted in donors feeling somewhat abandoned. While some donors conformed and reinforced such genderisation of gametes, other donors challenged this and asserted that hegemonic masculine discourses were not applicable to their experience of donating. However, in the course of making this claim, these men were also complicit with hegemonic masculinity by talking of their experiences as needing to be suppressed and as being illegitimate.

Whilst being in a dominant position due to gender, the men in this study occupied a marginalised group as a result of being donors. This reinforces the argument that gender does not equate with power, and other positions that people occupy can reduce or nullify the power which gender can bestow. Thus, while the discourse of masculinity involving fertility positioned the donors in a powerful position vis-à-vis the recipient male, their position within a medical discourse left them with little power, and they deferred to the 'experts' – the doctors. The subjectivity of donors was defined in relation to the 'others' involved in the process – the recipient man and woman, the offspring, and the Clinic.

While the men in this study, as donors, had responsibilities and duties placed upon them by medical professionals, recipients and offspring, there were few corresponding rights and privileges. Donors were excluded from decision-making processes once their sperm had been handed over and utilised. As Kirkman (2004) suggests their situation could be interpreted as a no-win situation; should they become involved with the offspring and seek contact, they risk usurping and rupturing the integrity of the recipient family. However, if donors decline contact they risk accusations of being unfeeling and of abandoning their 'parental' responsibilities, resulting in offspring experiencing identity confusion and loss.

Van Langenhove and Harré (1995) assert that people occupy both a moral and personal position, and that if their behaviour is unable to be easily explained in terms of a role, the personal positioning becomes foremost in the construction of their subjectivity. Positioning theory illustrates that discursive practices and public moral order are connected (Howie & Peters, 1996). This research on sperm donors would agree with this; donors' actions are not widely understood or even sanctioned in some arenas. They are people who perform a function that is generally accepted as being necessary, but a 'necessary evil' of sorts, and their motivations, intentions and ongoing wishes are viewed with suspicion, and at times, apprehension. Thus, as the role and standing of a sperm donor is not well delineated or known, this vagueness contributes to the personal positioning of a donor being predominant in the construction of their subjectivity.

Validity and Reliability

In contrast to traditional psychological research, in discourse analysis studies, the analytic procedures and the results that are derived from them are distinct and separate, as opposed to the convention of having strict and rigorous methodology forming the justification for the findings (Potter, 1996a; Potter & Wetherell, 1994). Conventional notions and standards for reliability and validity are not applicable to discourse analysis, because of the different theoretical foundations it has (Henwood & Pidgeon, 1992; Potter). Grounding analytic claims in the data is a criterion for 'good' discursive research, as is how well the analytic points and theory holds together and flows; how plausible the findings are; how valid they appear; and the insight into human behaviour and psychology that they give (Wetherell, 1998). Further there

should be coherence between the findings and discourses that have been identified and existing studies; they should be an accumulation of understanding based on studies that can be combined and that build upon each other's knowledge and contributions (Potter).

I consider that this research meets these criteria. This study has yielded a breadth and depth of data and results that has exceeded my expectations and hopes. It both builds on and adds to existing discourses on masculinity and fatherhood, whilst providing new discourses and accounts of sperm donation which can be further explored in future research.

No methodological approach is without its drawbacks, and these I acknowledge. As Tuffin (2002) argues, discursive research values and benefits enormously from a collective and collaborative approach, which facilitates multiple readings and alternative interpretations, particularly at the data analysis stage, an assertion I find myself in strong agreement with. He suggests working alone leads inevitably to prioritisation of some meanings, and ignoring others. Unfortunately, I was unable to analyse these data within a team environment, although I had alternative readings of small sections of the data completed by my supervisors.

Thus, the difficulty in analysing discursive data alone is a limitation of this research, and one that I suspect to be common with postgraduate theses, where the emphasis is on the candidate submitting their own original work. While I consulted with supervisors, the analysis necessarily needed to be my own. Other authors have also commented on this issue (Mauthner & Doucet, 2003). In accordance with notions of contestable knowledge, it is important to note that this dissertation is my reading and interpretation of the donors' accounts, and is therefore a construction in itself. I am not asserting that these findings are the 'reality' of being a donor and are facts, rather I am saying that these are the conclusions and interpretations that I drew from the donors' talk. As such, these results are open to scrutiny and for others to find their own interpretations of the data.

Reflexivity

Weatherell and colleagues assert that the primary aim of discursive research is not to set out to give them voice or share their stories, or to be an advocate for participants' views (Weatherall, Gavey, & Potts, 2002). The basis for this is their claim that discourse does not represent the 'truth' of the participant, and the speaker and the spoken word are conceptually distinct.

However, ethically, researchers produce depictions of their participants based on their discourse and spoken word (Weatherall et al., 2002) which would seem to contradict the separation of speaker and spoken word. I would argue that research that combines both 'macro' and 'micro' forms of analysis goes some way to addressing this issue. In analysing the discursive resources that speakers use and their rhetorical and relational effects (in terms of subjectivities and power relations), one can highlight and explore the discourses and linguistic resources available to speakers, as well as the effects of this *for* participants.

In this way, I agree with authors who state that discursive work is inherently political, as by enabling researchers to expose repressed or suppressed discourses, it also enables us to advocate for those who are oppressed by dominant discourses that do not allow their voices to be (easily) heard. In this way, researchers can suggest interventions for social problems that affect the members of society talked about in our research, which is something that has been suggested to be lacking in psychological research (Mahlsted, 1999). In airing the minority discourses of sperm donors, I hope to provide an alternative account of the experience and consequently, more positive subject positions for donors to adopt – ones which recognise and value the important deed they do and contribution they make. I also consider it important to openly air the psychological effects (both positive and negative) donating can have, in the hopes that negative consequences may be better understood and perhaps alleviated at a clinical and societal level.

Researchers thus do not come to their task as apolitical beings. I had views that would inevitably influence all stages of the project – from the conception of the project, to selecting a methodology (with the ontological and epistemological assumptions that accompanied and drove that selection), to the texts and literature selected and read, to

the analysis and the writing up and discussion of the findings. In contrast to positivistic research epistemologies, which privileges the researcher as being 'neutral' (Mauthner & Doucet, 2003), discursive psychology recognises the integral part the researcher plays in conducting all aspects of research – from conception of the research idea and questions to the writing up of the results and any publications. Part of this acknowledgement involves being reflexive and explicit about assumptions held about ontology and epistemology that form the basis for the methodology chosen and the data analysis used.

Reflexivity is crucial in order to address ethical issues that arise during and after the research process (Weatherell et al., 2002). However, as Mauthner and Doucet (2003) point out, reflexivity is an ongoing process that continues after the research has been completed, submitted and, often, published. They suggest that personal and professional development and growth facilitates reflexivity and provides the space, skills and time for it. These authors provide an excellent discussion of reflexivity and the various aspects to it: the social, emotional and intellectual location of the researcher; where the researcher has come from in the sense of their academic and personal life histories; the institutional, political and interpersonal influences, including available mentors and supervisors, prevailing epistemological influences in the school/faculty and pressure such as time pressures from governing research bodies. Understanding and utilising reflexive practices is a skill that takes time and experience to develop.

Reading Mauthner and Doucet's (2003) article proved to be reassuring to me, in that the authors' experiences of conducting post graduate research resonated with me, and my own experience echoed theirs in many ways. For example, my own academic history of being trained in quantitative research lead me to feel some of the pressures for my research to conform to positivistic principles, such as have a 'large enough' sample. This lead me to over-sampling, and having enormous amounts of data that were difficult to wade through and initially make sense of. In addition, my personal life history came into play, particularly when reading feminist literature and being able to recognise myself in the goals and principles of feminists. I initially felt uncomfortable assuming the position of feminist, and I needed to examine the reasons for this, including my own constructions of gender relations.

Reflexivity is also important in the data analysis stage, which is not a defined stage of research, but rather stretches out and permeates through the length of a project (Mauthner & Doucet, 2003). Yet most discussion of reflexivity centres around the initial stages of research projects, and the latter ones are often neglected, despite being able to illuminate the process of analysis and the construction of the results and knowledge by the researcher, thus assisting to recognise the limitations of the claims made in the results (Mauthner and Doucet).

At the analysis stage of the research, the researcher has, in my view, an enormous influence on the findings, the way they are presented and the emphasis given to different aspects of the text. In my case, as a woman researching men's experiences of being a sperm donor, there were numerous differences between myself and the participants, which influenced the analysis stage. The obvious, and perhaps most salient is gender; however the influence of the researcher's own positions on research became very obvious as my own positions altered across the 'life' of the research, including the analysis. My 'status' changed from a childless woman to a mother in a committed relationship. This change to a parenthood position was a significant factor in both recognising and identifying with discourses identified in the text.

Karow (1992) suggested that some donors conform to the expectations of the interviewer; thus making these explicit beforehand is essential. At the beginning of the research, I would state my own assumptions and constructions that I bring to the research. Due to the nature of discourse analysis (looking at peoples' linguistic resources, how they allow people to respond/react, and how they restrict social action) there are limitations to the extent that research can be a collaboration between participants and the researcher(s).

Gough and Peace (2000) expressed concerns about being male researchers, studying masculinities with other men. Their disquiet centred on 'colluding' with participants in their discourses of 'men as victims', reproducing sexist language and dominant masculine ideals. They discuss the difficulty in possibly being seen as a male ally and accomplice by the participants, yet to reveal their own stances and feminist viewpoints would have been to stifle open discussion and skew results. Ironically, one

could note that the two researchers had to ‘bite their tongue’ in *not* expressing feminist views around men espousing sexist ideals.

As a woman interviewing men, I anticipated different difficulties, most of which did not eventuate. While certainly not the only woman to research masculinity, it should be acknowledged that I have clearly not experienced having to negotiate or ‘live’ masculinity in the same way men have, and indeed, in talking to close male friends during this research, there are aspects of masculinity which I can only describe as foreign to me. Therefore, it is quite possible (and likely) that my own constructions of gender (driven by my own discourses and experiences as a woman) have influenced the analysis.

In addition, I have to wonder whether the men interviewed were ‘biting their tongue’ in talking to me, for several reasons. Firstly, due to me being a woman; secondly, due to a majority of the interviews being conducted in a medical setting (with the implicit institutional focus on women in treatment); thirdly, due to my position as a researcher, in an education system that *espouses* egalitarianism; and finally, for some men, the interviews were conducted in their homes, in the presence of their wives. These possibilities reinforce, for me, the contextual production of (gender) discourses, and importance of attending to the active construction of discourses for participants, as well as broader societal implications from these constructions and discourses, and subjectivities.

Another difficulty in research into masculinity is asking men directly about their experiences and account of masculinity (Speer, 2001a). Gough and Edwards (1998) mention this point; one of the researchers (Edwards) participated in a drinking session with male friends (who were aware and agreeable to being recorded on audio cassette), and free-flowing talk occurred around aspects of masculinity. This spontaneous talk around gender relations is invaluable in producing ‘unprompted’ and unscripted dialogue. In this present study, my interview schedule did not contain any prompts regarding constructions of masculinity and the effects donating had on this. Indeed, when I conceptualised my study, I did not initially consider it to be a study of discourses of masculinity. I set out to study the psychology of being a sperm donor (from all aspects of the donors’ lives) and it was somewhat of a revelation when I

recognised the strong emergence of gender discourses from the interviews, and the central ways that these discourses shaped the donors' experiences.

Our views as researchers may therefore affect the responses participants give in interviews (Weatherell et al., 2002). This is something that several authors have commented on, and concerns about this have led to an 'abridged' version of the aims of the project and the theoretical assumptions behind it, which has implications for informed consent (Weatherell et al.).

As a result of this issue, a middle ground approach has been suggested, whereby researchers consider the participants' expectations of being involved in the study and interviewed, and subsequently provide relevant information to interviewees that will minimise the likelihood they will feel disappointed or, worse, deceived (Weatherell et al., 2002). While this has shades of a 'need to know basis', it is a stance that I consider to be a sensible one, and one that is implicitly used by most researchers. Discursive researchers simply try to make such processes and decisions transparent and explicit.

Similarly, the notion to involve participants in analysis and make this an iterative process, while admirable in the reasoning to facilitate a more collaborative and equal relations between interviewer and interviewee (Weatherell et al., 2002), also has some drawbacks. These include a desire from participants to manage their self-presentation to appear in a positive light, which may result in them altering transcripts with this intention (Weatherell et al.). I did not encounter this with the transcripts, but did have a participant contact me to 'add' to his interview to 'explain' his comments in case they were negatively interpreted. It is important to remain close to the text of interview in analysis and when presenting results; I would hope participants would at the very least be able to understand where these conclusions came from with the extracts included.

The intention was that participation in this research would be a positive experience for them, so that they would be willing to be involved in future research, with me or with other researchers. There was thus somewhat of a dilemma in which direction to take the interviews – be confrontational and challenging, and get the donors to justify their

constructions and responses, versus stepping softly. Donating sperm was an issue that was very personal to the men I interviewed, and I was aware that using blunt confrontational language could lead to the men closing off. Those who felt marginalised and a lack of power would not have reacted well to someone questioning their responses and constructions. Donors tended to explain and warrant their stances and responses anyway, without the need for me to blatantly challenge them. The decision to go softly was somewhat justified when it yielded detailed, in-depth interviews, and very rich data.

An academic, who was also a stranger, provided a safe haven for the donors to discuss their experiences in depth. It was often the first time the donors had talked to someone about donating (apart from to the clinic or their spouse, if they had one). Often, the men thanked me for talking with them, and giving them the opportunity to share their experiences and tell their stories in a 'safe' environment, and for doing the research in the first place. This provided more evidence for the suggestion (borne out in the data) that these men were the 'forgotten people' in the donor insemination process – the ones who had little power or rights.

As Hollway (1989) found, the responses of participants in this study varied in the richness they yielded. Some men appeared to more easily (and effusively) express themselves, and had previously considered some of the issues which we discussed. They were therefore able to articulate their positions well, and their accounts were rich with data. Whilst I consider that there were several interviews which would have been worthy of a thesis on their own, in no way do I wish to detract from the other men's accounts, and in the tradition of social constructionism, their 'reality' is also important to analyse.

The process of doing research is inevitably one of learning and growth. This research has been no different, and whilst learning about sperm donors' experiences, I have learnt an enormous amount about not just conducting research, but about myself and my own constructions, both in my personal and professional 'life'.

Further research – where to from here?

This study began with broad questions and consequently yielded rich diverse results which spanned all aspects of life. I am excited by the possibilities these results offer for future research – such as further exploration of provision and payment for donors; the discourse of “gifts”; masculinity and high fertility; heterosexual relationships; birth rights; and the complexity of fatherhood in the ART context. I consider this study to be important on three fronts – for the literature on sperm donors, masculinity and fatherhood and discursive research. The intertwining of the discourses available with regards to masculinity and fatherhood and sperm donors make for fascinating study, and through this interplay, new discourses and positions emerge.

In terms of discursive research, this study has been enlightening to me in my growth as a researcher as to the intricacies that talk involve. For example, one donor asserted that his motivation for donating was to prove to his ex-girlfriend that her claim he was immature was wrong. This was the most mature thing he could think of, he told me, and therefore, “showed her”. While initially I was quite taken aback at what appeared to be such a selfish motivation, I came to realize that it was not that simple. This man was not in a high paying or prestigious occupation, and his girlfriend had cast doubt on his maturity. By doing something that can be talked about as being ‘hypermasculine’, and positioning himself as a strong hero, this man was able to conform to hegemonic notions of masculinity and reclaim some power in a situation where traditional resources which render power were unavailable. The appropriateness of discursive research into this area is clear to me, and I hope that the epistemological and subsequent methodological advantages are evident in the data presented. Discourse analysis has enabled me to explore concepts which are variable between and within men’s talk, in a way that does not disrespect participants, but rather honours the complexity of their experience, whilst seeking to understand it.

As many researchers have suggested, openness surrounding the process and consequences of DI would reduce the social stigma for those involved (for example, Back & Snowden, 1988). Secrecy in DI goes against societal norms of truth and openness in relationships, yet has been largely sanctioned for many years, ostensibly to protect all of the parties involved (Daniels & Taylor, 1993b). Today, there has been a shift in that much of the literature places the ‘rights’ of the offspring to knowledge

of their origins as paramount; this is as a result of the ‘lessons learned’ from adoption (while recognizing the differences between the two situations), and the construction that the child is innocent, and has no choice in the process (Back & Snowden). Anonymity minimizes the presence and legitimacy of a place for the donor in the recipients’ family, but with the negative effect of the child not having their full identity (Back & Snowden), illustrating the importance biological ties have in society’s definition of both kinship and identity (Mahlstedt & Greenfeld, 1989). While the donor is talked about as being important, their position and identity is ambiguous at best, and of low status at worst. Recipients reject the donor as being part of the family yet the significance of genetics in the construction of kinship means the donor is linked to the family and offspring, but in a hidden, illicit manner.

Thus, secrecy renders the donor a momentary participant in the process of DI, with few rights and interests as a result (Novaes, 1989). Consequently, policies concerning sperm donation rarely feature the needs or wishes of the donors, and concentrate on the offspring and recipients. Sperm donors are hence in the unusual position of providing something socially desirable and needed, yet they are forgotten, pushed to the sidelines and denigrated for their actions. Despite increasingly positive community attitudes and acceptance of the procedure of DI, the construction of donors remains disappointingly negative, even from those in the position of ‘experts’ such as researchers and lawmakers. Donors are constructed as morally suspect, and as a threat to the stability of the recipients’ family. They have no legitimate place as a person, yet their information is talked about as important to the offspring’s sense of identity and well-being. In this way, donors are deconstructed and rendered as merely body parts, and biological genetic information.

Societal resources for talking about families and parents needs to recognize the plurality of possibilities that procedures such as DI bring. There is a need to redefine and clarify parental roles and have room for two different types of fatherhood – social/nurturing and genetic/biological. These two positions need to be considered to be complementary rather than competing, in order to enable sperm donors to come out from the shadows to claim a legitimate and valued position.

As this research suggests, factors such as constructions of what the process is (sexual, biological, scientific or spiritual) and the resultant talk about parenthood do result in psychological sequelae for donors, including loss and attachment. While relinquishing the social functions of parenthood to recipients, many donors in this study positioned themselves as biological fathers or family members, such as an uncle, (reminiscent of Hertz, 2002) and the offspring as their children, and even part of their family. Rather than forgetting about their actions and the other parties, donors speak of feelings and thoughts towards them which indicate both care and consideration.

Most of the donors in this study reported that donating had little effect on their relationship with their partners, corresponding to studies elsewhere (Nicholas & Tyler, 1983; Daniels, 1987, 1991). However, one man in particular spoke of quite adverse effects on his relationship with his wife, as a result of 'jealousies' due to threats to the exclusivity of their marital relationship. The reactions and constructions of partners are almost totally neglected in the literature. There were two wives who were present, and partially participated in the interview. While they were not the focus of this research, their responses to their husband's donations and the psychological and interpersonal effects on them, and the donors' children is an area with a paucity of research, yet arguably, partners/wives/children have rights within the process of DI also. These have been touched on briefly in this study, but are beyond the scope of this dissertation and warrant dedicated research of their own.

There is limited research available on personal donors (for example, Adair & Purdie, 1996), and this is an area that would be valuable to explore further. While there has been increasing amounts of research into the experiences of egg/oocyte donors (for example, Jordan, Belar, & Williams, 2002; Kalfoglou & Geller, 2000; Klock, Stout, & Davidson, 2002), in depth study of the experiences and constructions of egg donors is lacking. Thus, discursive studies of the experiences of egg donors would also be valuable, particularly given the talk in this research by the donors about the inequities between egg and sperm donors and the prejudices against sperm donors because they are men.

Finally, the men in this study were nearly all New Zealand born Caucasians; the constructions of DI in other cultures and ethnicities where biological ties and

hereditary is of prime importance (such as New Zealand Maori) (Daniels, 1995) deserves further attention.

Thus, this research has provided an opportunity for donors to have their voices heard, and to tell their stories. Their accounts of their experiences gleaned through discursive psychology are rich in detail and complexity, and reveal alternative ways of constructing sperm donation, sperm and donors. Their generosity in sharing their stories is to be commended, and hopefully, the dissemination of these results will challenge in some way the dominant negative constructions of sperm donors.

Perhaps the last word should come from a donor himself. The following extract is one that I consider contains many of the most important psychosocial aspects of donating found in this research – altruism, masculinity and fatherhood: “fathers without children”:

Walter: [] the fertility place, they turn around and say (.) ah (.) we have a pregnancy in progress, and you sort of feel – oh, wow. You sort of feel special and you walk outside and you feel like you want to tell somebody, but you can't really walk up and say excuse me I'm going to be a dad, but I'm not going to be a dad. I've helped someone else to be a mother and a father. You know, you feel really great, you know.

APPENDIX A

THE EXPERIENCES OF BEING A SPERM DONOR. **INFORMATION SHEET.**

The Researcher.

My name is Kirsty Ross (BA Hons). I am a PhD (Social Sciences) candidate in the School of Psychology at Massey University, Palmerston North. This research is being conducted with the aim of telling the stories of sperm donors. I am being supervised chiefly by Dr Keith Tuffin, with Dr Mandy Morgan as my second supervisor, both of whom are members of the School of Psychology at Massey University.

What is this study about?

The aim of this study is to tell the stories, and explore the experiences, of sperm donors. Reproductive technology is an intricate topic, and the complex nature of the relationships of the people involved needs clarification, so that the needs and wishes of all those involved can be best met.

What would I have to do?

Fertility Associates (Auckland) have contacted you, as a previous sperm donor at their facility, on my behalf. You are being invited to participate in a qualitative study. If you would like to participate in this research, please write to me at the address below, and a consent form will be sent out for you to sign. Alternatively, you can call me at the number given; no one else will have access to this cell phone or any message you leave me. Once the consent form is returned to me, an interview will be arranged.

Appendices

You will nominate the time and place for the interview, which will cover aspects of your experience. It is expected that the interview will last approximately one hour. Areas to be covered during the interview include: how and why you became a sperm donor; your thoughts on whether donors should be paid; who you have talked to about your experience and their thoughts; the effect the experience has had on your personal life; and your thoughts on contact with recipients and offspring.

The interviews will be audio taped, and transcribed by myself. All identifying information will be removed or changed in the transcripts and in the final research report. Once the tapes are transcribed, a copy of the transcription will be sent to you for you to read and either approve of or amend/delete/add information. You will choose a pseudonym by which you will be known in the transcript and research report.

No-one, apart from myself and my supervisors will have access to the tapes and transcripts. Their security is guaranteed, and they will be securely stored at all times. Upon completion of the research, you can either have the tape returned to you, or destroyed. You can nominate your choice on the consent form. Transcripts will be kept for possible future research.

It is expected that this research will be published and presented at conferences. However, your confidentiality and anonymity is assured, as no-one will be able to identify you from the transcripts or excerpts used in publications.

What can I expect from the researcher?

If you agree to take part in the study, you have the right to:

- * consider carefully whether you wish to participate, and discuss this with the researchers, or anyone else you choose. You can ask any questions about the study at any time during participation.

- * refuse to discuss any particular issue or theme, and to withdraw from the study at any time.

- * provide all information on the understanding that it is confidential to the researcher, and will not be shown to anyone else without your permission. As far as possible, your confidentiality and anonymity will be maintained. Your tapes can be

Appendices

either returned to you, or destroyed at the end of the study. A transcript of your interview, with all identifying information deleted or changed, will be kept for future research. Quotes from your transcript will be used in the research report, but they will not be able to identify you in any way.

* a summary of the research findings will be available at the completion of the study.

You are welcome to contact me or either of my two supervisors, either before you agree to take part, or at any time during the study, for further information or to discuss and clarify any questions you may have about the study:

Kirsty Ross, c/- School of Psychology, Massey University, Palmerston North. E-mail address – []. Cell phone []

Dr Keith Tuffin, School of Psychology, Massey University [].

Dr Mandy Morgan, School of Psychology, Massey University []

APPENDIX B

THE EXPERIENCE OF BEING A SPERM DONOR - CONSENT FORM.

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I understand my rights as a participant, including the right to withdraw from the study at any time, and to decline to answer any particular questions.

I agree to provide information to the researcher on the understanding that my name will not be used without my permission, and that my confidentiality and anonymity is assured. I understand that I am part of a small sample study and the researcher will do her best to ensure identities are not disclosed. No-one will have access to the information given by me, unless I give permission. The information may be used for research purposes and in academic publications, including conference papers.

I agree/do not agree to the interview being audio taped.

I also understand that I have the right to ask for the audio tape to be turned off at any time during the interview.

I agree that quotations from my transcript may be used in segments of this study, on the condition that they will not identify me in any way.

I agree/do not agree to the transcript of my interview (with all identifying information deleted or changed) being kept upon completion of this study for future research.

Please indicate what you would like done with the tape of your interview -
returned to me / destroyed

I agree to participate in this study under the conditions set out in the Information Sheet.

Appendices

Signed: -----

Name: -----

Date: -----

APPENDIX C

INTERVIEW SCHEDULE

DEMOGRAPHICS : Age

Education: type, length. Career history and present job?

Tell me about your family; siblings, parents

Marital status; how long have you been in your relationship?

Children; ages, sex

Religion

HISTORY :

When did you become a sperm donor?

How many times have you donated?

How did you get involved/hear about it?

What was going on in your life(at the time) - personal, relationships, family, career

Why did you decide to donate?

Were there any conditions that you placed on donating? What doubts did/do you have?

How did you view sperm donation at the time? [For example, as a biological function, giving life etc.] Have your views/feelings changed? If so, how have you coped with those changing feelings?

PROCESS ISSUES :

How did you feel about/find the donating process

- screening process
- tests done
- questions asked
- counselling procedures

* Do you think donors should be paid? Why/why not?

* With regards to counselling, did you find it useful? Did you want it? Do you think it is a good idea?

* Were you told of any children that resulted from your donations? What were you told? What would you have liked to have been told?

* Was there anything you would have liked done differently, or that you would recommend to clinics? Donors?

LEGAL ISSUES / CONTACT WITH RECIPIENT COUPLE AND OFFSPRING :

Legislation is looking to set up a central donor register. Two Bills are currently before a Select Committee. The first is a private members bill, which aims to establish two birth certificates, the first listing the biological parents. Donor children, donors and recipient parents are entitled to receive the birth certificates and any other information held by the Registrar General.

The second, Government, bill, has the birth certificate listing the recipient parents, identifying and other information about donors and children are given to the clinic who passes it on to the RG. Until the children are 18, parents can have access to identifying information about donors from the RG or service provider, but children and donors must wait until they are 18. Children can deny access to donors receiving their information until they are 25; then the donor can have this information, regardless of the child's wishes.

* How do you feel about the current legislation before the Parliamentary Select Committees (and the central register of information)? What rights do you think the parties should have? Do you think a child should be able to refuse to give access to information? How would you feel if they did? Do you think the Government should be involved? In what capacity?

* What contact do you want (if any) with the recipient couple and child(ren)? How do you want this contact to be made - via third party (clinic, Registrar General)?

* What information do you want them to have about you and for you to have about them? When do you think it is appropriate to give/receive this information (and have contact)?

* Do you think that half-siblings should know about each other? Why/why not?

* What should be put on the birth certificate of the resulting child(ren)? (Do you think it should be acknowledged/recognised that this is a child of sperm donation?)

* Have you ever been concerned about legal issues, with regards to financial and parental responsibilities? Do you feel concerned about law changes in the future?

* What safeguards would you like for yourself, your family, and future donors?

* If the child(ren) was left without parents, for some reason, how would you feel about guardianship?

INTERPERSONAL :

- * Who did you talk to before you donated? Was there anyone you would have liked to talk to? (Why, what about?)
- * What were the reactions of other people - family, partners, children, friends, colleagues? What have been the reactions you have had since?
- * Who do you tell and how do you go about doing it? Is this an issue for you?
- * How did donating sperm affect your relationships - partners, children, colleagues, family?

PSYCHOLOGICAL :

- * Religious/spiritual issues - how did this experience affect you spiritually? What were the reactions of others in your church/faith?
- * How do you see yourself, and your family, in relation to the recipient couple and donor offspring?
- * What emotional connections do you have with the recipient couple and donor offspring?
- * What role do you see yourself having in the child(ren)'s life? What responsibilities do you feel towards the recipient couple and donor offspring
 - emotional
 - parental; do you see yourself as the "father"; who are the "parents"?
 - moral
 - legal
- * How do you think you would feel if you met/had contact with the recipient couple and donor offspring? (If you have had contact, how did you feel about that?)
- * How did this experience affect your self image? [positive or negative effect]
- * Do you have any feelings of loss or regret?
- * What are your overall feelings about this experience?
- * What issues concern you for the future, as a donor?

APPENDIX D

SUMMARY OF RESULTS

Dear Donor,

Some time ago you participated in my research into the experiences of New Zealand sperm donors. My study examined the ways in which men talked about being a sperm donor and their relationships with the other parties (recipients, offspring and clinic), as well as the psychological impact of being a donor. Current representations of donors in the literature and popular media tend to be negative and donors have little status or power in society. Very little is known about sperm donors and the research failed to capture what it is like to be a sperm donor. This research sought in some way to remedy this.

The Results.

The results indicate that the psychology of being a sperm donor is a complex negotiation of rights and responsibilities with regard to the clinic, the recipients and the offspring. The results are formulated in discourses – broadly, each discourse can be talked about as a theme which captures an aspect of talk and element of experience. Not all donors utilized all discourses and so some of these will resonate with you more than others, but one of the aims of this study was to examine and air all of the ways that participants talked about their experiences. I will discuss each discourse briefly in turn.

1. The “Gift” discourse was one which all participants referred to and this talked about donating being a gift to recipients. What was gifted was something valuable and meaningful – the potential to create life, rather than maintain it. This countered notions that sperm donating is psychologically ‘easy’, as participants’ spoke of giving away something of value, which infertile couples desired. Donors talked with compassion and sympathy about the negative effects of infertility on individuals; sperm donation was talked about as an act of altruism, providing the ‘gift’ of life. Consequently, men talked about positive psychological consequences for them from their actions.
2. Nearly all participants talked about the money from the clinic as reimbursement of expenses, rather than payment. Indeed, the concept of paying donors was one that was almost unanimously rejected. However, one

man talked about donating as being a 'job' and that he was a "Professional" who had skills and abilities that he worked hard to maintain, and that deserved to be rewarded within a commercial framework.

3. Participants spoke of the popular representation of donating as being intimate, easy and "Sexual". This was not how they experienced the act of masturbation, which was talked about as difficult and embarrassing, with the social taboo surrounding masturbation leading to both negative reactions from others (especially other men) and subsequent isolation. The process of giving samples for treatment or testing was talked about as somewhat of a negative experience, with no special room set aside as there is for female procedures, and pornography adding to discomfort. Instead, some donors talked of masturbation as merely a physical act or "Medical" procedure, devoid of emotion or sexual connotations, and the sperm was considered merely biological cells, similar to blood, that they had little attachment to.
4. The discourse that donating is a sexual act raised issues of the donor's relationship to the recipient woman. A small number of participants talked about having a bond with the woman on a psychological level, as a result of 'having a child together'. In talking about this, these men were respectful and mindful of the experience of the recipient man and the effect of male infertility on his sense of masculinity.
5. Donors constructed the process of donating as a series of "Tests", firstly from clinics, then recipients, both with the power to accept or reject men, not just biologically, but personally. Being selected by the clinic validated fertility and masculinity, with many talking about the ability to father children as a sign of manhood. Being selected by the recipients was experienced as validation of them as people. Both forms of acceptance led to positive psychological consequences for donors.
6. One donor in this study reported negative interactions with clinic staff, and felt he was treated as a 'piece of stock' rather than a person. However, generally donors spoke very highly of the medical personnel they dealt with, due to their 'specialness' at having passed the stringent tests of the clinic. This relationship provided them with positive feedback and validation.
7. Participants spoke with pride about being a donor and concern that the special nature of donating as being altruistic giving not be sullied by the wrong type

of men in the programme. Consequently, there were a number of requirements that were talked about as being important, particularly having the right motivations of wanting to help infertile people. Many participants expressed curiosity about fellow donors and talked about them as perhaps being different from them, particularly in motivations.

8. Donors in this research were generally supportive of their details and information being preserved and non-identifying information being shared with offspring. This was due to the discourse that offspring have a “birth right” and need to know of their origins, which was depicted as inevitable and essential for the offspring’s well-being. Many participants spoke of feeling obligations to provide whatever was necessary to fulfil this right, with the clinic perhaps acting as an intermediary in any contact. Donors expressed uncertainty over how and when children (both donor offspring and their ‘own’ children) should have their “birth right” enacted. This may be an indication of a lack of resources to assist both recipients and donors in disclosing to their children about the sperm donations. Donors in this study spoke of the ‘turbulent’ adolescent years, and argued that offspring should be intellectually and psychologically ‘mature’ before disclosure occurs and to delay the ability of the offspring to seek information about the donor. This delay was protection for donors from teenagers seeking alternative parenting arrangements.
9. While some donors argued that “birth right” was so strong that ‘enforcers’ should ensure that the offspring were told of their origins, other donors talked about “parental authority” and argued for the rights of parents (including themselves in relation to their children) in determining the best interests of their child, and at least when and how they be told.
10. Many men talked about placing conditions on who could use their sperm, to try to ensure that offspring would be born into traditional families. Other men talked about all people having a ‘right’ to have children, regardless of sexuality or marital status.
11. The dominant constructions in our culture do not allow for two fathers, which resulted in donors having to negotiate their role in their talk, and find legitimate ways of positioning themselves in relation to the offspring. While endorsing the recipient male as “dad”, the nurturing social parent, and giving him pre-eminence in the offspring’s life, many donors nevertheless positioned

themselves as ‘fathers’. What this meant varied between men, ranging from a biological donor, with no attachment or responsibilities – a “ghost” – to an emotionally involved father, who was ‘waiting in the wings’ to be called upon to enact traditional fatherly duties if required. Some men talked about experiencing attachment and subsequent feelings of loss resulting from missing out on important moments in the offspring’s life. Some donors also spoke of lack of interest as being protection for them, and as a result of attachment, rather than an indication of a *lack* of attachment. This was unexpected and not something that appeared to have been anticipated by the clinic either. This appeared to be particularly applicable for men without children, for whom their entire identity as a father centered on the donor offspring, unlike donors with children, who had their ‘own’ children to be a source and outlet for fatherly experiences.

12. Nearly all of the men in this study had been blood donors at one point, and donating was talked about as being an ethical belief which sperm donation was an extension of. The notion of spirituality was important for many men, acting in accordance with spiritual as opposed to religious codes.

What emerged from this research was the significant effects sperm donation has on men, psychologically and interpersonally. While nearly all of participants in this study reported positive reactions from friends, families and loved ones, this was not always the case and the representations of donors as men who donate for sexual pleasure and then walk away without a second thought contributes to such negativity. This representation does not fit with the responses given in this study; rather, donating was a gift given with compassion and altruism, intended to alleviate distress resulting from childlessness. There were positive psychological consequences arising from this, ranging from feelings of achievement and satisfaction, to masculine pride at being highly fertile, to talking about the desire to be a father on one level finally being fulfilled. However, there were some painful experiences reported as well, and the lack of social recognition for donors contributed to this directly.

I intend to publish findings from this study in academic journals to disseminate these findings and hopefully provide further insight into the psychology of being a NZ sperm donor. Publishing the results will also provide counter discourses to those

Appendices

which tend to dominate the literature currently and highlight that sperm donors perform an important function, one which deserves to be recognized and positively talked about. If you would like further information, please do not hesitate to contact me in the contact details provided. Thank you very much for your time and valuable insights into your experiences – this research would not have been possible if it were not for your generosity.

Regards,

Kirsty Ross

REFERENCES

- Aaltio-Marjosola, I., & Lehtinen, J. (1998). Male managers as fathers? Contrasting management fatherhood, and masculinity. *Human Relations, 51(2)*, 121-135.
- Adair, V. A., & Purdie, A. (1996). Donor insemination programmes with personal donors: Issues of secrecy. *Human Reproduction, 11(11)*, 2558-2563.
- Aitken, S. C. (2000). Fathering and faltering: "Sorry, but you don't have the necessary accoutrements". *Environment and Planning, 32*, 581-598.
- Ambert, A-M., Adler, P. A., Adler, P., & Detzner, D. F. (1995). Understanding and evaluating qualitative research. *Journal of Marriage and the Family, 57*, 879-893.
- American Fertility Society (1991). Revised guidelines for the use of semen donor insemination, 1991. *Fertility & Sterility, 56(3)*, 396.
- American Society for Reproductive Medicine (2002a). Guidelines for sperm donation. *Fertility & Sterility, 77*, S2-S5.
- American Society for Reproductive Medicine (2002b). Guidelines for oocyte donation. *Fertility & Sterility, 77*, S6-S8.
- American Society for Reproductive Medicine (2002c). Psychological assessment of gamete donors and recipients. *Fertility & Sterility, 77*, S11-S12.
- Amuzu, B., Laxova, R., & Shapiro, S. S. (1990). Pregnancy outcome, health of children, and family adjustment after donor insemination. *Obstetrics & Gynecology, 75(6)*, 899-905.

References

- Anderson, K. J., & Accomando, C. (2002). 'Real' boys? Manufacturing masculinity and erasing privilege in popular books on raising boys. *Feminism & Psychology, 12* (4), 491-516.
- Andrews, F. M., Abbey, A., & Halman, L. J. (1992). Is fertility-problem stress different? The dynamics of stress in fertile and infertile couples. *Fertility & Sterility, 57*(6), 1247-1253.
- Annas, G. J. (1979). Artificial insemination. *Hastings Centre Report, 9*(4), 14-15.
- Annas, G. J. (1980). Fathers anonymous: Beyond the best interests of the sperm donor. *Family Law Quarterly, 14*(1), 1-13.
- Anonymous (1984). Recommendations of the Warnock Committee. *Lancet, 2*(8396), 217-8.
- Archer, L., Pratt, S. D., & Phillips, D. (2001). Working-class men's constructions of masculinity and negotiations of (non) participation in higher education. *Gender & Education, 13* (4), 431-449.
- Archer, L., & Yamashita, H. (2003). Theorising inner-city masculinities: 'Race', class gender and education. *Gender & Education, 15*(2), 115-132.
- Back, K.W., & Snowden, R. (1988). The anonymity of the gamete donor. *Journal of Psychosomatic Obstetrics and Gynaecology, 9*, 191-198.
- Baird, P.A. (1996). New reproductive technologies: The Canadian perspective. *Women's Health Issues, 6*(3), 156-166.
- Baluch, B., Fallone, A., & Khan, J. (1994). Gender differences and personality correlates in attitudes towards controversial aspects of human reproduction. *Journal of Social Behaviour and Personality, 9*(2), 329-334.

References

- Barratt, C. L. R., Chauhan, M., & Cooke, I. D. (1990). Donor insemination - A look to the future. *Fertility & Sterility*, *54*(3), 375-387.
- Bartlett, J. A. (1991). Psychiatric issues in non-anonymous oocyte donation: Motivations and expectations of women donors and recipients. *Psychosomatics*, *32*(1), 433-437.
- Beck Jr., W. W. (1984). Two hundred years of artificial insemination. *Fertility & Sterility*, *41*(2), 193-195.
- Berger, D. M. (1980). Couples' reactions to male infertility and donor insemination. *American Journal of Psychiatry*, *137*(9), 1047-1049.
- Berger, D. M. (1987). Reply to letter to the Editor: Psychological patterns in donor insemination couples. *Canadian Journal of Psychiatry*, *32*(4), 326-327.
- Bielawska-Batorowicz, E. (1994). Artificial insemination by donor: An investigation of recipient couple's viewpoints. *Journal of Reproductive and Infant Psychology*, *12*, 123-126.
- Billig, M. (1988). Methodology and scholarship in understanding ideological explanation. In C. Antaki (Ed.), *Analysing everyday explanation: A casebook of methods*, (pp. 199-215). London, Sage.
- Billig, M. (1991). *Ideology and opinions, Studies in rhetorical psychology*. Thousand Oaks, CA, US: Sage Publications, Inc.
- Blank, R. H. (1990). **Regulating reproduction**. New York: Columbia University Press.
- Blaser, A., Maloigne-Katz, B., Gigon, U. (1988). Effect of artificial insemination with donor semen on the psyche of the husband. *Psychotherapy and Psychosomatics*, *49*(1), 17-21.

References

- Blyth, E. (2000). Sharing genetic origins information in third party assisted conception: A case for Victorian family values. *Children & Society, 14*, 11-22.
- Blyth, E., Crawshaw, M., Haase, J., & Speirs, J. (2001). The implications of adoption for donor offspring following donor-assisted conception. *Child & Family Social Work, 6(4)*, 295-304.
- Bordson, B. L. & Leonardo, V. S. (1991). The appropriate upper age limit for semen donors: A review of the genetic effects of paternal age. *Fertility & Sterility, 56(3)*, 397-401.
- Brand, H. J. (1987). Complexity of motivation for artificial insemination by donor. *Psychological Reports, 60(3, Pt 1)*, 951-955.
- Brandth, B., & Evande, E. (1998). Masculinity and child care: The reconstruction of fathering. *Sociological Review, 46(2)*, 293-313.
- Braverman, A. M., Benward, J. M., & Scheib, J. E. (2002). Views and practices about record keeping and dissemination in donor conception. *Fertility & Sterility, 78(3)*, S29-S30.
- Brewaeys, A., Golombok, S., Naaktgeboren, N., de Bruyn, J. K., & van Hall, E. V. (1997). Donor insemination: Dutch parents' opinions about confidentiality and donor anonymity and the emotional adjustment of their children. *Human Reproduction, 12(7)*, 1591-1597.
- Burns, A. (2000). Looking for love in intimate heterosexual relationships. *Feminism & Psychology, 10(4)*, 481-485.
- Burns, L. H. (1987). Infertility as a boundary ambiguity: One theoretical perspective. *Family Process, 26(3)*, 359-372.

References

- Burr, V. (1995). *An introduction to social constructionism*. London: Routledge.
- Carmeli, Y. S., & Birenbaum-Carmeli, D. (1994). The predicament of masculinity: Towards understanding the male's experience of infertility treatments. *Sex Roles, 30(9)*, 663-677.
- Carrigan, T., Connell, R.W., & Lee, J. (1985). Toward a new sociology of masculinity. *Theory and Society, 14(5)*, 551-604.
- Clamar, A. (1980). Psychological implications of donor insemination. *The American Journal of Psychoanalysis, 40(2)*, 173-177.
- Collier, R. (1995). 'Waiting till father gets home': The reconstruction of fatherhood in family law. *Social & Legal Studies, 4*, 5-30.
- Connell, C. K. (1990). Legal implications of the new reproductive technologies. In N. L. Stotland (Ed.), *Psychiatric aspects of reproductive technology* (pp. 67-85). Washington, DC, USA: American Psychiatric Press.
- Connell, R. W. (1987). *Gender and power*. Sydney: Allen & Unwin.
- Connell, R. W. (1993). The big picture: Masculinities in recent world history. *Theory & Society, 22(5)*, 597-623.
- Cook, R., & Golombok, S. (1995). A survey of semen donation: Phase II - The view of the donors. *Human Reproduction, 10(4)*, 951-959.
- Cook, R., Golombok, S., Bish, A., & Murray, C. (1995). Disclosure of donor insemination: Parental attitudes. *American Journal of Orthopsychiatry, 65(4)*, 549-559.

References

- Corson S. L., & Mechanick-Braverman, A. (1998). Why we believe there should be a gamete registry. *Fertility & Sterility*, *69*(5), 809-811.
- Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science & Medicine*, *50*, 1385-1401.
- Coyle, A., & Morgan-Sykes, C. (1998). Troubled men and threatening women: The construction of "crisis" in male mental health. *Feminism & Psychology*, *8*(3), 263-284.
- Czyba, J. C., & Chevret, M. (1979). Psychological reactions of couples to artificial insemination with donor sperm. *International Journal of Fertility*, *24*(4), 240-245.
- Daniels, K. R. (1985). The practice of artificial insemination of donor sperm in New Zealand. *New Zealand Medical Journal*, *98*(776), 235-239.
- Daniels, K. R. (1986). Psychosocial issues associated with being a semen donor. *Clinical Reproduction & Fertility*, *4*, 341-351.
- Daniels, K. R. (1987). Semen donors in New Zealand: Their characteristics and attitudes. *Clinical Reproduction and Fertility*, *5*, 177-190.
- Daniels, K. R. (1988). Artificial insemination using donor semen and the issue of secrecy: The views of donors and recipient couples. *Social Science & Medicine*, *27*(4), 377-383.
- Daniels, K. R. (1989). Semen donors: Their motivations and attitudes to their offspring. *Journal of Reproductive & Infant Psychology*, *7*, 121-127.
- Daniels, K. R. (1991). Relationships between semen donors and their networks. *Australian Social Work*, *44*(1), 29-35.

References

- Daniels, K. R. (1992). Management of the psychosocial aspects of infertility. *Australian & New Zealand Journal of Obstetrics & Gynaecology*, *32(1)*, 57-63.
- Daniels, K. R. (1994a). Adoption and donor insemination: Factors influencing couples' choices. *Child Welfare*, *73(1)*, 5-14.
- Daniels, K. R. (1994b). The Swedish Insemination Act and its impact. *Australian & New Zealand Journal of Obstetrics & Gynaecology*, *34(4)*, 437-439.
- Daniels, K. R. (1995). Information sharing in donor insemination: A conflict of rights and needs. *Cambridge Quarterly of Healthcare Ethics*, *4*, 217-224.
- Daniels, K. R. (1998). The social responsibility of gamete providers. *Journal of Community & Applied Social Psychology*, *8*, 261-271.
- Daniels, K. R. (2000). To give or sell human gametes: The interplay between pragmatics, policy and ethics. *Journal of Medical Ethics*, *26 (3)*, 206-211.
- Daniels, K. R., Curson, R., & Lewis, G.M. (1996). Semen donor recruitment: A study of donors in two clinics. *Human Reproduction*, *11(4)*, 746-751.
- Daniels, K. R., Ericsson, H-L., & Burn, I. P. (1996). Families and donor insemination: The views of semen donors. *Scandinavian Journal of Social Welfare*, *5(4)*, 229-237.
- Daniels, K. R., Gunby, J., Legge, M., Williams, T. H., & Wynn-Williams, D. B. (1984). Issues and problems for the infertile couple. *New Zealand Medical Journal*, *97*, 185-187.
- Daniels, K. R., & Lewis, G. M. (1996). Donor insemination: The gifting and selling of semen. *Social Science & Medicine*, *42(11)*, 1521-1536.

References

- Daniels, K. R., Lewis, G. M., & Curson, R. (March, 1997). Information sharing in semen Donation: The views of donors. *Social Science & Medicine*, *44(5)*, 673-680.
- Daniels, K. R., Lewis, G. M., & Gillett, W. (1995). Telling donor insemination offspring about their conception: The nature of couples' decision-making. *Social Science and Medicine*, *40(9)*, 1213-1220.
- Daniels, K. R., & Taylor, K. (1993a). Formulating selection policies for assisted reproduction. *Social Science & Medicine*, *37(12)*, 1473-1480.
- Daniels, K.R. & Taylor, K. (1993b). Secrecy and openness in donor insemination. *Politics & the Life Sciences*, *12(2)*, 155-170.
- Daniluk, J. C. (June, 1988). Infertility: Intrapersonal and interpersonal impact. *Fertility & Sterility*, *49(6)*, 982-990.
- Davies, B., & Harré, R. (1990). Positioning: The discursive production of selves. *Journal for the Theory of Social Behaviour* *20 (1)*, 43-63.
- David, A., & Avidan, D. (May, 1976). Artificial insemination donor: Clinical and psychologic aspects. *Fertility & Sterility*, *27 (5)*, 528-532.
- de la Fuente Fonnest, I., Sondergaard, F., Fonnest, G., & Vedsted-Jacobsen, A. (2000). Attitudes among health care professionals on the ethics of assisted reproductive technologies and legal abortion. *Acta Obstertica et Gynecologica Scandinavica*, *79*, 49-53.
- Dhillon, R., Cumming, C. E., & Cumming, D. C. (2000). Psychological well-being and coping patterns in infertile men. *Fertility & Sterility*, *74(4)*, 702-706.

References

- Dickstein, L. J. (1990). Effects of the new reproductive technologies on individuals and relationships. In N. L. Stotland (Ed.), *Psychiatric aspects of reproductive technology* (pp. 123-139). Washington, DC, USA: American Psychiatric Press.
- Donovan, P. (1986). New reproductive technologies: Some legal dilemmas. *Family Planning Perspectives, 18*(2), 57-60.
- Downey, J. & McKinney, M. (1990). Psychiatric research and the new reproductive technologies. In N. L. Stotland (Ed.) *Psychiatric aspects of reproductive technology* (pp. 155-168). Washington, DC, USA: American Psychiatric Press.
- Dunnington, R. M., & Estok, P. J. (1991). Potential psychological attachments formed by donors involved in fertility technology: Another side to infertility. *Nurse Practitioner, American Journal of Primary Health Care, 16*(11), 41-44.
- Dunstan, G. R. (1975). Ethical aspects of donor insemination. *Journal of Medical Ethics, 1*, 42-44.
- Edelmann, R. J., Humphrey, M., & Owens, D. J. (1994). The meaning of parenthood and couples' reactions to male infertility. *British Journal of Medical Psychology, 67*, 291-299.
- Edley, N. (2001). Conversation analysis, discursive psychology and the study of ideology: A response to Susan Speer. *Feminism & Psychology, 11*(1), 136-140.
- Edley, N., & Wetherell, M. (1997). Jockeying for position: The construction of masculine identities. *Discourse & Society, 8*(2), 203-217.
- Edley, N., & Wetherell, M. (1999). Imagined futures: Young men talk about fatherhood and domestic life. *British Journal of Social Psychology, 38*, 181-194.

References

- Edley, N., & Wetherell, M. (2001). Jekyll and Hyde: Men's constructions of feminism and feminists. *Feminism & Psychology, 11*(4), 439-457.
- Edwards, D., Ashmore, M., & Potter, J. (1995). Death and furniture: The rhetoric, politics and theology of bottom line arguments against relativism. *History of the Human Sciences, 8*, 25-49.
- Edwards, D., & Potter, J. (1993). Language and causation: A discursive action model of description and attribution. *Psychological Review, 100*, 23-41.
- Elizabeth, V. (2000). Cohabitation, marriage and the unruly consequence of difference. *Gender & Society, 14*(1), 87-110
- Fergusson, E. (1996). Predictors of future behaviour: A review of the psychological literature on blood donation. *British Journal of Health Psychology, 1*, 287-308.
- Fielding, D., Handley, S., Duqueno, L., Weaver, S., & Lui, S. (1998). Motivations, attitudes and experiences of donation: A follow-up of women donating eggs in assisted conception treatment. *Journal of Community & Applied Social Psychology, 8*, 273-287.
- Gannon, K., Glover, L., & Abel, P. (2004). Masculinity, infertility, stigma and media reports. *Social Science & Medicine, 59*, 1169-1175.
- Gerstel, G. (1963). A psychoanalytic view of artificial donor insemination. *American Journal of Psychotherapy, 17*, 64-67
- Gilbert, G. N., & Murray, M. J. (1984). *Opening Pandora's Box: A sociological analysis of scientists' discourse*. Cambridge: Cambridge University Press.

References

- Gilbert, L. A., Walker, S. J., McKinney, S. & Snell, J. L. (1999). Challenging discourse themes reproducing gender in heterosexual dating: An analog study. *Sex roles: A Journal of Research*, 41(9-10), 753-774.
- Gill, R. (1996). Discourse analysis, practical implementation. In J. T. E. Richardson (Ed.) *Handbook of qualitative research methods for psychology and the social sciences* (pp. 141-156). Leicester: British Psychological Society.
- Golombok, S., & Cook, R. (1994). A survey of semen donation: Phase I – the view of UK licensed centres. *Human Reproduction*, 9(5), 882-888.
- Gough, B. (1998). Men and the discursive reproduction of sexism: Repertoires of difference and equality. *Feminism & Psychology*, 8(1), 25-49.
- Gough, B. (2001). 'Biting your tongue': Negotiating masculinities in contemporary Britain. *Journal of Gender Studies*, 10(2), 169-185.
- Gough, B., & Edwards, G. (1998). The beer talking: Four lads, a carry out and the reproduction of masculinities. *The Sociological Review*, 46, 409-435.
- Gough, B., & Peace, P. (2000). Reconstructing gender at university: Men as victims. *Gender and Education*, 12(3), 385-398.
- Greenfeld, D. A., Klock, S. C., & Rausch, D. T. (2002). Disclosure patterns in couples who have conceived via oocyte donation. *Fertility & Sterility*, 78(3), S27-S27.
- Haines, E. (1992). Gamete donation and the social management of genetic origins. In M Stacey (Ed.), *Changing human reproduction: Social science perspectives*, (pp. 119-147). London: Sage Publications.

References

- Haimes, E. (1993). Issues of gender in gamete donation. *Social Science & Medicine*, *36*(1), 85-93.
- Handelsman, D. J., Dunn, S. M., Conway, A. J., Boylan, L. M., & Jansen, R. P. (1985). Psychological and attitudinal profiles in donors for artificial insemination. *Fertility & Sterility*, *43*(1), 95-101.
- Haney, L., & March, M. (2003). Married fathers and caring daddies: Welfare reform and the discursive politics of paternity. *Social Problems*, *50*(4), 461-481.
- Hare-Mustin, R. T. & Marecek, J. (1997). Abnormal and clinical psychology: The politics of madness. In D. Fox and I. Prilleltensky (Eds.), *Critical psychology: An introduction* (pp. 104-120). London: Sage.
- Harré, R. (2002). Public sources of the personal mind: Social constructionism in context. *Theory & Psychology*, *12*(5), 611-623.
- Heitlinger, A. (1989). Current medical, legal and demographic perspectives on artificial reproduction in Czechoslovakia. *American Journal of Public Health*, *79*(1), 57-61.
- Henwood, K. L., & Pidgeon, N. F. (1992). Qualitative research and psychological theorizing. *British Journal of Psychology*, *83*, 97-111.
- Henwood, K., & Procter, J. (2003). The 'good father': Reading men's accounts of paternal involvement during the transition to first-time fatherhood. *British Journal of Social Psychology*, *42*, 337-355.
- Hertz, R. (2002). The father as an idea: A challenge to kinship boundaries by single mothers. *Symbolic Interaction*, *25*(1), 1-31.

References

- Heywood, A. (1991). Immaculate conception? *Nursing Times*, 87(22 *Midwives' Journal*), 62-63.
- Hirsch, A. M. & Hirsch, S. M. (1995). The long-term psychosocial effects of infertility. *Journal of Obstetrics, Gynaecologic & Neonatal Nursing (Supplement)*, 24(6), 517-522.
- Hollway, W. (1989). *Subjectivity and method in psychology, Gender, meaning and science*. London: Sage Publications Ltd.
- Holmes, H. B., & Tymstra, T. (1992). Dutch women and in vitro fertilization: Survey results and reaction of a medical emergency. In H. B. Holmes (Ed.), *Issues in Reproductive Technology, An anthology I* (pp. 285-295). New York: Garland Publishing, Inc.
- Hood, J. C. (2002). The power of gametes versus the tyranny of master narratives: Commentary. *Symbolic Interaction*, 25(1), 33-39.
- Howie, D., & Peters, M. (1996). Positioning theory: Vygotsky, Wittgenstein and Social Constructionist Psychology. *Journal for the Theory of Social Behaviour*, 26(1), 51-64.
- Hummel, W. P. & Talbert, L. M. (June, 1989). Current management of a donor insemination programme. *Fertility & Sterility*, 51(6), 919-930.
- Jefferson, G. (1990). List construction as a task and resource. In G. Psathas (Ed.), *Interaction competence* (pp. 63-92). Lanham, MD: University Press of America.
- Jordan, C., Belar, C. D., & Williams, R. S. (2002). Anonymous oocyte donation: A follow-up analysis of donors' experiences. *Fertility & Sterility*, 78(3), S29-S29.

References

- Kalfoglou, A. L., & Geller, G. (2000). A follow-up study with oocyte donors exploring their experiences, knowledge, and attitudes about the use of their oocytes and the outcome of the donation. *Fertility & Sterility*, *74*(4), 660-667.
- Kaminer, D., & Dixon, J. (1995). The reproduction of masculinity: A discourse analysis of men's drinking talk. *South African Journal of Psychology*, *25*(3), 168-174.
- Karow, A. M. (1992). Gamete donation and disclosure. *Fertility & Sterility*, *57*(4), 943-944.
- Karow, A.M. (1993). Confidentiality and American semen donors. *International Journal of Fertility and Menopausal Studies*, *38*(3), 147-151.
- Kemerling, G. (2002). "Plato". URL = <http://www.philosophypages.com/ph/plat.htm>. Accessed 24th November, 2004.
- Kerfoot, D., & Whitehead, S. (1998). 'Boys own' stuff: Masculinity and the management of further education. *Sociological Review*, *46*(3), 436-457.
- Kirkman, M. (2004). Saviours and satyrs: Ambivalence in narrative meanings of sperm donation. *Culture, Health & Sexuality*, *6*(4), 319-335.
- Klock, S. C., Stout, J. E., & Davidson, M. (2002). Post donation psychological status of anonymous oocyte donors. *Fertility & Sterility*, *78*(3), S29-S29.
- Klock, S. C., Jacob, M. C., & Maier, D. (1994). A prospective study of donor insemination recipients, Secrecy, privacy, and disclosure. *Fertility & Sterility*, *62*(3), 477-484.
- Klock, S. C., Jacob, M. C., & Maier, D. (1996). A comparison of single and married recipients of donor insemination. *Human Reproduction*, *11*(11), 2554-2557.

References

- Klock, S. C., & Maier, D. (1991a). Psychological factors related to donor insemination. *Fertility & Sterility*, *56*(3), 489-495.
- Klock, S. C., & Maier, D. (1991b). Guidelines for the provision of psychological evaluations for infertile patients at the University of Connecticut Health Centre. *Fertility & Sterility*, *56*(4), 680-685.
- Knoppers, B. M., & LeBris, S. (1991). Recent advances in medically assisted conception: Legal, ethical and social issues. *American Journal of Law & Medicine*, *17*(4), 329-361.
- Koropatnick, S., Daniluk, J. C., & Pattinson, H.A. (1993). Infertility: A non-event transition. *Fertility & Sterility*, *59*(1), 163-171.
- Kovacs, G. T., Clayton, C. E., & McGowan, P. (1983). The attitudes of semen donors. *Clinical Reproduction & Fertility*, *2*(1), 73-75.
- Kovacs, G. T. & Lording, D. W. (1980). Artificial insemination with donor semen. *The Medical Journal of Australia*, *2*, 609-612.
- Kovacs, G.T., Morgan, G.C., Rawson, G. & Wood, C. (1986). Community attitudes to artificial insemination by donor. *Australian Family Physician*, *15*(1), 50-51.
- Kraut, R. (2004). "Plato". The Stanford Encyclopedia of Philosophy (Summer 2004 Edition), Edward N. Zalta (ed.), URL = <http://plato.stanford.edu/archives/sum2004/entries/plato/>. Accessed 24th November, 2004.
- Kretzmann, M. J. (1992). Bad blood: The moral stigmatisation of paid plasma donors. *Journal of Contemporary Ethnography*, *20*(4), 416-441.

References

- Lantos, J. D. (1990). Second-generation ethical issues in the new reproductive technologies: Divided loyalties, indications and the research agenda. In N. L. Stotland (Ed.), *Psychiatric aspects of reproductive technology* (pp. 87-96). Washington, DC, USA: American Psychiatric Press.
- Lasker, J.N. & Borg, S. (1989). Secrecy and the new reproductive technologies. In L. M. Whiteford & M. L. Poland (eds.), *New approaches to human reproduction: Social and ethical dimensions* (pp. 133-144). Boulder (Colorado): Westview Press.
- Lazar, M. M. (2000). Gender, discourse and semiotics: The politics of parenthood representations. *Discourse & Society*, 11(3), 373-400.
- Leeton, J. (1988). The use of donor sperm in the management of male infertility in Australia. *Australian & New Zealand Journal of Obstetrics & Gynaecology*, 28, 324-326.
- Luyt, R., & Foster, D. (2001). Hegemonic masculine conceptualisation in gang culture. *South African Journal of Psychology*, 31(3), 1-11.
- Lyall, H., Gould, G. W., & Cameron, I. T. (1998). Should sperm donors be paid? A survey of the attitudes of the general public. *Human Reproduction*, 1 (3), 771-775.
- Mahlstedt, D. (1999). Power, social change, and the process of feminist research. *Psychology of Women Quarterly*, 23, 111-115.
- Mahlstedt, P. P. (1990). Reply to Comment on, Fertility & Sterility 1989 December, 52(6), 908-914. *Fertility and Sterility*, 53(6), 1111.
- Mahlstedt, P. P., & Greenfeld, D. A. (1989). Assisted reproductive technology with donor gametes, The need for patient preparation. *Fertility & Sterility*, 52(6), 908-914.

References

- Mahlstedt, P.P. & Probasco, K.A. (1991). Sperm donors: Their attitudes towards providing medical and psychosocial information for recipient couples and donor offspring. *Fertility & Sterility*, *56*(4), 747-753.
- Malin, M. (2002). Made in Finland: Infertility doctors' representations of children. *Critical Public Health*, *12* (4), 291-308.
- Marsiglio, W., & Cohan, M. (2000). Contextualizing father involvement and paternal Influence: Sociological and qualitative themes. *Marriage & Family Review*, *29*(2-3), 75-95.
- Matot, J. P. & Gustin, M. L. (1990). Filiation and secrecy in artificial insemination with donor. *Human Reproduction*, *5*(5), 632-633.
- Matteson, R. L., & Terranova, G. (1977). Social acceptance of new techniques of child conception. *The Journal of Social Psychology*, *101*, 225-229.
- Mauss, M. (1969). *The gift, Forms and functions of exchange in archaic societies*. (Translated by Ian Cunnison). London: Cohen & West Ltd.
- Mauthner, N. S. & Doucet, A. (2003). Reflexive accounts and accounts of reflexivity in qualitative data analysis. *Sociology*, *37* (3), 413-431.
- McCartney, C. F., & Wada, C. Y. (1990). Gender differences in counselling needs during infertility treatment. In N. L. Stotland (Ed.), *Psychiatric aspects of reproductive technology* (pp. 141-154). Washington, DC, USA: American Psychiatric Press.
- McQueen, C., & Henwood, K. (2002). Young men in 'crisis': Attending to the language of teenage boys' distress. *Social Science & Medicine*, *55*, 1493-1509.

References

- McWhinnie, A. M. (1992). Creating children: The medical and social dilemmas of assisted reproduction. *Early Childhood Development & Care, 81*, 39-54.
- Moghissi, K. S. (1989). The technology of AID and surrogacy. In L. M. Whiteford & M. L. Poland (Eds.), *New approaches to human reproduction: Social and ethical dimensions (pp. 117-132)*. Boulder (Colorado): Westview Press.
- Moore, L. J., & Schmidt, M. A. (1999). On the constructions of male differences: Marketing variations in Technosemen. *Men and Masculinities, 1(4)*, 331-351.
- Moynihan, C. (1998). Theories of masculinity. *British Medical Journal, 317*, 1072-1075.
- Murray, T. H. (1987). Gifts of the body and the needs of strangers. *Hastings Centre Report, 17(2)*, 30-38.
- Myers, M.F. (1990). Male gender-related issues in reproduction and technology. In N. L. Stotland (Ed.), *Psychiatric aspects of reproductive technology (pp. 25-35)*. Washington, DC, USA: American Psychiatric Press.
- Nachtigall, R. D. (1993). Secrecy: An unresolved issue in the practice of donor insemination. *American Journal of Obstetrics & Gynecology, 168(6 Part 1)*, 1846-1851.
- Nachtigall, R. D., Becker, G., Quiroga, S. S., & Tschann, J. M. (1998). The disclosure decision: Concerns and issues of parents of children conceived through donor insemination. *American Journal of Obstetrics and Gynecology, 178(6)*, 1165-1170.
- Nachtigall, R. D., Becker, G., & Wozny, M. (1992). The effects of gender-specific diagnosis on men's and women's response to infertility. *Fertility & Sterility, 57(1)*, 113-121.
- Nicholas, M. K. & Tyler, J. P. P. (1983). Characteristics, attitudes and personalities of AI donors. *Clinical Reproduction & Fertility, 2(1)*, 47-54.

References

- Nielsen, A. F., Pedersen, B., & Lauritsen, J.G. (1995). Psychosocial aspects of donor Insemination: Attitudes and opinions of Danish and Swedish donor insemination patients to psychosocial information being supplied to offspring and relatives. *Acta Obstetrica et Gynecologica Scandinavica*, *74(1)*, 45-50.
- Nightingale, D., & Neilands, T. (1997). Understanding and practising critical psychology. In D. Fox and I. Prilleltensky (Eds.), *Critical Psychology: An introduction* (pp. 68-83). London: Sage.
- Novaes, S. B. (1989). Giving, receiving, repaying: Gamete donors and donor policies in reproductive medicine. *International Journal of Technology Assessment in Health Care*, *5*, 639-657.
- Packer, M. J. (1985). Hermeneutic inquiry in the study of human conduct. *American Psychologist*, *40 (10)*, 1081-1093.
- Pancer, S. M. (1997). Social psychology: The crisis continues. In D. Fox and I. Prilleltensky (Eds.), *Critical Psychology: An introduction* (pp. 150-165). London: Sage.
- Parker, I. (1989). Discourse and power. In J. Shotter and K. J. Gergen (Eds.), *Texts of identity*. Thousand Oaks, CA, US: Sage Publications, Inc.
- Parker, I. (1990). Discourse: Definitions and contradictions. *Philosophical Psychology*, *3(2)*, 189-204.
- Parker, I. (1997). Discursive psychology. In D. Fox and I. Prilleltensky (Eds.), *Critical Psychology: An Introduction*. London: Sage.
- Peace, P. (2003). Balancing power: The discursive maintenance of gender inequality by wo/men at university. *Feminism & Psychology*, *13(2)*, 159-180.

References

- Pedersen, B., Nielsen, A. F. & Lauritsen, J. G. (1994). Psychosocial aspects of donor Insemination: Sperm donors - their motivations and attitudes to artificial insemination. *Acta Obstetricia et Gynecologica Scandinavica*, 73(9), 701-705.
- Piliavin, J. A., & Callero, P. L. (1991). *Giving blood: The development of an altruistic identity*. Baltimore: The Johns Hopkins University Press.
- Pomerantz, A. M. (1986). Extreme case formulation: A new way of legitimising claims. *Human Studies*, 9, 219-230.
- Potter, J. (1996a). Discourse analysis and constructionist approaches, theoretical background. In J. T. E. Richardson (Ed.), *Handbook of qualitative research methods for psychology and the social sciences (pp. 125-140)*. Leicester: British Psychological Society.
- Potter, J. (1996b). *Representing reality: Discourse, rhetoric and social construction*. London: Routledge.
- Potter, J., & Wetherell, M. (1987). *Discourse and social psychology, Beyond attitudes and behaviour*. London: Sage Publications.
- Potter, J., & Wetherell, M. (1994). Analysing discourse. In A. Bryman and R. G. Burgess (Eds.), *Analysing Qualitative Data (pp. 47-66)*. London: Routledge.
- Potts, A. (2001). The man with two brains: Hegemonic masculine subjectivity and the discursive construction of the unreasonable penis-self. *Journal of Gender Studies*, 10(2), 145-156.
- Purdie, A., Peek, J. C., Adair, V., Graham, F. M., & Fisher, P. R. (1994). Attitudes of parents of young children to sperm donation - implications for donor recruitment. *Human Reproduction*, 9(7), 1355-1358.

References

- Purdie, A., Peek, J. C., Irwin, R., Ellis, J., Graham, F. M., & Fisher, P.R. (1992). Identifiable semen donors - attitudes of donors and recipient couples. *New Zealand Medical Journal*, *105*(927), 27-28.
- Rawson, G. (1985). Human artificial insemination by donor and the Australian community. *Clinical Reproduction & Fertility*, *3*, 1-19.
- Raymond, J. G. (1990). Reproductive gifts and gift giving: The altruistic woman. *Hastings Centre Report*, *20* (6), 7-11.
- Reading, A. E., Sledmere, C. M. & Cox, D. N. (1982). A survey of attitudes towards artificial insemination by donor. *Journal of Psychosomatic Research*, *26*(4), 429-433.
- Riley, S. C. E. (2003). The management of the traditional male role: A discourse analysis of the constructions and functions of provision. *Journal of Gender Studies*, *12*(2), 99-113.
- Rosenthal, M. B. (1990). Single women requesting artificial insemination by donor. In N. L. Stotland (Ed.), *Psychiatric aspects of reproductive technology* (pp. 113-121). Washington, DC, USA: American Psychiatric Press.
- Rowland, R. (1983). Attitudes and opinions of donors on an artificial insemination by donor (AID) programme. *Clinical Reproduction & Fertility*, *2*, 249-259.
- Rowland, R. (1985). The social and psychological consequences of secrecy in artificial insemination by donor (AID) programmes. *Social Science & Medicine*, *21*(4), 391-396.
- Rowland, R., & Ruffin, C. (1983). Community attitudes to artificial insemination by husband or donor, in vitro fertilization, and adoption. *Clinical Reproduction & Fertility*, *2*, 195-206.

References

- Rubin, S. (1983). Reproductive options I: A sperm donor baby grows up. In J. Zimmerman, (Ed.), *Technological woman: Interfacing with tomorrow* (pp. 211-215). New York: Praeger.
- Rumball, A., & Adair, V. A. (1999). Telling the story: Parents' scripts for donor offspring. *Human Reproduction, 14* (5), 1392-1399.
- Salter-Ling, N., Hunter, M., & Glover, L. (2001). Donor insemination: Exploring the experience of treatment and intention to tell. *Journal of Reproductive and Infant Psychology, 19*(3), 175-186.
- Sanschagrín, M. L., Humber, E. B., Cumming-Speirs, C., & Duder, S. (1993). A survey of Quebec pediatricians' attitudes toward donor insemination. *Clinical Pediatrics, 32*(4), 226-230.
- Sauer, M. V., Gorrill, M. J., Zeffer, K. B., & Bustillo, M. (1989). Attitudinal survey of sperm donors to an artificial insemination clinic. *Journal of Reproductive Medicine, 34*(5), 362-364.
- Schover, L. R., Collins, R. L., & Richards, S. I. (1992). Psychological aspects of donor Insemination: Evaluation and follow-up of recipient couples. *Fertility & Sterility, 57*(3), 583-590.
- Schover, L. R., Rothmann, S. A., & Collins, R.L. (1992). The personality and motivation of semen donors: A comparison with oocyte donors. *Human Reproduction, 7*(4), 575-579.
- Schoysman, R. (1975). Problems of selecting donors for artificial insemination. *Journal of Medical Ethics, 1*, 34-35

References

- Schroeder-Jenkins, M., & Rothmann, S. A. (1989). Causes of donor rejection in a sperm bank program. *Fertility & Sterility*, *51(5)*, 903-906.
- Seguin, E. (2001). Narration and legitimation: The case of in vitro fertilization. *Discourse & Society*, *12(2)*, 195-215.
- Seymour-Smith, S., Wetherell, M., & Phoenix, A. (2002). 'My wife ordered me to come!': A discursive analysis of doctors' and nurses' accounts of men's use of General Practitioners. *Journal of Health Psychology*, *7(3)*, 253-267.
- Shapiro, S., Saphire, D. G., & Stone, W.H. (1990). Changes in American A.I.D. practice during the past decade. *International Journal of Fertility*, *35(5)*, 284-291.
- Shiloh, S., Larom, S., & Ben-Rafael, Z. (1991). The meaning of treatments for infertility: Cognitive determinants and structure. *Journal of Applied Social Psychology*, *21(10)*, 855-874.
- Silverstein, L. B. (1996). Fathering is a feminist issue. *Psychology of Women Quarterly*, *20*, 3-37
- Silverstein, L. B., Auerbach, C. F., & Levant, R. F. (2002). Contemporary fathers reconstructing masculinity: Clinical implications of gender role strain. *Professional Psychology, Research and Practice*, *33(4)*, 361-369.
- Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology & Health*, *11*, 261-271.
- Sokoloff, B. Z. (1987). Alternative methods of reproduction: Effects on the child. *Clinical Pediatrics*, *26(1)*, 11-17.

References

- Snowden, R., & Mitchell, G. D. (1981). *The artificial family: A consideration of artificial insemination by donor*. London: George Allen & Unwin.
- Speer, S. A. (2001a). Reconsidering the concept of hegemonic masculinity: Discursive psychology, conversation analysis and participants' orientations. *Feminism & Psychology, 11(1)*, 107-135.
- Speer, S. A. (2001b). Participants' orientation, ideology and the ontological status of hegemonic masculinity: A rejoinder to Nigel Edley. *Feminism & Psychology, 11(1)*, 141-144.
- Speer, S. A., & Potter, J. (2000). The management of heterosexist talk: Conversational resources and prejudiced claims. *Discourse & Society, 11 (4)*, 543-572.
- Stainton-Rogers, W. (1996). Critical approaches to health psychology. *Journal of Health Psychology, 1(1)*, 65-77.
- Steinbock, B. (1996). Regulating assisted reproductive technologies: An ethical framework. *Women's Health Issues, 6 (3)*, 167-174.
- Stewart, C. R., Daniels, K. R., & Boulnois, J. D. (1982). The development of a psychosocial approach to artificial insemination of donor sperm. *New Zealand Medical Journal, 95(721)*, 853-856.
- Stones, C. R. (1985). Qualitative research: A viable psychological alternative. *The Psychological Record, 35*, 63-75.
- Stotland, N. L. (1990). Introduction and overview. In N. L. Stotland (Ed.), *Psychiatric aspects of reproductive technology (pp. 1-12)*. Washington, DC, USA: American Psychiatric Press.

References

- Taus, L., & Gerzova, J. (1991). Personality of semen donors and their social behaviour. *Czechoslovak Medicine, 14(3)*, 173-183.
- Templeton, A. (1995). Infertility - Epidemiology, aetiology and effective management. *Health Bulletin, 53(5)*, 294-8.
- The Warnock Committee (1984). The Warnock Committee. *British Medical Journal, 289*, 238-239.
- Throsby, K. (2002). Negotiating "normality" when IVF fails. *Narrative Inquiry, 12(1)*, 43-65.
- Titmuss, R. M. (1971). *The gift relationship*. London : Allen and Unwin.
- Toerien, M., & Durrheim, K. (2001). Power through knowledge: Ignorance and the 'Real Man'. *Feminism & Psychology, 11(1)*, 35-54.
- Torronen, J. (2001). The concept of subject position in empirical social research. *Journal for the Theory of Social Behaviour, 31 (3)*, 313-329.
- Tuffin, K. (2002). IVF failure: Reproductive normality and dealing with disappointment: Commentary. *Narrative Inquiry, 12(1)*, 67-76.
- Tuffin, K., & Howard, C. (2001). Demystifying discourse analysis: Theory, method and practice. In A. McHoul & M. Rapley (Eds.), *How to analyse talk in institutional settings: A casebook of methods* (pp. 199-208). London: Continuum International.
- Tyler, J. P. P., Nicholas, M. K., Crockett, N. G., & Driscoll, G. L. (1983). Some attitudes to artificial insemination by donor. *Clinical Reproduction & Fertility, 2*, 151-160.

References

- Ulrich, M., & Weatherall, A. (2000). Motherhood and infertility: Viewing motherhood through the lens of infertility. *Feminism and Psychology, 10*, 323-336.
- Van Langenhove, L., & Harré, R. (1994). Cultural stereotypes and positioning theory. *Journal for the Theory of Social Behaviour, 24(4)*, 365-372.
- Walker, A., Gregson, S., & McLaughlin, E. (1987). Attitudes towards donor insemination – A post- Warnock survey. *Human Reproduction, 2(8)*, 745-750.
- Walters, L. (1987). Ethics and new reproductive technologies: An international review of committee statements. *Hastings Centre Report, 3-9*.
- Waltzer, H. (1982). Psychological and legal aspects of artificial insemination (A.I.D.): An overview. *American Journal of Psychotherapy, 36(1)*, 91-102.
- Warnock, M. (1985). Moral thinking and government policy: The Warnock Committee on Human Embryology. *Milbank Memorial Fund Quarterly - Health & Society, 63(3)*, 504-522.
- Watkin, T. (1998, January 31). The X and Y files. *The Listener, 18-21*.
- Weatherell, A., Gavey, N., & Potts, A. (2002). So whose words are they anyway? *Feminism & Psychology, 12(4)*, 531-539.
- Wetherell, M. (1998). Positioning and interpretative repertoires: Conversation analysis and post-structuralism in dialogue. *Discourse & Society, 9(3)*, 387-412.
- Wetherell, M., & Edley, N. (1999). Negotiating hegemonic masculinity: Imaginary positions and psycho-discursive practices. *Feminism & Psychology, 9(3)*, 335-356.

References

- Wetherell, M., & Potter, J. (1988). Discourse analysis and the identification of interpretative repertoires. In C. Antaki (Ed.), *Analysing everyday explanation: A casebook of methods*, (pp. 168-183). London: Sage.
- White, N. R. (1994). About fathers: Masculinity and the social construction of fatherhood. *Australia and New Zealand Journal of Sociology*, 30(2), 119-131.
- Wikler, D., & Wikler, N. J. (1991). Turkey-baster babies: The demedicalization of artificial insemination. *Milbank Memorial Fund Quarterly - Health & Society*, 69(1), 4-40.
- Willott, S., & Griffin, C. (1997). 'Wham Bam, am I a Man?': Unemployed men talk about masculinities. *Feminism & Psychology*, 7(1), 107-128.
- Winkler, R. C. & Midford, S. M. (1986). Biological identity in adoption, artificial insemination by donor (AID), and the new birth technologies. *Australian Journal of Early Childhood*, 11(4), 43-48.
- Wooffitt, R. C. (1992). *Telling tales of the unexpected: The organisation of factual discourse*. London: Harvester Wheatsheaf.
- Wright, J., Duchesne, C., Sabourin, S., Bissonnette, F., Benoit, J., & Girard, Y. (1991). Psychosocial distress and infertility: Men and women respond differently. *Fertility & Sterility*, 55(1), 100-108.