

Sperm donation: The mediation of kinship and identity issues for the offspring

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Abstract: The subject matter for this paper is an analysis of donor insemination practices in relation to kinship, in particular for the offspring. It argues that the practice introduces flexible and fractured notions of paternity and identity which are ill-considered and potentially problematic; for the offspring and for paternity in its biological and social unity. Further, that when the focus of donor conception includes the equal consideration of not just the couple wanting access to this as a 'service' but the broad circle of other people who are affected by it, sperm donation rests on unstable assumptions of compliance in terms of contractual inclusion or exclusion from kinship.

The model to be explored in this paper is adapted from a model of biotechnology as a media (Sutherland, 2003), exploring four phases of mediation, that of; *alienation, translation, reconceptualisation and absorption*. The aim is to show how sperm and the kinship value attached to it is mediated by the clinics. Thus the identity of the off-spring, and paternal kin is also mediated; a type of 'service' argued to be inappropriate and disrespectful of the significance of biological relatedness.

Through this format I hope to show that what is represented as rightful in the appeasement of the pain of infertility is a practice that rests on biased and inadequate justifications. Further, that with this form of reproductive intervention we are witnessing yet another form of family separation with likely adverse affects on mental health for those affected by it.

Sperm donation: The mediation of kinship and identity

Introduction

The aim of this paper is to critically analyse the presentation and justifying arguments for the practice of sperm donation. While egg and embryo donation are also important, the primary focus here is on both the surface and in-depth meaning behind sperm donation in particular, for individuals and society as a whole.

The aim is to show that the practice of sperm donation is predominantly presented as a good and altruistic act, which responds to the pain of people who cannot conceive children within their sexual relationships. Primarily attention is on, and publicly drawn to, (National Gamete Donation Trust, 2000), “the trauma of infertility...[with donation promoted as providing] one of the ways in which they [the infertile, can] achieve pregnancy; for some it may be the only way” (p. 1). In brief the pain of infertility and its rightful appeasement through donor conception is showcased as the justification for this form of reproductive intervention.

This paper challenges this common and much encouraged presentation of donation. The argument is that this is an imbalanced and ill-considered representation of a practice that has long-term implications and consequences. Further, these implications affect a broad range of people, many of whom are not made ‘visible’ and hence not considered in the usual ethical analysis. It is contended that when these additional issues, points and people are taken into proper account, donation can be seen to be a deeply complex and inherently and ethically problematic.

For many potential donors, sperm donation is seen as akin to blood donation (Edmond & Scheib, 1998). This is an association which has been publicly encouraged by influential spokespersons, for example the Minister for the Department of Health in the United Kingdom (M. Johnson, 2004). However, the consequences of blood and sperm donation in terms of their procreative and relational impacts are inaccurate and incompatible. Further, the practice and promotion of sperm donation has implicit and explicit impacts on how we as individuals and as a society see paternity and reproductive relationships. It is argued that this is a destructive notion; making paternity decisional, contractual, alienable, instrumental and fractured, as opposed to fundamental and inalienable to the unity of social and genetic paternity.

What is sperm donation?

Donor insemination is commonly described in terms such as these: “Insemination using donor sperm (D.I.) is a treatment used in male infertility. D.I. involves the use of semen from carefully screened and tested sperm donors. The thawed semen is placed in the cervical canal at the fertile time (ovulation) of the female partner’s menstrual cycle”(Melbourne IVF, 2002a). But what is sperm donation?

Sperm donation is a process involving masturbation by the donor to produce a semen sample which is then subject to the “transfer of parental rights” (National Bioethics Consultative Committee (Australia), 1990, p. 32), away from the donor to the person or persons who plan to raise the consequent offspring. Such a transfer involves the abrogation of the socially recognised kinship rights, roles and duties that would normally be expected to exist, reciprocally, between the genetic parent and offspring, and between the genetic parents themselves. However, other ties, which are commonly recognised as a result of this parental connection includes a broader kinship network, that of grandparents, siblings, aunts, uncles and cousins, indeed that of a cultural and genetic inheritance. Almond (1998), reflects on this significance and contends that the relational substance of this transfer has not been given its due recognition:

If gametes are regarded as being no more than raw material for the medical manufacture of children, a whole dimension of human reproduction is lost – in particular, the network of kinship relations that provides the key to an understanding of society’s culture and practices. (p. 142)

Sperm in the context of donation comes to be translated into being presented as a raw material, or abstract “genetic material” (Merricks, 2004), terms and notions which avoid kinship, and sexual associations. This ‘transfer of parental rights’ places an offspring conceived from donation out of this

genetic context and into a non genetic one, either partially, as is the case of sperm or egg donation, or fully, as is the case with embryo adoption. A question that this raises is: how does sperm come to be seen as such a raw medical material without its usual recognition of kinship and sexual encumbrance?

A further ethical question this raises is: should such alienation be encouraged as part of a service for infertile customers? Whipp (cited in "Sperm and egg donation," 2003) reflects on her own donor conception and responds (inside out, sperm and egg donation) "I do feel that children need, all their life to know who they are, their real identity and to have the opportunity to mix with their real kin folk. It seems wrong to me to deliberately set up a situation in which children can be deliberately parted from their biological parents" (n.p.).

The clinic as a site of mediation

Sunderland (2003, p. 65) provides an interesting conceptual framework, that of viewing biotechnology as a type of media, "as a means of producing, reproducing and shifting meaning". By applying this framework, the clinics, as sites of donation and conception, can also be viewed as sites of kinship mediation.

To provide an explanation of this framework and its accompanying stages, it is best to turn to Sunderland (2003, p. 35), who states:

I have identified four primary mediating processes...*Alienation, Translation, Recontextualisation, and Absorption*...[these are] mediating processes via which aspects of 'life' are technologically alienated from their origin; commodified and translated into, and interpreted using, existing technocratic discourses; recontextualised from living organisms and ecosystems, to the laboratory, to the computer, to markets of exchange, and once again to living organisms through consumption; then finally absorbed into everyday invisibility of the productive apparatus, the lives of citizens, and ecosystems (*italics added*).

Alientation:

The kinship association with sperm is stripped away

Although the processes can be in varying orders and even occur at the same time (Sunderland, 2003, p. 74), the first stage of this mediation is that of alienation. Sunderland writes "Biotechnology is founded on instrumental relationships between some humans and other life forms, or parts of them" (p. 30). In this case, both the human, the donor father, and the part of him; his sperm (and associated kinship), are to become instrumentalised, and for this they must be alienated.

Laqueur (cited in Morawski, 1998 p. 242) refers to the alienation of paternity in sperm donation as a process involving; "a ritual of 'de-paternalizing sperm' in which the doctor has performed his priestly function, de-blessed the sperm, and [has] gotten rid of its paternity". In actual fact, there may be no explicit ritual, though there could be implicit ones, giving the effect of appearing to depaternalize 'donated' sperm. Of course, sperm cannot be wiped clean of paternity; it is the paternal function of sperm that it is wanted to perform: that of creating a child. However, in terms of the social recognition of a paternal significance in the creation of life, there does seem to be an assertion that this component has been completely removed. Indeed, legally it has.

One way to avoid the complications of kinship significance attached to sperm and conception is to target people who have not yet fully comprehended it. In one of a number of UK based studies, notably funded by the Department of Health (1999), in order to establish the most effective ways to 'target' and 'recruit' 'donors', the author stated that her research "suggests that those men who have had direct experience of being a father may give more thought to the implications of donating semen and consequently decide not to go through with it" (National Gamete Trust, 1999, p. 121). If so, it would also be reasonable to assume that those who have not had direct experience of being a father may give less thought to the implications of donating sperm and consequently be more likely to go through with it.

Another report, again for the same UK government funded charity (National Gamete Trust, 1999), notably, in a section titled 'Factors that deter donors', found "some respondents felt that having children

of their own could also deter older men, for several reasons. These ranged from recognising the strength of the bonds with their own children, and so not wanting to give their sperm to someone else, to concerns that their own children might marry someone who was the result of their sperm donation – consanguinity” (p. 12). Again, those who do not recognise the strength of such bonds, or who have not considered the consanguinity risks are more likely to be ‘successfully recruited’. Further, as will be later explored in this text, such a practice can actually reinforce this paternal insignificance and discourage such long-term foresight.

In support of this hypothesis, the report (National Gamete Trust, 1999) showed that young students were the most successful people to target for sperm donation. As the qualitative interviewees stated, “they’re nice lads and don’t give us any hassle” (National Gamete Trust, 1999, p. 116). Another said “[t]hey [students] don’t ask too many questions” (National Gamete Trust, 1999, p. 116). For those who do not attach relational significance to the act of donation, it is not surprising that they see it as bearing no great concern or need for scrupulous questioning. An author who interviewed 16 donors noted of them “they simply weren’t interested in the repercussion for the children; they focused only on the rights of the mothers” (p.29). Another observation of them was: “MAN AFTER MAN – ALL CONVINCED males are irrelevant to children’s upbringing” (p. 29). These men are clearly not concerned by their own relevance to their genetic child’s upbringing.

Such considerations may contribute to aspects of male maturity, for some, a maturity that had not yet fully developed at the time of being targeted and recruited as donors. Beeney (1999) experience concurs with this notion; Beeney has written a semi fictional book on the later reflections and consequences of his sperm donation as a young medical student. In it, the star, ‘coincidentally’, a man who donated sperm as a medical student, later meets his genetic child, unbeknown to him, and has a sexual relationship with her.

The romantically involved father and daughter then abort their child which is found to have developed abnormalities due to their consanguineous relationship. The plight of the characters continues to be traumatic, as in the final chapter, the donor father then witnesses the wedding of two of his donor offspring, who unaware of their genetic relationship, marry each other.

Clearly, such musings and concerns were not present, when as a young man he made his donations. Indeed, the attitude promoted to such young men was: “once the donation was over they could forget all about it since it carried no legal, financial or other responsibilities” (Merricks, 2004). But was this a responsible attitude to promote and were these men misinformed about their ease in ‘forgetting’ all about it? For Beeney, his sense of moral responsibility has re-surfaced to trouble him in retrospect and it is notable that he has expressed a deep affection for the offspring that he has fathered but still does not know. To him, after this time of reflection and maturity, they are the carriers of “his own genetic contribution to the human race” (written on back cover of his book), a description unlikely to be used by those canvassing to recruit sperm donors.

After finding one of his donated offspring, Peter Brown described the experience as having “gone a long way towards validating my whole existence” (Arndt, 2004). Another donor has been described as “in search of the other half of his brood...I’d love to meet them. My kids are so wonderful, these must be too” he is also concerned about the prospect of what he calls “unconscious incest” (Wyld, 2004), not an impossibility. One offspring reports “I know a Canadian social worker who is desperately concerned that two couples who are close friends both have children from the same clinic, but neither knows it” (Stevens, 2004). While some men may lose interest in perpetuating this alienation, others may continue to feel that this is appropriate and desirable.

The impact of this alienation between the offspring and the donor father and even the alienation between the genetic parents, who as strangers conceive together, has been an issue which has struck deep for Whipp, a donor offspring. Whipp returned to the site of her kinship alienation; the clinic. On visiting, she reflected: “this is the only place that I know that my donor father has probably been. It is the only point of contact that I have with him, where he and my mother, not necessarily at the same time but probably the same day [would have been]” (Whipp, in "Sperm and egg donation," 2003). Whipp is resisting this

alienation; she is seeking to trace back through the process to find a point of connection with her donor father. In doing this, she arrives at the site of kinship transfer (or mediation): the clinic.

Whipp raises questions about the extent to which this transfer has rightfully taken place in terms of her ownership and kinship. Thompson (1995) states “A good or the right to enjoy the good is alienable to the extent that it can be dissociated from the owner of the good and transferred to another” (p. 278). Whipp considers there to be a significant association between herself and her donor father, and does not give her consent to such a dissociation and transfer; the result is that she resists the alienation and mediation of her kinship and identity. To further Whipp’s argument, it is notable that genetic paternity is in fact non-transferable, despite its presentation through donation. It can only be the social component to sperm and conception that is being transferred, and this can be questioned by all the parties involved, most of all by the ‘good’ to be transferred: the offspring. Like Whipp, other offspring have and are likely to seek to bring about an end to this formal dissociation and seek contact with their donor father and kin.

Thompson (1995) describes inalienability as something that “cannot be transferred to and enjoyed by another....Alienability of a good is thus a necessary condition for regarding it as exchangeable property” (p. 278). The assumption behind sperm donation is that sperm, kinship and identity are alienable goods and that the resultant offspring are exchangeable properties. The problem is that this may, at least for some involved in such kinship transfer, be regarded and experienced as innately wrong. The result is that such a transfer, and those complicit in it, would be viewed as involved in harming their kinship and identity.

Scorsone (2004) demonstrates such a kinship contention, but in this case it is in reference to motherhood (interestingly, motherhood appears to raise more concerns in terms of its reproductive alienation than fatherhood); “Preconception arrangements exploit the generative capacity of the mother, *a fundamental and inalienable aspect of her humanity*. Taking advantage of her economic vulnerability....the effect on the child cannot help but have a *great cost in a ruptured relationship* with the genetic mother” (emphasis added) (Scorsone, 2004). This leads us to consider whether paternity is a fundamental and inalienable aspect of male humanity? Indeed, is the rupture of the child’s relationship with its generic father less important than that which can be lost with its genetic mother?

However, it is important to acknowledge that some donor offspring do appear to accept the instrumental nature of their genetic paternity. Montigue (cited in Evans, 2003) refers to his donor father as “someone that was important in me coming round to being....but I don’t care about them [the donors]...the only nice fantasy would be one day I get a letter through the post saying ‘well done your biological father had no heirs so he has left you 20 million’”. In Montigues’ musings he shows no relational or emotional concern over the imagined death of his donor father. His overt interest in him follows the instrumental trajectory; that of fancifully providing possible financial benefits to him.

It appears that at least for the moment, Montigue has accepted his paternal alienation. He has accepted his attributed kinship context, as it is what he has known, and he claims “if you have known it your whole life you never have to question it” (Montigue cited in Evans, 2003). This claim does not match up with adoption experience, though it certainly was an expectation of early adoption practice (Rushbrooke, 2001).

There is no way of predicting which offspring, when made aware of their donor conception, will respond for or against such genetic paternal alienation. For those that do question their paternal and kinship alienation, sooner or later, emotions and social dynamics are likely to become turbulent. This section of the model interrelates with all the others, but most particularly that of absorption, the final stage.

Translation

Sperm becomes a medical substance.

Despite being the very personal product of a sexual act, in donation the sperm then becomes translated and ‘medicalised’, as though it has been made as, or into, a medicine. Examples of this can be found in the Melbourne IVF web site “Embryos and anonymous sperms samples are always quarantined....and on the day of ovulation [of the customer] or ovum pick-up the sperm is thawed and used for insemination” (Melbourne IVF, 2002b). Words and practices such as ‘quarantined’, ‘thawed and used’ would not

normally be applied to sperm or sexual reproduction, but in this instance, after its alienation from the source, such a context is now applied and sperm is translated into a 'clean' medical treatment. As noted, "The use of assisted conception transfers the act of fertilisation to a medical setting, where relationships are primarily defined in therapeutic terms...in a context which dissociates issues relating to fertility and the family from sexual intercourse" (Novaes, cited in Daniels & Haines, 1998, p. 105)

In a television interview (Cleary & Gaitz, 2004) Dr Mc Bain, the Melbourne IVF chairman, was asked whether donor insemination was a social experiment (ie questioning his recognition of the vastly unexplored social impact of this intervention) and his answer to this question was; "No, donor insemination isn't a social experiment. It is a *valid and appropriate medical treatment* to overcome a deficiency, a loss, the absence of sperm" (italics added). It seems that through shifting the emphasis of the topic of discussion, from the social consequences of this practice, to the pain of infertility, and asserting the need to respond to and 'treat' this loss, through donated sperm, an attempt is made to eclipse these other issues.

Importantly, what is eclipsed is consideration of the paternal connection of the genetic father to the child produced. In the same television interview (Cleary & Gaitz, 2004) Michael Linden was asked about his understanding of his sperm donation at the time, when he was a young student, and now through meeting one of his resultant progeny. It appears that the process of alienation and translation did affect his perception of what he was doing: "I was being paid for giving them my sperm, that is all I thought I was doing". The use of the word 'thought' in this context implies that his understanding of the act and consequences of donation have now changed. For Michael, at the time of donation, his sperm was seen as devoid of its paternal element. This was only to be realised later when he met his donor daughter: "I saw my daughter. I saw an instant recognition". He was questioned if this 'blew him away', as in shocked him, and Michael answered "It did. I've described it, I've paralleled it with having a baby come in, a new baby come into your life". The fact that Michael agreed that this meeting 'blew him away' seems to add to the notion that he was not properly cognisant of the paternal implications of his donations until he actually came face to face with his daughter. In another interview he retrospectively described the act of donation sperm as "an act of stupidity"(Arndt, 2004).

It seems that such young men can be rendered vulnerable to being enticed into donation, an act with intergenerational consequences, which they may have been more likely to avoid at a later stage in their lives. Another donor interviewed after meeting his daughter, spoke "about the delight in meeting her [his donor conceived daughter] and introducing her to his immediate family. He also spoke about the stress the situation had placed on his family and their fears about how the relationship might develop in the future". Another said "we're still getting to know each other but I really care about her – I do love her" (Australian Broadcasting Corporation, 2004).

Such complexities have the capacity to re-emerge years after the apparently simple act of donation. The effects on the partners, known children, and extended families of the donors in relation to this potential stress and disruption is something which has also received little consideration or attention due to the exclusive spotlighting of infertility. Vanderstand (cited in Arndt, 2004) described this as a traumatic experience: "I really love Michael's kids but it was such an invasion" for her that it created a "Very rocky period in their marriage".

Further to the issue of the lack of proper comprehension for the men involved in sperm donation, Edmond and Scheib (1998) conducted research that also illuminated the lack of such an association. They found the absence of 'proximal mechanisms' between donation and reproduction may contribute to the problem, making "that connection between donating sperm at a clinic and producing children...too abstract" (p. 317). The point is that the donors do have some notion of what it is they are doing by donating, but that at a deeper level, as with the case of Beeney and Linden, they often do not.

Edmond and Scheib (1998) explain this as "partly attributed to the atypical association between masturbating on demand and producing a child. Many of the typical cues associated with the opportunity for sexual intercourse (and distally, reproducing) may be lacking from the context of DI. If such an argument holds, then it also begins to inform us about the specificity of the male sexual psychologies" (p. 317). It appears that this aspect may render men vulnerable and naive about donation as a result of the

abstract and disconnected nature of the act from procreation. Flemming (1980, p. 14) also highlights a case of naivety resulting in shock paternity realisations: “The girl in the lab said ‘we’ve had a success’. Wow! I didn’t think of myself in terms of being a father. At the time you don’t think that way. It was just, Wow! Later you’d be sitting down and wondering ‘how many times have I been a father’”.

However, the translation for the donor can be in the form of something more directly tangible, that of financial incentive and even in some cases, expenses paid holidays: “their airfare, accommodation and expenses will be covered as an incentive to donate”, “a free trip to Australia in return for sperm: that’s the offer exciting male students at Canada’s University of Calgary” (Hiscock, 2003). “The Reproductive Medicine Centre in Albury was simply hoping to live up the motto of the Canadian Mountains: ‘We always get our man’” (Hiscock, 2003).

The tangible nature of the rewards for donation are likely to reinforce this cognitive blindness in terms of the kinship sacrifices and long-term consequences or complications of donation for the young men targeted. Other forms of incentive can be in the form of pressures, for example workplace pressures. In “Bucharest: Workers at a Romain car factory have decided to donate sperm to help debt-ridden plant” (“Donors pull together,” 2002, p. 7). They may also be responding to pressure in the media to do something altruistic to help others ‘in need’ (Choy, 2003).

It is apparent that there is an interplay between the stages of alienation and translation. There is a sliding effect between one and the other, resulting in the reciprocal reinforcement of the two mechanisms. The sliding effect blurs the boundaries between alienation of the paternal kinship aspect of sperm and its relinquishment, and the context of the medical treatment of infertility. This is in consonance with Sunderland’s (2003, p. 74) expectations.

This translation of meaning for all those involved, in terms of donor conception and the provision of it as a ‘service’, is channelled and viewed through the prism of infertility and consequently the infertile couple’s wants and needs. The result is that kinship becomes client-designated, to be requested, meditated, and translated by the clinic.

For the moment, however, it is enough to see that there is a relevance in the mediation of kinship in reproductive technology discourse and presentation, with the model designed by Sunderland (2003). “The point is, that in modern biotechnological processes, something so wonderful as the foundations of life somehow are translated into the form of a product” (Sunderland, 2003, p. 69), in this case the foundations of life, sperm, is translated into a medical product.

Translation “is not merely a linguistic phenomenon: translation in biotechnology is coupled with movements in space and substance or, within this conceptual framework” (Sunderland, 2003, p. 85). In this case, it is the translation of expectation in terms of family loyalties. The translation becomes the translation from one place and meaning to another. But what happens in between? For the sperm, eggs and embryos, what happens to the expectation of kinship loyalty if the process gets jarred midway? In most cases, the gametes become the property of the clinics; indeed they have no form of kinship recognition; they are to be as blank slates or cheques waiting to be written upon? Further, is it necessary to ask whether it is possible to translate or mediate someone’s human identity and kinship as a matter of social assignment? If so, is this concept to be applied to all members of society or just those to be produced and mediated through reproductive technology?

Recontextualisation:

The infertile take centre stage in a medicalized context

Sunderland (2003, p. 69) explains that the substance being mediated, in this case sperm (and kinship) in “effect loses its meaning and value by being diluted and subsumed under the commodity logic into which it is currently being recontextualised”. “The point is that when something, or someone, is subject to mediation and recontextualising movements, things change. The original values that were attributed to the thing, process, whatever do not remain constant” (Sunderland, 2003, p. 70).

The description provided by Sunderland is relevant to the recontextualisation of sperm and its use for conception; in this instance, the relationship and kinship impact of the act of creating a child does not remain constant. Siring a child 'loses its meaning and value' as does the sexual act of masturbation to collect the semen: This all becomes a part of the process that is made less visible. Also taking backstage, is the relational and kinship impact of seeking to relinquish or 'donate' this tie.

Such consideration is withheld from the common representation of sperm donation. The infertile customer is forefronted, and a momentum is created for the collection of gametes, in this case sperm, with pressures in the form of emotional appeals, for example the following quote: "Many of those who are unable to be treated [ie to use someone else's sperm], because of a lack of donors, face *profound psychological and emotional strain*" (National Gamete Donation Trust, 2000) (fact sheet).

The use of the word 'treated' in this context provides an example of how the 'donor father', his sperm and the consequent conception become medicalised. They are medicalised and recontextualised into being a part of the medical 'treatment' for the infertile couple. The donor and his sperm are seen as a necessary part, a 'donated gift' of that 'treatment' and the child becomes the successful outcome to such a 'treatment'. Those seeking this treatment, and their feelings (ie profound psychological strain) are presented as the central stage in terms of concern and focus. The donor father and offspring are then positioned as these people's solutions. Thus, the dynamic is one of domination, the domination of the infertile. All other parties involved are seen as players in their context, defined by the urgency of want pain and infertility.

This medicalising of desire, and through it legitimisation, has been recognised by Fukuyama (2002): "the desire on the part of ordinary persons to medicalize as much of their behaviour as possible and thereby reduce their responsibility for their own actions....[Flowing] from the attempt to medicalize everything, is the tendency to expand the therapeutic realm to cover an ever larger number of conditions. It will always be possible to get a doctor somewhere to agree that someone's unpleasant or distressing situation constitutes a pathology, and it is only a matter of time before the larger community comes to regard such a condition as a legal disability subject to compensatory public intervention"(p. 53). Infertility is projected as demanding social compensation, even to the extent of expecting others to give their own genetic children, or that which will constitute them and to conceive children with strangers.

The offspring's understanding of the meaning and impact of this situation is also usually taught to them from within this recontextualised perspective. Their social parents' sensitivities are placed as primary. Indeed, this provides the context and boundaries for the offspring's considerations. An example of this: "Mummy and Daddy were very sad when no baby began to grow. Then the doctor said there was a way for them to have a baby. Some very kind men give their sperm so people like Mummy and Daddy could have a baby. At last Mummy and Daddy had a baby and that was me!" (Donor Conception Network Library, 2004). This example is not, as might be expected, a child talking on its own behalf. It is written by DI parents for the donor-conceived child to hear and internalise. It can be seen that the child is taught of his/her parents' inability to have a child and the sadness surrounding this as inseparable and central to their contemplation around the meaning of donor conception for themselves. Another example of this conveyance of which parties are central, and whose feelings are paramount, can be found on the Melbourne IVF site, interestingly titled 'personal impacts'. Of eight testimonies on offer, none is from any other than infertile customers (Melbourne IVF, 2002b).

Clearly, the personal impacts being considered here are only those of the couple wanting a child and here again the child will have their predicaments explained within these terms of reference: "Our child will know us as Mum and Dad, but from early on we will explain that we needed a bit of extra help to make him" (Dudzick, 2002). In the section titled 'At long last a happy ending', a two-page piece is filled with personal anguish regarding infertility: "I carried with me an almost constant sense of grief and loss....the sense of loss was never ending....words cannot even begin to convey the devastation....I had given up hope....it was soul destroying I could barely cope"(Dudzick, 2002).

The emotional impact of such a description is weighty, and so powerfully recontextualises the donor offspring's predicament within, and in response to, this pain, that some may even feel responsible for keeping their parents' pain appeased. The effect of this is exemplified in an extract from a fifteen year-

old DI offspring. While seeking to explore the meaning of her donor conception in terms of her kinship impact, she unsurprisingly finds the sadness of her father as impeding her ability to think about the issue. She states “If I was my Dad, especially, I would kind of feel a bit upset that I didn’t have my own children, if you know what I mean, like biological children. I don’t want to say that I really want to find my biological father because he might get a bit hurt...I think he knows that I would quite like to see my real father but I don’t want to talk about it too much” (offspring cited in Evans, 2003). The identity considerations for this young woman are recontextualised by considerations for the social father’s genetic continuity rather than for her own; thus she felt it legitimate to state “I would feel a bit upset that I did not have my own children” on behalf of her father, but not feel the same ability to state that she may feel a bit upset that she did not have her own biological father. With this subtle training, the few donor offspring who know of their donor conception have largely been taught to think of their own loss from within the primary perspective of their parents’ infertility and sensitivities.

This stage of mediation again shows its impact on another donor offspring. When Liam Markus (Cleary & Gaitz, 2004) was asked about his donor conception. He also automatically focused away from the direct implications for him, back to the primary consideration of his parents. He responded “They’ve obviously gone through a lot of pain and trouble to bring me into the world”; again, the parents and their infertility receive centre stage.

Such recontextualisation could be described as a type of mental conditioning, a conditioning that would take time to identify and to work through. Indeed, it is important to work out that the issues involved in one’s donor conception could and should be viewed from angles that do not place the infertile parents as primary and central. “I was 18 when my mother told us *her secret* [interesting that this offspring refers to and obviously perceives the secret and indeed the issue, as his mother’s, as opposed to his]...for a while we were both in shock. Then curiosity took over. But mum said we would never find our biological father, so we let it lie of 30 years” (Stevens, 2004). For Stevens, the process took thirty years. Eventually, the perceived ‘impossibility’ turned to an improbability and was finally claimed as personal to the offspring and worthy of pursuit. Clearly, this has been a process which has taken place over a long period of time as it will for many others.

It is worth noting that for those offspring who do seek to recognise this kinship mediation and view their kinship complications from a perspective of their own, there can be a harsh backlash. This will be explained more in the absorption phase of this model. The aim of this section is to exemplify “the way that biotechnology promotes particular voices and particular ways of seeing and being, and describing while actively subverting others”(Sunderland, 2003, p. 38) .

Absorption

According to this model, the “biotechnology products and services, and manifestations of biotechnology as media, are literally *absorbed* via consumption into the everyday lives of members of the public” (Sunderland, 2003, p. 82) This concept of absorption used by Sunderland in her mediation model draws on the work of the Marxist author, Marcuse (1964).

Marcuse (1964) writes on culture and laments the loss of dimensionality within it. The themes of alienation, translation and absorption are familiar to him and his writing has some interesting parallels of observation. He writes, “In this transformation, they find their home in everyday living. What has been invalidated is their subversive force, their destructive content - their truth [as could be interpreted to mean the truth for the donor offspring of their genetic kinship and the subversive and destructive content of this to their mediated family – indeed their genetic truth]...the new totalitarianism manifests itself precisely in a harmonising pluralism, where the most contradictory works and truths peacefully coexist in indifference” (p. 61).

While Marcuse is referring to loss of the subversive and high ideals of art, we can slide the DI offspring and their alienated kinship into this context and the notion would similarly apply. Thus, Absorption is also appropriate for understanding the mediation of kinship. The expectation is for the offspring both to be absorbed and themselves to absorb the kinship context that has been mediated by the clinic for those who access it. There is an implicit notion of ownership and disempowerment by the clinic in terms of the

offspring. In some instances this ownership is overt in the language used: “we were part of the ‘Barton Brood’, some 500 children born as a result of donor inseminations by Dr Mary Barton” (Stevens, 2004). As products of the clinic, the offspring are absorbed via commissioning and consumption into their assigned families, with the consequent presumption of compliance with this. The result is the appearance of a medical intervention, resulting in the production of a ‘normal’ family’, successfully ‘treated’ for infertility.

However, as recognised by Sunderland, (2003, p. 91) these “persons, whose lives have been directly manipulated by biotechnological mediation, may choose to contribute their own ‘lived’ experience’ evaluations of these technologies to public discourse”. The offspring and the various players in this kinship mediation may at any time, find the will and/ or ability to dispute the values and meanings mediated by the clinic. Marcus (Marcuse, 1964), refers to “the Great refusal – the protest against that which is” (p. 63) in relation to other forms of social alienation and absorption. However, the concept is a useful one. One offspring writes “the doctors who advocated it [DI] as a problem free solution to infertility were mistaken” (Stevens, 2004). The extent to which that refusal to be ‘problem free’ is a conscious decision as opposed to a driven need is unclear. However, it does appear that such issues can arise and thus challenge the concept of donor conception as a ‘problem free solution’.

It is contended that the notion of absorption within a mediated kinship rests on inherently unstable assumptions. What has not been properly recognised is that donor-conceived offspring, like all the other parties affected by this kinship mediation, are of course human beings and not a predicable product. Consequently, the compliance of all those affected by this mediation, those shifted into and out of kinship significance, may reject their ascribed positions. It is also important to note that this ‘Great Refusal’ (Marcuse, 1964, p. 63) is also something that can occur at any time and within any generation. For example, a man may, in principle, agree to his wife’s donor insemination, and to the social fathering of a child with no genetic relation to him, but then grow disturbed and estranged by this intervention, only later to become troubled by this lack of genetic connection and even disinherit the offspring [author’s note, I know of at least three donor offspring who believe their donor conception to be an underlying reason for their disinheritance]. One DI father has written, under a pseudonym, of such difficulties after the act, to “push aside the recollection of stainless steel instruments, numbered semen bottles, and the alien worlds and strange encounters of others’ chromosomes, which have intruded too much and too often” (Blizzard, 1977, p. 128).

In another instance, a mother described in confidence her ‘misconception’ which she regretted and considered illegitimate [this ‘misconception’ resulted in her son, then a fifteen-year-old boy needing therapy], as “an act of adultery which doubtless injured and angered her husband [and doubtless her son]” (Blum, 1996, p. 41). These admissions have been in private contexts and it is unlikely that such difficulties would be easy to openly state and address. Importantly, Blum, the psychologist in the above case, notes this conflict as “lying underneath social amenities and ritualistic acts” (p. 41) of family normality and cohesion. Indeed, at least for some donor families, underneath the appearance of absorption, there is the experience less visible or acknowledged, and that is one of non-absorption or ambivalence by them or others within their ascribed kinship context.

Similar forms of familial breakdown and lack of bonding may occur in other families not affected by donor insemination. Nonetheless, the instability in terms of the significance of the familial attachments is arguably more open to conflict or contestation as a result of these social and biological severances. In this instance, kinship is being treated as decisional and relational as opposed to innate. This leads to the difficulty that if a relationship breaks down or becomes embittered or strained, for one reason or other throughout lifetimes, there is no genetic connection to fall back on. Such a genetic connection in our society retains significance regardless of the presence or absence of friendship within it. Perhaps this is the underlying meaning behind the cultural term ‘blood is thicker than water’. “Our loyalty to our family – that is, to our blood relations - is stronger no matter how we may feel about them” (*The New Dictionary of Cultural Literacy*, 2002). While some may wish to contest this in terms of their personal experience, it is nevertheless a relatively common and understood term and as such would have an impact on those families and individuals operating outside of this social norm. An important difference is that our social relationships are decisional based on how we feel about people as opposed to being innate regardless of feeling.

There is no reliable information to tell us of the percentage of relationships that do break down in donor conceived families throughout the lifetime. However, it is interesting to note this quote by Kimbrell (1993, p. 102) in relation to surrogacy: "Several infants born of surrogate arrangements have been abandoned because they were the wrong sex; other babies have become the focus of lengthy highly publicised legal battles; still others have been left in legal limbo because they were born handicapped or ill". Perhaps it is when there is a genetic or social difficulty and the relationships are under strain, that such fractures may become apparent. Clearly, this would not be the case in all donor-conceived families, but it is a risk in the intervention.

An issue worthy of further attention is the taken for granted aspect of sperm donation, that sperm, in this context, is a transferable property and "an alienable good (i.e. one that can be appropriated and enjoyed by someone else) [good as in property as opposed to 'the good']" (Thompson, 1995, p. 277). This is an important point for contestation. This property and kinship transfer can result in social and emotional burdens, complexities and complications for the offspring. Whipp ("Why I need to find my father," 2004), a donor offspring describes a rising awareness and communication between donor offspring, who have "identified many uncomfortable issues with which we must deal as a result of the choices made by our parents....and the indescribable emotional burdens which we carry as part of an inherited compromise".

However, in order for the offspring to consciously think of those not included in the mediated kinship context, they must first be able to think of the topic in abstract terms, to think and imagine beyond the environment made visible to them, to think of those they have never seen. This is a developmental hurdle common among many adoptees. Such thoughts beyond this known realm can be triggered by events, dreams, and feelings, producing the effect described by one donor offspring as like 'falling through a trap door' (name withheld, personal communication, March 8, 2003).

Some offspring may have a fear that knowledge of or acknowledgement of their donor/genetic kin and origins could somehow rupture their belonging within the kinship network they have known. "I have never asked anyone about my donor or been incredibly interested. Both of my parents are clever and good at most things and I would hate to find out that my biological father was some tramp on the streets somewhere just because I would feel that part of me was that and what if I turned out like that?" (Evans, 2003). This offspring expresses an admiration for the genetic and scholastic inclinations of the parents who raised him and a fear that his own inherited predispositions from his 'donor' may be a step down or make him appear ill-suited to this environment. A disturbing thought, hence, at least for the time being he wants to keep the issue under wraps.

Another rationale, for at least the temporary compliance, is provided by one offspring: "My real Dad does not actually want to be my Dad, even if he knew me, he doesn't actually want to be part of my life, or be my Dad" (Evans, 2003). This may not actually be the case, as the donor father may now have developed such an interest in knowing his offspring, or if he did actually know her, it is possible that he would then want to be part of her life and perhaps even to be her Dad. However, from this offspring's logic comes the rationale along these lines: you are the only Dad I know and so the only Dad I have got, so lets get on with it. This is an understandable position to take, but one that consequently disinherits the offspring from showing a legitimate interest in their whole genetic identity.

Due to the process of mediation and the pressure from kinship recontextualisation, there is what appears to be a 'script' for the offspring to follow. This script results in the offspring knowing what to say and what not to say through the laying down of emotional boundaries by parents. Beyond these boundaries, in general, the offspring may understandably fear to tread. By complying, at least in appearance, the offspring are absorbed into everyday normality. The offspring are expected to conform, indeed to be the happy ending to the difficult story of infertility for their parents; "*At long last a happy ending*" "*I cried with joy, we were finally the parents of a perfect little boy*" (Dudzick, 2002). Being referred to as 'perfect' would make it difficult to question the parental choices regarding your conception, for fear of imploding such perfection.

While there are some donor offspring who do resist the notion of absorption, they are resisting a great force: the kinship network that the offspring have been recontextualised into is the only one that is familiar or visible kin to them. Thus, in Marcuse's (1964) 'great refusal', "the great refusal is in turn refused; the 'other dimension' is absorbed into the prevailing state of affairs. The works of alienation are themselves incorporated into this society and circulate as part and parcel of the equipment which adorns and psychoanalyses the prevailing state of affairs. Thus they become commercials – that sell, comfort or excite" (p. 63). Perhaps in the form of 'miracle babies' or some such notion. Indeed, there is a hype about the novelty of such IVF conception. Offspring can become commercials for their type of conception and literally 'sell, comfort or excite' others who contemplate the issues. There is notoriety about this position and a usefulness that has attractive qualities.

The complexities of what drives an offspring to assume one position as opposed to another are not fixed but are a moving targets in time and lives. While wanting to give more depth to this topic, clearly this an issue which each donor offspring could talk or write on throughout their own life span, not one that claims to be entirely captured and defined here. It is, however, necessary to give more consideration to the some more of these absorbent pressures.

The script, fear and emotional land mines

The difficulty in resisting this process cannot be underestimated: Sunderland (2003) writes "The potential to be other than what *is* and to effect consciousness of, or desire for, something other than the current path of mediation – is depleted by 'the absorbent power' and more or less 'everyday' status of a particular media form" (p. 92). This is certainly the case in terms of resisting expectations for the donor offspring, for the offspring are used to the family they have known. It is their normality, no matter how 'abnormal' that situation is.

While acknowledging the subtle pressures regarding the boundaries that impact on the offspring, there is also the less subtle aspects for those offspring who tread beyond these lines. Such pressures can be perceived to be 'emotional land mines'. Such perceived landmines raise fear that talking about or pursuing an issue, could result in a potentially explosive emotional trauma resulting in a real or feared imbalance for individuals and relationships within their known family. The fear of treading on these emotional land mines in the pursuit of one's own kinship meaning can keep offspring within these boundaries of expectation. This, arguably, would be particularly so while the offspring are financially and practically dependent, during their childhood and teen years.

Thus the script is laid down and the offspring are given kinship placements with the expectation that this is the happy conclusion to the sad story of infertility. Of course, if the offspring accept and embrace this account, there is positive feedback; if not, then it is negative. An example of such public positive feedback for kinship compliance and absorption is provided by the following radio interviewer who stated about a donor offspring to his social father "Walter I have just had the most fantastic interview with your son, William who sounds to me the most well balanced young man I have ever met. He sounds totally unphased" (British Broadcasting Corporation (BBC), 2002). The correlation of being perceived to be 'unphased' by his donor conception with becoming 'the most balanced' provides a type of 'social carrot' for compliance. The implication is that an offspring who is 'phased' by their donor conception would be 'unbalanced', a judgment being made of the offspring's personality and mental health, rather than their assessment of their social situation.

This brings us to the social 'cane'; this is in the form of very serious public derision for the offspring who steps outside the ascribed boundaries. Part of this derision is termed as being 'ungrateful', the accusation of being ungrateful for being 'given life', or being ungrateful for being 'wanted and loved'.

Existential debt

Rushbrooke explains the use of the term 'existential debt' in the context of conception: "in summary...everyone is indebted to their creators for their existence and cannot object to any of the conditions without which they would not have been conceived at all. The only exceptions are therefore people whose lives are unbearable" (Rushbrooke, 2004, p. 20). This phrase, existential debt, is useful in

recognising the nature of the pressure placed on those donor offspring accused of being 'ungrateful'. It hinges on the concept of being literally in debt for one's existence. It is important, however, to consider who is taking credit for that existence, to whom that debt is considered to be owed: 'the creator' or those who created us? Indeed, the donor-conceived are often perceived as being more in debt for their existence than the average person, and indeed more indebted to the average person who was involved in their conception. Further, to question the way this life began is inseparably tied to the ability to live life now. Unlike those conceived in other circumstances which are recognised as unfavourable, for example, one-night stands, affairs, incest, or even rape, the donor-conceived are expected to assess their own perceived value as inseparable from the circumstance of their conception.

The following are examples of offspring grappling with this concept:

"I'd rather be here than not here and I am actually, I am very grateful to the person who gave me life and made it possible for my parents to have children" (cited in Evans, 2003). For this offspring the logic is that his conception gave him life. If he is happy for his life, he must support the means of conception. Another states *"I am glad I have my parents and I am glad I exist I suppose and so it was what they, they wanted a child so I am happy I can provide that service"* (cited in Evans, 2003). It is unusual, though notably not for DI offspring, to feel the need to publicly confirm that one is glad to exist. Arguably, this is evidence of the pressures of existential debt which has been placed on them. Further, an underlying notion for the offspring here is that this existence is a service to the parents.

The following are examples of reprimands, of what could be called a 'social caning' for presenting a contrary position: *"Well there was no doubt about just who you thought were weird, and ungrateful and selfish....[letter read out] "I was absolutely appalled to see the two young women whining about how they were created. For goodness sake they were created because they were wanted and probably desperately so"..."* *"And that is the real point here... These two young women were given life. My view, how dare they seek to deny it to others both the bearers and the beneficiaries"* (Harvey, in Cleary & Gaitz, 2004). There is no question about where donor offspring must fear to tread if wanting to avoid public derision. There is also a weighty implication behind the notion of being 'given life', which is that it is possibly a humanly, as opposed to divinely, contingent gift, which could or should be taken away from the undeserving.

Another example of this type of harsh backlash can be found in the 'ethical issues' section of the website for the world's largest sperm bank: *"Other people do not have this explanation (scapegoat) to their problems... These DI children, who plead injustice to their persons, would not have existed at all had it not been for the anonymous donor. Their demand is thus contradictory. The alternative is not to exist"* (Cryos International Sperm Bank Ltd, 2004). The threat of non-existence can act as a powerful silencer. The possibility of liking one's self and life but not the way one arrived is an option that those involved in the practice seek to deny to the offspring. It is as though there is an attempt to philosophically checkmate them into silence.

Such quandaries in relation to parental decision-making regarding the offspring's existence is also encountered in the debate surrounding prenatal screening and abortion on the basis of disability. An example of a person engaging in this type of debate follows: *"At this stage of my life, Singer says I am a person. However, as an infant, I wasn't.... my brain finally gets so fried that I fall into that wonderland where the self and the other and the present and the past and future blur into one formless all or nothing, then I'll lose my personhood and therefore my right to life"* (H. Johnson, 2003, p. 20). This is a similar type of intellectual bafflement described by Johnson, a disabled person advocating against abortions of foetuses with the disability which she has. It is a type of manoeuvre and rezoning that can place the unsuspecting into a position of submission from 'brain fry' rather than the correctness of the argument.

Kimbrell relates such confusion to the early foundations of life in IVF (Kimbrell, 1993, pp. 73-74): *"Implicitly or explicitly it is the sale of a potential person. It also represents the invasion of the market into our most intimate selves – our sexuality, our self-image, and our marriage and parenting relationships.... We do not have a legal definition of human embryos - are they property or are they people? And what of sperm and eggs – should they be viewed as commodities, no different to any other"*. Such a reflection on the lack of legally defined status lies at the heart of the problem in the existential debate. This leads to a lack of morally ascribed status regarding embryos, sperm and eggs for the

offspring to appeal to. As such, this then plunges those confronted with accusations of existential debt into these highly contentious, emotive and complex debates. Rather than continue into the disability debate, it is enough to show that the concept of existential debt is appropriate and highlights some of the pressures for absorption for the donor offspring.

Fathers: A discussion of issues raised by the model

The model provided by Sunderland (2003) has been used to make explicit some of the processes involved in the movement of meaning in biotechnology. The model shows the assertion of a transition in the meaning behind the act of siring a child, from that of fathering a child to one of 'donating' material. Sunderland (2003) goes on to comment that this type of biotechnological mediation represents "a direct merger of science and commercial industry practices...[resulting in] increased power to both commodify and produce life [which then] produces new or expanded forms of capital... [consequently] a broader range of humans, animals, and plants have become materials and sites of production" (Sunderland, 2003, p. 64).

Let there be no mistaking it, sperm is the commodity currently most sought after and used in the reproductive technology industry (Kimbrell, 1993, p. 74). The consequence is that men, their sperm and paternity, are currently hotly pursued. Men's 'reproductive capital' is something which the market wants to acquire. Indeed, in terms of industry, men are the sites of sperm production, perhaps as cows are the sites of milk production. But unlike cows and milk, the social issues involved in this burgeoning production have psychosocial consequences that hinge on the meaning of paternity and the extent to which it can or should be alienated.

The managing director of Cryos International (the largest sperm bank in the world) is quoted as saying "It was difficult for them [Spain, Paraguay, Kenya, Hong Kong and the USA] to get pure Scandinavian spare parts... We could see there was a market" (Alvarez, 2004, p. A4). The "Spare parts" being referred to here are actually Scandinavian students' sperm. The market being is internet trade of sperm for "fertility tourists" (Alvarez, 2004). No doubt that there is a large and demanding market for donated sperm. As there is this vociferous market for sperm, there is an equally large momentum to view sperm and fatherhood as described by the Sunderland model: a mediated substance to cure infertility.

While there may be a growing awareness that at least the child may have a right or legitimate interest in knowing something of their paternity, the market appears to have been driving the ethics: "The dilemma is that it is not possible to hire enough non-anonymous semen donors to cover the demand" (Cryos International Sperm Bank Ltd, 2004). The dilemma is arguably not this at all, but really whether this is an appropriate practice to facilitate and promote.

Not only are the market and industry creating a momentum, but this thrust also interacts with a larger social phenomenon of confused messages around the value and meaning of paternity. Front page newspaper articles refer to a Millennium Cohort Study that found one in five babies grow up without no fathers (Keirnan & Smith, 2003) as "alarming" (Doughty, 2004, June 18). This concern is then countered by the "debate over whether IVF children need a father", which is described as "controversial" (Hinsliff, 2004). There are two options in terms of what this implies: either that IVF children have different needs to children conceived outside of the industry (this would presumably relate to their existential debt), or that the industry is perpetuating a concept of fatherhood, which extends to the broader society, projecting paternity as decisional as opposed to innate, and something that can be replaced by a 'father figure' and that even this is optional.

The UK Minister for Health states "We aim to change the culture, so that people recognise the need and importance of helping others to have families, so that people assume it is the right thing to do" (M. Johnson, 2004, n.p.) Johnson is aware of her affect on culture but is it 'the right thing to do'? The question this raised is: is intentionally creating a child that you know you will have no responsibility for, a healthy paternal attitude for government ministers and medical authorities to promote? Fisher (1989) observes that there is an erosion of the social recognition of the importance of the father in the act and promotion of donating gametes. A "concern must be the abrogation by the donor of all responsibility for his/her own natural children (in both gamete and embryo donation). The effect this will have on the donor (in attitudes to family, sexuality, etc) is hard to assess, but the whole procedure certainly runs

contrary to our tradition that natural parents should ordinarily take moral, social and economic responsibility for their children” (Fisher, 1989, p. 98). This is an important point. It is still part of our culture and tradition that unless there are circumstances that jeopardise the wellbeing of the child, natural parents should take this holistic responsibility for them. Johnson’s cultural influence runs counter to this.

This situation again contrasts with a conflicting appeal to increase fathers’ interaction and input into child-rearing, indeed to raise the role of the father (Flood, 2003; Monasso, 2001, February, p. 10). “If we believe that good fathering is as important as good mothering, then a great deal more effort has to be invested in helping fathers to naturally fulfil their fathering roles” (Monasso, 2001, p. 10). Perhaps those who reject the option of donating their sperm are doing this for reasons which should be supported, not least by people in authority such as government ministers. Close (2003) writes of his reasons for rejecting a request that he donate sperm “Perpetuating the attitude that babies are women’s business disempowers men and allows us - men and women both - to abdicate responsibilities to the child. It perpetuates the cycle of under-involved and emotionally under-responsible men - and most tragically, children grow up without getting the good fathering they deserve” (Close, 2003, p. 59).

Interestingly to further this concept of a degenerative cycle, the director of the Engaging Fathers project at Newcastle University observes that many who are involved in such absent fathering are people who have also grown up with absent fathers. Consequently, they face a conscious or subconscious choice: “they are forced to either conclude that they must themselves be damaged or else decide it doesn’t really matter” (Arndt, 2004, p. 30). If the latter is decided, it is understandable that they then perpetuate this scenario by proceeding to be an absent father themselves.

Conversely, Edmond and Scheib’s (1998) research found men who declined sperm donation frequently cited the following reasoning: “the knowledge that it might produce children that I may never meet was most frequently chosen (ticked by 51% of subjects)” (p. 316). It is this correlation between genetic siring and role, responsibility and relationship and paternal rights which is either reinforced or eroded for individuals and within our tradition and culture.

Thus, we are at a stage where there is intense wrangling over the legal and social recognition of the father. Some describe this as a “pivotal moment”(Flood, 2003, p. 1). Sir Bob Geldof (2003) has become a prominent figure in this debate. He reflects on what has driven him to get involved in this: “For two years I shut up while I heard the presumption in favour of a mother’s love. Finally I began to articulate the real love that dare not speak its name – that of a father for his child. No law should stand that serves to stifle this” (n. p.). In case there is any doubt about whether he is referring to purely social fathering “Children are genetically 50% of the man and that selfish gene which drove him to express genetic infinity...cannot just conveniently disappear in some legalistic, Stalinist coup de theatre”(Geldof, 2003, n.p.).

However, it is common for those who support the role of the father within donor conception to make unproblematic the separation of the social from the biological. “Normally a man puts 15 minutes effort into creating a child. Michael has already done more for this child than most fathers” (Dudzick, 2002). This donor mother is justifying the replacement of the genetic with the social father by assessing genetic fathers collectively as placing little effort into raising their children. Again, if there is a need to reinforce the importance of genetic fathers taking social responsibility for their children, it seems that this justification does not support this. Yet another donor offspring notes “It is so easy to make a baby, it may take you 5 minutes, 20 mins half an hour, I don’t know, but it’s not the hard work of being a dad is it? You know the hardest thing is to stick around and be there” (Evans, 2003, n. p.). However, donation does the contrary in that it discourages the genetic fathers from ‘sticking around’. Thus statements such as these encourage a devaluing of the social and genetic unity of fatherhood. Indeed, they imply that those who biologically parent children tend not to be nurturers and that there are the nurturers who do not biologically parent. The idea that there can be, and is for many, a unity of the two is eclipsed, and certainly not recognised as an ideal. Such reasoning seeks to absolve the need for grief or guilt for the parties concerned.

Rowland (2003) helps draw attention, through the work of MacIntyre, to the need for “greater awareness of the layers of meaning within human practices, and the manner in which the identity of any participant in a practice is formed through his or her relations with other persons”(p. 111). This raises the question of how donation affects the identity of the donor father. It is through considering the biological relationship and lack of social relationship with both the child created and the person he conceives with, that concern rests. This practice denies the social significance of such biological connection, fuelling an ethos in which such things are not considered important (Rowland, 2003, p. 142) “The emphasis of the MacIntyre project is on understanding the social processes which are significant for moral formation, in particular, the manner in which the *ethos* of a given community influences the acquisition of virtues necessary for the making of prudential judgements”. This can then affect the prudence of such judgements within the culture itself. Irving (1999) also writes with concern, observing that the ethical theory we as individuals and societies hold, results in actions that lead to our fulfilment or harm (Irving, 1999). “Indeed, the ethical theory we choose will be the starting point for these complicated decisions. As such, it can cause us to reach conclusions and perform actions that are harmful and destructive - or those, which will enrich, fortify and strengthen all of us”. The ethical theory behind donation and its mediation does not promote the value the unity of the social and genetic relationship between those who conceive together and the child so conceived.

Conclusion

There is a strong possibility that this impetus to mediate paternity is reinforcing values and behaviours that are not in the donors', their families' nor society's best interests. The “Technological revolution... simply increases the range of natural human and non human life forms that are subject to productive exploitation” (Sunderland, 2003, p. 73). In this case, it seems that the potential for the exploitation of men (particularly young men) is enhanced by this ‘reproductive revolution’. Kimbrell (1993) notes a type of “ethical dormancy about DI and sperm sale” which he refers to as “puzzling”(1993, pp. 77-78). A lesson learnt from unscrupulous adoption practice can again be applied to this situation: that “Society must stop teaching infertile couples to covet other people's children. It is not healthy” (McEnor, 2004).

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