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Who Am I? Where Do I Come From?

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Elizabeth Marquardt, *My Daddy's Name is Donor: A New Study of Young Adults Conceived through Sperm Donation* (a report released internationally by the Commission on Parenthood's Future (www.familyscholars.org)).

Joanna Rose, *Who am I? Experiences of the Donor Conceived* (Idreos Education Trust, UK, 2006).

In recent years, conception through sperm donation, or donor insemination (DI), has received much publicity in the form of books, blogs, documentaries, films and interviews, both from its advocates and its critics. Rudimentary attempts at artificial insemination have, apparently, gone on for centuries. Modern methods were actually developed first for animal husbandry, where they were quite successful in animal breeding, and then transferred to use in humans by scientists, many of whom had a strong interest in eugenics.

The discovery that sperm could be frozen and thawed for later use allowed the development of sperm banks and the commercialization of the industry in the 1970s. Since then, DI has proceeded largely without regulation and without public debate. Currently in the US, self-regulating sperm banks and fertility clinics connect couples and women to anonymous men willing to give a sample of sperm with money being exchanged at both ends. This multimillion-dollar business has increasing acceptance as a "treatment" for male infertility, or as an avenue for single and lesbian women to achieve pregnancy. Experts estimate that in the U.S. about 30,000 to 60,000 children are conceived annually through DI. (The federal government does not require any reporting of the number of conceptions achieved through donor sperm, nor is it noted on birth certificates.)

The recent spate of coverage on DI has served to bring a practice marked by secrecy into the public eye. The two works reviewed here, *My Daddy's Name is Donor* - a study done by the Commission for the Future of Parenthood that can be found at familyscholars.org - and *Who Am I? Experiences of the Donor Conceived* - a small book that offers the first-hand account of three women who were conceived through DI as well as a Foreword and Afterword written by social researcher Dr Alexina McWhinnie - seek to bring the experiences of the individuals conceived through DI into the public conscience, a perspective that is often downplayed.

In *My Daddy's Name is Donor*, Elizabeth Marquardt and her fellow researchers compare the experiences of a large sample of young adults from three groups: those conceived through DI, those adopted in infancy, and those who were raised by their biological parents. By comparing the experiences of the three groups, *My Daddy's Name is Donor* is able to address many of the common ideas about DI: that it is much like adoption, that the parents are better parents because they intended the pregnancy, that the children and fathers have no difficulty bonding, and that because children do

not know any different they are free from emotional suffering. The experiences of three women detailed in McWhinnie's book further illumines many of the findings that come out of *My Daddy's Name is Donor*.

In 2010, when Elizabeth Marquardt, Norval D. Glenn, and Karen Clark released *My Daddy's Name is Donor*, their express intentions were to bring DI out of its obscurity and to ignite "a national and international debate on the ethics, meaning, and practice of donor conception" (p. 6). Specifically, they chose to focus on the experience of the children conceived through DI, which tended to play second fiddle to the pain of the would-be parents grieving over their infertility. The comparative study (drawing from 485 donor conceived young adults between eighteen and forty-five, 562 young adults adopted as infants, and 563 young adults raised by their biological parents) is difficult to dismiss, given that it is the first of its kind and gives us the first glimpse into what adult children have to say of the manner of their conception. The study poses this question: given the suffering reported by the persons conceived through DI, should we not call a halt to a practice that experiments with the lives of the unborn for the sake of ameliorating the pain of the living?

The 15 major findings of the study (p. 7) give an outline of the nature of the suffering experienced by donor-conceived children. Among these findings we find the following: the donor conceived have "profound struggles with their origins and identities," their "family relationships... are more often characterized by confusion, tension, and loss," and they are "more likely to have experienced divorce or multiple family transitions." Donor offspring suffer confusion about who is a member of their family and "often worry about the implications of interacting with - and possibly forming intimate relationship with - unknown, blood-related family members." When compared to the other participants, donor offspring are more likely to suffer from "delinquency, substance abuse, and depression."

Nearly half of donor-conceived offspring have serious concerns and objections to DI, many are bothered that money was exchanged in their conception, and a substantial majority believe they have the right to know information about their biological father. Donor offspring are twice as likely to be in support of DI and "support...a strikingly libertarian approach to reproductive technologies in general." However, those donor offspring who do *not* support DI "are more than three times as likely to say they do not feel they can express their views in public." After reporting its major findings the study goes on to give more in depth explanations of the questions posed to participants, as well as analysis of the responses.

The findings challenge the idea that so long as a child is intended and wanted, genetic relation is insignificant. Rather, Marquardt *et al.* found that 65 percent of the participants in the survey agree with the statement, "My sperm donor is half of who I am." It is much easier for the adults commissioning the child to disregard the identity of the sperm donor than for the child who is formed from his genetic material, who has not only practical questions and concerns about his or her genetic history and genetic relations, but also express an emotional sense of loss at being denied a relation with the man who fathered them as well as their genetic relatives. The study found that these individuals commonly wonder about their unknown genetic family. Such wonderings are fraught with emotional baggage. Not only do these children need to navigate the emotions of their parents who might feel betrayed by their curiosity, but also they must bear the knowledge that their genetic father exchanged his sperm for money with, quite possibly, little to no thought of the consequent lives that would result from his actions. Certainly, not all of these individuals express a desire to meet their donor father, nor do all express the same experience of pain, and yet the numbers that come out of the study demand that we question the idea that genetic relation is incidental to a family, and furthermore, indicate that denying

an individual any relation to their genetic forebears is a violence.

Adoption would seem to be a comparable situation. However, Marquardt *et al.* found that adoption and DI are significantly different in many ways (pp. 71-76). Adoption is usually a response to the need of a child whose parents are no longer able to care for him. It is admittedly a backup plan for the child, whose needs guide the process from start to finish. Furthermore, the need for genetic continuity has long been recognized, leading to an emphasis on open adoption whenever possible. DI, on the other hand, sets out to mimic an adoptive situation (some have called the apparent father the "adoptive father") and to eliminate any relationship with the genetic father. Most importantly, it is the desire of the parent(s) for a child that guides DI; thus the "adoptive" parents are those who also bring the orphan into existence. The study also showed that adoptees have far less confusion about their identity and who is and is not a member of their family.

Interestingly, although often sharing many demographic characteristics (being middle-aged couples with a stable income), parents who choose DI have a much greater chance of divorcing than those who adopt. Marquardt *et al.* also point out that adoptive children often bear much emotional pain and have a higher tendency to substance abuse, depression and delinquency, which should give us pause before intentionally creating an adoptive situation.

My Daddy's Name is Donor strongly suggests that the child's experience of his or her family is deeply tied to his or her sense of identity, and that this experience of family begins at the moment of conception. The nature of the family is already present (or absent) at this moment, and already providing a space for the child to grow into him or herself. As Marquardt *et al.* emphasized in their conclusion, the absence of the genetic father generates a good deal of pain and confusion in large portion of this population. It is not enough to claim that some children are fine, for, clearly, many are not. The practice of DI cannot but be exploratory and experimental, and the risks involved are profound, implicating every dimension of the life of the child so conceived.

Hence it is no surprise that many donor-conceived individuals are calling for more regulation of the industry, particularly emphasizing the right of the child to know the identity of the genetic father. Several European countries have outlawed anonymous donor insemination, limited the number of children can be conceived from any one donor, and required that information about the identity of the genetic father be available to the donor-conceived child upon his or her eighteenth birthday. (However, any given child's knowledge of the terms of his conception still relies upon the parent's disclosure.) Regulation in these countries has brought about a decrease in the number of men willing to consign samples to sperm banks. Such regulation, were it to become the norm, could very well severely limit the sperm pool.

Although necessary and helpful, such regulation does not resolve all the negative issues connected to donor insemination, as is clear in *Who am I?* These women vividly and concisely describe some of their life experiences and the effects of being conceived through DI. Louis Jamieson describes the event of her conception: "My entry into the world was so anonymous. I am not merely referring to the protected anonymity of donors: I mean the physical absence of my natural father. How much in this I was picking up my mother's own feelings of confusion or ambivalence about my conception I shall never know. What I do know is that, since recognizing the event of conception as a source of trauma, I have felt much more solid and secure in my own self, and in my relationships with others" (p. 36).

Jamieson has come to believe that the very method of conception, which has separated love from biology, and in which the child is not the serendipitous result of an embrace of love but the product of an economic exchange and a medical procedure, is a source of trauma to the child, the pain of which is

carried through life. Even were donor insemination to become a true act of donation, and not a financial transaction, and an open procedure, what cannot be overcome is the physical absence of the father, the fact that the form of conception is a procedure and not an act of love in which a man and a woman give themselves over one to the other, and to lovingly receive each other. The pain of Jamieson, which she is not alone in expressing, suggests that the primordial experience of the child is bound to the form of its conception, and the presence of the dual relationship to the mother and the father that is always, already present to and affecting the child.

Unaware of the role DI played in her life, Jamieson had struggled with chronic depression for years, feeling as though she did not fully exist, as well as being troubled that she had so little in common with her father. Her experiences, although unique to her situation, echo those of the other two women: Joanna Rose and Christine Whipp. The testimonies of these women all indicate that their identity is inescapably bound to the identity of their biological father, much as adopted children wrestle with their identity and curiosity about their birth parents, and that his absence has left profound wounds.

The suffering is not limited to the experience of the child, but also affects the parents, as is clear in the stories of these three women. Rose, who knew of the terms of her conception, describes tip toeing around the fact of her father's infertility her whole life. DI does not cure male infertility; the father still bears the pain of his infertility and his longing to procreate remains thwarted. The presence of the child who is genetically related to the mother and the anonymous donor cannot be a sign of the unity and fruitfulness of the parents. The child has a potential to be a constant reminder of a suffering that is not simply resolved by the use of DI, but quite often compounded.

This confirms the finding of Marquardt *et al.*, who found that relationships in DI families are more likely to be characterized by confusion, tensions, and a sense of loss; possibly explaining the greater likelihood of divorce among these couples. Christine Whipp tells of her own mother's growing animosity toward her, which was only exacerbated when she was able to naturally conceive a child with her second husband. All three women speak of an ambiguity present in their relationships with their apparent fathers, and a certain distance that they now ascribe to absence of genetic relation.

These women also concur in linking their struggles with questions of identity to the feeling of being a product of their parents' planning, rather than a fortuitous fruit of love. The circumstances of their birth lead all three to express the judgment that they were obtained to fill a need, and thus the sense of the meaning of their existence depends upon the need of the mother and/or the father. They describe feeling like a product or a commodity. With this comes the realization that their own need to have genetic continuity and knowledge of any half siblings (sometimes numbering into the 100s, often of a similar age, and even living in the same neighborhood at times) has been wholly disregarded. No one, apparently, took into account the possible needs and pains that DI could create in donor offspring. Marquardt *et al.* sum up the experience of these women as a "feeling of being a product made to suit their parent's wishes - being made, not born" (p. 24).

Who am I? also touches on the question of gratitude. Should not these individuals simply be grateful to DI for giving them existence? Often such a question seeks to dismiss the pain of these individuals. It might seem ironic, but it is often those most actively opposed to DI who take most seriously the feelings, experiences, and personhood of those conceived in this fashion. All three of the donor-conceived women in *Who am I?* find the practice reprehensible. Christine Whipp perhaps best summarizes the position that both *Who am I?* and *My Daddy's Name is Donor* would seem to lead to:

"there is simply no way to adequately balance the parenting aspirations of adults who require donor gametes against the long term side-effects of family rupturing and identity deprivation for the resulting

vulnerable and non-consenting party. The frustration of one generation does not justify the complications that donor conception bestows on the next.... We all thought slavery had died out... but in the twenty-first century we are allowing proto-people to be swapped, bartered, shipped across international boundaries, experimented upon, defrosted, and sold like fashionable consumer commodities."

