
The Health Implications of Emotion Work Undertaken by Gay Sperm Donors

As reproductive health clinics both within Australia and internationally continue to face a shortfall in the number of available sperm donors, so there exists a growing demand for men willing to donate to clinics. At the same time, and where an increasing number of countries move toward legislating for the release of identifying information about donors to children conceived of their sperm, fewer men report a willingness to act as donors. This paper suggests that this is at least in part caused by the considerable 'emotion work' involved in sperm donation. Drawing on 21 interviews conducted with gay Australian sperm donors, this paper provides a thematic analysis of instances of such emotion work and explores the implications of this for the health and wellbeing of gay men who donate sperm both to clinics and in private arrangements.

Key Words: Gay sperm donors, emotion work, health and wellbeing, heterosexism, thematic analysis.

This is an Author's Accepted Manuscript of an article published in *Feminism and psychology*, 19, 517-533. Copyright Sage, doi: 10.1177/0959353509342844

Introduction

As reproductive health clinics across Australia face an ever-growing demand for services (particularly in regard to male infertility), so comes with this problems associated with shortages in the number of available sperm donors. Australian media reports suggest that such shortages are considered so extreme that donors are being recruited from countries such as Canada and paid to fly to Australia to donate (Beauchamp, 2004). The 'business' of sperm donation thus represents a considerable public health concern in Australia where clinics, and the individuals they provide services to, are very much constrained by the availability of donor sperm. Previous Australian and international research has found that the availability of donor sperm in clinics has been significantly affected by changing legislation relating to the collection and release of information about donors to children conceived of their sperm. Recent research conducted in Western Australia on potential attitudes towards sperm donation amongst a sample of men found that less than half of the sample was willing to donate should identity release be mandated (Godman, Sanders, Rosenberg and Burton, 2006). In the UK, changes in laws mandating for the release of information are reported to have resulted in significant decreases in the number of available donors (Thomson, 2008). In the US, only very small numbers of men report willingness to donate should identifying information be made available to children conceived of their donations (Schover, Rothmann and Collins, 1992). In contrast, and in countries where legislation mandating the release of identifying information has existed for some time (e.g., Sweden), research has found that following an initial drop in the number of available donors, numbers have subsequently returned to their

original state, albeit with a shift in donor demographic (Lalos, Daniels, Gottlieb and Lalos, 2003).

This existing research focusing on the impact that legislative change has upon the numbers of available donors begs the question of why it is that the release of information to donor conceived children is potentially considered a negative event by many men who would otherwise consider acting as sperm donors. There are of course a number of obvious answers to this question: men who perceive the collection and release of identification as negative may: 1) be concerned about the potential legal implications of being identified (i.e., having to pay child support), 2) have no interest in developing a relationship with children conceived of their donations, and 3) worry about the impact that later identification may have upon their own family relations. Possible answers such as these highlight both the pragmatic and emotional aspects of sperm donation that may impact upon the willingness of men to act as donors. Yet whilst considerable attention has been paid to the pragmatic aspects of sperm donation and its implications, less attention has been given to the emotional aspects of sperm donation. As such, a focus on the ‘emotion work’ involved in sperm donation would appear warranted, particularly as sperm donation may involve differing degrees of emotion work for differing men according to their varying social identities.

‘EMOTION WORK’

In her research on lesbian recipients of donor sperm, Ripper (2007) outlines two complimentary understandings of the ‘emotion work’ that lesbian women undertake that may also be applicable to men who act as sperm donors. First, Ripper draws on the work of Hochschild (1979) to suggest that ‘emotion work’ refers to the energy we put into displaying emotions deemed appropriate for particular situations. In so doing

we construct ourselves as morally worthy not by simply performing particular emotions, but by convincing ourselves that the emotions deemed most appropriate for a particular context are those emotions that we ‘actually feel’.

This first form of emotion work pertains to sperm donors in relation to the types of acceptable moral identities made available to donors. In his research on representations of sperm donors, Thomson (2008) suggests that the shift from anonymous to identifiable sperm donation within clinics has been accompanied by a shift away from the image of donors as either ‘paid public masturbators’, medical students, or men wishing to ‘perpetuate their genetic line’, and toward an image of sperm donors as older married men with children of their own who generously donate to help people experiencing infertility. For some men this expectation of ‘being altruistic’ may be beneficial, in that it may allow them to construct a ‘morally healthy’ identity in a world where generosity to others is valued. For other men, however, it may serve to mask their own reproductive desires or intentions, which may later cause psychological distress when the experience of sperm donation does not match with their (potentially unrecognized) expectations.

The second form of emotion work elaborated by Ripper (2007) focuses more on the actual energies that people put into supporting others. From this perspective, supporting others’ emotional wellbeing requires work on the part of those providing support that may be experienced as either positive (i.e., the benefits of friendship) or negative (where the emotional work required to support another is experienced as exhausting). Applying this understanding of emotion work to sperm donors would suggest that for those men who act as donors outside of clinics in private negotiations (for example), the emotional energy that goes into coordinating donations, discussing contracts, considering intentions, and supporting repeated attempts at conception and

the potential emotional stress this may cause for all parties, may be experienced at times as emotionally taxing.

In addition to these two forms of emotion work, sperm donation may also involve two other forms of emotion work that arise from: 1) the ways in which acting as a sperm donor changes the way the individual sees himself (including the role that genetic, reproductive and sexual health testing prior to donation may play in changing how men see themselves), and 2) the emotional impact of potential experiences of discrimination or objectification within clinics.

With regard to the first point, and particularly as it pertains to gay men, van Reyk (1995) suggests that men who have assumed that their sexual identity prohibits them from parenting may experience considerable distress if miscarriages occur in a relation to a child conceived from their donation (i.e., if the birth of a child is seen as providing an opportunity for meeting their own reproductive needs). As such, acting as a sperm donor holds considerable potential to significantly shift how gay male donors view themselves. In relation to testing for fertility and sexually transmitted diseases prior to donation, this may prove distressing for men who learn that they are ineligible to act as donors due to fertility or sexual health issues. As Moore (2001: 99) suggests, “individual men have reported psychological consequences of low sperm counts in the form of humiliation, despair, and depression”. Van Reyk (1995) also suggests that testing for sexually transmitted diseases prior to donation may be the first time that some gay men have had such tests. Obviously finding out about the existence of an STD is important for all men, but a positive test result is nonetheless likely to have negative psychological consequences.

As for the second point, previous research has suggested that gay men who donate to clinics may experience heterosexism from staff. For example, Kirkman

(2004: 331) reported that one gay donor was told by clinic staff that “his sperm would be put in a pink-labelled straw as a warning of HIV should they be legally obliged to accept a gay donor”. Discrimination such as this results in considerable emotion work on the part of gay donors.

As has been suggested in this section, men who consider or engage in sperm donation may be confronted by unplanned or unrecognized requirements to undertake considerable emotion work for which they may not be adequately prepared and which may have negative health consequences. Understanding the emotion work that goes into sperm donation is thus an important aspect of research on the experiences of sperm donors, especially if we are to pay attention to the unique experiences of specific groups of men who act as sperm donors.

THE PRESENT STUDY

Working from the assumption that concerns over the move towards the release of identifying information has contributed to the reduction of men willing to donate in Australia, and that this, at least in part, signals some of the emotion work that men who act as sperm donors are faced with, one aspect of the present study was to explore how Australian sperm donors understand their experiences of negotiating the emotional aspects of sperm donation. The present study was also driven by two interrelated factors: 1) difficulties in accessing a sample of sperm donors, and 2) the need to represent a broader range of sperm donors other than heterosexual men who donate to clinics. Regarding the first point, the fact that many Australian states and territories still legislate for the anonymity of donors (and that those who legislate for the release of identifying information have only done so recently) means that accessing sperm donors for research is difficult due to confidentiality issues. In regard

to the second point, and given the legislative contexts wherein lesbian women are still prohibited in many Australian states from accessing donor sperm through clinics, it appeared important to include not only men who have donated to clinics (where possible), but also men who have entered into private arrangements to act as sperm donors.

In examining the emotion work of sperm donation, the aim of the project was to locate the experiences of sperm donors not only in the context of health promotion (aimed at increasing the number of available donors), but also in the context of individual health, and more specifically the health of donors themselves. Whilst ongoing attention has been paid to the health outcomes for donor-conceived children and their families, little attention has been paid to the health implications of sperm donation for men who donor (Kirkman, 2004 being a notable exception).

The present study thus focuses upon the health outcomes for gay men who act as either donors to clinics in the context of legislated anonymity, or who have acted as known donors for friends or acquaintances in private arrangements. Other aspects of the findings have been reported elsewhere, including a comparison of the beliefs and motivations of both heterosexual and gay sperm donors (Riggs, 2008a), and an examination of the ways in which gay male sperm donors represent lesbian recipients and lesbian families (Riggs, 2008b). The comparative findings suggested that heterosexual men were more likely to report altruistic motivations than were gay men, who primarily reported relational motivations (i.e., being motivated by a commitment to helping lesbian friends). Interestingly, however, the examination of the representations of lesbian recipients reported by gay men found that a large number of the men spoke negatively about either the arrangements they had negotiated or lesbian parents themselves. This was surprising given the assumption in much of the lesbian

parenting literature that gay men will be more supportive of lesbian women seeking to conceive, and that gay men make better sperm donors for lesbian women (Dempsey, 2004).

The findings reported in the present paper are thus important for the ways in which they draw out how the existence of often considerable emotion work may have negatively impacted upon the ways in which the gay sperm donors in the study understood both the process of donating and the recipients themselves. This provides an important correction to the apparent contradiction presented by the other reported findings from this study, in that it highlights how despite the best of intentions, the potentially unexpected emotion work of sperm donation may lead gay donors in particular to report negative outcomes that impact upon their psychological health.

To be clear: the negative health outcomes referred to throughout this paper should not be taken as referencing either gay men's mental health status prior to donation, nor that of their (primarily lesbian) recipients. Rather, the negative health outcomes are (at least in part) a product of heterosexist social contexts that result in discrimination against both lesbian women (i.e., denial of access to donor sperm through clinics across much of Australia resulting in the necessity of negotiating private agreements) and gay men (who may experience heterosexism in the context of clinics and a general lack of knowledge about options for becoming parents in the context of societies that largely depict gay men as unable or ineligible to become parents).

In addition to this particular framing of the negative health outcomes reported in this paper, it is also important to consider how gay men's sexualities and their understandings of themselves as sexual beings may at times put them in conflict with the demands of sperm donation. This is of course not to impute a fundamental

inability of gay men to act as sperm donors, but rather to recognize that gay men donate in the context of living in communities and relationships where particular sexual practices or ways of seeing themselves as sexual beings predominate. As such, some of the gay-specific aspects of the findings presented here are not solely about living in a context of heterosexism and heteronormativity, but are also about living life as a gay man with a particular set of assumptions about what it means to be a sexual being, and the ways in which this is engaged with both by other gay men and by the broader community.

METHODOLOGY

This research was approved by the Human Research Ethics Committee of The University of Adelaide. Thirty interviews were conducted by the author in early 2008 with Australian men who have acted as sperm donors. The subset analysed in this paper is constituted of the 21 men who self-identified as gay. Of these men, six were parents themselves (i.e., were involved in raising children from previous heterosexual relationships or had children conceived in a gay relationship). Half of the sample were aged 45 years or above and the other half aged under 45 years. Men came from one of four states involved in the research: South Australia, New South Wales, Victoria and Tasmania. Of the men, five had donated anonymously to clinics in States where identification of donors was not mandatory, and the remaining 16 men had donated to friends or acquaintances who were identified by the participants as lesbians. Of these 16 men, 11 had donated to a lesbian couple, and five had donated to a single lesbian woman. Four of the men who donated to known lesbian recipients negotiated with the women to donate via clinics so that the sperm could be screened and reproductive technologies utilized. The majority of the men identified as white Australians (90%).

The sample was sourced via advertisements in national media outlets and through postings to online discussion groups. Participants received a nominal reimbursement for their time. The interviews followed a semi-structured schedule, with ten prompt questions focusing primarily on motivations to donate ('Could we start by you telling me a little bit about how you first came to consider acting as a known sperm donor?'), beliefs about family and children ('What have been (or continue to be) your thoughts around donating and family?'), and the emotional aspects of acting as a known donor ('Could you share with me some of the emotional aspects of sperm donation that you have experienced, particularly those that may have been unexpected?'). Approximately half of the interviews were conducted in person, with the remainder conducted via telephone. All participants were allocated pseudonyms and identifying information removed to ensure anonymity.

Subsequent to orthographic transcription, the portions of the interviews that pertained to the topic of 'emotion work' were subjected to thematic analysis (Braun and Clarke, 2006). Across the data pertaining to gay interviewees, this theme appeared not only in response to a targeted interview question (see above), but also where interviewees elaborated the emotion work they had undertaken in donating. As such, the theme of emotion work was evident across all interviews, and often constituted the majority of some interviews where men appeared to utilize the interview space as an opportunity to work through the complex emotions they had experienced. The following analysis focuses on two interrelated sub-themes evident within the overall theme of 'emotion work', namely: 1) the ways in which sperm donation affected the men's identity or sense of self, and 2) the negative effects of testing in a clinical setting prior to donating.

ANALYSIS

Sub-Theme 1: Shifting Understandings of Self

In this first sub-theme, donors often spoke of instances where they felt that acting as a donor had changed the way they see themselves. Sometimes this was the product of extended thinking about what it meant to be a donor, whilst for other men it was the result of comments made by friends and family in regard to their role as a donor. In the following extract Andrew, who had donated to a lesbian couple, elaborates the emotion work that resulted from the shifting ways in which acting as a donor made him see himself:

Extract 1

Interviewer: Could you share with me some of the emotional aspects of acting as a known sperm donor that you have experienced, particularly those that may have been unexpected?

Andrew: ...It really put me in an odd relationship to myself as a sexual being. It really made me feel, it changed my feelings of pleasure to do with my own body, because I was having to 'perform'. To some extent it felt like it controlled me as a sexual being.... So to me that was quite overwhelming. Not only did it make me feel publicly visible as a sexual being, but also made me have an odd, disembodied relationship to myself as a sexual being. I sort of felt very out of control of my own body.

In Extract 1 Andrew reports that the requirement upon him to ‘perform’ as a donor put him in an ‘odd disembodied relationship’ to himself as a sexual being. This lack of control that Andrew reports would appear to go beyond simply being challenged by the needs of others, and extends to encompass the ways in which he sees himself as a sexual being – one who feels forced into public visibility and the ways this shapes his relationship to himself. Whilst such an experience is obviously not unique to gay men, it is important to consider how the experience of visibility in public spaces can potentially be negatively shaped by the heteronormativity of such spaces and the wider social prohibition on gay men’s sexualities. In other words, even if the public visibility that Andrew mentions in relation to his sexuality primarily refers to masturbation for the purpose of sperm donation, it nonetheless renders visible (to at least some degree) the sexualized actions of a gay man in ways that may be confronting for Andrew due to the fact of living in social contexts where gay men’s sexual practices continue to be stigmatized. Finally, and again whilst a changing relationship to oneself as a sexual being is in no way specific to gay men, Andrew is nonetheless referencing the shifts he experienced *as a gay man*. In other words, Andrew is a member of gay communities that will typically make available to gay men a range of intelligible subject positions and relational expectations that may not always be compatible with the demands of sperm donation.

In the following extract Dan, who had also donated to a lesbian couple, reports a similar feeling of being rendered visible to others as a sexual being and the negative impact this had upon his sense of self:

Extract 2

Interviewer: Did you discuss your role as a known donor with friends?

Dan: I did tell a few friends, just to let people know and to bounce thoughts and feelings off a few people. A few straight friends, when I said I was donating, would ask me quite intimate questions that they wouldn't normally ask. It sort of felt like when you see people walk up to a woman who is pregnant and they touch her stomach – that stepping into someone else's personal space without invitation. People were asking inappropriate things of me in my role as a donor and they were quite invasive as times, so it made me visible in ways that I hadn't been prepared for. That people would be thinking or knowing things about me, like if I said 'I can't do that, I am donating today' and they would hear 'I masturbated today' – it isn't something I would normally say outside of a sexual context.

In this extract we can see Dan elaborate the emotion work involved in acting as a donor. In trying to be responsible prior to donating, Dan reports talking to people in order to 'bounce thoughts and feelings off a few people'. Such discussions, it might be suggested, are vital for enabling potential donors to consider their own intentions and desires, and to ensure the best possible outcomes for all parties. Yet, as Dan suggests, his ability to have discussions was limited by the ways in which other people treated him – not simply as an object, as per the analogy he makes to the circumscribed personal space of pregnant women – but also by the ways in which his 'confession' as to his status as a donor-to-be appeared to invite consideration of his identity as a sexual being. As Dan suggests, this was invasive due to the fact that it came from friends who sought answers to questions that he wouldn't normally provide information about. Moreover, and as Dan states, these were 'straight friends'

who were making these inquiries, thus forcing Dan to discuss aspects of his sexual identity as a gay man that he may potentially not normally talk about. The version of emotion work that Dan describes involves negotiating other people's expectations of him as a donor, and how this shifts the ways in which he views himself as a private individual forced to speak in public spaces about private matters.

Importantly, this second extract highlights the difficulty in separating out masturbation for the purpose of sperm donation from masturbation for pleasure. Whilst Dan suggests that it would be a *misreading* to view a statement about sperm donation as a statement about masturbation for pleasure, his conjecture about his friend's possible response illustrates that the two are actually very closely aligned. Although the separation of sperm donation from sexual pleasure may well be considered important by clinics wishing to medicalize the process of sperm donation (as elaborated below), it is important to recognize that sperm donation occurs in social contexts wherein sperm will have a range of meanings, many of them beyond the control of both donors and recipients.

In the following extract Rick, who had donated to a lesbian couple in a known arrangement via a clinic, outlines the ways in which the sexual identity of donors and the act of donation can be challenging for gay men donating via clinics:

Extract 3

Interviewer: I found it interesting what you were saying before, because some other men that I have spoken to have said similar things around the depersonalizing experience of donating for a clinic.

Rick: I said before that I think one of the things that lies behind these little things about the discomfort and the dreariness of these little places that they put you in is the clinicalization of this whole process... It does all seem to be designed to take as much pleasure out of it as possible and to hide all that away. If there are a few moments of that, then it is not to be talked about, not to be known and it is to be left in that little room. There is to be nothing which signifies that there might be pleasure or adds to that pleasure, everything there has to be no record that pleasure is there in any form whatsoever and to do it best to douse that and to play it down and remove it by being uncomfortable and dreary.

The denial of pleasure that Rick reports may cause considerable emotion work for other donors like Rick who are expected not only to perform, but to assimilate a particular presentation of a donor identity that is stoic, non-pleasure seeking, and generally clinical in outlook. The emotion work in this extract is thus akin to Hochschild's (1979) emphasis upon the expectation that people will inhabit particular socially acceptable emotions in certain settings. Rick suggests that donors are required not only to accept the settings they are provided with, but to accept the aims of the setting – to be as clinical as possible, and to 'leave pleasure at the door'. Yet, and to refer back to the analysis provided of the previous extract, denying the potentially pleasurable aspect of sperm donation may produce negative outcomes for men in regard to how they perceive their sexual identities. For gay men who may have experienced considerable prohibitions upon the expression of their sexual identity living in the context of a homophobic society, and who may potentially associate

feelings of pleasure with feelings of denial or censorship, donating through a clinic may thus exacerbate these feelings.

It is of course also important to consider how the medicalization of sperm donation may actually be counter-productive to sperm donation itself. If all aspects of pleasure are routinely denied to men who donate to clinics, then this may undermine the emotional, sexual and psychological factors required to produce sperm. This point about the negative implications of medicalization is raised by Thompson (2005) in her ethnography of reproductive health clinics. Thompson suggests that the objectification of women's bodies - rendered necessary as part of the process of reifying scientific knowledge - must sit side-by-side with the subjective experiences of the woman herself, and her desires and motivations to access reproductive technologies. A similar logic can be applied to men who donate through clinics (either for their own reproductive needs or to meet the needs of others): whilst part of the process of medicalization aims to control the production of science within clinics (and who has the right to act on behalf of science), and whilst part of the process (in the instance of sperm donation) may be aimed at managing issues of privacy and the image of the 'public masturbator', a third and potentially more important part of the process must be concerned with the needs of the donors. In other words, sperm donors must be recognized not merely as a means to an end, but rather as an end in and of themselves (i.e., they are people who have needs and desires of their own). Considering men's needs as both sexual beings and sperm donors is thus an important aspect of providing spaces for donation that are more conducive to the psychosexual wellbeing of men. Yet, as the following extract suggests, some clinics in Australia fail to meet the psychosexual needs of gay sperm donors:

Extract 4

Interviewer: Could you share with me what it was like to donor at a clinic?

Sam: In the states where I donated, what made it bad was the fact that it was just like a little cupboard, one state it was a sperm closet that you go into and down the hallway. In another state it was like this concrete bunker in the basement, it was awful. Both rooms all there was was a chair, a basin and a little two-drawer chest of drawers. The top drawer had porn designed for straight men I assume and the bottom drawer had a gay porn magazine in it, although I understand both of the couples that I donated to had to actually request the clinic to make sure that there was something there... In the state where the couple had been clients of the clinic for quite a while, the clinic was familiar with them so they didn't take any crap. The staff there were ready, they knew there was going to be a gay donor coming in and they should say the right thing, and shouldn't use the wrong term. So that was okay. But in the other place, in the other state, the women didn't have that profile, they didn't have that history with the clinic, plus it was a much busier clinic and I just found the staff treated me like an object. It was awful. I don't know if there was an element of homophobia in that or if it was a general disregard.

In the final extract of this sub-theme Sam, who had donated through a known arrangement to two lesbian couples via a clinic, speaks of the clinical setting as not simply one that is onerous for its unpleasantness, but also because it failed to meet his needs as a gay man. Thus whilst one clinic is reported as having provided (upon

request) a gay pornographic magazine, this is not reported as being adequately accompanied by awareness on the part of the staff of his needs as a gay sperm donor. In regard to the suggestion that the recipients had to ‘prime’ the staff as to his status as a gay donor, it is important to question, as Kitzinger (1990) suggests, how homophobia often operates through a wilful desire *not* to know about non-heterosexual people. Thus the ignorance of the clinic staff reported by Sam as being ‘ok’, whilst potentially readable as just doing their job, may also be read as requiring of the lesbian recipients and Sam as a gay donor a level of information provision that would almost certainly not be required of heterosexual recipients or donors. This requirement of Sam and the recipients may thus be read as an example of what Peel (2001) terms ‘mundane heterosexism’ – the banal and commonplace ways in which heterosexuality is constructed as the norm from which all other sexualities deviate. In the case of the pornographic magazines, the fact that their inclusion in the room was an exception made for Sam highlights the assumption that all donors who attend this particular clinic are heterosexual or otherwise uninterested in gay pornography.

Yet Sam’s experience is not only negative for the physicality of the clinic itself and its failure to meet his needs as a gay donor, but the clinic is also complicit in the production of unnecessary emotion work that results from the potential for homophobia to have shaped his experience of donating – as he says, ‘I don’t know if there was an element of homophobia’. The very fact of not being able to know whether or not poor service or inadequate treatment is the work of homophobia illustrates how discrimination functions to keep non-heterosexual people in marginalized positions – it operates by inferring that discrimination *may* occur, and that non-heterosexual people must always be prepared for it. In the example of Sam, then, wariness about homophobia would thus appear to have shaped his experience of

sperm donation, which has possible implications for how he views himself as a person in the clinical setting (i.e., whether he is welcome or supported), and what this implicitly tells him about the value placed upon him as a donor. This type of emotion work illustrates the third type outlined earlier in this paper, namely that which arises not from the expectations to inhabit a particular identity *per se*, or the work of helping others, but rather the work of negotiating public spaces that are heteronormative and thus experienced as exclusionary to gay men.

As this sub-theme has highlighted, gay sperm donors undertake considerable emotion work both when they donate through clinics and when they negotiate sperm donation through private arrangements. Furthermore, this emotion work at times appears to extend beyond a requirement to present a particular emotional identity to others, and encompasses donors describing both an altered sense of self as a result of sperm donation and a sense of social exclusion due to the existence of heteronormativity within the context of clinics.

Sub-Theme 2: The Effects of Testing

In the second sub-theme, participants spoke of the emotion work that arises from testing that occurs prior to donation. For some participants this occurred in the context of known donor arrangements, whilst for others it occurred in the context of donating to clinics. All interviewees spoke of a commitment to the sexual health of all parties involved, but in so doing they drew attention to the implications of being concerned for the sexual health of others and the impact of this upon their own emotional health. Furthermore, and as some of the extracts highlight, the outcomes of testing held the potential to change the ways in which the men viewed their reproductive capacities. In

regard to the emotion work of concern for others, the following extract highlights the expectations that men feel placed upon them as donors:

Extract 5

Interviewer: Do you feel that donating requires you to alter how you live your life?

Dave: Yes, because when I am providing sperm to a woman, I want to make sure that in every facet from a health point of view that I am totally safe. So there is that extra pressure during the three months between the first test you have and the three-month mark and then actually providing the sperm kind of thing and that is added pressure because I am not just responsible for me anymore, there is another party who will have consequences from my sperm. It means that I have to think about someone else besides the person I might be having sex with when it occurs in the context of donating.

In this extract Dave, who was in the process of negotiating acting as a known donor to a single lesbian woman, reported feeling ‘extra pressure’ to consider the needs of another when he is acting as a sperm donor. The responsibility that he feels towards the recipient of his sperm requires him to engage in testing for sexually transmitted diseases, which places pressure upon him as a sexually active single gay man. Whilst Dave doesn’t necessarily construct this as a negative experience, testing and the results from it are nonetheless constructed as a pressure that requires him to be a ‘responsible person’. Thus not only may Dave be seen as engaging in emotion work to meet the needs of others and their sexual health, but he is also engaged in

presenting a particular version of himself as concerned about other people in relation to the health of others. Importantly, however, the performance of the identity ‘responsible person’ may not necessarily always align with gay men’s own sexual desires or practices, and thus it is important that donors and recipients are able to talk about their own desires in ways that move beyond what may be seen as the rhetoric of responsibility (driven by both social desirability and the desire of recipients to conceive), and towards a praxis for negotiating sperm donation that recognizes the sexual contexts in which gay men live.

In contrast to Dave’s account of the emotion work that results from accountability to others, the following two extracts emphasize the ways in which testing prior to donation has implications for the men themselves, and the emotion work that arises from this.

Extract 6

Interviewer: Are there any aspects of donating that you would consider emotionally challenging?

Mike: I think it certainly makes you think, it certainly made me realize that this is a big thing to digest. It makes you think about your relationship with your parents, the good and the bad. That sort of stuff is always, if anyone goes off to see a genetic counsellor and they say ‘let’s talk about your family’, you can talk about that until the cows come home. It isn’t so much taxing, it is just okay this is serious and if I were to get knocked out of the ring at this stage, I think that would be something that would be very

upsetting even in these narrow remote circumstances to be denied that opportunity, that would be hard.

In Extract 6 we can see an example of the emotion work that arises from the fact of genetic counselling. Mike, who had donated to a clinic that operated in the context of legislated anonymity, reports that not only does the requirement of counselling when donating through a clinic require men to think about their relationship to others - 'the good and the bad' - but that *genetic* counselling holds the potential to result in donors being 'knocked out of the ring' - as being deemed ineligible to donate on the basis of genetic problems that are undesirable to recipients. Mike demonstrates the dilemmatic nature of accounting for the emotion work associated with counselling and testing: whilst it isn't necessarily 'taxing', it still potentially presents donors with 'upsetting' experiences that 'would be hard' to reconcile. In referencing 'narrow remote circumstances', Mike refers to his own perception, reported earlier in the interview, that gay men are unable to become parents in their own right, and that he thus sees donating as a way of meeting his own reproductive potential and desires. To be 'knocked out of the ring' is thus significant to Mike, who placed considerable weight throughout the interview upon leaving a 'genetic legacy'. This notion of the significance attached to the meanings of sperm is explored in the work of Mamo (2005), who outlines how lesbians invest in the notion of the 'winning sperm provider' when making choices about donors from information available at clinics. Mamo's research highlights how the binary of winners and losers in relation to sperm provision (and for some men, by extension genetic legacy) functions across a range of social contexts to perpetuate the value accorded to having 'successful sperm', as highlighted in this extract by Mike.

In the following and final extract, Bob too speaks of this anxiety of being ‘knocked out of the ring’, and the relief he experienced upon learning that children had been conceived from his anonymous donations to a clinic:

Extract 7

Interviewer: When you went through the process of doing the counselling and doing the donating, was there stuff that came up for you emotionally, whether that be just the aspects of going through the clinic that you hadn’t expected?

Bob: As I said, when my donation wasn’t used for a year or two you feel a bit flat, sort of rejection that you go through all this process with the medicals and had to go into the hospital and do the donations, so it is pretty involved, and then really I don’t know how many people go through the clinic, maybe they only have 1-2 couples a year. To my mind I thought of 100 people turning up and saying we will use someone else’s we won’t use this one. So I felt a bit flat, because the hospital they don’t exactly build up your hopes but they say yes it is very worthwhile and they need the donations and it is all used.

Here Bob is clear that when it took so long for his donations to be used, this made him feel ‘a bit flat’ and ‘sort of rejected’. Bob constructs an image of recipients who would be lined up at the door waiting for his sperm, and that the time it took for his sperm to be used suggested to him that his sperm was not desirable. Importantly, Bob reports on how clinics emphasize the demand for sperm donation, thus potentially

creating a situation where donors who discover that their sperm has not been used may feel rejected. The emotion work this produces for Bob is very much centred upon the implications of donating for him, rather than for the potential recipients. For Bob, the use of his sperm signals acceptance of him, via his sperm, as a person of worth. Such feelings demonstrate the considerable value placed upon sperm in the context of sperm donating, and the role it plays in men's sense of self and identity. As Kirkman (2004) has suggested, some donors have considerable investment in the use of their sperm, investments that are intimately related to normative constructions of masculinity and the agency and intentionality ascribed to men via their reproductive capacities.

As this sub-theme demonstrates, gay men express considerable concern not only about the fact of testing and the provision of sperm in clinical settings, but also the outcomes of testing and the implications of this for the way they view themselves as men. As such, the potentially negative outcomes of testing for donors presented in this sub-theme are directly related to the constructions of self and the changes in identity evidenced by the emotion work outlined in the previous sub-theme. Engaging in discussions prior to donation as to the value associated with sperm, its connections to masculinity and identity, and the implications of this for donors should they not be accepted as donors, is thus an important aspect of counselling that aims to ensure the health and wellbeing of donors.

CONCLUSIONS

In utilizing four interrelated understandings of 'emotion work' throughout the analysis (i.e., presenting particular emotions to oneself and others; supporting other's emotional needs; experiencing shifts in one's own understanding of self; or the impact

of discrimination), the findings presented in this paper demonstrate some of the complex ways in which gay men's role in sperm donation can potentially produce negative health outcomes. These may be summarized as follows: 1) the ways in which the expectations of others may position donors in ways that challenge their sense of self and entitlement to privacy, 2) the de-emphasis of pleasure as an aspect of donation in clinical settings may undermine gay men's sexual identities or thwart successful donating, 3) homophobia amongst clinic staff will likely be experienced as distressing by gay donors, 4) responsibility for others' sexual health during the process of acting as a known donor may be considered both emotionally challenging for sexually active gay men and may prevent adequate discussion of donors' needs, 4) the outcomes of genetic counselling and the subsequent use of donor sperm through clinics may undermine men's sense of self and their view of their reproductive capacities as gay men. Negative emotional consequences such as these for gay men who agree to act as sperm donors may serve to deter such men from acting as donors in the future, and may also result in ongoing negative health outcomes if their emotional needs are not met.

Many of these potentially problematic aspects of donating may be ameliorated through greater consideration of the needs of gay sperm donors, and through the encouragement of donors and recipients (in private donor arrangements) and donors and clinics to engage in extended conversations about the potentially unmet and unrecognized emotional needs of sperm donors. Particular approaches that may address the above issues include: 1) consideration of gay men's psychosexual health in regard to donating by further examining the relationship between sperm donation and pleasure, 2) challenging institutional heterosexism and providing more information and training for clinic staff, 3) creating spaces where a broader range of

‘donor identities’ may be possible and where potential donors may better consider their own desires and intentions, 4) providing information as to how best handle the questions presented by others to donors and the implications of such question for managing privacy and personal space, and 5) recognition that donors are not simply a means to an end, but are also people with emotional needs.

More specifically, and with reference to mental health professionals, the findings presented in this paper may assist in the development of services in the context of clinics that recognize the need for counselling for gay men who donate not only prior to donation, but for this also to be available after donation (i.e., if children are conceived or indeed if they are not). This would go some way toward recognizing that the emotion work that gay men who act as sperm donors undertake is not limited simply to the act of donating, but encompasses the broader emotional sequelae that may arise from the ways in which sperm donation holds the potential to shift how gay men view themselves.

Mental health professionals may also be involved in public awareness campaigns that render visible to gay men a range of options for engaging in parenting relations (such as co-parenting arrangements or foster care), so as to mitigate against the possibility that some gay men may agree to act as sperm donors in order to achieve their reproductive desires. Such campaigns may also facilitate awareness of the availability of mental health counselling to men who have previously acted as donors in private arrangements, and who are struggling with the emotion work that this has potentially produced, in addition to promoting proactive approaches to engaging in counselling prior to donation. The provision of any services to gay men in relation to sperm donation must of course be undertaken by mental health professions who are aware of the effects of heteronormativity and homophobia within the lives of

gay men, particularly as this may shape the ways in which gay men understand their reproductive capacities.

Many of the issues raised in this paper may well be relevant to both heterosexual and non-heterosexual sperm donors. Yet, as the analysis highlights, the specific configuration of these issues for gay men requires attention to their unique needs as donors. In a social context wherein media representations of sperm donors are often predominantly of heterosexual men, and where non-heterosexual communities continue to be engaged in debates over the role of sperm donors in the lives of lesbian mothers (and where gay communities more specifically may at times make available a limited range of sexual identities to gay men who act as sperm donors), gay men are likely to continue to feel marginalized. Recognizing how this marginalization is perpetuated in both clinical and private donor arrangements is thus vital for recognizing and supporting the health needs of gay sperm donors. As more countries (including Australia) move toward the provision of identifying information to donor conceived children, it is important that those who contribute to their conception are supported in having their emotional needs met and their health and wellbeing ensured.

ACKNOWLEDGEMENTS

I begin by acknowledging the sovereignty of the Kaurna people, upon whose land I live in Adelaide, South Australia. My thanks go to all of the participants, for sharing their stories and for exposing me to such a broad range of ideas about their experiences. This research was supported by a Faculty of Health Sciences Small Research Grant, 13103310.

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