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‘No daddy’, ‘A kind of daddy’: words used by donor conceived children and (aspiring) parents to refer to the sperm donor

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ABSTRACT
Research has shown that the recipients of donor sperm can experience difficulties finding appropriate language to refer to the donor. Based on two qualitative analysis techniques, namely word count and empirical discourse analysis, we studied the words used to refer to the donor in heterosexual and lesbian (aspiring) parents and in donor conceived children. Findings show that the words used in these households are highly diverse and have at least four different interlinked functions: (1) to position the donor in relation to the nuclear family; (2) to safeguard the role of the social parent; (3) to clarify family structure; and (4) to present a positive picture of the donor. Both parents and children consciously reflect on what words to use to refer to the donor. Although parents try to keep words like ‘father’ and ‘daddy’ out of the family narrative, children use these words. These findings show that it is important for healthcare personnel and policy makers to reflect on the careful use of terminology when they address questions around sperm donation because the terminology invokes specific meanings that have an effect on how the recipients and their children perceive the role of the donor.

Introduction
Medically assisted reproduction with donor material entails the formation of new kinds of families in which not all family members have a genetic tie. The formation of these families gives rise to new family concepts, such as donor, social father and social mother. In the literature, discussions on this terminology are prevalent. The use of the term ‘father’ to refer to the sperm donor (even if part of the term ‘biological father’) is contested. Ehrensaft (2008) for example, argued that the term ‘father’ should be used to name the male person who intended to have a child. A donor, according to her, does not meet this criterion. Besides that, for some, the word ‘donor’ is also contested because of the payment the provider received for his gametes (Beeson, Darnovsky, and Lippman 2015; Richards 2014). Baylis and Downie (2014) argued to use this term only in case of an altruistic gift. Nonetheless, a literature study on key terms related to third-party reproduction has pointed out that ‘donor’ is
the most common term for those who provide sperm (Beeson, Darnovsky, and Lippman 2015). However, those involved in donor conception, whether as a family member or as a professional, are looking for other or more appropriate terms to refer to the donor. Alternative terminology for those who provide gametes, like ‘birth others’ (Ehrensaft 2008) and ‘reproductive others’ (Freeman 2014) has been suggested for professionals. For families, several terms are put forward in the wide range of booklets for children about donor conception worldwide.

Research has shown that parents may experience difficulties finding appropriate language to talk about donor conception (Mac Dougall et al. 2007). One specific difficulty is choosing words to refer to the donor (Freeman et al. 2014; Graham 2014; Kirkman 2003; Scheib, Riordan, and Rubin 2003). Parents expressed frustration because ‘they struggled to find unambiguous terminology’ (Mac Dougall et al. 2007, 530). Several studies have described which terms parents and donor conceived children used to refer to the donor (e.g. Kirkman 2004a; Malmquist, Mollerstrand, and Wikstrom 2014; Raes et al. 2015; Scheib, Riordan, and Rubin 2003). The present study aims to contribute to knowledge about the terminology to use when referring to the donor. We studied word usage to refer to the donor in interviews with donor-conceived children, lesbian couples and heterosexual couples (both parents and aspiring parents). In this paper, we describe what participants called the donor throughout the interview and what words they used to refer to the donor in conversation with their child in the context of disclosure of the donor conception. Moreover, we examined how these terms were used in communication with others, in other words, what meanings and narratives were constructed by using particular terms.

The study was conducted as part of a larger interdisciplinary research project on parenthood and medically assisted reproduction with donor gametes. The research was conducted in Belgium, where sperm donation is mainly anonymous but where known donation is also allowed. All couples in this study used an anonymous sperm donor. This means that no information about the donor is given to the (aspiring) parents and no information can be obtained by the children. Known donation is allowed when patients bring their own donor. This option is almost only used for egg donation. Belgian clinics pay their donors on average €66 per donation, with a minimum of €50 and a maximum of €100. At the Department of Reproductive Medicine in Ghent University Hospital, sperm donors are given a standard fee of €80 per donation.

In Belgium, lesbian couples have been able to marry and co-parent adoption has been allowed since 2006. As of 2014, social mothers have been granted the same legal status as fathers in a heterosexual relationship and no adoption procedure is required anymore. However, since the participants in our study gave birth before that time, the older legislation was still in force meaning that social mothers needed to go through adoption proceedings.

Methods

Participants

Recruitment was conducted in cooperation with the Department of Reproductive Medicine at Ghent University Hospital between October 2012 and January 2014. A counsellor involved in patient care contacted all potential participants by telephone. When they showed interest
in the study, a letter was sent to them to explain the study before they were asked to make a decision about their participation and, if positive, an appointment for the interview was made. The information letter referred to the medical treatment (as a basis for their selection) but not to the donor or the donor gametes to avoid introducing specific terms. An overview of the number of participants per group is shown in Table 1.

A first group of participants consisted of 10 lesbian couples and 5 heterosexual couples who were in treatment at the time of data collection. These participants had all been accepted for treatment and were at several stages of their treatment. They will be referred to as ‘the aspiring parents’. A second group of participants consisted of 10 lesbian couples, 9 heterosexual couples and 1 woman in a heterosexual relationship, who had all been (successfully) treated with donor sperm between 2002 and 2004. They will be referred to as ‘the parents’. Openness about the donor conception towards their (future) children was not required for inclusion in the study.

Adult participants were contacted per subgroup (lesbian aspiring parents, heterosexual parents, lesbian aspiring parents and heterosexual aspiring parents), based on patient lists. Couples with children were contacted according to the birth date of the children (the eldest children first with a maximum age of 10 years at the time of recruitment). For all four subgroups, the counsellor continued contacting potential participants until the target number was reached: 10 for all adult groups except for the heterosexual aspiring parents. For this last group five couples were also included who had used egg donation (these couples are not included in this study, leaving five couples who had used sperm donation).

A total of 80 couples were contacted to be able to recruit the target of 35. In all, 14 of the couples with children could not be reached because contact information was not up to date. To avoid pressure, no reasons were asked when patients chose not to participate. Spontaneous stated reasons varied: for example language reasons in a couple native French speakers, recent spontaneous conception, partner deceased. For the heterosexual couples several specific reasons were stated. Seven couples saw their donor conception treatment as a private matter and wanted to keep it a secret. In four couples, the male partner objected (in three cases the women said that the topic was too sensitive for their partners). For one couple the topic of donor conception was too sensitive for both partners, and in another couple, the partners did not participate because they considered this a closed chapter. Three heterosexual couples did not recontact the clinic again after initial consent and after receiving the information letter.

Finally, seven children were also included in the study. Six of those children lived in lesbian-headed households and one in a heterosexual-headed household (see Table 1). All children were aware of the donor conception (this was a requirement for inclusion). Their age ranged between 7 and 10 years. Reasons for the non-participation of children were not asked for. Some unsolicited explanations suggested that the fact that the child was not aware

<table>
<thead>
<tr>
<th>Adults</th>
<th>Group</th>
<th>Aspiring parents</th>
<th>Parents</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Subgroup</td>
<td>Lesbian</td>
<td>Heterosexual</td>
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<td></td>
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<tr>
<td></td>
<td>Lesbians</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Heterosexual</td>
<td>6</td>
<td>1</td>
</tr>
</tbody>
</table>

All adult interviews were couple interviews, except for one heterosexual couple (*), when only the woman could be included in the interview.

Table 1. Number of participants included per group and subgroup.
of the donor conception was the most important reason (especially in heterosexual households). Some parents thought that their child would not be able to give us much information (because the parents thought their child was not very talkative or was too shy) or that it might be uncomfortable for the child to talk to someone he or she did not know.

Overall, interview data from 69 adults (34 couples and 1 woman) and 7 children were used for the analysis. The study was approved by the Ethics Committee at Ghent University Hospital.

**Interviews**

The interviews with adult participants were conducted at the location of the participants’ preference: either at the Department of Reproductive Medicine at Ghent University Hospital or in their own home. The children were interviewed at their home. All adult participants signed an informed consent form. At the time of the parent interview, parents were asked if their children could be interviewed. They received a separate information leaflet about the interview study with children. If they agreed, they signed a consent form for the child and received an information leaflet for the child. The interviews with adult participants were conducted by one of the two psychologists of the research team. The child interviews were conducted by the more senior psychologist or the coordinator of the research team (a bioethicist with expertise in child interviews). Because narratives and especially the use of terminology within couples or families are co-constructed, all couples were interviewed together, while the children were interviewed separately to avoid parents answering for their children. The interviews were audio-taped, transcribed and checked for accuracy. Pseudonyms were used to protect the anonymity of the participants. The parents’ interviews lasted between 90 and 120 minutes, those with aspiring parents between 70 and 190 minutes and those with children between 20 and 50 minutes.

All interviews started with questions that did not mention the donor. For adults, these were questions about their first thoughts of starting a family, the options they had considered at the time and how they made decisions about those. For children, the interview started with questions about the child’s family (e.g. who was part of the family).

The parents’ and aspiring parents’ interview guide included several questions about the donor that were typically asked later in the interview, giving the interviewees the opportunity to talk spontaneously about the donor, using their own words. The aim was to prevent as much as possible the interviewer from invoking terms to refer to the donor. After the first use of particular terms by the interviewees, the interviewers continued to use the words used by the participants in their questions throughout the interview. Only rarely, when the participants did not start talking about the donor spontaneously, did the interviewers introduced the word ‘donor’.

The children’s interview guide did not contain the word ‘donor’. We explored how they referred to him by asking the following question: Do you know how you came into being? The aim was for them to describe the contribution of the donor by using their own words. Again, the interviewer used the words that were used by the child. In case a child did not talk about the donor, this topic was not introduced. A detailed description of the complete interview guides can be found elsewhere (Ravelingien et al. 2015; Van Parys et al. 2016).
Data analysis

Data were analysed in two phases using word count and empirical discourse analysis. Word count is based on the belief that language use reflects one’s thoughts and feelings (Leech and Onwuegbuzie 2007). In this phase of analysis, all interviews were read systematically for words that referred to the donor. Before including the word in the count, we verified both the context in which a term was used (e.g. ‘father’ can be used to refer to both the social father and the donor) and whether or not a label was invoked by the interviewer. The word count resulted in an overview of all terms that were used to refer to the donor, how often and by whom. Graphical representations of the number of times a particular label emerged in the interview transcripts were used to support the analysis: to summarise and simplify the data as well as to make comparisons between groups of participants (McPherson and Sauder 2015).

During auditing meetings at different points in the analysis, decisions about how best to categorise terms were discussed until consensus was reached. The second author proposed the initial categories and provided the other authors with extensive research reports including a selection of raw data, labels and detailed descriptions for all categories and at least five quotes per category. The first, third and last author (the auditors) challenged these initial categories based upon their reading of the material provided in the research reports. The auditors also examined whether the analysis had been conducted systematically and transparently, and whether the categories fitted the data in an adequate way. Discrepancies as well as gaps or overlap were identified and adjusted based on input of the auditors. Grounded in the idea of co-constructing in qualitative data analysis, the auditing process involved the elucidation and argumentation of all decisions. This process took several rounds of auditor meetings, each time after reading (newer versions of) the research report. This significantly enhanced the depth of analysis and improved the validity and the trustworthiness of our research.

Empirical discourse analysis was used to complement the findings from the word count by a more detailed and contextual analysis of the terminology that was used. As described by Hodges, Kuper and Reeves (2008), discourse analysis is used for research on language usage while empirical discourse analysis focuses specifically on the communicative uses of language in a social context. The point is to clarify ‘the way in which meaning and action are created by individuals producing the language’ (Hodges, Kuper, and Reeves 2008, 570). This second phase of analysis consisted of examining utterances about the donor and the meanings and functions of these words in the context in which they were used.

Results

Word usage

In the first phase of analysis, based on word count, we mapped how participants referred to the donor, revealing a variety of words that were subdivided into categories. Furthermore, a comparison of word usage was made between different types of adult participants and between parents and their children; the latter showing interesting differences in their word usage.
A variety of words
Before their treatment with donor gametes, words like donor and sperm bank did not belong to the everyday vocabulary of the (aspiring) parents. Some participants mentioned how strange it was for them to use these words. Next to widely used words in the medical field (like donor and genetic father), the (aspiring) parents used a variety of labels, for example ‘third party’, ‘mister’, ‘someone else’, ‘daddy’, ‘Danish God’ (which refers to the possibility of donation by a Danish sperm donor frequently used in Belgian clinics), ‘the eternal unknown’ and ‘guardian angel’.

Throughout the interview, each participant used various words to refer to the donor, that is, they did not stick to one word. The following quote demonstrates this:

I chose an anonymous donor and actually, you don’t want to be confronted with who the father is. Because we are the parents and, yes, those others, that gentleman as well, but actually, well, yes and no. (Emily, lesbian aspiring parent)

Comparison of word usage between categories of parents and between parents and their children
In the parents’ interviews, 33 different words were used to refer to the donor. This number increased when taking into account variants of these words. ‘Dad’ for example, had the following variants: donor daddy, a piece of daddy, genetic dad, real dad, biological dad and natural dad. In the aspiring parents’ interviews, 20 different words were used to refer to the donor (48 words when taking into account variants). Figure 1 presents the words used by the different types of participants (without listing variants).

During the interview, parents used more words to refer to the donor compared to aspiring parents (Figure 1). This can be explained in part because we interviewed 10 heterosexual aspiring parents versus 19 heterosexual parents and also because of the extra questions in the parents’ interview: questions about their child (and how she or he reacted or what questions they had about the mode of conception) and about communication between parents and children. Overall, lesbian parents referred more often to the donor during the interview than heterosexual parents. This cannot be explained by differences in the interview guide.

Interestingly, aspiring parents more often referred to the donor as ‘father’, ‘daddy’ or ‘parent’ compared to parents. Among heterosexual parents, this label was never used. Parents more often referred to the donor specifically as not being a father or daddy. Figure 2 represents the diversity of labels within this category for all adult participants. Overall, 78% of the total use consists of the terms ‘father’ and ‘daddy’ as such, whereas terms like ‘biological father’ or ‘genetic daddy’ accounted for 12% of the total use of the words ‘father’ and ‘daddy’. Interestingly, 5% of the total use of the terms ‘father’ or ‘daddy’ consisted of a specific way of using these words: the participants used the word, then corrected themselves (quickly finding another word to refer to the donor) as if the word ‘father’ or ‘daddy’ was a slip of the tongue. They then resumed what they were saying using the other term: for example ‘something he has from his father’s side, I mean, his donor’s side’ (Rebecca, heterosexual parent).

Comparison of word usage between parents and their children
In the children’s interviews, 9 different words (14 words taking variations into account) were found to refer to the donor (see Figure 3).

Only one child, the only child in a heterosexual household, used the word ‘donor’. Besides donor, this same child used two other words: ‘seeds’ and ‘man’. Some children used the plural
Figure 1. Number of times words to refer to the donor were used by aspiring parents and parents.

Abbreviations starting with 'A' = aspiring parents. For lesbian couples, BM = birth mother (this is also the genetic mother), NBM = non-birth mother. For heterosexual couples: F = father, M = mother. Categories of words with a count below 10 are not presented in the Figure. This was the case for ‘unknown person’ (used two times by aspiring parents and five times by parents), ‘roots’ (used seven times by parents), ‘assistance’ (used seven times by parents), ‘no person’ (used two times by parents), ‘outsider’ (used once by an aspiring parent) and ‘their real …’ (used once by a parent). Thing or method includes ‘little syringe’ (five times), ‘the other side’ (two times), ‘a little jar’ (once), ‘a little trick’ and ‘a little detour’ (each once by the same person).
form of words like ‘men’ and ‘people’. This was also something we also found in the (aspiring) parents’ interviews. Even though questions were asked specifically about their donor, their answer was often formulated like in the following quote: ‘we are happy that there are donors and so. Yes, otherwise that would not be possible for us, you see’ (Emily, lesbian aspiring parent).

The children in lesbian-headed households (all but one of the children in this study) predominantly used the words ‘seeds’ and ‘daddy’.

For each of the seven families in which both parents and children were interviewed, a comparison was made between the words that refer to the donor used by parents and the words used by children (see Table 2). We found that children used the same words as their parents, but apart from this, they also mentioned words like ‘father’ and ‘daddy’ even though...
their parents tried to keep these words out of their family narrative by specifically referring to the donor as not a daddy:

He has the tendency to, euh, ‘what would my daddy look like’, he says. But I say, ‘Well, that is no daddy, actually. That’s a person’, I explain to him that … ‘who gives away his little sperm cells, see. That’s a donor actually, see, for us to get pregnant, you know. But we also do not know anything about him’. (Mia, lesbian parent)

**Person or genetic material**

The labels used by the participants to refer to the donor can be subdivided into two categories according to the manner in which the labels referred to the donor. The first category contains labels that referred to the donor as a person such as donor, daddy, man and person. A second category includes labels that referred to the donor’s genetic material. Examples of this category were sperm, seed or sperm cell.

In the category ‘person’, some words were specific whereas others were rather vague, as shown above when participants talked about being happy that donors existed. Some participants used words in their plural form, such as ‘donors’, ‘men’, ‘persons’ and ‘Danes’. This also had the effect of being vague about the donor.

Words like ‘man’ or ‘person’ referred more clearly to a person than ‘someone’ or ‘figure’ or ‘other party’. One participant said that the donor was ‘no person’. The labels in the category ‘genetic material’ (like ‘sperm’ or ‘seeds’) were used to refer to the donor and not merely to his genetic material. When participants who used these words were asked about the donor as a person, they only talked about the donor in terms of his genetic material.

**Meta-communication**

In the interviews, parents talked about how they communicated about the donor to the child, and aspiring parents thought about how they would communicate with their future child.

Before the initiation of fertility treatment, all (aspiring) parents in this study had been to a counsellor. During counselling, parents were asked how they would call the donor. For some, this topic came as a surprise. Some parents thought about how they wanted to refer to the donor from the start, while others found it ‘a strange moment’ (Ada, lesbian aspiring parent) to think about this.

Ada indicated that she and her partner had not thought about it, because, at that time, ‘first and foremost, we want to become pregnant’ (Ada, lesbian aspiring parent) Most parents

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**Table 2. Words used by parents to refer to the donor in conversations with their child and the words used by that child.**

<table>
<thead>
<tr>
<th>Family</th>
<th>Parents</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No daddy</td>
<td>Daddy, kind of daddy, men, seeds, people</td>
</tr>
<tr>
<td>2</td>
<td>Donor, person, seeds</td>
<td>Daddy, kind of daddy, no daddy, mister, seeds</td>
</tr>
<tr>
<td>3</td>
<td>Mister, seeds</td>
<td>No daddy, mister, seeds</td>
</tr>
<tr>
<td>4</td>
<td>Daddy</td>
<td>Daddy, father, seeds</td>
</tr>
<tr>
<td>5</td>
<td>Little seed</td>
<td>Daddy, man, little seed</td>
</tr>
<tr>
<td>6</td>
<td>Kind man who gave seeds, donor, friendly mister</td>
<td>Daddy</td>
</tr>
<tr>
<td>7</td>
<td>Mister, seed</td>
<td>Daddy, man, seed</td>
</tr>
</tbody>
</table>

All parents included in this Table are lesbians, except for family 7. We only included parents’ words when they indicated that they used them in conversations with their child.
indicated that they did not talk (much) about the donor at home. Some lesbian couples mentioned that if they talked about him, it was in a humorous and teasing manner; a manner that was not found in the communication of heterosexual parents:

… or to tease a little. When they do something really well I say like ‘that will be something of their father’, I say [laughs]. (Lisa, lesbian parent)

During interview, both aspiring parents and parents reflected on whether or not they should use a particular term to name the sperm donor. Some of them were clear that they would never use the word ‘father’ or ‘daddy’, but would rather say that there was a man who helped them become pregnant. However, some lesbian couples indicated that they used (or will use) the word ‘father’ or ‘daddy’:

You call it as ‘We do not know your daddy, but you do have a daddy because everyone has a daddy’… But it is … well … [short pause] biologically, that is the daddy and he will also, well yes, be, like, addressed in that way. Because we are not going to tell our child ‘the sperm donor’.

(Lola, lesbian aspiring parent)

Only one lesbian couple decided to wait and ‘eventually, we will see what the child will say’ (Evie, lesbian aspiring parent).

Some parents pointed out that they dealt with word usage in a very conscious way. They made deliberate choices and their word usage was attuned to each other. They discussed and defined how they would tell the story and what words they would use. In addition, they updated each other when one of them had a one-on-one conversation with the child about donor conception, so that the other parent would know what and how things were said. This was meant to align their communication so that a coherent story could be told:

Euh, that we would follow the same line in how we continue talking, the same … use the same vocabulary a little bit, so that he knows, like, yes, it is not a different story. (Marie, lesbian parent)

Reflecting on words to refer to the donor was not only an issue for the (aspiring) parents, it was also prevalent in the children’s interviews. For Tom (nine years old), fitting terms to refer to the donor were words he would commonly use to refer to unknown male persons while for Tim (nine years old), the appropriateness of a label depended on the presence of a non-biological mother:

Yes, that’s the same like when I see someone walking in the street. Euh, yes, then you also say sir to him. Yes, that’s not really family and I do not know him either. So … (Tom, child of lesbian parents)

Yes, how should I call him? If there would not mommy, of course I would call him daddy. But now, I would just call him by his first name. (Tim, child of lesbian parents)

Functions of words that referred to the donor

Empirical discourse analysis provided a more detailed and contextualised analysis of the labels that were used to refer to the donor. We explored how these labels functioned in communication about the donor conception. We found four different interlinked functions of labels referring to the donor.

Positioning the donor in relation to the nuclear family

Depending on how participants perceived the donor, they used particular words to clarify the degree in which he was connected with their family. Most parents wanted to create distance between them and the donor and tried to minimise his role. This was done for
example by referring to the donor as ‘seeds’ or with words that described a tool or pointed to an alternative manner of conception, for example ‘medical tool,’ ‘a little syringe,’ and ‘a little trick’.

Parents who seemed to create distance between them and the donor often used words in the category ‘material’ or words from the category ‘person’ that were less personal. Examples were ‘donor supply,’ ‘sperm I did not know,’ ‘someone else’ and ‘third figure.’ In addition, creating distance and minimising the donor’s role was done by employing diminutives like in ‘little seeds’.

Positioning the donor in relation to the nuclear family was also prevalent in the children’s interviews. Tom (nine years old) did not think about the donor as a family member, so, as described above, a fitting label was the one (‘someone’) he would use for all male strangers.

**Safeguarding the role of the social parent**

Most fathers indicated that it would hurt them if their children were to say that they were not their real father. The heterosexual couples believed that the word father was reserved for the social father, not for ‘the one who gave sperm’ (Megan, heterosexual parent). Lesbian couples also made it clear that father was a name for the person who takes care of the child: ‘I think a daddy is more of a love name’ (Ruby, lesbian aspiring parent).

By describing the donor in terms of ‘seeds,’ he was made into less of a threat to the social parent because there was no mention of the person behind the seeds. As in the example of Tim (nine years old), above, children were sometimes attentive to the feelings of their social parent by choosing a label for the donor that would not affect their social parent. In the case of Tim, he safeguarded the role of his social mother by not calling the donor ‘daddy’.

Parents in both the lesbian and heterosexual households wanted to disassociate the words father and donor, that is to unlink genetic ties and fatherhood:

> We are not going to say ‘father’. Why? Because I associate father with rearing, that is someone who sits with you, together with you, who also chose for you, while a donor does not have that. (Liz, lesbian parent)

> For me, someone who offers cells cannot be a father. Because to me, being a father, that means taking care of someone, that means developing a bond, that means being involved with them. (Joseph, heterosexual parent)

**Clarifying the family structure**

Some parents in lesbian-headed households focused on keeping the word father out of their family narrative, not only to create distance between them and the donor but also to clarify their family structure. A daddy was not something that would fit their family structure; rather, it referred to a heterosexual family structure. Some lesbian parents wanted to make clear that in their household there was no daddy; there were two mommies, so ‘that it has been well framed from very early on’ (Marilyn, lesbian parent).

**Presenting a positive image of the donor**

One way in which parents facilitated acceptance of the donor was by creating a positive and non-threatening image of him. They allocated positive characteristics to the donor, for example Annie (lesbian parent) said: ‘We heard there was a nice guy who wanted to give little seeds.’ Here, the donor was not just a guy, he was a nice guy.
Another way to facilitate acceptance of the donor was by referring to him in a way that evoked a more specific image. For example, a heterosexual couple said that they named the donor as ‘a gentleman who looks a bit like daddy’ (Annie, lesbian parent). They wanted the donor conception narrative to be comprehensible and acceptable for their child and thought that the label donor was too abstract (in contrast to others who wanted to keep things abstract). So, they explained to their child that the donor was not a total stranger, but rather someone who, although they did not know him, looked like their father.

Discussion

This study contributes to knowledge about language usage in donor conception. We explored how recipients and donor offspring referred to the sperm donor and how these labels function in the communication process on donor conception. As Freeman (2014) has pointed out, our language is limited when it comes to describing the meaning and connections that arise in the context of assisted reproduction. This was also found in our study. Both aspiring parents and parents searched for appropriate terms. Commonly used words and statements for family (members) were not entirely applicable to their family. Our findings illustrate that several participants were creative and used personalised terms to refer to him (e.g. ‘our little Dane’ or our ‘guardian angel’). Moreover, participants did not hold on to the use of one word, but often used a variety of words.

We can also see that – in our sample – lesbian parents talked more about the donor than their heterosexual counterparts. Parents, especially heterosexual parents, less often referred to the donor as father or daddy compared to aspiring parents, while they more often emphasised that the donor was not a father. This can at least partly be explained by the tensions that sometimes exist between biological and social fatherhood. It has, for example, been found that fathers see themselves as being the father of their donor conceived child while simultaneously consider the sperm donor as the child’s ‘real father’ (Hargreaves 2006; Ives et al. 2008; Kirkman 2004b). This tension has been found to cause confusion in concepts of paternity (Ives et al. 2008; Snowden, Mitchell, and Snowden 1983). Referring to literature about stepfathers, Ives et al. (2008) suggest that language, and specifically the close semantic association between the term ‘father’ and the act of procreation, plays an important role in how people communicate about, for instance, sperm donors. In line with Ives et al.’s (2008) suggestion, we call for caution about how to interpret findings like ours (sperm donors being referred to as fathers) in that the words used by participants in this study may reflect a society’s linguistic customs rather than (aspiring) parents’ moral valuing of (or role attribution to) the sperm donor. In this way, it may well be linguistics that gives rise to confusion concerning parenthood concepts rather than confusion causing linguistic ambiguities in donor conception families.

We found that words and the sentences in which they are used can fulfil different interlinked functions. The functions of defining the role of the donor in the nuclear family and safeguarding the role of the social parent have been highlighted in previous studies. Mac Dougall et al. (2007) pointed out that parents used conception narratives in such a way that it minimised the role of the donor and legitimised the role of the parents who raised the child. The importance of some family relations can be emphasised while the importance of others can be downplayed (Nordqvist 2013). Downplaying can be done by using words that deny the donor’s personhood, for instance, by reducing him to a body part (e.g. Ehrensaft 2008; Wyverkens et al. 2014). The use of words in the category ‘person’ that did not refer to
a person with an identity also played a role in minimising the role of the donor. Some words in this category were vaguer than others (e.g. ‘third party’ and ‘other figure’).

Lesbian couples seemed to struggle to find a suitable term to refer to the donor. In their search, they took into account their family structure: there are two mommies and no daddy. Therefore, for some, it was not appropriate to call the donor daddy. The only time they did call him daddy or father was in a joking manner: ‘it comes from their father’s side’ (Nelly, lesbian parent). This humorous statement was not found in the sample of heterosexual couples. Naming the donor father in a lesbian family is a joke since there is no father, while for heterosexual families it is no joke because father refers to the social father. Heterosexual families have a different affective attachment to the word father than lesbian families. There, the father may feel a loss not to have a genetic link with the child. In this context, the term father carries a stronger emotional load. Some heterosexual parents mentioned their discomfort when people, who were not aware of the donor conception, told them ‘they [the children] resemble their father’ (Oscar, heterosexual parent). This discomfort indicates the different affective attachment parents may have to such a statement.

Children also thought about what they should call the donor and why they should do so. We found that apart from adopting the words their parents used, children often used different terms; terms their parents did not always find acceptable. Following the work of Van Parys et al. (2016), we found that communication about donor conception is not a one-way traffic in which the parents are in charge and the children are listeners to their parents’ stories. In contrast, findings from this study confirm the idea of disclosure and donor conception narratives as a result of co-construction. An example of children’s influence on the names and labels that are used within a family is found in a study of Donovan and Wilson (2008) where the lesbian parents of a child expected her to develop her own name for the non-genetic mother but found to their surprise that their child used the first name of her non-genetic mother as a pronoun in conversations with friends. Where other children were talking about their daddy, she talked about her ‘Shelly’ as if the other children also had a ‘Shelly’.

With regard to terms used to refer to the donor, the parents in our study tried to direct the word use of their children. They were very specific about which words they wanted their child to use and especially tried to prevent them from using the words father and daddy. Our findings indicate that parents have to keep in mind that, however hard they try, children may still use father or daddy to refer to the donor. This is not necessarily because they perceived the donor as a father, but possibly because language use is driven by the hetero-normative social context that confronts them with other words, like daddy, that they try to integrate into their narratives. The word daddy is present in their daily life (at school or a friends’ house, television and other media). In other words, when, for instance, children in lesbian headed households use the word daddy to refer to their sperm donor, it may not have the same meaning or status as it does for children who have a daddy.

**Limitations**

There are several limitations to this study. First, when studying language usage, we have to bear in mind that participants could (un)deliberately have adjusted their language use to the receiver of the message, in this case the interviewer. At home or in other contexts, they may use different words to refer to the donor, so we probably do not have a complete overview. Second, words can have a different meaning for the speaker than for the listener. In
this study, we tried to avoid misinterpretation as much as possible by asking participants to explain what they meant. Third, the study was not set up to directly compare lesbian and heterosexual couple’s use of labels, but to analyse both. It is possible that a comparative design would result in a more thorough description of differences and similarities. Fourth, the quantification of qualitative data was used merely as an analytic strategy to support the qualitative exploration (McPherson and Sauder 2015) to recognise patterns and to more clearly specify relationships between findings. They simply reflect the frequency of particular word usage within this small sample of participants (with specific characteristics, such as the age of the children) that is in no way representative of all parents and children in donor conception families. For instance, with respect to age of the children, other studies have indicated that language (including the terms to refer to the donor) changes over time, in line with changing relationships, described as a ‘co-evolution of language and relationships’ (Freeman et al. 2014, 288). Furthermore, presentations of the frequency of word usage do not reflect the context in which they were used or the specific meaning attached to the words by the people using them. Also, word usage in families is influenced by many interconnected factors, including, for instance, the siblings of the children included in this study and their interactions with others. Although it was not possible to identify all the main contributors to the word usage we studied, we need to be aware of the influence others may have had (i.e. teachers, General Practitioners). The same is true for booklets that may introduce specific terms that family members would not have used spontaneously (this influence is co-shaped by parents because they usually decide which books to buy or to read to their children). In this study, only one pair of parents (of a child that was also included in the study) referred to a booklet that they used as a bedtime story to explain donor conception to their son. The booklet did not contain the term ‘donor’ but it referred to the donor as ‘a nice man who gave seeds’, which may endorse the view of the donor as a kind and helping man. This image is in line with a particular way of facilitating acceptance of the donor, namely by creating a positive image of him.

**Conclusion**

In this study we have illustrated how the words used by parents and children to label the sperm donor were highly diverse. We also found different interlinked functions of the terms that were used to refer to the donor: (1) to position the donor in relation to the nuclear family; (2) to safeguard the role of the social parent; (3) to clarify the family structure; and (4) to present a positive picture of the donor.

Both parents and children consciously reflected about what words to use to refer to the donor. While some participants were clear that they would never use the word father or daddy, several lesbian parents and aspiring heterosexual parents did use these terms. Overall, however, parents tried to keep words like father and daddy out of the family narrative. Their efforts proved to be not very successful: a comparison of the word usage of parents and children within families showed that while children used the same words as their parents, they also used words like father and daddy. However, it cannot be said that therefore these children actually think about the donor as their daddy. Children may use the words father or dad while still making a distinction between the donor and a father (Blake et al. 2014). Interestingly, only one child, the only child in a heterosexual household, used the word ‘donor’.
These findings have important implications for counselling of donor sperm recipients. They also show that it is important for healthcare personnel and policy makers to reflect on the use of terminology when they address questions around sperm donation because the language used invokes specific meanings that have an effect on how recipients and their children will perceive the role of the donor.

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References


