

The Meaning of the Sperm Donor for Heterosexual Couples: Confirming the Position of the Father

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In the literature, relatively little attention has been paid to the meaning of donor involvement in the intimate couple dyad. The current study aimed to enrich our understanding of couples' meaning-making regarding the anonymous sperm donor and how they dealt with the donor involvement. Semi-structured interviews were conducted with nine couples, who had at least one child conceived through sperm donation. Our thematic analysis showed that the donor conception was seen as a different path to create a normal family. Once the family was formed, most couples avoided talking about the donor because it was perceived as disrupting men's growing confidence in their position as father. Participants tried to confirm the position of the father to protect the family relationships. Uncertainties about how they were perceived as parents showed the continuing dominance of genetic ties within our social discourse. Participants also dealt with reminders of the donor in their daily life. Overall, they tried to manage the space taken up by the donor and to protect the position of the father. We relate our findings to literature on topic avoidance and shared obliviousness in families. For counseling practice, it could be useful to explore couples' meaning-making about the donor as this seemed to serve family functioning.

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INTRODUCTION

Having biological children is an important life goal for most couples. However, for a fairly large number of heterosexual couples—approximately one in six—fertility problems render natural conception difficult (Boivin, Bunting, Collins, & Nygren, 2007; Covington & Burns, 2006). Infertility forces people to review their life goals and commitments (Glover, McLellan, & Weaver, 2009), and may cause feelings of uncertainty about their romantic partnership (Steuber & Solomon, 2008). Studies on the effects of infertility

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on personal and relational well-being have shown mainly negative effects (Cousineau & Domar, 2007; Monga, Alexandrescu, Katz, Stein, & Ganiats, 2004). However, for some couples, parenthood becomes possible through donor conception (DC). This form of family building implies that the child has a genetic link to only one parent (Readings, Blake, Casey, Jadva, & Golombok, 2011). Within Euro-American cultures, building a family through donor conception is challenging for parents given that genetic connectedness is regarded as the essential basis of family bonds. The medical importance of genetic ties is also often emphasized (for instance, with regard to genetic testing, bone marrow transplantation; see Becker, Butler, & Nachtigall, 2005; Grace & Daniels, 2007; Hargreaves, 2006).

To date, many studies have been conducted on donor-conceived families, mainly focusing on the psychological well-being of parents and children and the quality of their relationships, relative to naturally conceived families (e.g., Bos & van Balen, 2010; Brewaeyns, 2001; Casey, Vasanti, Blake, & Golombok, 2013; Golombok et al., 2004). This work has revealed that DC families are typically characterized by stable marital relationships, good parent-child relations, and good functioning (Bos & van Balen, 2010; Brewaeyns, 2001; Casey et al., 2013; Golombok et al., 2004). Recently, Sydsjö, Skoog Svanberg, Bladh, and Lampic (2014) conducted a prospective follow-up study to investigate the relationship quality among heterosexual couples after sperm donation, compared to couples treated with their own gametes. Consistent with previous studies on marital satisfaction among fertility patients (Repokari et al., 2007; Schmidt, Holstein, Christensen, & Boivin, 2005), it was found that relationship quality was high for all couples and remained high 2–5 years after treatment (Sydsjö et al., 2014). Likewise, high marital stability and quality was found in donor insemination, egg donation, and surrogacy families (Blake, Casey, Jadva, & Golombok, 2012).

A large body of research has also focused on the disclosure decisions of parents (e.g., Daniels, Grace, & Gillett, 2011; Hahn & Rosenberg, 2002). Those studies—mostly quantitative in nature—found that the majority of heterosexual parents; 54% (Nachtigall, Becker, Szkupinski, & Tschann, 1998), 70% (Golombok et al., 2002), and 81% (Owen & Golombok, 2009) do not plan to inform their children about their conception. In addition, most of those who originally intended to tell do not actually do so (Gottlieb, Lalos, & Lindblad, 2000; Lalos, Gottlieb, & Lalos, 2007; Lindblad, Gottlieb, & Lalos, 2000). Although parents tend to be committed to disclosure, in the end, they seem rather uncomfortable and afraid to share (Gottlieb et al., 2000; Nordqvist & Smart, 2014). Recently, some authors suggested that parental attitudes are moving toward more openness (Isaksson et al., 2011) and the use of identifiable donors (Söderström-Antilla, Sälevaara, & Suikkari, 2010). However, discomfort remains with disclosing the DC to the children, especially for the fathers (Beeson, Jennings, & Kramer, 2011). The literature thus suggests that secrecy continues to play an important role in heterosexual donor-conceived families.

The Role of the Donor

Couples' talk about their sperm donor is characterized by ambivalence (Burr, 2009; Grace, Daniels, & Gillett, 2008; Kirkman, 2004). Recipient parents have been reported to describe their donor as a noble and generous person and yet as a reminder of one's failure to conceive, evoking both gratitude and resentment (Kirkman, 2004). This ambivalence was also found by Burr (2009), who argued that there were different images of the donor: He can be an altruistic figure, as well as a shadowy, sinister figure. Furthermore, according to Burr, couples mainly saw the donor as a nonperson, while they also imagined him through the physical characteristics and traits seen in the children. These two competing perspectives also came to the fore in Grace et al. (2008): On one hand, participants actively removed and negated the presence of the donor as a person in their family life,

while on the other hand they often wondered what he passed on to the children. The representation of the donor as a nonperson seemed to enable couples to distance the donor and to minimize the potential threat for their relationships (Burr, 2009; Kirkman, 2004). However, according to Indekeu, D'Hooghe, Daniels, Dierickx, and Rober (2013), who interviewed couples at various stages of the family life cycle (pregnancy, birth, and toddler stage), anxieties about the position of the nongenetic parent diminished as the parent-child relationship grew. Disclosing parents increasingly felt confident and acknowledged in their parental position, which elicited feelings of normalization. Nondisclosing parents viewed their parenthood as similar to naturally conceiving parents.

Current Study

To complement the literature, we explored possible underlying psychosocial issues in managing the disclosure process and the sensitivities that may play a role in constructing the meaning of the donor. The following research questions were phrased. First, how do heterosexual couples deal with the donor's involvement? What meanings do they construct about the sperm donor? And how, if at all, do the partners' meaning-making processes regarding the donor differ? We focused on couples' talk about the sperm donor, rather than decisions about the disclosure of the DC. This exploratory study was set up within the Belgian context—where mainly anonymous sperm donation is practiced. The policy of the University Hospital of Ghent was to only offer anonymous donors unless the couple brought their own donor. Participants in this study all used anonymous donation.

The present study is part of a larger qualitative research project with multiple focuses related to (parenthood after) donor conception treatment. For this project, we interviewed couples with different family structures (heterosexual, lesbian) and different reproductive treatments (sperm/oocyte donation; use of own genetic material) at two stages of treatment (during treatment; 7–10 years after successful treatment). A previous study focused on lesbian parents' constructions about their sperm donor (Wyverkens et al., 2014). The current analysis includes only heterosexual couples after successful treatment. The way they talk about and deal with the third party donation was part of our research aims. The decision to gather qualitative data is related to the assumption that qualitative research accords best with experiential research questions and is able to provide a rich description of people's meaning-making processes (Smith, Flowers, & Larkin, 2009). The value of qualitative research in capturing family processes has also been demonstrated by Ganong and Coleman (2014). They argued that qualitative research methods can yield rich data and help researchers to develop stronger theory. Furthermore, conjoint interviews were conducted to obtain couples' shared constructions, to use a family member as interviewer, and to observe family dynamics as they occur (Reczek, 2014). As argued by Bjornholt and Farstad (2014), conjoint interviews provide a "common reflective space", which enables partners to complement and contradict each other; they can challenge and reinforce each other's ideas, which can take the form of a "natural" dialog (Reczek, 2014).

Social Constructionism

Using a social constructionist approach, we explore people's meanings and beliefs concerning donor conception and the role of socio-cultural contexts. Donor-conceived families are confronted with dominant ideologies regarding the importance of biogenetic ties (Van den Akker, 2006) and the increasing medicalization of family and kinship (Finkler, 2001). In our postmodern society, a diversity of family compositions exists (e.g., reconstituted families, same-sex, adoptive, and single-parent families), but family building based on biogenetic connections continues to be more highly valued cross-culturally (Finkler, 2001). Donor recipient families are thus seen as "alternative" and risk being stigmatized (Van

den Akker, 2006). This cultural context influences couples who are confronted with infertility and will affect disclosure decisions (Nachtigall, Tschann, Szkupinski, Pitcher, & Becker, 1997), with lower likelihood of disclosure when more stigma is reported. Within qualitative family research, we try to pay attention to those broader social discourses that provide people with the words to think and talk about their experiences.

METHOD

Participants

Between 2002 and 2005, 132 heterosexual couples were accepted for treatment with anonymous donor sperm at the Department of Reproductive Medicine of the Ghent University Hospital. Of these 132 couples, 31 were eligible for the study based on the following inclusion criteria: Belgian nationality, Dutch speaking, and parents of at least one donor-conceived child (aged 7–10 years). The counselor of the Department (who saw the participants at the time of the fertility treatment) contacted all eligible couples, starting with the parents of the eldest children, until 10 couples consented to participate. Seven couples could not be reached and 14 couples refused participation for the following reasons: They wanted to keep the method of conception a secret (seven); they perceived it as a closed chapter (one); they had a busy schedule (one); it was too sensitive to talk about for the male partner (three) or for them both (one); and one woman refused because her partner was deceased. Approval of the Ethics Committee of the Ghent University Hospital was obtained.

Interview

Between July and October 2013, the in-depth semi-structured couple interviews were performed by two psychologists of the research team (Author E.W. and H.V.P). Interviewers were trained in interview techniques and a previous pilot study was conducted with participants who provided feedback about the interview process. The data in the current study are derived from the following interview questions: “What does the donor mean to you?”; “How do you see the donor (probing an imaginary line from ‘father’ to ‘the supplier of cells’)?”; “What have you received from the donor (probing an imaginary line from ‘a child with characteristics and character traits’ to ‘some cells’)?”, “What does it mean to you to have an anonymous donor?”; and “Have you ever considered using a known donor? Why (not)?” In case only one partner reacted, the question was repeated to the other partner, to allow him/her to add (other) ideas. Consistent with our epistemological position, we acknowledge that reality might be told and experienced differently by both partners and this is seen as equally “true” (Reczek, 2014). Interviews took place at the location the participants preferred: the Department of Reproductive Medicine of the Ghent University Hospital ($n = 2$) or at home ($n = 8$). Participants gave their written informed consent at the time of the interview and were offered the possibility to contact the counselor in case questions or psychological needs arose during or after the interview. Each interview lasted 90 to 120 minutes and was audio-taped and transcribed verbatim using pseudonyms to protect the anonymity of the participants. Transcripts were checked for accuracy by a team member and by the interviewer.

Data Analysis

Within the data corpus, a particular dataset was analyzed in which couples referred to the donor. Thematic analysis was performed, as described by Braun and Clarke (2006). This inductive method entails a phased process from memo writing to the construction of themes and writing up the analysis report. No data saturation technique was used.

Throughout the analysis, special attention was paid to the different terms participants used in describing the donor and the interactions and dynamics between the spouses. The validity and trustworthiness of the analysis was improved through auditing by the co-authors, who independently read the analysis report and parts of the transcripts. The auditors challenged the coding scheme, the constructed themes, sought for discrepancies, and made suggestions to improve the depth of the analysis. MAXQDA, a software package that aids the storage and analysis of qualitative data, was used to facilitate data management.

RESULTS

Our thematic analysis resulted in three main themes. First, couples normalized their family situation and presented the donor conception as an alternative way to become a normal family. Second, the participants acknowledged and confirmed the position of the father to protect family functioning and the family relationships. Finally, the donor sometimes was brought up by external cues and parents tried to deal with such (unexpected) reminders. Before presenting these main findings, some background information about the participating families is provided.

Description of the Families

The sample consisted of nine couples. In selecting the couples, we did not focus on their DC disclosure decisions, because all parents may present a particular perspective on the role of the donor. All couples had one to two children, ranging 2–9 years old. The length of time since the first conception varied between 7 and 9 years. The majority of the participating couples decided not to disclose the donor conception to the child. One couple had not decided yet whether or not they would inform their daughter.

A Different Path to a Normal Family

Infertility often came as a surprise to the aspiring parents and it required partners to renegotiate their previously set life goals and the extent to which they wanted to pursue parenthood. At the time of the diagnosis, the possibility of using donor sperm to achieve a pregnancy had been completely new to some couples. They had never heard about this option and needed time to get used to this idea.

Amelia Terms like “sperm bank”, that was something you saw on TV, or... but in no way did it relate to our world.

Matt It was really far away from our experience, we’d never thought about it before.

Amelia Never been confronted with it, not in our group of friends or. So that was really, pff, it had to sink in. But, yeah.

Matt Yeah, no, but in the end, uhm, you go to the hospital and when you see how many people are in fertility treatment, then, you start to ...

Amelia ... put things in perspective. . .

Matt Yeah like, “it’s okay, it doesn’t necessarily have to be a bad thing, to go in that direction.”

For Amelia and Matt, it was as if they entered the “unknown world of sperm donation”. However, when they discovered that many people were affected by fertility problems, they felt more reassured and supported in their decision to conceive with donor sperm. Many

couples described how they decided to “move on” with the donor insemination, after a period of dealing with their fertility problem and mourning about the fact that they would not become “full genetic parents”. The transition and shift they had to make was described in various forms: “You cannot keep thinking about it” (Brooke); “I needed to get over it” (Charlotte); and “Our child wish was so big that we decided to proceed with the next step” (Samuel). Taking into account all possible objections and concerns, it was eventually considered the best option. Although it was not an easy or evident route, the wish to become a family was so intense that they decided to continue with the treatments. Maya described her husband’s willingness to give up genetic parenthood to satisfy her child wish as: “a form of sacrifice, a generous gesture of my husband”. Retrospective talk about the donor conception further revealed that the donor involvement was something of minimal importance in light of the family they had formed. Most couples forgot about the donor from the moment their goal was fulfilled:

Amelia In the end, we got a child like any other couple, if you forget the whole background. And everyone gets a child with certain traits and characteristics. So in that respect, there’s not much of a difference.

Matt Yes, they won’t be any different from other, uhm, children conceived naturally.

Parents tended to normalize their family situation and stressed that they were not different from other families. By presenting themselves as “normal families”, parents aimed to be socially and legally acknowledged: They did not want to be seen as deviant. Cynthia and Oliver stated: “It’s our child and that’s the main point, we had to apply some sort of trick, but she’s ours.” Within the family building narrative, the donor was represented only as a means to achieve their goal, a temporary problem (“a little detour”) on their route to becoming a family.

Although most couples talked about the donor as a tool to solve their problem, some accounts showed that—women in particular—were confronted with the man behind the donor. Candice and Brooke described how they were suddenly struck by the fact they were going to be inseminated by sperm of an unknown man.

Candice With that first insemination, it was weird. It’s like the first time that you’re inseminated with someone else’s sperm and for me it was like, “gosh!”. Only psychologically, you know, because it doesn’t feel different [from prior inseminations with her husband’s sperm]. But yeah, it felt weird. For me, that first insemination was a bit gross, yeah.

Receiving something that intimate from a total stranger and having it transferred in their body, felt “odd” and somehow “unclean”. This is consistent with Burr (2009), who also reported women’s feelings of “weirdness” about being pregnant by “another man”. Although participants felt they were a normal family, sometimes strange and unusual feelings related to the donor and the route to parenthood came to the fore.

Protecting Family Relationships: Confirming the Position of the Father

For both the family and marital relationships, minimizing the role of the donor and acknowledging the father seemed functional. Parents looked for ways to be seen as the “real parents” and the negation of the donor seemed crucial to obtain the feeling that the child was fully theirs. Couples also tended to represent the donor in terms of a small medical aid. In their talk, they often used diminutives (“little sample of sperm”, “a little seed”), thereby minimizing the contribution of the donor.

Oscar And it [the donor] doesn't interest me. I know that at that time I had some problems and that someone, yes, that thanks to someone's donation my children were born. But other than that, I don't need to know all those things [about the donor]. (...) *I raise my children, they both call me "daddy", and that's it.*

Oscar's account shows how he wanted to close the chapter of the donation. He referred to his own position as "daddy" and caregiver of the children. Later on in the interview, he continued:

Oscar This might also mean that I'm doing my job as a dad really well, to the extent that people take it for granted. They can see that the kids are really, they see that they like to hang out with both of us, and at times they're constantly clinging onto me, "Daddy, Daddy, Daddy."

The fact that the children addressed him and that others outside the family could see that he had a good relationship with his children, somehow proved that he was the "real" father. For the men in our study, the recognition by the outside world was often referred to as an important confirmation of their position as the sole father. They also stressed that having a good relation with their children was important and they thought this would prevent the children from seeking information about the donor. Investing in the parent-child relationship seemed to serve as a means to cope with the threat that possible contact with the donor posed.

Brooke But you have a very good bond with the children. That makes a difference.

Theo Yes, I've got a good bond. But it's, particularly with Iris, like when she's angry or not allowed to do something. She really takes on a tone with me. She'll say things like "yeah, but you're not my dad". And then two minutes later she jumps into my arms. You know how it is.

The bond between the children and their father was something parents were concerned about and they seemed to make extra efforts to ensure a good relationship. Initially, some fathers were afraid that the relationship with their children would be difficult. They feared that the child would reject them (after disclosure) or feared that there would be few resemblances, but this fear turned out to be unjustified. They also explained that although his daughter sometimes alludes to his nongenetic fatherhood, overall they had a good bond and that mattered the most.

For the couple, and especially for the men, the involvement of the donor sometimes made them feel insecure. We saw this in the interview with Oscar, who suddenly reacted to his wife's wondering about the donor: "the seeds could just as well have been mine, end of story." In Oscar's reaction, the donor was rejected and even some form of denial seemed apparent. Somehow Oscar tried to stop his wife, who was explaining her curiosity toward the donor, because it felt too threatening. The idea that "another man" was involved caused feelings of insecurity and somehow posed a threat to the father's position. Here, it seemed that the partner's feeling of exclusivity needed to be protected. Luke also explained that he would be scared if the donor would contact their family (hypothetically), "*Now I'm perceived as the father, [if the donor turns up] that's somehow a threat to me*". Many women in our study tried to counter these feelings by stressing that their husband was the father of the children. They often emphasized this during the interview and made clear that the donor was not part of their family. By minimizing the role of the donor, they also emphasized the importance of their partner and his resemblance to the offspring.

Int At this time, what does the donor mean to you?

Candice For me it's like nothing. No, because for me it's, I never really think about that donor, 'cause for me, Patrick is the father.

In this quote, Candice acknowledged Patrick as the father and at the same time she reduced the donor to “nothing”. Underlying this presentation of the donor, she seemed to fulfill the need for the father to be seen as the “real” and “full” parent. In a way, women sensed that giving too much thought about the donor was delicate and sometimes difficult for their partner. Amelia noted that she would never put a photo of her husband as a child in the house, or look into photo albums of her or Matt as a child, to avoid resemblance talk (which was considered too painful for her partner). The quotes of Jilian and Brook showed how they tuned into the perceived needs of their partner and avoided talking about the donor to recognize their partner's position as the (sole) father.

Jilian Yeah, so we don't really give it much thought anymore. But I think that, for him [the father] personally, it's better that way. Because I think that if you're reminded [of the donor] over and over again, that must be hard.

Brooke In the beginning we talked about it a lot, but you cannot keep talking about it.

Theo I think the most important things were said.

Women were considering their partners' feelings and they felt they really had to walk on eggshells when it came to the donor. In that respect, discussing the donor during the interview was perceived as quite intrusive. Some participants explained that talking that much about the donor somehow felt artificial, as they were not used to doing that in their daily life. Charlotte started the interview by saying that it was the first time they spoke about the donor ever since the conception. She remembered us calling to participate in the interview study and said that she was agitated: “I thought, come on now, why should one need to talk about that? For me it's over, full stop. In my mind, that chapter is closed.”

Aside from the functions it had for the family, not talking about the donor was also explained by the absence of donor information. Participants often referred to the anonymity of the donor to explain that they did not think or talk about him. Most participants stated that they knew nothing about their donor, they could not make an image of him and they actually preferred not to know. Keeping the unknown enabled them to live their own life and to prevent confrontations with the donor. When talking to their children about the donor, the parents who disclosed immediately added that the donor was anonymous, and because of that, it was not possible to start looking for him.

Theo At this point, it's [the donor] too abstract. And I prefer it like that. It's an abstract concept, they can label it and fill it in however they like. To really delineate it and define it as “this and that and that”, I don't think that's necessary. But of course, if they have questions, I think it's important that you don't go like “shht”, that you just say how you feel about it. That, to me, is also important.

The preference for a donor who is completely anonymous and an “abstract” figure seemed somehow at odds with the needs of children who were informed about their donor conception. But, as Theo (who disclosed to the children) explained, presenting the donor as an abstract concept had some advantages: Children could fill it in however they wanted, they could use their imagination, and this could prevent them from disappointment that might result from contact with the “real” donor (in the hypothetical

situation that contact with the donor would occur). For Theo, creating space for a dialog with children and talking about his feelings was more important than providing information to the children. In other words, how it was said seemed more essential than what was said.

Dealing with Reminders of the Donor

Participants explained that thoughts about the donor sometimes turned up in their lives. Every now and then they talked about him, mostly triggered by external factors such as a TV show about donor conception, passing by the fertility clinic, having friends who use donor sperm, the phone call for the interview, or a medical examination of the children.

Harry ... It's the same as with other thoughts that come across your mind. It comes and goes. You don't think about it that much anymore. And, I must say, yes, it crosses your mind now and then. But also months pass where you don't think about it at all because it's so normal. It's rather triggered by external things, uhm, if they ask "where do babies come from?". So, at that moment you think about it again.

Jacqueline Or in TV shows... That's happened, right?

Harry Or in a TV show. Basically an external factor that makes you think about it, rather than being confronted with it when you see her, so to speak.

Most parents did not bring up the topic by themselves because they perceived it was irrelevant. This stemmed from a feeling that everything was "normal" in their family. Harry (who decided not to disclose), explained that he was not reminded of the donor when he looked at his child. The donor did not come to his mind, except for the few times the children asked questions about the way they were conceived or when he was reminded of the treatments or confronted with donor issues in the media. Still then, those thoughts were described as something that popped up and went away just as quickly. Most couples stated that they had not thought about the donor since the insemination or childbirth. For three men in our study, curiosity about the motivation of the donor (Harry) and his characteristics (Matt, Oliver) sometimes arose. For the remaining couples, the women were more occupied with the donor than the men. During the interviews, they often admitted to being somewhat curious about the donor, in particular when they discovered traits in the children that they did not recognize:

Amelia sometimes I wonder, and I can be open about that, like "Is that something typical from the donor's side?". Like, Gus is a big guy and then at times I wonder whether he [the donor] was like that too during his childhood?

In Amelia's account, as well as in those of other women, the hesitation became apparent through words like "to be honest", or "sometimes I wonder, but not that much" (Maya), or questions such as: "is that abnormal? Is it wrong?" (Jilian). Women carefully expressed (or admitted) their curiosity and sought confirmation that it was okay to think about the donor and his genetic contribution. They wondered both about negative traits (that they tended to attribute to the donor) and positive traits or interests. Overall, women's curiosity about the person behind the donation was carefully balanced against the perception that their husbands were reluctant to carry on about the donor. They tried to manage the space taken up by the donor and to protect the position of the father.

DISCUSSION

This exploratory study adds to our knowledge about the meaning of the donor for heterosexual couples. Consistent with Indekeu et al. (2013), we found that being acknowledged as a parent by others, in particular by the children, was an important factor for the fathers to feel confident. In contrast to Indekeu et al. (2013), we could not identify differences between disclosing and nondisclosing couples. Central to our analysis and regardless of the couples' disclosure decision was the finding that thoughts about the sperm donor faded into the background as soon as the family was formed. During the treatment phase, couples thought about the donor conception but as soon as they became a family, this was no longer on their minds. It seemed to belong to the past.

The tendency to forget the sperm donor and to not talk about him can be interpreted in several ways. First, it could be that parents avoid talking about the donor because they feel it is too delicate and too threatening for their relationship. Steuber and Solomon (2008, 2012) investigated relational aspects for couples who experienced infertility, using the relational turbulence model and the concept of privacy boundary turbulence. They argued that the infertility experience may cause relational uncertainty and this may lead partners to engage in topic avoidance. Research on the use of topic avoidance has identified self-protection and other protection as the main underlying reasons (see Afifi, Olson, & Armstrong, 2005). We found those mechanisms in some of the narratives, where the topic of the donor was circumnavigated, because of the possible threat to the father's feelings. Furthermore, the couples typically used a "we" approach when discussing their views on the donor, rather than representing their individual accounts. This form of dyadic coping, in which the partners addressed the infertility as a relational unit, was also found by Steuber and Solomon (2008), in their qualitative analysis of online forums of couples who experienced infertility.

A second mechanism that can be identified is that parents avoid talking about the donor to keep the family secret about the DC. Our findings suggest that couples handled the donor practice in an atmosphere of secrecy. Authors like Imber-Black (1993) have pointed out that secrets threaten and harm family relationships. It can affect family communication and create the formation of triangles (Imber-Black, 1993; Imber-Black, 2014). Communication becomes unreliable, genuine conversations disappear, and relationships grow untrustworthy (Imber-Black, 2014). On a systemic level, barriers are created between those who know and those who do not know, leading to psychological distance, reduced trust, and dissatisfaction (Vangelisti & Caughlin, 1997). In the context of donor insemination (DI) families, Berger and Paul (2008) investigated adult donor offspring's perception of parents' use of topic avoidance and found a negative association with family functioning, suggesting possible harmful effects of topic avoidance as a mechanism in keeping family secrets. However, recent studies have also identified positive effects of secrets as it can serve to protect a person from close others who are powerful and potentially violent (Afifi et al., 2005). Future research focusing on the relation between topic avoidance and family functioning or relationship satisfaction should take into account the underlying motivations and personal and relational characteristics (see Caughlin & Afifi, 2004). Caughlin & Afifi (2004) examined those moderators and found that—when topics are avoided to protect the relationship—the negative association between avoidance and dissatisfaction diminishes.

Third, for some families, the donor conception was simply not an issue. They regarded themselves as a close and well-functioning family, so why should they give the donor any thought? That chapter was closed; the donor conception was not relevant anymore and they normalized their family situation. In this respect, conducting the interview about the donor conception was often referred to as an unusual event, something that was not part

of their family life. This shows that we have to be careful not to problematize the negation of the donor or assume that it stems from uncertainty or fears. It could also be the case that the DC simply disappears from parents' lives, they are not aware of it anymore. Rosenblatt (2009) examined this lack of awareness in families in his work *Shared Obliviousness in Family Systems*. He defined "obliviousness" as: "a state of being unmindful or unaware of something, of being ignorant or not conscious of its existence" (p. 1). For instance, families collectively deny issues such as substance abuse of their adolescents, sexual orientation, addiction, etc. According to Rosenblatt, this shared obliviousness in family systems is essential for family functioning. It protects the family from information overload—information that could create chaos and problems in making basic decisions. With shared obliviousness, certain information may not be known to the family system and it may in fact not be in the system's best interest to bring this to awareness (Rosenblatt, 2009). The involvement of the donor might be something some families were shared oblivious about. Irrespective of the disclosure decisions, parents tended to downplay the meaning of the donor, which (consciously or unconsciously) might serve to protect the father's position in the family.

In comparison to lesbian couples' talk about the sperm donor (Van Parys et al., 2014; Wyverkens et al., 2014), the heterosexual couples in this study were far more protective of the social parent's position. They kept on presenting the donor as an instrumental aid and there was less room within the couple relationship for curiosity about the person behind the donation. This might be related to Goldberg, Downing, and Richardson (2009) finding that biological parenthood is more salient to heterosexual men and women than to lesbians. Lesbian parents seemed to be less committed to becoming a biologically related family and therefore felt less threatened by the donor. They tend to be more open with their children about their origins and provide more information about the conception circumstances (Goldberg & Allen, 2013). Beeson et al. (2011) also found that children's comfort in expressing curiosity about the donor was lowest in heterosexual families (in comparison to single-parents and lesbian families), especially toward the father. These findings show that heterosexual parents are very much influenced by the societal norm, privileging the nuclear family based on genetic ties.

Some shortcomings need to be addressed. Given the small sample size, no generalizability claims can be made. Nevertheless, the in-depth analysis of couples' experiences helps to generate an understanding of the issues that arise after conceiving with an anonymous donor. Second, next to the size of the sample, the sample itself may be biased. For instance, couples who were particularly uncomfortable with or remained secretive about the DC may have been less likely to participate. Third, given that some couples had never talked about the donor before, a social reality is co-constructed in relation to the interviewer and triggered by the interview questions. Therefore, participants might have reacted in a more avoidant and protective (toward the father) manner than would be the case in their everyday life. Fourth, although conjoint interviews have advantages, such as accessing couples' shared constructions and experiences, the presentation of a joint narrative might have constrained some participants from talking freely about their personal views. Taylor and Vocht (2011) stated that interviewing both partners can lead to an enrichment as well as a decrease in the quality of the data. In particular, men could have been hindered to admit their fears or concerns in presence of their wives and some women possibly did not elaborate on the meaning of the donor, because they did not want to confront their partner. However, by interviewing couples together, the researcher can observe family practices and dynamics as they occur in family life and topics of disagreements can be identified (Bjornholt & Farstad, 2014).

For future research, it would be interesting to conduct additional separate interviews to discover more personal experiences that are difficult to share in the presence of the part-

ner. More specifically, it would be interesting to go deeper into the threat men seemingly experience when talking about the donor. What is at stake and in what ways do they feel threatened by the donor? For instance, do they feel threatened in their virility or masculinity, by the absence of a genetic tie or their failure to reproduce? Aside from the cultural discourse on what constitutes a family, cultural discourses about parenthood or gender roles might also play a role and should be further investigated. Finally, long-term follow-up studies are needed on family functioning in DC families. For instance, do disclosure decisions hold up when donor offspring become adults and are confronted with fertility problems themselves?

Implications for Practice

From previous research, we know that most heterosexual donor families remain secretive about the DC to their offspring (Golombok et al., 2002) and that their marital satisfaction is generally high (Sydsjö et al., 2014). Current exploratory study improves our understanding of these findings. We have illustrated that the meaning of the donor is constructed within a couple and a family unit. The way one relates to the donor and talks about the donor is influenced by the effects this will have on the family, the partner, and the wider social context. It always entails a balancing of one's own needs to talk about concerns and feelings, while taking into account the needs and emotions of others. The carefulness women evinced when talking about the donor shows that they expected that their partner could feel hurt or even pushed aside. Presenting the donor as a nonperson therefore functioned to (1) convince couples to proceed with their fertility treatments, (2) confirm their sense of being a "normal" family, (3) protect the position of the father, and (4) preserve men's feeling of exclusivity within the partner relationship. Irrespective of the parents' disclosure decision, they seemed to construct meanings around the donor that served family functioning. In therapy practice, it could be useful to explore couples' meaning-making about the donor. In particular, our findings suggest that it would be valuable to discuss the meaning of the donor conception to people's individual self-esteem, their confidence in the parental role, and their sense of relational identity. Furthermore, counselors should consider the sensitivities prospective parents try to cope with and create room for talking and not talking.

AUTHOR CONTRIBUTIONS

The main researcher was E.W., the first author of the paper. V.P., A.R., and A.B. provided feedback during all phases of the analysis. G.P., A.B. and P.D.S. (the supervisors of this research project), and V.P. (the coordinator) were involved in the design of the study. P.D.S was also involved in the organization of the recruitment at the University Hospital of Ghent.

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