

RELATIVE STRANGERS

FAMILY LIFE, GENES
AND DONOR CONCEPTION

PETRA NORQVIST
AND CAROL SMART



Palgrave Macmillan Studies in Family and Intimate Life

Titles include:

Graham Allan, Graham Crow and Sheila Hawker
STEEFAMILIES

Harriet Becher
FAMILY PRACTICES IN SOUTH ASIAN MUSLIM FAMILIES
Parenting in a Multi-Faith Britain

Elisa Rose Birch, Anh T. Le and Paul W. Miller
HOUSEHOLD DIVISIONS OF LABOUR
Teamwork, Gender and Time

Ann Buchanan and Anna Rotkirch
FERTILITY RATES AND POPULATION DECLINE
No Time for Children?

Deborah Chambers
SOCIAL MEDIA AND PERSONAL RELATIONSHIPS
Online Intimacies and Networked Friendship

Robbie Duschinsky and Leon Antonio Rocha (*editors*)
FOUCAULT, THE FAMILY AND POLITICS

Jacqui Gabb
RESEARCHING INTIMACY IN FAMILIES

Stephen Hicks
LESBIAN, GAY AND QUEER PARENTING
Families, Intimacies, Genealogies

Clare Holdsworth
FAMILY AND INTIMATE MOBILITIES

Rachel Hurdley
HOME, MATERIALITY, MEMORY AND BELONGING
Keeping Culture

Peter Jackson (*editor*)
CHANGING FAMILIES, CHANGING FOOD

Riitta Jallinoja and Eric Widmer (*editors*)
FAMILIES AND KINSHIP IN CONTEMPORARY EUROPE
Rules and Practices of Relatedness

Lynn Jamieson and Roona Simpson (*editors*)
LIVING ALONE
Globalization, Identity and Belonging

Lynn Jamieson, Ruth Lewis and Roona Simpson (*editors*)
RESEARCHING FAMILIES AND RELATIONSHIPS
Reflections on Process

David Morgan

RETHINKING FAMILY PRACTICES

Petra Nordqvist and Carol Smart

RELATIVE STRANGERS: FAMILY LIFE, GENES AND DONOR CONCEPTION

Eriikka Oinonen

FAMILIES IN CONVERGING EUROPE

A Comparison of Forms, Structures and Ideals

Róisín Ryan-Flood

LESBIAN MOTHERHOOD

Gender, Families and Sexual Citizenship

Sally Sales

ADOPTION, FAMILY AND THE PARADOX OF ORIGINS

A Foucauldian History

Tam Sanger

TRANS PEOPLE'S PARTNERSHIPS

Towards an Ethics of Intimacy

Tam Sanger and Yvette Taylor (*editors*)

MAPPING INTIMACIES

Relations, Exchanges, Affects

Elizabeth B. Silva

TECHNOLOGY, CULTURE, FAMILY

Influences on Home Life

Lisa Smyth

THE DEMANDS OF MOTHERHOOD

Agents, Roles and Recognitions

Yvette Taylor

EDUCATIONAL DIVERSITY

The Subject of Difference and Different Subjects

Palgrave Macmillan Studies in Family and Intimate Life
Series Standing Order ISBN 978-0-230-51748-6 hardback
978-0-230-24924-0 paperback
(*outside North America only*)

You can receive future titles in this series as they are published by placing a standing order. Please contact your bookseller or, in case of difficulty, write to us at the address below with your name and address, the title of the series and the ISBN quoted above.

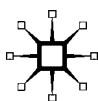
Customer Services Department, Macmillan Distribution Ltd, Houndmills,
Basingstoke, Hampshire RG21 6XS, England

Relative Strangers: Family Life, Genes and Donor Conception

Petra Nordqvist and Carol Smart

The Morgan Centre, School of Social Sciences, University of Manchester, UK

palgrave
macmillan



© Petra Nordqvist and Carol Smart 2014
Softcover reprint of the hardcover 1st edition 2014 978-1-137-29763-1
All rights reserved. No reproduction, copy or transmission of this publication may be made without written permission.

No portion of this publication may be reproduced, copied or transmitted save with written permission or in accordance with the provisions of the Copyright, Designs and Patents Act 1988, or under the terms of any licence permitting limited copying issued by the Copyright Licensing Agency, Saffron House, 6–10 Kirby Street, London EC1N 8TS.

Any person who does any unauthorized act in relation to this publication may be liable to criminal prosecution and civil claims for damages.

The authors have asserted their rights to be identified as the authors of this work in accordance with the Copyright, Designs and Patents Act 1988.

First published 2014 by
PALGRAVE MACMILLAN

Palgrave Macmillan in the UK is an imprint of Macmillan Publishers Limited, registered in England, company number 785998, of Houndmills, Basingstoke, Hampshire RG21 6XS.

Palgrave Macmillan in the US is a division of St Martin's Press LLC, 175 Fifth Avenue, New York, NY 10010.

Palgrave Macmillan is the global academic imprint of the above companies and has companies and representatives throughout the world.

Palgrave® and Macmillan® are registered trademarks in the United States, the United Kingdom, Europe and other countries.

ISBN 978-1-137-29766-2 ISBN 978-1-137-29764-8 (eBook)
DOI 10.1057/9781137297648

This book is printed on paper suitable for recycling and made from fully managed and sustained forest sources. Logging, pulping and manufacturing processes are expected to conform to the environmental regulations of the country of origin.

A catalogue record for this book is available from the British Library.

A catalog record for this book is available from the Library of Congress.

For Iris

Contents

<i>List of Tables and Figures</i>	viii
<i>Series Editors' Preface</i>	ix
<i>Acknowledgements</i>	xi
Introduction	1
1 Proper Families? Cultural Expectations and Donor Conception	11
2 Uncharted Territories: Donor Conception in Personal Life	29
3 Ripples through the Family	48
4 Keeping It Close: Sensitivities and Secrecy	68
5 Opening Up: Disclosure, Information and Family Relationships	87
6 Relating to Donors: Strangers, Boundaries and Tantalising Knowledge	106
7 (Not) One of Us: Genes and Belonging in Everyday Life	125
8 Relative Strangers and the Paradoxes of Genetic Kinship	144
<i>Appendix I: Researching Donor Conception and Family Relationships</i>	166
<i>Appendix II: Index of Participants</i>	173
<i>Appendix III: Glossary of terms</i>	180
<i>Notes</i>	181
<i>Bibliography</i>	183
<i>Index</i>	190

Tables and Figures

Tables

A1	Number of children conceived in the study by gamete donation type (total number of children in the families in the study $N = 111$)	168
A2	Frequency of route to conception (total number of cases $N = 74$)	169
A3	Birth year of participants and donor conceived children in families interviewed ($N = 229$)	169
A4	Ethnic identity of participants (total number of participants $N = 119$)	170
A5	Parent participants' highest level of qualification (total number of parents $N = 78$)	171

Figure

2.1	Visualising dimensions of 'choice'	40
-----	------------------------------------	----

Series Editors' Preface

The remit of the *Palgrave Macmillan Studies in Family and Intimate Life* series is to publish major texts, monographs and edited collections focusing broadly on the sociological exploration of intimate relationships and family organisation. As editors we think such a series is timely. Expectations, commitments and practices have changed significantly in intimate relationships and family life in recent decades. This is very apparent in patterns of family formation and dissolution, demonstrated by trends in cohabitation, marriage and divorce. Changes in household living patterns over the last 20 years have also been marked, with more people living alone, adult children living longer in the parental home, and more 'non-family' households being formed. Furthermore, there have been important shifts in the ways people construct intimate relationships. There are few comfortable certainties about the best ways of being a family man or woman, with once conventional gender roles no longer being widely accepted. The normative connection between sexual relationships and marriage or marriage-like relationships is also less powerful than it once was. Not only is greater sexual experimentation accepted, but it is now accepted at an earlier age. Moreover, heterosexuality is no longer the only mode of sexual relationship given legitimacy. In Britain as elsewhere, gay male and lesbian partnerships are now socially and legally endorsed to a degree hardly imaginable in the mid-twentieth century. Increases in lone-parent families, the rapid growth of different types of step-family, the de-stigmatisation of births outside marriage, and the rise in 'living-apart-together' (LAT) couples all provide further examples of the ways that 'being a couple', 'being a parent' and 'being a family' have diversified in recent years.

The fact that change in family life and intimate relationships has been so pervasive has resulted in renewed research interest from sociologists and other scholars. Increasing amounts of public funding have been directed to family research in recent years, in terms of both individual projects and the creation of family research centres

of different hues. This research activity has been accompanied by the publication of some very important and influential books exploring different aspects of shifting family experience, in Britain and elsewhere. The *Palgrave Macmillan Studies in Family and Intimate Life* series hopes to add to this list of influential research-based texts, thereby contributing to existing knowledge and informing current debates. Our main audience consists of academics and advanced students, though we intend that the books in the series will be accessible to a more general readership who wish to understand better the changing nature of contemporary family life and personal relationships.

We see the remit of the series as wide. The concept of 'family and intimate life' is interpreted in a broad fashion. While the focus of the series is clearly sociological, we take family and intimacy as being inclusive rather than exclusive. The series covers a range of topics concerned with family practices and experiences, including, for example, partnership, marriage, parenting, domestic arrangements, kinship, demographic change, intergenerational ties, life course transitions, step-families, gay and lesbian relationships, lone-parent households and non-familial intimate relationships such as friendships. We also wish to foster comparative research, as well as research on under-studied populations. The series includes different forms of book. Most are theoretical or empirical monographs on particular substantive topics, though some may also have a strong methodological focus. In addition, we see edited collections as falling within the series' remit, as well as translations of significant publications in other languages. Finally, we intend the series to have an international appeal, in terms of both topics covered and authorship. Our goal is for the series to provide a forum for family sociologists conducting research in various societies, and not solely in Britain.

Graham Allan, Lynn Jamieson and David Morgan

Acknowledgements

We would like to thank the Economic and Social Research Council (ESRC) for generously funding the research on which this book is based. Details of the project, which was called 'Relative Strangers: Negotiating Non-Genetic Kinship in the Context of Assisted Conception', can be found on the ESRC website (ESRC reference: RES-062-23-2810). In particular we wish to mention Michelle Dodson of the ESRC, who offered us guidance in the last stages of the project. We are also grateful to the trustees of the Mass Observation Archive at the University of Sussex for permission to reproduce Mass Observation material in Chapter 1. The project was based at the Morgan Centre for the Study of Relationships and Personal Life at the University of Manchester and we thank all our colleagues there for their support and encouragement during the course of the research. We are grateful to Jennifer Mason, Sue Heath, Vanessa May, Brian Heaphy, Paul Simpson, Gemma Edwards and Wendy Bottero for all their stimulating comments and contributions over the years. Our particular thanks go to Victoria Higham, Hazel Burke, Lisa Jenkins and Louise McMahon, who, in their different ways, kept the project organised and on track for three years. We are also immensely grateful to the Donor Conception Network, who have been keenly interested in our research and were also so helpful in assisting us to recruit many heterosexual couples for our study. Local Lesbian Mums groups were also invaluable in helping us to recruit lesbian couples and we list other organisations who helped us along our way in Appendix I. Finally our thanks go to all the parents and grandparents who participated in our project, without whom none of this would have been possible.

Introduction

Victoria and Jeffrey lived with their children in a small rural village in the South of England. As they were a heterosexual married couple with two small children, their family may have looked quite typical from the outside. However, there was an aspect to their story which was unusual, and this meant that they faced unusual kinds of ethical and social dilemmas in their family life. To become parents, they had gone through three years of very intensive in vitro fertilisation (IVF) treatments which failed because the quality of Jeffrey's sperm was too poor. So they made the decision to use donor sperm. This meant that they had to face the dilemma of whether to tell their children about the donor and their genetic background. While Jeffrey and Victoria were going through counselling at the fertility clinic, they decided that, if they were successful, they would tell their child about his or her origins. At the time of the interview they had two children, the elder a four-year-old girl. Victoria had been very committed to explaining all about sperm donation to her daughter from a very early age and they had followed advice on how to do this with the help of dedicated self-help books and also using agreed terminology (e.g. the sperm donor was always called Mr Donor). But what Victoria was not prepared for was the fact that, after she had told her daughter about her conception, the child would then make this information available to everybody in the very small village in which they lived. Victoria told us the following story:

We were just sitting in the room waiting for the vet to come in [and] the waiting room was right next to us, filled with people with

their dogs and everything. And [my daughter] just suddenly said, 'Oh, mummy, you really wanted a baby, didn't you?' And I said, (laughter), 'Yes.' And then she said, 'And daddy's sperm didn't work,' in this clear little singsong voice. 'So we asked Mr Donor and he ...' It sounded really sort of dirty and horrid, I don't know. She said, 'And we got it from another man,' she didn't even say a kind man I don't think. But obviously I just had to say, 'That's right, darling, well done, you've remembered it really well' and [I was] feeling incredibly embarrassed. And that's the first time I've had to be, sort of, just be exposed, I suppose. Because I'm really, you know, it's very important to me that people understand it, so when I tell I can actually explain it to people. But I couldn't sort of then go into the waiting room and say, 'Right, I need to explain why.' You know, because of course you can't. So it was quite embarrassing, but it's going to happen again, you know.

This is a very typical story of the sort of dilemma that parents of donor conceived children face. If they want to be open with their children they discover very quickly that sensitive information about their own private problems of infertility and their chosen method of conception becomes public property. In the story above it is revealed that it is impossible to tell children about their conception and then ask them to keep it secret from strangers. Victoria's discomfort is obvious and understandable. She says she would prefer to explain things to people in her own way so that they would not misconstrue what had gone on, but she realises that she had lost control of the information. She was particularly unhappy that her daughter had not referred to Mr Donor as a *kind* man, perhaps because she feared that people might think she had gone off for a one-night stand with a stranger. Her story not only reveals the kinds of dilemmas that parents in this situation have to face but it also reminds us of how vulnerable they can feel in a community which takes for granted that children are the genetic offspring of their parents and where infertility may still be stigmatised.

This story reveals the way in which the parents of donor conceived children face all kinds of unexpected situations not typically encountered in everyday family life. Such parents also have to solve unanticipated dilemmas, such as whether it is better to find a donor from within the wider family rather than from a pool of strangers

or whether donors should be involved in some way in the lives of the children they help to generate. They have to decide whether to go abroad to find gametes because waiting times can be too long in the UK, and then they have to decide whether to go to a country where there is complete donor anonymity or whether to go to one which will allow their hoped-for child to find their donor when they are older. At present these sorts of issues are real challenges to parents and sometimes even an awful burden. We found that when would-be parents are going through the process of trying to conceive against the odds, they are focused on achieving a pregnancy rather than working out exactly what they will do about hypothetical problems that may arise some years later. Although sketching out certain principles in advance (for example whether to tell children of their conception or whether to choose a known or unknown donor) is important, circumstances can also change dramatically, making early decisions inappropriate. Alternatively, would-be parents may find that they cannot actually engineer the circumstances of conception as they may have hoped. In the UK prospective parents who use licensed clinics to access donor conception are provided with counselling, but some couples may go abroad to clinics where there is little or no counselling, and some lesbian couples may use more informal methods of sperm donation and so do not attend a clinic at all. This means that parents embarking on donor conceived parenthood may have little grasp of the issues they are likely to face, and even those who feel well prepared may find that the reality is more challenging than they anticipate.

It is true that sperm donation (which used to be called artificial insemination by donor) is not a new practice, but until relatively recently it was a secret affair and we have little knowledge of how couples in the past in the UK managed the issues that this form of conception must have generated for them. The growth in the numbers of children born through these methods (more than 35,000 in the UK since 1991) combined with changing policies on matters of anonymity of donors and the extension of assisted reproduction methods to single women and lesbians means that the challenges that face parents who conceive children in this way are becoming more topical and less private. However people may come to the difficult decision to use donor gametes, the parents of donor conceived children are entering into a new way of doing family life.

Whether the parents are a heterosexual couple who have unexpectedly discovered that one or both of them have an infertility problem which cannot be solved through standard IVF treatments or intracytoplasmic sperm injection (ICSI), or a lesbian couple, or a single woman who has decided that the only way to have a child is to opt for sperm donation, it introduces new and unprecedented questions for parents and families.

In this book we explore how both heterosexual and lesbian couples and their families are dealing with these modern challenges. We draw on in-depth interviews with 22 heterosexual couples and 22 lesbian couples recruited across England and Wales. We also draw on interviews with 30 grandparents of donor conceived children, 15 of whom had a heterosexual son or daughter and 15 whose daughters were lesbian. We were specifically investigating the situation of couples and their wider families, because within the framework of the study we were exploring the particular issue of how families experience having both genetic and non-genetic connections within families created through donor conception (we explain in more detail how we conducted the study in Appendix I).

In many ways the parents we interviewed for the study were pioneers, and their experiences throw into sharp relief cultural beliefs about family life as well as the consequences of doing family slightly differently. These parents were also unwitting pioneers because by sheer chance they found themselves opting for donor conception precisely at a time when public policy on issues of donor anonymity was changing but had not settled into a generally accepted pattern. From a broader perspective we can also see that they embarked on the process just as popular discourses on the importance of genes and genetic connections reached a kind of zenith. Twenty years earlier they might have found themselves in a cultural context in which the term 'genes' was rarely used and the supposed significance of genetic connection was far more muted than it is today. But British society (along with many others in the West) has undergone a kind of 'geneticisation' of the popular imagination, such that now genes are increasingly believed to be of overwhelming significance in every aspect of life. In such a context not being the genetic parent of one's child might assume a greater significance than formerly and, almost certainly, the idea that it is important to know precisely who one's genetic progenitors are has really gripped the popular consciousness.

The modern experiences which we discuss are of course specific and local to the families who took part in our study. But they are also part of significant social and cultural changes in reproductive practices and family life in Britain and internationally, made possible through developments in medicine in the field of reproductive technologies. The birth of the first IVF baby, Louise Brown, in 1978 in Britain marked the beginning of an expansion of a medicalised infertility industry (Mamo, 2007), and with that the development of a plethora of technologies that assist conception. These medical advances have led to new and unprecedented possibilities in human reproduction. Technologies now enable, for example, ICSI (a technology that allows the insertion of a single sperm into a human egg in vitro) and notable new possibilities such as egg and embryo donation. Reproductive technologies have not only become more sophisticated over the years, but have also become much more commonplace so that people can turn to these technologies more readily when faced with problems of infertility. Data from the Human Fertilisation and Embryology Authority (HFEA), brought into being by the 1990 Human Fertilisation and Embryology Act, shows that between 1992 (when the register started) and 2007, the number of women treated with IVF and ICSI increased by over 250 per cent (HFEA, 2013a). As these technologies have become more widespread, they have also developed a strong international dimension. People who access reproductive care today do not only do so in their own countries, but also turn to clinics abroad, a phenomenon that has become known as cross-border reproductive care or CBRC (Culley *et al.*, 2011). It is difficult to estimate how many couples have sought CBRC so far, but according to Shenfield *et al.* (2010), who analysed data gathered from 46 clinics in Belgium, the Czech Republic, Denmark, Switzerland, Slovenia and Spain, there could be 24,000–30,000 cycles of cross-border treatment (involving 11,000–14,000 patients) taking place in Europe alone every year.

Alongside the developments in medical technologies, the perception of how society should manage these developments in family life has also changed and this has led to new policies and regulations. One particularly important debate in recent years, in the UK and internationally, has been whether the donor conceived child should have access to the identity of the donor. In the UK, this debate culminated in a shift from donor anonymity to donor identity release in

April 2005. Since then, the UK has operated an identity release system so that any child conceived after this date can seek identifying information about their donor at the age of 18. However, this development covers only licensed donor conception in the UK, and given that children are conceived through donation in other ways too, not all donor conceived children born today have the same access to donor information. For example, children born through informal arrangements where couples and donors make their own decisions about contact and information sharing may have more access to information compared with children conceived in licensed clinics, or none at all. Children conceived by donation abroad are also likely to have a different level of access to information as different countries operate different policies on identity release. There are also the children (many of whom are now adults) conceived using licensed UK clinics before April 2005, who have no formal access to information about their donor. However, for a child to access any of this information, he or she must have been told about being donor conceived in the first place. Because of this range of practices around donor identity release/anonymity, the circumstances of individual donor conceived children, and their families, vary considerably.

This diversity in terms of children's access to donor information is part of a larger picture of family diversity that characterises the families that we interviewed for our study. The couples in our study used egg, sperm and embryo donation and, as we shall explore in the chapters that follow, these different pathways afforded couples different experiences of reproductive donation. As we also go on to explain, the sexuality of the couple was often decisive in how they experienced becoming a family. Many of the families we spoke to had accessed treatment in a UK reproductive health centre, but others had found that the waiting lists and costs associated with British treatment were insurmountable and that they could access faster and cheaper treatment abroad. Still other couples, specifically the lesbians in this study, chose to circumvent medical reproductive care altogether and conceived in informal arrangements with sperm donors. Until 2007, it was also possible to use Internet companies to have fresh donor sperm delivered to your door in the UK (a commercial practice which has since been criminalised),¹ and so there are also families with young children conceived outside the clinic context but through a commercial route. Some families had children who could

access information about their donor; others did not. In some families the donors were known to the child and the parents; others had never met their donor. This diversity is an integral part of what we call 'families by donation' and in the following chapters we explore both commonalities and differences among them.

In Chapter 1 we start by asking the question of what a 'proper' family looks like. Because the shape and size of families in the UK has changed so much over the last century there has been an endless culture war over which sorts of family are 'real' families. Donor conceived families are the most recent of the new families and they are facing sensitive issues about whether they can fit in and look just like other families or whether they should embrace their difference while still insisting that they are perfectly proper families. This chapter raises in outline some of the dilemmas that the parents and grandparents in our study face while also mapping out the approach we take to understanding contemporary family life. Chapters 2 to 7 are based on the empirical material we collected in carrying out the study. The first of these empirical chapters is titled 'Uncharted Territories' because we explore the journeys that the would-be parents in our study went on to achieve parenthood against the odds. Because the odds facing heterosexual and lesbian couples are not exactly the same, in this chapter we discuss their experiences separately. The heterosexual couples have to face questions about their masculinity (for infertile men) and their womanhood (for infertile women) and the accounts they provide of dealing with these fundamental problems, as well as deciding whether or not to proceed with donor conception, set the scene for later chapters which explore what happens once the baby has arrived. For the lesbian couples our interviews reveal that they face a different set of dilemmas such as whether to go to a licensed clinic or whether to ask a male friend to help, or whether to parent as a couple or to involve their donor in the life of the child. For these couples, unlike the heterosexual couples, the birth of a child does not mean that they can adopt the mantle of a traditional family because they cannot disguise the fact that they have a donor conceived child. But the challenges they face are just as ethically taxing. Chapter 3 focuses on how the advent of a donor conceived child sends ripples through the wider family. Often it is forgotten that donor conception does not only involve the would-be parents and their hoped-for child, and we found that mothers, fathers, mothers-in-law, fathers-in-law, brothers,

sisters, cousins and so on may all become involved or have a stake in the new family. We discovered that the older generation could be central in providing support during infertility treatment, especially for heterosexual women, but for lesbian couples wider families could sometimes be less welcoming of the news of a child. In this chapter we begin to map out how important the interactions between family members are once a child is born and we point to the ways in which both lesbian and heterosexual couples are firmly situated in these webs of relationships. Chapters 4 and 5 address the really difficult issues that parents and grandparents face about being open or secretive about their families by donation. In the context of lesbian donation we found that decisions about openness and secrecy in families were as much about the issue of the couples' sexuality as the issue of donor conception. Some people felt very private about a child being born by donation, and wanted to keep the information to themselves as much as possible. We found that parents could be committed to telling their children about their donor origins, but otherwise be quite unwilling to share the information. But we also discovered that family members could play a decisive role in information sharing. We found that sensitivities started to develop in family networks because of this desire to keep some things hidden from public view. In Chapter 5, 'Opening Up: Negotiating Disclosure', we go on to explore the accounts of families who want to share information more widely. We look specifically at how parents negotiated being open because we found that although parents might be committed to sharing information with their child, as well as with others, many found that opening up, and establishing open lines of communication in families, was far from straightforward. Parents encountered significant challenges when explaining donor conception both to their children and to members of their families, and in this chapter we start to map the terrain that parents who sought openness are negotiating in the absence of an established narrative about donation.

One of the central reasons why donor conception gives rise to so many questions in families of donor conceived children is the unusual mapping of genetic connections, within the family as well as across its boundaries to the donor. In Chapters 6 to 8 we explore the meaning of connectedness and belonging in these families, and specifically the meaning of genetic connections. We start in

Chapter 6 by exploring the connection to the donor, and how families relate to him or her. The majority of the couples in our study had conceived using an unknown gamete donor, so the donor was someone they had never met in person. It might be assumed that couples who had no social relationship with the donor would not necessarily dwell on their connection with him or her after the moment of conception, but we found that they continued to relate to the donor and that this connection introduced unusual questions into their lives as the child grew up. A proportion of the families had also used a known donor (for example a friend or someone from the wider family) and these arrangements also initiated unanticipated questions into the lives of these families. One dimension that we explore in this chapter was that the donation did not only connect the child to the donor, but also to his or her wider genetic kin and so, potentially, the child was connected to a whole set of 'relative strangers': siblings, grandparents, aunts, uncles, cousins and so on. This chapter explores how the families managed and perceived this potential proliferation of 'donor kinship'. In Chapter 7, '(Not) One of Us: Genes and Belonging in Family Life', we go on to explore how the families perceived the existence of genetic links *within* their own family. Many found the idea of using donor conception deeply challenging because donor eggs, sperm or embryos introduced questions about whether and how the parents and grandparents could claim the donor conceived child 'as their own' and whether the child was 'a child of the family'. In this chapter we explore how the concepts of genes and blood gave rise to a range of feelings in these families, because the donor conceived child was simultaneously perceived as a child who belonged, while also being different.

In the final chapter, 'Relative Strangers and the Paradoxes of Genetic Kinship', we focus attention on the ways in which ideas about genes and genetic connectedness have come to be so central to our donor conceived families and also to the broader society. We note how popular terminology has shifted from references to blood as a way of connecting kin to ideas about genes. There are many important scientific developments in what is often called the new biology, and media coverage of the links between genes, health and even behaviour is often alarmist and misguided. So here we consider how these kinds of messages are received and what the new emphasis on genetic connections might mean for the ways in which families think

about kinship and connectedness. We found that a very complex picture emerged but in the main it did not support the idea that kinship is simply all about genetics.

Assisted donor conception is a field that is constantly developing, and the terminology is often complex and cumbersome. We have found the term 'reproductive donation' (Richards, Pennings and Appleby, 2012) useful, because although perhaps formal, it works as a shorthand to describe the practice involved. In the following chapters we will at times refer to 'heterosexual donation' and 'lesbian donation', to describe the family form of which our participants speak. In order not to encumber the reader with too much description of the participants' individual family situation, we refer to them by numbers, and the reader can cross-reference to the index of participants at the back of the book. We have also included a glossary explaining complex terminology in the field.