M. Isabel Jociles, Ana M. Rivas and Consuelo Álvarez

STRATEGIES TO PERSONALIZE AND TO DEPERSONALIZE DONORS IN PARENTAL NARRATIVES OF CHILDREN'S GENETIC / GESTATIONAL ORIGINS (SPAIN)

ABSTRACT

What strategies do parents who resort to 'third-party' reproduction use to deal with donors in the conversations they have with their children on the topic? Few studies deal with the images and representations that families build of donors and transmit to their children through stories about their origins, strategies that vary according to the family model and the type of donation. A qualitative investigation was carried out in Spain between 2013 and 2015 on the dissemination of their genetic or gestational origins to children conceived through assisted reproduction with donors. This article studies families in favor of disclosure who were contacted through associations, blogs, online forums, and the snowball method. The analysis has revealed strategies of depersonalization (concealing one of the donors, treating the donor as an object, pluralization, transformation into a magical and evanescent character, individualization) and personalization (the personalized construction, naming the donor and visualizing him or her, pluriparentality) that have the effect (and purpose) of de-kinning the children from the donors while kinning them with the social parents and their extended families. Thus, the strategies of de-kinning that we find in the stories about origins are the necessary preparatory step to kin the child to the non-genetic parent and to manage intervention by third parties in the production of children that challenges the exclusivity of the motherhood / paternity characteristic of our cultural kinship system. The dissociation between biogenetic, social and legal links as a result of the intervention of third parties opens the possibility of generating new parental connections that exceed the hegemonic model of biparentality.

KEYWORDS: assisted reproduction, de-kinning, disclosure, donors, origins

INTRODUCTION

Communicating or not communicating to their children their origins and, therefore, the participation of a 'third party' in their conception / gestation is one of the issues that has received widespread attention in the study of families formed using techniques of assisted reproduction with gamete donation and/or surrogacy. In this article we investigate strategies parents use to talk about donors in the stories that they tell their children about their origins.

Research has focused primarily on attitudes towards the disclosure / non-disclosure of origins according to family structure and kind of donation. In contrast to the majority attitude of heterosexual couples who favor not disclosing their conception by means of gamete donation to their children (Leiblum and Aviv 1997; Salter-Ling et al. 2001; Scheib et al. 2003; Lycett et al. 2005; Burr and Reynolds 2008; Freeman et al. 2009; Jadva et al. 2009; Blake et al. 2016), single mothers and lesbian couples, whose families differ from conventional families in that 'there is no father', particularly favor disclosing how they have been conceived to their children (Leiblum et al. 1995; Brewaeys 2001; Vanfraussen et al. 2001; Murray and Golombok 2005; Freeman et al. 2009; Landau and Weissenberg 2010; Gross 2014).

Other studies have highlighted the existence of differences among families who receive gametes regarding the disclosure of origins according to the kind of donation: sperm, egg, or embryo. Thus, when sterility / infertility affects single women, who then require donated eggs or embryos, there is greater resistance to disclosure, as these kinds of donation make the lack of genetic ties between the child and the mother evident. On the other hand, they also generate greater fear that the child will want to know or meet his 'genitrix' or his 'biological

parents', a fear similar to that of heterosexual couples who use assisted reproduction—independently, in this case, of the kind of donation (Murray and Golombok 2003; Murray et al. 2006; MacCallum and Golombok 2007). It is necessary to keep in mind that the majority of single mothers by choice (SMBC) only use sperm donation, which they habitually disclose. The situation is different when they also need egg donation, in which case some disclose the sperm donation but not the egg donation.

With respect to the families that used gestational surrogacy, compared to families that received sperm or eggs, studies coincide in indicating that they are the group that is most open to disclosure, given that, in contrast to other techniques of assisted procreation, it is not possible to hide the surrogate gestation, as the mother does not experience the pregnancy and the parents have to explain the arrival of their children to everyone else (Blyth 1995; MacCallum et al. 2003; Golombok et al. 2004; Golombok et al. 2006a; Golombok et al. 2006b; Jadva 2012).[1]

A second issue that appears in the research, although less developed, concerns the strategies followed when narrating these origins, that is, how families imagine, plan, and put this revelation into practice. In the case of heterosexual couples, Rumball and Adair (1999), as well as MacDougall et al. (2007), highlight, as a fundamental aspect of the families' specific strategies, the moment for initiating disclosure of their biological origins to their children. They make a distinction between parents who are convinced that it is vitally important to communicate their origins as soon as possible to their children so that they normalize this issue (as a kind of 'ongoing conversation' or 'planting the seed'), and parents who believe that the later disclosure is made, the more mature the children will be and the better able to

understand the explanation of their origins from a scientific-technical point of view ('waiting for the right moment'). Van Parys et al. (2016), studying disclosure in lesbian couples, find that, in addition to taking into account children's ages and cognitive capacities, couples assign a key role to children's questions during disclosure, considering the communication of their origins as a two-way process that depends not only on the parents but also on the children's reactions.

Daniels and Thorn (2001) make a distinction between two strategies, which they call the 'child-conception' and 'family-building' approaches. The child-conception strategy emphasizes telling the children about their third-party assisted conception, which—according to these authors—leads to the separation of the role carried out by the parents, as 'the ones who tell', and the role attributed to the children, as 'the ones whose story is told', showing these children to be 'special' and 'different'. The second strategy moves the emphasis from the 'you' as a child to the 'us' as a family, which means that the parents share information about how, all together, they have formed / constructed / created themselves as a family.

As for research on the role of the donor in disclosure narratives, both Daniels and Thorn (2001) and Kirkman (2003) highlight the importance of the term used to refer to the sperm provider ('donor', 'real father', 'biological father'), as well as the implications that this has for the work of the professionals who advise the families using gamete donation. These professionals recommend that families deal with the issue of disclosure not only once the child has been born, but from the very moment they go to the clinic. Kirkman (2003) is interested in the construction of the narrative identity of children born through assisted reproduction and also, although very succinctly, in the role

the donor's place in these origin stories plays in constructing this identity. She concludes that, when it comes to creating these stories, parents are on a continuum that goes from (1) those who do not include the donor; to (2) those who are not sure what they want to do or are confused about the best way to disclose and discuss this; to (3) those who have incorporated the donor into the narratives they have prepared for their children right from the start. Just like other authors cited earlier, she highlights the importance of the term that fathers / mothers use to name the donors (bearing in mind that, in Spain, for example, it is a matter of mentioning the donor as part of the story told to the child, not of including the donor in the child's life as, because of the institution of donor anonymity, few families foresee the possibility of their children being able to contact the donor at any time). There is other research (Kirkman 2004; Grace et al. 2008; Burr 2009) that discusses the perceptions that families have regarding sperm donation and donors, focusing on the way the families understand this on the ideological level. In the case of SMBC, Hertz (2002) holds that these women contribute to creating an image of the father for these children mainly through their comments on possible physical similarities with him. Zadeh et al. (2016), on the other hand, conclude that, just like in other groups that have used assisted reproduction treatments (Mamo 2005), the conceptions that these mothers have regarding the donor (as an 'absence-presence') have more to do with the images that the professionals of the fertility clinics transmit to them than with their own thoughts and feelings.

However, with some exceptions (Delaisi de Parseval and Collard 2007), there is not an abundance of studies that deal exhaustively with how families construct a specific representation of donors by means of the origin stories that they tell their children. This text contributes to this

area, analyzing the strategies that the different kinds of Spanish families (heteroparental, monoparental, homoparental) follow in these stories to refer to the donors, as well as some factors that can help to understand the use of one strategy or another.

CONTEXT: ASSISTED REPRODUCTION IN SPAIN

Since the 1990s, when the Spanish fertility index was at its lowest level (1.13 children per woman in 1998), and with the important social and legislative changes that happened when the Franco dictatorship ended (the legalization of contraception, divorce, and abortion, and the regulation of assisted reproduction treatments, etc.), assisted reproduction underwent a great expansion in Spain. This is due to the fact that Spanish women, who increasingly participate in the job market and are having a hard time balancing work and family life, have been delaying the age at which they have their first child. It is also due to the sustained increase, in the last three decades, of private clinics and gamete banks (in 2012, there were 180 private clinics offering donor ARTs[2] and there are even more today[3]). This expansion is not only related to the demand by women and Spanish couples for reproductive treatments. Rather, because donor ARTs in Spain operate under one of the least limiting legislations in Europe and require donor anonymity, Spain is one of the destinations chosen by Europeans seeking to receive gametes, when their own countries do not allow the donation / reception of eggs (Germany), when there are hardly any donors in their own countries (Italy), when single women or lesbian couples are not accepted for treatment in their countries (France and Italy), or when their own countries have removed anonymity in donation (UK). As a result of the institution

of anonymity, Spanish law on assisted human reproduction (Law 14/2006) establishes that clinics must provide families with only non-identifying information about donors (height, color of eyes and hair, age, etc.). However, some clinics do not even provide this information when requested, which is why, in these cases, families have absolutely no information about donors that could be transmitted to their children. Currently there is no social demand in Spain to remove anonymity, although a few—mainly lawyers and social researchers—have called for it in the name of the legal principle of the 'best interests of the child', underlining that anonymity benefits private clinics above all. The clinics fear that, if anonymity is removed, this will drastically reduce the number of donors as well as the number of families that come to Spain to receive assisted reproduction treatments. Currently available empirical evidence supporting the idea that removing anonymity would reduce the number of donors is not conclusive; studies (Daniels and Lalos 1995; Janssens et al. *2*006; Blyth and Frith 2008; Nuffield Council on Bioethics 2013) show that what usually occurs is a temporary decrease and a change in the profile of donors.

According to the report prepared by Kupka and others (2014), Spain was ranked fourth among European countries for the number of assisted reproduction treatments carried out in 2010 (58,735), at nearly the same level as Italy (58,860), with France (79,427) and Germany (62,571) ahead of it. This position is even more outstanding when we consider that, of these four countries, Spain has the smallest population. In addition, more than half of the egg donation (ED) treatments in Europe take place in Spain, and so it takes first place among European countries (with 12,928 EDs), followed by the Czech Republic (2,365), Russia (2,147), and the United Kingdom (1,891). This

accounts for the number of children born in Spain through assisted reproduction, which was over 25,000 in 2014 (EFE 2016), according to the Spanish Fertility Society. Finally, we should mention that, even though gestational surrogacy has not been legalized in Spain, an important number of Spanish families practice it in order to create their families or increase the number of their children. To do this, they go to the United States, Ukraine, Russia, and Georgia (and, until a few years ago, to India, Thailand, and Mexico). Upon their return, their children are legally acknowledged in Spain through inscription in the Civil Registry. Although it is impossible to know how many Spanish families have used gestational surrogacy or are undergoing the process at present, a large number of agencies acting as intermediaries between these families and the countries where they go for surrogacy have installed themselves in Spain in recent years. Some 800 couples or singles have been calculated to use this process to access fatherhood / motherhood yearly (Mouzo and Rivas 2014).

METHODOLOGY: PARTICIPANTS AND PROCEDURES

This text is part of a broader qualitative investigation carried out in Spain between 2013 and 2015 on communicating genetic and/or gestational origins to children conceived by means of assisted donor reproduction. We focused on 71 Spanish families of different types (monoparental, homoparental, and heteroparental)[4] who resorted to third-party reproduction, that is, who needed third parties to provide gametes (egg and/or sperm), embryos, or gestation in order to have their children.[5] Of these families, 8 were non-disclosers, while 63 were disclosers, that is, they had told their children about this third-party intervention

in their conception or, if they were still babies, intended to do so when they were 'old enough'.

This article only deals with the disclosing families (63), who were contacted in different ways. First, through associations of monoparental and homoparental families (there were no associations of heteroparental families who had used assisted reproduction). Second, through internet forums and blogs created by these families or in which they participated, through which heteroparental families were contacted.[6] Families that used only sperm donation did not tend to participate in these forums and blogs, so they are not represented in the sample.[7] Finally, the snowball method was also employed, building on the first families contacted. To invite them to participate in the study, they were sent a letter in which the research, the research team, and the uses to be made of the results were presented. Confidentiality was also guaranteed, as well as participants' anonymity.[8] At the time of the first contact with the families, they signed a document of informed consent including all these aspects.

The criteria for including families in the sample were: a) that they had children or were about to have them with third-party intervention; b) that they had disclosed their origins to their children or, if they had not done so yet, planned to do so and had created (or recreated) stories for this purpose; and c) that different family models (monoparental, homoparental, and heteroparental) and different kinds of donation (sperm, egg, embryo, and/or gestation) were represented. This last point was important because we were considering the hypothesis that these two factors might influence the way that fathers and mothers approach the subject of the donors in the stories they tell and the conversations they have with their children (Table 1). These criteria

Table I: Disclosing and Non-Disclosing Families, According to Family Structure and Kind of Donation

TYPE OF DONATION	Female Monoparental (Single Mothers by Choice, SMC)		Female Homoparental		Male Homoparental		Heteroparental		TOTAL
	DISCLOSING FAMILIES	NON-DISCLOSING FAMILIES	DISCLOSING FAMILIES	NON-DISCLOSING FAMILIES	DISCLOSING FAMILIES	NON-DISCLOSING FAMILIES	DISCLOSING FAMILIES	NON-DISCLOSING FAMILIES	
Anonymous sperm donation	13		11					1	25
Anonymous egg donation							8	6	14
Double donation (sperm and eggs) with anonymous donors	8 (2: sperm donation is disclosed, egg donation is not)		1				3	1	13
Double donation with 'known sperm donor' and anonymous egg donor	1								1
Anonymous embryo donation	1						1 (1: egg donation is disclosed, sperm donation is not)		2
Surrogacy and double gamete donation: anonymous sperm donation and non-anonymous egg donation	1								1
ROPA (reproduction with egg of other member of couple and anonymous sperm donor)			2						2
Surrogacy and anonymous egg donation					4 (1: surrogacy is disclosed, egg donation is not)		4 (1: surrogacy is disclosed, egg donation is not)		8
Surrogacy + non-anonymous egg donation							1		1
Surrogacy with own gametes							4		4
TOTAL FAMILIES	24 (2: partial disclose)	0	14	0	4 (1: partial disclose)	0	21 (2: partial disclose)	8	71

of inclusion were used until saturation point was reached in the categories that emerged throughout the process of analysis.

The disclosing families who participated lived in urban areas of different regions of Spain (Madrid, Catalonia, Valencia, the Basque Country, Castile-Leon, Castile-La Mancha, Andalusia, Extremadura, Murcia, and Aragon), and had mainly (50 of the 63 families[9]) been treated in Spanish assisted reproduction clinics, having thus received embryos, sperm, and/or eggs (in Spain gestational surrogacy is not allowed) through anonymous donation (following Spanish prescriptive legislation, except when the other member of the couple is the donor). The exceptions are 8 families who used gestational surrogacy, for which they went to other countries such as the USA (7), India (3), Mexico (1), Thailand (1), and Georgia (1). In some of these cases, the donors can be anonymous or known; in all cases, they receive more information about the donors than in Spain, even when donation is anonymous.

Each family participated in a semi-structured interview lasting between 60 and 120 minutes. In the single-parent families (single mothers by choice), the mothers (24) were interviewed. In the female homoparental families, one of the mothers (5) or both together (9) were interviewed, while in the case of the male homoparental families, one of the fathers (3) or both together (1) were interviewed. In the case of the heteroparental families, either the mother (15) or both parents together (6) were interviewed. They were asked about different aspects of their families: the socio-demographic characteristics of the members, the moment they decided to become parents, the moment they decided to use assisted reproduction with donors and the reasons for doing so, the people around them with whom they discussed this, their concerns, their experience of the

pregnancy and birth, when they first thought about talking to the child about these issues, any changes in their ideas about disclosing the child's origins or not, reasons for these changes, when and how they began to discuss this issue with their children (or when and how they plan to do so), how the children reacted, how the parents responded to these reactions, any advice they sought and received, the importance they attribute to disclosing the origins, the desire or lack of desire to meet the donors if this were possible, what they imagine the donors to be like, what role they give to the donors in the construction of their families and in the children's identity, what stories they have created to disclose these origins, changes that these stories have undergone and reasons for these changes, the relevance given to genetic and gestational links with the children, their participation in family associations or online communities where the issue of disclosure is discussed, and so on.

The interviews were recorded digitally, transcribed textually, and analyzed using qualitative content analysis inspired by grounded theory (Glaser and Strauss 1968). For this article, we have only included the analysis of data regarding the stories created by parents to disclose their origins to their children (between 0 and 7 years of age),[10] the conversations that they relate having had with their children on this subject, and the ideas they have regarding the different kinds of donors. The co-authors of this article first read the transcriptions to obtain a general idea of each interview, later focusing on the aspects mentioned above. The following step was to carry out an open coding to identify key phrases in the interviewees' discourses, and then to summarize the most relevant dimensions of the categories and subcategories that emerged. Later, the number of categories and subcategories was reduced, including any

that overlapped or were similar under a single label.

The results presented in the following sections are organized according to the categories and subcategories that emerged from the analysis of stories and conversations with children. Under each heading, we pay special attention to the role given to the donors who participated in the children's conception, as well as to the image that these stories and conversations help to create about these donors. The way we have dealt with the other issues that appear in the interviews is discussed in Jociles (2016). In addition to employing grounded theory as an analytic procedure, we have used other theoretical-methodological contributions to work with the material produced in the interviews. As has been discussed in Poveda, Jociles, and Moscoso (2016), different traditions in linguistics, anthropological linguistics, and discourse analysis have shown that the production of a story, especially for personal experiences, always involves a dialectic and a process of reconstruction between two narrative levels and time-space scenes. Firstly, there is the 'narrated event' (Bauman 1986), which refers to the set of events, experiences and happenings that supposedly took place and make up the 'primary material' upon which the story is constructed and reconstructed. From the point of view of the ontology of the story, the characteristic of the narrated event is that it is considered 'fixed and localized' along specific time-space coordinates (that took place in the life / historical cycle of the social actors [Labov 1972]). Secondly, there are 'narrative events' (Bauman 1986), which refer to the entire set of social encounters after the narrated event in which the story about the narrated event is presented, constructed, and updated, whether this takes place at a social event among different actors or as part of an internal dialogue

regarding the event. Narrative events, in contrast to narrated events, are a set of socially situated, heterogeneous, and variable occurrences (Bauman 2004). This initial duality makes it possible to organize the complexity of the narrative act analytically, insofar as it assumes that the presentation of a story is not a lineal action in which the narration recapitulates the original experiences and actions of the narrated event in a constant isomorphic way (Labov and Waletzky 1967). Obviously, the interview itself is one of these 'narrative events' (or, in other terms, a narrative encounter), so that the events narrated acquire rhythms, emphases, details, and so on, that vary with respect to other situations in which stories are practiced; however, we have not found notable differences regarding the strategies discussed here in relation to the donors.

RESULTS

STRATEGIES OF DEPERSONALIZATION

Donors tend to be uncomfortable characters, and families do not really know how to deal with them (Kirkman 2004; Grace et al. 2008). This discomfort, deriving from different sources (the intervention of a third party in the conception of the child may question the non-genetic parent's paternity or maternity or the child's position in the extended family, while knowing little about the donors generates a fear of not being able to answer questions children ask or could ask about them), is reflected in various ways in the accounts about their origins that fathers and/or mothers transmit to their children in their infancy. One of the ways this discomfort is reflected is in the depersonalizing strategies (stripping donors of their condition of being concrete human persons) which are implemented in these accounts. These

strategies range from concealing the existence of one of the donors to treating them as objects, pluralizing them, or identifying them with a magical, evanescent character, to, finally, individualizing them without giving them specific personal traits.

CONCEALING ONE OF THE DONORS

The majority of the families whose narratives we have analyzed disclosed their origins to their children early on, or intend to do so when their children can understand the donation process. In cases of double donation, on some occasions the parents conceal the existence of one of the donations and, therefore, of one of the donors, thus making disclosure partial. This was the case in 6 of the 64 disclosing families: in 3 of the 8 monoparental families that received double donation (sperm and egg), in 1 of the 4 male homoparental families (egg and gestation), in 1 of the 5 heteroparental families who used both gestational surrogacy and egg donation, and in 1 heteroparental family that received an embryo donation. In this last case, the existence of a sperm donor has been concealed because the father does not want his son to know that he is not the genitor and the mother, in favor of disclosing, has decided to respect his decision. With this one exception, in the other 7 cases it was the existence of an egg donor that was concealed. This is the case, for example, in the following account (a fantasy story, like many others) that a single mother by choice has told her daughter:

> Once upon a time, there was a very pretty, good girl who was sad because she wanted to be a mommy and she didn't have a father for her baby. One day she was thinking and thinking:

> 'Can I be a mommy without a daddy? Well, of course, I'll go see the doctor.'
> The next morning, the mommy went to see a really good doctor:
> 'Doctor, Doctor, I want to be a mommy and I don't have a daddy for my baby.'
> 'Ah! Well, that's all right, you know? I have some magic seeds, I'll put them in your tummy… and you wait and see.'
> Very, very carefully, the doctor put the magic seeds in the mommy's tummy and do you know what happened? Well, her tummy grew, and grew, and grew, until it got really, really big, and she had to go back to the doctor.
> 'Doctor, Doctor, my tummy is really big. I bet my baby is ready to be born.'
> 'Oh! Yes, yes', said the doctor.
> The doctor, again, very carefully, took the baby out of the mommy's tummy and put her right next to her heart. (Magdalena, single mother by choice, 1 daughter 0–5 years of age with anonymous sperm and egg donors)

Fathers / mothers justify concealing the egg donor (and, in the case of one monoparental family, the fact that the sperm donor is 'known'[11]) by contending that their children 'would not understand this', that is, they do not think this information is appropriate for the children because it includes aspects that are too complex or controversial to be communicated, at least during their infancy.

> We're not going to introduce the issue of the donor yet because, like we said, it's something that is not… that's hard to understand and it's not time yet. But the photo of the woman who carried the pregnancy and of his birth, yes. (Honorio,

homosexual couple, 1 child 0–5 years of age and twin girls 0–5 years of age, through surrogacy in India, with an anonymous egg donor)[12]

However, in the fathers' and/or mothers' discourse, it is not clear what it is that the children 'would not understand'. Thus, it is striking that they think that the children can 'understand' gestational surrogacy and anonymous sperm donation, but not egg donation or the circumstance of the sperm donor being a 'known' donor. It is not that some processes of assisted reproduction with donors are technically simpler (and, therefore, easier for children to understand) and others, technically more complex (and, as a result, harder for them to understand), which is how the strategy of 'waiting until the right time', identified by MacDougall et al. (2007), is justified. Fathers' and mothers' discourse is ambiguous in this respect because, while they say that the children 'would not understand' egg donation (or a 'known' donor), they also state—when they are expressly asked—that the children 'don't yet understand' anonymous sperm donation; however, despite this, they think it is necessary for them to know that there was a sperm donation (and, therefore, that there is no father, in the case of monoparental families) or gestational surrogacy (and, therefore, that the woman who carried the pregnancy was not the mother, in the case of homo- and heteroparental families).

> You know what it is? If you're a single mother, you don't have a partner, and you get pregnant, it's, like, more honorable to say: 'Well, no, it's a donor and I've done this on purpose, at a clinic. I didn't sleep with someone who refuses to acknowledge [the child] and all that.' And the other thing, saying: 'Listen, the egg is not mine…';

well, no. Besides, it's easier to see that you don't have a father, because it's evident, than to see whether the egg is yours or not. (Camino, single mother by choice, 1 daughter, 0–5 years of age, anonymous egg donor and 'known' sperm donor)

We gather, then, that the idea of the children 'not understanding' means something more than a lack of knowledge about human biological reproduction, and we can glimpse the fear of socio-moral questioning of reproductive decisions that move away from conventional reproduction. We can also gather that the performative function of the story is given precedence. It is not as important for the story to fit the facts narrated as it is for it to achieve certain effects. The first effect is to unlink the children from third parties who have intervened but do not have a parental role in relation to them. The second effect is to avoid undermining the non-genetic mother's or father's kinship link, which is possible when the existence of the third party is not evident to people on the outside. This is not, of course, possible in the case of families of SMBC with sperm donation (as there is no father) or, in general, in gestational surrogacy (as there is no pregnancy[13]).

TREATING THE DONOR AS AN OBJECT

Another strategy followed in the accounts / conversations with children consists of treating the donor as an object, in the sense that the stories refer to something that was donated but not to who donated it. The very narrative structure of the accounts / conversations about the origins suggests that the 'seeds', 'egg', 'glass jar', 'sperm', or 'stardust' (names given to the genetic material donated) have appeared from nowhere, or even that they come from the clinic

or the doctor who helped the mother to get pregnant and thus fulfill her 'desire'.

Thus, a set of confusions is introduced into the accounts which is, to a great extent, inspired by the role that Spanish assisted reproduction centers play in the process of donation-pregnancy. The 'seeds' or 'eggs' are deposited in the clinics (or in the gamete banks) when they are cryo-preserved. It is at the clinics that eggs are extracted when there is a fresh donation. Finally, it is also at the clinics where, after the corresponding IVF processes, the embryos are transferred to the receiving women. Similarly, these centers (or the gamete banks) and their medical teams, which have the only contact with the donors—not the receiving women—can legally choose the donors. It is not, therefore, surprising that it is the doctors who, in these origin stories, take out a 'trunk full of seeds' or 'help to put them in the mommy's tummy', without there being any mention of the people who, by donating, made this possible. The donor has no place in these stories that are told to the children. We can see, for example, in Magdalena's story that, apart from concealing the egg donation, the sperm donor is treated as an object and is metonymically replaced by the 'magic seeds' that he donated, with the doctor who treated the mother substituting for him as the main character.

> At some point, we told him that: 'Well, Mamma and Mommy wanted Manuel [the child's name] to be born, and so we decided to go to a doctor who would help Manuel to be born.' So, sometimes he asks: 'And when the doctor put the seed in your tummy, did I already have all my bones?' [Laughter] … So, since you want the baby to be born, you go to the doctor to get help so the baby can be born. [*I: Have you thought about talking to him about the donor?*] Not right now. If all of a sudden things change and he wanted me to, I'd have to think about it. But the thing is that, really, for now, the donor has not been given much of a role in Manuel's story. (Carola, lesbian couple, 1 child, 5–10 years old, with anonymous sperm donor)

We have found this strategy above all in families who received sperm donations, more than in the case of egg donations or gestational surrogacy, so it is frequent, within our sample of people interviewed, in female homoparental and monoparental families, when referring to the participation of the masculine donor. On the other hand, treating the donor as an object does not mean that the children may not at some time ask about the donor as an individual person (questions such as, 'Who is he?' and 'Why did he donate?') or that their children's comments do not make fathers / mothers realize that not including the donors in the accounts / conversations encourages them to have distorted views of human biological reproduction. When this occurs, fathers / mothers find themselves following other strategies regarding the donors, strategies such as pluralization or individualization.

PLURALIZATION

There are families who speak of the donor in the plural, thus avoiding personalizing him or her. They do not speak of the donor (or of a man, a boy, a woman…), but rather of 'donors', 'people who donate', 'very good men', 'boys who give their seeds', 'really generous men', 'donor men', and so on. On the other hand, they are given no other role in the story than having left, *in illo tempore*, their 'seeds' or 'little eggs' somewhere (a place that is identified with the clinic), without attributing to them any qualities other

than being generous and altruistic because they have donated.

The pluralization of donors, just like treating them like objects, is found mainly in narratives created by families who received sperm donations (who, in our sample of disclosing families, are monoparental and homoparental families), so these approaches are applied to male donors. However, there are other families (monoparental, homoparental, and heteroparental) who also use these approaches to speak about female donors, but only when there has been a double donation of eggs and sperm.[14] Here is a fragment of the story that a lesbian couple has told their son:

> … Now that they had gone so far [looking for a child], neither of them wanted to give up. They looked at each other and decided to travel to the Country of Extraordinary Things, where it was said that a Great Magician, a very powerful and wise woman, lived. They were confident that she might be able to give them their wish. It took them a whole winter more to reach their destination. When they arrived, she was waiting for them:
> 'I have heard about your long trip. I know what you wish for and that you cannot achieve it without help. This is why I have asked some of the people who live in my kingdom to give me their extra Wands [a metaphor referring to the sperm] and Top Hats [a metaphor referring to the eggs] for you. Look, there they are. Now they are yours.' (Zara, lesbian couple, 1 child, 5-10 years of age with anonymous sperm and egg donors)

The pluralization strategy is inspired by a conception of gamete donation that assimilates it to the blood donation model. This

is the conception that predominates in countries where anonymous donation is institutionalized, as is the case in Spain, uniting—as Thèry states—a plurality of donors with a plurality of receivers in a circuit through which the genetic material of the donors goes to the receivers thanks to the anonymity. This takes place without establishing any direct relation or individualized familiarity between them, resulting, ideally, in 'no one choosing anyone, giving priority to anyone, or instrumentalizing anyone' (Théry 2009: 31).

TRANSFORMATION INTO A MAGICAL, EVANESCENT CHARACTER

This is a strategy that only affects egg donors, represented in the stories by the figure of a 'fairy', that is, a magical character who disappears once her function (to grant the mother her 'desire', almost always through the mediation of the doctor) is fulfilled, a character to whom there is no access. This can be seen in the following fragment of a story created by a mother to tell her son about his origins:

> … No matter how much they shouted 'We want to have our wish!' to the universe, the mother's voice did not reach her desire to fulfill it …
> 'Well, now what do we do?' the parents asked the wise men …
> And the wise men answered, 'The only way to make your voice reach that far is through a fairy.'
> 'A fairy?' the parents said …
> 'The fairy will carry your voice to your desire. This will be her job, but you will be responsible for carrying the baby in your tummy, giving him life, loving him, taking care of him, being his mommy.'

'Ohhhhh', said the parents. 'And when will we meet our fairy?' They wanted to know. 'No, you can't meet the fairies because otherwise they would no longer be fairies. We are the only ones who can meet them and we will look for the best one for you.' (Valeska, heterosexual couple, 1 son, 0–5 years of age, with anonymous egg donor)

However, the fairy is individualized and intervenes within the time of the story told, in contrast to what happens with sperm donors, who—whether treated as objects, pluralized, or individualized—never act in this time and have no role at all in the child's story other than having donated their 'seeds' or spermatozoas in the past.

This character refers to the socio-anthropological concept of 'transilient people' proposed by Konrad (1998: 659),[15] who defines these people as people who 'cannot always be located, or even nameable, and, most importantly of all, do not have to be able to be grounded in specific, discretely bounded persons'. In fact, the figure of the fairy is dealt with in the stories about origins as a transilient person, even in the sense that none of the characteristics of the donor or of any other specific person are attributed to it, not even based on the small amount of information that fathers and mothers may have about them or based on physical similarities with the child. This is in contrast to what tends to occur when a strategy that individualizes the donors is followed, as we shall now see.

On the other hand, the fairy (individualized but simultaneously depersonalized) reflects significant aspects of the experiences that the families with anonymous donors had during the egg donation process. The reason for this is the way in which egg donation / reception is usually organized in Spain, which differs from the donation / reception of male gametes. Male gametes, once donated and analyzed, are frozen and deposited in a sperm bank, where they remain indefinitely until they are selected for a specific family, so their use does not involve the synchronized mobilization of the particular person who donated with the family who is receiving. The way the family experiences sperm donation is, thus, different from how they experience egg donation, which is usually performed 'fresh'. This means that the synchronization of the medical treatments practiced upon the receiving women (and her male counterpart, if he is providing the sperm) and the treatments to which the donor is subjected make them very aware that this is a specific person who is donating (Mac Dougall et al. 2007), even if she cannot be identified.

This is a strategy which, in our sample of disclosing families, we have only encountered among heteroparental egg-receiving families who, in addition, participate or have participated in the online forum *OvoDonación* and/or in the blogs related to this subject, which have disseminated this figure of the fairy.[16]

INDIVIDUALIZATION

One strategy that gives a higher profile to the donor is his or her individualization. In some cases, this consists of turning the donor into the fairy character we have just discussed; in others, it consists of mentioning the donor as a human being who exists, but without giving her or him other attributes beyond generosity, the intention to help families who could not have descendants on their own.

However, sometimes not even these characteristics are attributed to the donor, either because the mothers / fathers say they do not know why the donor made the donation and, therefore, they would not know what to answer

if their children ask, 'Why did he/she donate?'—or because they are afraid that constructing an image of the donor as someone who is 'very generous' could lead the child to idealize her or him and, perhaps, try to meet or seek her or him out when, due to the institution of anonymity, this would not be possible.

There are families who, both because of these reasons and because of their refusal to consider the donor as something more than an instrument to achieve their objective, deconstruct the donor as a mere provider of genetic material. Consequently, they include elements such as buying sperm (and/or eggs), or the masturbation that the male donor must perform to donate. This is frequent in (but not exclusive to) female homoparental families who are in favor of telling 'the truth', without entering into any speculation about what the donor's motivations may or may not have been.

> I will tell him that the sperm was in the clinic, but it comes from a fellow who donated it and received some money in exchange for it. I mean, if we are going to tell the truth and give details, that's how it was, right? If I include it in a conversation with my child further on, I think it's cor-rect to include everything.(Cecilia, lesbian couple, 1 child, 0–5 years of age, anony-mous sperm donor and ROPA method)

STRATEGIES OF PERSONALIZATION

THE PERSONALIZED CONSTRUCTION

The strategy of individualizing the gamete donor does not, in itself, include personalizing her or him. In fact, individualization presents a range that goes from deconstructing the donor as a person—not giving her or him

any characteristics at all or only the quality of generosity—to presenting him or her with idiosyncratic features that make it possible to visualize the donor as a specific person. The latter is carried out based on the small amount of biometric information (RH, eye color, hair, age, height) or other kinds of information (such as the assumption that the donor is a student) that the clinics or sperm banks give about him or her, as well as physical and psychological similarities which they assume, based on the child (Hertz 2002).

As for the possibility that the child might have inherited certain physical or psychological characteristics or even certain skills from the donor, this allows the donor, as Grace et al. (2008) say, to become a presence in both the imaginary of the fathers / mothers and the stories / conversations that they have with their children:

> I always laugh because my son has a blond streak here and two parallel things on his ears, really strange, like bumps or something. So if one day I meet a guy in a bar with a blond streak and ears like that, I'm going to have to ask him [laughter]. This is obviously not mine or from anyone in my family. But, well, most things, I say to him: 'Oh, well, you're like your aunt', or, 'You're like…'. You always find someone who has a characteristic like the child's. (Alma, single mother by choice, 1 child, 0–5 years of age, with an anonymous sperm donor)

This is how a rather defined image of the donor is generated in the children. Nevertheless, the families are aware that this image is uncertain and fragmentary because, on the one hand, they have few facts and some of them (such as those regarding occupation or the psychological tests

they have undergone) are not very trustworthy; on the other, the similarities between the child and the anonymous donor cannot, obviously, be checked and they could possibly come from some unknown ancestor of the father / mother who contributed their own gametes or, simply—as one informant said—because 'genetics is capricious'. This is why the families who have taken the step of personalizing the anonymous donor, going beyond the previous treatment as an object, pluralization, or dehumanized individualization, complain about the lack of information that the clinic / gamete bank gives them about the donor, or are sorry that they did not demand it at the time. The mothers' / fathers' need to have this information about the donor available, just like their feelings toward the donors, varies over time (Zadeh et al. 2016; Landau and Weissenberg 2010; Grace et al. 2008).

> I give more and more a greater protagonistic role to the donor, because as the years go by I have realized that, even though he is almost anecdotic for me, sometimes I forget about it [having used a donor], so that it seems that [the son] is, like, only mine and no one else has intervened, but I realize that maybe for them he does have greater significance. So, as time has gone by, also because [her older son] is more capable of understanding it, I have given him more a greater protagonistic role. Most of all, so that [my son] can ask about it or tell me how he feels about it, not because I think that [the donor] is especially important. But, well, just in case it is important for them, I have talked to them about the donor, that they are people who can give these—I still call them—seeds, because this is, like, really graphic

for them, even though they already know that they're called spermatozoa, and that the mothers' seeds are called ova. (Maripaz, single mother by choice, 2 children 0–10 years of age through sperm donation)

NAMING THE DONOR AND VISUALIZING HIM OR HER

Gestational surrogacy offers a different scenario in relation to the third parties who participate. Because it is not legally regulated in Spain, Spanish families must resort to transnational reproduction, and, in the countries where they travel to carry out surrogacy (USA, Georgia, Thailand, Mexico, and India, although Thailand, Mexico, and India have since closed to foreign intending parents), they can meet the surrogate. In fact, all the families interviewed who used surrogacy have met and/or had a personal relationship with the surrogate, to a greater or lesser degree, depending on the destination country. Furthermore, when they have also needed gamete donation, they have received a greater amount of more precise and varied information (written, visual, audio) about the donors, even when the donors were anonymous, than the information that is usually provided in Spain.

This is one of the reasons that helps in understanding why they have included the gestational surrogate in their stories and/or conversations about their children's origins, not only in an individualized way (alluding, for example, to the role she played: 'she carried you in her tummy', 'she took care of you'), but also in a personalized way, using her name and making it possible to visualize her by means of oral / written information, photographs, or videos that they have kept of her for this purpose.

My idea is to make a story with photos. To put some drawings in and especially photos so that when, maybe, she's two years old or whatever, well, you can tell her: 'Megan had you in her tummy.' 'Who's Megan?' Well, show her the photo: 'That's Megan.' The donor? That's really funny, because I don't know his name. So I call him Bill [she laughs]: 'And where is Bill?' 'Well, that's Bill.'[17] And with Holly, who's the egg donor, it will be like that too: 'Where's Holly?' 'Well, Holly gave the egg.' And so on. So, that's the idea I've got. We'll look at the photos and I'll tell the story. (Nerea, single mother by choice, 1 daughter through surrogacy in the USA, anonymous sperm donation, and non-anonymous egg donation)

These families are more likely to present the gamete donor as a specific person with a name, a face, a geographic origin, certain relatives, or as having had specific motivations for her or his actions. Whether they do so or not in the stories / conversations with their children depends, above all, on the threat that they perceive to the identity / belonging of their children and to their own positions as fathers / mothers, given the fact that there were third parties involved, and, thus, on their greater or lesser incorporation of Euro-American kinship culture (Schneider 1980).[18]

PLURIPARENTALITY

We have found two cases of families who have used surrogacy and who, exceptionally, kin their children with the third parties involved. In one of these cases, the two daughters of the family consider the surrogate to be their Aunt Mary and her children to be their cousins. That is,

they have given them a place as part of their extended family:

She's not 'that woman' but rather, she's Mary, and he's David [Mary's husband] and they are Ane and Mikel [Mary's children]. I mean, you talk to them like family. I always say, it's as if she were my sister, and I tell them, 'She's Aunt Mary.' And when they [her daughters] count their cousins, even, they're just another one, because they have a cousin Ane, a cousin Mikel… (Melinda, heterosexual couple, 2 daughters, 10–15 years of age, through surrogacy in the USA)

The other family goes even further, giving both the egg donor and the gestational surrogate places as 'mothers', so that, at least nominally, they have included them in their nuclear family. The child calls both these women 'mother', as well as his social mother, and this is the result of the work that the latter has carried out in her family: on the different occasions on which we interacted with her, she always referred to these two women as 'my son's other mothers'.

When he [the son] was four years old, we went to California at Christmas; she [the egg donor] was able to come, too. So we could also all get together. And he evidently has photos with his biological brothers, because this mom has a boy and a girl. He says: 'I have three moms: the egg donor, the one who carried me, and you, Mommy.' (Elisa, heterosexual couple, 1 child 10–15 years of age through surrogacy in the US and non-anonymous egg donation)

In both cases, these are families that maintained at that moment, and continued afterward to

maintain, intense relationships either with the gestational surrogate or with the surrogate and the egg donor, not only by means of letters, telephone calls, and faxes, but by means of repeated reciprocal visits, insofar as their economic means have allowed. It is in this second family, Elisa's family, where we have found the only example, in the 63 disclosing families interviewed, that breaks with the principle of 'bilaterality'[19] on which the model of western kinship is based and which, as Schneider (1980) defines it, includes the idea of exclusivity (two people are sufficient to make a child, and this child will be inscribed in their genealogical lines as a relative).[20] As Déchaux (2014) reminds us, under the principle of exclusive bilaterality, there is no place for a third party as father / mother, whether it be the sperm donor, the egg donor, or the gestational surrogate. Elisa's family, by acknowledging pluriparentality, seems to break with this principle. However, we have not yet found any keys that would allow us to explain this case satisfactorily, it being unique in our sample of disclosing families.

DISCUSSION AND CONCLUSIONS

In this article, we have analyzed the different strategies followed by the families studied regarding reproductive donors when they tell their children or converse with them about their biological origins. These strategies involve different ways of creating an image of these donors and, above all, of giving them—or, depending on how we look at it, taking away from them—a specific role in the lives of the children. These strategies should be taken into account when it comes to understanding how parents narrate their children's genetic origins and, as we have discussed elsewhere (Poveda, Moscoso, and Jociles 2018), they probably influence how children see themselves in the

framework of family relations, what place they take in them, how they make sense of the experience of forming part of a family that is not conventional (at least in regard to the way it was formed) or, as Ochs and Capps (1996) state, how they order events which are not, initially, connected, such as not having been 'in the tummy' of the women who, nevertheless, are their mothers; having genetic or gestational links with people who are not their relatives yet not knowing these people; lacking these links with others who, however, are their fathers / mothers, grandparents, and so on. With these stories and conversations, the fathers / mothers de-kin their children from the reproductive donors at the same time as they kin them with themselves and their kinship lines. Kinning and de-kinning are sociocultural processes that do not only occur in families constituted through ART-D (or by adoption), but take place in any situation (conventional families, for example) in which kinship is constructed, because kinship is always socially constructed. However, families constituted through ART-D are explicitly involved, and in a more reflective way, in these processes because their status as a family is socially challenged by a biogenetic ideology of kinship and, therefore, by the implicit assumption that the biological connection itself should constitute kinship (see endnote **Virhe. Kirjanmerkkiä ei ole määritetty.**). What is more, the principle of exclusive bilaterality which we have considered creates a situation in which the kinning can only be done (or is only conceived to be possible) if de-kinning has previously taken place (Howell 2006; Fonseca 2011; Edwards 2014), with these two processes being the head and tail of the same coin.

The strategies of depersonalization and personalization of the donors described are one of the resources that the families use to socialize the children in this game of de-kinning and

kinning. These are strategies that spring from a model of kinship from which these families (as well as the Spanish legislation on assisted reproduction) have not quite escaped, except with regard to the principle of 'naturalness' (which establishes that the parents are the genitors, that is, the man who has participated with his sperm and the woman who has participated with her egg and uterus) or, among married homosexual couples, the principle of 'heterosexual bilaterality' (that two people are sufficient to make a child, who must be a man and a woman), that is, the two principles that prevented the possibility of kinning the children with the non-genetic or non-gestational fathers / mothers. Yet they have not undone the principle of 'exclusive bilaterality', thus annulling the potential of third-party assisted reproductive techniques to undermine this last principle, to split both motherhood and fatherhood among several people. This situation has been studied from different perspectives by a large number of researchers (Cadoret (2009), Delaisi de Parseval and Collard (2007), Déchaux (2014), Grace *et al.* (2008), Konrad (1998), Théry (2009), Bestard (2009), etc.), who have approached it as a manifestation of the way in which the western model of kinship is embedded in families' practices and discourses, in the systems of assisted reproduction, and/or in the laws that regulate assisted reproduction.

What we have tried to do in this study has been to show that this model is also expressed in the narrations about their origins told to children conceived through third-party interventions and, in particular, to show the strategies that are developed in these narratives to deal with the figure of the donors. On the other hand, we have incorporated the experiences that the families have had in the framework of a specific system of assisted reproduction and a specific system of gamete donation (in this case, in the Spanish system and in the systems of the countries where people go for gestational surrogacy) as another relevant element for understanding these strategies and, through them, these narrations. Thus, we have highlighted the relationship between the strategy of treating the donors as objects with the fact that, in Spain, the clinics / gamete banks are the only intermediaries with the families, and, in addition, that they hardly give any information to the families about the donors, which facilitates families' experiencing them as 'things' and identifying them with the genetic material they have donated, especially when they pay for this material.

Similarly, the families' experiences allow us to understand that they marshal narrative strategies regarding the male donor (often pluralizing him, if they do not turn him into an object) that are different from those they develop regarding the female donor (who is usually individualized).[21] This is due to the way in which these families, and particularly the women, experience the egg donation process (as parallel in time and as similar to the process they undergo in their own bodies, the changes in their moods and in their social lives that they undergo to become mothers), which favors their viewing the donor in her individuality, even if this is done through the evanescent figure of the 'fairy', while the sperm is considered 'a sample' chosen among a plurality of samples that remain frozen and deposited somewhere and, thus, easily interchangeable. Finally, there is the experience of the families that resort to gestational surrogacy (with or without the added reception of gametes) in the framework of a system of assisted reproduction and reproductive donation that diverges, in many aspects, from the system of their own country. These families initially project an ideology regarding reproductive donation in

this new context. This ideology is shaped by the conditions of anonymity of the Spanish donation and assisted reproduction system, and manifests itself, for example, in their initial resistance to having contact with the gestational surrogate and, even more so, with the gamete donors, but through time they modify this ideology in accordance with the new context, experiencing a sort of 'cognitive break' (Agar 1991) which, together with a greater availability of information about these donors, leads them to explore the possibilities this offers, such as the use of narrative strategies to personalize the reproductive donors that were previously unthinkable because they were impossible in the framework of anonymous donation.

Our final comment is that narrative strategies regarding donors are not static, but rather undergo changes (according to interaction with the children, their curiosity and age (Parys et al. 2016; Isaksson et al. 2016, the fathers' / mothers' reflexivity, the influence of family associations and forums, etc.) that gradually (that is, as the children get older) move toward offering an understanding of the donors, in most cases, as specific people, even though they are not considered 'fathers' or 'mothers' (Zadeh et al. 2016), as we have discussed elsewhere (Jociles 2016). There is no doubt that this last aspect is facilitated by the anonymity of donors, which is prescriptive in Spain, but the cases of gestational surrogacy analyzed, even though they are few in number, allow us to think that Spanish families provide themselves with resources to deal with this issue even in situations where donation is not anonymous, giving the non-anonymous donors a place in their narratives and, thus, in their lives. This does not prevent fathers / mothers from kinning or de-kinning their children from the donors.

In addition to the strategies of depersonalization / personalization of the donors that we have described, there are other resources such as deliberately avoiding terms such as 'father', 'mother', 'biological mother', or 'surrogate mother' to refer to the third parties or, when one of these terms is used, to mark the boundaries between the term and its meaning, to separate the act of donation / gestation from the desire to have a child, to emphasize that donation (in this case, gamete or embryo donation) happens at the hospital, clinic, or gamete bank, not directly to the fathers / mothers or for a specific child, to explicitly state that the donors have received economic compensation, to highlight, in the stories, the moment in the hospital when the gestational surrogate gives the newborn to the social parents, and so on. In fact, the origins stories can be considered an 'ontological choreography' (Thompson 2005)—the result of a coordination between heterogeneous elements (laws, techniques, time, ideology, discourses, literature, etc.) and actors (mothers, fathers, children, doctors, donors, counselors, Internet forums, family associations, etc.). This contributes to de-kinning the children from the reproductive donors and kinning them with the biological and non-biological parents[22] or, in other words, to 'disambiguating kinship': to making 'parents' (Thompson 2005: 8, 17), and also to making children. Indeed, although we have not discussed this here, the stories about origins also impact the children's subjectivity and practices.

The concept of ontological choreography also refers to the process by which the different elements and actors that intervene in the ART-D are reconfigured to restore the unity between nature and culture. Rather than assisting the rebiologization and genetization of kinship relations as a consequence of the new

technologies of reproduction, nature and culture are in a relationship of hybridization, complementarity, accumulation and/or succession. The parents studied by us make use of these elements and actors in stories about the origins to restore culturally what nature has stolen which, in the case of Spain is facilitated, in addition, by the legal framework of the anonymity of reproductive donors.

To conclude, although in this chapter we have only presented the way that families deal with the figure of the donor in their narrations and conversations with their children, we think that it is necessary to study the different strategies that families use to kin and de-kin the donors in an interrelated fashion.[23] In addition, these studies must pay attention not only to the narrations about origins, but also to other practices that fathers and mothers develop to kin and de-kin their children, such as the practices they develop with their extended families and with the school, for example, as the members of these institutions are social agents who also participate in these processes. This is the reason that parents implement indirect strategies for communicating origins with these agents. These strategies are oriented to keep the information and attitudes about the donors that these other agents transmit to the children congruent with the information and attitudes that the parents have transmitted or plan to transmit in the future.

NOTES

1   If it can be hidden, that is the preferred strategy. But the discourse in favor of disclosure, which is socially hegemonic at present, is also reaching Spanish heteroparental families.
2   Assisted reproduction techniques with donor participation.
3   See: http://www.cnrha.msssi.gob.es/registros/centros/home.htm

4   We use a typology that classifies families into: monoparental (male / female) / homoparental (male / female) / heteroparental families (see Table I), because it allows us to organize the data obtained and analyze them around sociodemographic variables (family structure— one or two parents—sexual orientation, and gender) that have proven to be significant in studies of families using ART-D. However, for the purpose of the article, the variations in the ways of revealing do not vary in relation to gender, but in relation to the structure of the family and the type of reproductive donation (semen, eggs, embryo, double donation semen-eggs, surrogate gestation). One of the arguments we use in the article is the evidence that 'there is something to be explained' in the case of monoparental (be it single woman or single man) and homoparental (two men or two women) families, evidence that does not exist in the heteroparental families, except in the cases of surrogate gestation. For this reason, heteroparental families more frequently conceal how their children have been conceived and, in this case, they do not tell them stories about their origins. Regarding single mothers by choice or monoparental female families (24 in total), all of them have university degrees, are between 31–35 (8.3%), 36–40 (25%), 41–45 (29.2%) and 46–50 (37.5%) years old, and work as professors, architects, business executives, secretaries, lawyers, translators, economists, etc. As for women who are part of female homoparental families (14 in total), 92.8% have university degrees and a lower average age, in general, than single mothers: 14.3% are between 26–30, 42.9% between 36–40, 21.4% between 41–45, 14.3% between 46–50, and 7.1% between 51–55 years old; they are art restorers, graphic designers, economists, military personnel, geologists, or sports coaches, for example. As for men who have formed male homoparental families, 50% have university degrees and the other 50% secondary education, and ages ranging from 26–30 (25%), 41–45 (50%) and 46–50 (25%) years old. Finally, 65% of the women who are part of heteroparental families (29 in total) have university degrees, while 13.9 have secondary studies and 10.3 only primary studies, ages between 31–35 (16.7%), 36–40 (37.8%), 41–45 (27.6%), 46–50s (13.7%), 50–55 (3.4%) and 56–60 (3.4%) years old, and

they are economists, housewives, farmers, nurses, designers, businesswomen, event organizers, etc.

5 This study was carried out thanks to the support of the Spanish Ministry of Economy and Competitivity for Research Project CSO2012-36413.

6 The families participating in the *Single Mothers by Choice Association* (with more than 800 members) and in the different Spanish associations of LGTB families (*Galehi, Galesh*, etc.) are part of the middle classes and a high percentage of their adult members (between 80 and 90%) have university degrees. It must be borne in mind that, in most cases, these men and women have not started their parental projects until they have reached their professional (or labor) goals and a certain economic stability that has allowed them not only to sustain their future families, but also access to ART-D, only accessible to them until recent years through private clinics (in the case of men, even today, only in clinics abroad). Many of the participants in Internet forums and blogs have characteristics similar to those described, but they show a greater variety of profiles regarding the level of studies and the socioeconomic situation, especially in forums and blogs involving women from heteroparental families.

7 Women participate in the forums and blogs when they are single mothers by choice or lesbian couples. They participate less when they are part of heteroparental couples. In this last case, this may be due to a gender bias. When the forum is about egg donation, mostly women participate; when it is about gestational surrogacy, mostly men participate. We do not know forums or blogs whose participants are recipients of semen.

8 In the case of the associations (*Madres Solteras por Elección, Galehi*, and *Galesh)*, the letter was sent by association directors to the members. In the case of the forums and blogs (mainly *OvoDonación, Madres Solteras por Elección, Mis dos mamis, Formar Familia,* and *Maternidad subrogada en India)*, the letter was sent both to participants' private e-mails and to the public space in which they participated. The interviewee names that appear in the article are pseudonyms, in accordance with the commitment to anonymity.

9 The case is the same for the non-disclosing families.

10 The parents told us that they told these stories when the children were those ages, and that from

then they introduced changes (in the language, i.e., by saying 'donor' instead of 'fairy', they made the story more realistic and less magical, etc.) or, in some cases, they no longer told stories, but simply answered their questions.

11 A friend of the mother accompanied her to the clinic, pretending to be her partner, and made a private commitment not to have any role as father.

12 The children's ages have been grouped in 5-year spans in order to preserve the anonymity of the participants in our research. Indicating the ages more precisely would make it possible to recognize some of the participants, especially those who are part of single mother by choice or homoparental associations. This is quite frequent among these families in Spain, just as participation in online forums and whatsapp groups is frequent in the case of all the family typologies (Jociles and Leyra 2016). For the same reason, pseudonyms have been used, instead of the real names of the participants and their children.

13 The differential treatment of one 'maternal figure' and the other in these accounts of biological origins allows for another explanation. The gestational surrogate *carries the child in her tummy*, that is, her function becomes assimilated to care-giving or to a temporary job (Delaisi de Parseval and Collard 2007; Cadoret 2009), so that it is divested of transcendence in the construction of the identity of the child and/or his or her belonging in a family. Whereas this child *will always carry the genetic inheritance* of the egg donor, which people consider may be relevant in constructing this identity.

14 This is sometimes accompanied by a 'degender-ization' of the donors, so that they talk about 'people' or 'people who donate' (not men and women), which allows them to mask the double donation.

15 'Transilience' is a term created by Konrad to define someone who has a characteristic that is specified afterwards.

16 Among the families interviewed, we have found the figure of the fairy only in the stories of those who have participated or participate in this forum, where this figure is frequently thematized. In 2017, the forum had more than 2,000 members (some active, some not), mostly women who are mothers through egg donation, are thinking of using this treatment, or have begun

this treatment. We cannot say, however, whether the participants in this forum are the only ones who use the figure of the fairy in their children's genetic / gestational origin stories, especially when we have heard some mothers who do not participate in the forum use the term 'fairies' to refer to the donors (but these were not women we interviewed), on the one hand, and, on the other, this term is also used in other countries, such as France (Delaisi de Parseval and Collard 2007).

17 She shows her a photograph of a person who she uses to represent the role of the sperm donor but is not actually the sperm donor.

18 This threat comes from that fact that, even though these families expressly hold a conception of kinship that emphasizes care and affection as generating filiation and the paternal-filial link, elements and reflections of a biogenetic conception of kinship are still evident in their discourse and practice, because there is a background of normative parenthood against which this conception is contrasted. This background can be perceived in the fear that their donor-ART conceived children might emphasize the genetic links that they have with the donors, among other things. Thus, as we will mention shortly, they develop strategies that we have called 'de-kinning', following Howell (2006), Fonseca (2011), and Edwards (2014).

19 As is said later, the other principle upon which this model is based is the principle of 'naturalness' which establishes that the parents are the genitors, that is, the man who has participated with his sperm and the woman who has participated with her egg and uterus. All of the disclosing families we have interviewed have broken with this principle, although they have done so hesitantly.

20 This also includes the idea of heterosexuality (these two people must be a man and a woman), but this idea is not applicable to the case we are considering here.

21 As one of the reviewers has suggested, this could also have to do with the fact that, in everyday language, sperm is spoken of as a plural substance, while the egg is more frequently spoken of singularly. Even the children, when they reconstruct the story of their origins, pluralize 'the seeds' or, when they are adolescents, talk about 'millions of spermatozoa', while they singularize 'the egg' when they refer to the ovum.

22 This author uses 'ontological choreography' to talk about the different ways in which the technological, legal, scientific, political, emotional, or financial aspects of kinship are coordinated in assisted reproduction clinics. However, we think that this concept is also applicable, *mutatis mutandis*, to the stories about the origins that we have studied.

23 We have done this in Jociles (2016) and in Poveda, Moscoso and Jociles (2018).

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M. ISABEL JOCILES
UNIVERSITY PROFESSOR
DEPARTMENT OF SOCIAL
ANTHROPOLOGY
COMPLUTENSE UNIVERSITY OF MADRID
jociles@cps.ucm.es

ANA M. RIVAS
FULL PROFESSOR
DEPARTMENT OF SOCIAL
ANTHROPOLOGY
COMPLUTENSE UNIVERSITY OF MADRID
rivasant@cps.ucm.es

CONSUELO ÁLVAREZ
ASSOCIATE PROFESSOR
DEPARTMENT OF SOCIAL
ANTHROPOLOGY
COMPLUTENSE UNIVERSITY OF MADRID
coalvare@cps.ucm.es