

## **Title: Constructing families and kinship through donor insemination**

**Author: Katrina Hargreaves**

### **Abstract**

This paper presents some central findings of an exploratory qualitative study of New Zealand families with children conceived by donor insemination (DI). Drawing on social anthropological and sociological theorising about kinship and contemporary Western families, the paper explores the ways in which parents and their kin actively construct parent-child relationships and kin connections through the notions of biological and social ties, nature and nurture. The paper discusses three major themes emerging from the data: the social construction of the 'natural facts' of procreation, physical resemblance, and the construction of families through choice, not biology. Whilst the primacy of biological or genetic connection is a powerful cultural theme, particularly evident in the ambiguities and uncertainties for social fathers and their kin, these families also deconstruct this notion. Drawing simultaneously on the power of social and biological connection, using biology as a metaphor for social relations, or by privileging social ties and the formation of families through choice, over time these families strategically establish themselves as the sole parents and kin of their children conceived by DI.

### **Introduction**

Exceptional ways of constructing parenthood and families, such as through gamete donation, challenge foundational understandings about human reproduction, male and female reproductive roles and the formation of families (Haines, 1990, 1992; Stacey, 1992). They therefore provide opportunities for examining ideologies of kinship and family in differing cultural contexts (Edwards et al., 1999; Franklin, 1997; Franklin and Ragone, 1998; Stacey, 1992; Strathern, 1992a, 1992b). In Euro-American cultures, people think about kinship and family ties as fundamentally based on a biogenetic connection: ties between parents and children are assumed to emerge from the 'natural facts' of procreation (Schneider, 1968 [1980]; Strathern, 1992a, 1992b). In the context of families with children conceived with the use of donor gametes, questions therefore arise about how these families make sense of their parent-child relationships and kin connections.

This paper reports some key findings of an exploratory, qualitative study of families with children conceived by donor insemination (DI), carried out in New Zealand to meet the requirements of a PhD in sociology (Hargreaves, 2002). The study makes a unique contribution to the field by including interviews not only with parents but also with extended family members, thereby making an argument that experiences of parenting and forming a family through DI are inextricably embedded in wider kin relations.

The aim of this paper is to discuss some key ways in which heterosexual couples with male factor infertility negotiate the use of DI, using the sperm of an unknown donor, as a way of conceiving children, becoming parents and forming families. Much of the recent anthropological work on kinship in Euro-American cultures has focused on new reproductive technologies, on gender, and on the social construction of science. In particular, anthropologists have been concerned with sets of issues about 'nature'

and ‘biology’, the relationship between the ‘biological’ and the ‘social’, and destabilising the analytical opposition and blurring the boundaries between these two concepts (Carsten, 2000; Edwards et al., 1999; Franklin, 1995; Franklin, 1997; Franklin and Ragone, 1998; Strathern, 1992a, 1992b). Carsten (2000), for example, sets out to show that in many cultures the boundaries between the ‘biological’ and the ‘social’ are decidedly blurred and, in some cases, not visible at all. Strathern argues that in the context of donor-assisted conception, kinship is dispersed (Strathern, 1995); there exists a group of procreators whose relationship to one another and to the child is contained in the act of conception itself and not in the family as such. As a result, whilst Euro-American kinship thinking may be predicated on the “facts of life”, learning more about the facts of life will not, these days, necessarily tell us more about kinship (Strathern, 1995). The notion of the destabilisation of the analytical opposition between ‘biological’ and ‘social’ kinship is central to the conceptual and theoretical basis of this paper, which provides illustrations of parents and family members both constructing and deconstructing this opposition as they talk about the meaning they give to the use of DI in their families.

### **Theoretical perspectives**

Renewed academic interest during the past decade in the sociological study of families and the social anthropological study of kinship provide a useful theoretical context for examining networks of relatedness in families with children conceived by DI. The study of families lost major significance for sociologists with the decline of functionalist thought in the 1960s, and the increasing focus of the mainstream sociological ‘gaze’ on the ‘public sphere’ rather than the ‘private sphere’ (Smart and Neale, 1999). In the mid-1990s, ‘the family’ once again became an important focus of sociological theorising. While conservative factions point to a decline in family values and the demise of ‘the family’ (Blankenhorn, 1995; Popenoe, 1996), other contemporary, primarily feminist, theorists emphasise the diversity of family life and the need to take seriously fluidity and change rather than seeing them as dangerous and undesirable (Brubaker, 1993; Coontz, 1992; Gittens, 1993; Silva and Smart, 1999; Smart and Neale, 1999; Stacey, 1990, 1996). To avoid conceptualising ‘the family’ as a unitary, functional social institution, theorists such as Giddens have preferred to focus on intimacy, child-parent relationships, sexuality and the body (Smart and Neale, 1999:7). Similarly, Morgan (1996) uses the term ‘family practices’ and focuses on fluidity, change, gendered practices, adult-child relationships and shifts within and between relationships.

In the 1990s the concept of family came to signify the subjective meaning of intimate connections, rather than formal, objective ties based purely on biological or marriage ties (Gubrium and Holstein, 1990; Silva and Smart, 1999; Stacey, 1999). The work of writers such as Weston (1991) have highlighted that a unitary conceptualisation of ‘the family’ also implies that everyone participates in the same sorts of kinship relations based on the bonds of marriage and heterosexual reproduction. She argues that, like heterosexuals, gay men and lesbian women can also claim to create families, which include friends and lovers who are actively *chosen*, rather than emerging from a biological connection. In Weston’s view, biology is a cultural construct, rather than a self-evident “natural fact” and, as such, is no less a symbol than is choice (1991:35). This idea is explored in this paper in relation to heterosexual families with children from differing social and genetic origins. The issues emerging for lesbian families will be discussed in another paper.

Weston's critique of kinship can be linked to other analyses of kinship, notably Schneider's *A Critique of the Study of Kinship* (1984), which challenged what he claimed were Eurocentric assumptions at the heart of anthropological study. In his critique Schneider argued that the axioms that were the foundation of the study of kinship were, in fact, insupportable in the context of all cultures. He argued, therefore, that the only basis on which kinship studies could proceed was to take kinship as an empirical question, not as a universal fact. Schneider's critique marked a turning point in Euro-American kinship studies. According to Carsten (2000), renewed social anthropological interest in the study of kinship in the 1990s can be attributed to feminist work, studies of gay and lesbian kinship, and Strathern's *After Nature* (1992a).

### **The socio-cultural context of the research**

The research on which this paper is based took place in a unique socio-cultural context at the turn of the 21<sup>st</sup> century. New Zealand is a country with a small population and a small number of fertility clinics, all of which have adopted an innovative approach to information-sharing. In the early 1990s, in the absence of formal legislation in this area, all fertility clinics voluntarily adopted a policy of recruiting donors who were prepared to be identified in the future to donor offspring (Daniels and Lewis, 1996). The advocacy of 'openness' was fostered by the move towards open adoption, the belief of some professionals that secrets are harmful to family relationships, and that people have the right to know their genetic origins (Daniels and Taylor, 1993; Ministerial Committee on Assisted Reproductive Technologies, 1994). In this socio-political climate, health professionals working in fertility clinics began to encourage parents to inform their children of their means of conception and to promote openness with close family and friends. This study took place, however, at a time of transition between a culture of secrecy and one of greater information-sharing in the context of DI. With no formal national policy or legislation in this area, some fertility clinics were more proactive than others in advocating openness with children and other family members.

Little is known about parents' disclosure to kin, friends and their children. Two New Zealand studies of patterns of disclosure to children carried out in New Zealand in the 1990s, however, found that over 80 per cent of parents had told or planned to tell their children about their DI conception (Purdie et al., 1992; Rumball & Adair, 1999). One of the studies found that 30 per cent of respondents had disclosed and 54 percent planned to tell their children in the future (Rumball and Adair, 1999). This contrasts with the findings of a European study, which found that less than 10 per cent of DI parents had told their children about their genetic origins (Golombok et al., 2002). More recent studies about disclosure to children in The Netherlands and the United Kingdom suggest an increasing move towards openness with children (Brewaeys et al., 2005; Lycett et al., 2005), but it is difficult to ascertain how many parents who say they intend to tell their children in fact do so.

### **Research methods**

#### *Recruitment of participants*

The secrecy, anonymity and confidentiality surrounding DI, and the sensitivity of the topic meant that it was difficult to access families. The growing trend towards openness in the New Zealand context, however, facilitated access to some extent. For

ethical reasons, participants were necessarily self-selected; only those willing to talk to a researcher about this personal area of their lives could be included in the study. I make no claims about the representativeness of the sample in the statistical sense of the word. Nevertheless, people who embark on similar experiences (such as donor-assisted conception), at a particular time and in a particular place draw on a set of shared discourses that are generally available to them to interpret and make decisions about their lives (Williams and Popay 1994).

Most parents included in this study were recruited through two New Zealand fertility clinics and the New Zealand Infertility Society (now Fertility NZ). Fertility clinic staff made contact with parents who provided their contact details to the clinic if they were willing to participate in the study. I recruited extended family members through parents I interviewed. Some were very willing to do this, but others were reluctant to involve their kin. The low level of recruitment of family members can be attributed to a number of factors. Whilst the majority of parents had told kin and others about their use of DI (only three parents claimed to have told nobody), the degree to which it was accepted by family members, or was part of an on-going conversation appeared to vary. One couple of a baby conceived by DI said that although they had told their parents, they were unsure if they had understood, and the subject was never broached again. Other participants indicated that their parents would be uncomfortable talking about such a private and sensitive issue to a researcher, or that their kin had said there was “nothing to talk about” because the child was just another member of the family. In some cases, one partner in a couple was willing to involve family members in the research and the other was not. Some grandparents I interviewed said their initial reactions when told were of self-blame for their son’s infertility, or to prefer to believe the “fairytale” that their son-in-law was their grandchild’s biological father. These responses and others point to disclosure about DI being a complex, contested, on-going negotiation within families. They also raise important questions about gender and reproduction as social institutions embedded in our daily lives (Ettorre, 2002), and about the negotiation of familial roles in the absence of biological connection.

For the study, I carried out altogether 52 semi-structured interviews, with 18 heterosexual couples with male-factor infertility, two married women (who were part of couples with male-factor infertility) whose husbands did not participate, two lesbian couples, the known donor to one of the lesbian couples, and four separated or divorced mothers of children conceived by DI. I also completed 14 mostly conjoint interviews with grandparents and aunts and uncles of children conceived by DI. Interviews with 11 health professionals working in fertility clinics provided information on the clinical organisation and context of DI. For this paper I draw on interviews with four heterosexual couples and the extended family members of two of the couples. These couples both typify and differ from the sample along a variety of dimensions. For example, one couple is not typical, in that they had told nobody else about their use of DI, though they were representative of the sample in that they planned to tell their children of their DI origins. Only one participant in this study had no plans to tell her child of his DI conception. One couple is not typical in that they have children from differing social and biological origins, whereas most of the sample had children solely by DI. Three fathers included in this paper are typical in

their discussion of the ambiguity and uncertainty of their role as social father, though one father was atypical in his tendency to ignore ambiguity, and to privilege social ties and the significance of nurture. Whilst the stories told by these couples are diverse, the ways in which they both separate and combine notions of the social and the biological are representative of the wider sample.

### *Data collection and analysis*

Semi-structured interviewing was the primary method of data collection because of its suitability for collecting information about complex, personal and sensitive areas of peoples' lives (Fielding, 1993). I interviewed most parents and family members in their homes; I interviewed most health professionals in their work-places. Interviews lasted 1 1/2 – 2 hours and took the form of guided conversations (Fielding, 1993). This method can offer flexibility in the direction of the discussion and yield rich data, but also has drawbacks. The interviewer can unwittingly bias respondents' replies by asking leading questions, putting words into their mouths or using different probes in different interviews, thereby soliciting different sorts of answers, or the researcher may be positioned by respondents as a therapist or counsellor (Daly, 1992). I therefore had to refrain from offering 'advice' when asked for it, though I was able, when appropriate, to provide the contact details of counsellors working in fertility clinics. I interviewed participants once only, and did not inform parents or extended family members about what each had said in their interviews.

With their agreement, like other researchers in the fields of infertility, I chose to carry out conjoint interviews with couples (Daly, 1992; Sandelowski et al., 1992). Interviewing couples together is a useful way of trying to capture parenthood's often "shared construction of reality" (Daly 1992:107). Other advantages of conjoint interviews are that spouses/partners can jog each other's memory and tend to keep each other honest, both of which were important for establishing reliability and validity of the data (Daly, 1992). Conjoint interviewing gave opportunities for a few disagreements and unanticipated disclosures, but provided insight into the couple's relationship, and was a rich data source (Sandelowski et al., 1992). Interviewing couples was also useful in the recruitment process, because typically men are reluctant to participate in research involving discussions about the 'sensitive' topic of male infertility (Achilles, 1986; Lloyd, 1994, 1996).

I fully transcribed the interviews, giving all participants pseudonyms. I analysed the interview material with the use of QSR NUD\*IST software to identify recurring themes and the diversity of views and experiences of participants. In the coding process I took particular care not to lose the context in which comments were made and discourses drawn on. As a researcher and interpreter of the data, I make no claims about the objectivity or universal truth of my interpretations, which are shaped by the particular socio-political context in which they were produced (Lupton, 1992). The interpretations of people's talk may be contested, but like Pahl (1995), to write about the people interviewed for this study, I have had to make my own judgements. The National Ethics Committee on Assisted Human Reproduction (NECAHR) granted ethical approval for the study.

## **The families**

The following profiles provide brief contextual background information on the families included in this paper. With one exception, all children of these parents were five years old or younger.

### *Andrew and Annie*

Andrew had a very difficult time coming to terms with his infertility after he was diagnosed with azoospermia (no sperm in the ejaculate). His inability to become a biological father disrupted his identity and place in the gender order as a husband and a father (Charmaz, 1995). Like other people diagnosed with infertility, he went through a stage of re-examining and replanning his life (Kirkman, 1999), including deciding whether to stay married when he could not fulfil his expected role. Like other men with diagnoses of chronic illness, such as testicular cancer (Gordon, 1995), Andrew initially attempted to hide his feelings by refusing to talk about his infertility, even with his wife, Annie, which caused a great deal of stress in their marriage. Andrew claimed to have “shut off” his emotions. Rather than acknowledging his feelings about being infertile, to restore a sense of continuity after this disruption (Becker, 1994), he focused on constructing himself as a father through DI. At the time of our interview, eight years after his diagnosis, he had only recently begun talking to his wife about his feelings about his infertility. Andrew and Annie had two daughters conceived by DI, Hayley, aged five years and Annabel, 2 ½ years. Because of Andrew’s desire for secrecy, neither he, nor Annie had disclosed to family members or friends about their infertility and use of DI. Andrew anticipated becoming more ‘open’ in the future because he believed he had a moral obligation to tell his children of their origins, though the prospect of telling them was a source of continuing stress for him.

### *Chris and Diane*

Diane and Chris were particularly positive about their experience of conceiving and bearing a son by DI. After a diagnosis of oligospermia (low sperm count), Chris made ‘lifestyle’ changes, including taking vitamins and herbal remedies, in a bid to raise his sperm count. Diane claimed that the three years spent attempting to address this problem and consider other options for parenthood, gave them time to come to terms with their infertility before opting for donor conception. Diane and Chris were open about their infertility and use of DI with their close family and friends who were supportive, and had begun telling their three-year old son, Scott, the story of his DI conception. Chris’s parents, Doug and Sharon, and Diane’s mother, Marion, and brother, Philip, were also interviewed for this research.

### *Tim and Sarah*

Tim and Sarah had created a family with children from differing social and biological origins. Their first child, Rob, aged 5 years, was from a stranger adoption, and they maintained relationships with his birth family. They adopted Phoebe, aged three years, from Sarah’s sister, who claimed not to know the identity of the biological father. Charlotte, also aged three years, was conceived by DI, and born a month after Phoebe. Sarah and Tim had also recently begun to foster a friend’s daughter, Amy, aged 8 years, but were unsure how long this arrangement would last. Tim, who said he was uncomfortable with constant reminders about his infertility, appeared ambivalent about participating in the research. He asked me to ask him questions and

then excused himself to go outside with his children. Tim and Sarah were open about their infertility and use of DI with their family members and friends, and Sarah had written individual storybooks for each of their children informing them of how they came to be part of their family. As a result of Tim's ambivalence about participating in the research, the lack of availability and geographic location of their kin, no extended family members were interviewed for this research.

### *Richard and Belinda*

Belinda struggled to make sense of her husband's infertility, and sought counselling because she was "taking it quite badly". She found other women's pregnancies a difficult reminder of their inability to conceive, and became particularly distressed when Richard's twin brother Jeremy (who was fertile) and his wife Christine were expecting their first child. Illustrating Becker's finding that infertile people undergoing fertility treatment believed that life should be "predictable, knowable and continuous" (1994:90), Belinda believed that, as the first-born twin, Richard should have been a father before his brother Jeremy. Richard and Belinda turned to their families and the New Zealand Infertility Society for support. Jeremy and Christine claimed, however, that because they were expecting a child, they had been the "wrong people" to support them at a time when they most needed it. At the time of the interview, Richard and Belinda had a daughter, Madison, aged seven months, whom they intended to tell about her DI origins. Belinda's parents, Angus and Joanne, and Richard's twin brother, Jeremy and sister-in-law, Christine, were interviewed for this study.

### **Kinship, family and the social construction of 'natural facts'**

To talk about kinship in Euro-American culture is to refer to the way in which social arrangements are based on natural processes (Franklin, 1997; Strathern, 1993). This overlapping of the concepts of the social and the natural supports prevailing orthodoxy in many social science disciplines that the subjects of study are 'social constructions'. In the case of kinship, Strathern maintains, what is at issue is the social construction of 'natural facts', which themselves are revealed to be social constructions (1992b). Ideas about kinship and the formation of families are overlaid with notions about the natural "facts of life". These natural facts of life, she says, are thought of in broad terms as 'biological' and, more narrowly, as 'genetic':

The idea of a genetic parent, for instance, brings together what is known about human heredity and the fact that a relationship is entailed, because, for Euro-Americans it is virtually impossible to talk of a parent in a human context without evoking the idea of potential social relations (Strathern, 1992b:3).

In a culture where biological ties and parenthood are inextricably linked, the genetic parent is assumed to be the 'real' parent (Strathern, 1992b). The man who raises the child, who has had a relationship with the child, arguably from conception, is qualified as the 'social' father, or he has some other label such as foster-father, stepfather, or adoptive father (and the same applies to mothers). In a sense, he is secondary to the 'real' or 'genetic' father. Disrupting this notion, my research shows that a number of discourses about connectedness exist that draw simultaneously on the power of 'blood ties', as in the notion that "Blood is Thicker than Water," and the power of social connection. Illustrating this point, Richard and Belinda, were

distressed when a friend asked if their baby daughter Madison resembled her 'real' father. They said:

Richard:           And, what did she say? She said, "Gosh she looks like..."

Belinda: No, she said, "Does Madison look like her real father?" and I said, "Of course she does. She's got a double crown, so her hair sticks up a bit like Richard's." And she said, "No, no, her *real* father. Haven't you got photos of this donor?" And I just said, "Angela, Richard is her real father." And I just left it at that. I was so annoyed.

This example illustrates Ragone's contention that individuals who participate in collaborative reproduction "routinely manipulate categories of meaning as they pertain to issues of relatedness" (2000:70). Belinda uses resemblance to make connections, specifically physical connections between Madison and her father. Physical resemblance is used as a way of invoking relatedness even where there is no genetic tie. Belinda recognises the discourse that prioritises physical connection, she utilises it and, at the same time, she resists the notion that a 'real' parent is the biological/genetic or donor parent. In this way, Belinda can be perceived as reworking the nature/culture dichotomy as a strategy to identify her husband as the sole father of their child (Ragone, 1996). The discourse of physical resemblance is discussed in more detail later in this paper.

Strathern suggests that Euro-Americans privilege 'blood' ties over social connections/linkages. She asserts that "the concept of a blood 'tie' symbolises the further fact that relatives are seen to have a claim on one another by virtue of their physiological makeup" (1992b:18). Illustrating this point, Sarah, the mother of children from a variety of biological and social origins, said:

Sarah: Well, they get a bit worried, all the family get a bit worried about us getting stretched, you know. Like, I was talking about the other day, we had Rob's birth family, and then Amy's family, and that's actually something aside, and what's going to happen if Charlotte's donor ever wants to meet her? And they kind of feel worried, but they are worrying unnecessarily in the future, because you know...people are scared of the unknown. They have a fear of it and Tim and I don't have that fear. We just get on board when it happens.

Sarah revealed that her family members, who have a 'social' claim to her children, were threatened by the risk of a prior claim by the children's biological relatives (Rockel and Ryburn, 1988). She said that family members and friends expected that she would feel 'closer' to the child that she had borne herself. Sarah disputed this. At the same time both she and Tim acknowledged that having a child that was biologically related to them both had been their "first choice", highlighting the significance of conforming to normative procreative roles. Having created a family with children from a variety of origins, however, Sarah was concerned about the effect that then having a child biologically related to them both would have on their other children. She said:

Sarah: Actually, we're quite worried if we do have a child naturally, because all this bullshit from friends and family – "Oh, you've finally got one of your own" – and they'll all be watching me to see whether I interact with it the same. And people say to me already, oh, you know, "Do you feel closer to Charlotte, because you've had her, than the others?"



The assumption reportedly expressed by her family members and friends was that biological ties between parent and child are somehow intrinsically ‘closer’ than social ties, or that biological ties foster closer social ties. This relates to the idea that unless a relationship is grounded in some intrinsic or natural connection, then Euro-Americans are likely to think of it as ‘artificial’, and to be thought artificial is to be open to uncertainty: reality lies elsewhere (Strathern, 1992b:27). Most social relationships, including relationships between parents, however, do not have ‘biology’ as their basis. So this is understood as something particular to certain ‘family’ or kin relations, such as between parents and children, or between siblings. Moreover, in Euro-American kinship ideology the child represents the symbolic fusion or unity of the couple (Ragone, 2000). The language and the understandings that construct the specialness of these ‘connections of blood’ exist side-by-side with other significant social relations not constituted in this way.

The idea discussed above that biological/genetic connections are somehow ‘closer’ than social ties is also played out in the public discourse that men are more likely to bond with a child to whom they are genetically related. Some men spoke about the ambiguity of being a father to a child that was not genetically related to them. Andrew and Annie referred to their relationship to their daughters:

Annie: Well, you do sort of think of them as *my* children. I quite often hear you saying, “They’re *your* children.”

Andrew: They are.

Int.: But they’re yours too in the sense that you are their father, if not the biological father.

Andrew: Yes. The birth certificate suggests that, so legally yes.

Int.: And emotionally?

Andrew: No.

Int.: They’re not your children?

Andrew: Well, they’re not. They’re not my lineage, no.

Int: So that biological connection is important to you?

Andrew: To me personally, yes. But I accept that I’ve got...I’ve got two lovely kids that I can’t have. I’ve got them. You’ve got conflicts here I know, but that’s how I operate, how I think. It’s no different from Annie having a prior arrangement with someone else and having children.

Andrew likening himself to stepfather highlights the ways in which gender and reproduction are normative, moralising and standardising systems that control and scrutinise the actions of both male and female procreative bodies (Ettorre, 2002). Unable to reproduce himself biologically, meant to Andrew that he could not conform to the adult male role of biological father. Andrew’s inability to accept the children as his ‘own’ also raises the issue of the unintended consequence of reproductive technologies, which create a division between good and bad reproducing bodies

(Ettorre, 2002). This is reinforced in the context of DI where women's necessarily fertile bodies are the focus of infertility 'treatment' and men's role is marginal to the process (Meerabeau, 1991). At the same time Andrew acknowledged a bond with his daughters that was growing over time. He said:

Andrew: I've still got a complete tie to them, but I can just say...that's me saying it coldly, "they're not my kids." They are very much my kids. I'm developing their personalities. I'm influencing their personalities as they grow up, so they're very much my kids, have always been my kids, but you've got this wee cold hard fact at the end; they're not my kids, which is getting lesser and lesser and lesser, and they're getting my kids more and more. It's part of the process of...

Annie: It's just time.

Andrew *simultaneously* drew on understandings about his children being his, and not his, even though these understandings were in tension with each other. It is not that they are one or the other. His analysis illustrates how the discourse Strathern (1992a, 1992b) identifies as dominant is not the only discourse operating in Euro-American culture. Citing actor-network theorists, such as Latour, Edwards and Strathern (2000) argue that a distinguishing feature of twentieth century notions of kinship in Euro-American cultures is the division *and* combination of social and biological facts. They are not so much interested in what is considered to be 'social' or 'biological', but what happens at their intersection.

Some extended family members of infertile men expressed concerns about how they would feel about a child unrelated to them entering the family. Jeremy and Christine, Richard's twin brother and sister-in-law, who had a naturally-conceived son Thomas, said about the lack of genetic tie with their niece Madison:

Jeremy: We did talk about that between us, and we always said that we would certainly try to treat her as equal as anybody, and, um...

Christine: ...I think it was more how your parents would treat her in comparison to Thomas, rather than how we would treat her because they were both grandchildren, but I guess my feeling was that Thomas was their grandchild, um whereas genetically Madison wasn't, and I was very aware that they would have to treat them the same, whereas for us she is only our niece, if you can understand the distinction. They have to treat them the same, but she's our niece and he's our son and so...

Jeremy: It's a different relationship, it's a very different relationship, whereas for my parents they're both a grandchild and...equal ranked grandchildren, so...

Christine: And they are. Your parents try very, yeah, they do try hard, and I think, yeah, but I think now that she's here...

Jeremy: Less and less so.

Jeremy and Christine's comments indicate that there was a perceived need to try to treat the children as equals, when "in fact" they were not. This need, however, was perceived as less relevant as the social bonds were established.

## Physical resemblance

The birth of a baby symbolises not only the continuity of life and the family, but also the passing on of physical characteristics that are often associated with a particular family (Cameron, 1990). So, people tend to look for the ways in which the baby resembles the parents or any other close family member. Physical resemblances thus appear to locate the baby as part of a family or kin group. Barnard (1984:786-9) points to the existence of three, rather than two (social and biological) levels of analysis of kinship and relatedness: true genetic relationships based on the facts of reproduction; socially constructed 'biological' knowledge (a middle ground between the biological and the social, which is culturally specific); and social relationships. He argues that expressions such as "She has her mother's eyes" relate to culturally specific definitions of 'biology', which may or may not have a basis in a true genetic relationship. Physical resemblance therefore belongs to the middle level of analysis with respect to kinship. Barnard suggests that in some cultures, children are supposed to resemble their mothers' husbands because of the close physical relationship between husband and wife, and not because of the implantation of semen. Even in Western societies, where social kinship is axiomatically bound to a 'biological' foundation, according to Barnard, 'biological' kinship is as much a metaphor for social relations as a statement of genetic fact.

Belinda's comments earlier in this paper illustrated this middle level of analysis. As a further illustration, Joanne, Belinda's mother said she could see "a bit of both" of Richard and Belinda in her grandchild: Belinda's "little round face" and Richard's ears. She explained this by drawing an analogy between her niece's experience of adopting a child who was "the spitting image" of her adoptive mother. This in turn draws on public narratives about some people being "lucky enough to adopt a dead ringer". In this way, physical resemblance between parents and children can be attributed to random phenomena, rather than strictly to heredity.

Like Joanne, Marion, the maternal grandmother of Scott, actively constructed the father-child connection between her son-in-law, Chris and Scott by emphasising the similarities between them.

Marion: Well, it's a bit of a laugh, you know, because often you see Chris's traits coming out in him. And sometimes you forget and just say, "Oh, he's like his father" or whatever, you see, because he's got a lot of Chris's mannerisms. He obviously is picking up things. He's got Chris's interests, as in fishing, etc., and right from babyhood. So that, you know, when you say that, you just would not be able to pick out the fact that he's not Scott's biological father. That's absolutely honest.

Diane's brother, Philip, thought Scott was very like his father, to the extent that he continually forgot his nephew's DI origins. However, unlike Marion, who said that Chris liked being told that Scott was like him, Philip said he felt he had to be careful not to offend Chris by saying something like, "He's so like you Chris".

In contrast with maternal grandmothers who actively constructed the father-child relationship by emphasising likenesses, some relatives of infertile males appeared to resist this form of construction. Christine, Richard's sister-in-law, commented:

Christine: Richard and Belinda told us about the donor and the physical attributes that he had and those sorts of things and...he sounded very like Richard and I thought that that was really good. I was really hoping that she would be very like Belinda, but I have to be honest and say that I don't particularly find her that way, which surprises me. But seeing Belinda's father, I actually find Madison quite like him. I've told them that, because Belinda has put me on the spot and said, "Who do you think she looks like Christine?" because a lot of people say that she looks like Richard, and I completely disagree with it.

The differences in these family members' perceptions might be explained partially by what others in the study said, that people see different things in others (or see what they want to see). As the supportive mother-in-law of an infertile man, Joanne appeared to actively construct physical resemblance between Richard and Madison to confer on him the status of father and to lessen the possibility of an asymmetry existing between her daughter and son-in-law. This raises the issues of gender as a complex form of structured inequality and reproduction as a social institution (Ettorre, 2002). The genetic/biological tie between mothers and children and the lack of a genetic tie between fathers and their children in these families is often framed as creating an 'asymmetry' or imbalance that has implications for family relationships (McWhinnie, 1996; Lauritzen, 1993; Baran and Pannor, 1989; Snowden and Mitchell, 1981). In Christine's case, the refusal to construct physical resemblance between Richard and Madison might be explained by her belief that the 'biological' and the 'physical' can be taken as essentially synonymous and applied to the facts of reproduction (Barnard, 1984). At the same time, it might reflect the tensions that appeared to exist between these two couples, which stemmed, at least in part, from the fact that Jeremy was fertile and Richard was not.

References to physical resemblance between parents and children were also used as a strategy for highlighting the mother's connection to the child, in contrast to the "brief role of the progenitor" and thereby for minimising the donor's contribution to the creation of their child (Snowden et al., 1983). Andrew referred to the experience of people suggesting that his baby daughter resembled him:

Andrew: I found it very hard sitting there bouncing the baby and, "Doesn't she look like you? No hair!" and all that sort of rubbish [laughter]. Give it a rest! Then you've got the other effect with Annie hanging around there as well, and knowing darn well [that the baby is not Andrew's biological child], and you've got these dopey people saying, "Doesn't she look like Daddy?" And, the fact of the matter was, she was very much like Annie, no one else but Annie. So, that insemination was dominated by Annie, which to me has been quite comforting. If the kid had come out with strong tendencies to the other person, that wouldn't have been as comfortable.

Highlighting the physical resemblance between the mother and child served as a means of reinforcing distance and emotional boundaries between parents and donors (Ragone, 2000). As another distancing strategy, Andrew referred to the donor as "the other person", rather than 'the donor' or 'donor father'. This relates to conceptualisations of technologies used in assisted reproduction as merely lending a "helping hand" in the process of conception, enabling an infertile couple to have a child of *their own* (Franklin, 1995:333-334).

### **Constructing families and kinship through choice and intention, not biology**

Donor insemination has long been used as a means of circumventing male infertility and allowing families to conform to the ideal of the traditional nuclear family

comprising two parents and their biological offspring (Haimes, 1990). At the same time, DI and other reproductive technologies enhance prospects for ‘alternative’ families, such as those created by gay and lesbian people, who become parents through choice or intention rather than biological connection (Wasserman and Wachbroit, 1992). This relates to Strathern’s argument that procreation can now be thought about as an act of preference or choice, which is embedded in the matrix of the “Enterprise Culture” in which we live (1992b). In the context of assisted conception, parenthood is constructed as the intentional or deliberate choice to conceive and bear a child, as opposed to this possibly happening unintentionally. Weston (1991) argues that like heterosexuals, gay men and lesbian women can also claim to create families, which include friends and lovers who are actively *chosen*, rather than emerging from a biological connection.

Like Weston’s (1991) analysis of gay and lesbian families, Sarah posited a model of family that is formed through active choice rather than biological ties when she said:

Sarah: Our children, we hope, are going to be ahead of the 8-ball because they have come together from different backgrounds because of love. They’re not where they are because of non-love.

With children from a variety of social and biological origins, Sarah took some consolation in the fact that in contemporary New Zealand society it has become almost commonplace for children not to be living with both their biological parents because of divorce and reconstituted families. When describing how her family was formed, Sarah drew on notions about change and diversity in family forms in late twentieth and early twenty-first century Western societies, where no rigid definition of the ‘proper’ family exists, and new normative guidelines are emerging (Silva and Smart, 1999:4). Building a family with children from differing ‘origins’, however, was a source of ambivalence for Tim.

Tim: When we discussed having a donor child, I said it would be nice but it was still hard, and then, um, because I thought, we’d already adopted one, and going for a donor child as well. I just sort of thought there may be problems not too far down the line, which is ridiculous really, when you look at it now, but at the time I thought, oh no, we’ve got an adopted child, a donor child, then have one of your own, and you’ve got all these little mixed little children and you’re going to have a mixed up family. Starting off mixed up. All these things are going to come out when they’re teenagers and, you know, we were looking too far ahead basically.

Adding to the spectre of a “mixed up” family, Sarah said she wanted to donate her eggs to an infertile couple.

Sarah: Tim would not go along with me. He’d still be supportive, but he’s got a question mark over it all now. And the other thing is, this mixed bag, you know: stranger adoption, family adoption, donor child, foster child, egg donor child somewhere out there, and then we’ll have our own. You know, he has got this fear of the whole bloody thing coming back and hitting me with a vengeance.

This couple’s comments bring into stark relief the ways in which men and women are differently positioned in the context of donor-assisted conception and the different issues they face in the negotiation of motherhood and fatherhood (Lupton and Barclay, 1997). An embodied form of gendering is going on with the use of these

technologies, which have material consequences for gender relations (Ettorre, 2002). Tim's ambivalence appears strongest in relation to the use of DI and egg donation which both highlighted Sarah's ability to reproduce without him and his inability to fulfil the socially sanctioned role of biological father.

For other couples, such as Chris and Diane the intention to parent, by whatever means, and the strength of social relationships were clearly regarded as more significant than biological ties. Sharon and Doug, Chris's parents and Scott's paternal grandparents had not thought of their grandson as being somehow 'different' because of the lack of a genetic tie to them. Sharon said:

Sharon: Well, even if Chris is our son, knowing him and that he really wanted a family, um, no, it never entered our head. At one stage, when Diane and we were talking, she did say to us, well her Mum and Dad would be in a different situation to us, because it would still be part of their, you know, genealogy, or whatever, but that never went through our head at all.

When asked about the significance of biological ties, Sharon said:

Sharon: I don't think there is any. If the love is there, it's there for any child. Well, as far as we're concerned, um, I'm afraid that we've got lots of families around that, well, that we're an extra granny and granddad to. I mean, actually sometimes I say, gee, the family's getting a little bit big sometimes [she laughs]. Probably because my Mum and Dad come from Scotland and I had no immediate family, and I think probably you just sort of bring in others and you take on their children too.

Sharon's comments illustrate that the concept of family has come to signify the subjective meaning of intimate connections, rather than formal, objective ties based purely on biological or marriage ties (Gubrium and Holstein, 1990; Silva and Smart, 1999:7; Stacey, 1999). The powerful cultural theme of the importance of 'blood ties' emerged, however, when Sharon also expressed concerns that Scott might eventually wish to form a relationship with the donor.

Sharon: Probably that is the fear in the back of my mind. I don't, um, perhaps it's in the subconscious frame that, yes, I could feel that he might want to take more of his own father, like from 18, the hurt Chris would go through. That would probably be my mothering instinct for Chris's side, I would say.

Maintaining the theme of privileging social ties, Chris and Diane said:

Chris: It's the environment...the environment's got more to do with it than the actual genetic side.

Diane: A certain amount of it must be genetical [sic], you know, biological. You can see that he's just the image of Chris in a lot of things that he does, and mannerisms and that sort of thing, even though he doesn't look like him. And interests, you know, he's picking up the same interests.

Chris's father Doug also drew on the discourse of nature versus nurture and the significance of each in determining his grandson's character and relationship with his father:

Doug: As far as Chris goes, he's just a born father...a parent. If the donor was of the rat bag type [he chuckles], I would be very, very disappointed. But then again, with the upbringing that Scott is going to get, and the love and attention and what have you, there's no reason why he shouldn't turn out tops.

Doug hesitated to use the term 'father' in relation to his son, but he nonetheless spoke highly of his skills as a parent, and anticipated that nurture would triumph over nature. These comments raise the issue of the difficulty of resolving debates about the relative importance of social and genetic factors (Paul, 1998), and the unresolved question of whether genetic makeup can ever be separated from its environment (Strathern, 1992b).

Diane's mother, Marion, also privileged social over genetic ties. She said that the family rarely spoke of their forebears, and had little interest in the previous generations. She tended to think of biological ties in terms of passing on certain health-related predispositions, rather than in terms of kinship. Like Marion, Joanne, Madison's maternal grandmother, claimed to have little interest in her family's genealogy. Discussion emerged in the interview that illustrated the way in which family names act as a symbol of biological links, even if the biological link does not exist (Hayden, 1995). She said:

Joanne: But I really do wonder with the donor thing if that sort of thing is going to go back to the donor father. Where it would be, to be hoped in Madison's case, Belinda and Richard are going to instil in her that she's a Morgan and a Johansen, you know, that's what I imagine. It affects me not at all, but I just find it's easier to...and I think that's what I would try and encourage Richard and Belinda is that she's from the Johansens and the Morgans, and not really look for that other person, because, yeah, I hadn't really thought about that (she laughs). Yeah, in the family tree, when it comes along. But then surely the donor *gives*, so they haven't got another offspring for their family tree. They give to a couple so that it's *their* child, so therefore it's a Johansen/Morgan mix. It's not a somebody-else-in-the-wings. I don't know. You raise a lot of questions (she laughs).

Joanne reveals an interesting tension when considering whether or not her granddaughter could ever be considered part of the donor's family tree. This raised the prospect of the gift of gametes transferring 'relatedness' from one person to another set of persons. According to Edwards and Strathern (2000:159), through the symbolism of the gift, a potential future chain of relationships and claims that could have been traced through the child's genetic tie to the donor is truncated, "deactivated in advance, by pitting one set of truths ('biological') against another ('social')". At the same time, Joanne could not ignore the 'reality' of her granddaughter's biological origins, leading her to question whether this was the 'right way' to conceptualise the relationships.

## **Discussion and conclusion**

This paper has drawn attention to some of the complexities of negotiating kin relations in families with children conceived by donor insemination. The four couples and their kin included in this paper all drew on notions of the biological and the social, nature and nurture, either distinguishing or combining them when making sense of their relationships with their children conceived with the assistance of an unknown sperm donor. The dominant discourse of the primacy of biological connection is a powerful cultural theme evident in talk about the meaning of parent-child relationships, about genealogy, or prior claims by biological relatives. At the same time, these families worked hard at constructing kin connections in the absence of 'full' genetic connection through the discourse of physical resemblance, by reworking the nature/culture dichotomy and blurring the boundaries between them, or by privileging social ties, and nurture over nature.

These stories of negotiating kin and family relations were told at a particular time when the children were quite young, and the parent-child relationships therefore quite new. Some social fathers were still coming to terms with their infertility and expressed concerns about the ambiguity and uncertainty of negotiating social fatherhood in a cultural context in which biological connections are primary. For these men, and some of their kin, the significance of the children's 'origins' appeared to lessen over time as the social bonds were formed, but more research is needed to understand the trajectory of these family relationships, and particularly father-child relationships over time. Does the significance of social and biological ties change in particular contexts or at particular times?

The low level of recruitment of extended family members to the study and the issues mentioned briefly around disclosure to kin about DI conceptions raise important questions about the management of secrecy and disclosure in these families. In a culture that increasingly encourages disclosure as in the best interests of children and their families, questions arise about where the pressure to tell comes from: the experts, the professionals, or the parents themselves? If parents are to be encouraged to tell, how are they supported in this? Are the individual familial contexts taken into account when disclosure is advocated? When and how should children be told about their origins? The latter is particularly important in the context of new policy and legislation in several countries including New Zealand and the UK to remove donor anonymity and give children the legal right to identify donors when they are 18 years old. Some of the concerns raised by these families about children's possible future interest in donors raise questions about what it means to children to have been conceived in this way. Further research is needed to understand children's views on their donor-assisted conception, information sharing about their DI origins, the significance of social and biological ties, how they conceptualise donors, and whether or not they might want to identify them or consider them part of their family.

Issues of gender, the unequal positioning of men and women in the context of donor-assisted conception, and reproduction as a social institution are evident throughout this paper (Ettorre, 2002). These and other related questions will be discussed in more detail in another paper. These families were built in a social context where female bodies are already constructed as more reproductive than men's bodies. This



is reinforced in the context of DI where women's are the focus of 'treatment' and men have no role in the reproductive process. Questions therefore arise about how prospective social fathers are marginalised or actively involved in the context of clinical conceptions. Furthermore, how do mothers, as co-procreators with donors, and social fathers conceptualise donors, and what are the implications for their relationships?

Donor insemination enables the conception and birth of much-wanted children. In DI, social fathers are constructed as the legal, social and nurturing father, and donors have no rights and responsibilities towards their DI offspring. Nevertheless, in a cultural context that, in spite of the apparent diversity in family forms, continues to privilege biological ties, to uphold the 'ideal' of the biological nuclear family, and conceptualise biological parents as the 'real' parents, the role of the donor in the child's makeup cannot be ignored. This is highlighted in a context where children are to have the legal right to find out about their genetic origins, and parents therefore encouraged to tell. What remains to be seen is how the knowledge of this 'fact of life' can best be managed in a way that takes account of the interests and needs of all the parties to DI conceptions, and most of all the children conceived in this way and their families.

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