

INTRODUCTION

BEING A SPERM DONOR

Sperm donation is probably one of reproductive biomedicine's most long-standing endeavors. On official record since at least the middle of the eighteenth century (Ombelet and Robays 2010), the practice of collecting semen in a container through masturbation for purposes of artificial insemination has been around for about 250 years. Together with donor insemination, it has ever since functioned as a low-tech solution for childlessness and infertility requiring no laboratory or clinical equipment. Having a man willing and able to masturbate into a container, a woman wanting to undergo insemination, and a person prepared to carry out the insemination procedure is all that is required, and while today's sperm donation and donor insemination involve semen collection and testing at sperm banks and insemination procedures at either a clinic or at home with specialized insemination kits, sperm donation and donor insemination can also be carried out using everyday objects such as cups and turkey basters.

The relatively ready availability of donor semen and sperm donation's low-tech status are certainly part of what made it into a viable success. At the same time, however, sperm donation is also reproductive biomedicine's stepchild, so to say, since the use of donor semen in reproductive biomedicine goes against at least three long-standing Euro-American social taboos: masturbation, infidelity, and multilineal kinship. It is sperm donation's reliance on men masturbating in order to produce semen, its invocation of infidel relations between sperm donor and donor semen recipient, and its disturbance of bilineal kinship that stir moral concerns about the use of donor semen in reproductive biomedicine. The development of, for example, in vitro fertilization (IVF) and intracytoplasmic sperm injection (ICSI) as well as efforts to produce artificial sperm cells

(Medrano et al. 2016) could all be understood as attempts to do away with the need for donor semen and thus bar reproductive biomedicine against the social interventions that sperm donation and donor insemination carry with them (Mohr and Høyer 2012).

This history of technical simplicity on the one hand and moral complicity on the other has left a mark on sperm donation as we find it today. While working procedures at sperm banks certainly have changed since the first successful use of frozen human semen for conception in 1953 (Sherman 1980), mostly due to changing regulations for and the commercialization of sperm banking (Barney 2005; Daniels and Golden 2004; Richards 2008), ways of assessing semen quality and determining the fitness of sperm cells today are remarkably similar to biomedical classifications of semen developed during and after World War II (Heinitz and Roscher 2010; Kampf 2013; Swanson 2012). And while acceptability of multilineal kinship has increased and the role of social media and readily available genetic testing have made a difference in how moral concerns about the use of donor semen are articulated, the continuous problematizations of donor-offspring relations, lesbian and single mothers by choice, and not least sperm donors themselves are all mirroring concerns already voiced about the use of donor semen in the first part of the twentieth century (Mohr and Koch 2016).

It is in this sense that sperm donation is (extra)ordinary: while it has been practiced for over 250 years, it still stirs moral concerns, and while it is of concern for the larger public and lawmakers as well as recipients of donor semen and sperm donors, it is also probably one of reproductive biomedicine's most continuously practiced effort to overcome infertility. When considering sperm donation's (extra)ordinariness in these terms, it is quite surprising that knowledge about and scholarly insights into the everyday of sperm donation are rather scarce. While there certainly is not a lack of scholarly efforts to investigate why men would want to donate semen (Mohr 2014; Van den Broeck et al. 2013) or media coverage of the so-called secret world of sperm banking (Klotz and Mohr 2015; Mohr 2013; Schneider 2010; Thomson 2008), insights into what sperm donation means as an everyday endeavor are limited. This lack of understanding of the social dynamics of sperm donation is even more surprising when considering the remarkable and far-reaching social consequences that sperm donation has. Most obviously, sperm donation challenges dominant conceptions of parenthood, family, and kinship, which are based on bilineal descent (tracing one's ancestry through one's mother's and father's [biogenetic] lineage) and a

congruence of biogenetic and social connections. While 250 years of sperm donation certainly have not destabilized the stronghold of such heteronormative understandings of kinship in Euro-American societies, the fact that men have donated their semen to people with whom they have no social relations and the circumstance that couples and single women have been willing to accept their semen in an effort to have children either without biogenetic connections to the father or with no father at all suggest that ways of being a family and living kinship do not always necessarily take the forms prescribed by legal texts, social norms, and cultural traditions (Klotz 2014; Mohr 2015; Nordqvist 2013). Donor-sibling, dibbling, and donor-conceived individual are just three of the terms that have made their way into contemporary kinship vocabulary due to the prevalence of sperm donation, and sperm donation has also fostered the emergence of new forms of sociality and relatedness, such as international networks of families and individuals connected biogenetically through one sperm donor. In addition, sperm donation touches directly on issues of intimacy, gender, and sexuality, opening avenues in which questions of identity and selfhood have to be confronted (Almeling 2011; Graham 2012; Layne 2013; Mohr 2014, 2016b).

In this book, I am concerned with this (extra)ordinariness of sperm donation. I offer insights into the everyday of donating semen by focusing in on the men who provide the substance that makes sperm donation and donor insemination possible in the first place. While the success of sperm donation as a commercial, social, and cultural endeavor throughout its 250 years of history fundamentally depended on men's willingness to continuously commit themselves to providing their semen, these men often go unnoticed when scholars turn their attention to the social and cultural consequences of reproductive biomedicine (but see Almeling 2006, 2007, 2009, 2011; Baumeister-Frenzel et al. 2010; Kirkman 2004; Kirkman et al. 2014; Riggs 2008, 2009; Riggs and Russell 2011; Riggs and Scholz 2011; Speirs 2007, 2012; Steiner 2006). In this book, however, men's experiences with donating semen and reflections on being a sperm donor are the focal point. Based on ethnographic fieldwork at Danish sperm banks and interviews with men who donate their semen in Denmark, I attend to the (extra)ordinariness of sperm donation by looking at men's encounters with the practical matters when donating semen and men's contemplations of the moral dimensions of being a sperm donor.

The point of departure for this book is the argument that being a sperm donor in contemporary Denmark represents a microcosmos

of what it means to be a man in a biomedical day and age. Put differently, insights into the everyday of being a sperm donor provide us with an understanding of how biosociality (Rabinow 1996) plays out in men's gendered and sexual¹ lives. Not only is Denmark a country with a relatively high societal acceptance of reproductive biomedicine as a legitimate way of conceiving children and a country guaranteeing relatively easy and state-financed access to reproductive health services for its citizens (Adrian 2015; Larsen 2015; Mohr and Koch 2016), but Danish sperm banks have also been drivers of the expansion of reproductive health services, not only in Denmark and in Europe but internationally, with sperm banks and fertility clinics offering customer-centered services early on and actively working toward a political and social acceptance of sperm donation and donor insemination (Adrian 2006, 2010, 2015). Denmark is the country in Europe with the most treatment cycles of both donor insemination and in vitro fertilization on average per capita annually (Calhaz-Jorge et al. 2017; Präg and Mills 2017). Between 8 and 9 percent of all children born every year are conceived with the help of reproductive biomedicine (Fertilitetsselskab 2017), making it hard for people in Denmark not to know someone either conceived with or having used reproductive technologies, especially considering that Denmark's population is only about 5.6 million. Inclusive legislation guaranteeing access to reproductive technologies also for lesbian and single women and tax-financed public health services covering a large extent of the costs involved in conceiving children via assisted reproduction are important parts of Denmark's biosocial (extra)ordinariness. Since the founding of the first Danish sperm bank in 1967 and the birth of the first Danish child conceived with the help of in vitro fertilization in 1983, Denmark has thus transformed from being a society "concerned about the social consequences of reproductive technologies to a moral collective characterized by a shared sense of responsibility for Denmark's procreative future" (Mohr and Koch 2016: 90).

This development fundamentally relied on Danish men wanting to donate their semen. The successful recruitment of donors by Danish sperm banks helped to secure a supply of semen that was necessary for the expansive use of reproductive technologies, especially donor insemination and in vitro fertilization. What is more, the international success of Danish sperm banks since the beginning of the 1990s brought Danish sperm donors international attention as part of a global brand of Nordic fertility providers (Kroløkke 2009) advertising to fulfill the promise of reproductive futurity (Edelman 2004;

Mohr 2010, 2016a). While there are no exact numbers for how many sperm donors there are in Denmark, a well-informed estimate of how many men have donated semen at a Danish sperm bank at some point in their life since the 1950s (when experiments with freezing semen for purposes of insemination started at Frederiksberg Hospital) would be between twenty-five thousand and thirty-five thousand. Even though a committee on donor insemination commissioned by the Danish Ministry of Justice had already called for the establishment of a central sperm donor register in 1953 (Justitsministeriet 1953), no such register was ever established and thus information about sperm donors is mostly in the hands of sperm banks. Currently, there are four registered sperm banks in Denmark that supply semen for donor insemination (Sundhedsstyrelsen 2015). The largest sperm banks advertise with the availability of semen from three hundred to one thousand men on their webpages and, besides Denmark, export donor semen to international destinations with most of these exports going to countries within the European Union (Sundhedsstyrelsen 2014). In addition, Danish sperm banks have subsidiary locations in other countries from which they recruit sperm donors locally and distribute donor semen worldwide. In 2016, the two largest Danish sperm banks had a combined gross profit (the difference between the revenue from sales and the costs of producing goods/services) of about 94 million Danish krone, roughly 13 million euros (Proff.dk 2017).

All of this requires men's willingness to be sperm donors. The success of Danish sperm banking as a global endeavor relies on men accepting the biomedical regulation of their daily lives and routines: they need to be comfortable with being screened and tested and having their medical, genetic, and personal history evaluated and judged. They need to consent to an invasion of their intimate spaces of self and accept control over their orgasmic functioning. They need to render their bodily and affective boundaries vulnerable and agree to being tapped for blood and provide urine and semen samples on demand as well as having the medical gaze intrude on their body and self-image. They need to tolerate the objectification of their semen and having it assessed in terms of biomedical classifications and valued in terms of monetary compensation. They need to provide personal information to be made available in databases on sperm banks' websites that they have no control over, and they need to endure the moral challenges of being a sperm donor in relation to lovers, partners, families, friends, colleagues, children, donor-conceived individuals, recipients of donor semen, and not least the general pub-

lic. Most of all, they need to be willing to accept all of this continuously for the years that they are actively donating semen, if not even for the rest of their lives.

Contrary to what some people might assume, being a sperm donor has no expiration date. Contracts with sperm banks, changing legal regulations, moral obligations to loved ones, and biogenetic connections to donor-conceived individuals require a lifetime commitment to being a sperm donor. The ever-present potential of donor-conceived individuals contacting men after they stopped donating semen twenty years ago, no matter whether they donated anonymously or not, probably captures best what a lifetime commitment as a sperm donor entails. The use of social media and genetic testing by donor-conceived individuals to find the men who provided the semen for their conception has made this an even more likely event (Klotz and Mohr 2015). Also, changes in legislation in regard to donor-conceived individuals' rights to have access to donor-identifying information with consequences for the men who were promised lifelong anonymity when they began donating semen, as is the case in Australia (Graham, Mohr, and Bourne 2016), mean a lifetime commitment as a sperm donor. In addition, contracts and regulations bind sperm donors to continuously update their contact information so as to be available for potentially necessary medical and genetic testing, and, probably most profoundly, men's self-perceptions and ways of being a man are persistently changed by the biomedical and organizational logic of institutionalized sperm donation programs (Almeling 2006, 2009; Mohr 2014, 2016a, 2016b; Riggs 2009; Riggs and Scholz 2011).

It is in this sense that sperm donors' lives are a microcosmos of what it means to be a man in a biomedical day and age. Sperm donors not only commit themselves to donate semen two or three times a week for two, three, four, or even more years; rather, they live the biosociality of masculine selves, intimate experiences, and social relations. Living a life as a sperm donor means not only enduring continued testing and evaluation of your health status, your bodily fluids, and your lifestyle choices; it also means thinking of yourself and your social relations in terms of biosociality, that is, the embeddedness of the self and its constituting social relations in "a variety of biopolitical practices and discourses" (Rabinow 1996: 98). In other words, sperm donors are not simply men that donate semen; sperm donors are biosocial selves whose gendered, sexualized, and moral constitution is profoundly intertwined with contemporary (reproductive) biomedicine and its sociocultural and not least political dimensions.

This book provides an understanding of biosocial subjectivation—the persistent invocation of the subject in terms of biomedical registers and biopolitical valuations—by exploring sperm donors’ intimate spaces of gender and sexuality as they are interpellated by reproductive biomedicine. The argument that I make throughout the book is rather straightforward: reproductive biomedicine opens up for the performativity of gender as a lustful experience of the self, something that I call the enticement of gender, and thus binds men to biopolitical objectives. The enticement of gender describes situations or processes of being affected in a way that incites an excitement about, a pleasure of, and/or a desire for gender normativity. It is a way of embodying the world in and through a gendered praxis that makes that praxis more desirable and alluring than other possible ways of *engendering* the world. For sperm donors this means that donating semen is about more than only providing semen samples for donor insemination. It is about biomedically mediated spaces of the self, which provide for the possibility of enjoying the performativity of gender. Sperm donors remake themselves as men through sperm donation; their biosocial selves are continuously reconstituted in sperm donation practices through the alluring power of gender that entices men to remake themselves as gendered subjects.

I will lay out the conceptual pathways of this argument in chapter 1 and thus invite readers interested in the theoretical underpinning of what I term biosocial subjectivation and the enticement of gender to proceed to that chapter before reading the rest of the book. In the remainder of this introduction, I will provide insights into the ethnographic and empirical background of this book and give an outlook on how the nuances of sperm donors’ biosocial subjectivation are explored in the different chapters.

The Ethnography of Sperm Donors’ Lives

Following the everyday lives of sperm donors is not a straightforward task. While my ideal research design would have included “hanging out” with sperm donors or at least being able to engage them in continuous conversations about the ordinariness of being a sperm donor, it was clear from my own experiences and those of other researchers that men who donate semen are not necessarily seeking engagements with ethnographers beyond the duration of one interview. In spite of donating semen being an ordinary part of their lives, the ordinariness of being a sperm donor does not in-

clude the interrogating presence of an ethnographer. As I will show in more detail in chapter 5, biosocial subjectivation might be said to have its limits, and having an ethnographer intrude into the ordinariness of sperm donor selfhood is one of them. Getting insights into the ordinariness of being a sperm donor thus required a different approach than simply hanging out with sperm donors.

My fieldwork began in the beginning of 2011 and lasted until the end of the summer of 2013. It included participant observation at three sperm banks in Denmark and the United States and at one clinical research and treatment center for male infertility in Denmark, interviews with twenty-three men who donated their semen at Danish sperm banks, interviews with three men who donated semen as part of informal donor insemination, interviews with two men who donated semen for a research project, one interview with a man who had been rejected as a sperm donor, interviews and informal conversations with sperm bank staff and with scientists working with spermatozoa, and participant observation at courses on reproductive biology and spermatogenesis. In addition, I systematically followed media coverage of sperm donation in Denmark throughout my fieldwork and went to public engagement events on sperm donation and male infertility, attended to legal documents regulating sperm donation in Denmark, read biological and andrological literature on semen, sperm cells, and sperm cell development, and not least involved myself with popular culture artifacts of sperm donation, such as movies, documentaries, artwork, and books—in short, I tried to make sperm donation a part of my daily life.

Based on previous experiences of trying to recruit sperm donors for interviews in Germany (Knecht et al. 2010), I was aware that the best chance of meeting men who donate semen was to collaborate with sperm banks. While private inquiries to interview men on their experiences as sperm donors might easily be viewed as dubious, inquiries that are approved by sperm banks are likely to be seen as respectable since they reach men through sperm banks' official communication channels. Therefore, I formulated an email that was sent out to active sperm donors by the sperm banks that I collaborated with. This email contained information about my project and a link to my project home page from which men could write to me via a contact field. A total of forty men replied, over twice as many as I had hoped for in my most optimistic estimates, since experience from other qualitative research on sperm donors shows that recruitment of sperm donors in larger numbers is difficult (Almeling 2011; Kirkman 2004; Riggs 2009; Speirs 2012; Steiner 2006). Of course,

the men did not reply all at once but rather continuously throughout the duration of my fieldwork. As some men did not come to agreed interviews and others did not reply to emails or simply contacted me too late in my fieldwork, I was not able to interview all forty men who had contacted me initially.

Those interviewees who donated semen as part of informal donor insemination arrangements rather than at sperm banks contacted me after I had registered on a website that served as a forum for women looking for donor semen on the one hand and men offering their semen on the other. Through participant observation at a clinical treatment and research center for male infertility, I got to know two men who donated semen to a research project at the center, and the only rejected donor I was able to interview contacted me following an email he had received from one of the sperm banks informing him about my project.

Not of Danish origin, I had moved to Denmark a year before my fieldwork started as part of an attempt to receive funding for my research. I had visited Danish sperm banks once before during a graduate student research project in cultural anthropology at Humboldt University on sperm donation and donor insemination in Germany (Knecht et al. 2010). While I was fluent in Danish by the time I started fieldwork, it still took some time to understand the subtleties of engaging in conversations about topics considered private, if not even taboo, by the majority of Danes. When embarking on fieldwork at the beginning of 2011, I thus not only encountered terms and concepts that were foreign to me since they were part of the scientific language and logic of reproductive biomedicine and andrology, but also because they referred to a “whole way of life” (Williams 2011), which was in some aspects different from my upbringing in Germany. For example, the linguistic nuances that men employed to talk about masturbation were not always obvious to me during conversations, but only after interviews had been transcribed. In other instances, men’s dialects proved quite difficult to understand, and I felt rather inadequate during one interview in particular, since I constantly had to ask the interviewee to repeat what he had just said. Acknowledging these limitations, conducting interviews with men in English was never a consideration. While all men were able to communicate in English—being a Danish sperm donor requires men to fill out most information about themselves in English since sperm banks target an international group of customers—having to talk about their experiences in English would certainly not have produced the same kind of familiar linguistic space

for them. As donors repeatedly remarked during interviews, having to fill out sperm banks' forms and answer personal questions for donor profiles in English limited their possibility to express themselves.

Between the initial contact with donors and then actually meeting them, a couple of weeks or even months went by. I arranged interviews with donors so that they could fit them into their schedules, and interviews took place either at the men's homes, in hotel rooms, in my office, at restaurants, at sperm banks, or via telephone or internet. When planning the interviews, I thought of them as conversations between men about what it means to be a sperm donor with a focus on four topics: being a sperm donor, donating semen, relatedness, and semen and sexual practices. The topic *being a sperm donor* was supposed to address more general questions, for example, when, how, and why men became sperm donors and how they dealt with being a donor as part of their daily social life. Under the headline *donating semen*, I concentrated on men's specific experiences at the sperm bank and their evaluations of encounters with staff, the various procedures and examinations, as well as the atmosphere at the sperm banks and especially the donor rooms. Questions regarding the topic *relatedness* addressed men's thoughts on connections to donor-conceived individuals and recipients, while questions on *semen and sexual practices* explored men's sexual life and their understandings of and knowledge about semen. Even though each topic would address different issues, aspects of a specific topic also appeared throughout the rest of the interview. For example, I would ask about masturbation and men's sexual habits when talking about their experiences at sperm banks, while also posing similar questions when talking about their sexual life in general. Questions as to how men would define a family would appear under the topic *being a sperm donor* as well as when talking about connections to recipients and donor-conceived individuals. This deliberate decision on my behalf, to repeat topics and questions, was a way of securing that interviewees as well as I would have a chance to reflect on central dimensions of being a sperm donor throughout the whole interview and as the narrative itself progressed, thereby producing a *thick description* (Geertz 2000) of particular experiences and reflections.

The men that I had a chance to talk to about their experiences of being a sperm donor came from very different backgrounds. The youngest sperm donor was eighteen years old and had just started donating semen. The oldest was thirty-nine and had more than five years of experience as a sperm donor. Only about a third of the men were still students in a variety of disciplines—pedagogy, psy-

chology, medicine, biology, engineering, political science—while the rest of them (besides one who was unemployed at the time of the interview) were full-time employees or entrepreneurs in a range of fields: physiotherapy, mechanics, personal coaching, finance, logistics, landscaping, IT services, sales, graphic design, transportation, law enforcement, communications, and business consultancy. About half of the men were still single, with the other half either in a relationship or married. Accordingly, a little bit more than half did not have children, while the rest had one child or more. As was to be expected, the vast majority of the men self-identified as heterosexual, although three men stated bisexual interests. All but one donor were Danish citizens and white, and the majority of them were also registered organ and blood donors.

Men's interest in participating in my research was often grounded in a sense of responsibility in regard to being a sperm donor. By participating in interviews about what it means to be a sperm donor, men saw an opportunity to contribute to knowledge about sperm donors and therewith to a better understanding of sperm donation from their point of view, a result of biosocial subjectivation and its implications, as I would argue. In this sense, participating in research about donors was honorable and connected to core biopolitical values. The men deemed knowledge about sperm donors especially important with regard to recipients and donor-conceived individuals, since it, in their eyes, provides recipients and their children with information about otherwise unknown men. In addition, men clearly regarded participation in my research as an opportunity to reflect on their engagements as sperm donors. During interviews, I often felt as if the men took a reflective position on becoming a sperm donor or used me to inquire about legal contexts or to hear more about the experiences of other interviewees. Using the interview as a reflective space, the men often did so out of curiosity. In some cases, however, they also used the interview to reconsider their decision to become a sperm donor. One donor, for example, seemed rather unsure about whether he was engaging in something that he could stand for at the end of the interview. He worried about future repercussions, which he currently could not anticipate, something that I call the limits of biosocial subjectivation and that I will explore in more detail in chapter 5. The majority of donors, however, did construct a narrative that presented them as confident about the fundamental goodness of being a sperm donor, a narrative reflecting the lived ordinariness of biosociality and the implications of biosocial subjectivation for donors' daily lives. This was the case for William,

for example, in his twenties and a donor for just about a year when I met him:

I think this (research on semen quality) is really interesting, also because my training deals a lot with physics and chemistry and the like, so I think that all of this is really interesting. When I began as a donor, I went into a clothing store and bought a bunch of loose boxer shorts [laughing], and basically changed my wardrobe. I had a lot of tight underwear, but threw them out. They were too old and used and instead I only bought loose boxer shorts. And I also stopped using my laptop on my lap and instead started to put a pillow underneath it. Sometimes, I have to use a car a lot when I am at work and there I have stopped using the heater, because, some of the things I read dealt with taxi drivers and truckers. They are supposed to have really, really bad (semen quality) since they sit down all day. I think this is all very interesting and I began to be curious about this part of the body, how the genes work and how they are influenced and all that.

Yet such narratives about the ordinariness of being a sperm donor could not stand alone, so I conducted participant observation at three sperm banks and one clinical treatment and research center for male infertility to get a better understanding of the daily life at a sperm bank. I would start participant observation at each field site when the laboratory opened, which was usually at around 8:00 A.M. The first day at a particular site always began by me introducing myself to the staff if they had not already met me at previous meetings, and being given a short tour of the premises by a staff member. I would thereafter join technicians working at the lab, observe their working practices, and ask questions about the procedures in general without focusing on particular details. After the first day at the laboratory, I would divide my second day at each field site into focused observations. This meant that after having observed the general working process at the lab on the first day, on the second day I would specifically focus on certain procedures and observe them repeatedly to understand the intricacies of working with semen. On the third day, I would usually change location and attend more to the reception desk and waiting area for sperm donors. Here, sperm donor conduct and interactions between donors and staff were most important. At one sperm bank, I was allowed to assist with checking in donors when they came in to drop off a sample. Afraid at first that I would not be able to do the work properly, while at the same time trying to be a good ethnographer and record every detail of the work as well as my interactions with donors, I valued that particular

experience later on, since it provided me with an understanding of the interactions between staff and sperm donors.

On the fourth day, I would return to the lab and introduce my video camera. While staff had been informed by me of the fact that I would be using video as part of my observations, the moment of introducing the camera was always a delicate one. The presence of the camera was emphasized in instances where I had to carry it myself, since the lab did not allow for a good full-shot angle without also filming arriving donors, something that I did not want to do, as none of the potential donors had given permission to be filmed. Taking photographs was a less disturbing practice. In comparison to filming at the lab, taking photos of working procedures was regarded as a legitimate, if not even legitimizing, practice by lab technicians, since technicians saw photographs as a more accurate way of capturing what their work encompasses.

I also drew maps of locales and sketched the interior of laboratories. Mapping the spatial organization of sperm banks and especially laboratories was first and foremost a way for me to understand how the lab was positioned as part of the overall premises. The location of a specific lab was of particular importance for how work at that lab was carried out, and what spatial encounters sperm donors had to navigate while being at the sperm bank. Due to certain time dynamics at sperm banks, characterized by peak and off-peak hours, not all days were filled with activity. At each sperm bank, donors would come in at certain hours, and the donor traffic determined the amount of work in the lab. During peak hours with many donors, the work pace at the laboratory would be hastened, while during off-peak hours, with none or only very few donors, moments occurred in which literally nothing happened. Sometimes, I would use these moments to experiment with my senses. I would for example deliberately close my eyes and focus only on the things that I could hear. At other times, I would concentrate on the smell in the lab and the olfactory dimensions of particular working procedures. I noticed a particular laboratory smell during my first week of participant observation. It was a very subtle sour smell, hardly noticeable. At first, I thought that this smell was the result of my own body odors due to perspiration. But then I encountered a similar odor at other sperm banks. Intrigued, I asked lab technicians whether they could smell this particular odor as well. After I had described the odor, they explained to me that it actually came from semen samples and would normally blend in with other olfactory dimensions at the lab. These dimensions are important both for sperm donors and for staff at the

lab, since they are decisive for whether sperm donors feel comfortable at the sperm bank, and since they can intervene in working practices at the lab (Mohr 2016a).

Besides the laboratories and the registration desks of sperm banks, two other spaces were central during participant observation: donor candidate interviews and physical examinations of sperm donors. Donor candidate interviews are scheduled with men that have applied to become a sperm donor and whose initial semen sample passed quality requirements. These interviews are usually carried out by personnel who manage donor contacts or, if the interviews coincide with a physical exam, by a physician and are used to assess whether an applicant can be admitted as a donor. As I will argue in the first chapter, these interviews represent more than just a biomedical assessment. They can also be understood as rites of passage into sperm donor subjectivity and thus form an important part of biosocial subjectivation. Physical exams are recurring features of being a sperm donor and thus perpetuate the making of biosocial subjects. Throughout these exams, donors are checked by a physician at the sperm bank on a regular basis, a legal requirement in order to release semen samples from quarantine.

For me to be allowed to sit in on donor candidate interviews, the staff member in charge of conducting these interviews would inform the men scheduled to be interviewed during a particular week of my presence and ask them whether I could join the interview. Before each interview, I would introduce myself to the donor candidates and ask them one more time for permission to be present. This particular dynamic probably did not leave any room for the men to deny my presence, yet any other way of getting access to these interviews would have been neither feasible nor permissible. During the interviews, I would usually not participate in the ongoing conversation. Recording the interview's progression as well as its content in my fieldnotes, I took the position of a silent observer. After each interview, I would discuss certain parts of it with the staff member who conducted the interview, and then write a full-length protocol based on my notes. During some of the interviews, however, I became directly involved in the conversation between the staff member and the donor candidate. Sometimes, the staff member would approach me directly with questions regarding my expertise on sperm donation, such as regulation or experiences of other donors. At other times, donor candidates would ask me questions with regard to, for example, donor anonymity or semen quality measurements. In some cases, I would just jump into the conversation

when, for example, I had the impression that staff members lacked crucial information, such as knowledge about donor-conceived individuals. I would then advise donor candidates to search the internet for documentaries dealing with donor-conceived individuals or point out sites such as the Donor Sibling Registry (DSR). These kinds of interventions on my side were intended to assist either staff members or donor candidates with information and reflection on certain issues deemed important by them in deciding whether to become a sperm donor. However, whether they were helpful to either party involved in these situations, I cannot say.

Physical examinations of donors were carried out by a physician. All these physicians were male, whereas personnel conducting donor candidate interviews were all female. The gendered space of the physical exam was dominated by the authority of the physician, as opposed to donor candidate interviews, in which the female staff member's authority was sometimes challenged by men. Initially expecting to record the progression of these physical exams in a similar fashion as with donor candidate interviews, I realized during the first examination that the exposure of the donor body during the exam installed a feeling of shame in me and in the men being examined. Looking at the naked men seemed inappropriate to me, and thus observation in these instances was characterized by me looking down and only listening to what was being said. The limits of biosocial subjectivation were clearest in these cases; a dynamic also echoed by sperm donors during interviews by pointing out that they would probably stop donating semen if more intrusive exams would take place. I will return to the sense of shame involved in these exams and the limits of biosocial subjectivation in chapter 5.

The Nuances of Sperm Donors' Biosocial Subjectivation

The remainder of this book is dedicated to exploring the nuances of sperm donors' biosocial subjectivation. Each chapter will attend to a particular facet of what it means to live the ordinariness of biosociality as a sperm donor in Denmark, and thus each chapter will provide insights into what it means to be a man in a biomedical day and age. What makes sperm donors interesting epistemologically speaking is the circumstance that their daily life weaves together the gendered and sexualized norms of contemporary social life in an era of (reproductive) biomedicine in a seemingly unproblematic fashion. Sperm

donors are biosocial subjects not because they are sick (though they potentially might be), but because they are assessed to be just perfect in terms of biomedical registers and biopolitical valuations. Unlike infertile men who do not produce good enough semen (Bell 2016; Birenbaum-Carmeli and Inhorn 2009; Goldberg 2010; Inhorn et al. 2009) or impotent men who have difficulties achieving erections (Riska 2010; Wentzell 2013b; Zhang 2015), sperm donors live up to the normative expectations that men are met with in contemporary biosociality: they performatively enact reproductive masculinity each time they produce a semen sample, and they do so one, two, or even three times a week as part of a strict ejaculatory regimen.

Chapters 1 to 5 will explore how sperm donors come into being as biosocial subjects in four different ways through the enticement of gender. Chapter 1 will provide the conceptual pathways through which to understand biosocial subjectivation and the enticement of gender. Chapters 2, 3, and 4 are concerned with the making of biosocial subjects through the enticement of gender in a pleasurable sense, and chapter 5 is concerned with the limits of biosocial subjectivation and thus how the displeasure of gender normativity marks the regulatory and normative boundaries of biosociality.

Chapter 1, *Becoming a Sperm Donor*, lays out the conceptual pathways of the argument that being a sperm donor can be understood as a process of biosocial subjectivation that happens through the enticement of gender. In laying out these pathways, I will interweave ethnographic observations and sperm donors' personal narratives with anthropological and sociological discussions of biosociality, biomedicalization, and biological citizenship, on the one hand, and with queer-feminist discussions of gender and sexuality, on the other.

In chapter 2, entitled *Regimes of Living*, I will look at sperm donors' contemplations about the morality of donating semen. Sperm donors find themselves in a moral landscape that heralds investments into human reproduction on the one hand while stigmatizing and tabooing their contributions on the other. What is of interest here is thus how sperm donors construct ways of being in the world that align their decision to donate semen with their gendered moral self-perceptions, thereby (re)creating regimes of living that allow them to live life ethically. Sperm donors emerge here as biosocial subjects by taking acceptable and not least recognizable positions in terms of gender and morality, such as the loving son, the caring father, or the responsible husband, thereby (re)making themselves as gendered subjects of a particular moral order.

Chapter 3 is entitled *Affective Investments* and deals with sperm donors' experiences of masturbating at sperm banks. While sperm donors' affective investments are most of the time taken for granted and not discussed, they are important to consider analytically if biosocial subjectivation through the enticement of gender is to be understood properly. Considering masturbation as important in its own right, I attend to the making of sperm donors as biosocial subjects through their affective investments when producing semen samples. What is in focus here is how men performatively (re)constitute their gendered and sexuated subjectivity in terms of biomedical registers and biopolitical valuations through masturbation. Learning to be affected in particular ways, men know how to excite and stimulate themselves in order to produce semen samples on demand, incorporating control regimes as part of their performativity of gender.

Chapter 4 has the title *Biosocial Relatedness* and deals with how sperm donors relate to loved ones and family members as well as donor-conceived individuals and recipients of donor semen. Unpacking biosocial subjectivation as a matter of relatedness, the chapter explores what kind of responsibilities come with relating and being connected to other people through the use of reproductive technologies. While laws regulating sperm donation in Denmark and contractual obligations provide a context in which men determine what their responsibilities are as sperm donors, they are also faced with a context in which they need to determine themselves what being a responsible sperm donor might mean. Navigating the terrain of biosocial relatedness, sperm donors (re)make themselves as men through the enticement of gender as responsibility. Claiming positions as responsible men, sperm donors become biosocial subjects through the performativity of gender as responsibility.

In chapter 5, entitled *The Limits of Biosocial Subjectivation*, I explore the instances in which the making of sperm donors as biosocial subjects through the enticement of gender reaches its limitations. In these instances, the limits of biosocial subjectivity are marked by male shame, situations in which men's gender performativity becomes unpleasant and thus threatens their continuous commitment as sperm donors. While generally accepted, medical exams, atmospheres in donor rooms, and confrontations with the moral complexities of being a sperm donor can also require affective investments from sperm donors that they regard as unacceptable transgressions of their intimate spaces of self, and these kinds of affective investments therefore lead men to reconsider whether being

a sperm donor is such a good thing after all. Being a sperm donor and becoming a biosocial subject is not a given and requires work, and chapter 5 thus explores the limits of the making of biosociality.

Finally, in *Conclusion: Biosocial Subjectivation Reconsidered*, I formulate suggestions for how insights into the (extra)ordinary lives of Danish sperm donors might be useful in different scholarly and professional fields. Reflecting on the book's main argument and analytical points, I consider how the book's contribution may make a difference in scholarship on biosociality, for queer and feminist thinking of gender, in anthropological and sociological discussions of kinship and relatedness, and, not least, for the practical matters of running a sperm bank or working with sperm donors.

Note

1. The term "sexualed" refers "to generic meanings and activities in relation to sexuality" (Hearn 2014: 402) in the same sense that the term "gendered" connotes meanings related to gender.