Introduction

> I am a retrained left-hander. Are you left-handed?
> Dear former #spermdonors, we would like to get to know you. Please get in touch!
> #searchforpersons #whoareyou
> #showyourself #donorchildren
> #searchmission #Berlin
> #yourspermhasaname #donorconceived
> #unknownfather #childrensrights
> #righttoknowyourorigins
> *Spenderkinder, Instagram post, March 2020*

A few weeks before submitting my PhD thesis, I came across an interesting and significant development with regard to my research interests. The German association Spenderkinder (literally "donor children") published a press release, the content of which I wanted to mention. Spenderkinder is an advocacy group comprised of donor-conceived persons. When researching the transformation of anonymity in gamete donation, I found ten of my interviewees from among this very group.[1] Many of them had mentioned that German doctors, clinics and sperm banks failed to provide them with information about their anonymous sperm donors. While some were told that all documents had been destroyed, others were told that since donors had been guaranteed anonymity, no documents could be released. In my research I investigated, among other things, the means the donor-conceived use to obtain information in such situations. With the project described in the press release, a new search strategy was added to the repertoire, and an existing one was expanded. Spenderkinder announced that they would launch a social media campaign in March 2020 (Spenderkinder 2020b). Using the slogan and hashtag #zeigedich ("show yourself"), they would post incomplete pictures of members on Twitter, Instagram and Facebook in the following weeks.[2] According to a board

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[1] www.spenderkinder.de (last accessed May 23, 2021).

[2] A hashtag is a word or phrase preceded by the "hash" sign (#). Hashtags are mostly used on social media platforms such as Twitter and Instagram to mark a post, conversation, or "tweet".

member quoted in the press release, these posts were intended to reach former donors: in recent years, the association repeatedly called on reproductive physicians, who previously assured donors of anonymity, to assume responsibility. Ultimately their efforts proved futile. Now Spenderkinder decided to address former donors directly; the press release detailed how the donor-conceived want a genetic father who both acknowledges his past as a donor and acknowledges his children. The press release claimed to mark the first time where so many donor-conceived persons appeared openly in a photograph. The association stated that in order to find their offspring, former donors should register with a commercial DNA database, which requires submission of a saliva sample. These databases that facilitate genetic "matching" between registrants are mostly used by people interested in ancestry research and/or personalised genetic health reports. Since late 2011, members of Spenderkinder had been using one of these databases to identify genetic half-siblings – those who had been conceived with sperm from the same donor but who had grown up in different families (also known as "donor siblings"). In order to identify a sperm donor, he does not necessarily have to be registered himself; instead, it is sometimes sufficient if one of his relatives has added their DNA to the database and is genetically "matched" with the donor-conceived. Spenderkinder is clearly aware of this, as they encourage not only donors, but also all other persons to take a test: "The more people register with DNA databases, the more chances donor children have of finding their genetic fathers through other relatives." (Spenderkinder 2020b, author translation) A few days after the press release, the first part of the campaign went online.[3] The post shows one half of a person's face and states their first name, the year and the city where they were conceived. The member is quoted with the following sentence and question: "I am a retrained left-hander. Are you left-handed?" On Instagram, the post is captioned as follows: "Dear former #spermdonors, we would like to get to know you. Please get in touch!" (Author translations) In addition to #zeigedich ("show yourself") several other hashtags follow. These include #deinsamenhateinennamen ("your sperm has a name"), #werbistdu ("who are you"), and #kinderrechte ("children's rights").

While I do not know whether the campaign had its desired effect, its very existence is relevant to the developments and dynamics I am interested in: anonymity in gamete donation is in transformation, and the donor-conceived are part of this process. In this book I examine how those who were conceived with anonymously

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Hashtags serve among other things as a retrieval system: by clicking on any given hashtag, users will be shown all (publicly available) posts that are marked by the same keyword or phrase.

[3] Before the first picture showing a member of the association was posted on Instagram on 3 March 2020, a few other pictures had already been posted, all of which fit the campaign's message. For example, a picture of a cat was posted with the following caption: "I know my cat's origins better than my own." (Author translation)

donated gametes in the United Kingdom (UK) and Germany are (1) involved in, (2) drive and (3) shape this process of change that takes place at the intersection of practices, regulations, technologies, narratives and relations. I argue that being donor-conceived becomes a meaningful and powerful identification only through the complex intertwining of these various factors and not through someone else's decision to conceive with gametes from anonymised sources. Indeed the title of this book: *Becoming Donor-Conceived,* deliberately articulates the concept of the donor-conceived as active, rather than passive participants. João Biehl and Peter Locke describe "becoming" as a concept that "destabilizes the primacy of being and identity in the Western philosophical tradition" (2017: 8). As such, this concept fits the overall approach of my research because I do not pre-define or condemn anonymity as a threat to personal identity. Instead, I start from the assumption that anonymity is always socially productive (Bachmann et al. 2017), producing new identifications, imaginations, and forms of sociality. This book thus deals with the transformation of anonymity in two ways: on the one hand, I conceive of gamete donation as a concrete case study in which a transformation away from prescribed anonymity and towards a protected "right to know" can be observed. On the other hand, I am also interested in "[o]pening up anonymity" (Konrad 2005a: 241) and re-thinking it in a way that acknowledges the ways in which it can be inventive (Konrad 2005a: 242).

I am pursuing this twofold approach by focusing on a group of people who have only benefited to a limited extent from some of the legal changes that have occurred in recent years and decades. In both the UK and Germany, there has been a transformation in terms of the regulation of anonymity: in the UK, information on treatments involving donated gametes has been stored in a central register since 1991. However, only those conceived after 2005 can apply at the age of 18 for what the administering authority classifies as "identifying" donor information. By contrast, Germany established a similar infrastructure in 2018. Those conceived after 2018 will have access to "identifying" information at age 16. In both countries, the regulations only applied to treatments that took place after the respective laws came into force. Those who were already adults or had reached the respective minimum age at the time of my ethnographic research from 2016 to 2017, did not benefit directly from these registers – they had been conceived too early. I focus on these excluded individuals in this book. They all had donors who were supposed to remain anonymous, not only at the time of the donation and treatment, but also for posterity. This book provides a particularly unique perspective on anonymity, since in the case of my interlocutors, who were all 18 or older, anonymity had already 'come into play' at least nearly two decades before my research. In this book I investigate how these persons interpret, discuss and problematise anonymity, and how they perceive of the circumstances of their anonymous conception. I attend to the various ways in which people negotiate living with non-knowledge: knowing that they have been conceived with donated gametes, but not knowing the identity of the donor. In doing so, I seek to explore how they access both formal and informal infrastructures to 'overcome' anonymity, attempt to enforce their "right to know" together with others and form new social relations and kin connections in that process. A central question explored here is how the donor-conceived themselves both contribute to and are involved in the transformation of anonymity. Particularly, I am interested not only in how they formulate their demands in a public arena, but also in how they address, reflect upon, and drive this change forward in less visible practices and more everyday considerations.

Opening up anonymity

While countries such as Spain and the Czech Republic still mandate donor anonymity by law and remain as popular destinations for those deciding to pursue treatment with donated gametes abroad, both the UK and Germany have updated their stance. These two countries have moved away from permanent anonymity, which was either protected by law or clinically practiced, and moved toward the "right to know" of the donor-conceived. Some argue that these developments have "ended" anonymity. Furthermore, the "end of anonymity" has been proclaimed not only in view of the legal development but also because of the growth of commercial DNA databases (see for example Harper et al. 2016). However, this project begins with the assumption that the anonymity of gamete donors, like any other form of anonymity, is always partial and never complete. It never exists in absolute form (Frois 2009). Gamete donors are always anonymous only in relation to certain persons, at a certain time, and in certain situations. Anonymity is always relative and has neither a clearly defined end nor a definite beginning. For this reason, I do not set out to examine the "end of anonymity" in gamete donation. Instead, I explore its transformation.

Most of the people that I interviewed did not learn until adulthood that they were conceived with donated gametes, and many of them told me that their parents had been advised to keep the treatment a secret. While anonymity and secrecy are sometimes used synonymously in discussions about gamete donation, they are terms that refer to two different forms of non-knowledge: "At its most basic, anonymity is a mechanism for keeping the identity of the donor hidden whereas secrecy has to do with keeping the genealogical origins of the child hidden." (Konrad 2005a: 173) The two need not appear together. For example, parents who conceived a child with an anonymous donation may decide to tell their child about the treatment, while not telling (and not being able to tell) their son or daughter who the donor is. Anonymity is also not the same as privacy, which can be described as "a function of which pieces of personal information are known *simpliciter*" (Ponesse

2013: 330, emphasis in original); while I might be close friends with my neighbour, I might not know that he is a sperm donor. This, I suggest, is an example of a privacy relation, i.e. I know my neighbour, but some information about him is hidden from me. Anonymity in turn pertains to different constellations. Once a child has been told that he/she has been conceived with donor sperm, he/she might still lack the information he/she would need to link his/her conception to the man whose sperm was used, and whom he/she might already know by name and in person. Similarly, a person might even have a donor profile with basic, or even more detailed, information, but might not know that the information is about someone they already know – even if said person was their neighbour. The donor's anonymity would be dissolved only if the offspring could manage to make that link.

While anonymity always has to do with "an absence of information" (Bachmann et al. 2017: 247), it is not always about namelessness, as its etymological roots might imply.[4] Neither is it necessarily about facelessness, although concealing one's face might indeed be a means to avoid identification through, for example, facial recognition systems. Instead, anonymity is always about "constellations of *partial* unknowability, invisibility and untrackability" (Bachmann et al. 2017: 243, emphasis added). The dissolution of anonymity, which is never a "yes" or "no" thing, is less about the amount of information that is available, and more about a "shift in associability, or linkability" (Ponesse 2013: 330). I therefore suggest that the transformation of anonymity in gamete donation is less about the amount of donor information that can be obtained through registers or DNA databases, and more about the fact that there are new ways to link information. With the advent of unprecedented means to make connections, it has become increasingly difficult to distinguish between potentially identifying and non-identifying information. The assumption that such a distinction is possible is fundamental to the practice of anonymous donation and also an essential precondition for a system of temporally limited anonymity. When donors are guaranteed anonymity, clinics or cryobanks promise them that they will remain anonymous – either indefinitely, or at least until information about them is released through an authority and in a regulated process. The certainty that a distinction can be made and that clinical or state authorities can control the process of storing, managing and releasing information is however increasingly challenged by the donor-conceived's attempts to make new links between pieces of information that were previously unconnected.

Anonymity is anything but "a monolithic concept and practice" (Konrad 2005a: 85), even though it tends to get treated this way in policy debates about gamete donation. Although it is different from other forms of not-knowing, it often occurs together with them, which is reflected in the questions that the donor-conceived

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[4] "Anonymous" derives from the Greek "*anonumos*", which means "without a name" (from *an* – "without", and *onoma* – "name") (Ponesse 2013: 325).

ask themselves and others. For them, it is often not only about finding out who the donor is, but also about knowing who else knew about the donor conception, and who should still be told (and how). While an essential part of this book and of my attempt to "open up anonymity" focuses on laws and infrastructures, an examination of these more minute considerations and everyday problematisations of not-knowing remains important to fully understand the transformation of anonymity.

Changing donor conception

The fact that the majority of the people I interviewed did not grow up knowing they were conceived with donated gametes is not surprising given the history of donor conception. In the past, anonymity and secrecy were "the primary organising principles" (Bateman Novaes 1998: 111) of donor conception. For a long time, it was taken for granted that neither children nor parents should receive "identifying" donor information. Besides, physicians were of the opinion that children should not learn about the circumstances of their conception. Since "the use of a donor poses a cultural threat to patriarchal traditions" (Becker 2000: 134) and would 'expose' the infertility of the father, the usage of donated sperm in particular needed to be hidden and made invisible. The stigmatisation of infertility contributed to donor insemination (DI), the oldest form of gamete donation, evolving into a medical technique that had to be kept hidden and did not have the status of a regular confidential medical matter (Blyth 2012: 143).[5] Programmes and physicians organising the much newer practice of ova donation, especially in the United States (US), were less strict about donor anonymity (Almeling 2011: 35),[6] while sperm banks were adamant on concealing both the donation and the donor.

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[5] DI involves the injection of donated sperm into the recipient's vagina or uterus with a syringe. Fertilisation thus occurs inside the body.

[6] With successful egg freezing and thawing being a relatively new technology (Robertson 2014), using unfrozen eggs from a known donor became relatively common, while sperm banks were adamant on concealing both the donation and the donor. Techniques for the viable cryopreservation of sperm have already existed since the 1950s. However, it was not until the 1980s that frozen sperm became "a significant part of reproductive medicine" (Swanson 2012: 272; see also Swanson 2014) as sperm banks, or "cryobanks", that stored, sold and shipped frozen sperm started to emerge. The use of frozen semen became more widespread after the onset of the Aids crisis. Cryopreservation made it possible to retest sperm after a quarantine period and to ensure that the donor was HIV negative (Bateman Novaes 1998: 113). Besides, frozen sperm made it possible to rule out any contact between recipient and donor. The same type of 'slow' cryopreservation turned out to be unsuccessful when used with eggs, as the ice crystals that form during the freezing process damage the oocyte. This can be avoided by the much faster and newer process of "rapid vitrification" (Mandawala et al. 2016).

Choosing a sperm donor that resembled the father was a crucial step in this process: "The donor's physical similarities to the social parent are important in that they pay lip service to the notion of biological continuity." (Becker 2000: 152) If the child resembles his/her mother or father whose gametes are not involved in the child's conception, then parents do not have to deviate from "the cultural ideology about biological parenthood" (ibid.). By "matching" recipient and donor according to physiognomic characteristics, parents were, and still are, enabled to present the child as a child that's genetically related to them (Bergmann 2014: 156).[7] Particularly in cases where legal relationships between recipients, donors and children were unclear, concealing information was also often a question of preventing financial claims. Physicians wanted to protect donors against any inheritance claims that donor offspring might raise, which was another reason why parents were recommended not to tell their children (Daniels and Taylor 1993: 158) and forget about the treatment (Dempsey and Kelly 2017: 205). Furthermore, concealing information was also seen as a means to protect donor-conceived children from stigmatisation, and the view that "the child could gain nothing from knowing about the connection between his/her conception, the practice of masturbation and the status of illegitimacy" (Haimes 1998: 70) was dominating the practice of DI. Besides, it was assumed that anonymity also had a protective function with regard to emotions, and "knowledge of the donor's identity was seen as being too emotionally troubling for both parents and for their children" (Richards 2016: 27).

Many of these views have changed radically within just a few decades. In psychosocial studies on donor conception, reference is repeatedly made to the importance that knowledge about the donor has for the "identity formation" of children. Secrecy is commonly interpreted as something that is detrimental to "family functioning", and openness and the opportunity to learn the identity of the donor are seen as fundamental conditions for the well-being of the donor-conceived (Edwards 2018). In both the UK and Germany, groups of parents and families who have had children with the help of gamete donations and who are committed to early disclosure have formed (Klotz 2014). While children conceived with donated gametes used to be considered the successful outcome of a medical procedure (Haimes 1998), the view that their interests must come first has gained traction. This is also reflected in the way in which access to information is regulated by law: while both the UK and Germany now provide for donor-conceived people to have

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[7] Matching has also been a central paradigm in adoption practices where it "made kinship through effort-filled social operations that simulated the appearance, stability, and authenticity that were assumed to be effortless products of nature" (Herman 2008: 121). It is important to note that matching and anonymity do not necessarily result in parents trying to conceal treatment with donated gametes, as the ethnographic work of Klotz (2014) on families who choose to disclose has shown.

access to “identifying” donor information from a certain age, the possibilities for parents and donors to find out more are more limited. The right to know is very much understood as a right of children to information about the donor, rather than, for example, a right of donors to obtain details about their donor-conceived offspring.

Demands for a right to know are also increasingly being voiced by the donor-conceived themselves, who join forces with those who share the same ‘fate’: they have begun to network with others nationally and internationally, especially online, exchanging stories, advice and experiences, talking about them in a public and political arena, while sometimes making themselves identifiable during that process. Policy debates validate their ‘authentic’ experiences and first-hand accounts. Oftentimes their descriptions, some of which are full of pain and speak of their absolute need to know their origins, are seen as proof that it is wrong to withhold knowledge from the donor-conceived. “Being donor-conceived” has clearly become a powerful identification and categorisation. Since the donor-conceived usually obtain little or no information about their donors and donor siblings from official authorities and physicians, they look for and create other ways to find out who their donor is and connect with other relatives, as exemplified by Spenderkinder’s social media campaign. As they want to find out where they come from and whom they are related to, they are looking for ways to overcome limitations of the knowledge they can obtain and the relations they can form.

Above all, the donor-conceived do not rely solely on officially endorsed means to obtain information. The social media campaign of Spenderkinder draws on existing infrastructure and practices that members and other donor-conceived persons were already using to obtain information about their donors at the time of the launch: the Internet is central to the process of DNA testing, with tests sold by websites for genetic genealogy having become a particularly popular search tool. Several of the people that I interviewed shared their stories with journalists, hoping that donors and half-siblings might decide to reach out when hearing or reading about them. Publicising their stories and utilising the different resources fundamentally changes the conditions for anonymity in gamete donation in that such activities shift who can receive, distribute, share, hide or reveal information. Overall, people conceived with donated gametes are no longer represented only by others. Instead, they have now become active themselves and try to assert their interests by representing themselves.

The donor-conceived, whose narratives are the focus of this book, activate the knowledge of their biogenetic connections in specific ways. Marilyn Strathern (1999c) coined the term “constitutive information” to capture the specific nature of knowledge about these relationships. She pointed out that “in Euro-American thinking, knowledge creates relationships: the relationships come into being when the knowledge does” (1999c: 78). Information about biogenetic connections is information that cannot be "selected or rejected *as information*" (1999c: 77, emphasis in original). The connection that this knowledge creates cannot be undone: although it is possible for a person who finds out that they are donor-conceived to say that they want nothing to do with their donor, it is not possible for them to say that they are not related to their donor (although this might well be what they tell others). The people at the centre of this book, who for the most part had grown up without knowledge regarding the circumstances of their conception, experienced the dissolution of a connection that normally cannot be dissolved; they found out that they were not genetically related to their father.[8] Strathern argues in an earlier essay that as their conception was a dispersed one so too is their kinship (1995). She notes that the decision to conceive with donated gametes results in "a field of procreators whose relationship to one another and to the product of conception is contained in the act of conception itself and not in the family as such" (1995: 352). However, it is important to note that there are "variable ways in which kinship knowledge is constitutive of the self" (Carsten 2007: 422), and not everyone will do the same with knowledge about genetic connections and origins. For the people that I interviewed, "being donor-conceived" became an important identifier. This book explores how the activation of kinship knowledge, the making of new social relations, the using and repurposing of infrastructures, and a variety of other practices and politics allow people to actively *become* donor-conceived, rather than passively as a by-product of their parents' decision to reproduce with donated gametes.

Empirical basis and comparative angle

The main empirical basis of this book consists of interviews that I conducted between September 2016 and December 2017 with 24 persons who were conceived in the UK or Germany (UK n=13; Germany n=11) through clinically mediated and anonymous gamete donation (sperm n=23; ova n=1). All had grown up with parents who were living in heterosexual marriages at the time of treatment, which had taken place between the 1950s and 1990s, with the majority of people conceived in the 1970s and 1980s. Two persons stated that they had always known about the circumstances of their conception, while all others could remember a certain moment when they were told. A large number of them had learnt about it in adulthood, through their parents' conscious decision to tell their children, or through an unplanned situation such as an argument. I found most of them through the mailing lists of advocacy groups and through interview appeals posted in online forums. In

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[8] The only one of my interviewees who had been conceived with a donated oocyte had, according to his own statement, always known that he was donor-conceived (see section 7.5).

addition to the interviews with donor-conceived persons, I also met with a number of other actors and spoke, for example, to a former sperm donor and a "donor information manager" who worked for the central UK donor register.

I selected the UK and Germany as case studies because of their specific regulations concerning the collection, storage and release of donor information. My research in the two countries, coupled with interviewing individuals who were conceived under different legal and clinical regulations, provides a broad examination of a variety of different infrastructures and regulations. As my research developed it became clear that there are also differences in the way the donor-conceived organised their activism – a difference not readily apparent at the conception of my research. The comparative approach of my research is more visible in some chapters than in others. This is determined in each case by my material and the topics I examine in the respective chapters.

When I started my research in Germany after having returned from the UK in January 2017, I was often amazed at how similar the narratives of my British and German interviewees were. Indeed almost everyone talked about how important it was "to know where you come from", stressed that openness was vital, and addressed the question of who knew about the donation and who should know about it. In her ethnography of anonymous ova donation in the UK, Monica Konrad notes that while "[i]t is always good to find exceptions during the course of research" (2005a: 21), in her own fieldwork, "sometimes the surprise would consist in the very consistency of the reply" (ibid.). I can certainly say the same about my research. The comparison between interviews I conducted in the UK and those I conducted in Germany, often led me to find more similarities than differences. In particular the narratives and micropolitics discussed, analysed and presented in chapters 5 and 6, are not as contrasting as other parts of this book in terms of differences between my British and German material. Still it should be noted that differences between individual cases do remain an axis of comparison throughout this book. It is important to note that I do not claim to produce statistically representative results, nor do I aim to make general statements about national differences beyond laws, infrastructures and activism. At no time do I intend to engage in a discussion on intrinsic British or German 'mindsets' and how that shapes policy. My approach to comparative work is based on the assumption that "objects of comparison are not representations of what one would find and bring back home from the field. […] They are rather articulations of analogous properties or problematics – related to a whole range of motions, and effects." (Niewöhner and Scheffer 2010: 11) They are not 'out there' to be discovered by the researcher, but instead "produced through *thickening* contextualisations" (Niewöhner and Scheffer 2010: 4, emphasis in original). The comparability created by "thick comparisons" (Niewöhner and Scheffer 2010) is always limited in nature (ibid.; see also Scheffer 2008), and my analysis takes these limitations into account.

Overview of the book's chapters

Before I examine the transformation of anonymity in gamete donation using my own empirical material, I will present the central historical and theoretical reference points and perspectives of this book in chapter 1. First, I will present relevant background information on the development of the regulation of reproductive medicine and gamete donation in the UK and Germany. This will be accompanied by an overview of the current legal situation in terms of who can obtain what kind of information about the donor or offspring. I will then examine how donor conception in general and the donor-conceived in particular have been discussed in psychosocial research so far. It is particularly striking that reference is repeatedly made to the damage that anonymity and secrecy can have on "identity formation". The way in which anonymity has been discussed in ethnographic research on blood donation, organ donation and other topics differs from this 'identifying' focus, and I will discuss some of these works after reviewing the existing psychosocial research. In this section, I will also elaborate on the particular contribution my work can make to ethnographic research on anonymity. Finally, I will discuss several ethnographic works that provide theoretical and empirical points of reference for the anthropological study of donor conception. While throughout this book I will draw on literature that has inspired me in order to discuss my own material, central debates, concepts, and approaches will be presented here in a concentrated form.

In chapter 2, I introduce my sample and explain the process of researching, analysing and writing. The groups and online forums through which I came into contact with donor-conceived persons are also the platforms the donor-conceived and/or recipient parents use to network with others. This chapter thus introduces some of the central infrastructures in my field. I will also discuss how the anonymisation and deanonymisation practices of my interviewees affected my own research and efforts to ensure confidentiality.

In chapters 3–8, I will discuss my own empirical material, making repeated references both to the work and concepts presented in chapter 1 and to other, mainly ethnographic, works. In chapter 3, I will examine the often invoked "right to know" not only on the basis of my own ethnographic research but also by looking at the international and national discourses that shape the debates and demands voiced by my interviewees. The right's taken-for-grantedness and its seemingly ahistorical nature will be 'opened up' for ethnographic discussion. I will examine some of the particularly influential and frequently voiced arguments that the donor-conceived and their supporters use to fight for the right to know. Finally, I will look at a specific variation of the "right to know" debate, namely a call that the "right to be told" be legally enforced by including donor names and/or treatment details in official documents such as birth certificates.

In chapter 4, I will examine how the donor-conceived in the UK and Germany fought for their rights. Their activism was not limited to their struggle for the right to know. Instead, many chose to tell their story to journalists and thus made it available to a wider public because they also wanted to propagate a specific vision of the nature of the ideal family. For a few of those who were particularly active in the public and media, this was the conviction that "real families" must be genetically related to each other and that people had a right to know their "real parents". Others believed that "good families" should be strengthened and that donor conception should therefore be normalised. Many characterised "good families" as only those families who openly dealt with the use of donated gametes. In addition to publicity strategies, this chapter focuses on the networking practices of the donor-conceived who join forces via the Internet with others who share the same 'fate'. In the last part of the chapter, I will take a closer look at the association Spenderkinder that I already mentioned earlier. It plays a central but not uncontroversial role in Germany in terms of donor-conceived activism and the fight for the right to know.

After demands for a right to know and the activism of the donor-conceived were the focus of the first two empirically oriented chapters, chapter 5 takes a different perspective. Here I will examine on a micro-political level how temporal and relational dimensions of anonymity and (non-)knowledge about kinship are discussed and problematised. I interpret both the frequently expressed desire "to know where you come from" and the look back at what some of my interviewees had already intuitively known prior to being told as an expression of a desire for a continuous life. Continuity also emerged as a key mode of relating in many narratives, which was reflected in the way my interviewees imagined their anonymous donors. It was particularly striking that they were interested above all in what they had in common with their donor in terms of intellect and academic abilities. Any external similarities with not only the donor but also donor siblings played a greater role in a process I have termed "scanning", namely the intense and oftentimes automatic search for similar features and characteristics in others.

Chapter 6 takes a similar approach to examining dimensions of anonymity and non-knowledge that tend to go unnoticed in discussions about the right to know. In particular, in this chapter I will discuss how the donor-conceived deal with the "kinship trouble" caused by their parents' decision to share information about their conception with them and/or others. It was especially important for the donor-conceived not only to know who their donor was but also to find out who else knew about the circumstances of their conception. In addition to the oftentimes central question "Who knows what?", I examine how my interviewees decided whom they themselves wanted to tell that they were donor-conceived. When deciding whether to reveal or conceal information about their origins, it was not only the otherwise dominant right to know that influenced their decision. Instead, they were very much guided by considerations of care and the desire not to cause relationship difficulties. This manifested in the way my interviewees (1) managed and/or anticipated kinship trouble caused by siblings who had not yet been told, and (2) by the act of telling their own children that they, as their parents, were donor-conceived.

In chapter 7, I examine the various formal and officially endorsed registers available to the donor-conceived in the UK to obtain information about the donor and genetic half siblings. Several of these options are based on voluntary registration. Central to this chapter are not only the various ways of obtaining information, but also the management of expectations and hopes. Formal registers were not available to any of my German interviewees, all of whom were conceived before the central donor register was created in Germany. Likewise none of my British interlocutors were among those who had guaranteed access to the information that the authority that manages the central UK register considers to be "identifying". The method used to distinguish between "identifying" information and "non-identifying" information will be examined in detail. In addition, I will consider and discuss all of my ethnographic material to evaluate what kind of knowledge my interviewees had in mind when they spoke of their desire to "know the donor as a person". I will also refer to the interviews conducted in Germany in my exploration of "donor siblings", which are half-siblings conceived with gametes from the same donor but raised in different families. In contrast to Germany, there is a formal register in the UK that allows the donor-conceived to get in touch with this type of sibling. Finally, I will discuss a voluntary register that utilises a certain type of DNA testing in order to establish links between those who donated or were conceived in the UK prior to the establishment of any mandatory registers.

This type of genetic testing is different from the technology used in another type of DNA database that is popular amongst the donor-conceived in both the UK and Germany. The way in which they use the tests offered by commercial DNA databases, which sell their products online, has radically changed the conditions of anonymity in gamete donation and will be discussed in detail in chapter 8. First of all, I will explain how these tests work and how they differ from the technology presented in the previous chapter. I am especially interested in how kinship and ancestry are "measured" here, and how these measurements can be discussed and problematised from an anthropologically informed perspective. I will then examine how some of my interviewees tried to identify their donors by linking the results of their DNA tests and utilising other online and offline searches in a complex process of "infrastructuring". While not everyone was willing to go through such an elaborate search, most of the people that I met still felt like they had to at least try to find someone. "Having to try" was a central motif in many narratives when it came to DNA testing. In the last section of this chapter, I examine what happens when people unsuccessfully search for genetic relatives via DNA databases and are left to wait for more people to take a test.

In chapter 9, I will summarise and discuss the central arguments and findings of my work. As my research points to a dissolution of the boundary between non-identifying and identifying information, I will also look at whether, and if so how, those who traditionally had control over information react to these changed circumstances.

This book is a slightly revised and updated version of my PhD thesis at the University of Bremen. In addition to the general editing process, chapter 2 has been extended to include a more detailed discussion of the specific character of my sample composition, and of the motivation of my interviewees. Chapter 3 has been extended to include more information on the significance of specific international treaties in Germany. Moreover, I have slightly reworked this part of my thesis to further disentangle the "right to know", which is a dense and multivalent concept, in light of the comments and questions from my examiners. A more detailed discussion on what is known statistically about gamete donation in the UK and Germany has been included in Chapter 7, and a brief discussion of what people do when their donor does not meet their expectations has been added to Chapter 8. Finally, the conclusion has been reworked to reflect these changes, and to include comments and suggestions made by my examiners and the other members of my doctoral defence committee.