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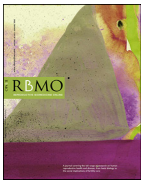

ARTICLE

The motives and experiences of donor-conceived persons requesting the identity of their sperm donors

BIOGRAPHY

Andreas Widbom is a clinical psychologist working in the field of reproductive medicine. The main area of his research is psychosocial aspects of treatments with donated spermatozoa and oocytes.

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KEY MESSAGE

Obtaining a donor's identity has the potential to affect a donor conceived person's understanding of themselves, and to influence relationships within their family in unexpected and challenging ways. Adequate resources should be allocated to support the growing number of families after identity-release donation.

ABSTRACT

Research question: What are the motives and experiences of donor-conceived persons (DCP) who search for and receive information about their identity-release sperm donor?

Design: A qualitative interview study with 29 individuals (21 women, seven men, one non-binary) who were consecutively recruited after having requested information about their sperm donor at five Swedish University hospitals. All participants were conceived after donor insemination to heterosexual couples within an identity-release donation programme. Individual semi-structured interviews were conducted face-to-face or via telephone between September 2016 and November 2019, and transcribed audio recordings were analysed using reflexive thematic analysis.

Results: The motives and experiences of DCP were described in two themes. The theme 'donor information can fill different needs' describes that varying motives, thoughts and feelings are related to searching for and obtaining donor information. Motives ranged from curiosity and a desire for agency over one's conception to hopes of finding a new father. The theme 'navigating donor information in a relational context' describes the process of obtaining donor information as interpersonal, highlighting that the DCP needs to balance the interests of different stakeholders, and that obtaining donor information can challenge the relationship quality with the father.

Conclusions: Obtaining the donor's identity has the potential to affect the understanding of DCP of themselves, and to influence relationships within their family in unexpected and challenging ways. Therefore, adequate resources should be allocated to support the growing number of families after identity-release donation.

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INTRODUCTION

During the past decades, countries, such as Sweden, Germany, Norway, New Zealand, Australia and the UK, and most recently France, have introduced legislation giving donor-conceived persons (DCP) the legal right to access identifying information about their donor upon reaching adulthood. Despite the increasing popularity of identity-release programmes, also called 'open-identity' programmes, limited research about the experiences of DCP in obtaining donor information is available to guide the implementation of such information release. In several countries, DCP are now reaching an age when they can obtain donor information, which enables exploration of the psychological implications of obtaining donor information through legislatively enabled formal systems.

Gamete donation has historically been an anonymous enterprise. Therefore, most studies on DCP are based on populations after anonymous sperm donation. Donor-conceived persons have been reported to desire information about their donor and same-donor offspring (Scheib et al., 2005; Jadva et al., 2010; Beeson et al., 2011; Scheib et al., 2017; Indekeu et al., 2021). Learning the identity of the donor and interacting with same-donor offspring has been described as a redefining event for personal identity, a reinforcement of belongingness and an extension of the support network (Blyth et al., 2012; Scheib et al., 2020). Identifying or contacting persons who are genetically close and yet 'total strangers', however, may also include emotional strain, as well as conflicted feelings and discomfort caused by mismatched expectations of relationships (Jadva et al., 2010; Beeson et al., 2011; Blyth et al., 2012; Frith et al., 2018; Koh et al., 2020; Scheib et al., 2020; Indekeu et al., 2021; 2022).

To date, only three studies have reported on the experiences of DCP with identity-release donors searching for or contacting their donor, and all concerned young adults conceived with donor insemination. Two of these studies included DCP from lesbian-couple families (Koh et al., 2020) and single-mother, lesbian-couple and heterosexual-couple families (Scheib et al., 2017), and reported that about one-third of eligible DCP requested their donor's identity. In contrast, a recent Swedish study that included DCP from only heterosexual-couple families, showed that only 7% of eligible DCP had exercised their right to request donor information (Lampic et al., 2022). The investigators suggested that this may be related to findings that few heterosexual couples using sperm donation in the 1980s and 1990s intended to disclose the donor conception to their children (Gottlieb et al., 2000; van den Akker, 2006). Most DCP made their request for donor information within a few years after their 18th birthday (Scheib et al., 2017; Lampic et al., 2022), and the most common reasons were to explore physical and behavioural resemblance (Scheib et al., 2017; Lampic et al., 2022) and to learn about the donor as a person (Scheib et al., 2017). Some DCP who obtained their donor's identity did initiate contact with him (Koh et al., 2020; Lampic et al., 2022); however, others were confronted with the information that their donor was deceased (Scheib et al., 2017; Lampic et al., 2022). In the survey study by Lampic et al. (2022), a few DCP reported that they had not obtained their donor's identity owing to the inability of clinic staff to retrieve this information from their records or unwillingness to release the donor's identity until they had reached the donor or obtained his consent. Overall, most DCP were satisfied with the provided information and support by clinic staff, but one-fifth reported low satisfaction and commented on staff's apparent inexperience in handling requests of donor information (Lampic et al., 2022).

Even though identity-release gamete donation has been available for many years, and an increasing number of jurisdictions legislate for identity-release, knowledge on how DCP experience the process of obtaining donor information is limited, and qualitative studies have yet to explore these experiences further. In 1985, Sweden was the first country in the world to mandate the use of identifiable donors (Stoll, 2008). The present study is based on the first group of DCP who exercised their legal right to obtain their donor's identity. The aim was to explore the motives and experiences of DCP who search for and receive information about their sperm donor.

MATERIALS AND METHODS

Setting

The study was conducted in the context of the Swedish legislation enacted in 1985, mandating that donor insemination is carried out at general hospitals, permitted only to heterosexual couples after a psychosocial evaluation, and that any resulting offspring is entitled to obtain identifying information about their donor when sufficiently mature (Stoll, 2008). Clinicians initially criticized the legislation for being based on a lack of scientific evidence supporting positive outcomes for the child (Daniels and Lalos, 1995). They also raised concerns that abolishing anonymous sperm donation would hinder the recruitment of donors (Edvinsson et al., 1990; Hagenfeldt, 1990; Sverne, 1990). In light of the then-existing attitudes, only 11% of donor insemination parents who conceived a child between 1985 and 1997 were found to have disclosed the donor conception to their children (aged 1–15 years) (Gottlieb et al., 2000). Guidelines instructing physicians to encourage prospective parents to talk with their child about their donor conception were not published until 2004 (The National Board of Health and Welfare, 2004).

After legislation on donor insemination to heterosexual couples in 1985, IVF treatment with donor oocytes or spermatozoa were also permitted to heterosexual couples (2003). Subsequent legislative changes made sperm donation treatment accessible to lesbian couples (2005) and single women (2016), as well as double donation and embryo donation to heterosexual couples, lesbian couples and single women (2019).

According to Swedish recommendations formulated in 2002 and 2006 (Sydsjö et al., 2015), a donor can donate offspring to a maximum of six families. The donors have no rights or obligations towards offspring from their donation, except agreeing to have their identity released upon request by DCP. Clinical guidelines for the process of identity release were published in 2009 (Gottlieb and Fridström, 2009), specifying that a DCP contacting the Reproductive Medicine Center (RMC) to obtain information about the donor should be offered a meeting with a physician and a counsellor or other professional. The guidelines also recommend that the staff should adapt the conversation to what information the DCP desires and, if he or she is under the age of 18 years, assess the level of maturity before any identity release. Finally, the guidelines dictate that the requested donor information, which is kept in a special paper record, should be provided to the DCP. The guidelines do not include any recommendations to offer additional support to the DCP, nor any recommendations to inform the donor that his identity has been requested. Since 2019, Swedish DCP have the possibility to find same-donor individuals who have requested their name to be added to the donor's record at the fertility clinic.

Participants

The present study was conducted as part of a project focusing on the first group of individuals with an identity-release sperm donor in Sweden who requested information about him. This project includes the perspectives of DCP as reported in a survey study (Lampic et al., 2022), the present interview study, the perspectives of their parents (Widbom et al., 2021) and of those donors whose information had been requested (data not yet reported). Participants were recruited from the RMC of all seven University hospitals in Sweden that had provided sperm donation treatment between 1985 and 2002, and where adult DCP could request donor information. As described in detail by Lampic et al. (2022), the eligible sample of DCP were those who had requested donor information at one of these RMC by December 2020 (*n* = 60); 40 completed the subsequent postal survey. At the time of that study, only individuals who were conceived by donor insemination to heterosexual couples and had reached a mature age could request donor information. The study did not, therefore, include any DCP treated after the introduction of other legislation in later years, e.g. oocyte donation (2003) and sperm donation to lesbian couples (2005). Among those who accepted participation in the survey study, a consecutive sample was recruited for the present interview study. Recruitment continued until the data from the interviews were rich and complex enough to address the research aim (Braun and Clarke, 2019b). One of the participants recruited for the present study did not return the survey and was, therefore not included in the survey study (Lampic et al., 2022).The interviews were conducted between September 2016 and November 2019.

The group of 29 participants included 21 women, seven men and one individual who self-identified as non-binary. Participants were born between 1987 and 2001 to heterosexual-couple parents who conceived after donor insemination. The median age of participants at interview was 21 years (range 18–29 years). The participants represented a total of 25 families owing to four participating sibling pairs. Within two of these sibling pairs, the DCP had different donors and within two pairs, the DCP shared the same donor. In the 25 families, about one-half of the parents were still married or co-habiting (*n* = 13 [52%]), one-half were divorced or separated (*n* = 11 [44%]) and, in one family, one of the parents had died. About one-half of the participating DCP (*n* = 16 [55%]) were told about being donor conceived during childhood (age range 0–12 years) and 13 participants (45%) were told in adolescence or adulthood (age range 15–25 years). Of the 29 participants, six had not received identifying information about their donor. Participants were interviewed between a few weeks and 5 years after their request for donor information, most (*n* =18 [62%]) within the first year.

Data collection

Individual interviews were conducted face-to-face or by telephone (by CL) trained in interview techniques. An interview guide was developed based on research and clinical experience, covering the participants' thoughts and feelings in connection with learning about being donor conceived and the effect on their family. The interview guide further covered thoughts and feelings about searching for information about the donor, and their motives for doing so, as well as thoughts and feelings related to contacting and meeting the donor, and views on family composition and family relationships. Interviews were semi-structured, using open questions and probing follow-up questions, and lasted an average of 62 min (range 31–106 min). The study was approved by the Regional Ethical Review Board in Stockholm (2015/1465-31/5 first approved 1 October 2015; amendments 2016/1325-32 approved 8 July 2016, and 2017/2370-32 approved 15 December 2017).

Data analysis

The interviews were transcribed verbatim, including non-verbal communication, such as pauses and expression of emotions. Interviews were analysed using reflexive thematic analysis (Braun and Clarke, 2006; 2019a). A complete coding was conducted by which the entire dataset was coded inductively based on the semantic meaning of the data, with each code representing a singular idea relevant to the research aim (Braun and Clarke, 2013; Terry et al., 2017). To make the analysis nuanced and reflective, the codes and themes were developed based on repeated engagement with the data by the first author in six phases as outlined by Braun and Clarke (2006). Discussions within the research group (AW, SI, GS, ASS and CL) entailed going back-and-forth between themes, sub-themes, codes, and transcripts to ensure codes were representative of the data, and to highlight subjectivity, particularly in relation to latent meaning (Braun and Clarke, 2019a) using our professional backgrounds (nurse, nurse–midwife, psychotherapist and psychologists). Sub-themes were constructed inductively based on the codes, aiming to cluster patterns and capture underlying ideas around an organizing concept. Themes aimed to capture latent meanings of sub-themes using an interpretative lens from a constructionist perspective (Braun and Clarke, 2019a). Representative quotes from the interviews were translated from Swedish into English by a professional translator and checked for accuracy by two of the authors. In the Results section, potentially identifying information was omitted, and, in a few quotes, specific details were altered to protect the integrity of participants, without changing the meaning of the quotation. Each quote in the Results section is followed by a pseudonym of the specific participant.

RESULTS

The motives and experiences of DCP related to searching for and obtaining donor information are described by two themes and five sub-themes (TABLE 1). The first theme, 'donor information can fill different needs' describes the intrapersonal experiences of DCP, highlighting that the significance ascribed to donor information could vary. The second theme, 'navigating donor information in a relational context' describes the interpersonal aspects of obtaining donor information, including the DCP being confronted with the interests of multiple stakeholders and scrutinizing the relationship quality with the non-genetic father.

Donor information can meet different needs

The first theme includes three sub-themes that describe the varying motives, thoughts and feelings of DCP related to searching for and obtaining information about their donor.

TABLE 1 THE MOTIVES AND EXPERIENCES OF DONOR-CONCEIVED PERSONS RELATED TO SEARCHING FOR AND OBTAINING DONOR INFORMATION, WITH THEMES AND CORRESPONDING SUB-THEMES

Donor information can meet different needs	Navigating donor information in a relational context
Understanding more about myself	Balancing stakeholders' interests
Learning about the donor	Scrutinizing father–child relationship
Searching for new relationships	

Understanding more about myself

The first sub-theme illustrates that the desire for, and receipt of, donor information could be intertwined with the self-concept of the DCP and entail understanding more about the self as new information is added or 'old' information is re-evaluated.

Learning about being donor conceived, and not being genetically related to the father, could feel like losing a part of the self. Some participants described having felt different from their parents during their upbringing, and that this feeling could instil a need to fill a gap by obtaining information about the donor. Consequently, the experience of resembling the donor could reinforce the integration of donor information to the self; the genetic link between the donor and the DCP was cemented by the realization of resembling the donor, both physically and behaviourally. This is exemplified by Caroline, who found out about being donor conceived in her twenties, and described that she wanted to have information about the donor as soon as possible to fill the gap that had emerged 'overnight':

'Well, I went from believing that I knew who I was, and where I came from, to not even knowing who I was when I looked at myself in the mirror. It created a huge identity crisis.'

Caroline further explained how, during her upbringing, she had reflected on being different from her parents in her academic achievements and wanted to obtain information about her donor to find an explanation for that. For her, the information provided by the clinic staff was revelatory:

'It all fell into place for me immediately when they told me he was a [donor's profession]; that's why I have an analytical mind'.

Receipt of information about the donor could also lead to contemplations about the importance of nature versus nurture. Helena expressed a reluctance to ascribe her academic achievements to genetic inheritance from her donor as this would depreciate her personal efforts and the support of her parents during her upbringing:

'I think it was that 40–50% of your behaviour is determined genetically and [. . .] about 55% is determined by the environment, from trauma or things like that, and then there's only 5% that is supposed to be from the upbringing. [. . .] I know that there [..] are some parts of, like, an intellectual capacity that can be, sort of, from genetics. But I don't want to disregard things that I have been through and experienced. I don't want to take anything away from my parents, that I am very grateful for [. . .] Like from, from their own upbringing. I don't want to overlook my own achievements and just reduce it to some DNA code.'

For some, being donor-conceived implied an opportunity to add new information about the self. For example, Diana explained that she had always wanted to have roots in another country as her background was 'a bit boring', while still recognizing that 'my dad is still my dad'. Obtaining information about the donor, however, could also lead to a sudden realization that genetic relationships and family stories passed down on the father's side may no longer be valid for the DCP's own identity, as exemplified by Helena:

'But it became a bit weird when I kind of. . . my grandmother is from [a foreign country] and she was a refugee from there, during the Second World War. And I have kind of. . . thought that it mattered to me [. . .] But suddenly I am no longer partly [from a foreign country]. And in a way. . . it is no longer part of my background [. . .] the only little exotic part that I had [laughs] [. . .] It just disappeared.'

Learning about the donor

The second sub-theme describes motives for obtaining information about the donor in terms of personal agency and learning about the donor's intention for donating. Despite the potential of donor information being associated with personal information about the self, several participants ascribed donor information with limited significance in this regard and described their motives for obtaining donor information more in terms of curiosity. For example, Lars stated that:

'I don't really have a need to know who it is. It's more, you know, a fun thing [to seek donor information]'.

Several participants wanted to know about any hereditary diseases to enable informed decisions to be made about their own health, but the search for donor information could also reflect a manifestation of personal agency. For example, Alice described that she wanted to get the full picture of where she came from and how she came about, making herself the subject of her own life circumstances:

'It felt like this, I still want to sort of own this part of my history too, not to just have it told to me by people who were there, like'.

Learning about the donor's intention behind the donation was described as important by several DCP. Thoughts about the donor's motives ranged from him having altruistic motives of wanting to help infertile couples become parents, to more negatively charged thoughts of the donor being motivated by financial gain or a desire to spread his genes. Related to these concerns, some DCP worried that the donor might have negative traits, such as having racist or sexist attitudes, which could reflect on themselves. Alice stated:

'What if you had just felt like this, no, eew, am I this, am I the child of this. . . like person? So, eh... So it's like. To just feel like this kind of disgust'.

Searching for new relationships

The third sub-theme describes that searching for donor information could be a way to search for new relationships. Many participants described an interest in other individuals who shared the same donor as themselves, and in the donor's own children. Some reflected on the possibility of there being many same-donor individuals. For example, Erica expressed that ‘it feels a bit strange that you have something like 24 half-siblings’. Others elaborated on the potential effect of being one of many who resemble each other, which could challenge one’s sense of being a unique individual.

Some participants described hopes of some sort of ‘special bond’ with the donor, but not within the role of being a father. For example, one described how she envisioned meeting her donor for the first time, that both would be emotional about meeting each other and that she would find it so easy to talk to him. Others described their desired contact with the donor more in terms of getting to know ‘my real dad’. Such expressions were often related to experiences of a poor father–child relationship, which were ascribed to the father being emotionally distant, physically distant, or both, having alcohol problems or psychiatric disorders. Therefore, searching for donor information could have a more significant meaning in terms of hopes for future relationships. Learning that the donor was no longer alive could imply a great loss, particularly for participants who had hoped to establish a long-term relationship with the donor.

Related to hopes for a future relationship, several participants mentioned they were aware that the donor does not have any obligations towards them. For some, this meant a need to respect the donor’s integrity, for example recognizing the potential risk that initiating contact with the donor could reveal his donation to his partner and children. For others, the donor’s lack of obligation towards the DCP could instil worries about being rejected in the event of initiating contact, indicating a vulnerable position. Vincent explained:

‘But the thing is, you don’t want to try to make contact and then not get any kind of answer [. . .] Maybe you also feel that it is not worth the risk [. . .] Then what happens to your self-esteem? I don’t know.’

Navigating donor information in a relational context

The second theme includes two sub-themes that describe the process of obtaining donor information as interpersonal, highlighting that the DCP needs to balance the interests of different stakeholders, and that obtaining donor information can challenge the relationship quality with the father.

Balancing stakeholders’ interests

This sub-theme concerns the process that DCP go through to obtain information about the donor and being confronted with multiple stakeholders’ interests. These interests include the right of the donor and the parents to integrity and privacy, which had to be balanced with the need of DCP for self-determination and exploration of the self.

Related to the donors’ integrity, some participants described that, at their initial clinic visit, they only received non-identifying information about the donor and were informed that the clinic’s procedures were to inform the donor about their request before giving out his identity. This procedure could interfere with the interests of the DCP in several ways, including disappointment about an additional waiting period, concerns that the donor was deceased and worry about the prospect of never getting donor information. Helena described feeling that the clinic prioritized the donor’s interests over her own:

‘But eh, I had a feeling that there, there is a focus on the parents and the donor here, like [. . .] it felt as if the donor’s integrity was prioritized over my, eh, wish to obtain information, so’.

Others described that the procedure of contacting the donor to inform him about the DCP’s request for his identity created a pressure to contact the donor, which may not have been the DCP’s intention. Lydia described:

‘It feels like then there is suddenly pressure on me to get in touch with. . .or that he will start to think; OK now one of them knows [. . .] will contact me. . .so that he doesn’t, you know. . .so there’s pressure both...on both parts. Because if I feel that he knows, then maybe, if I don’t get in touch maybe in three years, then maybe he thinks; OK, why doesn’t she get in touch right away, or will she get in touch, or. . .she or him?’

The DCP also needed to balance their own interests of obtaining donor information with the perceived needs of their parents. Several participants expressed worries that searching for, obtaining and talking about donor information would hurt the father. This could challenge the personal need of the DCP of being able to talk about the donor and being donor conceived, as they felt that they had to keep the donation a secret from friends and sometimes even from their long-time partner. Alice described that, as a child, she had already sensed that the donor conception was a sensitive topic for her father, and that her wish to protect him had affected how she thought about and talked to her parents about her interest in obtaining information about the donor:

‘Mm, it has been very important because I have had such a strong feeling that I do not want my dad to feel secondary in a way [. . .] Or that this in any way should be seen as a criticism towards him [. . .] That I choose to seek contact or information. Eh, that it, I have been afraid that he would interpret this as a form of, eh. . .that he was insufficient or in a way that his fatherhood is not enough, that I have to find out who this other person is to feel complete, or all sorts of thoughts like that. Eh, and it, it has definitely mattered greatly. Eh, that is probably the reason why I chose not to talk about it.’

Related to this friction between the interests of DCP and their perceptions of the fathers’ worries, several participants were hesitant about contacting the donor. When asking Eric if he was open to establishing contact with the donor, he replied:

‘I don’t know really [. . .] If it is out of respect for my father... That I should start to socialize with my biological father now? Do I expect that he will replace...? No, I don’t. Does my dad believe that? Maybe.’

Several participants expressed a need for additional practical and psychological support, both during and after the meeting at the clinic. As asking for such support could feel like too big of a step, it was suggested that the clinic should routinely reach out to the DCP with an offer of a follow-up consultation. Others referred to feeling unique and wanting to connect with others in a similar situation, as exemplified by Charlotte:

‘I had never met a person that had been conceived from a donor, or whatever you call it. You’ve never had anybody to turn to. Like, not even my family has understood or have been able to appreciate my situation [. . .] it would have been nice to talk about it...'

Scrutinizing father–child relationship

The second sub-theme highlights that obtaining donor information could evoke participants' contemplations about their relationship with the father. The degree to which the event of obtaining donor information was experienced as emotionally charged was related to the perceived relationship quality.

Several DCP emphasized that they already had a father, and that the close relationship with their father made the absence of genetic bonds irrelevant and their search for donor information 'undramatic' both for the DCP and the father. Charlotte described that her interest in the donor was supported by her father:

'My dad, he has always so, like I have good contact and a good relationship with my dad. So, he has been supportive. When I have been pacing around and just, what if my donor is like this or that, he has only, like, he thinks it's cool. He understands that I want to find out about things.'

Others described their relationship with their father as being emotionally distant and perceived their father as being worried about being rejected when the DCP obtained information about the donor and might contact them. They reflected about the potential negative effect that these worries might have had on the father–child relationship during their upbringing, which was illustrated by Klara's account:

'Many times, I have felt that dad and I don't connect. I don't know really... We haven't got a lot to talk about, we have never had any kind of father/daughter hobby or been out to do stuff together. So, there has always been some sort of friction between us at all times in our relationship, we have never been especially close. We like, he has probably hugged me just a few times in all my life. Those are like moments that you remember because they happen like, never. And in retrospect I think that it is somewhat because of this that one day you will know, and, like, this is something that I think about a lot. Is this why you have never really stepped up and wanted to do something with me, or?'

Finally, the DCP's interest in the donor could form a relational crossroad, in which some father–child relationships were described to increase in distance whereas others improved. Sara described her father as being very worried about being replaced by the donor and protecting himself by distancing from his emotions and from her. When Sara did find out who her donor was, this distance increased further:

'Eh, but then when we came back home and were about to tell him, he became really negative and like he [. . .] became really quiet and almost as if he just disconnected [. . .] But, then he just said "yeah, well I hope that you found out what you wanted to know, but I don't want to know". Ehm, so it is a bit more like, the way I have found it, eh, because he has sort of not wanted to know and I have felt that this is a part of his way of being too, when he disconnects or doesn't want to talk or kind of, you see that he has stopped listening. Eh, which I can feel is very sad.'

In contrast to these experiences, some DCP described a sense of relief when their father, contrary to their worries of him getting 'angry' or 'sad', was supportive and showed interest in their quest for donor information. Others described that their relationship with the father became closer after obtaining donor information as the father's fears of being replaced by the donor was falsified. Caroline described a major change in her father after having realized that he would not be replaced by the donor:

'There is something that has changed after this was revealed. He became like a new person [. . .] Really cool, and it is not that strange considering how much he must have been worried about this deep inside [. . .] Now he has noticed that not much has changed, sure there were a couple of tough years right in the beginning, [. . .] but he sees that we're not leaving but rather have become more open about, our relationship, uhm. [. . .] Yes, he is showing more feelings after this and he is both happier and able to show when he is sad and when it is tough. But of course, he has never wanted to hurt us in any way, he is still our dad. But it is just that he is happier. It is like he is relieved. I think it is great to see. It makes me really glad to see him glad and that he sees that nothing has changed. so that he continues to play the part in our lives that he wanted to from the beginning.'

DISCUSSION

The present interview study included the first group of DCP that requested information about their identity-release sperm donor in Sweden and aimed to explore their motives and experiences of this process. The results were described in two themes illustrating that information about the donor can fill different needs of the DCP on an intrapersonal level, and that the process of obtaining donor information involves balancing and navigating interpersonal needs.

The interest of study participants in learning about the donor was expressed in several ways, i.e. as a curiosity about physical and behavioural resemblance and learning about hereditary diseases. This is in line with previous studies of individuals with anonymous (Indekeu et al., 2021) and identity-release donors (Koh et al., 2020; Lampic et al., 2022). Moreover, we found that participants searched for donor information to gain a sense of agency, which may reflect a need to embrace the conditions of being donor conceived. Our findings suggest that being donor conceived is experienced as a unique condition, and that the donor's motives for donating is perceived to have specific relevance for those conceived with the help of his contribution.

Searching for information about the donor could also reflect a desire to better understand oneself. Several participants described feelings of confusion in terms of personal identity when learning about being donor conceived, as previously reported by DCP who found out about their donor conception in adolescence or adulthood (Blyth et al., 2012; Frith et al., 2018; Lampic et al., 2022). The present results indicate that obtaining information about the donor and discovering resemblances could be powerful in understanding oneself, i.e. to make sense of feeling different from one's parents. Receiving donor information, however, could also entail a sudden realization of a lack of a genetic bond not only to the father, but to that whole side of one's family. This highlights that the process of obtaining donor information can involve revaluation of non-genetic family relationships and may challenge aspects of the DCPs' self-concept that are based on kinship.

The search for donor information could also be motivated by a desire for new relationships with the donor and same-donor individuals. Several participants described an interest in having contact with the donor and some hoped for a 'special bond' or even a 'new father', which could make them particularly vulnerable to being rejected. While previous studies concerning the contacts of DCP with donors and same-donor individuals have shown overall positive experiences, mismatched expectations and disappointments have also been reported (*Blyth et al., 2012*; *Frith et al., 2018*; *Koh et al., 2020*; *Scheib et al., 2020*; *Indekeu et al., 2021*). The present study participants also expressed thoughts about being 'one of many' offspring from the same donor and thus feeling less unique. This finding is in line with previous reports of DCP feeling overwhelmed by the number of same-donor offspring (*Indekeu et al., 2022*) and highlights the need for regulations restricting the number of offspring from one donor (*Kirkman-Brown et al., 2022*). In addition, both previous (*Indekeu et al., 2022*) and the present results suggest that facilitating contact with same-donor individuals may be in the best interest of the DCP.

In the present study, several participants described a close and supportive relationship with their father and a neutral position towards obtaining donor information. Other participants described their relationship with their father as poor and emotionally distant, and for some this was related to hopes of a close relationship with the donor. On the basis of the participants' reflections, the present results suggest that non-genetic fathers' worry about being replaced by the sperm donor may lead to emotional distancing from the child long before it is old enough to search for donor information. This may create a self-fulfilling prophecy where the father's worries related to the lack of a genetic link leads to its own confirmation. In line with this, two recent qualitative studies indicate that the use of identity-release donation can be perceived as a threat, both by parents who have undergone oocyte donation (*Lysons et al., 2022*) and sperm donation (*Widbom et al., 2021*). In the present study, several participants expressed a need to talk about the donor and being donor conceived but felt that this could hurt their father. This is in line with previous findings of DCP keeping the donation a secret to individuals outside the family to protect their father (*Cosson et al., 2022*) and further highlight the importance of seeing gamete donation from a family systems perspective (*Crawshaw et al., 2022*).

A few of the study participants had not received the donor's identity because of the policy of some clinics of informing the donor before releasing this information. This was recently reported in a survey study of 40 Swedish DCP (*Lampic et al., 2022*), which included the present sample of interviewees. These clinic procedures were found to interfere with the participants' interests in several important ways. Informing the donor about the request before releasing his identity to the DCP was found to give rise to worries and a sense that the donor's integrity was regarded as more important than the DCP's interest in information. A novel finding of the present study was that knowing that the donor was being notified of the current request for his identity could make participants feel pressured to contact the donor, even though they may not have had such intentions. These concerns are partly reflected in a survey study of identity-release oocyte and sperm donors, which showed that more than one-half wanted to be notified of any requests for their identity but that some worried about being disappointed if no contact attempt followed (*Isaksson et al., 2014*). These perspectives should be taken into consideration when developing and implementing routines for identity-release in an increasing number of jurisdictions.

Methodological considerations

Considering the low number of DCP that have exercised their legal right to obtain the donor's identity in Sweden (*Lampic, 2019*), we chose to consecutively include participants who requested such information. The decision to end data collection was made during the process of data collection, when the data had a richness and complexity that could address the research question (*Braun and Clarke, 2019a*). On the basis of the relatively unexplored territory of the experiences of DCP in identifying donors and obtaining information, we attempted to explore patterned meaning across the data set by using reflexive thematic analysis (*Braun and Clarke, 2019a*). The presented quotations were representative of the themes and sub-themes constructed. Participants were recruited from all five University hospitals in Sweden where DCP had requested donor information, and they constitute the first group of DCP who exercised their legal right to request information about their identity-release sperm donor. Study participants were conceived within the first 16 years after the 1985 abolition of anonymous gamete donation, which should be taken into consideration regarding transferability. Previous studies have indicated the presence of negative and ambivalent attitudes towards disclosure among parents and clinic staff during this period (*Gottlieb et al., 2000*; *Lalos et al., 2007*), and guidelines instructing physicians to encourage early disclosure were not published until 2004 (The National Board of Health and Welfare, 2004). About one-half of participants were told about being donor conceived in adolescence or young adulthood, and late disclosure may have negative consequences for parent–child relationships (*Ilioi et al., 2017*). Therefore, the present sample may represent families with greater family conflicts, which may have implications for the motives and experiences of searching for donor information, e.g. the reported emotional distancing of the father. The transferability of the present results should, therefore, be judged in relation to the wider context of the DCP's conception as clinical guidelines and practices regarding the provision of psychological support to recipient couples may affect the quality of family relations. Furthermore, the present sample was conceived with donor insemination to heterosexual-couple families, and the findings may not be transferable to DCP with lesbian and solo mothers, or to individuals conceived with donor oocytes or embryos. In terms of transferability, it should also be considered that most study participants were female, which is in line with previous studies investigating the perspectives of DCP and may partly reflect a more pronounced interest in donor information among female DCP (*Scheib et al., 2017*; *Lampic et al., 2022*). Finally, it should be noted that the interviews were conducted between 5 weeks and 5 years after contacting the clinic to obtain donor information. Therefore, it is possible that the varied experiences reflect the varying psychological processes of the individual DCP related to obtaining donor information and the possibility that their families can adapt to change.

Clinical implications

Over the coming years, an increasing number of DCP with identity-release donors will become old enough to request information about their donors. Guidelines should ensure that clinical procedures act in the best interest of the DCP, and that the intention of legislation on identity-release is being fulfilled. As notifying the donor of a current request of his or her identity may lead to concerns for the DCP, as well as the donor (*Isaksson et al., 2014*), we agree with *Scheib et al. (2017)* that clinics should contact the donor when the first offspring from their donation approaches eligible age for identity request. In that way, the donors can prepare for potential contact by DCP, which may include informing close family members about their donation. In addition, clinics may inquire about the donor's preferences regarding potential contact with the DCP and convey these preferences to the DCP, which has been suggested to benefit both the DCP and the donor (*Lampic et al., 2022*). In some jurisdictions, authorities, such as the Victorian Assisted Reproductive Treatment Authority in Australia, offer government-funded counselling to both DCP and donors in the process of identity-release (*Dempsey et al., 2019*). Recent guidelines recommend that DCP and their parents, as well as donors and their family, should be able to access counselling about issues related to the release of the donor's identity (*Kirkman-Brown et al., 2022*). The present results suggest that support may focus on family dynamics, such as how to deal with the diverging needs within the family, and questions and potential worries related to the importance of nature versus nurture for kinship.

In conclusion, the present results add to the small body of research about the experiences of DCP who have requested the identity of their donor. Our findings show that DCP have a wide variety of motives for seeking information about their sperm donor, ranging from mere curiosity to hopes of finding a new father. Seeking and obtaining the donor's identity has the potential to affect the understanding of DCP themselves and to influence relationships within their family, and to do so in ways that may be both unexpected and challenging. To support the growing number of families after identity-release donation, adequate resources should be made available to support family life with varying genetic relations within and outside the family unit.

DATA AVAILABILITY

The data that has been used is confidential.

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