

# Index

- Acceptance, family in terms of, 102–103
- Age, 21–23
- Ageing of fertility, 22
- Agency, enacting, 113
- Alternative family, 18
- Analytical presentation/reporting of findings, 196
- Anonymity, 196
- Anonymous donor, 165–167
- Anonymous sperm donation, 58
- Anthropology, 41
- Artificial womb, 36–37
- Assisted conception, 124–125
- Assisted reproductive procedures, 3
- Assisted reproductive/reproduction technologies (ARTs).  
*See also* Medically assisted reproduction (MAR), 2, 7, 15–16, 27, 43, 45, 55, 198–200
- bio-cultural impacts of, 2
- expansion of, 5–7
- Attachment, 147
- creation through pregnancy, 137
- Attitudes towards technological possibilities of assisted conception, 124–125
- Belonging, mother-child resemblance as basis for, 139, 144, 148
- Best choice narrative, 180–181
- Best interest of child, 64–68
- Bio-cultural impacts of ARTs, 2
- Biogenetics, 127–128
- processes, 72
- safeguarding mother-child relation through biogenetic link, 148–149
- Biographical discontinuity, 91
- Biographical narratives
- Charlotte, 79–82
- on contemplating solo motherhood, 78–89
- interviews, 10, 187–188
- Mette, 82–86
- research, 10
- Sarah, 86–89
- Biological based kinship model, 42–43
- Biological contingency, 44
- Biological fact, 39
- Biological motherhood, 1
- Biological need, 92–93
- Biology, 44, 147
- Biopolitical perspectives, 63–64
- Biotechnological innovations, 4
- Birth mother, 15–16
- Blood ties, 149–150
- British Human Fertilisation & Embryology Authority (HFEA), 106–107
- Camilla's relational map, 156–157
- Cecilie's relational map, 158–159
- Child(ren)
- best interest of, 64–68
- significance of, 23–25
- well-being in solo mother families, 31–34
- Choice mothers, 3
- Choreography, 127–128
- Circumstantially childless families, 18
- Clear-cut for-or-against approach, 36–37
- Co-parents, 15–16
- Collective identification, 48–51
- Confidentiality, 196
- Connectedness through pregnancy, 137

- Contemplating motherhood, 39  
 Contemplating solo motherhood, 29, 31, 78, 89  
 Contemporary biopolitics, 63  
 Conventional nuclear family structure, 18–19  
 Critical frame analysis, 62  
   framing two main debates through, 61–63  
 Critical kinship theory, 35  
 Cross-border reproductive care (CBRC), 56–57, 199–200  
 Cryopreservation, 199–200  
 Cryos International, 10–11, 178  
 Cultural changes, 23  
 Cultural transformations, 21–25
- Danish Health Data Authority, 106–107  
 Danish policy landscape of MAR, 57–58  
 Danish two-way donor model, 165, 168, 184  
 Data collection, 193–195  
   interview design, 194–195  
   recruitment and sample strategy, 193–194  
   sample, 193  
 Decision making process, 1, 94, 103–104  
 Distinctive Danish two-way donor system, 5  
 Doing family, 35, 46–47  
   new kinship studies and theories on, 41–47  
   in practice, 155–160  
 Donation, 163  
 Donor, 161, 166  
   choosing and relating to, 163–170  
   conception, 3–4, 137, 139, 164–165  
   disclosure, 5, 164  
   donor-conceived families, 1, 15–16  
   relations, 162–163, 170, 175  
   selection and changing perceptions, 168–170  
   siblings, 173–175
- Donor insemination (DI), 7  
   solo mother families, 32
- Ectopic pregnancy, 107  
 Egg donation, 58  
 Egg-donors, 15–16, 162–163  
 Electively childless families, 18  
 Embryo, 199–200  
   adoption, 131–132  
   donation, 131–132, 199–200  
 Embryo transfer (ET), 199–200  
 Emotional  
   matters, 196–197  
   maturity, 92  
   rollercoaster, 39–40  
   strain of undergoing fertility treatment, 113  
 Empowering technologies, 9  
 Endometriosis, 199–200  
 Environment, 127  
 Equality, 68–69, 103  
 Ethical considerations, 195–197  
   analytical presentation/reporting of findings, 196  
   confidentiality and anonymity, 196  
   sensitive and emotional matters, 196–197  
   transparency and informed consent, 195–196  
 Ethopolitics, 63  
 Existential act, 82–83  
 Expert interviews, 197–198
- Family, 15–16, 19, 181, 184  
   claiming family in terms of  
     acceptance, rights and benefits, 102–103  
   constructing family and network relations, 149–160  
   decline of, 18–21  
   defining meaning of, 149–150  
   demography, 19–20  
   family-friendly policies, 23  
   maintaining, rethinking or contesting existing family ideals, 150–155

- policies, 21–23
- practice approach, 46–47, 155, 160
- variation in sociocultural practices, 20–21
- Fatherhood, 24
- Female biological age, 39
- Feminist approaches, 36–37
  - within feminist theory, 37
- Feminist science and technology studies (FSTS), 11
- Feminist theoretical concepts, 11, 13, 35
- Fertility, 21–23
- Fertility postponement, 21–22
- Fertility treatment, 1, 106, 112–113
  - narratives on undergoing, 108–113
  - navigating ‘roller coaster’ process of, 113–119
  - reworking boundaries of ‘natural’ processes, 119–125
  - success rates and risks of treatment, 106–107
  - treatment procedures, risks and success rates, 105–107
- Fertilization, 199–200
- Forming donor-conceived families, 105
  - Anna, 131–133
  - Christina, 128–130
  - complex interplay of biogenetic and social ties, 135–149
  - constructing family and network relations, 149–160
  - creating attachment and connectedness through pregnancy, 137
  - donor conception, 137–139
  - five strategies to claim ‘own’ child, 147–149
  - Marie Louise, 133–135
  - mother-child resemblance as basis for identity and belonging, 139–144
  - own child as part of being ‘real’ woman, 144–147
  - three biographical narratives on ‘having own child’, 128–135
- Frame/framing, 62
  - analysis, 62–63
  - reflection, 62
- Frozen embryo replacement (FER), 106, 131
- Frozen/thawed embryo transfer cycle (FET), 199–200
- Gay father families, 15–16
- Gender, 47–53
  - Butler on, 51–53
  - gender-equality equilibrium, 18
- Genes, 127
- Geneticization
  - of society, 44
  - thesis, 45
- Genetics, 47–53
  - emphasizing, 8–9
  - inheritance, 164
  - links, 164
- Gestational mother, 15–16
- Governmentality, 63
- Ground-breaking ethnographic study, 39–40
- Health care rights, 69–70
- Heterorelationality, 16–17
- Heterosexual families, 16–17
- Human Fertilisation and Embryology Act, 25
- Human Genome Project (HGP), 44, 48
- Identity, 47–53
  - Butler on performativity, gender and identity, 51–53
  - identity-release sperm donation, 30
  - individual and collective identification, 48–51
  - mother-child resemblance as basis for, 139, 144, 148
  - release donors, 170–173
- (Im)mutability, 185–186
- In fertility treatment with IVF, 108–109
- In vitro fertilization (IVF), 7, 15, 199–200

- mother to child conceived through, 111–112
- Incomplete revolution framework, 17–18
- Independence and nurture, 90–91
- Individual identification, 48–51
- Individualization, 17–19
- Infertility, 38, 199–200
- Informed consent, 195–196
- Innovations, 105
- Integrative processes, 178
- Intelligible families, 153
- Interpretative policy analysis, 198
- Interview design, 194–195
- Intracytoplasmic sperm injection (ICSI), 20, 105–106, 199–200
- Intrauterine insemination (IUI), 7, 199–200
  - IUI-D, 106
  - pregnant through IUI-D, 109–111
- Kinship, 15, 41–42, 105, 127–128, 162, 181, 184
  - boundaries management, 159–160
  - making, 35
  - practices, 36
- Known donor, 165–167
- Legal MAR framework, 4–5
- Lesbian mother families, 15–16
- Liberal Party (L), 64
- Life biographies, revising
  - biographical narratives on contemplating solo motherhood, 78–89
  - claiming family in terms of acceptance, rights and benefits, 102–103
  - double yoke of responsibility, 94–96
  - identifying as solo mother, 100–102
  - independence and nurture, 90–91
  - motivating decision, 89–100
  - motivations and justifications for embarking upon solo motherhood, 91–93
  - narrative of best choice, 96–98
  - relating personal and social, 103–104
  - younger solo mothers, 99–100
- Life courses, 188
- Life story narratives, 82–83
- Life-planning, 39, 188
- Love ties, 149–150
- Machine in motion, 116–117
- Material-semiotic actor, 38–39
- Materiality, 39–40
- Matrilineal ethos of Judaism, 20–21
- Medically assisted reproduction (MAR), 1–2, 7, 15, 36, 55–56, 105–106, 131–132, 181, 184, 199–200
  - best interest of child, 64–68
  - Danish policy landscape of, 57–58
  - decline of family, 18–21
  - developments over decade, 70–73
  - different issue frames at play in debates on access to, 64–73
  - diverse MAR regulation and legislation, 56–57
  - equality and reproductive rights, 68–69
  - and formation of ‘new’ families, 15–21
  - and formation of solo mother families, 2–7
  - health care rights and self-payment, 69–70
  - (non)-‘traditional’ nuclear family formation, 16–18
  - policy trajectory from restrictive to permissive on access to, 58–61
  - socio-demographic trends and cultural transformations, 21–25
  - three lines of conflicting argumentation, 64–70
- Mette’s relational map, 157–158
- Modernist narrative of individuality, 153

- Modernization, 17–18
- Monsters theory, 35
- Mother to child conceived through IVF, 111–112
- Mother-child resemblance as basis for identity and belonging, 139, 144, 148
- Motherhood, 1, 147  
significance of, 23–25  
and womanhood, 147–148
- Motivating driving forces and life situations, 27–29
- Narratives, 47–53  
of best choice, 96–98  
cross-cutting themes, 112–113  
enacting agency, 113  
in fertility treatment with IVF, 108–109  
mother to child conceived through IVF, 111–112  
open-endedness of treatment, 113  
physical and emotional strain of undergoing fertility treatment, 113  
pregnant through IUI-D, 109–111  
processual ‘roller-coaster’ effects, 113  
and social identity theory, 11, 13, 35  
themes and life story plots, 90–91  
on undergoing fertility treatment, 108–113
- National Health Service (NHS), 26–27
- Natural facts, 42–43
- Natural kin, 16–17
- Natural order of life  
biopolitical perspectives, 63–64  
Danish policy landscape of MAR, 57–58  
different issue frames at play in debates on access to MAR, 64–73  
European context, 56–57  
framing two main debates through critical frame analysis, 61–63  
policy trajectory from restrictive to permissive on access to MAR, 58–61  
transformations in rationalities governing policy issue of access, 73–75
- Natural processes  
attitudes towards technological possibilities of assisted conception, 124–125  
reworking boundaries of, 119–125  
(un)manageable bodies, 122–124
- Nature, 2, 44  
nature-culture process, 11–13
- Navigating ‘roller coaster’ process of fertility treatment, 113–119  
rollercoaster and ‘conveyor-belt life’, 116–119  
undergoing treatment as single woman, 115–116
- New family, 36  
formations, 55–56
- New home economics framework, 17–18
- New kinship studies and theories, 41–47  
doing family, 46–47  
emergence of new kinship studies, 41–46
- New normative images of reproductive technologies and procreation, 70–73
- Non-biogenetic relations, 156–157
- Non-identity release donors, 170–173
- Non-Jewish donor sperm, 20–21
- (Non)-‘traditional’ nuclear family formation, 16–18
- Nontraditional families, 15–16
- Normalization processes, 4
- Normative categories, 16
- Nuclear family model, 15
- Nurture, 2, 44, 147  
independence and, 90–91
- NVivo, 195

- Observation study, 198
- Ontological choreography, 39–40, 182–183
- Open donor, 165–167
- Open-endedness of treatment, 113
- Ovarian hyper stimulation (OHSS), 107
- Own child
  - five strategies to claim ‘own’ child, 147–149
  - highlighting interlinkage of biology, motherhood and attachment/nurture, 147
  - mother-child resemblance as basis for identity and belonging, 148
  - naturalizing interlinkage of motherhood and womanhood, 147–148
  - as part of being ‘real’ woman, 144–147
  - relating maternity to biogenetic ties and paternity to social ties, 148
  - safeguarding mother-child relation through biogenetic link, 148–149
- Parenthood, 23–24
- Patient-technology interaction, 40–41
- Performance, 52
- Performative theory, 48
  - Butler on, 51–53
- Persistent belief, 140–141
- Personal narratives, 1
- Physical strain of undergoing fertility treatment, 113
- Plasticity, 127
- PolyCystic Ovaries (PCO), 128–129
- Post-constructivist approach, 45
- Post-familial family, 18–19, 153
- Post-structural approach, 45
- Pre-implantation genetic diagnosis (PGD), 56–57
- Pregnancy
  - creating attachment and connectedness through, 137
  - pregnant through IUI-D, 109–111
- Prize of Adoption, The, 138
- Problem-setting frames, 62
- Processual ‘roller-coaster’ effects, 113
- Productive theoretical interlinkages, 53–54
- Puzzling paradoxes, 7–9
  - emphasizing genetics, 8–9
  - empowering technologies, 9
  - expansion of assisted reproduction, 5–7
  - legal MAR framework, 4–5
  - MAR and formation of solo mother families, 2–7
- Real-life practices, 18
- Recruitment, 193–194
- Reproductive/reproduction, 35, 68
  - bioeconomy, 37
  - rights, 68–69
  - technologies, 2, 10–11, 16, 36–37, 45, 55–56
- Research design, 187–188
  - biographical narrative interview study, 187–188
  - division of participants in terms of fertility treatment, 188
  - interview participants, 189–192
- Responsibility, 92
- Reworking boundaries of ‘natural’ processes, 119–125
- Rights, family in terms of, 102–103
- Safeguarding mother-child relation through biogenetic link, 148–149
- Sample, 193
  - strategy, 193–194
- Science and technology studies (STS), 11, 36, 38
- Second demographic transition (SDT), 17–18
- Second-wave feminism, 37–38
- Secularization, 17–18

- Self-identify, 101–102  
 Self-payment, 69–70  
 Self-understanding, 49  
 Sensitive matters, 196–197  
 Sexual reproduction, 7  
 Single mothers by choice (SMC), 3,  
   25–26, 100  
   as ‘new’ families, 25–34  
   contemplating solo motherhood,  
   29–31  
   motivating driving forces and life  
   situations, 27–29  
   socio-demographic characteristics,  
   25–27  
   well-being of children in solo  
   mother families, 31–34  
 Single women, 1  
   undergoing treatment as, 115–116  
 Single-embryo transfer (SET), 107  
 Social identity theory, 11–13  
 Social motherhood, 1  
 Social organization principle, 18–19  
 Social origins, 127–128  
 Social-constructivist approaches, 38  
 Socio-demographic  
   characteristics, 25–27  
   trends, 21–25  
 Sociocultural  
   factors, 15  
   narratives, 77  
   practices, 20–21  
   transformations, 1  
 Solo fathers, 15–16  
 Solo motherhood, 15, 35, 49, 77–78,  
   178, 181  
   biographical narratives on  
   contemplating, 78–89  
   contemplating, 29–31  
   motivations and justifications for  
   embarking upon, 91–93  
   routes to solo motherhood and  
   choice of donor, 29–31  
 Solo mothers, 1, 3, 11, 13, 15–16,  
   153–154  
   family, 15, 55–56  
   identifying as, 100–102  
   MAR and formation of solo mother  
   families, 2–7  
 Specificity, 127  
 Sperm donors, 15–16, 162–163  
 Storytelling, 31  
 Strategic framing, 62  
 Strategic naturalization, 41, 132,  
   159–160, 183  
 Strategies for life  
   (im) mutability, 185–186  
   medically assisted reproduction,  
   181–184  
   solo motherhood, 178–181  
 Stratified possibility, 26–27  
 Stratified reproduction, 37  
 Supplementary data sources and  
   collection, 197–198  
   expert interviews, 197–198  
   interpretative policy analysis, 198  
   observation study, 198  
 Technological ambivalence, 36–37  
 Technologization  
   of human reproduction, 105–106  
   of reproduction, 2  
 Theoretical concepts, 11–13  
 Theorizing material-discursive  
   processes, 38–41  
 Theorizing reproductive technologies.  
   *See also* Medically assisted  
   reproduction (MAR), 36–41  
   Donna Haraway and Charis  
   Thompson, 38–41  
   identity, 47–53  
   new kinship studies and theories on  
   ‘doing family’, 41–47  
   productive theoretical interlinkages,  
   53–54  
 Theory, 35  
 Traditional family, 15–18  
 Traits, 140–141  
 Transformations in rationalities  
   governing policy issue of  
   access, 73–75  
 Transnational politics of reproduction,  
   38

Transparency, 195–196

Two-parent model, 20

(Un)manageable bodies, 122–124

Unsuccessful donor inseminations, 83,  
86

Welfare state system, 22

Welfare system facilitation of  
reproductive practices, 23

Well-being of children in solo mother  
families, 31–34

Womanhood, motherhood and,  
147–148

Younger solo mothers, 99–100