

Lucy van de Wiel

*For Whom the Clock Ticks: Reproductive Ageing and Egg Freezing in Dutch and British News Media*

Welcomed as liberation and dismissed as exploitation of women, the introduction of oocyte cryopreservation (egg freezing) in the last decade has met with controversy and ambiguity, and is thus no exception to a tradition of politicised public responses to new reproductive technologies. The twentieth century has seen radical changes in the manipulation of reproduction through techno-scientific and biomedical means. The struggle for reproductive choice focused initially on avoiding pregnancy and birth, with the introduction of the contraceptive pill and decriminalisation of abortion being the most politically prominent developments.<sup>1</sup> The achievement of conception and birth, by contrast, became a concern from the late 1970s onwards, which saw the introduction of assisted reproductive technologies (ARTs) such as in vitro fertilisation, egg donation and gestational surrogacy. Now, in the early decades of the twenty-first century, these two approaches to regulating reproduction are combined in oocyte cryopreservation (OC).

With the introduction of egg freezing, a new reproductive choice has emerged: this ART simultaneously represents both, an active choice not to have children at present, and a commitment to future, possibly assisted, reproduction. Women's usage of OC to preserve fertility is itself an act of refusing current childbearing, thus calling into question an easy distinction between reproductive and non-reproductive behaviour. In this article, I propose to discuss the representation of this new choice in a selection of Dutch and UK news media, focusing specifically on the implications of egg freezing for conceptualisations of the female reproductive body as the site of a gendered politics of ageing.

Being effectively a prolonged IVF procedure, the OC practice itself raised few objections. What stirred the public discussions on egg freezing were women's motivations and considerations in choosing this procedure. In this article, I will firstly address the way in which the decision to freeze eggs became politicised by categorising women according to their motivations for OC. Secondly, I will analyse the news media's rendering of female

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fertility and reproductive ageing, which were important in shaping both the need for and the nature of the reproductive choice associated with OC. Bringing these two concerns together, this article also examines the socio-cultural aspects of the introduction of egg freezing as a fertility-preserving biotechnology in the Netherlands and in the United Kingdom, focusing specifically on how media coverage of egg freezing articulated existing normative ideas about ageing and the female reproductive body.

Because OC was met with the public and political scrutiny, characteristic of the introduction of new reproductive technologies from donor inseminated ‘virgin mothers’ to IVF’s ‘test tube babies’, its media coverage has been a key element in the ‘healthscape’ within which the technology and its users becomes meaningful (Clarke et al. 2010, pp. 105-141).<sup>2</sup> In this article, I examine OC coverage in newspapers, a medium in which public understandings of egg freezing are shaped and which holds the potential to ‘legitimize certain definitions over and above others’ (Anderson et al. 2005, p. 200). News reports also bring together the various other platforms and discourses of which OC’s ‘healthscape’ is comprised, including parliamentary debates, medical expert advice and patient narratives. What is at stake in the OC news coverage is not so much the potential childbearing of a limited group of individuals as a result of egg freezing, but the exposure of the wider public to a set of implicit ideas in seemingly common-sense descriptions of ageing bodies, reproductive choices and the women who engage with them.

Because the discursive field of OC is complex and extensive, I have chosen to limit my corpus in this article to 21<sup>st</sup>-century coverage of egg freezing (2000-2012) in two major national newspapers in the United Kingdom and the Netherlands: the *Guardian* and the *Volkscrant*. Both newspapers have a broad readership in their respective countries; the *Guardian* is the UK’s third largest morning broadsheet newspaper and the *Volkscrant* had the third largest circulation in the Netherlands in 2013 (ABC 2013, p. 3; NDP Nieuwsmedia 2014).<sup>3</sup> Although their political orientation is continually renegotiated, both the *Guardian* and the *Volkscrant* newspapers are generally considered to be centre-left publications and among the most progressive within daily news publications (National Dailies 2004 quoted in Fahmy and Kim 2008, p. 448).<sup>4</sup> These orientations are particularly relevant for this inquiry, as it addresses what implicit normative messaging is perpetuated or reinvented even within relatively progressive publications that have a history of ‘plead[ing] for the oppressed and those whose rights are violated’ (Gutteling et al. 2001, p. 232). Both newspapers advertise that

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their audiences are well-educated, with high socio-economic status, matching the demographic of egg freezing candidates as, generally, highly educated and relatively wealthy individuals (Gold et al. 2006).<sup>5</sup> In keeping with their readers' comparatively high levels of education, the newspapers contain relatively detailed articles on medical topics such as OC. The corpus for this analysis consisted of all the news articles in which egg freezing was the central focus that appeared in these two publications between 2000 and 2012. From my reading of this corpus, several recurring narratives about women's motivations for freezing their eggs emerged as well as specific dominant conceptualisations of female reproductive embodiment and ageing.

The selection of these two newspapers reflects this investigation's geographical focus on the United Kingdom and the Netherlands. Unlike countries such as the United States, both national contexts are characterised by a high degree of national regulation of reproductive health care, yet they differ from each other in their regulation of egg freezing. In the United Kingdom, egg storing regulations were first drawn up in the 1990 Human Fertilisation and Embryology Act. At the turn of the millennium, the ban on actually using frozen eggs for fertilisation was lifted and the first British frozen egg baby, Emily Perry, was born in June 2002.<sup>6</sup> In the neighbouring country of the Netherlands, elective egg freezing was not formally permitted until almost a decade later in 2011.<sup>7</sup> This was the result of a two-year controversial political debate, which started in 2009 when the Amsterdam Medical Centre (AMC) proposed to offer OC to healthy women for age-related fertility preservation. The controversy surrounding the AMC's initiative, the discussion that ensued and the subsequent implementation of OC attracted significant media attention. Notwithstanding the differences between these two countries, this study focuses on analysing narratives and norms that operate cross-nationally and identifying moments in which the OC discourses converge across national boundaries.

One important point of convergence is OC's novel entanglements with time and ageing, following from the long time span of the procedure from freezing to implantation, the material dislodging of bodily and cellular reproductive ageing, the articulation of age-appropriate norms in discourses of OC and the commercial potential of the fear of ageing. This article approaches these concerns through a discussion of two tropes that are prominent in the news coverage of egg freezing and the reproductive choice it presents.

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I first address the rhetorical divisions between ‘medical’ and ‘social’ motivations for egg freezing and argue that the media narratives around these divisions create new subject positions related to reproductive identity through which new aspects of social life come under public and medical scrutiny. Besides a discussion of the medical versus social categorisation of egg freezing, I analyse the narrative framing of two subject positions in the latter category: the single woman and the ‘lifestyle’ freezer. Secondly, I discuss the discursive construction of the decision to use egg freezing technology in relation to the representation of age-specific reproductive bodies. I address how notions of the ‘biological clock’ and related egg-focused decline-oriented understandings of female fertility contribute to a conceptualisation of the non-reproductive body as a figure through which fears about ageing can be articulated and produced. This will lead to a consideration of how the introduction of OC is accompanied by conceptualisations of the female reproductive body that both appeal to traditional narratives of ageing as decline, but also trigger a public re-conceptualisation of age-related reproductive physiology through a focus on the ovum as the locus of fertility. The news coverage of OC thus reveals a gendered politics of ageing, predicated on reproductive ability as the organising principle for the temporal structuring of life, which not only interpellates (potentially) infertile women who desire to reproduce, but also impacts on the wider public.

### **Lifestyle Freezers and Postponement Mothers: OC’s Subject Positions**

Fertility clinics are gearing up to open their doors to fertile couples seeking treatment as a lifestyle choice rather than a medical necessity, experts said yesterday. [...] The shift reflects a rise in what some fertility specialists have called the ‘have it all generation’ who do not want to compromise between career and family. ‘The great problem we’ve got now is you can’t have your cake and eat it,’ said Dr Simon Fishel, director of the CARE Fertility centre at the Park hospital in Nottingham. (Sample 2006a)

Although the technological breakthroughs in oocyte cryopreservation were major medical achievements in the last decade, public interest in egg freezing was sparked mainly by its availability to healthy women seeking treatment as a ‘lifestyle choice’ because they want to ‘have it all,’ as suggested a 2006 article by *The Guardian*.<sup>8</sup> Positioning medical experts both as instigators and interpreters of social change, this quotation illustrates how egg freezing triggers the articulation of age-related norms pertaining to concerns beyond the realm of physical health, including ‘career and family’ considerations. It suggests that the subject of contention is not the technology itself, but rather the situations in which it should be

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employed. Here, I will analyse how selected news coverage categorises, narrativises and moralises the reproductive choice of freezing one's eggs. More specifically, I focus on how OC's reproductive choice becomes legible through the construction of a set of subject positions that women considering egg freezing may occupy.

Following Sawicki, who noted in her Foucaultian analysis of motherhood and ARTs that 'these new technologies create new subjects—that is, fit mothers, unfit mothers, infertile women, and so forth,' I contend that what is at stake in the public discourses of egg freezing is the construction of new subject positions that are contingent on reproductive ageing and motivations for engaging with OC (1999, p. 194). In *Undoing Gender*, Judith Butler writes about the relation between becoming a subject and the sociality of the body:

Although we struggle for rights over our own bodies, the very bodies for which we struggle are not quite ever only our own. The body has its invariably public dimension; constituted as a social phenomenon in the public sphere, my body is and is not mine. Given over from the start to the world of others, bearing their imprint, formed within the crucible of social life, the body is only later, and with some uncertainty, that to which I lay claim as my own. (2004, p. 21)

The positioning of the individual body as a 'social phenomenon in the public world of others' is precisely what is at stake in the discussions on the regulation and ethics of egg freezing, in which women's medical choices become publically circumscribed and scrutinised. If the body is first social, and only later claimed as one's own, the subject positions of the ageing body, of the potential mother, of the medically-motivated patient, of the woman who supposedly wants to 'have it all' were in place before the particular body slipped into it—maintaining its specificity, but nevertheless drawing on a legacy of prior meanings by 'citing' a pre-existing web of language. In the news discourses linked to OC, these subject positions are construed and reiterated with reference to women's motivations for freezing their eggs.

### **Medical versus Social Motivations**

The opposition between medical and social motivations for egg freezing is centre stage in both UK and Dutch debates on the procedure. This section first addresses the narrative framing of this opposition and subsequently discusses a further distinction in the 'social' category between two subject positions of the single woman who is a victim of circumstance and the 'lifestyle' freezer who wants to 'have it all.' The following quotation from the *Volkscrant* exemplifies the common opposition between social and medical egg freezing:

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Today the Second Chamber debates egg freezing by “social indication”. [...] Egg freezing already happens by medical indication, for example in women who have to undergo a cancer treatment that may damage fertility. (Herderscheê 2011a)<sup>9</sup>

Medical indications refer to cases of possible future infertility induced by a particular diagnosed disease or a planned invasive medical treatment—typically cancer-related—that will compromise the health and quality of the ova. OC offers a chance of nevertheless having one’s own genetic children. Freezing for this reason is not the subject of much controversy and its use is generally deemed ‘legitimate’ (Sample 2009). Egg freezing is here one optional step in a wider set of medical interventions that make up the treatment plan for diseases like cancer.<sup>10</sup>

In the medical versus social division, these cases are contrasted with those of women with no diagnosed reproductive problems who wish to freeze their eggs to preserve their fertility as they grow older. Women’s so-called ‘social’ reasons for egg freezing anticipate future, age-related infertility due to decreased activity in the fallopian tubes, decreased responsiveness of the immature ova to FSH and LH and the increased occurrences of complications in existing ova.<sup>11</sup> Both ‘social’ and ‘medical’ motivations for OC anticipate physical difficulties in achieving future pregnancies in the second phase of the procedure. The difference is whether this is caused by ageing or pathological factors. It can therefore be argued that a medical versus social binary opposition implicitly positions the latter as ‘non-medical,’ thereby playing down the physical nature of the age-related infertility that the procedure seeks to pre-emptively remedy (Sample 2011).

The construction of this seemingly common-sense opposition between ‘medical’ and ‘social’ egg freezing categorises and polarises a situation that is far more complex than this binary suggests. In spite of the attention paid to cancer as a legitimate context for OC, there are many other situations that may call for the procedure, such as expected compromised fertility following polycystic ovary syndrome (PCOS), Turner Syndrome or a family history of early menopause (Bos et al. 2012, p. 192).<sup>12</sup> Egg freezing can be used to tackle complications in IVF procedures or to avoid ethical concerns about freezing embryos.<sup>13</sup> OC is also an option for women who wish to donate eggs for partners, friends, relatives or strangers with compromised fertility. With OC, egg donation does not require the synchronisation of two women’s hormonal cycles or even their reproductive life spans. Women in relationships with women may wish to preserve their eggs to share genetic and gestational motherhood with their partners. Transgender men may want to freeze their eggs to leave options open for

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future reproduction as they transition. Women whose occupations may compromise their fertility, for example those who take drugs like anabolic steroids or work with harmful chemicals or radiation, may wish to use OC as a precaution (Maravelias et al. 2005, p. 170). The variety of these possible scenarios illustrates the over-simplicity of a binary between social and medical reasons, as well as the potential pitfalls of regulating the procedure based on this division.

Nevertheless, the distinction between social and medical motivations organises both the media coverage of OC and the wider public debate in which journalists, science reporters and columnists alike commented on the procedure and on the women intending to undergo it. My argument is that the discursive production of this division has a number of rhetorical effects that categorise and judge women engaging with this technology. For example, in a 2011 article titled ‘Majority in Favour of Egg Freezing,’ the *Volkscrant* reported on the political discussion that resulted in governmental approval for the AMC’s intention to offer OC:

This [freezing by social indication] concerns women who wish to have children but do not yet have a partner. Egg freezing and later implantation already happens by medical indication. This concerns women who may lose their fertility as a result of a future cancer treatment. (Herderschee 2011b)

Not only does this article affirm the binary of social and medical motivations for egg freezing, but it is further reduced to an opposition between single and sick women, between an absent partner and cancer treatment.

### **Social Motivations: Single Freezers**

A striking element of Herderschee’s *Volkscrant* article is that social indication is taken to be virtually synonymous with singlehood. The article does not mention other reasons for opting for OC besides not having a partner, such as professional priorities, other care obligations, ambivalence about having children or a lack of desire for mothering at present. The use of ‘social’ to denote singlehood has a rhetorical function in discourses favourable to OC because it avoids drawing attention to more controversial reasons for not having children—particularly women’s active choices not to reproduce.

The stock narrative of women freezing their eggs in order to be able to reproduce with a partner in the future positions OC as a biotechnology that subverts ageing norms, but only to maintain the heterosexual nuclear family model in which both parents are genetically

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and gestationally related to the child. In this framing, egg freezing functions as a precaution, promising that women can attain this ideal even if they have not yet found the right partner. Women in this scenario are considered as having an active wish for a child, but unable to get pregnant for want of the relationship required for the desired family set-up. Rather than a wilful non-reproductive choice,<sup>14</sup> the decision not to have children at present gains a less agentic character as it becomes an effect of the absence of the ‘right’ male partner. Whereas other motivations might suggest a deprioritising of reproduction, in the case of singlehood, women’s desire to have children is maintained and presented as only externally thwarted.

In keeping with this narrative framing of OC, the Dutch newspaper frequently refers to women’s ‘social’ motivations for egg freezing as ‘indications’.<sup>15</sup> For example, preceding the citation above from the article on governmental approval of OC, it reads that ‘Minister Schippers (VVD) of Public Health and a Parliamentary majority have no considerable objections against egg freezing by social *indication*’ (Herderscheê 2011b, my emphasis). By its association with ‘medical indications’, over which the patient has little control, the use of ‘indication’ implies a less agentic choice for OC. It thereby dissociates OC from a decision not to have children at present and rather positions it as a treatment that mitigates circumstances unfavourable to reproduction. Drawing an analogy with medical indications, ‘social indication’ can function rhetorically to de-emphasise an implicit choice not to attempt reproduction at present by framing the non-reproductivity of particular personal situations—like singlehood—as creating the need for suitable medical remedies.

The ‘socially motivated’ woman who turns to egg freezing is described similarly by Dr. Lockwood of the Midlands Fertility Services clinic:<sup>16</sup>

Often they’ve been in a relationship that they assumed was going to lead to marriage and motherhood - possibly for 10 years. Then at 37, 38, the boyfriend says, ‘I don’t think fatherhood is for me.’ Or he meets someone else. (Groskop 2006)

In another article in *The Guardian*, Dr. Lockwood is quoted as arguing that more needs to be done to ‘help those forced to delay getting pregnant’ (Batty 2006). In her accounts, she presents her patients in a sympathetic way by emphasising their age-appropriate reproductive intent and its contravention by external factors; women’s non-reproductivity happens to them, rather than because of them. The ‘socially motivated’ woman is here characterised as a victim of circumstance, as age and singlehood become part of the plight for which OC can provide the solution. Rather than being regarded as the result of a choice to remain childfree earlier in life, childlessness is presented as a consequence of women’s tragically incorrect

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assumptions concerning marriage and motherhood in the fourth decade of life. This framing absolves them from the judgment visited on women who freeze for ‘lifestyle reasons’—a phrase foregrounded in accounts of wilful non-reproduction. In keeping with the passivity associated with the single freezer’s subject position, this narrative emphasises women’s dependence on their partners. In the excerpt above, it is the boyfriend who is represented as making the decisions, and leaving, rather than the woman or the couple together. Emphasising the lack of agency of women ‘forced’ to delay conception, Lockwood draws attention to OC’s patients’ needs and speaks against the image of the controlling ‘have it all’ generation that puts off childbearing for unspecified careers and ‘lifestyle reasons’. Rather, she highlights that, for some women, potential childlessness worsens already painful situations, much as the loss of fertility exacerbates the difficulties faced by women with medical indications.

The focus on the absent partner as part of a medicalised ‘social indication’ is crucial because it links the physical necessity of sperm for conception with a set of social relations associated with reproductive partnership. The positioning of singlehood as a social indication for medical treatment—as a biological necessity because women cannot reproduce parthenogenetically—naturalises a set of norms, including nuclear family models, life-course conventions about when to have a long-term partner, and preferences for an ‘own’ child who is genetically related to a partner (Lesnik-Oberstein 2008). Moreover, it suggests that the subject position of the single egg freezer is associated with a desire for children that is conditional. Underlying the widely-discussed condition of finding the ‘right’ male partner are the conditions of the child’s genetic kinship with both parents and the raising of the child within a romantic and (hetero)sexual partnership. In other words, Mr. Right functions as an affirmation of the desirability of these normative family constructs. Conversely, the conditions of reproduction constructed in the narrative of the lifestyle freezer, may be less socially acceptable as they prioritise other aspects of women’s lives. In the next section, I discuss the articulation of the subject position of the ‘lifestyle freezer,’ in which the absent partner plays a different role.

### **Social Motivations: Lifestyle Freezers**

Contrasted with the ‘socially indicated’ woman, the subject position of the ‘lifestyle freezer’ is one in which women’s behaviour is identified as the cause of their non-reproductive situation:

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The IVF expert Dr Gedis Grudzinskas says it's [conception] more difficult after the age of 27: 'When women have got used to having a lot of freedom to run their lives as they wish, they do not want to hear that they may not be able to conceive. They perhaps need to compromise, find Mr Good Enough and have a family earlier.' (Groskop 2011)

Surveys of older mothers show half say they delayed because they had not met a suitable partner. Maybe instead of waiting for Mr Right they ought to settle for Mr Good-Enough, if they want children. (Bewley qtd. in O'Kelly 2005)<sup>17</sup>

In these texts, egg freezing is not presented as the solution to, but the symptom of women's 'delay' in reproducing as a result of wrong partner choices. In contrast to the 'socially indicated' woman, who is associated with victimhood, the 'lifestyle freezer' is at fault for not having a partner. Her singlehood is not attributed to a broken relationship, but to attitudes that are too critical of potential fathers or too passive about the pursuit of finding one. Singlehood, in the narrative of the lifestyle freezer, represents a youthful freedom and autonomy that ought to be relinquished as women reach an age associated with declining fertility in order to have a family with a suitably available partner. In this scenario, the subject positions for men as potential partners are categorised as the absent 'Mr. Right' and a presumably available and willing 'Mr. Good Enough'. Significantly, the context of OC thus justifies the inclusion of advice about age-related life decisions beyond matters directly related to health and medical treatment, such as relationship choices, in public statements on female reproduction made by medical authorities. Hence, when articulated by 'IVF experts,' age- and gender-specific norms frequently become naturalised as neutral health perspectives. In this case, the expert opinions of medical commentators exceed a descriptive explanation of the technology and incorporate other fields of signification, such as the romantic and the professional, which are interpreted and evaluated in the light of prospective reproductive ability.<sup>18</sup>

Similarly appealing to medical commentary, the quotation by Dr. Simon Fishel that opened this section presents elective, or 'lifestyle,' egg freezing as indicative of women trying to 'have it all':

The shift reflects a rise in what some fertility specialists have called the 'have it all generation' who do not want to compromise between career and family. 'The great problem we've got now is you can't have your cake and eat it,' said Dr Simon Fishel (Sample 2006a). The implicit criticism of 'having it all' or 'having your cake and eating it' is that one has, or expects, too much of something—it is an indulgence. Even though gender is not explicitly mentioned in this citation, the article's focus on the novelty of female fertility preservation suggests that

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'having it all' pertains more to women than to men. Historically, the notion has tended to specifically connote women's combination of motherhood and professional employment. Although in this quotation Dr. Fishel positions the introduction of OC in the specific context of a contemporary non-compromising 'have it all generation,' this language reflects a discourse on women's reproductive and professional choices that is neither new nor unique to OC. The trope of 'having it all' has been used as the defining feature of several post-war generations of women entering the labour force. Writing about the 1980s, Susan Faludi frequently returns to 'the popular myth about the "have it all" baby-boom women' (1991, p. 12). She discusses the US news coverage of a supposed 'trend of childlessness' described in headlines like 'The Curse of the Career Woman' and 'Having It All: Postponing Parenthood Exacts a Price' (1991, p. 118). The successful combination of family life and career was construed as 'the myth of Supermom' that was debunked as mothers 'recognized they can't have it all' while "millions" of career women will "pay a price for waiting" (1991, p. 103). 'Having it all' was framed as a failed social project—denounced by the US New Right as 'the lie of feminism' (1991, p. 242). Indicating the widespread popularity of the term, Natasha Campo traces the continued prevalence of the idea that women 'having it all' is the 'great lie' of feminism in the *Australian Age* and *Morning Herald* newspapers between 1984 and 2004 (2005).

According to Kelly Oliver, the concern with 'having it all' emerges as a result of 'deep-seated anxieties about women's reproductive choices in an age of changing technologies' (2010, p. 776). As the phrase re-emerges in the OC debate, it gains a particular temporal dimension; here 'having it all' pertains less to the work-family combination per se and more to the respective timing of professional and reproductive professional commitments. In Sample's quotation above, the concern appears to be not necessarily with working mothers as such, but more with women of an age range associated with declining fertility who want both to focus on professional development and maintain the potential to have children. As I discuss below in relation to the 'biological clock', the implicit indulgence of 'having it all' in this context is the stretching of a childfree life course beyond the age range of optimal fertility.

The news coverage of OC moreover affirms that the technology threatens an understanding of reproductive ageing as an immutable constant in the face of women's

historically changing gender roles. A columnist in *The Guardian*, Shannon Kyle, for example, argues that:

Studies have given so many reasons for the ‘choices’ women make to leave motherhood later. [...] We’re so busy climbing up the career ladders, housing ladders, (or hunting for the right lad) that women have stopped being broody. But, as good ole Fay [Weldon] says, you can’t fight biology so don’t even try. (Kyle 2006)

Disapproving of ‘fighting biology’ with OC, Dutch MP Janneke Schermers considers egg freezing to be ‘completely unnatural’ (Schellart 2010). She objects to the possibility that ‘women who have their eggs frozen can have children at an age at which pregnancy is normally no longer possible’ (ANP 2009). Schermer’s position demonstrates how egg freezing, as a practice that changes the temporal parameters of reproductive ageing, can trigger public affirmation of the notion that there is a natural progression through the life span that may be threatened by the possibilities of this new technology. Indeed, in a poll among almost 20,000 Dutch people, the most prevalent argument against egg freezing did not pertain to the health risks or to interfering with healthy bodies, but to the notion that women should reproduce during ‘normal reproductive years’ (Bos et al. 2012, p. A4145). What is thus at stake in OC’s public discourses is the cultural negotiation of the reproductive ageing process, when its progression is no longer inevitable, but potentially alterable through these technologies.

The concept of ‘normal reproductive years’ is the foundation for the understanding of egg freezing as a technology of postponement and the presentation of women who freeze their eggs as *uitstelmoeders*, or ‘postponement mothers.’ The *Volkscrant* reports that ‘postponement mothers who haven’t found a nice man by the age of 35 may benefit from the freezing methods’ and ‘women with a wish to have children but without a partner can postpone their motherhood in this way’ (Koole 2009, my emphasis; Visser 2009). As a position contingent on age, the notion of postponement ascribes meaning to inhabiting a particular time in the life span and hence reflects dominant ideas about the timing of reproduction. It signals at what point female childlessness potentially turns into an act of delaying and inhabiting a subject position associated with it. The category of ‘postponement mothers’ signals an age-specific transition in which childlessness—combined with a desire for children—becomes an act of postponement.

In relation to the various subject positions emerging from OC’s news coverage, egg freezing is thus presented as either exacerbating or offering solutions to existing problems. In

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the presentation of postponement mothers, OC is a procedure that enacts a notion of reproductive delay. In the case of lifestyle freezers, OC is positioned as contributing to an existing problem of women deprioritising childbearing in their 'normal reproductive years'. In the narratives associated with these two subject positions, OC is problematic because it could encourage the ongoing and avoidable trend of older (first-time) motherhood. In news stories of single women with a 'social indication' for freezing their eggs, by contrast, OC does not exacerbate the problem, but is seen as offering a solution to the tragedy of unplanned childlessness resulting from an absent Mr. Right. Although egg freezing offers the potential for new types of families to emerge, its representation in news media implicitly affirms traditional gender and age norms of heterosexual relating and normative life course management through both the presentations of a favourable 'socially indicated' OC patient and a more contentious 'lifestyle' freezer.

In addition to the dominant narratives that frame OC in these newspapers, it is important to recognise that egg freezing may also serve goals other than having children. A contingent of women may wish to freeze their eggs not out of reproductive desire, but out of reproductive ambivalence. In the face of conflicting cultural messages about the desirability of women's professional success and motherhood (as well as other aspects of life), indecisiveness about whether one wants to have children or not may be more pervasive than these articles suggest. By catering for this reproductive ambivalence, egg freezing differs from other reproductive technologies like in vitro fertilisation (IVF) and intra-uterine insemination (IUI), the use of which expresses a more immediate reproductive intent. Unlike these reproductive technologies, egg freezing may be understood and employed as a way of prolonging the time frame within which childlessness is not yet final and the futurity of motherhood can be maintained.

### **Medical Motivations**

In contrast with the variety of interpretations of social motivations for egg freezing, the medical reason for OC identified in the news media analysed is invariably cancer-related. Women with a cancer diagnosis are not considered to be irresponsible or selfish for delaying pregnancy with OC, but are represented as having had no agency in anticipating premature infertility within 'normal reproductive years'. This rendering therefore circumvents controversy about women opting for later motherhood and remaining childless when

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younger. Ethical objections to OC concerning the health risks for mother and child generally apply both to ‘socially’ and ‘medically’ motivated people. Just as older age means decreased remaining life expectancy, serious disease and invasive treatment often entail a higher risk of the child losing a parent at an early age. The mother’s health risks associated with pregnancy, labour and post-natal healing may be higher at an older age, but may be equally challenging for a woman who is recovering from immuno-compromising treatments such as radiation or chemotherapy. The fact that these risks are widely accepted and taken in these precarious cases is a testimony to the importance ascribed to maintaining fertility during ‘normal reproductive years’.

In the context of the medical-social divide, the question arises of the extent to which ageing and the end of the reproductive cycle are conceptualised as medical conditions. Using cancer as comparator in the social-medical divide, women who wish to use OC as a precaution against age-related infertility appear healthy and not in need of medical intervention. The invocation of stark oppositions between women facing chemotherapy and others with social reasons for choosing OC – whether unspecified or trivialised as ‘suit[ing] their lifestyles and aspirations’ – can function as a rhetorical move. It supports the argument that age-related infertility is not a health problem but, rather, is a normal part of ageing that should not be treated with medical interventions (Sample 2009). Yet whereas the cancer-versus-lifestyle opposition positions women of the latter category as healthy, the newspapers’ descriptions of female reproductive health—which are the subject of the following section—present women’s bodies in more perilous terms of continual decline. Contradicting the frivolous connotations of ‘lifestyle’ motivations, articles on egg freezing emphasise that fertility cannot be taken for granted, especially not as women age. For example, in a *Guardian* feature titled ‘Mother Nature,’ Charles Kingsland, clinical director of the Hewitt Centre for Reproductive Medicine at Liverpool Women’s NHS Foundation Trust, comment that ‘[t]he passage of time can quickly take away a woman's fertility and she should always bear in mind her fitness for fertility’ (2009). Assertions such as this one bring age-related infertility to public awareness and posit it as a serious health concern.<sup>19</sup>

If IVF is perceived as the technology that turned infertility into a public concern for which medical innovation could offer a solution (Van Dijck 1995),<sup>20</sup> OC can be viewed as a similar process of medicalisation: not of infertility as such, but of *potential* infertility. Once framed as a medical concern, it ascribes authority to medical professionals to deal with the

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timing of reproductive choices and related areas of concern such as partner selection, professional priorities and their age-related dimension. News coverage pertaining to OC authorises, reconfigures and extends this influence into the public sphere and, directly or indirectly, addresses a significant group of healthy women in a specific age range as potential patients.<sup>21</sup> Thus, particular conceptualisations of the ageing (in)fertile body are linked to OC's temporal logic, in which the eggs are centre stage and the biological clock is always ticking.

### **NO EXIT: The Biological Clock and Public Representations of Reproductive Ageing**

One familiar body metaphor that expresses the intertwined narratives of female ageing and women's reproductive function in OC's media coverage is the 'biological clock'. The biological clock references a particular time frame in the female life span, typically a decade starting in the early or mid-thirties that is characterised by urgency. Rather than an ordinary clock that tells time, the biological clock figures in these news reports as an alarm clock counting down time, referencing a general notion of bodily finitude and an understanding of desired parenthood as a temporal problem. News articles frequently invoke the notion of the biological clock to explain women's interests in egg freezing. For example, a 2006 *Guardian* article considers the relevance of egg freezing with reference to 'this woman - who has always assumed that eventually a baby or two would come along - [who] finds herself single with her biological clock running down quite fast' (Groskop 2006). As this quotation suggests, the notion of the biological clock organises popular narratives about women who live carelessly and suddenly become aware of their reproductive ability—whether in the form of positive desires for children or negative fears of infertility—at the age at which their clock ostensibly starts ticking.

Illustrating how gendered bodily ageing processes are problematised in the public consciousness, a journalist from *The Guardian*, Tahmima Anam, describes her experience as follows: 'lately my eyes have been alighting on newspaper articles decrying the end of my fertile days, and the number 35 flashes before me like a blinking NO EXIT sign' (Anam 2008). The biological clock is associated with a particular age range that signals a departure from a time of idealised youth and the onset of a concern with the prospect of impending reproductive failure. The header of this article reads: 'Anam felt 'footloose and fancy-free'. Then she hit 33 - and baby-panic kicked in. Is freezing her eggs the answer?' As the article suggests, a sudden awareness of the impending end of her fertility jolted her out of the

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supposed carelessness of young adulthood to a life course determined by the pressure of the biological clock. This signals how cultural narratives of age-appropriate behavioural transitions are become meaningful in relation to bodily changes.

Strikingly, the references to the biological clock are accompanied by accounts of experiences of fear, pressure and worry. News reports cite stories of women who ‘were very worried by the ticking of the biological clock around the age of 34, 35 or 36’ (Boseley 2009). One article notes that: ‘Doctors at Mount Sinai School of Medicine in New York interviewed 20 women with an average age of nearly 39 who had chosen to have their eggs frozen. Half said they felt pressured by their biological clocks’ (Sample 2006).<sup>22</sup> These experiences are explained as the result of conflict between women’s bodily realities and changing socio-technical circumstances. For example, in a *Guardian* article entitled ‘Born in the Nick of Time,’ it is argued that ‘despite all the advances in technology and the workplace, that ticking clock is still there and if you don’t have its existence at the back of your mind, you may miss the chance to have a family’ (Groskop 2011). The article appeals directly to the readers by using the second-person mode of address, warning them about reproductive ageing. The option of not having children is construed as a loss, as a way of missing out, without consideration of the possibility that remaining childfree may be a viable and desirable option.

Implicit in these formulations is the assumption that in order not to ‘miss out,’ the time pressure associated with the biological clock must be lived and experienced as awareness of a body that is compromised by the passing of the years. The rendering of a body ruled by the biological clock becomes a justificatory strategy to promote a gendered temporal organisation of the life span, which is cast as so essential to the female sex that it cannot be altered by any technological or social developments. The concern is here not primarily with the choice of whether or not to attempt reproduction, but with fears about the body and its reproductive ageing process.

Both the *Volkskrant* and *The Guardian* discuss reproductive ageing in their coverage of egg freezing by including a section on the relation between women’s age and fertility. Drawing on medical discourses, these sections are presented as uncontested objective knowledge, citing statistics or expert knowledge to convey the authority and neutrality of their message. One example of is the following paragraph from *The Guardian*:

A 30-year-old woman stands a 22% chance of getting pregnant in any given month. By 35, that drops to 18%. By 40, it’s 5%. By 45 you’re down to 1%. By 25, women



have lost 80% of the eggs they were born with. By 35 that has dropped to a 95% loss (Groskop 2011).

The predominance of quantitative data positions paragraphs like this as factual information, inviting little critical reflection from its readers. However, such representations of the ageing female body convey a very specific message to the readership—one that reaches beyond the group of women anticipating future infertility. Its message is that an objective, scientific understanding of the female reproductive system characterises it by inefficiency and decreasing functionality. The sense of loss is intensified where the eggs are concerned. Already at a relatively young age of 25, the text suggests, an overwhelming majority of the eggs are lost and this decline will exacerbate over time.

While the percentages cited above may be correct and while diminishing ovarian reserves are indeed a key cause of age-related infertility, such representations of available eggs suggests that their loss is inherently problematic. However, egg loss is a normal process in fertile and infertile women alike. Given that, on average, 450-480 menstrual cycles a Western woman will experience in her lifetime, even if she matured a healthy viable egg every month and was optimally fertile, she would lose a majority of the millions of eggs she was born with (Rosenthal 2012, p. 83). The 25-year-old's loss of 80% of her immature eggs does not necessarily signify a loss of fertility, just as a girl's loss of 60% of her eggs by the time she hits puberty does not signal anything but normal physiological development.<sup>23</sup>

This focus on the loss of immature eggs does more than just explain age-related infertility. It also suggests a passive and negative conceptualisation of the female reproductive system as characterised by decline throughout the life span. Understood in these terms, a woman is born in decline, with her body failing to mature and retain the eggs she has at birth. The notion of the biological clock plays into this cultural logic in which the female reproductive system is characterised by failure and decline, as Martin contended in *The Woman in the Body* (2001). In her analysis of medical textbooks and accounts of women's experiences, Martin argued that the non-pregnant fertile state, and its expression in menstruation, is understood 'in terms of a purpose [conception] that has failed' (Martin 2001, p. 45). In news reporting on OC—and particularly the narrative framing of declining fertility rates—it is not menstruation, but female ageing that is conceptualised as failure. The statistics on age-related fertility gain a rhetorical force when they are linked to an understanding of not having children as 'missing the chance of having a family' (Groskop 2006). While the articles do not

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explicitly advocate universal procreation, their representations of age-related infertility underpin and reinforce a conceptualisation of the female reproductive body as orientated towards the moment of conception and ageing as increasing inability to achieve it as the years pass.

Female fertility need not be presented as a matter of a diminishing ovarian reserve. It could be equally appropriate to focus on the female body's ability to successfully ripen an immature ovum in ovulation. Instead of representing the loss of immature eggs as failure, the ovaries' development of an impressive amount of eggs prenatally could also be presented as a feat far more efficient than a lifetime's incessant production of millions of sperm cells of which most will never play a part in the fertilisation process. There is of course no need to pit the merits of one anatomy against the other; nevertheless, such a comparison does highlight the problems of a gender-biased approach to understanding reproductive anatomy in positive or negative, efficient or unproductive, lights.

The news media's presentation of information on declining fertility rates and ovarian reserves functions as a collective diagnosis of failure in relation to which the relevance of egg freezing can be explained. Both proponents and critics of OC take as their starting point this understanding of ageing as entailing progressive failure. In order to legitimise a procedure such as OC, the effects of the biological clock must first be established in accounts of the finitude of fertility, which establish a strong connection between female ageing and reproductive failure:

With age, women's eggs accumulate genetic damage which causes fertility to fall rapidly after 35. Older eggs result in poorer quality embryos which are more likely to be miscarried. By 40, the average miscarriage rate reaches 40%. (Sample 2007)

It is important that people are informed about their bodies' capacities and the likelihood of conceiving at different points in their lives, given that the chances of having children decline over the years. It is, however, equally important to address the implications of the language of failure and loss in which this information is couched. In the preceding account, age is equated with accumulating genetic damage, rapidly falling fertility, poor quality embryos and miscarriage. In the absence of specific data, these descriptors communicate a sense of urgency and rapid decline. Where a number is mentioned, the 40% suggests a problem, even though the reader has not been informed of the percentage of miscarriages that normally occur at other ages or the variation in the population at any given age. The citation nevertheless reads as a progression, in which the passing of years from 35 to 40 signals a worsening situation:

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from the somewhat abstract ‘genetic damage’ in eggs to the much more tangible and evocative notion of miscarrying embryos. There is a movement from egg to embryo, from potential complications to actual miscarriage.

Moreover, the excerpt cited above refers to the age of the eggs, rather than to that of the woman. It is not the effects of time on the woman’s body as a whole, but specifically her eggs’ age which are cited as determining her fertility. While eggs are the ‘cause’ of age-related infertility, other determinants in the reproductive system, such as changing hormone levels, uterine condition and the activity of the Fallopian tube epithelium that moves the ovum down the fallopian tubes to the uterus, are not mentioned (Crow et al. 1994, p. 2232). Taking up a central role, the older eggs appear to ‘result’ in poorer quality embryos through a process in which sperm, and its quality or age, plays no mentionable role.

Within the context of representations of egg freezing as a remedy for age-related infertility, eggs become discursively produced as the locus of (reproductive) ageing. When in the woman’s body, their qualitative and quantitative decline is regarded as the cellular materialisation of the biological clock. Once put ‘on ice’, the *Guardian* posits the eggs as ‘literally frozen in time,’ thereby creating a distinction between the ageing woman and her timeless frozen eggs (Sample 2006a). Reproductive ageing is thus cast as bifurcated—split between the age of the woman and the age of the eggs. The new reproductive choice that OC offers is the option of creating this split.

As the preceding analysis suggests, precisely because ‘changing perceptions about the aging process [are] fostered particularly by the dissemination of new scientific understandings about the body,’ their public rendition should be scrutinised for the implicit messages they convey about the people concerned (Vertinsky 1991, p. 69). These presentations of ‘neutral’ scientific information illustrate how all sides of the debate about OC—whether for or against making OC accessible, whether convinced or sceptical about the procedure’s efficacy—employ and reinforce a shared interpretative framework of reproductive ageing. Beyond a factual description of decreasing fertility, this presentation of ageing proposes a specific conceptualisation of female reproductive bodies which foregrounds decay and decline and which resonates with the long-term Western tradition of describing women’s bodies and the ageing process in terms of failure (Martin 2001). One danger is that such decline narratives, under the guise of scientific neutrality, collapse the difference between chronological ageing

and infertility and play into negative attitudes towards the ageing process while engendering fears of encroaching infertility.

In keeping with these fears, the metaphor of the biological clock signals an urgency about time running out and evokes a language of loss that may instil a sense of age-specific failure, irrespective of one's interest in having children. When women are presented with references to ticking biological clocks, and are depicted as needing 'wake-up calls' by the newspaper's fertility experts, 'the question is one of deciding feminist strategies in struggles over who defines women's needs and how they are satisfied' (Sawicki 1999, p. 194). I suggest that underpinning the presentations of OC considered here is a widespread rejection of ageing, which particularly pertains to women. The discourses that equate ageing with decay and decline also produce the need to avoid them by attaining health, youth and functionality, all of which are here implicitly associated with fertility.

Following from this, it is my contention that OC need not necessarily be understood as a reproductive technology orientated only towards having children. OC could also be employed as a technology to relieve the pressure of 'running out of time' associated with the biological clock and to counteract the reiterated notion of decline in women's reproductive functionality. Sawicki argues that 'part of the attraction of the new technologies is that many women perceive them as enabling. [...]' (1994, p. 194). The promise of OC is that it may alter the fixity of reproductive ageing and open up the possibility, if not always the reality, of extending women's window of fertile time. OC is presented as an opportunity to challenge the limits of 'biology' by enabling women to 'hav[e] some of their own eggs literally frozen in time' and 'reverse the biological clock' (Boseley 2002; Sample 2006a). Sawicki continues her commentary, suggesting that: '[ARTs]' control is not secured primarily through violence or coercion, but rather by producing new norms of motherhood, by attaching women to their identities as mothers, and by offering women specific kinds of solutions to problems they face' (1999, p. 194). OC attaches women to their identities as young adult people who are not at the end of their reproductive lives, but have options and lives ahead of them. The attachment may be as much to an age-based and life-course-based identity as to the norms of or, even, the desire for motherhood. Beyond the functionality of having children, fertility is a rich cultural concept that signifies a particular relation to gender and age identities. OC may function as a way to maintain these identities, without passing on to the next stage of the life course, in which not (yet) having had children gains a different meaning. Hence, OC can also

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be read as a way to maintain the subject position of future or potential mother, rather than that of a childless woman who ‘miss[es] the chance to have a family’ as her biological clock ‘run[s] down quite fast’ (Groskop 2011, Groskop 2006).

## **Conclusion**

In this analysis, I have considered the coverage of OC in Dutch and British newspapers, focusing specifically on the representations of female reproductive embodiment and ageing. I have drawn particular attention to the rhetorical dimensions of seemingly ‘neutral’ elements in the news coverage, including the evaluations of social practices by medical commentators and the implicit conceptualisations of women’s bodies in presentations of fertility statistics and the narrative of the ‘biological clock’. In conjunction with OC’s introduction into public discourses, various aspects of women’s reproductive lives are represented and reaffirmed as problematic. In relation to the trope of the biological clock, childlessness—or rather, ‘missing the chance’ of attaining genetic and gestational motherhood—becomes a cause for concern (Groskop 2011). I have shown how, in this context, the spectre of a future non-reproductive female body is both negatively constructed through narratives of decline and failure, and invoked as an unavoidable reality. In the selected news reports, the ages between 27 and 37 become marked as the period in which female reproductive decline begins, while a focus on potential defects and complications transforms childbearing from normal to risky behaviour with women’s increasing age. Age is, in turn, understood in relation to the ova, which have become the primary locus of reproductive ageing in the context of OC. Egg freezing becomes meaningful through rhetorical distinctions between social and medical motivations and through stock narratives of the single woman looking for Mr. Right and the ‘lifestyle’ freezer who wants to ‘have it all’. As a set of subject positions is developed in relation to OC, women’s life choices come under medical and public scrutiny, whether these are related to romantic or professional commitments or to other priorities that are not direct expressions of reproductive health. The conjuring and foregrounding of these problems point to a relatively narrow window of time within a woman’s fertile years in which reproduction is encouraged and failure to do so becomes cause for concern—a concern couched as a widely accepted fear of ageing.

Whether as false promise, unnatural transgression, or pragmatic solution, egg freezing operates at the intersection of tensions between the simultaneous rejection and inevitability of

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the future non-reproductive body that is invoked in OC's news coverage. Within this discursive framework, OC is cast as mitigating the age-related egg-centred bodily decline that emerges in the narrative of the biological clock. OC's introduction triggers a public expression of concern about reproductive ageing as well as a solution to it, as the notion of the frozen egg bears the promise of a personal futurity that is not closed off to the possibility of reproduction. While 'some women are electing to freeze their eggs to take the pressure off finding Mr Right,' and others may do so to avoid the feeling of 'NO EXIT' that they associate with their age, OC may symbolise not necessarily a reproductive choice to have children, but a choice for continued reproductive potential in the face of pervasive cultural messaging about time running out.

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<sup>1</sup> In Britain, abortion was legalised under certain conditions when the Abortion Act became law in 1967. In the Netherlands, a group of general practitioners opened the first Dutch abortion clinic (Mildredhuis in Arnhem) in 1971, in part responding to a situation in which Dutch women had to travel to England to receive a safe and legal abortion. This clinic, and others that followed, were fully operational in spite of the fact that the 1981 *Wet Afbreking Zwangerschap* [Termination of Pregnancy Act] did not come into effect until 1 November 1984. Although there were government attempts to close the abortion clinics—most famously, one at the Bloemenhovekliniek in Heemstede in 1976 which was successfully halted by an estimated 300 activists who occupied the clinic—abortion practices were tolerated if certain medical quality standards were met (Wees and Hoofd, 2008, p. 6).

The contraceptive pill was introduced in the early 1960s in the Netherlands and the United Kingdom. Until 1969, the contraceptive pill could only be prescribed for 'medical indications' in the Netherlands (Bonneux et al. 2008, p. 1507). In the UK, the pill was originally only available to married women. Local authorities were not allowed to provide free services to unmarried women until the Family Planning Act of 1967, and only a quarter did so until contraception became free on the NHS in 1974. As I will discuss in this text, relationship status and medical need also play key roles, albeit in dramatically different contexts, in the introduction of OC.

<sup>2</sup> Clarke et al.'s concept 'healthscape' characterises medicine as an assemblage of elements including 'words, images, and material cultural objects' through which it becomes possible to analyse the 'varied sites where health and medicine are performed, who is involved, sciences and technologies in use, media coverage, political and economic elements and changing ideological and cultural framings of health, illness, healthcare and medicine' (2010, pp. 141, 105).

<sup>3</sup> The *Volkscrant* has the third largest circulation after the daily newspapers *Telegraaf* and *Algemeen Dagblad* and the *Guardian's* circulation ranks below the *Daily Telegraph* and *Times* newspapers.

<sup>4</sup> This political orientation is reflected in their readership as *Volkscrant* readers have an outspoken voting preference for left and centre-left political parties (Cuilenburg et al., 1999, p. 88). The *Guardian* similarly has the

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most progressive readership in the UK with 67% Labour support and only 2% Conservative readers (Fahmy and Kim, 2008, p. 448).

<sup>5</sup> This match is evidenced in the *Guardian's* targeting of 'a progressive audience' of 'forward-looking individuals who are curious about the world and embrace change and technology' (Guardian.co.uk, 2012). *Volkscrant* readers are similarly presented as 'well-to-do, curious and well-informed,' 'enriching their lives' and 'engaged with the world' (De Persgroep Advertising, n.d.). As the UK newspaper with the highest percentage of articles on new scientific developments, and whose focus is on the social implications and educational framings of such developments, the *Guardian* can be expected to feature new reproductive technologies relatively extensively (Anderson et al., 2005, p. 205).

<sup>6</sup> In the years following her birth, the *Guardian* newspaper continued to cover egg freezing regularly, following events such as the publication of relevant books, reports from gynaecological conferences or new medical developments in the field.

<sup>7</sup> In the Netherlands, fertility clinics are licensed by the Ministry of Health, Welfare and Sport.

<sup>8</sup> One significant breakthrough was the Cryotop method, as described by Kuwayama et al. in 2005, which entails the treatment of the oocytes with cryoprotectants and their rapid freezing in liquid nitrogen, resulting in egg survival rates of over 90%. Later studies have similarly suggested that vitrification results in higher oocyte survival rates (81%) compared to slow-freezing methods (67%) and is more efficient in establishing pregnancy (38% vs. 13%) (Smith et al., 2010, p. 2088).

<sup>8</sup> Strictly speaking, OC does not improve women's fertility itself, but the likelihood of creating genetically-related offspring in the face of age-related infertility through the use of cryopreserved gametes.

<sup>9</sup> The translation of the Dutch newspaper texts is mine. The bibliography includes links to the original Dutch texts.

<sup>10</sup> As part of a cancer treatment plan, egg freezing costs are covered by both the British National Health Service and the Dutch *basisverzekering* [basic insurance]. The first phase of ovarian stimulation, egg extraction and cryopreservation in so-called 'elective' or 'social' egg freezing is not covered by national insurance plans in either country. The second phase, in which the eggs are thawed, fertilised and implanted, is subject to existing IVF regulations and may therefore be covered if the intended parents meet the requirements.

<sup>11</sup> Whereas the Dutch newspaper primarily uses the term 'social,' in the UK context, the word 'lifestyle' is frequently used alongside it.

<sup>12</sup> Turner syndrome is a genetic condition in which women do not have the usual XX chromosomes, but instead have one X or two X chromosomes of which one is incomplete. Women with Turner syndrome often experience fertility problems.

<sup>13</sup> Complications in the IVF procedure, such as substandard sperm quality or equipment failure, can prevent the fertilisation of extracted eggs (NVOG, 2008, pp. 10–11). With OC, the eggs may be preserved for fertilisation and implantation at a later date.

<sup>14</sup> See Sara Ahmed's 'Willful Parts' for a detailed discussion of 'willfulness' as a concept to think through conflicts between individuals and communities, in which the 'particular will' goes against the grain of the 'general will' (2011, p. 243).

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<sup>15</sup> The term ‘social indication’ [*sociale indicatie*] is used in the Dutch, but not in the English news sources analysed in this study.

<sup>16</sup> The UK’s first frozen egg baby Emily Perry was born at Midlands Fertility Services. Both in medical journals and in public news coverage of OC, Dr. Lockwood speaks out about the benefits of elective egg freezing.

<sup>17</sup> Dr Susan Bewley is a consultant obstetrician at Guy's and St Thomas's NHS Foundation Trust, London.

<sup>18</sup> The subject position of the ‘lifestyle freezer,’ and the life course development associated with it, have unspoken class assumptions as they pertain particularly to middle-class, highly educated women. Cahn and Carbone demonstrate that middle-class men and women are more likely to spend their twenties unmarried and without children, while those with less education are more likely to bear children earlier in life. Accordingly, the average age at which middle-class, university-educated women have their first child has increased steadily over the last decades, while the age remains ‘largely unchanged for less educated women’ (2013, pp. 294–297). Apart from the fact that the costs of egg freezing limit its accessibility for working-class people, implicit assumptions about education, job and reproductive trajectories suggest OC is catered to middle-class, highly educated women. For an in-depth discussion of class dimension of egg freezing practices, see “The Gender/Class Divide: Reproduction, Privilege and the Workplace” by Naomi R. Cahn and June Carbone.

<sup>19</sup> The distinction between medical and social egg freezing also has a financial and regulatory dimension as only the cases categorized as ‘medical’ are covered by Dutch and British health insurances. However, the definitions of ‘medical’ cases differ from those distinctions proposed in the news discourses. The Dutch *College voor Zorgverzekeringen* [Health Care Insurance Board] has reached consensus that the costs for OC will be covered in cases in which medical treatment may cause infertility, in complications in IVF procedures and in women who suffer from a other pathologies, such as Turner syndrome (Van der Meer and Derksen, 2012, p. 5). In the UK, the National Institute for Health and Care Excellence (NICE) has published guidelines specifically for the storage of eggs for cancer patients. They read that the NHS covers the cost for the freezing and storage of eggs, which is then considered to be part of the cancer treatment plan—as opposed to egg freezing within ‘the general fertility pathway’ (2013, p. 410). Although the NICE guidelines were based on the population of cancer patients interested in fertility treatment, the guideline development group (GDG) does note that the fact that the recommendations are made only for this group of cancer patients ‘should not be used as a justification for not funding cryopreservation’ in other groups ‘who may be at risk of losing their fertility due to treatment’ (2013, p. 412). The distinction made by NICE differs from the medical versus social opposition in that it is based on whether infertility is the result of a medical treatment or whether it emerges irrespective of intervention. Fertility loss thus becomes understood and categorised in relation to its cause, rather than its symptoms. Accordingly, the same OC procedure may be conceptualised and institutionalised as cancer treatment or fertility treatment.

<sup>20</sup> See José van Dijk’s *Manufacturing Babies* (1995) for a thorough analysis of the biomedicalisation of infertility in US and British public debates on IVF since 1978.

<sup>21</sup> Although the discomfort, health risks, financial costs and controversy of the procedure will limit the number of women who will actually use the technology, on a discursive level, the news coverage interpellates this larger group and presents it with new choices and considerations.

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<sup>22</sup> Rather than a biological clock that begins ticking in the fourth decade, there is also an alternative temporal logic which proposes that egg freezing would be most effective for women in their twenties or even teens. Inventor of the contraceptive pill Carl Djerassi imagines a future in which young women freeze their eggs at an early age and get sterilised to fully divorce reproduction of the contingencies of sex and ageing (Williams, 2010). Influential medical professionals like the North-American Dr. Sherman Silber suggest that early egg freezing is not only a future scenario. In Marieke Schellart's documentary on egg freezing, Silber proposes that: "we could freeze a twenty-year-old's eggs and twenty years later we could thaw them, do IVF with them and she'd have the pregnancy rate of a twenty-year-old" (2010). Gillian Lockwood, whose patient Helen Perry gave birth to the first British frozen-egg baby, reportedly envisions egg freezing as parents' ideal graduation gift to their daughters, clearly linking OC to a segment of highly educated young women (McAuliffe, 2012). Positioning age-related infertility as a condition that can be anticipated from early adulthood onwards, this approach to egg freezing interpellates a large group of healthy women at increasingly early ages. Although an important alternative narrative framing, I do not discuss it in detail here because it is not prominently featured in the corpus under scrutiny in this study.

<sup>23</sup> The figures for the woman in her twenties would sound even grimmer if the comparator were not the one to two million eggs present at birth, but the seven million she had as a foetus.

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