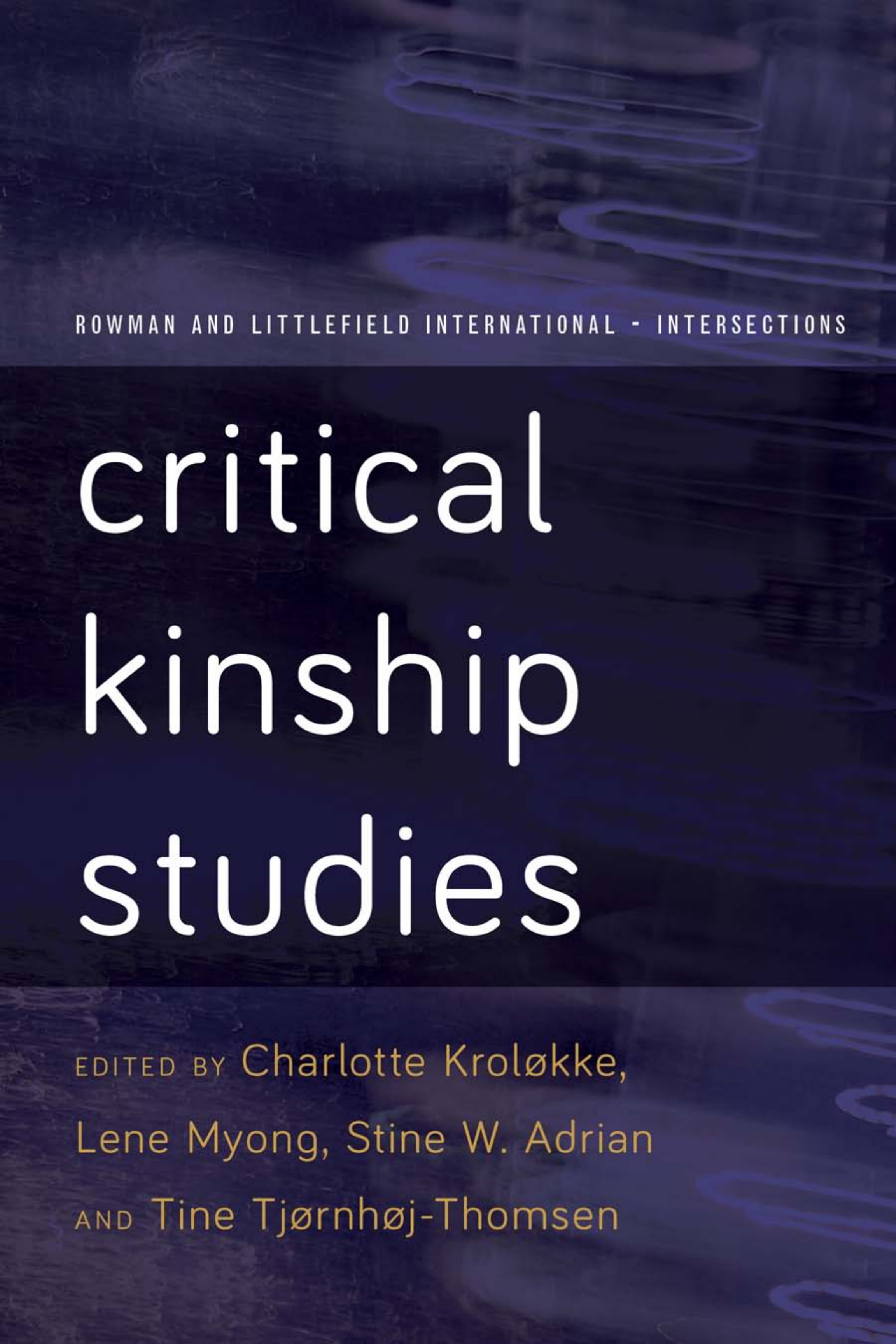

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critical kinship studies

EDITED BY Charlotte Kroløkke,
Lene Myong, Stine W. Adrian
AND Tine Tjørnhøj-Thomsen

Critical Kinship Studies

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With this book, we have wanted to display up-and-coming scholars. We are grateful to have been able to attract such a diverse group of international, interdisciplinary feminist academics and thank each of them for contributing to this volume, for their constructive responses to our recommendations as well as for their patience with the project.

Chapter One

Critical Kinship Studies

Kinship (Trans)Formed

Charlotte Kroløkke, Lene Myong, Stine Willum Adrian and Tine Tjørnhøj-Thomsen

The making of kinship today involves border crossing and mobility. For example infertile couples from Western countries travel to India for surrogacy; Denmark has become a known fertility destination providing Danish sperm to women with or without partners; and couples in need of assisted reproductive technologies (ART) in Mozambique travel to neighbouring South Africa. For decades, children have been transnationally migrated through the adoption system, but a growing number of adult adoptees are deciding to relocate to their birth countries permanently or for longer periods. The Internet and social media have made it difficult to enforce ideals of anonymity between family members separated by adoption or created through ART. As a result, opportunities for adoptees to search for and reunite with their first families have increased. ART communities witness the same developments when parents of donor-conceived offspring use the web to search for the donor or for their children's half-siblings. Meanwhile, infertile couples negotiate and display their involvement with reproductive technologies, such as transnational surrogacy, in weblogs and televised documentaries. This book investigates how kinship today is desired, pursued, produced, consumed, regulated and transformed in a world characterized by accelerated mobility and migration of people, bodies, (reproductive) substances, technologies, knowledge and expertise.

This anthology builds on and contributes to an emergent field of critical kinship studies. Importantly, 'critical' does not refer to a singular normative, theoretical position. In our understanding, critical kinship studies designates the contours of methodological and theoretical approaches that (a) conceptualize how kinship is both transformed and preserved through the accelerated mobility of some (but not all) bodies and human substances and (b) engage with the complex ethical consequences arising from kinship formation produced through political, discursive or economic inequalities.

New methodologies and critical analytical perspectives are needed to grasp and analyse how kinship and relatedness are assembled and (trans)formed. This anthology features different methodological frameworks and empirical data, ranging from new media and social networking sites to multisite ethnography and oral histories. We view the use of different methodologies, the diversity of empirical material and the inclusion of different national contexts as central to critical kinship scholarship. For example although the clinic is a crucial site for exploring how kinship is (trans)formed and a site where different cultural and moral values, professional expertise, notions of kinship and commercial interests intersect, new media and social networking sites are also vital in the staging of various actors, such as the reproductive consumer, the reproductive assistant, the sperm donor, the intended parent, the care worker, the first mother and the adoptee. Similarly, the inclusion of different national contexts illustrates how divergent political and legal frameworks contribute to unequal distributions of mobility and kinship rights. In this volume, we include the kinship geographies of Australia, Barbados, Denmark, Estonia, Ghana, India, Israel, Italy, Mozambique, South Korea, Spain and Sweden to illustrate the transnational scope to kinship formation, as well as the importance of contextualizing kinship scholarship within local practices and contexts.

This anthology's broad inquiry into how kinship is practised through new technologies, legislative policies, ethical guidelines, bodily substances and new media environments is situated within theoretical perspectives that critically engage with stratifications along the lines of gender, class, sexuality and race. Thus, while some clinics and gamete donors are more readily understood as having 'desirable' genes or nurturing capacities, transnational adoption is promoted through discourses of how (adoptable) children are always and already destined for death and/or institutionalization if they remain in their birth countries. Meanwhile, some bodies are framed as 'natural' gifting bodies, donating (not selling) their reproductive matter and ability to give birth, while other bodies become framed as 'rightful' recipients. In this manner, first mothers, egg donors and surrogates are framed as gift givers, while recipients, most often from the global North, are positioned as natural parents. The chapters included in *Critical Kinship Studies* complicate this picture from different perspectives by analysing the ways in which these stratifications are made and unmade, sometimes in unpredictable ways.

(RE)SITUATING CRITICAL KINSHIP STUDIES

Our naming of this work 'critical kinship studies' does not imply a generalized critique of previous scholarship within the field, nor do we claim that earlier scholarship was not critical. Kinship studies have been closely associated with the discipline of anthropology (which, at one point in time, was termed *kinshipology*) and its theoretical developments (Eriksen 2004). The existing body of research on kinship, reproduction and adoption is vast and impressive. The ambition of this book, however, is not to provide an exhaustive overview of this research. Instead, we build on and seek to expand existing scholarship on kinship studies by recognising its vigorous debates and productive criticisms (Schneider 1984; Collier and Yanagisako 1987; Weston 1991; Strathern 1992; Modell 1994; Yanagisako and Delayney 1995; Franklin and McKinnon 2001).

As a concept, kinship in scholarly discourses has been both challenged and reinvigorated by the so-called repatriation of anthropology and by the influence of feminist studies, queer studies, critical adoption studies and science and technology studies. Since the 1990s, critical adoption studies have gained ground by emphasizing the need to theorize transnational adoption as a result of militarism, poverty, racism and, importantly, a Western desire to adopt children—either for altruistic and religious purposes and/or as an answer to infertility problems. Although the historical trajectory of ART studies follows a different path, core similarities exist as well. For one, contemporary scholarship on transnational surrogacy also stress the need to understand the mobility of infertile couples in light of economic, racial and gendered stratifications (Vora 2009; Pande 2010). These new and interdisciplinary approaches to kinship have been motivated and pushed forward by the ways in which an increase in infertility, ART, reproductive travel and tourism, commercialization and transnational adoption have both challenged and reinforced hegemonic Western notions and practices of kinship. These notions and practices have given symbolic priority to the biological connections and genetic relatedness created through heterosexual sex (between the parents to be), parturition and birth (Parkin and Stone 2004). As Franklin and McKinnon argue, kinship studies has not suffered from the previously mentioned 'critical interventions'; on the contrary, kinship studies have 'productively reconfigured and indeed been revitalised by the many critical interventions through which they have been transformed' (2001, 6).

In *Critical Kinship Studies*, we see close alliances to the work of feminist anthropologists who, inspired by the advent of new reproductive technologies and transnational adoption, raised questions about the presumed natural basis of kinship relations and the idea of biology as fixed, stable and deterministic (Franklin 1997; Carsten 2000, 2004; Franklin and McKinnon 2001). The majority of this feminist scholarship was inspired and provoked by the

American anthropologist David M. Schneider's account of kinship in American society (1968) and critique of anthropological kinship studies (1984). One important implication of this current was that critical analyses were forced to move beyond dichotomies of biology and sociality and of nature and nurture, which for so long had dominated research on kinship formation, reproduction and adoption.

CRITICAL KINSHIP STUDIES: A CALL FOR INTERDISCIPLINARITY

Critical Kinship Studies brings together different strands of interdisciplinary scholarship that aim to explore the manifold versions of kinship and the ways in which normativity is naturalized and/or challenged and resisted in different kinship formations. It includes, among others, anthropological, sociological, queer and cultural studies perspectives on how kinship is not only made but also performatively constituted in different contexts (e.g., Thompson 2005; Mamo 2007; Shome 2011).

Throughout the book, we identify the potential of creating dialogue between the overlapping yet occasionally disjointed academic traditions of studies on assisted reproductive technologies (ART; e.g., Strathern 1992; Ginsburg and Rapp 1995; Franklin and Ragoné 1998; Franklin and McKinnon 2001; Inhorn 2003; Thompson 2005; Melhuus and Howell 2009; Inhorn et al. 2009) and critical transnational adoption studies (e.g., Anagnost 2000; Hübinette 2005; Smolin 2005; Volkman 2005; Dorow 2006; Marre and Briggs 2009; Eng 2010; Kim 2010; Yngvesson 2010; Brian 2012; Briggs 2012; Leinaweaver 2013; de Graeve 2014; Leinaweaver and van Wichelen 2015; Park Nelson, forthcoming). In so doing, we aim to contribute to the development of critical kinship studies while simultaneously paying attention to the specifics of historical context. For example the sixty-year-plus time frame of transnational adoption has not only enabled new perspectives on kinship to grow and solidify; adoptee scholars are also now forming an integral part of critical adoption studies as researchers and producers of knowledge in their own right.

The bringing together of ART and critical adoption studies encourages us to inquire into the dynamics of globalized reproduction and transnational adoption and ask questions such as 'How does the making and unmaking of kinship operate to enhance the options of financially and racially privileged subjects?' and 'How does the value of biogenetic substances, affective and reproductive work, and children themselves shift according to gender, sexuality, race, ethnicity, religion and nationality?' The contributions in this volume span the humanities and the social sciences, but despite being embedded within different academic histories and theoretical trajectories, their interdisciplinary scope provides fertile ground on which to analyse questions related to the structural inequalities and consumptive patterns that serve as the context for kinship formation. These perspectives are sensitive to the dangers involved when analytical focus is placed either on the subjects seeking to form kinship or on the child as a desired and prized commodity, frequently portrayed as devoid of agency. Similarly, in this book, we seek to highlight narratives that go beyond the figure of the child, instead emphasizing other types of kinning, such as the kinship work undertaken in care relationships, in clinical settings and in the ways in which care is exhibited in televised documentaries or understood in cases of donor breast milk.

KINSHIP (IM)MOBILITIES

In this volume, the making and unmaking of kinship are viewed as effects of an unequal distribution of mobility. In our approach, *mobility* refers to (a) the transfer and exchange of reproductive substances between differently situated bodies; (b) the (trans)national travel or migration of people for adoption, surrogacy, eggs, sperm, care, community and medical knowledge; (c) the ways in which laws and ethical guidelines either become fluid or crystalize to form particular understandings of kinship; and (d) the ways in which new media communication environments facilitate a form of virtual travel and that downplay relational geographies and emphasize wholeness and comfort. Emphasizing the concept of kinship mobility involves examining both the motivations and the rationales for different forms of mobilities while simultaneously analysing both local and global contexts to recognize how places themselves are relational and thus somewhat mobile. Consequently, the authors included in this anthology critically question mobility as a resource, one that is not necessarily shared equally by everyone (Skeggs 2004). We agree with Sheller and Urry when they note that emphasizing mobility involves 'tracking the power of discourses and practices of mobility in creating both movement and stasis. A new mobilities paradigm delineates the context in which both sedentary and nomadic accounts of the social world operate, and it questions how that context is itself mobilised, or performed, through ongoing sociotechnical practices, of intermittently mobile material worlds' (2006, 211). Thus, to explore mobility requires analyses of how and to what effect desires and longings for kinship become mobile. For this reason, we do not intend to imply that mobility is desirable or subversive per se. Rather, we argue that mobility must be understood as a resource frequently predicated upon neocolonial structures in which the burden of reproductive labour and the privilege of kinship rights are negotiated and assembled through intersections of bio-economies, as well as nationalized, racialized, sexualized and gendered norms.

THE STRUCTURE OF THIS ANTHOLOGY

In *Critical Kinship Studies*, we suggest four analytical frameworks that pinpoint what we see as the main themes of kinship formation, where desires for different forms of kinship continue to fuel academic discussions over which reproductive services, body parts, substances, geopolitical destinations and human beings are exchanged and transferred, bought and sold, and desired and circulated. The four analytic frameworks shaping the book are *kinship as substance, kinship as consumption, kinship as a political economy* and *kinship (re)imagined.*

Kinship as Substance

How is substance given meaning and value through discourses, policies, affects and visual representations? In this section, the chapters address the substance perspective of critical kinship studies. Clearly, scholars working in anthropology have already illustrated how biogenetic substances flow or move between biology, machine, commercial, ethical, moral and, in the case of fertility travel, national borders (Carsten 2011; Inhorn 2011; Lorraine et al. 2013). They note that biogenetic substances cannot be understood as stable entities but rather must be understood as dynamic cells that change meaning as they cross not only time and space but also cultural terrain (Bharadwaj 2008). In fact, Aditya Bharadwaj (2008) suggests the concept of "biocrossings" to explicate how biological matter engages in its own crossings (extractions and insertions of tissue) within the (trans)national fertility industry. For example oocytes move from having little value (rhetorically framed as 'excess' or 'waste' material) to having immense value ('intelligent' eggs) or potential (a future baby).

While the two first contributions in this section discuss how oocytes and breast milk become negotiated as vital kinship substances, the remaining chapters extend a substance perspective to, amongst other things, ideas of sameness. Illustrating how donor breast milk functions as a kinship substance, Katherine Carroll, in her chapter 'The Milk of Human Kinship: Donated Breast Milk in Neonatal Intensive Care', builds her analysis upon fieldwork carried out in neonatal intensive care units in the United States. She argues that donor breast milk challenges the understanding of motherhood as an interpersonal, intimate affair established through breastfeeding. The transnational mobility of Swedish women travelling to Latvia and Estonia for egg donation is the focus of Jenny Gunnarsson Payne's chapter, 'Mattering Kinship: Inheritance, Biology and Egg Donation, between Genetics and Epigenetics'. Gunnarsson Payne demonstrates how Swedish women, in travelling to receive eggs, draw on the rhetorical strategy of 'epigenetics'. Taking the notion of substances to other arenas, Damien W. Riggs, in his chapter ‘Keeping Up Appearances: Resemblance Talk among Permanent and Foster Carers in Australia’, discusses how ideas concerning racial sameness work in the placement of children in foster care arrangements. The notion of substance is also at the heart of Trudie Gerrits’s fieldwork and chapter, ‘“It’s Not My Eggs, It Is Not My Husband’s Sperm, It Is Not My Child”: Surrogacy and “Not Doing Kinship” in Ghana’. In this chapter, Gerrits shows how surrogates in Ghana de-emphasize carrying and giving birth and, instead, position surrogate children as not their own kin. Taken together, the authors illustrate how substance or the imagination associated with substance has a (trans)formative effect in different cultural contexts and different kinship formations.

Kinship as Consumption

Feminist scholars have already problematized kinship formations in a globalized world as a type of consumption. Individuals, frequently from the West, take up a flexible consumer position and imitate the traditional nuclear family while also ‘enterprising up’ (for better and younger reproductive cells) and going global to fulfil their dreams of parenthood (Kroløkke 2009; Eng 2010; Nebeling Petersen and Myong 2015). Reproductive consumption is throughout this analytical framework interrogated in light of concepts such as global assemblages (Ong and Collier 2005) and the politics of neoliberalism (Rose 2007) in which reproductive mobilities are seen as stratified (Colen 1995). Problematizing the political economy of reproduction, Catherine Waldby and Melinda Cooper (2008) outline the global bio-economy in which the underpaid and largely invisible work of surrogacy, egg donation and participation in clinical trials must be understood as forms of bio-labour. Furthermore, feminist scholars argue that individuals become fragmented into disposable and commodified parts by the Western rhetoric of reproductive choice that is reduced to a right to consume (Scheper-Hughes 2005).

Similarly, the global adoption industry continues to seek new markets in new geopolitical destinations, from Korea in the 1960s and 1970s to Latin America and Eastern Europe after the collapse of the communist governments in the late 1980s to China in the 1990s. Recently, new markets have been established in countries on the African continent, including South Africa, Uganda and, perhaps most famously, Ethiopia (Joyce 2013). Western demands for transnational adoption and the economic inequalities between sending and receiving countries create strong incentives to maintain the transnational adoption system and to make children adoptable, for example, through falsification of identities and personal information. Thus, a recurring pattern of corruption, ‘child harvesting’ and profiteering (Smolin 2005; Joyce 2013) should not be seen as the exception but as a condition of transnational adoption circuits.

The chapters included in this section of the book view kinship as consumption in a both literal and metaphorical sense while also critically interrogating the existing feminist scholarship on mobility and fertility travel. In their chapter on the mobility of care workers, 'Migrant Care and the Production of Fictive Kin', Antía Pérez-Caramés and Raquel Martínez-Buján discuss the kinning that unfolds in particular consumer relations in Spain, in this case, between live-in migrant caregivers and their employers. Johanna Gondouin, in her chapter 'Feminist Global Motherhood: Representations of Single Mother Adoption in Swedish Media', illustrates how single Swedish women engage in a global motherhood of sorts by engaging the notion of Swedish exceptionalism in their choices to adopt transnationally. Discussing neoliberalism in cases of transnational surrogacy, Karen Hvidtfeldt, in 'Documentaries on Transnational Surrogacy in India: Questions of Privilege, Respectability and Kinship', shows how televised documentaries create particular understandings of surrogacy as a respectable do-it-yourself project. Highlighting the touristy side of reproductive mobility, Charlotte Kroløkke, in 'ART in the Sun: Assembling Fertility Tourism in the Caribbean', highlights how ART in Barbados reinstates and draws upon a neocolonial assemblage in which transnational mobility is both renaturalized and framed in light of the universalized image of the tropical beach, heteronormative coupling and the attractive white baby. Similarly, in 'Family Reimagined: Assisted Reproduction and Parenthood in Mozambique', Inês Faria illustrates the workings of travel and treatment by presenting the stories of Mozambican infertile women's fertility travel to South Africa.

In combination, these chapters illustrate how mobility and consumption have become intertwined with a reproductive market in children, body parts and reproductive, or care-related, services.

Kinship as Political Economy

Feminist conceptualizations of kinship as inherently political and politicized have strongly influenced studies on reproduction since the 1970s. In fact, feminist scholars have conceptualized globalized reproduction practices as political-economic configurations (Corea et al. 1985; Ginsburg and Rapp 1995; Waldby and Cooper 2008; Roberts and Scheper-Hughes 2011). This is illustrated by transnational adoption, which took off in the decades after World War II when more than ten thousand biracial children, born to white German mothers and black American soldiers stationed in postwar Germany, were adopted to the United States and European countries (Fehrenbach 2005). Transnational adoption as a product of state violence is also illuminated by the case of Guatemala, where children were forcefully disappeared during the Guatemalan conflict (1960–96), some of whom were transnationally adopted (Posocco 2011, 2015). However, the largest and longest-running program for transnational adoption is in South Korea, a country that faced mass starvation and war-inflicted devastation after the 1953 armistice between the North and South. What started as a small humanitarian operation to help Korean-born children with US American fathers quickly developed into a full-fledged adoption program when the South Korean government introduced a new adoption law in 1962 (Hübinette 2005; Kim 2010).

In this section, four chapters discuss the political economy of transnational adoption and reproductive technologies, each in a different country. In the chapter titled 'Toward a Political Economy of Egg Cell Donations: "Doing it the Israeli Way"', Sigrid Vertommen analyses Israel's permissive stance on egg cell donation in light of Zionist demographic politics and the Israeli desire to establish a competitive stem cell industry, illustrating how population politics is shaping bio-economies regarding stem cells in Israel. Stine Willum Adrian contributes to this volume with the chapter titled 'Subversive Practices of Sperm Donation: Globalizing Danish Sperm'. Adrian inquires into private sperm banks, fertility clinics and how women from Denmark and abroad continually negotiate legal regulations and their ethical premises, arguing that these strategic alliances have shaped the flourishing industry of Danish sperm banks. Malinda Andersson, in the chapter 'The Risk of Relatedness: Governing Kinship in Swedish Transnational Adoption Policy', shows how the absence of blood ties is construed as a risk to both adoptee identity and adoptive family formation. She argues that despite the marginalization of adoptive families through the norm of genetic relatedness, the uneven distribution of rights between adoptive and first kin is never questioned. Notions of authentic and deviant kinship are also presented in Kimberly McKee's chapter, '*Real* versus *Fictive* Kinship: Legitimating the Adoptive Family'. McKee reads the transnational and transracial adoptive family as queer and nonnormative, and she scrutinizes how racial difference marks this family formation as 'fictive' within the context of the United States. She argues that adoptive parents' desires for normativity may work to silence the racial difference between adoptees of colour and white adoptive parents. These four chapters are united in documenting how transnational and reproductive practices must always be understood in light of specific historical and cultural contexts.

Kinship (Re)Imagined

Western feminist theory has a long tradition of imagining kinship beyond the bourgeois ideal of the nuclear family and the norm of biological reproduction. In this anthology, the push to reimagine kinship takes different forms: from identity-based claims to reproductive rights and inclusion, to new formations of trans and extended kinship. Reimagining kinship, however, is not reducible to a simple question of how subjects (are forced to) transgress or assimilate into normative models of kinship, nor do we suggest that reimagining is either positive or negative. Rather, we deploy reimagining as a concept for the subjective processes and political movements that aim to change, negotiate and/or resist the limits and conditions of kinship by reassembling relations, bodies, identities, histories and materialities. This is, for example, seen in transnational adoptee activism that seeks to change adoption policies in both sending and receiving countries or when kinship is understood not only as a matter of biology or sociality but becomes contextualized as a web involving other forms of relatedness and nonhuman species.

In this final section of the book, we present four different types of reimagining. Nikki Sullivan and Sara Davidmann reimagine kinship in light of trans kinship, as illustrated in photographic material and the case of Thomas Beatie, the pregnant man, in the chapter titled 'Reimag(in)ing Life Making, or Queering the Somatechnics of Reproductive Futurity'. Sullivan and Davidmann call for feminist scholars to move beyond the known and into the unknown in imagining how kinship can be found and made. In her chapter 'When Medicalization Is (not) Needed: Single Women and Lesbian Couples' Choices of Transnational Donor Conception', Giulia Zanini discusses the (re)imaginings involved when Italian lesbian couples and single women are forced to travel abroad to receive reproductive treatments. While she illustrates how these women's stories are closely related to the stories of other infertile individuals, she also illustrates how they are simultaneously shaped by various laws in which a desire for reproduction is deemed unimaginable. In 'I Never Knew: Adoptee Remigration to South Korea', Lene Myong outlines some of the motivations that inform adult Korean adoptees' decisions to remigrate to South Korea. Myong argues that remigration creates new and perhaps reparative forms of liveability for adoptees. Finally, emphasizing other forms of neglected or forgotten kinships, Tine Tjørnhøj-Thomsen, in 'Kinning Animals: Animals as Kin', inquires into the kinship relations that are formed between humans and animals, most notably household pets. The four chapters in this section illustrate how kinship is continuously imagined and reimagined.

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I

Kinship as Substance

Chapter Two

The Milk of Human Kinship

Donated Breast Milk in Neonatal Intensive Care

Katherine Carroll

When your baby's hungry,
It's my breast
That feeds him.
Look at you.
When push
Comes to shove,
You can't even breathe.
—*The Hand that Rocks the Cradle* (a screenplay written by Amanda Silver and directed by Curtis Hanson, 1992)

Kim, a young mother with a baby admitted to a neonatal intensive care unit (NICU) of an American hospital, emphatically described the film *The Hand that Rocks the Cradle* during my research interview with her. Kim was having difficulty producing the required volumes of breast milk that her infant needed[1] and, over a number of days, vacillated between whether or not to consent to the use of donated breast milk[2] from a human milk bank. For this reason, the NICU nurses suggested Kim as a potential interviewee for my research on NICU mothers' perceptions of donor milk. As part of my broader ethnographic research, I had observed Kim's visits to the NICU from afar and attended the doctors' discussion about her baby. Yet it was in her interview that Kim was insightful, for Kim was frank about her initial negativity toward the donor milk that she eventually accepted; she feared that her baby may reject her own breast milk after being fed with donor milk. Kim was barely out of her teenage years, and when I admitted I had not seen the film *The Hand that Rocks the Cradle*, she relished the opportunity to describe the scenes in which a nanny employed to care for an infant had surreptitiously breastfed him on a number of occasions. As a result, Kim explained, the infant rejected his mother's attempts at breastfeeding.

My assumption was that Kim's reference to the box office hit would be a one-off among the women I interviewed, an assumption that was proved correct. However, the interviews with nineteen other American NICU mothers produced a multitude of similar references to feelings of ambivalence associated with donor milk. Similarly, while I observed that some mothers instantly consented to the use of donor milk, others, like Kim, wavered. My research found that donor milk can offer a challenge to many NICU mothers' sense of ownership and control over their baby and feeding. Some NICU mothers perceived donor milk as interfering with mother–infant bonding, and others feared that as an alternative source of milk, donor milk might also lead to the rejection of their own breast milk by their baby. These sentiments were not necessarily visible to the observer, whether a clinician or an ethnographer. These privately held sentiments lay hidden during the clinical encounter behind the public recognition by mothers that donor milk is the healthiest option for their baby or an expression of gratitude that their fragile preterm infant could be fed, through donor milk, the medically recommended exclusively human milk diet.[3] In this chapter, I examine the ambivalence that can accompany the use of a third party's milk by drawing on the theory of corporeal generosity (Diprose 2002) and its application to the sharing of biosubstances (Weston 2001; Waldby 2002; Shaw 2004). I argue that the dominant, but latent, milk kinship structures of contemporary white Western society are revealed through the introduction of a third party's milk and that, like breast milk, donor milk is highly symbolic of motherhood and the need for its use can challenge the core of what motherhood means to new parents.

Both public health and medical literature give weight to 'good motherhood', which is partially accomplished through the decision to breastfeed or provide breast milk to one's own infant (Blum 1999; Wolf 2011; Williams, Donaghue and Kurz 2013). In contemporary white Western society, the dominant conception of breastfeeding is that it is a dyadic practice and the work of one woman who is the 'genetic/chromosomal' and 'uterine/gestational' mother (Shaw 2004, 2010). Whether or not successful breastfeeding is achieved or even initiated, the conflation of breastfeeding with the accomplishment of 'good motherhood' has consequences for new mothers, and thus, infant feeding decisions require a significant amount of identity work for new mothers as they reconcile their own private infant feeding realities with publicly espoused normative feeding standards (Ryan, Bissell and Alexander 2010; Swanson et al. 2012; Gernstein Pineau 2013; Williams, Donaghue and Kurz 2013; Zizzo 2013).

Using donated breast milk can be one way for mothers to meet the ideal of good motherhood by ensuring that their infant or infants are fed with breast milk (Gribble 2014). However, the sharing of breast milk across biogenetic kinship lines challenges the dominant conceptions of motherhood, mothering and breast milk feedings (Shaw 2004) and can harbor great significance both for the individual women involved, as well as in a broader secular and religious sense (Thorley 2008; Chapman 2012; Thorley 2014). Before turning to explore the nexus of breast milk and motherhood in the NICU and the challenge donor milk offers mothers and health-care professionals in the American context, we explore two key themes from other modes of breast milk transactions: first, how the act of breastfeeding and breast milk as a substance can create or threaten a sense of relatedness between individuals and, second, the work invested in kinship construction, particularly that which delineates inclusion and exclusion (Hird 2004) when breast milk is shared.

BREAST MILK AND MOTHERHOOD: CONFLATION OR KINSHIP?

When the biological substance of breast milk is combined with the task of infant feeding, breast milk becomes particularly symbolic of bonding and attachment (Johnson et al. 2012; Swanson et al. 2012). Perhaps this is because the sharing of biological substance creates ‘a much more intimate biological connection than shared genetics, and [is] uniquely characteristic of motherhood’ (Thompson 2001, 178). The conflation between motherhood status and the flow of breast milk across biogenetic kinship lines is most overtly formalized within Islamic milk kinship systems.[4] In Islam, and in some Northern African, Asian and Middle Eastern societies, the transfer of breast milk from a mother to an unrelated infant establishes ‘milk kinship’ (Ensel 2002; Clarke 2007; Chapman 2012; El-Khuffash and Unger 2012; Ghaly 2012). Homage is paid to the ‘second mother’ (Cassidy and El-Tom 2010) whose breast milk is accorded great significance because it is incorporated into the infant’s body to constitute and nourish the bones and tissues (Clarke 2007; Chapman 2012). Researchers have recently found living genetic material (stem cells and microRNA) in breast milk (Ozkan et al. 2012), and the ingestion of breast milk from a genetically unrelated mother creates what is known as ‘microchimerism’ within the receiving infant’s body. This is caused by deposits of genetically distinct cellular material from the donor’s milk which passes through the intestinal wall and is subsequently found throughout other tissues of the infant’s body (Ozkan et al. 2012).

Across cultures and subcultures, the system of kinship is one of the strongest constructs of exclusions and inclusions in society (Hird 2004). The construction of boundaries (and the maintenance of them) is work that distinguishes the self from non-self, whether those selves may be human, nonhuman (Hird 2004) or between the body and bodily substances belonging to another (Hird 2007). Common biological understandings of kinship are frequently deployed to create boundaries between kin and nonkin (Hird 2004). Yet science and technological developments which enable discoveries such as microchimerism caused by breast milk will undermine or reinforce such boundaries. For example microchimerism from breast milk transactions will inform the ongoing debates on the logic of Islamic milk kinship, in particular, how and when kinship is actually established from the sharing of milk (Ghaly 2012; Ozdemir et al. 2014).[5] Moreover, the genetic material in breast milk has been used to suggest that a biological basis could also exist for kinship conferral within the context of Islamic milk kinship law (Ozkan et al. 2012). What is relevant to the argument presented in this chapter, however, is that the transfer of extracorporeal breast milk alone, in the opinion of some Islamic authorities, is enough to construct a sense of relatedness, familial inclusion and kinship (Ensel 2002, 89).

The privately contracted wet nurse in wealthy American households between 1870 and 1930 (Wolf 2001) also illuminates the links between the 'biological necessity of feeding an infant' and 'the social meaning of motherhood and infancy' (Golden 2001, 5). Most wet nurses were destitute unwed mothers or widows who turned to wet nursing to support themselves (Wolf 2001). Employment as a wet nurse often meant the wet nurse's own infant was abandoned or succumbed to starvation as she was commonly prohibited from bringing the child to the home of the employing family (Golden 2001; Wolf 2001). Wet nurses were excluded from most symbolic acts of familial membership; they were forbidden to dine at the family table and were relegated to servant quarters. Thus, unlike the Islamic milk kinship systems where milk mothers and their infants were incorporated into the familial structure, wet nurses were contracted to the family but were denied any motherhood status, including their own (Wolf 2001, 157). Such cultural practices differ from the inclusionary system of Islamic milk kinship precisely because the employment of a wet nurse actively excluded one woman's motherhood (the wet nurse) in favour of another (the employing mother). This is despite the fact that a wet nurse's motherhood enabled her lactation and therefore her capacity to be employed.

There are vast differences between Islamic wet nursing and American wet nursing with regard to inclusionary and exclusionary familial practices, yet the terms *second mother* and *milk mother* used in Islamic milk kinship and *substitute mothers* and *foster mothers* in wet nursing history (Wolf 2001, 155) are highly revealing of the fact that in both systems there is a conflation of breast milk or breastfeeding with the granting (or threat) of motherhood status. Clearly, breast milk transactions construct boundaries for inclusion and exclusion, which delineate individuals' subjectivity and broader cultural definitions of relatedness.

In contemporary American NICUs, donated breast milk is sourced from a human milk bank rather than direct from a single donating mother. The human milk bank will typically pool between two and five different donors' milk per batch to achieve a standardized nutritional product for use in the hospital system (Arnold 2010, 316). As a result, the recipient infant will likely receive donor milk from a number of different women in addition to their mother's own milk. The donor milk that arrives in the NICU is standardized, labelled, disembodied, anonymous and reliant on several stages of technological intervention and thus lies in contrast to the embodied act of breastfeeding one's own infant and transferring breast milk to an unrelated infant through wet nursing and cross-nursing. While the Western structure of the human milk bank provides significant challenges to kinship systems in Islamic society (Thorley 2014), this chapter shows that donor milk from a human milk bank can also provide challenges to NICU mothers' subjectivity as they construct their identities as new mothers.

AN ETHNOGRAPHIC AND INTERVIEW STUDY OF DONOR MILK FEEDINGS IN AMERICAN NEONATAL INTENSIVE CARE UNITS

Because breast milk is so beneficial for preterm infants, 'best practice' for NICU clinicians is to actively encourage women to pump their breast milk and provide the resources for them to do so (Meier et al. 2010). Providing breast milk to a premature infant in the NICU is also promoted to mothers as one of the few things that only they can do during their infant's hospitalization (Wight, Morton and Kim 2008, xiii). Although the provision of breast milk can be empowering for some mothers (Swanson et al. 2012) and facilitative of a sense of bonding and ownership over feeding, it can also be devastating for women who cannot provide enough milk (Zizzo 2013). This chapter reports data from ethnographies in two American NICUs and from nineteen semistructured interviews with NICU parents during 2011 and early 2012.[6] This fieldwork was conducted over a six-month period in Indiana and Colorado.[7]

Access to these high-acuity field sites enabled observations of medical and parental decision making regarding donor milk. I observed a wide variety of practices in the NICU that involved clinician–parent interaction. When prescribing daily feed volumes and feeding type, I observed neonatologists considering an infant's weight gain and feed tolerance. I also observed NICU staff ascertaining whether a mother was expressing breast milk and the volumes obtained. I also observed consent and education dialogues between parents and neonatologists regarding the need for donor milk, including how donor milk, as a scarce resource, was utilized and framed by clinicians and how it was initially accepted or refused by parents.

The direct observation over a series of days of several women's decision making about donor milk illuminated the complex and shifting meaning of donor milk. To illustrate this, I open the empirical section of this chapter with the vignette of Baby Ray and his mother, Melanie. Yet as both the opening story of Kim and the vignette of Melanie and Baby Ray convey, it was through conversing with women that the meanings and emotions associated with donor milk were made evident and shared. The subsequent analysis of these interview transcripts[8] revealed NICU mothers' relatively hidden and subtle experiences of donor milk. These interviews occurred either within twenty-four to seventy-two hours of admission of their infant into the NICU, during which time the mother was a patient of the maternity unit, or within one or two weeks of the birth of their child.[9] At the time of their interview, the majority of women had either consented or refused donor milk, while the minority was undecided.

THE AFFECTIVE AMBIGUITY OF DOING 'BREAST IS BEST' IN THE NICU

Vignette: Baby Ray and Melanie

Full-term infants are considered to be those infants born between thirty-eight and forty-two weeks of gestation. Baby Ray was born at twenty-eight weeks gestation and weighing only 1,200 grams. A neonatologist attended his birth and he was immediately admitted into the NICU. At twenty-eight weeks gestational age and with no congenital birth defects or health issues aside from prematurity, there is a good chance that Baby Ray will survive. But Ray will have his first months of life in neonatal intensive care, where he needs to grow, develop and learn how to breathe and feed without the additional assistance provided by medical technologies or nursing staff.

Melanie, Ray's mother, is twenty-two years old. She is a single mother to not only Ray but also to his five-year-old sister and eight-month-old brother. On the day of Ray's birth, neonatologists, neonatal nurses and lactation consultants started gentle discussions with Melanie about Ray's health and prognosis, including what to feed Ray. The neonatologist asked Melanie if she had already thought about how she planned to feed Ray. Melanie had bottle-fed formula to both of her other children and was not intending to breastfeed her third child, nor had she considered expressing her milk for Ray. In fact, she explicitly stated that she did not want to. The neonatologist explained that because human milk is the best option for premature babies, the next step would be for Melanie to consider the use of donor milk to feed Ray for the first month of his life. This, the neonatologist explained, would *involve the nurse bringing a consent form for Melanie to read and sign to allow doctors to prescribe donor milk feedings and nurses to administer the milk. Melanie responded that she had never heard of donor milk, and it was clear to the doctor that she was instantly uneasy about the idea.*

I briefly interviewed Melanie the following day on the maternity ward, the day after Ray's birth. She was propped up in bed in her pajamas. I asked her to reflect on donor milk and what it was about donor milk that made her uneasy. She paused and then explained that although she was considering the option of donor milk, she really didn't want Ray to have somebody else's milk. She described how she felt that her own breast milk would provide a connection between herself and Ray and that he would come to learn that the milk was hers. She stated that she simply did not feel comfortable with another woman pumping her milk and giving it to her baby and that she was worried the baby would connect with somebody else instead of her. Melanie was also worried because she did not know the donor or whether the donor was a drinker or a smoker. In response to Melanie's concerns about the donor, I explained the donor screening undertaken by the human milk banks and the process of milk pasteurization. She responded that while this information was 'settling', she still did not want to use donor milk. Thus, on the day after her son's birth, Melanie was not ruling out initiating her own lactation, nor was she entirely comfortable with the use of donor milk. The lactation consultant paid Melanie another visit to help her understand what would be involved in using a breast pump and to make sure she was fully set up with the right equipment if this was what she wanted to do.

The following day, the doctors discussed the babies in NICU, including Baby Ray. Ray was deemed ready by the neonatologists to accept his first oral milk feedings via a nasogastric tube. The lactation consultant had reported to the neonatology team that Melanie had decided she did not want to pump her breasts but had signed the donor milk consent form. Baby Ray was fed three milliliters of donor milk as his first milk feeding.

Unlike Ray, most infants in the NICU are not fed exclusively with donor milk (Carroll and Herrmann 2013). The vast majority of infants receive their mother's own milk which is supplemented with donor milk when the mother's milk supply does not meet the volume requirements of their infant (Carroll and Herrmann 2013). Importantly, when one looks beyond the 'volumes' of donor breast milk used it is clear that Melanie's story has much more in common with other mother–infant cases I observed. Like Melanie, most NICU parents had not heard of donor milk and, therefore, milk from a third party became something parents needed to consider in conjunction with a myriad of other details associated with their infant's NICU admission. The initial conversations with parents about milk feedings normally commenced with neonatologists stating the significant health benefits of a mother's own breast milk for the preterm infant, particularly its digestibility and protective effects against infections. The option of donor milk is then raised if a mother does not wish to express her milk or if there are indications that she has or may have insufficient volumes of her own breast milk (Carroll and Herrmann 2013). A consent form must be read and signed by the parent or parents before it may be fed to an infant, in which the therapeutic value of donor milk is restated: "Human milk is the best food for your baby. Your own milk is always the first choice, but when it is not available, milk given by a donor mother is the next best thing. Human milk contains special disease and infection fighting proteins called antibodies. These antibodies will help protect your baby from infection and allergies. Human donor milk also contains special nutrients and growth hormones that formula does not contain. These nutrients help your baby to grow and develop. Human milk is the easiest food for your baby to digest" (The Women's Hospital 2010). NICU mothers reported that the neonatologists' recommendation of donor milk was highly influential on their decision making. Sometimes the neonatologist's recommendation chimed with their own belief in the value of breast milk and desire to provide it to their baby. In other cases, the neonatologist convinced an undecided mother or one who had not intended to breastfeed to begin expressing her milk. When I interviewed mothers in the hours or days that followed their consent for donor milk, they commonly couched their decision to include donor milk in their infant's diet in terms of 'doing what is best':

> You've just got to do what's best for you and your baby . . . (Mother 03, consented to donor milk; 3,103 mL of donor milk used)

> That seemed like the best thing for her . . . (Mother 05, consented to donor milk; 66.5 mL of donor milk used)

> It's supposed to be healthier for her . . . whatever's healthier for her is what I'm going to do. (Mother 11, consented to donor milk; 19 mL of donor milk used)

This literal enactment of 'breast is best' is an example of the internalization and acceptance of the 'breast is best' discourse, and in keeping with this discourse, half the NICU mothers expressed gratitude for having donor milk, particularly because it was deemed to be a healthier alternative to formula:

> [T]o know that option was there and I didn't have to resort to . . .'It's formula. No matter what, if you can't supply, it's formula.' It was nice. It was just relieving to know that we had that option. (Mother 06, consented to donor milk; 6 mL of donor milk used)

> It gave me the opportunity to start my process, to help them. But also, relax a little bit knowing that they were still getting nutrients from . . . the other. (Mother 12 of twins, consented to donor milk; 797 mL of donor milk used)

NICU mothers also expressed gratitude because it lessened the negative emotions associated with not being able to pump sufficient volumes of breast milk:

> [I]t fills that void and you don't feel as guilty or as bad or as stressed . . . so yes, I think it affects [us] to know that she's taken care of by me or some other donation. (Mother 05, consented to donor milk; 66.5 mL used)

> I think it's taken the stress off of me, because I was pumping and pumping and pumping and pumping! A lot. Probably more than I should have, because I felt guilty because I wasn't doing enough, and so, whenever they would have to substitute just very little to keep up with him, it took stress off of me. (Mother 09 of twins, consented to donor milk; 553 mL of donor milk used)

These reports of stress reduction as a result of the receipt of donor milk recall the contemporary practice of cross-nursing[10] and peer-to-peer milk sharing which promotes 'mother care between adults' (Shaw 2004, 289). These practices enable exclusive breast milk feedings, and may grant the mother greater freedom for paid employment (Krantz and Kruppa 1981; Long 2003; Shaw 2004, 2007). Yet doing 'breast is best' is not a simple process, particularly with someone else's breast milk. Despite consenting to donor milk, and expressing gratitude, many NICU mothers experienced great affective ambivalence associated with it being a bodily tissue and one with such profound sociocultural connotations of reproduction and kinship. These sentiments were not expressed in the clinical encounters I observed between hospital staff and new mothers. Rather, they were shared by women in their interviews. I have thematically grouped these ambivalent sentiments into three categories—proprietorial relations, bonding and rejection—and explore each in turn.

Transgressions of Proprietorial and Exclusive Mother–Infant Relations

In half the interviews, the language the mothers used indicated that consenting to donor milk transgressed their sense of proprietorial and exclusive relations with their infant and/or feeding:

> Like, I guess it's the whole, like, 'I want to be the only woman to help my babies.' (Mother 01 of twins, consented to donor milk; 1,231.5 mL of donor milk used)

> [O]f course, as a mom you want to be able to feed your daughter and your son and take care of them. Of course you want to feed your own child! (Mother 05, consented to donor milk; 66.5 mL of donor milk used)

These concerns were equally found among those mothers who did not consent to donor milk, and are arguably a key reason for these mothers denying their preterm infant access to donor milk.

> Researcher: Okay, so you feel strongly that if she's going to receive breast milk, you want it to be . . .
> Mother: Mine. Yeah
> Research: —yours rather than someone else's?
> Mother: Yeah
> Researcher: Can you put a reason on that?
> Mother: It's just a personal choice. You know, it's like it's my baby so I want my milk going into her if at all possible. Just that it's mine. (Mother 02, refused donor milk)
>
> I'd still rather he had my milk . . . I'd rather pump myself for him to have some of me. (Mother 08, initially refused donor milk, then thirty-six hours later consented; 6,030 mL donor milk used)
>
> It should be my milk. It's my kids. (Mother 14, refused donor milk)
>
> Just the thought of someone else's milk being fed to my kid just grossed me out! (Mother 15, refused donor milk)
>
> She wants only her own breast milk in Robert. (Father 17, refused donor milk)

These extracts abound in possessive pronouns (*mine* and *yours*) and possessive determiners (*my* and *your*) deployed to demonstrate or attribute possession to someone (e.g. an infant) or something (e.g. breast milk). These extracts and the use of possessive pronouns and possessive determiners convey NICU mothers' sense of ownership of both breast milk and their infant and indicate the challenge that donor milk can offer to this exclusivity.

Interfering with Experience of Bonding

A second manifestation of the affective ambivalence associated with donor milk involved one-third of mothers interviewed. These mothers were concerned that donor milk may interfere with the experience of bonding with their infant:

> Just, just because it's a bonding between me and her and I'd rather her not have that with another . . . person (Mother 02, refused donor milk)
>
> When you breastfeed, you're doing it for the reasons that you want to be closer, and it's a bonding thing, and it's for health reasons, and when it's from somebody else, I guess it felt like it was taking away from me. (Mother 09, consented to donor milk; 553 mL used)

> Mother: I was actually considering it, but I got to thinking about it, and I don't want him having somebody else's milk. I'd rather he have mine.
> Researcher: And why is that?
> Mother: That connection, I guess. I'd rather him know my milk . . . instead of somebody else's. . . . I mean, I guess somebody else pumping their milk out and giving it to your baby . . . there's just something about that that doesn't settle with me, I guess. It's a connection thing, for me. I've heard that is how you connect with your baby and I don't want him connecting with somebody else instead of me. (Mother 08, initially refused donor milk, then thirty-six hours later consented; 6,030 mL of donor milk used)

The majority of women who articulated these sentiments refused to consent to donor milk. Negative associations between donor milk and bonding chime with another significant discourse of breastfeeding promotion, namely that breastfeeding facilitates attachment and bonding (Williams et al. 2013). At first conflating the 'bonding' that arises from the intimate act of breastfeeding with the act of feeding anonymized, extracorporeal donated breast milk through a nasogastric tube, may seem nonsensical. Yet for NICU mothers, a sense of bonding is not confined to breastfeeding (Swanson et al. 2012). Many NICU mothers experience the extracorporeal breast milk that they themselves have pumped as a material connection that unites them with their infant and maintains ownership over both the infant and the feeding process (Swanson et al. 2012). The infants in this research received varying amounts of donor milk, ranging from none at all for those parents who did not consent, and from 6 mL to 6,030 mL for those infants whose parents did consent. Thus, it is not only breastfeeding that can instil or threaten a sense of relatedness, but the substance of breast milk itself.

Fear of Rejection

The third way in which NICU mothers articulated affective ambivalence was as a fear that the infant may develop a taste preference for donor milk and then refuse the mother's own milk:

> I guess one fear would be, I don't want my baby getting comfortable with somebody else's milk, and then when it's time to latch on to Mom, doesn't like the taste of her milk. (Mother 17, consented to donor milk; quantity used unavailable)

> I was like, 'Will he like that milk better than he'll like mine?' That's what I was really freaked out about, but they said, no, that it would have no effect. (Mother 10, consented to donor milk; 1,832 mL of donor milk used)

> The only question I asked them was, 'If we use somebody else's milk, you know, is it going to like make her not want my milk or something?' As long as

> it doesn't make her not want mine, I'm good with it. (Mother 11, consented to donor milk; 19 mL of donor milk used)

The research reported in this chapter reinforces what others have found: expressed breast milk can facilitate or consolidate a sense of ownership based on biological kinship (Swanson et al. 2012). However, this research goes a step farther to suggest that for some NICU mothers, donor breast milk can be perceived as a threat to the mother–infant bond. Moreover, as the thematically grouped extracts show, some NICU mothers fear that donor milk may even generate new bonds between the infant and the absent donor. Therefore, some NICU mothers actively resist donor milk and instead prefer the perceived 'neutral' artificial formula as an investment in the exclusive mother–child feeding relationship. Thus, when Weston (2001, 153) asks, 'if kinship can ideologically entail shared substance, can transfers of bodily substance create—or threaten to create—kinship?' I would simply answer, 'Yes.' The key is to piece together the motherhood/breastfeeding/breast milk nexus and ask, 'Why?' I now turn to the theory of intercorporeality (Diprose 2002) as it is applied to breast milk (Shaw 2004, 2007) and tissue donation (Waldby 2002) to explore why donor milk is perceived as a threat to maternal sufficiency and subjectivity.

MILKY RELATEDNESS IN THE NEONATAL INTENSIVE CARE UNIT

The production and use of donor milk from a human milk bank is associated with biomedical innovation (Swanson 2014). Pasteurization, serological and microbiological screening, cold-chain storage systems and other medical technologies have all enabled breast milk to be removed from the breast, bottled and then transported to a geographical region remote from the original location and social identity of the donor (Swanson 2009, 2014; Boyer 2010). Without these technologies, critically ill and premature babies could not be kept alive. In the NICU itself, donor milk is rationalized as the superior treatment option for feeding preterm infants and is a pragmatic means to achieve exclusively human milk feedings (Carroll and Herrmann 2013). Donor milk, therefore, shares characteristics with other donated human tissues within the biomedical environment; that is they are often positioned as 'detachable', 'impersonal' and 'affectively neutral' (Waldby 2002, 240). However, like other forms of tissue donation, donor milk is 'not only technical and therapeutic, but also relational and social' (Waldby 2002, 240). In the eyes of some NICU mothers, as this chapter has shown, the use of donor milk means much more than a therapeutic agent or an alternative food source and, thus, donor milk is yet another scientific and technological development that may 'offer both the promise and threat of new configurations of selfhood, responsibility and kinship' (Hird 2004, 224).

Donor milk is disembodied, medicalized and technologized yet threatens some American mothers' notions of kinship. Donor milk can be a muted reminder of the 'third person' who provides a food that is superior to formula at a time of need. Donor milk can simultaneously threaten NICU mothers' subjectivity while enabling them to enact 'good motherhood' and 'breast is best'. Mauss's account of social cohesion, reciprocity and gifting, where 'to accept something from someone is to accept part of his [*sic*] soul' (1990, 12), is useful to explore the significance of the remnant 'third person'. If the gift is constituted by the social identity of both the recipient and the donor (Diprose 2002, 6) then giving and receiving rests on a preparedness to be constituted by others (corporeal generosity), a notion that undercuts self-possession. Given that dyadic mother–infant feeding is normative in contemporary Western society, the acceptance of donor breast milk is a preparedness not only for the self to be constituted by another but also for the normative dyadic relationship to be intersected by the imagined donor. Shaw (2004) argues that the introduction of a third party's breast milk challenges the dominant notions of singular and exclusive motherhood and confronts us with the realization that we, as individuals, are not autonomous agents. Although the new mother does not ingest donor milk, by choosing to do 'breast is best' through the use of donor milk, the NICU mother must incorporate another woman's milk into her relationship with her baby. Thus, a third party's milk fractures the idealized mother–infant dyad in infant feeding and 'perceived sacrosanct wholeness' of motherhood (Shaw 2004, 288). In the case of donor milk, this effect is amplified because donated breast milk is literally a gift made from the donor's self. In the eyes of some NICU mothers, the gift of donor breast milk has the power to establish an imagined social relationship as the personhood of the milk donor remains despite the disembodied and anonymous status of the breast milk.

Yet the recomposition of a mother's subjectivity through the use of donor milk is to be expected. The receipt of any donated bodily tissue involves a renegotiation of bodily integrity and identity (Waldby 2002). A gift reconstitutes the identities of both the donor and recipient of a gift in relation to the other (Diprose 2002, 6). For example a woman with copious breast milk (i.e., 'milk to spare') is able to donate her milk as a further display of good motherhood (Gernstein Pineau 2013) and requires the presence of a human milk bank and women in need of donor milk to do so. Remembering the context of this gift is important, for it is received by women who are not only in need of breast milk but whose identity as a new mother is already being tested by a premature birth and by an NICU admission. NICU admissions are highly marginalizing experiences for new mothers because aside from having a sick infant and the physical separation from one's new infant, it also entails others, such as NICU nurses, taking on the usual early mothering duties or displays of motherhood (Swanson et al. 2012; Zizzo 2013). Thus, the gift of milk to NICU mothers not only fractures normative Western ideals of dyadic mother–infant feeding but may also for some NICU mothers reinforce a sense of lack and struggle with early motherhood.

In this chapter, I explored the meaning of donor milk from mothers with infants admitted to the NICU and found that donor milk functions to explicate the norms of feeding premature infants in American NICUs. As a result of the increasing availability of donor milk in NICUs and new technologies that keep babies alive, some mothers are being asked to confront new relationally defined subjectivities if they are to enact the 'breast is best' ideal for their preterm infant. To refuse consent for donor milk feedings is a strategy to fortify a sense of bodily integrity and to stabilize subjectivity as a new mother. These findings may assist NICU health professionals to attend to the emotional and social aspects that give rise to donor milk refusal and potentially improve consent rates. Importantly, health professionals and mothers may be assisted by the knowledge that for the majority of NICU mothers ambiguity is likely to accompany the consenting of donor milk feedings for their preterm infants.

NOTES

1. Because of premature delivery, maternal illness and physical separation from their infants, it is not uncommon for NICU mothers to experience a delay in breast milk production or difficulty in providing sufficient volumes (Schanler, Hurst and Lau 1999; Arnold 2010).

2. Donor milk is increasingly being offered by American NICUs (Horton Upgrove 2013; Perrine and Scanlon 2013) and is sourced from human milk banks (HMBs). HMBs obtain breast milk from lactating women who have a store of frozen breast milk that they cannot use. Other women choose to pump extra breast milk for the sole purpose of donation. All donations to HMBs affiliated with the Human Milk Banking Association of North America are anonymous and are unpaid. A key role of the HMB is to make donor milk 'safe'. To achieve this, the staff at HMBs engage in work with both donors and the very constituents of the donor milk (Carroll 2015). For instance, HMBs screen donors and administer blood tests for HIV/AIDS, Hepatitis B and C, HTLV 1 and 2 and syphilis (Human Milk Banking Association of North America 2011). HMB staff then pasteurize and test the milk to ensure the eradication of bacteria (Kennaugh and Lockhart-Borman 2011).

3. For the preterm population, hospitalized in NICUs, breast milk is a medically superior food (American Academy of Pediatrics 2012) primarily because of the protection it offers against the severe, sometimes fatal and costly gastrointestinal disease necrotizing enterocolitis (NEC) (Schanler 2007; Sullivan et al. 2010). Therefore, in cases where there is insufficient mother's own milk the World Health Organization and the American Academy of Pediatrics recommend that donor breast milk be used in preference to artificial infant formula (World Health Organization and UNICEF 2003).

4. Milk kinship is best explained through the following extract: 'A boy breastfed by a woman other than his own mother will be prohibited from marrying the woman who breastfed him in addition to other relatives of her such as her mother, daughters and sisters. As for the wet nurse or foster mother, she is prohibited from marrying the nursling (foster son) and the children and grandchildren of the foster son' (Ghaly 2012, 120).

5. There are debates in Islamic kinship that focus on the quantity of breast milk required to establish kinship (ranging from a few drops of milk to months of breastfeeding), the mode of transfer (suckling directly from the breast, by bottle, mixed in food, or through a milk bank) and how many times milk is received by an infant (once to five times or more; Ghaly 2012).

6. This research was funded by the Australian Research Council (DP110103025) and the Endeavour Fellowship.

7. The two NICUs were selected because they each use donor milk and are accredited as level III NICUs. Their accreditation means they have the appropriate staff expertise and substantial medical technologies to care for the sickest and most premature newborn infants (American Academy of Pediatrics 2004), who have the greatest medical necessity for donor milk due to their higher incidence of necrotizing enterocolitis (Neu 2011). Human Research Ethics Committee (HREC) approval was granted by the University of Technology, Sydney, Australia HREC (2011-117A), and by the institutional review board (IRB) representing each participating hospital (Indiana University IRB: 1106005888 and Exempla IRB in Colorado: 201134).

8. All semistructured interviews were audio recorded, and then transcribed by a professional transcriber. The transcripts were checked by the author and imported into HyperResearch coding software (HyperRESEARCH 3.0.2 Computer Software, ResearchWare, Inc. 2011) for thematic analysis.

9. For almost all parents the concept of donor milk was new, all but one interview participant self-identified as white and spoke English as a first language. One participant was an immigrant from Africa and spoke a basic level of English as a second language. The majority of observations and interviews were with mothers, or if mother–father couples participated, the mothers would frequently contribute the majority of the interview time. I therefore use the term *mothers* when referring to the data.

10. Cross-nursing involves breastfeeding an infant in the absence of the mother, whereas milk sharing is the provision of extracorporeal, expressed breast milk through local networks of mothers. Rather than creating bonds between mothers and infants, cross-nursing enhances the preexisting affective ties between women and emphasizes their collective identity as mothers (Krantz and Kruppa 1981; Shaw 2007).

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Chapter Three

Mattering Kinship

Inheritance, Biology and Egg Donation, between Genetics and Epigenetics

Jenny Gunnarsson Payne

Although the concept of kinship has been repeatedly contested and reformulated over the last few decades, there is still a great deal to say on the matter—not least in relation to assisted conception and reproductive technologies (see e.g. Schneider 1984; Strathern 1992a, 1992b; Franklin and McKinnon 2001). This is especially true for those technologies that include a ‘third reproductive party’, such as an egg or a sperm donor or a so-called gestational surrogate (see Cahn 2013). The new types of relationships that emerge in the wake of these technologies have reactivated a number of issues concerning kinship, not only by showing us ‘that the meaning of family in today’s world is changing and becoming more complex’ (Cahn 2013, 31) but also by increasing the number of possible ways to *becoming* related: juridically, socially, affectively and biologically. The latter is especially true for the possibilities of establishing kinship relations between mother and child. Until very recently, the ancient Latin legal maxim *mater semper certa est*—the idea that motherhood (as opposed to fatherhood) is always certain—was rarely contested. In the context of third-party conception, however, this ancient maxim no longer holds. This, in turn, forces us to rethink not only the privileged position of the mother but also the very ways in which it is possible to establish biological kinship ties. Based on my analysis of transnational egg donation between Sweden and Central and Eastern Europe,[1] in this chapter I deal specifically with the ways in which third-party conception increases the possible ways of being and becoming *biologically* related.[2] I begin to do so by discussing two distinct *kinship grammars* in the empirical material (interviews and online forum discussions), both of which pertain in different ways to conceptualizing 'biological kinship' between parent and child. The notion of kinship grammars is modelled on political theorist Aletta Norval's Wittgensteinian notion of 'political grammars', referring to vocabularies that 'set the bounds of sense', that provide the limits and possibilities for what it is possible to think and say on a particular matter. In Norval's words, '[h]ence, grammar is not answerable to facts, but determines what may count as possible descriptions of how things are. In short, grammar is autonomous: it cannot, in itself, be correct or incorrect' (2007, 231). The notion of grammars lends itself well to kinship studies: available kinship vocabularies certainly affect the ways in which it is possible to think about kinship, and they do determine the ways in which kinship structures are organized and even experienced. Like Norval's political grammars, kinship grammars are rooted in everyday vocabularies, and thereby 'neither set in stone nor easily amenable to change' (2007, 231). As such, kinship grammars, on one hand, do rest on longer cultural traditions of organizing human relations; on the other hand, because they are constituted in relation to everyday language and practices, when new terms and explanatory models enter into everyday life, they may also affect the way in which it is possible to talk about and understand kinship. Specifically, this chapter investigates how advances in reproductive medicine, and new scientific modes of explanation, influence the way in which it is possible to understand kinship in relation to transnational egg donation. As I show, *the first kinship grammar* that I have identified in the material is an articulated relation to *genetic relatedness*, to ideas of shared DNA. *The second kinship grammar* is instead articulated in relation to a newer mode of biological explanation, namely *epigenetics*, a biological theory that seeks to explain the ways in which the genes themselves are affected by environmental factors, such as the environment in the womb.[3] As a final point of the chapter, I argue in line with pioneering kinship scholar Sarah Franklin that 'the ways in which humans are today connected and related through biology *undoes the very fixity that the biological tie used to represent*' (2001, 314, emphasis in original)—and that this new 'unfixity' of biological kinship calls for both further empirical investigation and for extended theorization about kinship and assisted conception. Specifically, I relate this discussion to the idea of kinship always being constituted at the interface of meaning and matter and discuss some of the implications that third-party conception will have for existing and future possibilities to create and disrupt 'bloodlines'.

GRAMMARS OF KINSHIP: BIOLOGICAL INHERITANCE FROM GENETICS TO EPIGENETICS

Marilyn Strathern has long argued that kinship ought not to be understood merely as 'the ways in which relatives interact with one another, but *how such relationships are constituted*' (1992a, 5, emphasis added). The way we conceptualize kinship, furthermore, involves specific ways of conceptualizing time; 'about the passage of time, relations between generations and, above all, about the future' (Strathern 1992a, 5); and about *inheritance*, in several meanings of the word. As such, the process of kinning—here understood in the words of Signe Howell as 'the process by which a foetus[,] . . . a newborn child [or any other previously unconnected person] is brought into a significant and permanent relationship with a group of people' (2007, 8)—is constitutive of how we understand and practice 'inheritance' (e.g. legally, biologically). Howell argues that although kinning processes might take various local forms, the very phenomenon of kinning is to be understood as a universal one, and she argues that processes of kinning can take place either 'by nature', 'by nurture' or 'by law' (2007 8–9, 25). While previously, a discrepancy between these three modes of kinning existed (the latter two have simply been considered less fixed than the former), the 'unfixing' of biological kinship that reproductive technologies has made possible has changed this entirely. Significantly, this recent transformation of possible modes of kinning has led to new possibilities of understanding cultural notions of kinship, such as 'bloodlines', 'lineage' and 'inheritance'.

Genetic Kinship: Disrupted Family Lines and 'Genes Worth Passing On'

For the individual, the detection of infertility often leads to a personal questioning of a number of deeply held beliefs concerning biology, reproduction, family and kinship. In her study of North American fertility patients during the 1990s, Gay Becker notes that one aspect of the experienced loss often concerns the 'broken genetic lineage' and that engaging in reproductive technologies can be understood as a way of reestablishing the 'disrupted order' that the infertility is felt to have caused (1990, 60–61). For Clara, however, a woman in her late thirties who, after undergoing six in vitro fertilization (IVF) attempts in Sweden, finally turned to Riga for treatment with donor eggs, matters are slightly more complicated. She tells me that she had initially felt 'really hesitant' to use donated eggs, precisely because she feels that it does not allow her to 'pass her genes on' to her child. Although she has ultimately decided that it was even more important for her to become a parent than to conceive with her own eggs, she also professes to mourn the loss of her 'dying family line'—something she did not feel could be restored by way of egg donation because the genes being ‘passed on’ would still come from somebody else:

> Clara: I am trying not to think too much about my grief over the fact that my own eggs aren’t adequate . . . because it feels like, that doesn’t help anybody either . . . to obsess about that. . . . But it feels like it’s a bit typical. . . . I have a very small family, my dad died when I was very little, and my grandparents died before they had time to grow old, eh . . . and my grandma and granddad are gone, and I have no siblings and . . . I am not very close to the few relatives that I do have: some uncle, some auntie. . . . So, it has been very important for me to . . . pass on the [genetic] heritage on, so sure, I would still like to become pregnant with my own eggs, that’s my main goal . . . and unfortunately a very important goal for me, because I want to pass my genes on.
>
> Jenny: Can you put your finger on why it is so important [for you]?
>
> Clara: We are too few; I do not want my kin to die out with me. . . . My line dies with me, because I don’t have any relatives and because my dad died when I was a child and my mum and dad were a couple then, so I don’t have any half-siblings that can pass my [genetic] heritage on. . . . The heritage from my parents, that’s what it is.

In other words, Clara certainly defines ‘family lines’ in terms of *genetic* heritage, and she worries that her family line will ‘die out with her’, even if she and her partner would manage to conceive as a result of the treatment with donated eggs. For her, while becoming a parent with donated eggs would be a way to overcome her involuntary childlessness, she does not at all see it as a way to ‘repair’ the ‘broken lineage’. At the time of the interview, Clara had not yet conceived, and she was visibly mourning her infertility. Following the same grammar—but without the same visible signs of mourning—Emma, a mother of donor-conceived baby twins, to some extent regrets that she has not had the opportunity to ‘pass her genes on’:

> Emma: I am very goal oriented, so I rationalize away this emotional drivel about the fact that these are not my genetic children. . . . Yes, I don’t normally rationalize things like that[,] normally [such feelings linger with me]. And one thing that made me want children in the first place was because I wanted to pass my good genes on. Because they *are* good genes after all—the only bad thing is that I’m short! But I think that is due to environmental factors, because if you look at my brother, he’s much taller . . .

Following a *grammar of genetics*, both Clara and Emma understand DNA to be the very substance that is being ‘passed on’ over generations. Whereas Clara expresses a desire to pass her genes on so as to continue her family line, Emma talks instead of her genes as ‘worth passing on’, as something which could have been an asset for their ‘bearer’. Although their respective feelings about not being able to ‘pass on their genes’ are clearly but differently expressed between them, both understand biological kinship *as* genetic kinship.

Matching Donors, Kinning Nationalities

While both Clara and Emma clearly regard egg donation as a viable option for treating their involuntary childlessness, the genetic kinship grammar that their respective argumentation follows implies that being unable to conceive with one’s own gametes that family lineage will be broken. From this point of view, the widespread practice of *matching* the appearance of the donor to that of the recipient as closely as possible will function as a strategy to conceal this ‘broken lineage’. Matching, in other words, can be understood as a way of trying to ensure that the child will look *as if* she or he had been conceived by the parents’ own gametes, and to conceal the involvement of a third reproductive party (Konrad 2005, 142–43; see also Bergmann 2012, 351). It is, as Charis Thompson has put it, a strategy that serves to *disambiguate* the kinship relationship, that is, to eliminate or diminish any ambiguity concerning the kinship relationship between parent(s) and child (2005, 146), by making it appear as if parent(s) and child ‘share’ the same DNA.

Although the practice of matching in itself is neither new nor particularly controversial, the increasingly transnational context of egg and sperm donation offers a another layer of complexity to the issue, not least in relation to the connection between cultural understandings of kinship and the overlapping issues concerning national and regional identities, ethnicity and race. Although *all* of these categories are *not explicitly* mentioned in the interviews and web forum (this is particularly true of race), underlying cultural stereotypes about ‘Swedishness’, ‘Balticness’, ‘Europeanness’ and ‘Russianness’ are clearly evident in the narratives of the cross-border donor egg recipients. When contextualized with previous research in the field, these data help us further our understanding of how ethnic, racial and cultural stereotypes have the tendency to come to the fore in donation practices. Scholars in the field have, for example, witnessed that some clinics mark containers with sperm with the colours white, black, red and yellow to represent the skin colours of the donors (Szkupinski Quiroga 2007, 150; Bergmann 2011), indicating that although the category of race as it was originally formulated is, scientifically (if not always culturally and politically!), now deemed to be obsolete, the very same categories still, in practice and in these particular cases, serve the function to categorize the appearance of human beings according to their perceived descent.

Similarly, German ethnologist Sven Bergmann (2012) has shown that the choices of destination that are made by cross-border fertility patients are often based on an 'imaginary map' of Europe: patients tend to choose destinations where they expect donors to look a certain way with regard to phenotype (e.g. hair, skin and eye colour). Parallel tendencies have also been shown in Michal Nahman's research on egg donation in Israel, where many Jewish donor egg recipients explicitly asked for a donor with fair skin and a petite nose—phenotypical traits that Nahman argues represent a 'modern' and 'European' Jewish identity (2013, 114–15). Similarly, in the material for my study, widespread cultural ideas about similarities and differences between Scandinavians, Baltic people and Russians often come to the surface when preferences with regard to egg donors are mentioned.

Rebecka, for example, explicitly refers to what she perceives as the genetic similarity between Swedes and Estonians when explaining why she opted for egg donation in the city of Tallin. This 'genetic fit', in turn, she explains by referring to the historically frequent mobility across the Baltic Sea. She argues that this exchange between the countries means that their respective gene pools would already be quite 'mixed up', implying that the genetic heritage from their Baltic donor would not be 'too' different from her own (see also Gunnarsson Payne 2015): 'The reason we chose the Baltic States has a lot to do with the fact that there is a lot of Swedish blood there, many Swedish genes, presumably . . .'

Helen, mother of one donor-conceived child and a returning patient to Riga, argues that Latvians are simply more similar to Scandinavians in appearance than Russian people are. While she downplays the significance of the genetic heritage from the donor, she also explicitly expresses a strong wish to have what she perceives as a 'European-looking' child. Based on this perceived difference between Latvian and Russian people, she had also made sure to choose a donor who was marked as Latvian on the list of donors she received from the clinic (and had not considered any donors that were listed as Russian). Another informant, Clara, instead expresses a worry that the Latvians would be *too genetically different* to match her own Scandinavian appearance. She tells me that when she and her partner went to Riga for treatment, she could not help thinking about how different the Latvian people looked from Swedish people, a feeling that further increased her already-significant worry about the possibility of giving birth to a child who would not look enough like her and her partner to 'pass' as their own genetic offspring.

While matching the appearance of donors and mothers is a common practice in the process of egg donation, the meaning of 'resemblance' among the Swedish cross-border donor egg recipients in these examples becomes articulated not only within a more overarching discourse of kinship and genetic inheritance, as such, but also with an understanding of Central and Eastern European people as *genetically different* from Scandinavians *yet more similar* to Scandinavians than people from other regions are, such as Russia or Southern Europe. In this specific context, therefore, the idea of matching becomes inscribed not only with a wish for a merely individual resemblance between donor and mother, necessary to cover over the involvement of a third party in the reproductive process but also as a way of covering over an imagined genetically determined difference that the child will inherit from the donor. In short, the choice of donor and the choice of destination, as well as the choice of the donor's ethnicity (e.g. the choice of a Latvian rather than a Russian donor) can thereby be understood as extended parts of the kinning process, by which the choice of the prospective donor's imagined genetic make-up come to serve as an attempt to forego any risk of creating an ambiguous kinship relationship between the wished-for child and its prospective parents. But while the grammar of genetics remains dominant for kinning processes in cross-border egg donation, a parallel and coexisting kinship grammar has entered into the discourse of egg donation. To be precise, the grammar of genetics as the *leitmotif* for our modern understanding of European kinship has recently become complemented by a grammar of *epigenetics*.

Epigenetic Kinship: Rearticulating Inheritance

The very term *epigenetics* was coined in the 1940s by developmental biologist Conrad Waddington (1905–75) as a derivation from the Greek term *epigenesis* (which was then used to designate a theory of the early embryo).[4] The new term subsequently named a whole new field of research that came to merge developmental biology and genetics, which had hitherto been understood and practiced as two separate disciplines (Holliday 2006, 76). Today, not only have researchers managed to understand the molecular mechanisms that explain epigenetic influence and inheritance, but epigenetics has also grown into a scientific field in biology, with its own experts, specialized journals and conferences. In a time when genetics has—at least in the popular mind—come to offer a strongly deterministic explanatory model of human life, the significance of epigenetics is potentially vast. Epigenetics has established that in order to understand how and why our genes actually function, we need to understand not only the very coding of our DNA but also how and why the same genetic material can result in quite dramatically different outcomes with respect to phenotype (including, just to provide a few examples, aspects such as an individual's appearance and temperament). As such, epigenetics offer a paradigm shift that may have consequences far beyond scientific discourse. It may well be that as this field of study increasingly enters public discourse (e.g. popular science and mainstream media), it may come to complement, or even replace, contemporarily dominant biological 'folk models'. Indeed, as I show, among some donor egg recipients, epigenetics can be said to already have begun to serve such a function. The emergence of epigenetics is relevant for the process of egg donation on several levels. The first and perhaps most obvious significance of epigenetics for egg donation concerns medical safety. There are studies that show that the reproductive technologies in themselves can cause epigenetic changes and so-called genomic imprinting, which means that the epigenetic changes in question may be inherited by the offspring (Santos et. al. 2010, 2388). The second significance for egg donation lies on the level of the patients' self-understanding, namely the ways in which some donor egg recipients have come to understand their own epigenetic influence that the gestation process has on the donated egg and, thereby, on their own (existing or potential) donor-conceived child.

'Just a Cell': Reestablishing (Epi)Genetic Kinship Lines

As part of her kinning process, Pia stresses the importance of gestation and engages in what could be understood as a process of de-kinning her donor by articulating that 'she has donated a cell, not a child':

> Well, for me it's totally OK that they are anonymous, [but] I don't know how a child would feel later. I can understand that an adopted child might want to explore his or her roots, but I mean, *I receive a cell* from a woman and I receive a cell from a man, *I do not receive a child. The child will grow in my tummy, I will have given birth to it and it has grown up with me*. . . . I am not sure that the child will feel that need: 'who do my cells come from'?

This mode of kinning by emphasizing the importance of gestation in third-party conception has previously been discussed by British anthropologist Monica Konrad. In her ethnographic work on donor conception, she has shown that processes for donor egg recipients to 'making a child one's own' often takes place through understanding pregnancy and childbirth as productive and nurturing processes (Konrad 2005, 153). In a similar vein, some interviewees and forum participants in my material emphasized the significance of gestation when they distinguish between 'the *genetic* mother'—the donor—and 'the *biological* mother'—the recipient. By making this distinction, these donor egg recipients can be said to be simultaneously challenging and reinstating the meaning of biological parenthood: challenging it by "unfixing" genetic kinship from biological kinship; reinstating it by understanding biological processes as privileged for the kinning process. Significantly, as mentioned previously, what differs these narratives from the ones in Konrad's ethnography is the ways in which the former draw on a vocabulary borrowed from the science of epigenetics; not only do they emphasize how pregnancy and childbirth are necessary for a child to grow and come into the world, but they also acknowledge that the role of the *environment* (e.g. uterine environment or environmental factors such as starvation) will actually determine how certain genes in the DNA will be 'switched on'—and how some of these epigenetic changes might actually be inherited over generations (see Bird 2007).

One of my informants who, while being informed by what she perceived as biologically determined differences in appearance between Latvians and Russians in her choice of donor, has taken available information about epigenetics to heart is Helen, who points out that the process of becoming mother through pregnancy not only takes place at the level of nourishment and shared biological systems but also at the level of epigenetic influence:

> Well, in any case, Karl's father [her father in law] said [. . .], '[T]hat was one cell—*one cell*!' and if you think of it, she consists of several billions [of cells]. When she came in [to the womb] she was seven or nine cells and she consists of several billions [of cells], so it has increased . . .

Instead of emphasizing genetic inheritance, the *biological* influence of gestation is emphasized, in terms of both nurture and growth, but *also* by referring to epigenetics (specifically to the idea that gestation affect which genes are 'switched on') to disambiguate the motherhood and child relationship. During the interview, Helen uses the vocabulary of epigenetics to explain why her daughter would have inherited 'her' chin and 'her' hands:

> [I]t is still my body that determines how she will develop, although she receives a set of DNA [from the donor] which isn't mine, . . . my body can choose which genes are going to be picked, like. She receives her nutrients through me, the blood runs through it all and everything so. . . . There is research that shows that [the gestational mother] influence that egg a lot more than was previously believed; it has been believed that you were just like a surrogate, kind of, but that's not what you are, there are traits and similarities . . . and the environment influences a lot, and that also goes for that environment [the uterus], not just the environment on the outside.

In other words, Helen uses what she has heard mainly on the web forum she has attended about epigenetic influence during gestation to articulate biological inheritance between herself and her donor-conceived daughter. In the discussion forum, the distinction between 'the genetic mother' and 'the biological mother' serve a similar purpose to foregrounding precisely the biological influence of the gestational mother, not only by using a vocabulary of 'nurturing' and 'blood' (as the informants in Konrad's study) but also by drawing on a vocabulary borrowed from epigenetics. One forum participant articulates the connection between biological motherhood and epigenetics in the following way:

> There is a word for it. When you do an egg donation, you distinguish between genetic and biological mother, nothing strange about that. The biological mother can influence things like how tall the child will be, what the nose looks like and so on, as some genetic building blocks are influenced by the environment the foetus [is surrounded by] in the tummy, some are activated and other are not—that's what epigenetics is about. That is, if the same fertilised egg would be put in two different mothers you would not get a child who is genetically the same, since the environment has a lot greater influence than was previously believed. Genetic sounds better than biological and it is also fully correct.

As can be seen from this quote, arguments from epigenetics are articulated into the narrative of the donor-conceived pregnancy. The significance of the birth mother's *biological* influence is emphasized, and the statements are legitimized by a reference to a study of horse breeding before the forum participant concludes that 'genetic sounds better than biological *and it is also fully correct*' (my emphasis). By foregrounding the significance of the uterine environment for epigenetic influence on the (real or imagined) child, it becomes possible to articulate the birth mother as the 'biological mother'—and, as a consequence, to backgrounding the significance of the genetic heritage of the donor, who in this context comes to be labelled with the less intimate-sounding term *genetic mother*. As another participant on the website Family Matters expresses it,

> It may sound a bit odd to call a woman who has given birth after egg donation biological mother, *but that's what she is*—she has contributed with the biological environment in which the child/foetus has grown. (my emphasis)

And while not all forum participants on Family Matters unequivocally subscribe to the idea of epigenetics, many others express how the idea that their *bodies* will also influence the body of the child provides them a great sense of comfort—and some even express the belief that epigenetics mean that '[c]hildren who were born through egg donation also take up the carrying mother's *genetics*' and pass them on to future generations (Forum participant, Family Matters). Yet others, such as this mother of two donor-conceived toddlers, express how the knowledge about epigenetics that has been shared by her fellow forum participants has confirmed what she has previously heard but has not, until this point, dared to believe:

> What nice information you [share]—my husband has pointed that out since [our] daughter was born—that my genes affect the [. . .] child. A nice midwife at the hospital also said something about it, but I had difficulty believing it.

> Now when I see your information I actually believe that this is the case, also [on a] purely scientific [basis]. Thanks—I really needed to know this, that there is evidence that the genes of the recipient woman are controlling which [of the] donor genes that are activated. It is a nice feeling for me to know, because I have doubted that I played a part, purely genetically. You have made my day and made me wake up and see how important I am, *also genetically, not only biologically*.

Although, from a biological point of view, the two last comments indicate the mistake of conflating genetics and epigenetics, they point to the cultural significance of thinking kinship and parental relationship through genes. The thought of influencing the child's genes appears to offer great comfort; it appears to be the ultimate disambiguating idea. In these examples, to influence a child's genes means becoming unambiguously related:

> Thanks for the info about epigenetics—it made me even happier!! Just imagine, then I'm not completely [lacking] influence on the child's genetic [make-up] (if I'm lucky enough to get one). (Forum participant)

Furthermore, the circulation of a grammar of epigenetic influence not only seems to take place between forum participants online (via explanations, the posting of hyperlinks, etc.) but also seems, at least in some cases, to have been originated in the interaction between health-care staff and fertility patients, who then distribute their interpretation of epigenetics on the Internet, as a way to comforting their fellow forum participants by offering a kinning grammar:

> I think you should go in on a link below and read about epigenetics, though. My fertility doctor told me that new research results show that the heritage has less influence on the genetic development that was previously believed [. . .]. Children who were born through egg donation also take up the carrying mother's genetics. This child even has even transferred this genetic heritage on to their children. For a better explanation on how this works, go to www.fertilityfriends.co.uk/forum/index.php?to. . . (Forum participant)

Significantly, the grammar of epigenetic influence, which is here legitimized by the references to the forum participant's own fertility doctor and the posted hyperlink, is articulated in a way which, to speak with Thompson again, 'disambiguates' the kinship relationship between a mother and her donor-conceived child—also in a contemporary cultural setting in which the significance of 'genes' has often come to play a key role for understanding relatedness and inheritance.

CONCLUDING REMARKS

Despite the continual transformation of kinship studies, ideas concerning the significance of 'biological facts' have, as Franklin has expressed it, 'remained a persistent quagmire—as easy to fall into as it is to leave behind' (2001, 302). Biology does indeed hold a central position for the way we understand kinship in the West, and as Franklin has rightly stated, as biology is becoming more visible also on a global scale, the significance of biology for our understanding of kinship remains strong. It should be noted, however, that this does *not* mean that this increased 'biologization' of culture remains stagnant; on the contrary, as many scholars have pointed out before, it rather means that the distinction between nature and culture has ultimately collapsed and that as our understanding of biology continuously changes, the way we can understand 'biological kinship' and 'biological inheritance' is also transformed (Franklin 2001, 302–3). This is, to understand 'biological kinship' we need to understand it as a phenomenon, or a process, which is always already constituted on the level of articulation between meaning and matter. Therefore, to understand the relation between kinning and biological inheritance we need to take this constitutive entanglement into account: we need, in other words, to understand kinship as inherently *liminal* in the sense that they are impossible to categorize as neither unambiguously semiotic nor unequivocally material (see Glynos 2012).

In this chapter, I have sought to investigate how the notion of 'biological inheritance' has been articulated by a number of Swedish donor egg recipients mainly in the form of two different (but sometimes overlapping) grammars of kinship: (1) *a kinship grammar of genetic similarity* and (2) *a kinship grammar of epigenetic influence*. As the name reveals, the former coheres mainly around ideas of kinship as *genetic* similarity. Following this grammar, the kinship bond between mother and child is understood to be constituted first and foremost as a result of the inheritance of DNA, and infertility is understood as a disruption of such an inheritance, preventing the infertile person to 'pass (in this case) her genes on'. Understood in this way, the practice of egg donation becomes a *substitute for* genetic inheritance, and the process of matching for similarity becomes a way of making it appear *as if* the offspring had inherited the DNA of, in these cases, both parents. When articulated with common cultural understandings of inheritance, nationality and ethnicity, ideas of genetic inheritance often, but not always, become played out in ethnified or racialized terms (such as in the example of the coloured labels on the sperm containers or the active choice of a donor of a certain ethnic descent).

The latter, what I have called the kinship grammar of epigenetic influence, is similar to the former in the sense that it also places great emphasis on *genes* as the main 'substance' through which a kinship relationship between the donor egg recipient and the donor-conceived offspring is established. Similar to what other studies have shown, recipients who articulate the process of egg donation via this grammar tend to emphasize the biological significance of gestation and birth, but rather than doing so using a vocabulary of 'nutrition' and 'blood' instead of genes, the idea that they can have a biological influence on how their child's DNA will be 'switched on or off' offers a strong explanatory model that is used to further disambiguate the kinship relationship between mother and child.

Neither of these kinship grammars can be said to operate merely on the level of meaning, but both are constituted at the interface of the semiotic and the material, of both meaning and the internal (affective) as well as the external (material) limits of meaning. In this sense, they constitute what political theorist Jason Glynos would call 'liminal', operating at the interface of meaning and matter (see also Glynos 2012). As such, they teach us not only that when it comes to the constitution of kinship, the distinction between 'natural facts' and 'social constructions' (Strathern 1992) are indeed always-already collapsed, but also they demonstrate that changes in 'biology' (understood both as a domain of knowledge and as a condition for human life) have a profound impact on which types of kinship grammars can potentially emerge. As such, meaning-making processes are as constitutive of 'biology' because 'biology' is constitutive of meaning. This means that the 'persistent quagmire' that is 'biology' will, most definitely, keep lingering in our understanding of relatedness, kinship and inheritance, giving rise to yet new reproductive technologies, reproductive identities and new kinship bonds. For, not only, as Rosalind Petchesky argued more than three decades ago, does a woman not 'simply "get pregnant" and "give birth" like the flowing tides and seasons', but she does so 'under the constraints of definite material conditions that set limits on "natural" reproductive processes'—but, as such material conditions are in themselves also being transformed, we will have reason to continue to explore the conditions and effects of human reproduction and its relationship to kinship (1980, 672).

NOTES

1. Geographically, the project focuses especially on countries belonging to the former 'Eastern Bloc' (e.g. Latvia, Estonia, Czech Republic and Poland).

2. To identify existing modes of kinning among Swedish cross-border donor egg recipients, in this chapter I analyse in-depth interviews with ten fertility patients (heterosexual women and men living in couple relationships), which have all been conducted as part of a larger research project on cross-border fertility travel. Additionally, the analysis is based on an online ethnography which has been conducted between 2010 and 2012, whereby I have focused especially one specific discussion thread in one of Sweden's largest discussion forums for parents—here called 'Parenting Matters'. (The name of the forum has been anonymized for ethical reasons.) The discussion thread deals exclusively with matters pertaining to cross-border egg donation in Europe and has since at least 2009 been continually renewed. The

analysed online material has been printed and archived by the author. In publications analysing these data, I have chosen to treat the material in accordance with the ethical recommendations in the document *Research Ethics Guidelines for Internet Research* by the Norwegian De nasjonale forskningsetiska komiteene (https://www.etikkom.no/en/In-English/Publications/Internet-research-/, last updated 26 March 2010). To best protect the forum participants' integrity, I have chosen to decrease the 'searchability' of the quotes I use for my research by only publishing English translations of the quotes. In addition, I am not mentioning the full name of the discussion threads, not publishing the participants' nicknames and not providing links to the forum. Should there be a need to verify the existence of the data, the material is stored by the researcher in printed paper form, which will be archived when the project is completed. All data have been collected within the project 'States of the ARTs: Cross-Border Egg Donation Care in Post-Socialist Europe', which was funded by the Foundation for Baltic and East European Studies.

3. The analysis of the collected data (interviews, field notes, hypertexts) deploys a discourse theoretical *retroductive* approach, according to which empirical insights will continually be used to inform the further development of a theoretical framework in a '"to-and-fro" movement' between data and theory (Glynos and Howarth 2007, 18–48). Specifically, passages from the interviews and the online material have been selected in accordance with what Adele Clarke has called *theoretical sampling,* which is a process that 'focuses on finding *new data sources* (persons or things) that can best explicitly address specific theoretically interesting facets of the emergent analysis' (2003, 557). Any links referred to in the online material have been followed up, and in case they have been deemed relevant for the emerging analysis, they, too, have been included in the collection of data. As such, the empirical material discussed in this text is neither chosen to offer a representative sample of Swedish cross-border egg donation patients, per se, nor are they to be understood as entirely disparate personal narratives. Instead, they have been chosen to serve as an empirical basis for furthering the theorization of kinship in relation to assisted reproductive technologies.

4. It should be noted, however, that the term *epigenetics* is somewhat of a 'contested concept' in the sense that it 'has several meanings with independent roots' (Bird 2007, 396). On one hand, it has been used to label the field that Waddington himself represented, namely the study of *epigenesis*, that is how 'genotypes give rise to phenotypes during development'; on the other hand, scholars such as molecular biologist Arthur Riggs has defined it as 'the study of mitotically and/or meitocally heritable changes in DNA-sequence' (Bird 2007, 396). One important difference between these two definitions is that the latter has vast implications for the ways in which we can understand 'inheritance', that is how also environmentally determined traits can be inherited over generations. The latter understanding of epigenetics seems to have the most resonance among the donor egg recipients observed in this study.

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Chapter Four

Keeping Up Appearances

Resemblance Talk among Permanent and Foster Carers in Australia

Damien W. Riggs

In an early formative edited collection central to the development of the field of critical kinship studies, Franklin (2001) argued for the need to move beyond the assumption that kinship should primarily be understood in terms of genetic relatedness. Furthermore, Franklin highlighted the need for ongoing critical analyses of how genetic relatedness remains central to our understanding of kinship in mundane, everyday ways. In this chapter, I focus on one such everyday example, namely in conversations about familial resemblance. Becker, Butler and Nachtigall refer to this as 'resemblance talk', understood as everyday conversations in which people remark on how much a child looks like their (presumed-to-be) genetically related parent(s) (2005, 1301). Of course, the converse of this is also true in the case of children who look dissimilar to their parent(s) but who are nonetheless presumed to be genetically related to them. Such children and their parents may at times be subject to comments from other people about their familial nonresemblance, such as in the expression that these children 'must belong to the milkman'.

These types of comments—which are typically treated as jokes—signal the complex ways in which genetic relatedness is normatively presumed to produce a form of visual similarity between family members. For those families in which this is not true, however, resemblance talk may not be a laughing matter. Becker, Butler and Nachtigall (2005) found this in their research on resemblance talk among donor-conceived families, in which their heterosexual participants reported considerable anxieties over other people knowing that their child was donor conceived and, indeed, a mixture of both happiness and shame when someone suggested that their child looked just like them. This shame, it could be suggested, was a result of the fact that while the parents had managed to negotiate an approximation to the norm of genetic relatedness, maintaining this approximation required a degree of complicity with the normative assumptions made about their family.

In her research with adult adoptees, Finkler (2000) also suggests that the norm of genetic relatedness plays out in complex ways in terms of issues of resemblance for adoptees who feel they do not look like their adoptive parents. Finkler's research specifically suggests at least two things. First, the normative expectation that families look alike serves to marginalize those families who do not look alike. Second, while physical resemblance is often assumed to be a desirable aspect of kinship relations, for some people this may not be the case. What these two points suggest, then, is that the salience of resemblance talk, beyond its role as a social norm in Western societies, depends on whether sameness as a mode of kinship is deemed important by the individual and their family or not.

In the present chapter, I take up the topic of familial resemblance through the example of Australian people raising children to whom they are not genetically related but to whom they share a cultural similarity (i.e. all participants included in the study reported in this chapter and the children they were parenting identified as white Australians). Much of the research on 'resemblance talk' to date has largely emphasized the negative effects of normative presumptions of genetic relatedness in terms of kinship and resemblance in the context of transracial adoption (e.g. see Grotevant et al. 2000; Hollingsworth 1998). Importantly, however, this is not the only story to be told in terms of the operations of resemblance in families where there is no genetic relationship. For such families whose physical similarities *do* approximate a norm of genetic relationship (i.e. where there are cultural similarities between family members), normative assumptions about visual similarities can serve to foster acceptance and inclusion.

At the same time, however, while being able to occupy a place within the norm of genetically related kinship can be beneficial in terms of the inclusion offered to a family, there is always the risk that assumptions about resemblance will be questioned and, thus, the kinship relationship challenged. Furthermore, and to return to the work of Franklin (2001), approximating a norm may risk complicity with the norm and thus only serve to reinforce it. This issue of complicity raises an important point that frames this entire chapter, namely how—even in the case in which family members are not genetically related—the norm of genetics-as-kinship persists. For those families not formed through genetic relations (but where others outside the family might read a genetic relationship based on physical similarities), such families are rendered complicit with the very logic that in many instances enacts their exclusion. The present chapter thus takes Franklin's point as central: that

Australian parents raising children to whom they are not genetically related but with whom they share visual similarities both challenge the norm of genetically related kinship and its presumption that similarities are only ever a product of genetics, while reinforcing the assumption that visual similarities are important (Franklin 2001).

METHOD

Participants were thirty Australian people who were parenting children to whom they were not genetically related. Approximately half of the sample had their child(ren) through long-term foster care in South Australia, and the other half had their child(ren) through permanent care in Victoria. The differences between these two care relationships warrant comment. In Victoria, a distinction is made between foster care (when the state maintains guardianship of the child) and permanent care (when guardianship is transferred from the state to the permanent-care parents). In South Australia, foster care is much more the norm in terms of long-term placements. More recently, there has been a shift toward apportioning aspects of guardianship to long-term foster carers in South Australia; however, the number of people undertaking this to date has been relatively small. Despite these differences, what unifies the sample is that they came to have children through the Australian statutory child protection system and, hence, were similar in the sense that they were all raising children to whom they did not have a genetic relationship.

Of the sample, twenty-five were women, and five were men. All participants represented the primary caregiver in their family. The number of children being raised by participants was on average two, although this ranged from one to five. All participants identified as white Australian, and all were raising white Australian children. Three of the sample identified as lesbian, two identified as gay and the remainder as heterosexual. All identified as cisgender.

Interviews typically took place at the participant's home and lasted approximately an hour. A range of questions was asked of participants, with a focus on their sense of family, support experiences and needs and responses to their family from other people. One particular question, which is the focus of this chapter, asked about appearance and its relevance to the family.

Once the interviews were completed, they were transcribed verbatim and a pseudonym allocated to each participant. The thirty responses to the question about appearance were then gathered together and read and reread by the author to identify whether there were subthemes within the overarching theme of 'resemblance talk'. While obviously the theme itself was a product of the interview question, the focus was on how participants responded to the question. Four distinct subthemes were identified from the data on appearance, with two of these largely mirroring previous research on the negative effects of assumptions about physical similarities and kinship and two of them suggesting more positive accounts of the effects of assumptions about similarities. All four subthemes are now explored in detail, focusing both on what specifically participants had to say and on what this can tell us about how resemblance functions more broadly at an interactional and a cultural level.

Given the fact that all thirty participants responded to the question on appearance, it is not possible to analyse all responses in this chapter. Instead, a representative selection is included for each of the subthemes. The extracts selected are representative in terms of both the issues raised within each subtheme by all participants whose responses were identified as part of the subtheme and of the number of people overall who fell within each subtheme (i.e. fewer participants overall spoke about issues related to the first and second subthemes whereas many raised issues related to the third subtheme).

ANALYSIS

Resemblance Talk as Discounting

This first subtheme represents arguably the most obvious way in which issues of resemblance had an impact on participants and their family, namely discounting the validity of the family. In the first extract, a participant shares an experience of being perceived as not genetically related to her child:

> Damien: One of the questions we are interested in, is how does appearance matters when it comes to families formed through permanent care?
>
> Gina: For the most part people have accepted him as our son. But last night, we had a kinder disco, and another child was harassing him, and I had to intervene and I said, ‘I’m his mum and I think you should stop being so rough’. And this little girl looked at me and said, ‘He doesn’t look like you!’ and I looked at her and I said, ‘But I am his mum!’ I went and told a friend—I was in hysterics as I couldn’t believe that a four-year-old would say something like that.

For Gina, the comment from the child evoked a strong emotional reaction, highlighting both the power that resemblance talk holds as a marker of kinship and the investment in it that some people may experience. Although it is possible that the child was, indeed, making an intentionally negative comment on the relationship between Gina and her child (as Gina assumed was the case), it is more likely that the child was simply remarking, as children often do, on something salient to them. Of course, the point here is that for a four-year-old child, visual similarities are already a marker of kinship. Thus, although Gina's emotional response might have arisen from a misreading of the child's intent, it was, nonetheless, a legitimate response in terms of what the child's comment signifies about the salience of visual similarities and the assumptions that underpin them.

In the following extract Sarah provides an experience of resemblance talk that, while being the opposite of that experienced by Gina, nonetheless highlights the exclusionary functions of resemblance talk:

> Damien: How have your family responded to you having the children?
>
> Sarah: It's funny going back to what we were talking about with looking similar. My family have been great, but it's the little things that I take to heart. When my brother and sister each had children, my family would comment on how much they looked like them. But when I had each of the children, even though they were only babies at the time, it was like my family totally avoided making any comment on that—like resemblance only counts when it comes from genetics. I actually think we look really similar—I always have—it can be hard when other people don't see that or discount it because it doesn't come from genetics.

In this example, it was what was *not* said that Sarah 'took to heart'. Specifically, it was notable to Sarah that her family refrained from speaking about how much her children look like her. As such, Sarah's experience highlights how resemblance talk is inherently normative—that if spotting similarities is a common feature of everyday talk as Becker, Butler and Nachtigall (2005) suggest, then it would be done regardless of the nature of the relationship. That it only occurs in Sarah's family when genetics constitutes the nature of the relationship signifies her exclusion from a discourse of resemblance that is, by definition, about resemblances arising from genetic relatedness. Of course, comment is also warranted here on the fact that Sarah considered resemblance talk to be desirable—that it appears she wished that her family commented on similarities between herself and the children she is raising. Arguably, excluding Sarah from a discourse of resemblance served to further her investment in wishing to be included within the discourse.

Albeit in opposing ways, both of these examples demonstrate how resemblance talk was experienced by some of the participants as discounting of their relationships with their children. Although this might not have been the intent of the child in the first extract, nor the family members in the second, it nonetheless highlights the fact that resemblance and relatedness are often normatively linked through a discourse of genetics and, as such, always hold the risk of being used to exclude, even if unintentionally.

Complicity and Duplicity

As discussed in the introduction to this chapter, given the norm of genetics-as-kinship and its relationship to assumptions about similarities of appearance, being seen as visually similar to their children was as much a compliment as it produced complicity with the very discourse that in other circumstances served to exclude some of the participants. Certainly in other research on foster care in Australia, it has been suggested that foster carers routinely experience the dismissal of the legitimacy of their parenting role, with such dismissal often predicated upon their nongenetic relationship to the children they are raising (e.g. see Riggs, Augoustinos and Delfabbro 2007, 2009; Riggs, Delfabbro and Augoustinos 2009). Having an investment in assumptions about visual similarities was thus a vexed issue for some of the participants, as the following extracts demonstrate:

> Damien: In terms of appearance, how do similarities matter in your family?
>
> Mary: I think we do look alike in a range of ways and indeed people comment on it! The kids and I normally look at each other and ignore it or let it slide. If people push it I will say something or clarify but the kids always just let it go. I am always aware of not wanting to misrepresent things, but at the same time not wanting to share our private information—it's a hard line and there is no easy answer for me.

In this extract, Mary acknowledges that acceptance in terms of similarities comes at the cost of possible misrepresentation. Given that previous research has often found that foster carers are hypervigilant about anything that could be construed as deceit on their behalf by social workers, it is understandable that Mary would feel concerned about misrepresenting her family (Riggs, Delfabbro, and Augoustinos 2009). Furthermore, previous research has also found that foster carers are, in general, respectful of birth families and have no desire to separate the children in their care from their birth families (Riggs 2009; Riggs, Delfabbro and Augoustinos 2009). This last issue was even more pronounced in the following extract:

> Damien: Do issues of appearance seem to matter to the children in regards to your family?
>
> Tamara: It's funny, anyone who doesn't know says, 'She looks just like you', and when our eldest hears that she just smiles and says, 'Yeah I look just like my mum', meaning me. And even though her hair is a different colour to ours, it's the same colour as my brothers, so if anyone questions her she just throws it onto that and says, 'Yeah it's in the family'. From

> the beginning she has picked out things that are similar: she has blue eyes, I have blue eyes, she has freckles, I have freckles. It is hard, as I don't want to make her birth mum disappear, but at the same time I don't want to interrupt this narrative she has developed.

Here Tamara clearly orientates to the possible effects of allowing other people to presume that her child does not have another mother. Certainly the techniques that Tamara reports her child engaging in are very similar to those found in previous research, where children become very adept at utilizing the logic of resemblance to legitimate their (nongenetic) relationship to their parents (e.g. Becker, Butler and Nachtigall 2005). Yet for Tamara, while appreciating what her child is potentially trying to achieve (i.e. a sense of connectedness supported by those in her community—one facilitated by other people's presumption of genetic relatedness through visual similarities, as discussed in the following subtheme), she was also very aware of the potential implications of this for the child's birth mother and their relationship to one another.

The final extract in this theme again highlights the ambivalent effects of resemblance talk, where it cannot be relied on as an absolute guarantee that inclusion or acceptance will be offered:

> Damien: You mentioned that your husband was a bit disappointed when your first child had curly hair?
>
> Hannah: He wasn't so much as disappointed, just really aware that his hair was so different from his, though very much like mine. Yet other people say how much he looks like my husband. When people say that we just go, 'Yeah yeah', we never say anything to correct it. Although once someone said to him, 'Oh you look different to your mum, you don't look anything like your mum!' and he goes, 'I know it's funny, I look like I'm adopted don't I?!' This was in the shops, and given he was eight at the time I thought it was a pretty clever response.

This extract is notable for a number of reasons. First, and as was the case across the sample, comments about investments in similarities were gendered, in that the male participants or the male partners of the female participants were more likely to express a desire for other people to see similarities. The extract is also notable for the fact that it highlights how remaining complicit with resemblance talk can sometimes nonetheless result in failures of recognition. Although the child reported in this extract adeptly countered the comment from another person, the importance of physical similarities remained the focus. Indeed, it could be argued that while, as Hannah notes, the child's response was clever in that it prevented the family having to disclose the nature of their relationship, it nonetheless reiterated the very issue at stake, namely that people only look alike if they *aren't* adopted (and that looking alike matters).

As suggested earlier, complicity with resemblance talk was no guarantee of its success. Furthermore, the duplicity required to comply with resemblance talk was potentially as undermining as it was supportive, in that it required participants to endorse an assumption that they knew to be incorrect. Additionally, complicity upheld a system in which 'everyone becomes an expert in applying Mendelian inheritance laws', laws that are fundamentally exclusionary and unjust (Bergmann 2011, 282). Finally, and as per Tamara's narrative, complicity with assumptions about resemblance meant that the birth parents potentially disappear, a point explored in more detail in the conclusion to this chapter.

Passing as Promoting Inclusion

A majority of participants addressed this third subtheme when they spoke about appearance similarities. Again and again, participants spoke in terms of how assumptions about physical similarities lead to 'passing' as a family located within the norm of genetic relatedness. Although the participants spoke about this in a positive sense in terms of warranting inclusion and acceptance, it nonetheless must be seen in light of the previous subtheme, which highlighted the costs of complicity. Of course, some participants were aware of the problems with complicity, as was the case in the following extract:

> Damien: What does it mean to you when people comment on the children looking alike?
>
> Andrew: I remember when I had to go to the eldest child's school at the start of last year. I had the youngest with me, and a teacher in the yard—who is not the eldest's teacher—walked up and said, 'Oh that must be your brother he looks so much like you'. He just smiled and said, 'Yes he is'. They just go along with it. I think that is part of how a sense of family develops for them; people saying that sort of thing. I don't think that should have to be the case, but when it comes to social norms around families, I think it does make it easier.

As Andrew suggests, while it should not be necessary to approximate a norm to be offered inclusion, doing so makes things easier. Of course, the fact that Andrew legitimates complicity by emphasizing the benefits for the child in terms of family development should not be underestimated. Research undertaken with adults who were raised in foster care clearly suggests that developing a sense of belonging within the foster family leads to positive outcomes (O'Neill 2004). At the same time, however, and with the previous subtheme in mind, it is important to question why the sense of family that can result from positive recognition of the family should be so closely tied to whether or not the family approximates the normative image of what constitutes a family. The following extract raises precisely this point about the terms on which inclusion is offered:

> Damien: We have been asking people how appearance matters in terms of your family and looking alike.
>
> Suzi: Well for us, when it came to having another child, we actually spoke about this with the worker, and said we wanted a child who looked somewhat like the children we already have. Our aim wasn't so much to pretend they are genetically related to us, but rather because we have had these experiences where things are easier when people don't question the relationship. I guess it's about passing. It allows you to pass in the world easier if you don't look different to your children and they don't look different to each other. It does make it easier if they can pass as brothers, and pass as my children. People take all sorts of liberties when they think they are entitled to question you about your parenting on the basis of their assumptions about your relationship to them I find.

Throughout the interview, Suzi provided examples in which people 'took liberties' in asking her questions that she felt were inappropriate with regard to her children. These included asking for the children's history of abuse prior to coming into Suzi's care and making disparaging comments about the children's birth family in front of the children. For Suzi, people felt they had permission to ask such questions because they saw her family as outside the norm and, thus, subject to scrutiny. In this sense, for Suzi having children who looked similar enough to pass as genetically related was not about making a proprietary claim over the children so much as it was about facilitating acceptance of her family so that people would not 'take liberties'. The following extract again emphasizes how looking alike meant that the family are not questioned:

> Damien: I know we have talked before about your children all looking similar. Could you speak a bit more about that please?
>
> Tom: It is an interesting thing. Obviously one of our children is biologically related to me, and the others are not, yet people often comment on how they all look alike. I actually think that's a real advantage, because that's one less thing to make them different in the community. In their peer group, no one ever questions their relationship to each other, I think

> in part because we represent ourselves to the world as a unified family without question, and partly because we look so alike.

Tom raises a salient point here, namely that the issue of resemblance is about difference: that what disappears when physical similarities are treated as important are the differences between family members. In the context of foster care, it has been argued that a unique aspect of foster families are the ways in which parents find ways to bond to a child they are raising, despite the 'not mine' nature of the relationship (Riggs 2009). Not seeing children as a possession of adults is an important part of parenting in a statutory system that is often responding to the ways in which children are treated as possessions. The challenge for parents such as Tom, then, is to find ways both to approximate the norms that mandate inclusion for families in the broader community (in this instance, norms of resemblance and their connection to the Western assumption that kinship is a collection of individuals who must be possessively claimed as kin) while not losing sight of the important differences between family members and their own histories that cannot be easily overwritten by a discourse of sameness framed within a possessive logic. In the following extract, Gail offers one way of thinking about how to manage these potentially conflicting demands on parents raising children in a statutory context:

> Damien: Do people ever say, 'She looks like you'?
>
> Gail: I think to some extent people see what they want to see and what they expect to see. I'm actually amazed at how often it works out that kids do look like their parents. I've got a couple of friends with kids in permanent care who look the image of them—I think in many ways it makes for a smoother passage through life when people aren't constantly questioning you about your relationship to your children.

It could be argued that Gail suggests here that social norms lead people to view familial relationships through the lens of resemblance, and hence that they will 'see what they expect to see'. This offers a response to the issues raised in the previous extract from Tom, in that while the assumptions of others may offer inclusion based on assumed sameness, this does not overwrite knowledge *within* the family of differences. As Modell (2002) suggests with regard to adoption, there is a difference between trying to create visual similarities (i.e. by placement matching) and making the most of similarities that occur naturally. Applying this to the case of Gail, other people's assumptions about what the similarities between her own appearance and that of her child mean do indeed facilitate a 'smoother passage' in terms of acceptance and inclusion; however, there is a significant difference between benefiting from other people's assumptions and accepting the assumptions as the founding logic of the family. In other words, although some people parenting in the context of a statutory system may be well aware of the salience of resemblance talk and may indeed use it to their advantage, this does not mean that they do not also critique the logic on which such talk is grounded, as is more clearly evident in the following and final subtheme.

Resemblance as Mode of Embodiment and Shared Values

Participants in this final subtheme spoke about resemblance in ways that refused the simplistic imposition of resemblance as visual characteristics that could be read as produced through genetic relatedness (i.e. eye and hair colour). As the this extract suggests, resemblance is as much about embodiment as it is about specific visual similarities:

> Damien: You've said how much your daughter acts like you, but do people comment on how much she looks like you?
>
> Martha: It's funny, at first I didn't see any similarities, and it didn't really bother me. But as the years have gone by people have more often commented on the similarities, and I think that really is about how she holds herself, and also about her outlook on life—what matters to her. It's the similarities in mannerisms that shape our bodies to look alike I think, and people notice that and read something else into it—something more.

This extract from Martha is interesting for the emphasis placed upon mannerisms and values, rather than relying on physical similarities. This represents what Franklin (2001) refers to as the performative nature of kinship—that kinship is never, for anyone, an a priori, even if genetic discourse would make this out to be the case. Rather, connectedness is about how we fashion ourselves and those around us by the ways we interact and the modes of engagement we encourage, a point made further in the following and final extract:

> Damien: Do people comment on you and your partner looking like your children?
>
> Bettina: I was talking about this with someone at work the other day, that I think you come to look like each other, even though you might not initially, I don't know if people just try and see that in the family, which does happen to some degree. They say that with couples don't they, that they eventually look like each other or their dog. I think a lot of it is about the fact that you get the expressions and because you pick up all culture of the family I suppose. Family is about the culture of family, and you grow

> up, no matter where you come from, you grow up absorbing that culture in some way, and that can be wherever you're from.

This extract mirrors findings from previous research with Australian foster carers, which suggest that belonging in foster families is very much about a shared family culture (Riggs, Augoustinos and Delfabbro 2009). That this culture may be readable to people outside the family is, in a sense, similar to the ways in which visual similarities are presumed to be readable. In other words, what they reflect are the ways in which families are a cultural product as well as being sites where cultural production occurs. The extracts included in this subtheme are thus important for the ways in which they demonstrate the potential for alternate modes of resemblance to be performed and produced.

CONCLUSION

Taking up the work of Franklin (2001), in this chapter, I sought to move beyond genetics as the primary way of understanding familial similarities (as evident in the final subtheme) while acknowledging the power of genetic discourse in shaping how we talk about such similarities. By examining data collected from Australian parents raising children to whom they are not genetically related but to whom they look similar, this chapter has explored how what Becker, Butler and Nachtigall (2005) refer to as 'resemblance talk' plays out not only to the benefit of these parents but also at a cost of reinforcing the assumption that resemblance is a product of genetics-as-kinship. This echoes Becker, Butler and Nachtigall's finding that although resemblance talk can be deployed across a range of family forms that may not be genetically related, it nonetheless upholds genetic relatedness as the norm and thus, in so doing, perpetuates the very logic that functions to exclude nongenetically related families. This is summarized well by Warburton, where she shares her own experiences of being a (nongenetically related) lesbian mother:

> [Similarities] are always open to interpretations, and interpretations are never neutral. The insistence on the primacy of biology takes many forms, but it invariably works to erase my relationship with my sons. Of course no one claims this is what they mean; they would never mean to do that. It's just that the logic of biology is so compelling, so obvious, so inadequate. (2009, 179–80)

As Warburton notes, although in many instances people assume that she gave birth to her sons, and while this can be a positive experience for her and her sons, it nonetheless reinforces the normative assumption that genetic relatedness matters. Similarly, for the parents whose stories are reported in this chapter, the assumption that the visual similarities between themselves and their children were a product of genetic relationships was often a positive experience; however, it nonetheless reinforced their outsider status to the norm of genetic relatedness and rendered them complicit with this norm.

These issues of inclusion and complicity thus highlight both the ambivalent nature of resemblance talk among this sample and how the quotidian can always be marginalizing. Indeed, if anything the findings reported in this chapter demonstrate how it is precisely the quotidian where marginalization resides, given the commonplace and everyday nature of comments about appearance similarities in Australian culture. Importantly, making this claim about a sample of white parents raising white children is not to discount the benefits of race privilege that accrue to this population, nor is it to sideline their complicity with the racializing logic of Mendelian genetics and its role in legitimating race privilege. Rather, the point here is that marginalization is most commonly enacted not at the level of overt discrimination but, rather, at the level of the quotidian and that, indeed, complicity with privilege begins at this very level.

Another issue mentioned by participants (and which appears in one of the extracts included in this chapter) was an awareness of the importance of not denying the existence of birth families. A commitment to respecting their children's birth families placed many participants in a difficult position with regard to resemblance talk, in terms of both parents and children passively accepting comments about physical similarities without challenging or correcting the assumptions that underpinned them. In other words, to maintain respect for birth parents, the participants in this sample would have needed to always correct the presumption that their children were genetically related to them and hence looked like them. Clearly this often did not occur, a fact that is emphasized here not to indicate that the participants were not committed to respectful recognition of birth parents but, rather, that as people parenting in a statutory context the participants were constantly negotiating multiple demands.

Moving beyond the data, it is also important to acknowledge that in the context of resemblance talk, the salience of birth parents is not only of relevance to permanent or foster parents. It is also potentially relevant to children. Most important, and given the injunction that resemblance talk comes with in terms of kinship being established by physical appearance, conversations about similarities may be bittersweet for children living away from their birth parents. For some, it may be positive because it affords them recognition in the context of their new family and a sense of belonging. For others, however, it may remind them of what they have lost and may exacerbate the sense of disconnection they feel both from their birth family and from their new family.

With regard to resemblance talk in the context of Australian statutory child protection, what is required, then, is that future foster or permanent care parents are adequately prepared as part of their training for the competing demands presented by resemblance talk and appraised of its ambivalent nature. While some parents may intuitively develop skills for rhetorically deflecting resemblance talk or may already have interpersonal skills that allow them to comfortably challenge the assumptions of others, this is unlikely to be the case for all. Training that discusses the benefits and limitations of resemblance talk and the ways of engaging in resemblance talk that are positive (i.e. emphasizing shared values and modes of embodiment as per the final subtheme) rather than promoting complicity will benefit all parties involved.

Finally, and as was raised with regard to one of the extracts, the issue of difference requires ongoing discussion in terms of families and resemblance talk, and here with specific reference to families formed through the statutory child protection system. At its heart, and as Strathern (1992) notes, assumptions about genetics and resemblance emphasize a discourse of sameness, where to look alike is to belong and to be *claimable* as kin. Of course, what goes hand in hand with the emphasis on sameness is the inability to see family members as different and, with regard to children, to see children as potentially having differing or conflicting needs and desires to those of their parents. Given this discussion about the possessive investments that can arise from an emphasis on sameness has been a thread throughout this chapter, it is useful in closing here to reiterate the point that resemblance talk is problematic not simply because it reinforces the norm of genetics-as-kinship but because, in so doing, it also reinforces a norm of sameness. As we see in the context of children removed into statutory care, the inability to see children as human beings with their own rights and as different to their parents can have long-lasting negative effects. As this chapter has argued, at the level of the quotidian this is no less true, where assumptions about the basis of visual similarities in permanent care or foster families fails to attend to the differences within these families, and indeed serves to render invisible the unique needs and trajectories of such families.

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Chapter Five

‘It’s Not My Eggs, It Is Not My Husband’s Sperm, It Is Not My Child’

Surrogacy and ‘Not Doing Kinship’ in Ghana

Trudie Gerrits

When I first met Akuba, a surrogate—or carrier, as surrogates, including Akuba, referred to themselves—she was six months pregnant with twins, and that was the reason why she was staying at the LeleNa private fertility clinic in Ghana, where I conducted my fieldwork.[1] Akuba, a weighty woman in her early thirties, with an open face and a big, warm smile, was more than willing to share her story with me. She preferred to do the interview in her room in the ward—lying on her bed—instead of going to the small room where I conducted my other interviews. With loud TV noise in the background, a French-speaking roommate who hardly understood any English and another sleeping roommate (both women were pregnant themselves), she did not seem worried that our conversation would be overheard.

As with all the interviews, I began with some background questions, and it was with the question about her husband that Akuba’s cheerful face turned into a sad one. She told me how her husband had passed away in a car accident when she had been pregnant with their third child and how this had turned her life upside down. On her own, being poorly educated and working at a filling station, she was not able to take care of her three children. With the little money she earned she could not make ends meet and her family-in-law had offered her no financial support. Akuba reported how she could not pay the school fees, buy books and uniforms for her children or afford medications when they were sick. On top of that, she had to take care of the children of her brother and his wife, who had both passed away.

Akuba told me how she had first come to know about the possibility of becoming a carrier when she heard a taxi driver talking about it with someone on the phone. She had asked him to explain exactly what the conversation had been about (later on in the interview, I understood that he had explained to her about ova donation, not surrogacy). After this conversation with the taxi driver, she started to think about it, seeing it as a possible way for her to solve her financial problems. So, after a while, she decided to go to the LeleNa clinic, where she learned that she could not be an egg donor (egg donors were supposed to be younger and university students) but that she did fulfil the criteria to be a surrogate, as she had already given birth and was a single woman.

This chapter is about Akuba and women like her and examines how they see and experience the task that they have taken upon their shoulders, namely to carry one or more children for women/couples who are unable to do so themselves.[2] In particular, in line with the focus of this book, I aim to provide insight into how they perceive and enact their relationship with the children they are carrying.[3]

The advent of assisted reproductive technologies (ARTs)—and, in particular, ARTs involving third parties, such as sperm and egg donation and surrogacy—have challenged the natural and biological conceptualization of kinship (Strathern 1992; Carsten 2004). When reproduction becomes a technological achievement, Carsten (2004) argues, the line between what is attributed to technology and what to nature may become blurred. ‘Whereas kin relationships previously would have been seen to have their basis in nature, and could be socially recognized or not, the effects of assisted reproduction are that relations can be perceived either as socially constructed or as natural relations assisted by technology’ (Carsten 2004, 167). Charis Thompson (2001, 2005), in her study in the United States, identified a number of strategies that women deployed to delineate who the mother is in cases in which the use of ARTs permits more than one possible candidate for this role. These strategies did not only draw on ‘biology and nature; but also on socioeconomic factors, including who was paying for the ARTs, who provided the sperm, ova and/or embryos and who owned them, and who was the intended parent’ (Thompson 2005, 166). Through this complex and sophisticated interweaving—or the flexible ‘choreography between the natural and the cultural’ (Thompson 2001, 198)—people making use of ARTs define relationships in the way they perceive as appropriate given their situation (Carsten 2004, 178). Carsten, in particular referring to Thompson’s work, underlines how ‘underdetermined and variable’ the connections between biological and social kinship can be and ‘how adeptly and flexibly they can be manipulated’ (178).

With surrogacy, for example, three possible categories of motherhood are created: the biological mother (the woman who contributes the ovum), the gestational mother (the woman carrying the child) and the social or intended mother (the woman who is going to raise the child). Which of these mothers can be seen as the 'real' mother, on what grounds and according to whom? This issue has received ample attention, in particular, from ethical and legal corners that generally argue for the primacy of the genetic make-up of persons, which is defined long before birth. Carsten argues, however, that the people whom it concerns are not necessarily in favour of a 'simplified and geneticized reading of kinship' (2004, 181). Carsten's insights, as presented earlier, form the starting point for the current chapter. The focus, however, is not on people making use of ARTs to form their own family but, rather, on the surrogates—how do they imagine the relationship with the child they are carrying, and what makes them articulate their relationship in this particular way?

Thus far, limited attention has been paid to the way in which surrogates themselves understand these new relationships (Ragoné 1994; Pande 2009). Amrita Pande, who conducted ethnographic fieldwork on surrogacy in India, is—to my knowledge—the first anthropologist to tackle this question in a non-Western context. In her work, she describes and analyses how the Indian surrogates themselves constructed kinship ties as 'the product of conscious everyday strategy' (Pande 2009, 379). She observed that the Indian surrogates challenged established dominant hierarchies in kin relationships: they saw shared substance (blood and breastfeeding) and shared company (the labour of gestation and of giving birth) as more important than the 'genes and male seed' (2009, 379), even though in the Indian context the latter are commonly seen as the main contributors to the formation of kinship relations. The surrogates in Pande's study were thus actively engaged in a particular way of 'doing kinship', based on the meanings that they themselves attached to human substances. In this chapter, I show that the surrogates in Ghana intended to achieve the opposite of the Indian surrogates described by Pande, thus illustrating the flexible and malleable character of kinship from the perspective of those concerned (Carsten 2004).

This chapter, based on ethnographic fieldwork in two private Ghanaian fertility clinics, is the first publication to address the perspective of surrogates in an African context, and I aim to contribute to the ongoing debate on the meaning and implications of ARTs for 'everyday notions on kinship' (Carsten 2004, 163). I show how the surrogates working in one of these clinics—I refer to them as 'working in the clinic' and 'doing their job' because this best reflects what the surrogates do[4]—encouraged by clinic staff, explicitly avoided seeing the children they were carrying as their own.

I first briefly outline the study and fieldwork that I conducted in the Ghanaian clinics. Next, I give an impression of how LeleNa clinic—where Akuba and the other carriers whom I encountered worked—organized the involvement of carriers in ART treatments, how the carriers came to be involved and how they saw and experienced their job. Finally, I discuss how the carriers saw and enacted the relatedness between themselves and the children they were carrying and what made them favour this particular 'choreography' (Thompson 2005).[5]

STUDY AND FIELDWORK

This chapter is the result of ethnographic research I carried out during two fieldwork periods in 2012 and 2013 in two Ghanaian private clinics offering ARTs. This fieldwork—three months altogether—was part of a collaborative research project exploring the mobility of people, things and knowledge associated with ARTs in and to sub-Saharan Africa.[6] I held in-depth interviews and had informal conversations with staff members, women and men in treatment and surrogates. In addition, I conducted observations in different spaces in the clinics, including consultation and treatment rooms, waiting rooms, the 'baby room' and—to a limited extent—in in vitro fertilization (IVF) laboratories. Finally, I also interviewed the director of an agency who mediated between intended parents, on one hand, and surrogates and donors, on the other, and the initiator of the Association of Childless Couples of Ghana (ACCOG; see Hörbst and Gerrits (forthcoming) for more details about the methods).[7] Ethical clearance for the study was obtained from the Noguchi Memorial Institute for Medical Research-Institutional Review Board in Accra, Ghana.

Interviews with carriers were only conducted in the LeleNa clinic. In the other clinic, Goornor, the total number of treatments was much lower and the number of surrogates employed very limited. During the period of fieldwork, I was unable to meet with any of the carriers at Goornor, although I was able to speak with a woman who intended to become a carrier for her sister.

The first interview with a carrier in LeleNa clinic was 'accidental' (the nurse who introduced me to her for an interview had not mentioned that she was a carrier), and after this interview, I was able to interview other carriers as well. Some of them were introduced to me by one of the carriers with whom I had already spoken while others were asked to participate in the study by one of the nurses. After they had accepted the invitation to be interviewed, I carefully checked once more with them if they really wanted to be interviewed and stressed that they were free to decline if they did not want to. During the first fieldwork period, I was introduced to six carriers in total (according to the nurses, these were all the carriers who were around at the time), of which I interviewed five; with the sixth carrier, I could only have a brief conversation because of the treatment stage that she was in (more about this later). The willingness of the carriers to be interviewed may be related to the fact that Akuba, whom I met regularly after I first interviewed her, knew all the other carriers and was seemingly positive about talking with me (for which I am very grateful). During the second fieldwork period, I was able to interview only one additional carrier, as no other carriers were present in LeleNa clinic at that moment.

The interviewed surrogates were all between thirty-two and thirty-five years old; they had one to three children and were relatively low educated (most of them had not finished secondary school). They were all Christians and members of different churches. All of them had been living without a husband/partner before entering the clinic: two husbands had passed away, three women had divorced or separated, and two still had a husband, but they were hardly around and did not take any responsibility for the family.

Topics covered in the interviews with the carriers included their personal backgrounds and motivations for becoming a carrier, their experiences with and views about surrogacy and the impact it had on their life and their plans for the future. Because all carriers had to be hospitalized (more about this later), I could easily visit and speak with them multiple times, which I regularly did. During the second fieldwork period, I met and spoke with Akuba (who had delivered during the last week of my first fieldwork period) a number of times outside of the clinic, and she brought me into contact with two other former carriers whom I had previously met in the clinic. In these latter conversations held outside the clinic (face-to-face and on the phone), the women reflected on their period in the clinic and told me how things had gone afterward.

A few of the interviews I recorded, and during most interviews, I handwrote notes—this depended on the wishes of the carriers. Although the interviews and conversations with the carriers constitute an important source of information for the current article, I also present and build on insights gained in other interviews and conversations with clinic staff and women and men undergoing treatments and observations in the clinics.

SURROGACY PRACTICES IN THE CLINIC

To date, ARTs are offered in fourteen private clinics in Ghana, with surrogacy taking place in several of them.[8] There is no legislation in place at the national level,[9] and, therefore clinics are, to a large extent, free to set up their own practices and procedures. At the time of my first fieldwork period (2012), LeleNa and Goornor clinics both offered treatments with the involvement of surrogates, but they employed different modes of organizing these treatments (for more information on the clinics, see Gerrits forthcoming; Hörbst and Gerrits, forthcoming; Gerrits and Hörbst, 2016). Goornor clinic, from the very moment they started working with surrogates, made use of an intermediary agency which was responsible for all nonmedical aspects, including the recruitment, screening, contracting, monitoring and hosting of the surrogates, as well as dealing with all legal and counselling issues with intended parents and surrogates.[10] By contrast, LeleNa clinic had initially organized all of these nonmedical aspects themselves. However, in 2013—after being confronted with a number of complex situations, some of which even had to be brought to a court to resolve—the clinic also started to work with an intermediary agency. All the surrogates with whom I spoke had been recruited in the period when LeleNa clinic was still organizing all of the nonmedical matters itself.

LeleNa clinic did not advertise to recruit surrogates. From both clinic staff and the carriers, I understood that the women came to know about this option through word of mouth, as seen in the case of Akuba. On entering the clinic, they were seen by a nurse in charge of the intake—'Aunty Sylvia', as the carriers called her. In that first intake session, Aunty Sylvia asked them how they had come to know about the possibility of becoming a surrogate and what their motivation was for doing so, and she inquired about their personal and family life. As mentioned earlier, two core criteria had to be fulfilled for a woman to be eligible for the job as a surrogate: the woman should have delivered one or more child(ren) herself, and she had to be single (widowed, divorced or separated). The experience of delivery was considered important, because the woman had thus already shown her 'capacity' to be pregnant and deliver; in addition, clinic staff thought that it would be difficult for a woman to give away her child if it was the first she had ever carried. In the words of Aunty Sylvia, 'You cannot have a baby for the first time and then give it away'. Furthermore, the absence of a husband was considered important to avoid the event that when a woman was carrying a child (or children) for someone else, the husband would suddenly appear and claim that the child(ren) that his wife was carrying were his own.

In this first conversation, Aunty Sylvia emphasized that the carriers should be aware that they would have to give away the child(ren) they delivered, and in particular, she stressed that they were *not* their children. As she explained to me, 'I counsel them: "This is not your own egg, your own ova. It is not the sperm of your husband. You won't see the baby after the delivery." I prepare their mind for that. [. . .] I give them ample time to think'. Aunty Sylvia also informed them about the fact that they would have C-sections instead of normal deliveries because 'IVF comes with multiples—with twins or triplets. So [I tell them] we do C-section'. She indicated that some of the carriers were scared about the C-section, something that they also confirmed to me.

Finally, carriers were informed about the money they would earn: ten thousand Ghanaian cedis (which at the time was about four thousand euros) per child delivered. If they had a miscarriage, they would receive part of the money, relative to the number of months they had carried the pregnancy.[11]

Compared to the amount of money that the carriers had earned previously (around two to three hundred Ghanaian cedis per month), this amount of money equalled more or less three and a half years of income.

In addition to fulfilling the core criteria and having been counselled in and accepting the idea that they would have to give away the child(ren) and undergo a C-section, the intended carriers had to undergo a series of physical examinations and tests. When no physical abnormalities were detected, they were, in principle, accepted and were called the moment the clinic had a couple in need of a surrogate. Then the preparation for the treatment started: the hormonal cycles of the carrier and of the woman providing the ova (this might be the intended mother or an ova donor) were fine-tuned. LeleNa clinic only offered gestational surrogacy (as opposed to genetic surrogacy[12]), to avoid the outcome that the carrier would see the child she was carrying as her own and would find it difficult to give the child away. Several clinic staff underlined the importance of this practice, apparently based on bad experiences in the past.

From the moment the embryo transfer was done, the surrogate was hospitalized in LeleNa clinic and had to stay there throughout the pregnancy. Staying in the clinic after the embryo transfer was also common practice in LeleNa clinic for the women who were undergoing IVF and carrying a pregnancy for themselves, at least up to the pregnancy test, but a proportion of them were also hospitalized up to a later moment and even until delivery (see Gerrits [2015] for a discussion of the reasons for this extended hospitalization). The women who had undergone IVF for themselves and the carriers shared rooms in the clinic. In principle, however, fellow roommates were unaware that they were carriers, and indeed, the carriers preferred to hide their position, because they did not know how the others would react. Akuba told me that she had once trusted one of her roommates, 'A Ghanaian woman. She could be my mother. She was fifty-five years old. She came here for treatment. I trusted her. I told her that I had children and I do this'. However, from that moment on the woman had looked at her 'as a poor woman—she does not show respect anymore'. Since then, she had not trusted any other women carrying for herself (although she was proactive in finding out who the other carriers were and socialized with them). Not all women carrying for themselves, however, showed such disrespect for the carriers. In another room, for example, I spoke with a pregnant woman who was carrying a child for herself—a Ghanaian woman who had lived in the United States for a long time and had returned to Ghana to do IVF with the use of donor ova—who highly appreciated the task that her roommate, a carrier, was accomplishing for another couple. This woman, who told me that she had been exposed to the practice of commercial surrogacy in the United States and would consider surrogacy for herself if she had no other way to get a child, seemed not to be judgemental about the carriers who were doing 'this work' for others.

According to the clinic's philosophy, the carriers and the 'owners'—this is how the carriers and others in the clinic often referred to the intended parents—were not supposed to meet because it was assumed that this might pose problems in the future. First, as surrogacy is a highly secretive practice in Ghanaian society, it was thought that if carriers knew the identity of the owners they might come into a position to threaten or blackmail them. This was a significant concern as many of the owners were 'big people', as one clinic staff member called them, 'with high social status', whose public image might be damaged if their involvement in surrogacy would be revealed. Second, it was thought that the carriers might want to visit the owners or claim rights on the child(ren) when they got older. Contracts were signed in which the surrogates agreed to give the child or children to the intended parents, and the city council was also involved in settling legal and administrative issues regarding the carriers. While all the carriers whom I spoke with complained about uncertainties regarding their position and rights, nevertheless, all of them expressed their satisfaction about the care they received from the staff.

'TO IMPROVE THE LIFE OF MY CHILDREN'

For all the carriers I spoke with, the first and foremost reason for getting involved in surrogacy was their urgent need for money, as they were all living in precarious situations, similar to Akuba. They had all heard by chance about the possibility of becoming a surrogate; two were initially approached while working as cleaners in the hotel where couples undergoing IVF, several of whom come from abroad, would stay while in Ghana.[13] One carrier was directly asked by 'friends'—she was the only carrier in LeleNa clinic I met who had a personal relationship with the owners for whom she was carrying. When I met her, she had just had her embryo transfer, and for that reason I could not do a full interview with her (in that stage of the process, the women were supposed to move as little as possible). However, she shared part of her story with me and told me that this was the second trial she was undergoing for the same couple. After the previous treatment failure, she had been living with the couple, and she emphasized—with a big smile on her face—that they were taking 'very good care' of her.

All carriers hoped to be able to make enough money to set up their own business (a small restaurant, a shop, a bakery or the like) to improve their own lives but, as all of them stressed, in particular to improve the lives of their children. By starting a small enterprise, they hoped that they could, also in the long term, pay for their children's schooling, which would prepare them for a better life than they themselves were able to have. Although concerns about their children's future were definitely paramount in their accounts, other concerns such as seriously ill relatives and the need to help them were also mentioned. They were thus involved in producing kin for others to be able to better provide for their own. In explaining their motivations—in 'justifying' their choice to earn money in such an uncommon and secretive way—they presented themselves as unselfish persons: they were involved in this practice to improve the lives of others around them (this is a finding that has also been demonstrated elsewhere, see e.g. Pande [2011] and Ragoné [1994]). As one of the carriers mentioned, 'So, I have to sacrifice for my children to get to the top [of education]'.

While the carriers envisioned a better life for their children in the long term, in the short term, becoming a surrogate had a huge impact on their family life, because they had to stay in the hospital—under strict surveillance—during the full period of their pregnancy. They had to arrange for someone to take care of their own children at home during their absence. This was all the more complicated because the clinic strongly recommended that they did not tell others that they were acting as carriers and that they informed only one person whom they could trust and who would keep their activity a secret. That was indeed how most of the women handled their situation. All of them had invented stories about how they were 'working abroad' or elsewhere in the country to explain their long absence from home, as well as the origin of the money that they hoped to bring back (as they could not know in advance whether the fertilization would be successful or if they would be able to carry the pregnancy to term, they were not absolutely sure about the amount of money that they would bring back). Akuba, for example, had told her children that she had gone to work in South Africa. She disliked lying about her absence and missed her children enormously while in the clinic, and according to her, they missed her too. During her stay in the clinic, she regularly phoned with her children as a way of relieving and overcoming her own homesickness and consoling them (in particular, the youngest, who had still been sleeping with Akuba before she had left home to attend the clinic). She made sure that her phone number was not shown on the display so they would not detect that she was phoning from within Ghana.

While still in the hospital, Akuba had told me that after being released from the clinic, she intended to first go to the shopping mall to buy presents for her children, and then she would take a cab to the airport, where she would be picked up by her family. This was indeed how she had proceeded, she told me when we met half a year later in her home. A fortnight after she had delivered 'healthy twins', she proudly said, she returned home, taking presents for her children 'from South Africa'. All the carriers I spoke with disliked the fact that they had to invent these stories to justify their long absence from home, although they disliked even more being away from home for such a long period. As one of the other carriers said when I asked her how she felt about being in the clinic for nine months, '[It] is not easy, is not easy. [. . .] Yes, because I miss my daughter, I miss my mom, I miss my parents, I miss everybody. I even miss outside'.

When I asked Akuba why she thought it was better not to tell others about her being a carrier, she was very clear in her answer: 'They may think a lot. Some of them will think it is a sin. Some may think that I sell my own child. They may say many things. But it is not my own eggs!' The secrecy and misunderstandings surrounding the practice of surrogacy in Ghana had manifold implications—for the carriers as well as for the owners—and shaped particular forms of relationship making, which I discuss in the next section.

'BUT IT IS NOT MY EGGS'

Although the carriers' motivation to do this job in the first place was to improve the future of their children, throughout their stay in the clinic, they developed another argumentation as well. Being confronted with the problem of infertility in the clinic and with the many women who were eagerly trying to get pregnant and who suffered from treatment failures, they became conscious of the precious capacity that they themselves possessed, namely the capacity to carry and deliver children, even when they were, financially speaking, poor. As Akuba said in our first interview, 'I have three children and no money; and they [the owners] don't have children. I need their help and they too need help. I feel I am helping them and by doing this I can resolve my financial problem'. Through their residence in the fertility clinic, expressions and considerations of reciprocity (doing something that was of mutual benefit) became part of their justification for being a carrier, even when it had not been their primary motivation at the start. In addition, some carriers added altruism to their list of motivations, in the sense of doing an act of charity or kindness for others. Mary, for instance, a carrier whom I spoke with after she had delivered, recalled that she had told the clinic doctor he need not be concerned that she would not give away the child: 'I am here to help the person [the owner], . . . that's why'. Some of them also phrased their altruism in terms of 'doing good' as a Christian. Adding the notions of reciprocity and altruism as good reasons for being surrogates—even if these notions were not part of their initial motivation—seemed to help the women present their uncommon work as more acceptable, which reflects Helena Ragoné's (1994) findings among surrogates in the United States.

While the carriers expressed concern and were sometimes upset about the secrecy and (moral) disapproval surrounding surrogacy, some of them were struggling themselves to come to terms with this new practice. This struggle was most outspoken in the case of Patricia, who had been worried and had been pondering about the appropriateness of being a carrier before coming to the clinic. When she first visited the clinic she had intended to become an egg donor but had quickly found out that she was too old. When she had heard about the option of 'the surrogate', initially she did not want to do it. But then she had started thinking:

> I did not have to sleep with a man. So, it is not my egg. It is the sperm from a man and the egg of another woman. So, I have prepared my mind: it is not my child. [Pause] Yes, I have prepared my mind. In the beginning I thought I cannot do it. I cannot carry a child in my womb and then give it away. But it is the sperm of another man and the egg of another woman. I need to prepare myself. To have the courage.

Patricia recalled how she had thought about the (moral) correctness of surrogacy before coming to the clinic: 'A human being needs money to do things. "What is the right way to get the money?" I was thinking'. In addition, she had questioned beforehand whether she would be able to give away a child that she had carried in her womb, and was thus preparing herself to be able to do this. After the embryo transfer, while, on one hand, she was relieved because the medical intervention had not been painful, on the other hand, her worries increased, and she started to have sleep problems and nightmares. Her worries included thoughts about whether this surrogacy practice was 'spiritually correct' or 'sinful' and whether witchcraft could be involved: 'That eggs that are in me may come from a witch person who has a bad spirit or even the sperm. . . . If the egg and sperm come [in contact] with the blood. I am thinking if you can pass the witchcraft?' She had shared her concerns with the clinic doctors who had tried to encourage her, advising her to pray. At the time when I spoke with her, two and a half months after the embryo transfer, she said she was less concerned, felt better and was managing to sleep.

Although Patricia was the only carrier who spoke about her concerns in these terms—both being explicit about having to prepare herself to be able to give the child away and pointing to interesting intersections between local knowledge and biomedicine[14]—all the women emphasized that it was not their child they were carrying. They repeated, in one way or another, the words that Aunty Sylvia had used during the intake. As Akuba said during one of our interviews, 'They let you know that the babies are not for you. They give somebody's eggs to you. You know that. The eggs are not from you. The sperm is not my husband's. It is not my brood [offspring]. I just carry them in my body'. One of the other carriers, Mary, spoke about her task as a carrier as being 'the caretaker' of somebody else's eggs. Another expressed it in an even more mundane way, comparing it to purchasing something for someone else: 'It is as if you are buying something for someone else. You give it to the person'. The women thus strongly echoed and confirmed the clinic's notion that they were not related as kin to the child(ren), they were ‘just’ carrying them, were solely caretakers; in other words, they were just doing a temporary job. These expressions can be seen as the result of a conscious attempt from the clinic’s side to imprint a certain notion in the carriers’ minds, with the aim of smoothing the process of giving away the children after they are born. Such a perspective was therefore most definitely in the interests of the clinic. However, the carriers also clearly expressed the fact that they did not want to keep the child(ren) they were carrying, as they were not even able to take care of their own children. Mary, for example, said, ‘Even the ones that I have I cannot take care of them. Why should I go for [keeping the one I am carrying] . . . [With a loud voice] No, no, no!’ The kinship frame offered by the clinic thus supported and enabled the carriers to do their work as surrogates properly, which is, again, comparable to Ragoné’s (1994) findings in the United States.[15]

Clinic staff and the carriers alike thus argued from the position that as long as their own ova—that is their own genetic material, although these words were never used—and their husband’s sperm were not involved, the child they were carrying was not their own. One of the nurses in LeleNa clinic compared the position of the carriers with the position of a Ghanaian woman who is pregnant but who does not know who the father is: ‘If you don’t know the father of the child, you don’t want the pregnancy. It is the same here!’ In this way the nurse described the new practice of surrogacy in terms of existing cultural notions (see Thompson 2001).[16] Another clinic staff member expressed another view, however. He shared the opinion that when a woman keeps a pregnancy, she ‘develops some love for the baby’, and because ‘a mother is a mother’ and she ‘feeds the baby’, she gets connected to it, which, according to him, may emotionally complicate the process of giving the baby away.

This latter view on emotional bonding between mother and child in the uterus was something that I also heard from the women in the clinic who were pregnant through IVF with the use of egg donation. In these cases, the women themselves underlined that even when the egg was not theirs, they were the ones carrying the child for nine months, and this made them feel connected with it—they felt that they were carrying their own child (see Thompson 2001). According to some of my informants, this is also what the doctor had told them. One of the men I spoke with, whose wife was pregnant with triplets using donor eggs and who had expressed his concern about the use of donor material, recalled what the doctor had told him: ‘He [the doctor] said: “There is no disadvantage. It is only the egg. The child will have the characteristics of the biological parents.” It [the baby] is of my sperm and the one who is carrying the pregnancy’. These diverging views on building kinship relations, even within the same clinic, underline the flexibility and variability of biological and social kinship connections as discussed by Thompson (2005) and Carsten (2004). For the Ghanaian women in LeleNa clinic who were pregnant with the use of donor ova, forming kinship was not at all about 'essentializing genetics' (Carsten 2004, 178); instead, they manipulated the connections according to their own intentions and needs.

How then did the carriers perceive the act of giving away the children after delivery? I saw a few of the carriers immediately after delivery, and spoke with three of them some months afterwards. All of them said that they had not had any problem in giving the child(ren) away. As one carrier stressed, 'I know it does not belong to me, so I haven't anything against it'. Although this woman had not felt the inclination to see the child after it was born, Akuba had wanted to see the twins she had delivered. With a big smile on her face, she told me that she had seen the babies—she did so even though carriers are not supposed to see the babies after the C-section; she had simply gone to the 'baby room' and looked at them, 'a boy and a girl'—and she was proud to have delivered two healthy and strong-looking children. She did comment, however, that after the delivery, the owners of her children had stayed in the clinic in a room close to her own and that when the babies started crying, her breast had started leaking. Although she herself—flexibly manipulating the sort of relationship that fitted her situation best—was most willing not to see the babies as her own children, at that moment her body was still responding according to the law of nature (a law that does not prescribe the kin relationship being constructed).

CONCLUSION

The carriers who stay—work—at LeleNa clinic for nine months to produce children for owners stress that they do not see these children as their own kin. On the contrary, they put all efforts into emphasizing that these children are *not* related to them; they are just 'carrying' them, taking care of them, on behalf of the 'owners'. This terminology unmistakeably reflects the positions of both sides. While the carriers' perceptions might very well be influenced by the clinic's philosophy and practices surrounding surrogacy, they themselves also have good—moral—reasons for taking this standpoint. First, their primary motivation for becoming surrogates is related to their precarious financial situation: they become carriers because they want to be good mothers to their 'own' children, whom they love and with whom they have a genetic connection (they were created from their own and their [previous] partner's material). They produce others' kin to be able to better provide for their own kin. Second, it is important not to have a genetic—kin—relationship with the child(ren) they carry, because if they would have such connection, it would be immoral for them to give the child away after birth. In this case, it would be like selling their own child. In addition, the notions of reciprocity and altruism that the carriers added to their motivations for doing this uncommon job—during and because of their stay in the clinic—facilitated them to see and present their work as morally good and acceptable.

The findings presented in this study illustrate and underline the notion that relatedness can be socially and biologically defined, and show the flexibility that people may have in adjusting their ideas to their wishes and needs. While Thompson (2005) showed that people using ARTs can manoeuvre social and biological factors to delineate who is the mother, this case study shows that the carriers themselves also have some manoeuvring capacity; though it also has to be acknowledged that they are not at all in a position to claim any rights as a mother, even if they wanted to (see also Carsten 2004). The manoeuvring flexibility that people have is also underlined by the fact that couples using ARTs in different situations (e.g. those using donor ova in the Ghanaian clinic) may take quite opposing positions and logical reasoning with regard to making kin.

The Ghanaian carriers in LeleNa clinic, by not seeing the children they were carrying as their own, strongly 'essentialized genetics' (without talking about genetics themselves); thus, they imagined their relatedness with the children they carried in a completely different way compared to the surrogates that Pande (2009) encountered in the clinic in India. The Indian surrogates were actively engaged in 'doing kinship' vis-à-vis the children they were carrying, based on the meanings they attached to human substances and their huge investment in carrying, feeding and delivering the baby. Contrarily, the Ghanaian surrogates were actively engaged in 'not doing kinship', which is comparable to what Ragoné (1994) found among surrogates in the United States. This cross-cultural comparison points to the flexibility and variability of biological and social kinship connections and raises questions about what factors and circumstances influence the views on and desires for the creation and/or presentation of certain kinship relations. It is impossible to explain in absolute terms the reasons for the different positions of the surrogates in both places. However, the fact that surrogacy in the Indian clinic was less surrounded by secrecy (at least within the boundaries of the clinic), that the surrogates' husbands and children came to visit them, that they were surrounded by several women who were all openly acting as surrogates and that the surrogates knew and had regular contact with the intended parents (some of whom also considered/envisioned maintaining long-term contact), may all indicate that surrogacy in India is a practice that is not (or at least to a lesser extent) framed as morally wrong or problematic (see Pande [2011] for more information of the surrogacy practices in the clinic). While the surrogates in the Indian context were equally poor and dependent on the intended parents for their income as the Ghanaian carriers, they may have felt less inclined to present themselves as morally correct persons and were thus less intent on stressing that the children they were carrying and giving away were not their own kin. In addition, not seeing the child as their own may have prepared the Ghanaian carriers emotionally for giving the child away, as Patricia's case illustrated. In their case, because back at home hardly anybody would know that they had given birth to a child and given it away, they could not expect to receive any support in handling the potential negative emotions resulting from it. Therefore, for the Ghanaian carriers I met, 'not doing kinship' not only functioned as a means with which to preserve their dignity and self-respect—both of which they undoubtedly deserve—but was also a means of preventing emotional turmoil.

NOTES

1. All names of clinics and informants are anonymized.

2. During my fieldwork, I heard one example (in Goornor clinic) of a young woman who would have been able to carry her own child but whose husband—after seeing his wife suffering from a previous problematic pregnancy that resulted in a miscarriage—did not want her to endure any further suffering and thus did not want to risk another pregnancy.

3. It should be noted that the fieldwork insights on the practice and experience of surrogacy presented and discussed in this chapter raise a whole series of other questions (beyond issues of kinship), pointing to theoretical notions such as stratified reproduction (Ginsburg and Rapp 1991), bioavailability (Cohen 2008), agency versus exploitation, commodification, surveillance and discipline (see e.g. Inhorn and Birenbaum-Carmeli 2008; Teman 2008; Whittaker and Speier 2010). These notions are not discussed in this chapter, but some of them are addressed elsewhere (see Gerrits and Hörbst 2016; Gerrits forthcoming).

4. The idea of referring to surrogates as working and doing a job came up in a discussion about our data with Viola Hörbst.

5. Because the words *carrier* and *owner* (to describe the persons who receive the baby) were commonly used in the Ghanaian clinic, these are the terms I also use when describing the situations I observed.

6. This comparative project was titled 'Dynamics and Differences of Assisted Reproduction in Sub-Saharan Africa' and was financed by the Fundação para a Ciência e Tecnologia (FCT) in Portugal and designed and coordinated by Viola Hörbst. I am grateful to the FCT and Viola Hörbst for the opportunity they gave me to conduct the fieldwork in Ghana (for more information on the project, see http://ssaart.wordpress.com).

7. I am very much indebted and want to express my gratitude to the clinic directors, the staff, the women and men visiting the clinic with fertility problems and the surrogates for their willingness to share their insights and experiences with me. Without their participation, I would not have been able to conduct this study.

8. Personal information Nana Yaw Osei (Association of Childless Couples of Ghana). An overview of the clinics that work with surrogates does not exist.

9. In most African countries, legislation on ARTs is not yet in place.

10. I had a lengthy and interesting interview with the director of the agency, who informed me about her way of working with surrogates, which is quite different from the way things went at LeleNa clinic. Because I did not speak with any surrogates working with the agency, and because this chapter focuses on the surrogates' perspective, I do not go into the practices of this agency based only on the account of the director (see, however, Gerrits and Hörbst [2016] for more info about the agency).

11. While I was in the clinic, one of the surrogates had a miscarriage, and she complained that she had not received the money for the months that she had carried the pregnancy. She had only received the monthly 'allowance' of two hundred Ghanaian cedis to pay for personal expenses (in the clinic and at home) that all carriers receive and which, at the end of the process, is deducted from the total payment. This point forms an important theme for further analysis, however it goes beyond the focus of this chapter.

12. In gestational surrogacy, the surrogate carries the child(ren), but her ova are not used in the fertilization process; in genetic surrogacy, the surrogate carries a child or children resulting from the fertilization of her own ova using the sperm of the intended father (or a sperm donor).

13. See Gerrits (forthcoming) for more information on cross-border travel to Ghana for assisted reproduction.

14. The latter point constitutes an interesting theme for further analysis, although it goes beyond the focus of this chapter.

15. The only surrogates in Ragoné's (1994) study who had had bad experiences with giving away their child were the women attending a clinic in which the support program had been discontinued and the message that the child they were carrying was not conceived with their own eggs and thus was not theirs was not continually repeated.

16. Thompson (2005) refers to African American women who used egg donors from women from their own community who shared the same ethnic and socioeconomic background. The women compared the new practice of ova donation with the old practice of mutually serving as a (second) mother for each other's children in the community (see also Carsten 2004, 177).

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II

Kinship as Consumption

Chapter Six

Migrant Care and the Production of Fictive Kin

Antía Pérez-Caramés and Raquel Martínez-Buján

In this chapter, we explore the relationship established between live-in migrant caregivers for elderly people and their employers in terms of fictive kin. We thus explore how family patterns, attitudes and behaviours are created and re-created in the discourses emanating from both sides of the caregiving relationship. We analyse this issue from a constructivist perspective of the notion of family, so we look into the strategic, procedural nature of the establishment of family or quasi-family links. The context of this research is Spain, where a significant trend of de-familialization of care work for dependent people has been acknowledged throughout the last decade, this trend being accompanied by a process of feminization of migratory flows and the development of long-term care policies based mainly on economic benefits that made it more affordable for many Spanish families to hire a live-in caregiver (León 2010). Spain is, indeed, one of the welfare states in Southern Europe, where families are given a preeminent role in providing for social care, and as a result, the state itself is secondary when it comes to catering for the needs of individuals (Bettio, Simonnazzi and Villa 2006; Lyon and Gluksmann 2008). Data from the latest 'Encuesta de Discapacidades, Autonomía Personal y Situaciones de Dependencia' survey ('Disability, Personal Autonomy and Dependency Situations', by the Spanish Statistics Institute [INE 2009]) consolidate this phenomenon, indicating that 78.8 percent of the elderly's main carers are members of their families. Yet, this source also collects a fundamental change in the organization of family care, consisting of the current trend to privatize assistance by hiring domestic workers (Kofman and Raghuram 2009; Martínez 2014).

As a matter of fact, an estimated 10.2 percent of elders in a dependency situation use this, making domestic service the main care privatization resource within households. Most of the research work performed in Spain in this field explains this preference for the advantages of domestic service in terms of both economic and labour flexibility (Martínez 2010).

This way, the high demand for domestic workers Spain has experienced in the last years (Martínez 2014) could be related to the cultural and moral considerations which define 'good care'. Other social, economic and demographic elements resulting in its consolidation must undoubtedly be taken into account. These are, for instance, women's increasing participation in the labour market, the unequal division of reproductive tasks between the sexes and generations, the ageing of the population and certain trends in social policies aimed at the privatization of personal care services (Cervera et al. 2009). This context has been joined, during the first years of the twenty-first century, by the growth of female migration flows largely coming from Latin America and which then satisfied the demand from families for care work within households (Marcu 2009; González 2013). It is estimated that 60 percent of domestic workers come from abroad, and about one in every three women from Latin America has this occupation. It is also estimated that the live-in modality is where most are hired most of whom are immigrant women (García Sainz 2012). The impact of this employment on the female foreign population has been so high that nonprofessional care work has become their passport to the Spanish labour market (Martínez 2010).

The analyses carried out internationally on this occupation and its employment characteristics have been very prolific in the last years, with the hiring of domestic workers as carers becoming a line of research of its own (Hochschild 2000; Hondagneu-Sotelo 2001; Parreñas 2001). Nevertheless, studies focused on the Spanish case are still scarce. So far, such research has been centred on identifying the factors which turned domestic service into the preferred formula for family care work privatization and on denouncing the high levels of exploitation and domination existing in that activity (Colectivo IOÉ 2005; Marcu 2009; García Sainz 2012). There has been less analysis on the modifications that this demand for care introduces in the classic relationships between employers and employees.

Hiring private caregivers through domestic service allows replacing the role of the family without the aged person having his or her life altered but maintaining, instead, his or her closest relatives' professional and life expectations. We particularly consider this replacement process to happen mainly in those cases in which the caregiver is hired as a live-in worker, via the assimilation of hired workers as if they were relatives within employing families. Through the exploration of this fictive kin creation process, we study the implications of such a phenomenon on the nature and the concept of care work. Besides, we intend to demonstrate that the construction of fictive kinship in the relationship between the live-in caregiver and the employer constitutes a strategic mechanism in the hands of both the employer and the caregiver.

In this sense, the newest aspect in the chapter is that this process is studied from not only the caregiver's viewpoint but the employing family's viewpoint as well. Particularly, it argues that even though the bonding created in the care relationship means a greater vulnerability and exploitation for the workers, it can also provide certain power to those workers, which they lack when they only work at housekeeping. Migrant caregivers can reinforce their position as fictive family members to increase their bargaining power (empowerment) and for better handling the tensions inherent to the particular characteristics of care work on a live-in basis (coincidence of private residence and workplace, emotional component of the work relationship).

This chapter is based on the discourse analysis of sixty-three semistructured interviews both with migrant live-in care workers and with employing families. In the case of employing families, those selected were people who hired an in-house care worker to look after elderly persons during a minimum period of one year. In the case of care workers, those selected were persons who had worked in-house for at least one year, their main task being looking after an elderly person. Interviewees are not related to one another, as the relationships between working families and their migrant care workers have not been the object of these interviews. Access to interviewees was gained via contacts provided by nongovernmental organizations and by job-search associations for domestic service and care work. The snowball sampling technique was also used. Interview lengths vary between one and three hours, and they were all audio recorded. When interviewing employers we gathered information about the decision to employ someone, the training wanted, the management and organization of care, the adaptation to the family and personal relationships and the labour conditions. When interviewing care workers employed, focus was made onto their employment history, labour conditions in domestic service and interpersonal relationships with the person receiving care and their relatives.

The interviews have been analysed from the perspective of critical discourse analysis, as defined and proposed by authors such as Wodak (1997; Wodak and Chilton 2005; Wodak and Meyer 2009), Fairclough (1989) or Van Dijk (1993, 1996, 2000). In this respect, we understand the discourse recorded in our interviews to be a sample of the power relationships existing in care given within households.

This social process, shown by the interviewees' discourse, consists of a set of social practices which, according to Fairclough (2009, 164), 'mediate[s]' the relationship between general, abstract social structures and particular, concrete social events. Through their discourse, employing families and migrant care workers contribute to establish a power relationship based on the redefinition of family structure through the creation of fictive kin ties.

With the purpose of identifying the dialogical construction processes of fictive kin in the care relationship, we especially analysed those interview excerpts where the relationship between the employing family and the care worker was dealt with and details of the outside-work nature of this relationship were given. Thus, for example, in their discourse, the interviewed employers connected their conceptions regarding 'good care' to the emotional and affective dimension of care work, so they understood that a special, quasi-familial relationship was needed to ensure that the affection involved in care work was given. In the care workers' discourse, the creation of a fictive kin bond has an affective dimension leaning particularly towards the person in a dependency situation. For us to gather the emotional spectrum of our interviewees' discourse, we have given special consideration to the paralinguistic elements compiled in the interview recordings, as well as in our field diaries. Emphasizing by crying or going silent and intonation were of particular interest.

The structure of the chapter is as follows: we first develop the main theoretical contributions that analyse the situation of migrant women doing care work in the households and the processes that allow for the redefinition of family ties until the employees become an integral part of the family. In the following section, we turn to the origin of the emergence of this type of family relationships in the care for the dependent elderly by migrant women through the analysis of the qualitative material we gathered from interviews with employing families and migrant caregivers. We then assess the consequences that establishing quasi-familial relationships in care work has for migrant women's labour conditions, for the person in a dependency situation themselves and their family and on the consideration and social value placed on care work. Finally, we present a synthesis and some brief conclusions.

MIGRANT WOMEN, CARE, DOMESTIC SERVICE AND 'FICTIVE KIN'

In the last two decades, academic literature related to domestic service and to the position of migrant females in this sector has achieved particular importance within social sciences (Abrantes 2014). In this sense, exploration starts focusing on the boom experienced by international female migrations and their link to the high demand for domestic and care service. Works by Arlie Hochschild (2000), Rhacel Parreñas (2001) and Pierrette Hondagneu-Sotelo (2001) are groundbreaking within this theoretical framework because they allow to understand, on one hand, the labour relations underlying domestic service and, on the other hand, to determine their position in global capitalist processes. By means of studying the hiring of migrant females in the United States to do child care within well-off families, Hochschild (2000) analyses how the delegation of reproductive and domestic tasks to migrant females allows for the integration of women and men in Western countries in a productive, high-salary labour market. This process is called by the author 'reproductive work transfer' and its process is complemented by the functioning of 'global care chains'. Work histories of the native population depend on care work carried out in the household by immigrant domestic workers, who are themselves dependent on unpaid care work that women of their family circles and countries of origin perform for nonmigrated children and old people, thus creating a dependency chain in care work by women who are located in a variety of geographic, social and ethnic places. The study of Parreñas (2001, 2005) on experiences of women as childminders in private homes in Los Angeles and Rome names the segmentation of this labour market the 'international division of reproductive work'. From these publications, the analytic interest in domestic service starts to be placed on the demand for care tasks, from the moment when most of these migrant women, despite being hired as domestic workers, performed care and personal assistance tasks.

These new conceptualizations advance in the knowledge of the relationships between globalization, migrations and care and are complemented, since the early 2000s, by 'social care' theories. This theoretical corpus has its origin in British and Scandinavian feminist literature, particularly from the 1980s. Initially concerned with analysing relational aspects where care took place, and in its definition from personal bonds of obligation, compromise and trust (Finch and Groves 1983; Graham 1991; Thomas 1993), the concept of care became wider and wider, reflecting changing shapes in the organization of care taking place in societies (Alber 1995; Anttonen and Sippilä 1997; Ungerson 1997; Daly and Lewis 2000). This is the reason why, for a decade now, domestic service has joined these analyses as a new strategy, not only used by families but also by states, for keeping an ideology about assistance within family surroundings which is economical and flexible for people's needs (Cox 2006; Cangiano et al. 2009; Martínez 2010). In fact, this occupational sector has become essential in Southern European countries (Italy, Greece, Portugal and Spain) where the most familistic care models prevail. Some authors have even called this a process of incorporation of a 'migrant into the family' (Bettio, Simonnazzi and Villa 2006), referring to a care system within households that depends on hiring migrant women rather than having that responsibility assumed by the state.

Some research has emerged that is focused on studying the challenges that hiring migrant women poses to the moral and cultural meanings on society's care for the elderly (Weicht 2010). This subject has been studied by Bridget Anderson (2000), who shows that the demand for migrant care workers is connected not only to the demand for workers for this activity but also to the fact that employers expect to buy their personalities and their time. Authors such as Akalin (2007) enter the debate of symbolism and of the meanings that having a person working at their home has for the employers, concluding that a feature specific to domestic service is the ability it gives to families to shape workers to the extent of turning them into an integral part of their family, assimilating them as relatives.

This process had already been named by Hazel Mac Rae in 1992 'fictive kin', referring to those relatives who bond affectively and in terms of responsibility, rights and duties, similar to those of blood relatives. In this sense, this author understands that this proposition is used by some individuals to satisfy certain needs which, while having been culturally adopted by family members, the family cannot sometimes take care of. Assimilation of relatives, friends and care workers as family members is explained by Mac Rae through the substitution rationale of absent relatives. Those who should take care of certain tasks (affective, instrumental and material ones) are not there, and this absence is filled by other close people who adopt family roles and obligations. This is what she has named the 'replacement principle'.

In general, a great part of the existing works about this subject indicate that the conversion of the employed caregiver into quasi-family happens more easily, and is more likely to happen, when the elder or dependent person lacks close family networks—as defined by traditional means—and is not supported by institutions either, be those institutions public or private (Gubrium and Buckholdt 1982; Mac Rae 1992; Dykstra 1993; Karner 1998; Piercy 2000; Barker 2002; Dodson and Zincavage 2007). Also some works indicate that some factors related to the emotional involvement and the intimate nature of the work itself (which varies depending on whether it is exclusively domestic work or looking after children and elders), along with the length of the care relationship, are the main determining factors to move from a casual relationship to an incorporative one, where caregivers are incorporated to the family nexus (Barker 2002; Lan 2003).

Bakan and Stasiulis (1997) point out that, in their work on domestic workers hired for cleaning and looking after children, the beginning of this family relationship is connected to the way in which domestic service defines work relationships. When negotiating working conditions as a private matter to be solved between the employing families and their employees, the latter determine work from family obligations, so becoming a member of the family is something that happens in the beginning of the contractual relationship. This assimilation increases exploitation and vulnerability conditions. Through these feelings, employers can exploit family and maternal emotions in employees, to get longer working hours from them or to make them stay in the job under conditions that they would otherwise reject (Romero 1992). They understand this process as the assumption of a particular 'family ideology' that clouds power relationships between the employer and the employee while distorting the social, political, economic and class conditions on which they are based. This ideology contains the cultural components and the values stating that 'good care' must take place among family members and within the community and the surroundings of the person receiving this care.

Bernhard Weicht (2010) argues, for the case of Austria, that migrant care workers are precisely those built in the public discourse as fictive kin, their figure representing an approximation to the ideal of a family caregiver, so their extent allows public powers to continue with the traditional welfare model. Finally, Anderson (2007) also analyses how the place of caregiving migrants within households reflects the ideas that exist in societies about families and work.

In any case, we must not forget that an element that characterizes and hovers over this type of labour relationships is the existence of a mutual structural dependency which, as remarked by Lin and Bélanger (2012, 313), means, from the employer's perspective, having a worker who's hardly replaceable, both because the dependant has developed a strong physical and emotional link toward her and because it allows for her employability. That is, it is a partly commodified version of care in which migrant workers are paid to be 'family carers', allowing de-familialization for family members without challenging the ideological conception of family care (Weicht 2012, 41).

Taking such analyses as a theoretical basis, we now explain how employers and employees understand the basic meanings of care and their relationships with related connections linked to mutual emotions of love, affection and solidarity. Let us now see the hierarchical circuits in these feelings and how they move from employers to employees through a rationale of subcontracting the filial obligation for care (Lan 2002) that prevails in Spain.

ORIGINS OF FICTIVE KIN RELATIONSHIPS IN THE DOMESTIC SECTOR OF CARE

Throughout this section, an analysis of the main aspects related to the emergence of a fictive kin relationship when caring for a dependent elderly in Spain is presented. The explanation follows the arguments and key elements as they emerged in the discourse of the interviewees. Nonetheless, the analysis is complemented and compared with the evidence from the academic literature with this regard.

The Development of the Emotional Bond

Discourses gathered in the fieldwork done in Spain from female migrants looking after old people and hired as live-in domestic workers and from the families employing them reflect the subjectivities that both groups show toward the meanings of care as well as the cultural values on gender, ethnic origin and class under which these meanings develop.

The starting point of the creation of these emotions is related, on one hand, to the model of assistance demanded by employing families and, on the other hand, to the demand of care which is focused on providing love and affection rather than professional-grade personal assistance. We particularly show that the assimilation of employees as quasi-relatives often happens from the beginning of the contractual relationship so that their integration not only responds to feelings appearing after a lengthy care relationship, but it is linked to the demand of a very specific type of care based on a sociocultural idea of 'quality care' as some that is given by the family within private households. Some relatives claim the carer is assimilated 'as a sister' from the moment she arrives at the household, and they define the treatment from the beginning as that of a close relative: 'She even lived with us during the weekends; and on her day off she came with her husband to have the midday meal home with us. She was basically one of us'; 'She was delighted because she was one more in the family from the first moment'.

This comparison is seen among employers as a positive feature that they unconsciously express as soon as they are asked whether they considered their relationship with the employee appropriate. This assimilation of fictive kin is thus produced for other reasons and along other stages which are different from those found by researchers such as Piercy (2000) or Karner (1998) in their investigations. Both authors consider the adoption of carers as one member of the family environment appears after a long time as a carer. Even though the research by both authors was built from the experience of paid carers in those homes, in both cases, the focus has been on workers going to those homes from public assistance. The professional nature under these situations is quite different from what is usually found in domestic service. Nevertheless, other studies focused on the position domestic workers have also identified the distinction of the worker in terms of kinship after she has spent some time working on an ongoing basis in the same home. According to Akalin (2007), this assimilation takes place after going through a learning process of the family's ways, preferences and tastes. This situation differs substantially from the one found in the analysis of care given by live-in employees.

In our fieldwork done in Spain, it has been noticed that the hired carer being regarded as a member of the family can happen immediately, or at least, this can be established at a discursive level among employing families. We consider the delegation to the worker of certain care tasks that are usually carried out by close relatives, as well as the flexibility that the live-in domestic worker's figure brings when it comes to working hours, working conditions and salary, are some of the factors that lead employers to blur the vague dividing line between work and life that exists in domestic service.

Resisting Institutionalization and the Notion of 'Good Care'

The deep-rooted idea among the elderly of 'growing old at home', and of never leaving that home no matter what happens, puts their children under the pressure to carry out care patterns which are very costly in terms of emotional effort. Strategies such as those which have the elders spend time at the homes of sons or daughters or children living some time throughout the year at their parents' house turn the relationship of care unsustainable. The commercialization of domestic service allows the elder to stay at his or her home and gives the children control over their own lives back because their obligations are fulfilled by another without the person being looked after having to move into an institution:

> So, as soon as my dad made it clear that he wouldn't leave his home, it was decided that someone had to be hired. He didn't want to move out and I could not live with him, since I have to go to work. (Employer, 11)

> Well, it was because my mum was fine and living on her own in the village, and we found her to be actually in a bad state. One morning when I couldn't see or find her and, well [. . .] we decided that as she was alone someone should be there with her. It turned out that she had a clot and was feeling terrible, in a very critical condition. How did we decide? Well, none of us lived in the village. We were all away, all working, all with our own children. (Employer, 13)

These considerations about how the elders want to be looked after and the assistance they expect from their closest relatives, particularly from the women, are not always shared with the values of the children regarding how they should give that assistance. Precisely, these cultural values regarding wishes on "how to be looked after" are those operating in the decision of recruiting a private carer and translate as what they will demand from their future employees. Fieldwork proves that relatives want a person who, with his or her company and affection, offers harmony and peace of mind to the aged person and makes him or her feel loved to the same extent that his or her closest relatives do. They are not asking for a registered nurse, because more technical knowledge 'is acquired by practice'. They need somebody who replaces the woman who should have been the main carer, who can play the role of 'daughter' or 'wife'.

That is, the private market of care is formed by the expectations and needs of the people receiving care, which their own families demand (Rojo, Fernández and Lardiés 2012). Statements such as '[S]he will learn to look after my father just as I did back in the past' or '[M]um needs affection, because we were affectionate' determine to a certain degree the drift of filial obligation toward the paid carer on the terms Pei-Chia Lan (2002) observed among the Taiwanese community residing in the United States. According to this author, the increasing presence of a dual economic model defies the considerations existing in the traditional ideology of care. When a parent requires intense assistance, a gender dynamics operates within the family granting women certain qualities that turn them into the most appropriate relatives to carry out these care tasks. In the event that that woman is not willing to abandon her professional expectations, market forces start to intervene. This is the way she describes a 'filial care transfer chain' operating from the children to the hired carers. There is no doubt this process determines an organization of care work focused on the home and with hardly any professional recognition. The qualities relatives demand toward carers in Spain are linked to this model of assistance because they are linked neither to experience nor to training but to two qualities referring to the employees' character and personality—affection and patience:

> No, I don't demand that they have specific training to look after the elderly. The reason is that a client of mine talked to me about this girl. And that was it. No, because she has people there, her doctor's near . . . she doesn't need her. I don't need anyone with that kind of nurse knowledge, because anyone can apply morphine patches like that. I just want her to be loving and to treat her well. (Employer, 17)

> I don't ask them to know anything in particular. Just as I learnt how to look after my dad, so will she. (Employer, 3)

> The only thing I wanted was that she was a good, loving person. Just imagine what my own base was, right? The fact that my parents were really good people and I wanted people to be loving to them . . . Mum, who needed plenty of affection, as we were very affectionate ourselves; just see what I was asking for. (Employer, 9)

Achieving love and affection from the beginning of the work relationship means that the carer acquires a relevant position within the family and that relatives grant her the highest level of trust. Nevertheless, and despite this fast integration into the family core, these feelings do not arise naturally. They are created and re-created through a variety of processes which shape the features employers expect in their employees. This image is built from previous thoughts the families have on what care must be and the built ideas they have about who they consider the best people to carry out care work. These previous ideas are what create the power relationships between both individuals.

IMPLICATIONS OF ESTABLISHING QUASI-FAMILIAL RELATIONSHIPS IN CARE WORK

A great many works analysing the role played by migrant workers privately employed by families to carry out care work and virtually incorporated to the family core highlight the consequences this has for the migrant workers themselves and, in general, they express the implications this phenomenon has for the social consideration of care work. We now go briefly through the conclusions reached by the various existing works on this matter to compare them to the results obtained in our fieldwork with migrant carers and employing families.

Vulnerability of the Migrant Care Worker

One of the effects of the consideration of the migrant worker as a family member in which a great part of the research reviewed by us coincide (Bakan and Stasiulis 1997; Karner 1998; Lan 2003; Dodson and Zincavage 2007; Lin and Bélanger 2012) is that it generates a greater vulnerability and thus a greater likelihood of exploitation, because the work relationship is hidden under the cloak of familiarity. Despite domestic service obviously strengthening class, ethnic and gender relationships among employers and employees (Latvala 2009), our fieldwork also shows that by putting the carer on the same level as relatives, it is likely that transformations in the exploitation patterns attached to this occupation take place. Looking after old people has the repercussion of increasing the worker's vulnerability because she is now between two subjects who may take command—the employing family and the person receiving care. Nevertheless, the role of "substituting" the woman who would otherwise be giving the care gives the most powerful position in the family. Employers use the carer as a safe conduct for the defence of their way of life, which is centred on work, on their own family life and on leisure. Hiring someone from outside the household gives part of that "power" over their lives back to the family carers. This figure balances the starting situation that changed when illness took place. The power to control one's own life and to keep family bonds which were generated beyond parents is so valuable that children, grandchildren, siblings, nephews and nieces, children-in-law and so on regard the carer as a rescuer. This feeling is deeper when they were the old person's former carers. That is when efforts are made to ensure the 'girl' feels as comfortable as possible and that is also the origin of regarding her as a member of the family:

> Well, the psychological part of it was more than the actual time physically spent looking after her. I used to go and see her every single morning. The whole weekends. And at night it was again time to go see her. Some eight hours a day. As if it was a regular job and I was working outside the house.

> And then, that stifling feeling. And that was just too much for me. Because I was not used to deal[ing] with my father, we didn't have the closeness of father, father. When Mum lived the relationship was more normal but after her death I realised that my dad is a stranger and when I hired the girl I felt much better. I could work and I could go out a bit with my husband. (Employer, 4)

Any conflict arising between the old person and the carer will bring an extra workload to the rest of relatives having any responsibility about care, so they are the most interested in things 'working out fine': 'From the early moments we tried to keep the girl happy'. This is the main aim and univocal evidence of a certain power the employee has in asking her employers for perks in case of need: to make frequent phone calls to their country of origin, to get support in the event of family regrouping and to get help for other members of the family in their job search, among others.

The domestic sector of care is very prone to patronizing situations taking place (Oso 1998). Employers contribute less than they should, but at the same time, they shelter and often help and protect workers in a variety of ways. They help them bring other relatives, they allow them to juggle the live-in status with 'doing some hours' in other houses, they seek housing for newly arrived relatives, they buy clothes for them and so on. These continuous relationships are characterized by having a peculiar, varied mixture of exploitation and protection, of help in case of need and of submission. From this emotional network some tactics or strategies from carers can stem to make some adjustments in their work environment that agree with their expectations in life. This is where they can achieve some power to invert hierarchies with the employing family, but in the fieldwork, this was not detected to mean a radical change in the set order. It is more about achieving small compensations which allow them to maintain some quality of life and to improve their social position in their setting and that of their family (Marchetti 2006):

> The lady says to me: 'For God's sake, Martha, take this money and go to Corunna for a walk, don't just stay here every single day' [. . .] I have now taken up swimming, she paid for it, she bought everything for me. I went to a gym last month and she also paid for it, and she made herself aware of my work and to make timetables compatible, so I could go there [. . .] Because my boss buys me clothes, when she goes shopping for hers [. . .] She treats me as if I was from the family, as if I was hers, and with normality, I sit with her at her table, everything, everything [. . .] I even bought myself a radio a few days ago, because I love music, and she goes and says, 'Why didn't you wait? I was going to buy you one [. . .]' (Care worker, 3)

The protection provided sometimes to the migrant care worker within the family borders paternalism and may mean, as suggested in the previous excerpt, a degree of suffocation, control and loss of personal freedoms. It is somehow an infantilized inclusion into the family, which weakens and disempowers the migrant care worker.

Relief of the Care Burden Placed on the Family

It has also been noticed that the domination structure becomes diluted when the carer's salary is paid by several members of the family (usually the sons and daughters). In these cases, hierarchies are blurred, and they tend to happen among working classes that had never had domestic service before, so they do not reproduce class domination situations so intensely. With several payers, command is not centralized in a sole person. In this type of relationship, more equitable is precisely where considering the employee 'one more in the family' prevails. Reasoning such as 'we treat her as a sister' and 'we told her this is her home' is an example of this situation of trust and familiarity. The worker is incorporated into the phratry as another member, specifically replacing that one member who would be otherwise in charge of the care work; this is the reason why the migrant worker becomes the guarantor of care being given in the group and in the way the dependent person would like it to be:

> [We did this] because of Mum, this is what she would have liked. She had a sister, six years her senior, who had a thrombosis, and she looked after her. So we knew that she liked to be taken care of by her own family.
>
> Q: Didn't she mind that the person was not a relative?
>
> R: No, no, Nancy is actually as if it was ourselves. (Employer, 1)

In these cases, the role that the migrant care worker plays when replacing a member in the phratry involves, as mentioned before, establishing fictive kin relationships, but it also involves the reproduction of conflicts and asymmetries regarding power among siblings where the migrant care worker becomes a substitute of the brother or sister who was in the weakest position among the siblings.

The Extension of Care Work beyond the Contract Limits

The most usual formula in which this job shows itself as a familial responsibility is via care formulas used during leisure times. Such is the degree of affection reached among these three actors (family, aged person, carer) that situations of domination, dependence and emotional games take place among all the involved. It is very usual that carers spend hours of their time off with the people they look after. During weekends, they still feel responsible for their care and fear that during their absence they get worse or cannot fend for themselves. This situation arises after a prolonged care relationship and could be interpreted as the consequence of carers being treated as family in their work relationship. Because they are treated as somebody from the family, their obligations increase and extend themselves beyond working hours:

> Because when I leave I still need them. I am thinking—what are they doing, what will they eat, have they left the gas open, I phone them. . . . Because on some occasions they left the gas key open. So I always try to be aware of those things and so I call them. And I leave food for them to eat on the days I am not there. So they only turn on the cooker to heat their meal up. They are home alone two days a month. I leave their food there and I buy the bread so neither of them goes out. And Sunday night I return. (Careworker, 4)

> We had a Colombian before. And the first one was Peruvian, she was. But with the Colombian, Rita, very well, really. What happened is that she was offered another job and she left us. It was something else with her, really, really . . . as if she was from the household. She was even over here last Sunday, visiting. (Employer, 1)

This strong personal attachment extends the times the carer is present and means the transfer of some responsibilities which can hardly be translated into monetary terms so that paternalistic, symbolic compensations arise.

The Reinforcement of an Asymmetrical Relationship

On the other hand, a great many works revising the construction of fictive kin in care relationships suggest that, even when the migrant worker acquires a family member status, relationships between employers and employees keep being deeply asymmetrical, subordinate and based on an instrumental personalism (Hondagneu-Sotelo 2001; Lan 2003; Anderson 2007; Lan and Bélanger 2012). The asymmetrical nature of these relationships is apparent in attitudes and behaviours such as migrant workers being regarded as little girls, daughters or little sisters (i.e. they are infantilized, which allows employers to develop a maternal attitude, defining workers as needy, immature and inadequate to master their own lives while strengthening the perception of employers as generous, thoughtful and superior moral guardians (Romero 1992, 110, as cited in Lan 2003). These works seem to imply that the quasi-conception of the migrant worker as a member of the employing family means taking equal part with the rest of the persons making up such family, actually leaving out the fact that even among the first academic works on the division of domestic and care work (see, for instance, Hartmann 1981), particular stress was put on the family as an unequal, controversial institution by nature.

Ultimately, despite employers being the ones who usually take the initiative when they have to define their relationship with domestic workers—

leaving few possibilities for workers to negotiate social boundaries and private zones (Lan 2003, 546)—considering domestic employees members of the families they work for has positive and negative impacts, both for the three-party relationship of the family, the dependant and the carer and for the relationship and the working conditions migrant workers are subject to, as well as the social consideration of care work.

CONCLUSION

In this chapter, we analysed the process by which immigrant women working as carers for old people, through live-in domestic service employment, are assimilated in some cases as members of the families employing them. We argued that this phenomenon of putting carers on the same level as relatives or quasi-relatives is due to a strategy by employing families to keep an ideal of care that defends its high quality when this care is given by close relatives in the households. This way, we consider that in the privatization of personal care through domestic service a rationale of keeping a traditional ideology regarding care operates among old people receiving assistance, which their children and close relatives also defend in their discourses.

The assimilation of nonprofessional carers as members of the family takes place within a context of tension between the elders' wishes about the care given to them and the means their families, and particularly the women in them, need to have to be able to give such care. The domestic carer's figure temporally solves this household tension, gives back to the dependant's children control on their own lives and provides the elderly with the type of care that was built culturally and is based on emotional components rather than professional ones. In fact, none of the interviewed families ever mentioned the state's responsibilities with regard to welfare or any public social assistance for care. This shows that part of the traditional ideology regarding care also consists of assuming relatives to be those most responsible for providing the attention needed.

Furthermore, flexibility in domestic service with regard to money, timetables and subordination is another relevant aspect when analysing the success of this outsourcing option. Turning the domestic employee into a relative from the beginning of the contractual relationship enables that familist personal care ideology to continue.

In the chapter we have also studied how the assimilation of carers as quasi-relatives provides workers with a certain power of action for stipulating and negotiating their working conditions. This empowering feeds from the difficult replacing of the live-in carer and from her sole cohabiting with the old person but is not determinant enough to change her professional status or revert her vulnerability. Its usefulness is rather defined to improve her position in the family or to negotiate days off, small changes in salary or some perks.

In this sense, research has to go on into whether privatization of care at home means some transition from the familial attention model to a more individualistic one. The migrant carer enables an idealization of family care to continue, even though this care is not given by relatives, so the hired assistance paradoxically flows between the formal and the informal care spaces. This mechanism of family assistance replacement that operates employing domestic carers suggests changes in those who must assist relatives, but nevertheless, their figure is opposed to that of the professional carer, so the cultural construction of how care must be given is not challenged. More studies on generation change with regard to how care must be given and by who are necessary to go deeper into the way such change is being created.

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Chapter Seven

Feminist Global Motherhood

Representations of Single-Mother Adoption in Swedish Media

Johanna Gondouin

In April 2012, Swedish singer and national icon Carola made headlines in Swedish media by adopting a three-year-old girl from South Africa. Carola adopted as a single mother, and this makes the reports of Carola's adoption part of a trend in early 2000s Swedish media to portray adoption through stories of single parenthood.[1] Single-parent adoption, which in practice means single mothers, was in steady increase from the early 1990s and culminated in 2005 with 80 of 941 adoptions. Since then, the numbers have decreased, following the global decline of transnational adoption (SCB 2011). In spite of the relatively modest numbers, single women adopting transnationally form an influential discourse on transnational adoption in Sweden that this chapter sets out to explore.

Sweden has the world's largest number of adopted individuals in relation to the total population: approximately fifty-five thousand children for a population of nearly ten million. In the present, the global decrease of transnational adoption, alongside the development of new assisted reproductive technologies (ARTs) and the increase in reproductive travel for procedures such as in vitro fertilization (IVF) and transnational surrogacy, challenge transnational adoption as the dominant alternative reproductive method in Sweden (SCB 2011). Interestingly, while transnational adoption is often perceived through the lens of single motherhood, the emblematic image in Sweden of transnational surrogacy is a gay couple (Gondouin 2012, 2014). Thus, these reproductive methods mark distinctly gendered positions: surrogacy is read as fueled by a desire for kinship based on biology and blood, coded as masculine, whereas transnational adoption is viewed as a drive to parenthood indifferent to the genetic origin of the child, coded as feminine.

I analyse representations of single-mother adoptions in different kinds of media texts. I focus on two major audiovisual representations: the TV documentary *My Daughter from China* (*Min Dotter från Kina*, Utbildningsradion [UR] 2005) and the film *Bombay Dreams* (2004). These examples originate from a period when single-mother adoptions peaked but also from a time when the dominant picture of transnational adoption as an unambiguous good was challenged, causing an infected national debate. The audiovisual examples demonstrate what I see as two organizing themes in a single-mother discourse of transnational adoption: victimization and moralization. Through a reading of media reports of Carola's adoption in 2012, I indicate how this discourse reemerges in a more recent example. Furthermore, I analyse a publicity campaign from 2010 targeting the Sweden Democrats (Sverigedemokraterna), the far-right populist party that entered the Swedish parliament that same year. Although the campaign does not directly speak of transnational adoption, it illustrates the overlap between transnational adoption and Swedish antiracism by representing multicultural Sweden through the figure of transracial motherhood.

The overarching question informing the chapter is, What particular understandings of transnational adoption are constructed by the discourse on single-mother adoption? I argue that transnational adoption is articulated through an idealized notion of white femininity—a discourse of 'Global Motherhood' (Shome 2011)—which is constructed as both a transnational and nationally specific phenomenon, in this case a whiteness pertaining to both notions of a white Western culture and ideas of Swedish whiteness (Mattsson and Pettersson 2007; Lundström 2010). Engaging with transnational adoption thus means engaging with the wider issues of nation building and national identity. In this chapter, I wish to analyse a discourse on single-mother adoption, formulated in a time when single-mother adoptions peaked but when transnational adoption was also challenged. My aim is to explore single-mother adoption as a powerful symbol for Sweden and to suggest its flourishing in the present scenario of declining transnational adoption and the post-Sweden Democrats political landscape. My intention is not to target and criticize individual choices or to validate or condemn transnational adoption in general, but to contextualize, problematize and politicize transnational adoption by exploring the political and ethical implications of these representations. In transnational adoption, private family and kinship dynamics are conflated with public histories of race, class and gender in such a way that it, as David L. Eng has argued, becomes a paradigmatic example of how 'imperialist processes "over there" and social relations "over here"' intersect (2010, 95).

TRANSNATIONAL ADOPTION AND SWEDISH EXCEPTIONALISM

Earlier research has shown that transnational adoption has played a significant role in the construction of Sweden as a modern model welfare state. The attitude toward transnational adoption changes drastically, from criticism in the 1950s to embrace in the 1960s (Markusson Winkvist 2005). This shift is linked to the reinvention of Sweden in the mid-twentieth century, going from being an inventor of scientific racism to an international champion of social justice, solidarity and equality. Thus, there is a close connection between transnational adoption and the construction of the Swedish welfare state and to the social and political movements of the 1960s and 1970s, when Sweden emerged as a leading proponent and Western ally of the decolonizing and antiapartheid movements.

During this transitional period, the acceptance of transnational adoption parallels the change in attitude towards the physically disabled (Markusson Winkvist 2005, 199). Transnational adoption thus became a manifestation of modernity, the expression of a nonprejudiced, rational attitude. Barbara Yngvesson has interrogated the role of transnational adoption in the making of modern Sweden, pointing out how the founders of transnational adoption in the late 1960s argued that the country was '"a well prepared soil for the idea of inter-country adoption to grow", because of its egalitarian ethos, absence of racism, the fact that Sweden had no "colonial history", and the prevalence of an ideology that valued nurture over nature' (Andersson 1991, quoted in Yngvesson 2012, 332). From the 1980s and onwards, with increasing immigration from non-European countries, expanding socioeconomic segregation among ethnic groups, and growing racism, the transnational adoptee assumes a key role in Sweden's multicultural project (Yngvesson 2012, 335).

Nordic postcolonial research has conceptualized this image of modern Sweden as Nordic and Swedish exceptionalism (Habel 2011; Keskinen et al. 2009; Hübinette and Lundström 2011). Here, the idea of Sweden as a nation without involvement in colonialism, and therefore untouched by its racist legacy, is made key. Thus, Swedish whiteness, as opposed to the white populations of the former European empires, is constructed as historically innocent. Alongside gender equality and social justice, antiracism and colour-blindness are the main components of the Swedish exceptionalistic stance (Habel 2012).

In 2002, the publication of new research (Hjern et al. 2002) and a series of radio and TV documentaries (radio: *Varför är jag här?* 2002; *Utsatta barn – om adoption i Sverige* 2002; TV: *En gång var jag korean* 2002; *Dokument inifrån: Sveket mot de adopterade* 2002; *Dokument inifrån: Barn till varje pris* 2002) challenged the dominant narrative of transnational adoption as a success story. These interventions identified a number of significant difficulties in the lives of adult adoptees, regarding access to higher education, entering the job market and managing to find a partner and have children. It was also shown that Swedish adoptees were dramatically overrepresented when it came to suicide, psychiatric disorder and different kinds of abuse. The following debate was highly emotional. Several complaints of partiality were filed to the Swedish authority in charge. Furthermore, the actual content of these interventions was rarely addressed, or dismissed, by arguing that in any case, the adoptees' present lives were better than had she or he remained in their birth country ('Kärlek tjockare än blod' 2002), or by explaining current difficulties as caused by painful experiences prior to the adoption (Weigl 2002). A number of adult adoptees intervened by pleading loyalty and gratefulness for having been adopted (Hagström 2002; Hansson 2002).

Tobias Hübinette (2005) has argued that the resistance to consider the experiences of adult adoptees as related to problems of racism in Swedish society is due to the challenge that this poses to Swedish exceptionalism. Another circumstance that I believe shaped the debate was the concurrent opening up of Swedish adoption legislation to same-sex couples in the beginning of 2003. The Official Government Report that constituted the basis for the eventual change to adoption legislation (SOU 2001, 10) has been criticized for a biased promotion of the rights of adults to have children (Hübinette 2005; Andersson 2010; Jonsson Malm 2011). As a response to this critique, another Official Government Report was appointed (SOU 2003, 49), which found serious flaws in Swedish adoption policy, but that has not resulted in any considerable changes (Hübinette 2005).

WHITE FEMININITY AS GLOBAL MOTHERHOOD

Raka Shome has discerned 'Global Motherhood' as a significant discourse in contemporary media, constructed by the recurrent images of white women 'saving, rescuing, or adopting international children from underprivileged parts of the world, and rearticulating them through *familial* frameworks that recenter white Western (and especially North Atlantic) heterosexual kinship logics' (Shome 2011, 383). Ranging from Lady Diana surrounded by children of the world in the 1990s, to more recent images of celebrities as UNICEF goodwill ambassadors and celebrity adoption, Shome demonstrates the simultaneously gendered, racialized and heterosexualized representational logics through which white women are represented as global mothers. These images are problematic because they erase other possible forms of transnational intimacy (with regard to sexuality, race and class), and because they construct an ahistoric and colour-blind outlook that negates structural and political perspectives on the relation between the global North and

South. Transnational *justice* is replaced by transnational *pity* (Shome 2011, 390). Global Motherhood is a specific, contemporary reconfiguration through which whiteness articulates a new universality. Shome brings attention to the visual codes through which white women such as Lady Diana and Madonna are represented and *moralized* as global maternal figures. This crucial moral dimension shores up the logic of humanism that defines contemporary imperialism and that Paul Gilroy has labelled 'ethical imperialism' (Shome 2011).

The Madonna-and-child motif has played an important role in attributing goodness and spirituality to the white maternal body. In Western religious discourse, the Madonna and child connotes salvation and love, and historically it has functioned to represent white women through compassion and morality. Representations of Global Motherhood frequently draw on this motif. One example is the well-known image of Lady Diana holding a cancer-ridden baby in Pakistan.

Exploring the Madonna-and-child motif in the context of US cold war liberalism of the 1950s, Laura Briggs (2003) shows how it has become synonymous with need and hunger, alongside the motif of the 'orphan', in contemporary American culture. But where do these images come from, and what ideological work do they perform? Like Shome, Briggs argues that they obscure structural understandings of poverty and mobilize different ideologies of rescue. As the visual counterpart of adoption, the Madonna and child has not only been a powerful symbolic figure but has also shaped US policies from the 1950s onward. Thus, it has not only influenced the lives of individual children and families but also been formative of black-white relations and shaped public opinions of the 'Third World' (Briggs 2003, 198).

MOTHER SWEDEN

In the 2010 elections, the Sweden Democrats were elected to parliament for the first time. In response to the high opinion polls of the party prior to the elections, a campaign was organized by the TV4 Group, Sweden's largest commercial TV company. The campaign was launched on Sweden's National Day, 6 June, and could be seen in different publishing venues such as the Internet, television, and the evening papers. The centrepiece was an image featuring 'Mother Svea' (Moder Svea) holding a brown-skinned infant in her arms. Mother Svea, the female personification of Sweden, is normally represented as a powerful, white, female warrior with sword, shield and a lion or two at her feet. Here this patriotic emblem is recast as the tender mother of a baby of colour. The campaign was presented as a declaration for tolerance and colour-blindness, and 'a tribute to Mother Svea as the best mother in the world, for all Swedes' (Kampanj för Nollrasism med upprop, annons, enkät och seminarium 2010). In response to the anti-immigration and xenophobic discourse of the Sweden Democrats, Mother Sweden was launched as a symbol of multicultural Sweden.

The image draws on the Madonna-and-child motif. The Madonna is blonde and blue-eyed, dressed in fabrics of the colours of the Swedish flag. The baby is brown-skinned and naked. Lightening and yellow draping around the woman's head accentuates her halo. She looks away from the camera with a serene expression while the baby looks straight into the camera, grabbing her clothing with one of its hands. The words that accompany the image hail 'Mother Sweden as the best mother in the world, for all Swedes'. This is a proud, self-confident assertion of being not only good but also the best that there is, when it comes to motherhood, a contention which is then softened by the generous, inclusive view, implying that Swedes may be racially different but that Mother Sweden embraces and recognizes every one as her children. She is strong and kind at the same time, a mix reminiscent of Pippi Longstocking and her contention that 'someone who is very strong has to be very nice also' (Lindgren 2009).

As an explicit visualization of Sweden's self-image as a tolerant, antiracist country, this image deserves attention as to what kind of relation to the racialized Other it suggests. Mother Sweden embraces the Other, imagined as an infant. What does the figure of the child achieve that figures of adults do not (Shome 2011)? While presenting a vision of motherly, unconditional love, it also depicts a highly asymmetrical and unequal relation, in which the Other is not only racially but also generationally other. A child lacks agency and the ability to speak back. Furthermore, a child may be dehistoricized and rehistoricized at will. In this particular case, it is literally naked. The campaign image promotes what Shome calls infantilized cosmopolitanism, that is, a romantic vision of global harmony modelled on the relationship between child and adult, in which generational superiority is backed up by cultural superiority (Shome 2011, 402). It obscures the historical and political context to this relation and positions white citizens as rescuers and racial others as beneficiaries, making Sweden's attitude towards the other a question of mercy and compassion. By speaking of antiracist Sweden by inscribing it into the discursive framework of Global Motherhood, the image demonstrates the overlap between Swedish exceptionalism and transnational adoption. In this way, the Madonna-and-child motif, as Briggs (2003) points out, becomes the model both for transnational adoption (individual families) and national policies.

SINGLE MOTHERS AND ADOPTIVE MOTHERS IN *MY DAUGHTER FROM CHINA*

If transnational adoption may be seen as a symbol of Sweden as an antiracist and multicultural country, how does single-mother adoption add to this picture? My first example is the two-part Swedish public service documentary from 2005, *My Daughter from China* (*MDC*). The women and daughters featured in the documentary reappeared in the television program *An Hour on Adoption* (*En timme om adoption*; UR 2011), focusing on the responsibility of society for the well-being of adoptive children, and in 2012, one of the women from *MDC* was portrayed in an article in the national daily newspaper *Dagens Nyheter* (Lerner and Lofors 2012). I focus on the first part of *MDC* and centre my analysis on one of the three mothers, Inger Fagerberg.

When the three mothers are introduced, the genealogy and nature of their friendship is recounted: from their initial encounter at an adoption course to their testimonies about the close friendship that has grown among them. On the trying road to adoptive motherhood, they have supported each other and shared both laughter and tears. Good female fellowship is presented to us, a fellowship that seems even more important in the absence of significant others. Singleness as a free choice is emphasized: being without partners (here, presumed to be heterosexual partners) is not because of lack of choice or attractiveness but the consequence of having high standards. As in other narratives of single women adopting, this is underlined. However, for the women in *MDC*, this does not challenge the ideal of the heterosexual nuclear family. On the contrary, strong notions of the perfect match seem to be the very reason why they have remained single. Finding Mr. Right still remains the ultimate goal. As Inger states, ‘For sure, it’s regrettable that there isn’t a dad, that would have been optimal’. Yet Inger speaks of her desire for a child, any child, as opposed to her former male partner, for whom having a child meant having a biological child. Here, a gendered difference is installed between women who are indifferent to where the child comes from, bringing to the fore ideas of maternity as altruistic, unconditional love and men, who favour biology. This includes both heterosexual men who push their wives into psychologically and physically painful IVF treatments and male same-sex couples who turn to surrogacy.[2] Kinship understood in terms of blood is presented as a male value.

The transgressive character of this desire is one of the distinguishing traits of Global Motherhood. In this case, the calling to a motherhood that does not know of borders and differences—all the more notable in this age of ARTs in which biological motherhood increasingly becomes an option—mixes with their condition as vulnerable single women. In Sweden, single motherhood signals financial and social vulnerability.[3] Single mothers constitute one of the most underprivileged groups, and they pose a major challenge to Swedish gender-equality politics, for which conditions of motherhood make up one of the main targets. In addition to relatively high levels of poverty, single mothers are stigmatized by the normative status of the heterosexual nuclear family, apparent in Swedish family policy contexts where marital status is a key signifier (Jonsson Malm 2011). Although single-parent adoption has been a legal possibility since the beginning of adoptive legislation in 1917, the parenthood of single mothers is contested, resulting in periods during which they were ruled out as suitable adoptive parents. Furthermore, only very recently, in 2012, were single women given access to fertility treatment in Sweden. As Carolina Jonsson Malm (2011) has shown in her comparative study of adoption and assisted reproduction in Swedish family policy, adoptive parents are expected to be well educated and intellectual. There has thus been a strong class dimension in adoption discourses. Jonsson Malm points out how all adoptive families are overnormalized and idealized and how this is particularly true of single adoptants. This way of valuing adoptive single parents simultaneously means that single parents, in general, are stigmatized, constructed as lacking in resources (as in poor education and weak finances) and thus not good enough (Jonsson Malm 2011, 271).

The women in *MDC* appear to be leading comfortable, middle-class lives in Stockholm. Instead of stereotypical single mothers, they come across as typical single *adoptive* mothers who are not materially as vulnerable as the typical single mother but, rather, as holding relatively privileged positions. Although supported by widespread ideals of gender equality—which transform questions of transnational adoption into questions of single women's struggle and right to motherhood—these women are still exposed to normative understandings of family and reproduction, such as the couple norm and the valuing of 'natural nuclear families', according to which adoptive families, and even more adoptive, single-parent families, are constructed as deviant. Discourses and politics of family and reproduction involve a number of hierarchies according to which a single parent, although inferior to a heterosexual couple, is nonetheless preferable to a homosexual couple (Jonsson Malm 2011, 272, 274). The positionality of the single adoptive mother is thus distinctively intersectional. The complex and, in some respects, contradictory position of the single adoptive mother as both privileged and marginalized shape some of these women's strong investments and desire to adopt.

In her analysis of the Norwegian debate on surrogacy, Unn Conradi Andersen discusses a tendency to place oneself in a victim position towards the state in order to gain rights. Andersen explains the viability of this strategy with the strong caring function that the Nordic states have had historically, which has created a relation of trust. In addition, a rhetoric of victimization implies putting oneself in a subordinated position, which is likely to be apprehended as less challenging and easier for the state to accommodate (Andersen 2012, 52).

Positioning oneself as victim is recurrent in Swedish ART discourses as well as in prosurrogacy discourses (see, for instance, Kindh 2011). As pointed out by Andersen, new and relatively privileged groups have picked up on the language of marginalized groups in their struggle for recognition. In the context of the Nordic social democratic welfare states, where political resistance and progressive social movements tied to gender and sexuality have a history of being incorporated into the system, specific challenges for social movements are created: who is the counterpart when the state is no longer the enemy, and what kind of speech acts are being used by social movements in order to access rights in a political setting where the alliance between the state and the individual is pivotal (Trädgårdh 1997, 253)? The victim position should be understood against this background (Andersen 2012, 53).

SINGLE MOTHERHOOD IN *BOMBAY DREAMS*

In the comedy drama *Bombay Dreams*, which premiered in 2004, victimization is a central theme. According to director Lena Koppel, herself an adoptive mother, *Bombay Dreams* is a response to the Swedish adoption debate. Koppel wishes to give a more nuanced and positive image of transnational adoption (Claeson 2004). *Bombay Dreams* tells the story of an adopted teenage girl—Ebba—raised by her single mother Anita in a suburb of Stockholm, and how she finally travels to India to meet her birth mother. The relation between adoptive mother and birth mother is crucial in the narrative. The single, hardworking and financially and emotionally vulnerable adoptive mother is juxtaposed with the Indian birth mother, who turns out to be an upper-middle-class medical doctor.

Anita's daily life is depicted as an ongoing struggle. She is often seen repairing things, like the car or a door handle: tasks that in the heterosexual labour division would be allotted to the male partner. The recurrent display of Anita in these kinds of situations underlines that fact that she does not have a husband to help her. Although a journalist living in a spacious villa in an attractive, middle-class suburbs just south of inner-city Stockholm, Anita is also presented as financially vulnerable. The junk car that literally falls to pieces is a recurring symbol for this vulnerability: in one scene, Anita struggles with her jalopy when the exhaust pipe simply falls off. She loves her daughter deeply, struggles to find quality time for the two of them and is supportive of the interest that Ebba takes in India and other adoptees. Given the emphasis on the insecure economic situation of the family, the adoptive mother's love and will to sacrifice in order to support her daughter's quest for identity becomes all the more noteworthy. The reluctance that Anita shows toward travelling to India with Ebba is mainly presented as economically motivated.

This material vulnerability corresponds with an emotional vulnerability, originating from Anita's maternal love for Ebba, and represented through Anita's struggle to give up smoking, as in the scene when Ebba first brings up the question of the adoption camp, which makes Anita nervous and she lights a cigarette, even though she is supposed to have quit smoking. Another time we see her running off to Ebba's best friend and neighbor, Camilla, in the hope of finding her daughter, who has taken off to India without telling her mother. Coughing and wrapping the cardigan around her, we understand that Anita has been in such a hurry that she has not thought about putting more clothes on, that is attending to her own needs. This scene, once again, presents an image of a mother whose maternal love makes her vulnerable. Anita is depicted as a slightly bohemian journalist with an irregular income who both smokes and drinks. Not entirely in control of herself, she is easier to decipher than the lying and scheming Ebba. In many ways, Anita is the child. This contrast is further elaborated in relation to Ebba's Indian birth mother, Nira.

The opposition between the two mothers is visible in their physical appearance: Anita's vulnerability and openness is contrasted to Nira's meticulously made-up face, well-tailored outfit and gravity. Corresponding to the opacity provided by make-up and a sari, Nira remains distant and impenetrable. Nira appears to be the stronger, with her majestic appearance signalling her wealthy Indian upper-middle-class status. Anita's (in this case, financial) vulnerability is further accentuated by her pleased comment on how meeting Nira opens up the possibility of enjoying free lodging—as Nira's guests—during their next stay in India.

THE ETHICS OF GLOBAL MOTHERHOOD

Critical adoption scholars have demonstrated the crucial role of 'bad' birth parents and 'good' adoptive parents in dominant narratives of transnational adoption (Trenka et al. 2006). Shome addresses this in terms of an 'ethics of care'. The discourse of Global Motherhood constructs the availability of children for transnational adoption as the result of the faulty motherhood of the birth mother, formulated in terms of (lack of) modernity and structured by a logic of abandonment. This ethical dimension is prominent in my examples, with the worries of Inger from *MDC* as the most elaborated instance.

Inger's anxiety is mainly caused by concerns for her daughter's health status; that maltreatment in the Chinese orphanage may have caused harm not yet detected. This is introduced in a scene where Inger confesses HIV to be her ultimate fear. Desiring an immediate test, but knowing that this will probably not be done until already in China, she reflects on what a positive HIV test result would mean, contending that in adoption, as opposed to biological mothering, there is a choice that she cannot rule out: the possibility to decline the child. Here, the unconditional, blind love expressed in a parallel, earlier scene, is taken back: it is not any child, after all, that she longs for, but a healthy child, ultimately a child without HIV. But what counts as healthy enough? And will the child be healthy enough? These questions resonate through the rest of *MDC*. The quest for an answer starts the very instant that the child is being handed over to Inger at the hotel, and her contention that all ten fingers are there. In what follows, the child's miserable state is the exclusive focus. In a number of these scenes, the child is alone in the frame, turned around and examined or just lying by itself and silently looking into the camera, with the voice of Inger detailing the many difficulties of her daughter and the flaws of the Chinese child welfare system. The child is put on display, and examined, like an object. After scrutiny it is declared that the girl has a tan, and in spite of its purportedly positive meaning—implying that she has been spending time in the fresh air, as Inger's accompanying sister suggests—this is probably not unanimously well received by a Swedish audience, who believe that young children should not be exposed to direct sunlight. Inger recounts how her daughter started off their life together by crying without interruption for two days. This is presented as a consequence of the neglect that the girl has been exposed to in the Chinese orphanage, which has made her afraid of everything, of having her diapers changed, lying on her back, or taking a bath (because of being bathed in cold water). Furthermore, Inger speaks of how incredibly dirty her daughter was and of her clothes being rags. However, she declares with relief, her daughter had not been tied to the potty—which is done as soon as children are able to sit by themselves. Thus, she concludes, her daughter has been spared the accompanying bruises and wounds discovered on many of the other children's bodies.

Inger returns to these concerns throughout *MDC*. The young child is repeatedly seen being examined or tested. In a sequence from the mandatory medical examination of transnationally adopted children in Sweden, we learn that the medical records are unreliable, sometimes even manipulated, and that vaccines and important tests such as HIV must be reverified. On their arrival in Sweden, Inger tells of her daughter's astonishing progress. She is now able to turn around in bed and explore the joys of moving freely, in stark contrast to being tied up in an orphanage bed. But her concern and anticipation of problems caused by her daughter's first ten months in life remain, and she shares her determination to stay very attentive even in the future. The results of the tests and examinations have thus only been able to give a provisional answer to the question, Is she healthy (enough)?

What is striking about *MDC* is that no contextualization is given to her daughter's past. On the contrary, it is presented as a typical example of how things are done 'over there'. Her daughter is not presented as an individual case but as representative of how the Chinese state deals with children and documents. The manipulation of medical records becomes yet another expression of the corruptness of the Chinese system. The sequence showing Inger's first encounter with her daughter starts with her commenting on how things are done differently in China, a remark that may be read as a maxim that is developed in the scenes to follow where the different doings of the Chinese child and health care is dwelled on in detail.

MDC ends with a picnic scene gathering the new families. A relative comments on how her new niece looks less Chinese in reality than in the pictures sent to them. In this case, looking Chinese is explained as being compressed because of being put in too small a crib and of having little hair. The comments, and admiration of the toddler's hair, suggests that not looking "that Chinese" is meant as a compliment. This comment is in tune with the discourse on China constructed in *MDC*.

The documentary contrasts the imagined scenes from the Chinese orphanage, which are outrageous from a Swedish perspective, to the well-researched, loving care that the Swedish women offer their children. But, as Shome argues, these dichotomies obscure numerous linkages between political and economic conditions in the nations of the global South, and rephrase privilege as moral superiority. The lack of physical contact and affection in the orphanage, envisioned by Inger in the image of the tied-up infant with a tied-up bottle, is a consequence of the birth mother's abandonment and is juxtaposed to the adoptive mother's physical and emotional presence. After two weeks in her care, the child has responded to the physical contact and made impressive progress. Likewise, in the case of Carola's adoption, we learn that the child has been abandoned by her birth mother but that Carola is committed to being available and close to her daughter at all hours. It is also pointed out that this successful artist has decided to put her career aside for a while in order to dedicate herself completely to her new task (Hagström 2012).

The mothers in *MDC* spend from one to one and a half years on maternity leave after they return to Sweden. Setting careers aside becomes an expression of emotional investment. The adoptive mother's affective labour is praised and distinguished from the faulted nurture of the birth mother and birth country. However, their labour is premised on being in a privileged position. So although the material resources of the women are downplayed, they resurface as the very condition for their 'ethics of care'. Material privilege is repeatedly presented as moral advantage.

Shome discerns an ambivalence in the discourse on Global Motherhood that surface in the Swedish narratives. On one hand, this discourse promotes romantic visions of an openness and exchange between cultures. The child is equated with an essentialized cultural vision of its nation so that adopting a child becomes a way of engaging with different national cultures (Shome 2011, 401). In the first interview with Carola, officially announcing the adoption, she not only speaks about her engagement with poor and needy children in the world but also explains South Africa to occupy a very special place in her heart—it is her 'oasis', and she loves the landscape, the music and the people: 'I have sung for children there, held them in my arms, and many times I have dreamt of having my own house there' (Hagström 2012). Here, the child functions as a mediator in the sense that adopting a child becomes the ultimate way of expressing appreciation of a country and culture.

However, at the same time that Carola declares her love and admiration for certain aspects of South Africa, there are others that she outright dreads. This is articulated in her narration of a traumatic incident that occurred while heading back to the hotel at nightfall and which made her fear for her own and her daughter's safety. Feeling exposed and scared, she approached a couple, asking them to accompany her to the hotel and even offering money in return. The couple assured her that her fear was uncalled for because police officers are patrolling the area. However, when she crossed a policeman, instead of feeling safety and trust, she anticipated sexual abuse and abduction: 'I thought I would be raped and that Zoe [the adopted daughter] would be kidnapped' (Björkman and Edgren Aldén 2013). This is the climax of an emergent hostility that Carola experiences against herself as an adoptive mother. She recounts how she suddenly discovers that her relation to Zoe is met with suspicion and that adoption is not always seen as good, which, as she states, she wishes she had known before her arrival and which 'came as a cold shower'. Significantly, her negative experiences of South Africa are linked to interactions with other adults that in different ways challenge her role and entitlement.

If the figure of the child allows us to imagine a relation between different nations that is without history, as a child is imagined to be without history and memory, this dehistoricizing love is also a rehistoricization in which difference and national inequalities are managed. And importantly, as Shome (2011) points out, the pity and compassion for starving and abandoned children experienced by white Western subjects harbor an affective dilemma: it presupposes both a sense of superiority and hate toward the underlying conditions responsible for the need and misery. This affective dilemma may help us understand some of the emotional complexities that I have analysed here.

CONCLUDING REMARKS: FEMINIST GLOBAL MOTHERHOOD

In this chapter I have explored the representation of single-mother adoption in early 2000s Swedish media texts. Earlier research has indicated the pivotal role of transnational adoption in constructing Sweden as a tolerant, antiracist nation, from the invention of Sweden as the Western ally of decolonizing struggles in the 1960s to the emergence of multicultural Sweden in the 1980s. By examining a publicity campaign targeting the Sweden Democrats I argue for the vitality of this role in the current political landscape.

The addition of single-mother adoption in particular to this picture is investigated through readings of *My Daughter from China*, *Bombay Dreams* and the more recent example of Carola's adoption. Two seemingly conflicting themes are discerned: a victim theme, according to which transnational adoption is presented as a question of feminism and gender equality, and a champion theme that depoliticizes and moralizes transnational adoption. Constructed as attractive, independent middle-class women who have the strength and courage to pursue their dream without a partner, single mothers who adopt children are celebrated. However, being a single mother also resonates with involuntary childlessness and financial and social vulnerability, which is put into play with these representations. Victimization is an important strategy in these representations, because it allows for an understanding of transnational adoption as a feminist question concerning the rights of single women to parenthood. Against this background, transnational adoption becomes a manifestation of Sweden as a feminist nation, in the same way that representations of male same-sex couples turning to surrogacy becomes a manifestation of Sweden as a gender-equal nation that is lesbian, gay, bisexual, transgender, and queer–friendly (Gondouin 2012, 2014). But the understanding of transnational adoption presented in these examples is also based on notions of moral entitlement, analysed in terms of an 'ethics of care' in the discourse on Global Motherhood. Being the champion of motherhood does not only trigger compassion and love but also contempt and hate, which adds a palpable sense of ambivalence to these representations.

I suggest that the concurrence of victimhood and championship may be understood as a specifically Swedish mix in that the feminist Global Motherhood of single adoptive mothers configures Swedish exceptionalism in such a way that it becomes capable of managing the global inequalitites that premise transnational adoption.

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NOTES

1. In this article I only speak of transnational adoption.
2. See for instance the television series *Barn till varje pris? (Children at Any Cost?*; SVT 2011).
3. See for instance *Social Rapport 2010* (Socialstyrelsen 2010).

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Chapter Eight

Documentaries on Transnational Surrogacy in India

Questions of Privilege, Respectability and Kinship

Karen Hvidtfeldt

In this chapter I consider narratives of transnational surrogacy in India as they unfold in three documentary film productions: the HBO-produced documentary *Google Baby* (2009) by the Israeli film instructor Zippi Brand Frank; the American documentary *Made in India* (2010), coproduced by Rebecca Haimowitz and Vaishali Sinha, both living in New York; and *Ma Na Sapna: A Mother's Dream* (2013) by Valerie Gudenus, produced in Switzerland. The documentaries all deal with the phenomena of transnational assisted reproduction and surrogacy in India, but each carries a distinct point of view. *A Mother's Dream* takes the perspectives of surrogate mothers as the primary point of departure, *Made in India* represents the intended parent's point of view and *Google Baby* develops from the perspective of intermediaries connecting the international intended parents with fertility clinics, egg donors and surrogates.

The documentaries show that an increasing number of Indian fertility clinics specialize in offering surrogacy services over the last decades.[1] Indian clinics serve patients from Europe, Australia, North America and Japan with no direct connection to India. The lower costs of surrogacy make India an attractive destination for prospective parents, as do the expertise and high technological standards, extensive use of digital communication and English-speaking medical staff in Indian clinics.[2]

Transnational surrogacy in India has received extended attention from research areas of medical anthropology,[3] social sciences[4] and cultural and feminist studies,[5] resulting in many published critical studies. The aim of this chapter is to show how the documentaries coproduce knowledge in the field. The three documentaries not only provide us with critical views on privilege within the stratified structure of transnational assisted reproduction, but they also contain and express ambivalences and contradictions. Moreover, they offer insight into the importance of respectability in contemporary neoliberal reality, how respectability is negotiated and how it contributes to new understandings of kinship and relatedness.

Analytically I frame transnational surrogacy as an assemblage (Ong and Collier 2005) and offer neoliberalism as a useful ideological concept for understanding the connection between the individual and the body (Rose 2007; Vora 2009). I draw on critical feminist theory and rhetorical studies (Skeggs 1997; Martin 2001; Markens 2007) to frame respectability as not only an ideological strategy concerning gender, class and nationality but also as a concrete issue that is considered and acted out by the different agents involved: the individual surrogate, the intended parents and the fertility clinic professionals.[6]

DOCUMENTARIES AS ANALYTICAL POINT OF DEPARTURE

The documentary *Google Baby* follows Doron, a gay man from Israel and the father of a daughter born of a surrogate in the United States. He aims to start a business servicing other gay couples who dream of parenthood but who are unable—or unwilling—to pay costs for a surrogate mother in the United States. As he travels around the world by airplane, car or rickshaw, Doron personifies globalization, mobility and agency. What's more, Doron lives openly in a homosexual relationship and himself becomes a father through assisted reproduction and transnational surrogacy. He embodies new and queer family norms—although his mother fulfils a traditionally female role by staying home with the baby while he works. His narrative represents the possibilities of new technology as he keeps in touch with his mother via mobile phone, talks on Skype with the egg donor of his daughter (allowing her to be, to some extent, part of their lives) and shows his clients how they can meet and choose egg donors online on a clinic's website. The narrative follows Doron to the United States, where he buys donor eggs and has them fertilized, and to India, where surrogacy is more affordable. The viewer also meets and identifies with Katherine, a twenty-eight-year-old American who has successfully donated eggs and plans to donate again to help pay for the remodelling of her family home. Doron travels to Anand in Gujarat in West India, where he seeks out the world-famous Dr. Nayana Patel (known from, among other places, her appearances on Oprah Winfrey's talk show) to ask her clinic to partner with his business.

Made in India follows the story of Lisa and Brian Switzer, an American couple from San Antonio, Texas, who, after seven years of infertility, have sold their house to travel to India for surrogacy services. The medical tourism company Planet Hospital has promised them an affordable solution in Mumbai, where the clinic Rutunda has specialized in transnational surrogacy arrangements. Lisa's statement that 'this is our one and final shot' adds literary elements of dramatic tension and affects like pity and compassion to the narrative. Happily, Lisa and Brian receive the announcement that 'their' surrogate is pregnant and, later, that she is expecting twins. The film also follows the twenty-seven-year-old surrogate Aasia, who lives in a one-room house in a Mumbai slum with her husband and their three children. Aasia has been introduced to the fertility clinic by her sister-in-law, who follows her throughout the process. She is an unorthodox Muslim and wears a burka, mostly to hide her identity from the neighbours, because surrogacy is not an ordinary or acceptable occupation for an Indian woman.

The documentary *A Mother's Dream* (*Ma Na Sapna*) takes place in the clinic and features six surrogate mothers and their surrogate agents through different stages of surrogacy. The film follows several women in the preparatory stages of surrogacy, including twenty-two-year-old single mother Heena, who considers becoming a surrogate but worries about how to take care of her daughter while living in the surrogate hostel, and Champa, who is dedicated to the project but does not succeed in becoming pregnant. Events and dilemmas are presented from the point of view of the surrogates, who express very different opinions about the process: Nischa expresses strong faith in the fertility doctor whereas Bhikhi regrets the decision to be a surrogate when she learns she is pregnant with triplets and is asked to undergo fetal reduction. The portrait of the surrogates thus highlights the question of privilege and the emotional constraints connected to surrogacy. Surrogate Papiha gives birth to twins and suffers emotionally when she must hand them over to a Canadian-Indian couple, who arrive several weeks later. Another surrogate, Parul, receives a false contact number from the commissioning parents of the child she has birthed. In this manner, the documentaries provide factual narratives, but they also blur the border between strict documentation and artful narrative.

By collecting, documenting and interpreting images and narratives, the documentaries offer insights that align scientific methods of ethnography and visual anthropology. However, documentaries embody an essentially different conception of knowledge (Nichols 2010). The genre holds an implied agreement between filmmaker and audience that the documentary shows real-life events and that the persons portrayed are authentic and do not play roles. At the same time, however, the documentary is a product of a filmmaker with a personal creative vision, seeking new insights and perspectives. It is often characterized, for instance, by the filmmaker's political commitment to influence the audience and thereby provoke changes. Rebecca Haimowitz and Vaishali Sinha state their critical intentions on the *Made in India* website 'to create a film that goes beyond sensationalist headlines and uncovers the personal lives and choices of the surrogates and the infertile Americans involved'. The film was translated into Hindi in 2011 to reach, inform and start discussions among the surrogates.[7] *Google Baby* is presented on YouTube with the search words 'reproductive exploitation', which strongly indicates the political baseline of the film.[8] And *A Mother's Dream (Ma Na Sapna)* is presented as 'a subtle portrait of six mothers on their surrogate journey, giving them a voice that otherwise remains unheard'. The director aims tell the surrogates' 'personal stories, and by doing so, talk about the value of women and the value of life in general. What makes a life valuable and can you even measure the value of giving life? . . . to reflect on the inequality and the codependence of today's civilisations'.[9]

Besides the political intentions, documentary films also makes use of poetic and fictional effects. They are 'adept at opening the possibility of alternative forms of knowledge' and use 'stress mood, tone, and affect', thereby illustrating 'what it feels like to see and experience the world in a particular poetic way' (Nichols 2010, 162). The documentaries on surrogacy are simultaneously factual and dramatic, not only communicating arguments and reasoning but also giving the audience the opportunity to *experience* a part of the world that is unfamiliar to most Western citizens and to encounter opposing perspectives and opinions.

THE SURROGACY ASSEMBLAGE

In this analysis, I view the documentaries as part of a global assemblage (Ong and Collier 2005) as they document and interpret the reality of transnational surrogacy. Against the image of 'Neoliberalism' as a dominant structural force that pushes total social change across one nation after another, Aihwa Ong suggests an understanding of neoliberalism with a small *n*: an emerging logic of governing that travels 'not as a system but a migratory set of practices'. Surrogacy in India fits this definition of assembling neoliberal logic that 'travels to emerging economies, both as a technique of administration, and as a metaphor' (Ong 2007, 4–5). As I show, the three documentaries provide substantial material to investigate the specific nature of the surrogate assemblage.

In the neoliberal context, the individual is understood as in charge of his or her own life and body (parts), and able to take responsibility for (and advantage of) available opportunities (Rose 2005; Vora 2009). The three documentaries display how the various stakeholders in a transnational surrogacy arrangement navigate and negotiate these possibilities. Transnational assisted reproduction and surrogacy takes the form of a global market place, even as it interacts with situated sets of elements and circumstances and embodies different interests and stakeholders.

In the films, surrogacy is shown to be a part of a commercial industry with direct economic impact on many people. The assemblage carries both economic and symbolic meanings recognizable within a neoliberal framework. In *Made in India*, the surrogate mother frees Lisa from her infertile body; in *Google Baby*, Doron and other gay men gain access to parenthood though surrogacy while Doron's mother achieves a prominent place as care provider and grandmother. The gay, childless man and the heterosexual, childless woman are therefore constructed as legitimate consumers in a transnational reproductive economy. Not only the infertile Westerners but also the egg donor and the Indian surrogate are understood as entrepreneurs, consciously acting in a free market. Egg donation and surrogacy also make it possible for the US egg donor Kat and the Indian surrogate mothers to take positions as modern, active subjects: they can renovate or buy a house or educate their children (or, in Kat's case, buy more weapons for the family).

In *Google Baby*, the neoliberal framework is initially linked with the sexual liberation of Western women:

> In the 60s, the introduction of the contraceptive pill turned sex into an act independent of the risk of pregnancy. Today, technology has turned 'making a baby' an act independent of sex. And globalisation is making it affordable. All one needs is a credit card. Instructions can be found on YouTube.[10]

In this quotation, the pill and the sexual liberation are equated with assisted reproduction and with global consumer culture ('globalisation is making it affordable'). Technology frees reproduction from sex, globalization makes it economically feasible and the credit card makes it easy ('all one needs is a credit card'). These beliefs are also evident in other scenes in *Google Baby*: Doron normalizes the outsourcing of pregnancies to India as part of a general trend that also takes place among big information technology companies (Doron: 'I have a high-tech background and outsourcing to India is very trendy right now'). Outsourcing is constructed as modern and makes use of the fact that surrogate motherhood does not require special skills or 'training'.

In accordance with the neoliberal project, the main characters in the two films achieve citizenship through parenthood and consumption. In *Made in India*, we see Lisa busy arranging her 'baby shower'; through this exchange of gifts and consumption, she stages herself as mother-to-be ('I've been waiting for this my entire life. This is my chance to be a mom. To feel like a mom'). Doron's partner, although he is a gay man, occupies the same position when he normalizes his desire for parenthood and explains his motivation for establishing his company as follows:

> I wanted to be a parent my whole life. And although I am humble, I am happy to not be humble now and say that I am a great parent and that Doron and I together will raise the happiest of babies. There is no reason, because of what someone may think, that I am not worthy to become a parent, for me not to be a parent. So I went and became a parent. And I would be happy to help others become parents. (*Google Baby*)

Made in India and *Google Baby* show how infertile individuals make their own choices in order to optimize their possibility of having children. In *Google Baby*, the egg donor Kat decides for herself to repeatedly sell her eggs, and in *Made in India*, Aasia makes up her own mind to be a surrogate, even without the consent of her husband. She is positioned as a modern, independent woman: at first, she laughs with disbelief of the possibility of becoming pregnant 'without having a relationship', but when she understands the basic principle of assisted reproduction, she signs the agreements without her husband's consent ('I made up a story and made him sign'). Once he realizes her pregnancy, it is too late to go back. Aasia tells that she was 'a little scared' when she learned she was pregnant with twins, but she is helped by her faith ('there's a God above helping out'). She was told that the children were going abroad, but otherwise, she has not thought much about either the gender of the children or the nationality of the parents. Her main concern is her own children and her earnings. The family is under economic pressure, and she plans to save the money to secure her children's futures, especially her daughter's.

In *A Mother's Dream*, the surrogates optimize their chance of earning money: they are shown negotiating their payments with the doctor, Nayna Patel. The surrogate scout Madhu complains that the surrogates no longer earn enough to buy a house because the payments they receive have not gone up in accordance with real estate prices:

> A year ago I would make my surrogates buy houses, but now that's no longer possible. You can't buy a house with the money they earn. Not even in our area. And our area is hardly posh. This is a slum. And still houses aren't available at those prices. If they can they do surrogacy twice and buy a house after that. We tell Dr. Nayna to increase the payment, but she isn't doing it. Who can speak up to her? (*A Mother's Dream*)

Her own situation has also become more difficult, as surrogacy has become socially acceptable and surrogates now often recruit each other by word of mouth:

> It's becoming more difficult for me to find women. At first no one knew how to find people to be surrogates. But now everyone knows how. Once they've been a surrogate they find new people themselves. So there's no one left for me. Sometimes I worry that I won't find any more clients. (*A Mother's Dream*)

Also when it comes to feelings, the surrogate mothers in *A Mother's Dream* suggest an economic frame to explain the problem. Some are aware of the danger of getting too attached to the child (Papiha: 'You don't let yourself feel anything. The child belongs to someone else') and compare their task as surrogate mothers with the investment made by the commissioning parents, as here articulated by Nisha: 'I take more care of this baby than my own children. Why? Because the couple is spending money. And that money shouldn't go to waste'.

The pregnancy test of surrogate-hopeful Champa turns out negative. She feels like a failure but is encouraged by the surrogates in the hostel to continue trying so the investment is not wasted: 'Your couple must be just as upset as you. They must have spent so much money'.

Thus, the neoliberal frame of understanding legitimizes an entrepreneurial way of thinking and acting; as the titles *Google Baby* and *Made in India* suggest, the child is seen as a commodity comparable to other goods that can be purchased, preferably on the Internet. Thus, the medically infertile woman (Lisa), the homosexual man (Doron) and those helping them (donors and surrogates) are presented as legitimate subjects in a multilayered economy of reproduction—one that is, on one hand, global and, on the other hand, situated in a local setting and adapted to the specific realities of surrogacy. The documentaries rewrite and legitimize the neoliberal framing as a recognizable liberation project: the childless Westerners and poor citizens in India are transformed into active entrepreneurs and rational subjects who make choices based on their own interests and opportunities. In a neoliberal frame of understanding, the individual body (and body parts) are owned and managed by the individual (Vora 2009). The childless singles and couples privilege the chance to become parents, while the egg donors and surrogate mothers prioritize economic mobility (Kroløkke and Pant 2012).

PRIVILEGE AND KINSHIP

The neoliberal assemblage also allows for critical views on privilege and social injustice within the stratified structure of transnational assisted reproduction, as the documentaries display in the obvious opposition between the medical professionals and the surrogates. *A Mother's Dream* shows the lead doctor, Nayna Patel, arriving at the clinic in a Mercedes while the surrogates are seen riding in rickshaws, sitting on the back seat of a scooter or simply walking. *Google Baby* explains that the cesareans in the clinic are almost always performed on a Tuesday to suit the schedules of the medical staff and to allow intended parents to plan their trips. In the operating theatre, the doctor absent-mindedly cuts open the womb of a surrogate while simultaneously serving a potential customer on her mobile phone. However, in *A Mother's Dream*, the doctor is shown to communicate directly with the surrogates and expresses concern for their opinions and their well-being. She appears responsible and dignified as she tells the camera that the surrogate hostel was established based on the wishes of the surrogates themselves, who required privacy during their pregnancy. She explains that the stay in the hostel has developed into an opportunity for previously illiterate surrogates to educate themselves in reading, writing and English:

> I hope you all learn something here and use these skills when you go home to make a living. No surrogate should only make a living by being a surrogate or an egg donor. You should find a permanent source of income. (Dr. Patel in *A Mother's Dream*)

Google Baby develops a critical view of the motives and emotional engagement of Doron's clients. When Doron decides to work with a fertility clinic in Mumbai, he is given the option to offer 'two surrogates for the price of one', and the clinic suggests reductive abortion as a possible and acceptable surgical procedure if the result is a pregnancy with more than two foetuses. None of the clients hesitate to accept this offer, but as much as Doron, on one hand, is excited for the new possibilities for gay men to become parents, he is also troubled by 'the idea of two simultaneous pregnancies' and 'instinctively' senses some of his clients' lack of involvement. He therefore positions himself as a respectable father by highlighting his own strong involvement in the pregnancy of his daughter.

In *Made in India,* however, the 'natural' bonds between parents and their 'own' children are underscored in various ways, and Lisa points to the genetic connection as an exclusive one ('These are my genetic children. I should not have to go through this'). However, visual and verbal arguments intersect in *Made in India*, as do the questions of privilege and of kinship, as the film questions if the rights that Lisa and Brian claim over the children are actually based upon the genetic connections or, rather, on the economic superiority. The documentary establishes clear oppositions between the well-fed American bodies (size double XL) and the undernourished Indians, some of whom are seen begging in the streets.

At the same time, *Made in India* presents nongenetic understandings of relatedness. Lisa and Brian ascribe their children's calm natures to the surrogate because they, the genetic parents, are not calm themselves. This belief points to an understanding of relatedness based on shared bodily experience.[11] Different surrogates feel this bodily relatedness more or less strongly. Aasia, the surrogate in *Made in India*, does not seek to bond with Lisa or mourn when she hands over the newborn children. In *Google Baby*, it is clearly more financially attractive for Diksha to be a surrogate than a service worker ('I would have bought a house with the money I got and saved some for my son's future. Now I am working at the surrogate house for a small salary'). In contrast to Aasia, Diksha, who later succeeds in giving birth as a surrogate, keeps in contact with the families on Facebook and Skype and values these relationships highly.

Other surrogates in *Google Baby* and *A Mother's Dream* are predominantly presented as passive and uninformed as they await the progress of pregnancy and the decisions made for them by other stakeholders in the clinic. The monotony of their lives represented in the endless rotation of a ceiling fan. To illustrate the austerity of the surrogates' everyday reality, the camera lingers on old peeling flakes of paint and the traditional, handmade brooms used to clean the floors in the clinic.

At the same time, surrogates occasionally voice their opinions actively, and the documentaries present their wide range of views on the questions of respectability and relatedness. In *A Mother's Dream*, surrogate Parul fears to have lost the respect of her son and worries about returning to her community ('before I had respect and no money—now I have money but I won't be respected anymore'). In contrast, Papiha seems confident and even has the energy to joke about the children's appearances at the baby-changing table ('This Japanese boy: How can his eyes be so big and his penis be so small?'). In *Made in India*, Aasia avoids the role of either patient or exploited victim. She gains dignity by acting as an entrepreneur and highlights that she is a surrogate for the sake of her own children.

For Lisa's part, on the other hand, the position as infertile woman is an important part of her identity. Lisa's painful injections are displayed, as are the many stressful situations she goes through both at home and in India. In comparison, remarkably few of the surrogate mother Aasia's treatments are shown. She seems calm compared to Lisa, who (in her own words) is 'kind of freaking out'. Lisa understands herself as a diagnosed patient, but she and Brian also identify themselves as 'fighters'. They feel forced into a 'reproductive exile' of sorts, because of the high costs of fertility treatments in the United States ('In the US, if you're struggling to have a child, you have to be a lawyer or a doctor to afford this. It's not fair').

Lisa and Brian appear to highlight their positions of economic marginality to defend themselves against criticisms of their respectability, but this self-representation is not the full story. For instance, elsewhere in the film, Lisa and Brian are shown as consumers and as tourists who also hope to visit the Taj Mahal. They negotiate at the clinic in the same way as they bargain in a marketplace, which questions their respectability and draws the sympathy of the audience toward the surrogate mother and attention toward her rights.

MOTHERHOOD AND DIGNITY

In Beverly Skeggs's (1997) work on respectability as a mechanism for judging the value of a person, she suggests a performative understanding of respectability as something that is 'done' or 'performed' in certain ways—for example privileging the task of mothering or caregiving. Skeggs's work is based on Pierre Bourdieu's theory on habitus, which highlights respectability as built into historical and cultural structures and as a central rhetorical tool in the disciplining of gender, class and nationality and judging the value of a person.[12]

In these documentaries, the question of respectability appears not only as an ideologically charged theme but also as a concrete issue in the rhetorical construction of the narratives of both the Indian surrogate mothers and the intended parents. The affects connected to motherhood—love, desire and hope—are used to naturalize and legitimize the choices and actions of both surrogates and intended parents, as well as competing and conflicting interests, views and expectations. Respectability is seen as one of the dynamic elements negotiated rhetorically in a global, flexible and mediated world.

Both for Lisa and Aasia in *Made in India*, as well as for the surrogates in *Google Baby* and *A Mother's Dream*, the identity of motherhood is a dominant and respectable position. *Made in India* shows how the paradoxical relations between agency or no agency, choice and no choice are negotiated. In Lisa's understanding of her own situation, she has an absence of choice, as this is her last and only option to have a child ('I just can't imagine being without kids. I've wanted to be a mother since I was about 25 years of age, and here I am turning 40' . . . 'I am heartfelt. I am determined. This is my dream. This is what I need to be whole'). Aasia, likewise, uses motherhood as an argument in favour of her respectability. While framing her activity as a surrogate in neoliberal terms of selling or renting out her womb, she also restates that her concern is first and foremost as a mother ('everything I do, I do for the children, for their happiness'), here referring to her children at home. In *A Mother's Dream*, surrogate Bhikhi expresses her strong aversion to foetal reduction and thereby gains respectability as a mother who could never harm, let alone kill, a child.

Reproductive technologies, including the rhetorical frame of what constitutes cultural categories (such as gender, family, biology and kinship), have been extensively discussed within the framework of critical gender research.[13] Charis Thompson, for example, has argued that reproductive technologies, on one hand, enable many new family constellations but, at the same time, draw on recognizable rhetorical strategies of normalization and naturalization to adapt to biological kinship (Thompson 2005). Emily Martin illustrates how the female body in scientific texts is constructed as a birthing machine, whose value is measured in relation to fertility (Martin 2001). She argues that common understandings of women's bodies and reproductive systems are shaped by the language and metaphors used to describe them. Reproduction is retold rhetorically within a recognizable gendered framework and comes to represent the heteronormative nuclear family.

Susan Markens has analysed cases of surrogacy in the United States and has suggested a rhetorical framework based on the understanding of surrogacy. She argues how various forms of kinship compete with each other while recognizable rhetorical strategies and interpretations are attached to the role of a surrogate mother (Markens 2007). She argues that a rhetorical analysis is advantageous in that it visualizes rhetorical strategies, including ambiguities and conflicts of interest, *and* suggests two main competing rhetorical frames: the 'baby-selling frame' and 'the plight of the infertile couples' (Markens 2007, 81). The baby-selling framework highlights the commodification of the child and positions the fertility industry as a baby factory, the intentional parents as privileged and self-indulgent consumers and the surrogate mother as comparable to an oppressed factory worker. In sharp contrast, the rhetorical framework of 'the poor infertile couples' legitimizes the choice to be a surrogate mother and engage in these commercial transactions.

The previously mentioned frameworks certainly apply to the narratives in the documentaries, but at the same time, a reality even more composite is demonstrated. The documentaries question various definitions of kinship and belonging (as well as issues of privilege, class and race), which are addressed indirectly throughout. Documentaries such as *Google Baby*, *Made in India* and *A Mother's Dream* allow infertile couples, homosexuals hoping to reproduce, surrogate mothers and medical staff in India to show their particular perspective on the world and to voice different opinions. For example in the scene in *Google Baby* in which the doctor performs a caesarean cut on a surrogate while talking on a mobile phone, the chosen camera angle positions the surrogate as attached to the operation table as a crucified victim. The doctor underscores this perspective by addressing the surrogate as 'Mother Mary—the mother of the orphans'. In contrast to the doctor, the camera makes eye contact with the surrogate and shows tears gathering in her eyes as a Caucasian child is pushed and pulled out of her uterus. The sound of the womb being cut up, the cry of the newborn child and the doctor's laughter and loud statement ('[I]t's a very complicated procedure, surrogacy') is blended with the visual impression of several bodily fluids (blood, tears and urine). The comment from the assistant holding the baby ('I will bring the baby to the mother') reveals that 'Mother Mary' is not the only—or even the primary—mother of the child to whom she just gave birth. This scene weaves a disturbing narrative. Although the documentary is defined as nonfiction, aesthetic effects are nevertheless used to provide affect and provoke ambivalence. In contrast, the next scene shows Doron's home in Israel, where he and his partner proudly present their daughter to friends and family and share the story of her birth. Thus, *Google Baby* pinpoints the contradictory condition of transnational assisted reproduction and the extent to which parenthood has come to include a more diverse set of roles and meanings.

The surrogates, for their part, are also presented as disparate and composite: they are oppressed victims *and* respectable angel-like mothers (Mary), figures in a fairytale narrative *and* stakeholders in a professional business relation. Similarly, the intended parents' narratives carry inherent tensions. The film credits of *Made in India* reveal that one of the twin girls sadly passed away only a few months old due to 'sudden infant death syndrome', and the documentary is dedicated to her memory. The grief of having lost a child is ascribed to the intended parents and not to the surrogate. It is Lisa and Brian's tragic loss that is announced in the film and recounted in their weblog. Their grief is the double grief of infertility and then the death of their child. In the film, these affects add to their credibility as parents and serve to exclude the surrogate from entering into a kinship relation with the surrogate baby. Thus, respectability for both surrogates is sought and granted in relation to motherhood, although it is clearly conditioned by privilege.

CONCLUSION

The three documentaries construct narratives highlighting the way in which the agency of the Indian surrogates is constrained, privilege is stratified and the Indian surrogate mothers do not have the same opportunities to influence their situation as the childless Western intended parents. Whereas the economically privileged intended parents travel across continents several times during the process, the Indian surrogates typically do not leave their local environment. Most surrogates do not speak English or have Internet access as a matter of course and therefore do not have the same amount of choices regarding their situation.

Analytically, the documentaries show surrogacy as a global assemblage, recognizable as a complex situation wherein diverse understandings of motherhood and kinship are displayed. The documentaries present transnational surrogacy in India as an unstable and emerging structure wherein surrogates and other agents have diverse and ambivalent opinions on their circumstances. By viewing transnational surrogacy through the lens of the filmmakers, surrogacy is framed as a series of interactions in time and space. The events extend in time over the course of the narratives enabling the viewer to identify with the plot at various points in time. Affect and humor are used as rhetorical strategies to both legitimize *and* question surrogacy as an acceptable way of creating kinship and the overall neoliberal framework of thought. The films frame surrogacy as a do-it-yourself project and position intended parents, surrogates and donors within a neoliberal framework of understanding. At the same time, the documentaries portray transnational surrogacy as complex and not reducible to a single logic. The actors give voice to various ways of reflecting on their own positions, on unresolved concerns for the surrogate mothers and on changing views of parenthood. The documentaries offer these perspectives as questions for the audience to discuss and consider through the narrations and doubts of the protagonists. They call for viewers to debate the new understandings of kinship and its impact on human relations on a global level.

NOTES

1. In a survey, based on the number of applications received for National ART Registry, Indian Council of Medical Research (ICMR) puts the number of ART clinics as 125 in Delhi. Officials, however, believe that the actual figures are around 250 to 300 ("Delhi Delivers Designer Babies: Over 500 IVF Children Are Being Born Each Month as Clinic Business Booms," accessed June 7, 2015, http://www.dailymail.co.uk/indiahome/indianews/article-2357565/Delhi-delivers-designer-babies-Over-500-IVF-children-born-month-business-fertility-clinics-booms.html). Estimates of the number of Indian ART clinics range from 350 to more than 3,000; however, a United Nations–funded study in July 2012 assessed the surrogacy business at more than $400 million a year ("India Seeks to Regulate its Booming 'Rent-a-Womb' Industry," accessed March 11, 2014, http://www.reuters.com/article/2013/09/30/us-india-surrogates-idUSBRE98T07F20130930). In 2014, *The Indian Express* estimated the current number of surrogacy cases in India to be between four and five hundred, about 30 percent of which were involved with international patients ("In Boost to Infertility Treatment, Govt Allows Import of Frozen Embryos," *Indian Express*, January 16, 2014, accessed March 11, 2014, http://indianexpress.com/article/technology/science/in-boost-to-infertility-treatment-govt-allows-import-of-frozen-embryos/). Some clinics have a much higher percentage of international patients. For example, the Akanksha Clinic in Anand in Gujarat, where both *Google Baby* and *Ma Na Sapna* were filmed, counts more than five hundred surrogate babies born since 2004. Of those cases, two-thirds involved clients from more than three different countries. The Mumbai-based fertility bank, Surrogacy India, boasts more than 295 surrogate babies born since it opened in 2007. Of those cases, 90 percent involved international clients, and 40 percent were same-sex couples ("India Seeks to Regulate Its Booming 'Rent-A-Womb' Industry," Reuters, 30 September 2013, accessed March 11, 2014, http://www.reuters.com/article/2013/09/30/us-india-surrogates-idUSBRE98T07F20130930).

2. Prospective parents can access diverse reproductive treatments, enduring short or no wait periods. Until recently, the necessary visa requirements had few restrictions regarding marital status or sexuality. All three documentaries were filmed in a period of expansion of the Indian transnational fertility treatment markets, prior to new visa restrictions introduced in July 2013, when the Indian government updated visa regulations. The process to obtain a specific surrogate visa now requires a valid (heterosexual) marriage certificate (showing that parents have been married for at least two years) and a formal letter from the home country stating that surrogacy is recognized and legal. The new regulation thus excludes all applicants from countries that do not officially recognize transnational surrogacy, the entire gay community, and singles coming from abroad. In response to these new restrictions in India, surrogacy destinations are opening in Mexico, Thailand and Nepal. The global market of surrogacy is moving constantly, and to maintain its competitive edge in these emerging markets, the Indian govern-

ment in 2014 decided to allow the import of frozen human embryos for artificial reproduction. This makes possible a more flexible and swift procedure for importing or exporting human embryos that are already prepared for implantation in the surrogate womb—a change that might make the surrogacy experience in India more attractive to foreign couples.

3. For example, Narendra Malhotra, Duru Shah, Rishma Pai, H. D. Pai and Manish Bankar, "Assisted Reproductive Technology in India: A Three-Year Retrospective Data Analysis," *Journal of Human Reproductive Sciences* 6, no. 4 (2013): 235–40.

4. For example, Vora (2009), as well as Amrita Pande, *Wombs in Labor: Transnational Commercial Surrogacy in India* (New York: Columbia University Press, 2009).

5. For example, Sayantani DasGupta and Shamita Das Dasgupta, "Motherhood Jeopardized," in *The Globalization of Motherhood: Deconstructions and Reconstructions of Biology and Care*, ed. JaneMaree Maher and Wendy Chavkin (New York: Routledge, 2010), 131–53; Jennifer Aimee Sandoval, "Labor Pains: An Exploration of the Complex Roles of Identity, the Body, and Policy in Surrogacy Discourses in India" (PhD diss., University of New Mexico, 2010, ProQuest, Dissertation number 3422336); Charlotte Halmø Kroløkke and Saumya Pant, "'I Only Need her Uterus': Neo-Liberal Discourses on Transnational Surrogacy," *NORA: Nordic Journal of Women's Studies* 20, no. 4 (2012): 233–47; Daisy Deomampo, "Transnational Surrogacy in India: Interrogating Power and Women's Agency," *Frontiers* 34, no. 3 (2013): 167–82.

6. Part of the following analysis has been developed and published in Danish. Charlotte H. Kroløkke and Karen Hvidtfeldt Madsen, "Også respektabel?: retoriske konstruktioner af fleksible (u)frugtbare kroppe," *Rhetorica Scandinavica*, no. 56 (2010): 31–48; Karen Hvidtfeldt Madsen and Charlotte Kroløkke, "Moderskab(elser) – Slægtsøkonomier og moderfølelser i transnational surrogatmoderskab," *Kvinder, køn og forskning*, no. 1–2 (2014): 70–81.

7. *Made in India* website, accessed April 4, 2015, http://www.madeinindiamovie.com.

8. *Google Baby Documentary*, YouTube video, 9:00, posted by "radscum," July 7, 2012, accessed April 4, 2015, https://www.youtube.com/watch?v=1kJM8OUGnpc&index=3&list=PLg91X_l3fbuRYVqI53RYX0oFDvGK0kGAI.

9. *Ma Na Sapana: A Mother's Dream* website, accessed April 4, 2015, http://www.manasapna.com/.

10. Introduction to *Google Baby*.

11. This corresponds with sociologist Amrita Pande's findings, which show that surrogates refer to other surrogates and to the intended mother as 'sisters' and express expectations of a lasting relationship with the foreign families (2011, 622). Pande found that the surrogates often oppose the categorization as service workers and display ideas of kinship that are not primarily based on a genetic connection: 'Kinship ties, instead find their basis in shared bodily substances (blood, breast, milk) and shared company as well as in the labor of gestation and of giving birth. By emphasising connections based on shared bodily substance and by deemphasising the ties the baby has with its genetic mother and the men involved in surrogacy (the genetic fathers and the surrogates' husbands), the surrogates challenge established hierarchies in kin relationships—where genes and the male seed triumph above all. Simultaneously, by forming kinship ties with the baby, the intended mother, and other surrogates residing with them, surrogates in India form ties that cross boundaries based on class, caste and religion and sometimes even race and nation' (2009, 380).

12. 'It informs how we speak, who we speak to, how we classify others, what we study and how we know who we are (or are not). Respectability is usually the concern of those who are not seen to have it' (Skeggs 1997, 8).

13. Sarah Franklin and Helena Ragoné, *Reproducing Reproduction: Kinship Power and Technological Innovation* (Philadelphia: University of Pennsylvania Press, 1998); Faye D. Ginsburg and Rayna Rapp, *Conceiving the New World Order: The Global Politics of Reproduction* (Berkeley: University of California Press, 1995); Marcia Inhorn, *Quest for Conception: Gender, Infertility, and Egyptian Medical Traditions* (Philadelphia: University of Pennsylvania Press, 1994); Helena Ragoné, *Surrogate Motherhood: Conception in the Heart* (Boulder, CO: Westview Press, 1994); Barbara K. Rothman, *Recreating Motherhood: Ideology and Technology in a Patriarchal Society* (New York: W. W. Norton, 1989); Deborah L. Spar, *The Baby Business: How Money, Science, and Politics Drive the Commerce of Conception* (Boston:

Harvard Business School Press, 2006); Charis Thompson, *Making Parents: The Ontological Choreography of Reproductive Technologies* (Cambridge, MA: MIT Press, 2005); Laura Mamo, *Queering Reproduction: Achieving Pregnancy in the Age of Technoscience* (Durham, NC: Duke University Press, 2007); Michi Knecht, Maren Klotz and Stefan Beck, eds., *Reproductive Technologies as Global Form: Ethnographies of Knowledge, Practices, and Transnational Encounters* (Frankfurt: Campus Verlag, 2012); JaneMaree Maher and Wendy Chavkin, eds., *The Globalization of Motherhood: Deconstructions and Reconstructions of Biology and Care* (New York: Routledge, 2010); and Marit Melhuus, *Problems of Conception: Issues of Law, Biotechnology, Individuals and Kinship* (New York: Berghahn Press, 2012).

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Chapter Nine

Family Reimagined

Assisted Reproduction and Parenthood in Mozambique

Inês Faria

In Maputo, the capital city of Mozambique, the ways of making a family have long been in constant transformation. In fact, nowadays it is hard to define local traditional family practices because they do not correspond to political borders but to endogenous communities that are no longer statically based in one region or another.[1] Briefly explained, traditional family practices in southern Mozambique correspond to a patriarchal kinship system.[2] In this context, marriage includes the offering of bride wealth (*lobolo*), through which the wife and offspring of the marriage are transferred to the groom's kin, making reproduction and parenthood a determinant for the success of a marriage (see Granjo 2005; Mariano 2014).[3] Over time, these family-making practices have been progressively mixed with other imposed and appropriated ways of making kin, stemming from colonization by the Portuguese, the overall religious and kinship diversity of the country and, more recently, the global circulation of people, ideas and practices witnessed in the last decades.

Maputo is increasingly being shaped into what can be called a global city (Sassen 2007). Presently, the city is host to a multiplicity of ways of living and family making as the local population interacts with globally circulating technologies, capital and ideas, which are used and appropriated in various ways. Kinship making in Maputo thus seems to concur with some more generalized theoretical perspectives (e.g., Schneider 1984; Carsten 2000), which—without neglecting the importance of biology and genetic relatedness as values of family making—suppose that in family making, biology is prone to function alongside other forms of familiarity and cohabiting. Among the many ways of family making that can be found in the city, it is possible to come across different ideas about its core definition: it may include genetic relatedness but also other social, spiritual and extended biological family relations (Granjo 2005; Mariano 2014). Ambiguous in their essence, these family ties are highly relevant, both socially and economically, and work as plastic categories that are appropriated differently according to particular life circumstances.

Assisted reproductive technologies (ARTs) are available in South Africa and have recently become partly available in one private clinic in Maputo[4] (see Mausse, Mabota and Bugalho 2014), where its practice is still unregulated. In Mozambique, the provision of these new technologies was met with ambivalence by infertile couples: it was seen as a great development by some and overlooked by others who preferred to seek treatments in South Africa. This chapter presents case studies stemming from encounters with Mozambican women suffering from couple infertility and offers ethnographic insights into evolving ideas about kin making, shaped by reproductive disruptions and locally[5] available family-making options.

THEORIZING KINSHIP

In the formulation of the relatedness concept, Carsten (2000, 14) suggests that kinship can be better perceived as processual and circumstantial rather than as a static social structuring tool. Among my informants in Maputo, kinship tended to be practiced and perceived somewhere ‘in the middle’ of these classifications; in other words, kinship notions varied according to the reproductive circumstances that the couples found themselves in; however, as stated earlier, in Maputo family still represents a network in which forms of social structuring are reproduced. My intention with this article is to depict the changes that occur within the trajectories of a very particular dimension of kinship and family making, namely failed reproduction. What happens to ideas of family when a couple cannot produce its own kin?

It is while facing the situation of reproductive disruption that couples, or families ‘to be’, navigate through suffering and healing paths that frequently transform their ideas of parenthood and family making (Carsten 2000; Thompson 2005; Inhorn and Birenbaum-Carmeli 2008). The infertile couples that I encountered had personal formulations of biological (e.g. genetic relatedness) and social (e.g. adoption) dimensions of kinship, which were strategically placed beyond deterministic frames, enabling them to choose, to a certain extent, what to absorb into their family-making processes and what to leave out. Throughout my research, I noticed how, while travelling through the experiences of reproductive disruption and ‘failed’ attempts to make biological kin, people reconfigured their ideas and perceptions about making kinship. What began as a biological quest was gradually transformed into a broader quest for parenthood or motherhood. These ideas of parenthood were, to some extent, personally determined and circumstantially changeable, covering in its plasticity a variable set of family-making perceptions and practices.

By posing therapeutic options that separate kinship from genetic relatedness and even from pregnancy and giving birth (see Strathern 1992; Inhorn and Birenbaum-Carmeli 2008), the regional provision of ARTs in southern Africa has intensified processes of change in kinship perceptions. Through such technologies that include third-party donors and surrogacy, couples can circumvent infertility (Daniels 2005) in order to make a family in a transformed way. This process of circumvention and kinship transformation entails the interaction of different technical and social domains, enacted throughout therapeutic pathways. This interaction resonates with what Thompson (2005, 8–11) has defined as ontological choreography, where, through ARTs, ontological orders that would have been previously taken as separate—such as technical aspects, scientific expertise, gender conceptions, kinship, emotional aspects, law, policy and finance—are (re)configured and coordinated in a dynamic way.

In Maputo, adding to the presence and use of the technological fix of ARTs, adoption is a frequently considered yet hardly materialized possible solution for family making (see Mariano 2014). Part of a little explored subject—kinship, infertility and ARTs in sub-Saharan Africa—the case studies presented in this chapter illustrate findings about the diverse and constantly transforming ideas of relatedness (Carsten 2000) that infertile couples experience. However, it is important to note that these couples represent particular situations in a changing society, where traditional family values largely based on biological kin, ancestry and the extreme importance of reproduction still prevail. It is also important to be aware that the case studies presented are of frequently mobile, high-middle-class women who could afford to resort to the private health sector and even travel abroad to pursue their reproductive goals. Among all of the couples that I met in Maputo, there were many cases of infertile women attending the public hospital and/or traditional healing in their quest for conception (Inhorn 1994), who had little chance of accessing ARTs.

Triggered by reproductive and therapeutic failure(s), the presented case studies concern couples' experiences and specific priorities while attempting to make a family. The first case concerns the issues raised by biological determinants of kin and the use of a surrogate; the second illustrates how, as the ones being pregnant, women may find themselves in a power struggle over the management of treatment and disclosure; the third case raises questions about gamete donation, adoption and the prevalence of nurture over genetic relatedness; and, finally, the fourth case regards the importance of maintaining equality between the couple members while facing the need for a sperm donor. These case studies altogether illustrate the diverse changing family conceptions that my respondents experienced during their therapeutic itineraries.

METHOD

The research that led to this article was based in Maputo, Mozambique, and is the grounds for the elaboration of a PhD thesis focused on national and transnational therapeutic itineraries for infertility care and ARTs.[6] The chapter is based on ethnographic data that I collected during nine months of fieldwork in Maputo, including in one public hospital and one private clinic providing infertility consultations in the city. Those who engaged in reproductive travel to South Africa were gathered through snowball sampling, while the users of the Mozambican public and private health sector were gathered at the clinical sites. The total number of participants amounted to twenty-four infertility care users, with interviews mainly carried out with female users. Of these twenty-four, eleven were private-sector patients, and among those, five travelled to South Africa for infertility care.

The fieldwork involved participant observation and semistructured interviews with patients and staff during infertility consultations, and was approved prior to commencement by the Mozambican National Bioethics Committee and the Health Ministry of Mozambique. The research also included many informal conversations and observations beyond the clinical focus, which shed light on the broader contextual aspects of the city of Maputo and its diverse local biographies and processes of family making. Three of the examples presented in the following are from the snowball sample of participants, and one comes from the clinical sample in the private clinic in Maputo.

BIOLOGICAL IMPERATIVE: SURROGACY AND DONOR GAMETES

Milena[7] lived in one of Maputo's most famous buildings together with her husband, Jacinto, two children—which each of them had had in previous relationships—and one nephew. They were a well-off couple with high-ranking jobs. By the time they met, when Milena was about twenty-six years old, and taking into account the fact that both had children already—Jacinto had two previous children and Milena one—they had decided that it was not yet time to think about starting their own family. It was when they finally decided to have their own baby, about seven years before our encounter and by which time Milena was already in her forties, that the couple was faced with infertility, something quite unexpected because both had been able to conceive before.

Once they found themselves in this situation, both agreed to follow the doctor's advice and look for an appointment at a fertility clinic. As was the case with other well-off couples in Mozambique, Milena and Jacinto were not in the habit of attending Mozambican health facilities; instead, they normally looked for medical care directly in neighbouring South Africa. The reasons for this were manifold, ranging from personal bad experiences that Milena had had with uterine surgery performed in Maputo and the (lack of) availability of state of the art technology, to the offer of biomedical procedures in South African cities close to the Mozambican border, such as Nelspruit, Pretoria and Johannesburg.[8] Through reproductive travel and various assisted reproduction cycles, this couple's way of thinking about relatedness, kin and parenthood metamorphosed because they progressively had to reconsider their aims and options. In responding to the constellation of different social, legal, financial, kin making and technological dimensions of infertility treatment—and engaging in what Thompson (2005) calls ontological choreography—this couple, as did other couples in the following case studies, explored thoroughly all the biomedical treatment options that their economic and emotional status enabled. Throughout their different reproductive attempts, however, what seemed to be a fine-tuned series of assisted reproduction steps (Thompson 2005) turned into a more complicated process.

After two failed in vitro fertilization (IVF) cycles, Milena and Jacinto were frustrated and thought that they should do something different. For them, having a child with third-party gametes was not an option, as both already had children from previous relationships and wanted a child genetically related to them both. Therefore, they decided to try one last treatment with their own gametes. But there was yet another issue: Milena was growing older and more anxious and felt that carrying the pregnancy herself could jeopardize their chances of successfully bringing to term their project of parenting a genetically shared baby. It was at this point that they decided to resort to a surrogate—a younger woman to carry their child. And so they began the quest for the best option. Who could they think of who would be willing to carry their baby?

Milena told me that the first person who came to her mind was her sister. After all, she stated, it would be a member of her own kin. However, other factors made her reconsider: her sister was in an unstable marital relationship, and Milena did not want her future child to develop in the belly of a woman in a stressful marriage. This was when she thought about her housekeeper:

> I was getting more and more anxious and started thinking, 'No [. . .] I will try one last time but with a surrogate.' [. . .] I had a housekeeper, who was very humble, very good. I had considered my sister also, but she had an unstable relationship so I discarded that hypothesis. I thought it could bring us prob-

> lems. So I decided to ask my housekeeper, and by chance she already knew someone from her country [Zimbabwe] who had been a surrogate. So she agreed to do it. We reached an agreement on the compensation values and she stayed [with Milena and Jacinto]. [. . .] We organised everything and went to the clinic. Now, the process was complicated, I even contacted a friend of mine who is a lawyer who had told me the clinic would not accept it just like that. What I had to do was to sign a contract with the surrogate. In South African law,[9] surrogacy is allowed but only by means of contract with the surrogate regarding the post-partum adoption of the child. [. . .] We tried it, but this last time it was even worse: the embryos were disintegrating even before transfer.[10]

Prioritizing genetic relatedness in the pursuit of a child of their own, Milena and Jacinto were willing to try everything except donor gametes. The couple's decision to resort to a 'compensated' carrier of their own genes also shows how they preferred to establish an affordable financial relationship with an unrelated surrogate over the possibly problematic option of using biological kin (Milena's sister).

Going beyond the specificity of Milena and Jacinto's therapeutic pathway, this case illustrates the coexistence of contradictory positionings toward pregnancy: in Mozambique, and elsewhere (see Hörbst 2012), to carry a baby is generally a crucial social sign of fertility within a marriage and thus of continuing kin. A woman's inability to get pregnant is likely to transform itself into a life-hampering situation. Nevertheless, for couples such as Milena and Jacinto, who did not face great external pressure to 'demonstrate' their fertility, using their own genes and another person's body as the carrier was more appealing than attempting to carry a baby themselves with other people's genes. Couples I met in Maputo repeatedly mentioned such ideas of shared substance in conception as the core of reproduction—to have eggs or donor sperm was frequently considered beyond their aim of building a family.[11]

This example shows how kinship and family-making formulations are flexible and adapt to particular constellations in women's lives (Carsten 2000), even when genetic relatedness is a prerequisite for family making. This couple's positioning towards donor material, pregnancy visibility and adoption reflects Strathern's (1992) thoughts about the way in which social and personal, changing and mutually influenced, perceptions about kinship shape other ideas about relatedness. But it also shows how patients manipulate, to the extent possible, the outcomes and aims of their therapeutic ontological choreographies (Thompson 2005), based on personal and sociocultural values challenged by technology. This couple's choices depict how the broader context, in which economics in the provision of assisted reproductive practices has become legally and socially normalized, has naturalized the idea of "compensated" surrogacy. By refusing donor material and resorting to a surrogate, Milena and Jacinto (dis)embodied their reproductive choice, opting for practices that fit their own ideas about relatedness and suited the broader social and legal limitations of assisted reproduction in South Africa (Carsten 2000; Thompson 2005). The following example of Teresa and Mohamed sheds light on other kinds of management strategies regarding treatment options, when biological relatedness is a determinant in the couple's quest for a child.

BIOLOGICAL IMPERATIVE: TRANSGRESSION AND FATHERHOOD

Teresa was thirty-six years old when we met. She was married and living together with her husband, Mohamed, two IVF twins and a nanny in a wealthy neighbourhood of Maputo. She had had pregnancies before the twins that had resulted in miscarriages, but at the time she and Mohammed had undergone the IVF treatment, the reproductive problem was mainly her husband's sperm quality. According to Teresa's account, she and Mohamed had always been a team during ART cycles and had supported each other. They shared the same desire to have a child that was genetically related to them both, but although Mohamed promptly refused the idea of using donor material in case their gametes were not good enough to produce a child, Teresa had different ideas about the matter. Although not keen on using donor sperm, she was more open to accept the option than her husband was:

> I could accept it, with some bitterness, but yes [. . .] my husband never [. . .] A donor? Another man? No, he would never be a father! Never, ever. At the beginning, when the clinic gave me the results of the semen analysis, I was really worried. I even thought 'I will create a donor without his knowledge [. . .] I will go to the clinic, talk to them'. Because for him donor was always 'No'! He told me, 'Children have to come from the marriage, if I have to have children outside the marriage we separate and I build my family with someone else!' He is very stubborn [. . .].

As the preceding quote illustrates, throughout the treatment process Teresa considered transgressing her husband's will to achieve a pregnancy and be a parent together with him. Hers was the only case I came across where the wife was willing to keep genetic (un)relatedness a secret to make it possible for her husband to be a father. Teresa's considerations shed light on certain specific assisted reproduction practices that some women may decide to employ in order to enjoy parenthood; indeed, as Strathern's (1992) and Carsten's (2000) works also suggest, reproduction and parenthood are flexible concepts that do not always fully overlap. In this case, Teresa was willing to attempt to manipulate how her and Mohamed's reproduction could be assisted, by the secret use of donor gametes, to make them both parents.

Fortunately, their treatment was successful using Mohamed's semen, and the twins were born. In the end, Teresa did not have to put her ideas about the secret use of donor sperm into practice, an option that would probably have been opposed by the legal regulations in the South African fertility clinics where the couple was pursuing treatment. Here we see again, as was also evident in Milena and Jacinto's case, how Teresa's strategic reasoning about kin making envisioned the dynamic articulation of technical, social, economic, legal and personal possibilities while navigating toward the ultimate goal of parenthood (Thompson 2005).

Furthermore, Teresa and Mohamed's case illustrates how women are active agents, able to make major decisions throughout their navigation in the quest for conception (see Inhorn 1994). The following case of Mariana not only brings into play other aspects of reimagining kinship but also highlights the tensions that these reimaginings may create within a couple.

PARENTING: NURTURE, BIOLOGY AND DISAGREEMENT

Mariana was a well-travelled forty-three-year-old Mozambican woman working for an international consultancy company in town. She had lived a troubled reproductive story that included resorting to an unsafe abortion and several subsequent hospital abortions and miscarriages. She had had one ectopic pregnancy and tubal obstructions that made her unable to have children of her own without the help of ARTs. By the time we met, she had discovered through the exams made for the IVF treatments that she also had a 'dead ovary' (her term). Mariana's limited reproductive potential thus demanded medicalization in any reproductive attempt she would make.

Although it was very difficult for her to get pregnant as well as carry a pregnancy to term, when she met her husband Francisco, her mind was set on having a child—making a family—and that desire transformed into one of her main objectives in life. Francisco's ideas about parenting were, on the other hand, quite far from hers. While she wanted more than anything to be a mother, and thus did not reject any hypothesis for family construction, Francisco did not want to father a baby that was not genetically related to him. Because of disagreements over their family-making ideas, among other marital tensions, the couple was undergoing the process of divorce when I first met Mariana.

This couple's case depicts clashing ideas about kin making, as well as concerns raised by adoption and the use of known and anonymous donor gametes (Inhorn and Birenbaum-Carmeli 2008). On one hand, Francisco's ideas about parenthood demanded for biological relatedness, showing how fatherhood perceptions frequently carry ideological gender constructions related to substance provision and reproduction (see Inhorn 1994). On the other hand, Mariana's physiological limitations demanded the consideration of reproductive options beyond genetic relatedness because she had few viable eggs:

> To adopt a child [. . .] My husband has a son, you know, and I am a bit [. . .] well, he is a bit square-minded, right? He has a son and he hardly ever sees him because he is abroad with his mother. So adoption he does not want. If you mention it he says, 'No! I prefer to try once again [ARTs].' But I am prepared for that [adoption], I always wanted [to adopt . . .] today there are so many children, I am mixed [race], I am ready for any child.

Mariana seriously considered the prospect of adoption, while Francisco, even though he was against spending Mariana's money on assisted reproduction, preferred to continue with those treatments rather than adopt a child. For her, although adoption did not raise any doubts regarding kin making, it did nevertheless raise a number of social and racial concerns. During our conversation, Mariana mentioned those concerns: 'I am ready for any child, but I don't want it to suffer any constraints because of skin tone'. But she also added that despite such insecurities, she was ready to adopt a baby.

During treatment, before Mariana and Francisco had started divorce proceedings, she had also thought about the use of donor eggs. She decided that if that would be the case, she would go to a gamete bank, because for her having a known egg donor triggered feelings of fear and insecurity—it would make her constantly afraid that on any given day the donor would knock on her door and ask for the baby.

Mariana's case illustrates how, for her, being a mother implied more nurture and love of a child than genetic relatedness. Nevertheless, this raised concerns about family continuation and racial and social aspects (Carsten 2000; Thompson 2002; Inhorn and Birenbaum-Carmeli 2008). Feminist debates about race and ARTs, and further issues of reproductive stratification influenced by class and race, raise concerns about kin making, skin tone and procreation among people of the same racial group (Thompson 2002). Mariana's case shows how social concerns about race reproduction and adoption are also manifest in infertile couples' daily lives and choices while making kinship.

For other infertile women and couples that I encountered, adoption—with all the social questions it raised—was generally seen only as a very last resort or even as a completely unviable option for attaining parenthood. This was likely due both to the availability of reproductive technologies that they could afford and to other locally prevalent social perceptions about kin making (see Mariano 2014). Nevertheless, the importance attributed to these aspects was normally worn out during the process of undergoing assisted reproduction treatments.

Despite not giving full importance to biology, Mariana's case shows how genetics still create an idea of risk, not because of the material itself, but because of its provider: the idea of a nonanonymous donor or surrogate brought along the idea of interrupted nurture, sustained by the possibility of future biological claims over the child. Referring to the mother as well as the future child, this feeling of risk concerns both biological and social aspects. It demonstrates not only how the process of making kin is ideally based on biological reproduction but also how this can be transcended when that option becomes unlikely (Carsten 2000). Reproductive disruption unveils particular, and transforming, ways through which family making and reproduction are interwoven with the local social and cultural contexts in which infertile couples must navigate in pursuit of their goal of parenthood.

Mariana's trajectory and scope of action changed over the course of her infertility treatment. But the definitive change in her conception of family and kin occurred with the event of her divorce. When facing the prospect of no longer being married to a partner who did not want an adopted child, Mariana could choose to make her own kin alone through adoption.

Contrasting in certain aspects with Mariana's case, Joana's story, which I discuss later, sheds light on particular male perspectives about parenthood. It also illustrates how decisions about, and reformulations of, kinship during assisted reproduction treatments are crosscut by external factors, such as the maintenance of a situation of equality in which both members of the couple have an equal genetic contribution in the formation of a child.

PARENTING AND EQUALITY: QUESTIONS SHAPED BY SUBSTANCE

When I first encountered Joana she was pursuing infertility treatment in a private clinic in Maputo. She was thirty-nine years old and fighting for a child together with her husband, Mateus. They both lived and worked in Maputo and enjoyed financial stability. By the time we met, and echoing with couple's infertility treatment pathways elsewhere (see Inhorn 1994; Mariano 2014), they had already tried to start a family by having a baby through all the different means they knew, from traditional medicine up to several fertility clinics, both at home in Maputo and abroad in South Africa. Their reproductive problems were related to Joana having fibroids, which she had medicated and extracted already in the clinic they were attending in Maputo, combined with her husband's low sperm quality.

When our paths crossed in the private clinic in Maputo, the possibility that they could bring to life a child that was genetically related to them both seemed very unlikely. Various disruptive events, such as Joana's fibroids and Mateus's diagnosis, indirectly demanded a reformulation of the couple's initial idea of family and parenting as an event with a biological core (Schneider 1984; Carsten 2000). As other couples, they found themselves involved in the complex ontological coordination of different natural, social and self-determined aspects of making parenthood through ARTs (Thompson 2005). Joana and Mateus had to think about how far they were willing to go, with or without extensive use of biomedical technologies, to be parents.

When presented with choices that unsettled their basic assumptions about family (Inhorn and Birenbaum-Carmeli 2008), and through the embodiment of those acts of choice (Strathern 1992), couples as units often found that they had a lot more internal variations than expected. This, as we have seen, was clearly perceivable in Mariana's case, as it was for Joana.

Joana and Mateus's therapeutic itinerary led them to consider adoption as a possible option for parenting. This was something that they had not had in mind when they decided to make a family: it was only when confronted with infertility that they began to evaluate other pathways to make kin. As with other couples, among which Mariana's story can be included, Joana and Mateus saw adoption as a last resort. They perceived it as an option that would provide them with biologically unrelated kin and that would be the final confirmation of their incapacity to reproduce. They had thus been looking for other ways to make a family that would involve their own bodies and assisted reproduction (see Thompson 2005; Inhorn and Birenbaum-Carmeli 2008). After Joana's fibroid surgery, the cause of their infertility was mainly Mateus's low sperm count. Their best option, they were frequently told, was to use a sperm donor. The following quote illustrates how the situation raised many questions about family-making options for the couple:

> We had a proposal to do so [use donor sperm]. A real medical recommendation in South Africa. But my husband and me cannot reach consensus about using donor sperm [. . .] We would have to go to a sperm bank, right, because sperm is the issue, and for me it would be like [. . .] 'OK, will he look at the baby and see his baby, his family?' I don't want him to feel [. . .] I asked him, 'Do you think you can make this? Will you see the baby as your own [kin]?' Then there is the other side [. . .] Something may happen that leads me to say, 'Ah, I will take MY son!'

Joana did not want to use donor sperm because it might have caused tensions between her and Mateus. Although Mateus did not refuse the option, Joana proposed a solution that, for her, would enable both of them to be in the same position in relation to the future child:

> So, to solve this I proposed [. . .] 'OK, so we can go to the sperm bank and also to the egg bank so we are both in the same position'. But then he did not agree,

> he told me, 'Why are we going to the egg bank, there is no need to do that [. . .] we just go to the other [sperm bank].' Then I said no, and told him, 'No, then we keep trying like this, as we say, with the blood' [their own genes]. If we cannot do it we will think about the other options later on. But in reality, this was all because I was feeling really bad about the situation, and I would not be comfortable.

When confronted with the option of using donor sperm, the couple was troubled. But contrary to many cases where the husband promptly rejected the replacement of "his blood" by another's (see Schneider 1984; Inhorn 1994; Daniels 2005), Joana's husband, although not happy with the situation, was ready to accept it if that was the only option. She continued to do most of the questioning and decided that their contribution to family making should be balanced to avoid future problems. In this case, biological relatedness was important, but above all the equal position of both members of the couple in relation to their future son or daughter was a priority for Joana.

As in the previous examples, for this couple having a child genetically related to them both was the initial objective. When confronted with the difficulties in achieving this, they considered the remaining options, which Joana discarded or manipulated toward the attainment of a balanced situation. She rejected the use of donor sperm alone, and adoption was still a hypothesis, seen by them both as a last option in their quest to make kin. This situation shows yet again how ambiguous and changeable kin and family perceptions can be when biological relatedness is jeopardized (Carsten 2000). It also contradicts common perceptions about gender inequalities and men's positioning toward kin and biology (see Inhorn 1994), shedding light on—constantly transforming—local social, marital and gender relations. Moreover, it again illustrates how women in different marital contexts are likely to be the main agents and decision makers during infertility treatment processes (see Inhorn 1994). This agency stems from couple's specific social family-making dynamics, manifested through crisis situations and interactions with biomedical technologies, the latter of which create the leeway with which to manipulate afflictions that would otherwise have had to be accepted and dealt with.

CONCLUSION

The availability of the global technology of ARTs in southern Africa is challenging local ways (and possibilities) of coping with involuntary childlessness as well as established notions of kinship and relatedness. It also challenges the anthropological gaze regarding these practices. Focusing on infertility, reproduction and parenthood in Maputo, in this chapter, I aimed to shed light on ongoing and emerging contexts and practices of kin making in

Mozambique. By articulating challenged local ideas about kinship with some of the analytical apparatuses provided by critical anthropological approaches to kin making, it provides new insights into interactions between (disrupted) reproduction, biomedical technologies and views about family and parenthood.

The four cases presented depict family making in the context of reproductive crisis, which accounts for the changes in kinship conceptions that occurred throughout the couples' assisted reproduction treatments. Representing only a fraction of urban family-making trends in Maputo, the cases nevertheless demonstrate how a wide range of varied kinship ideas can come about when biology without biomedicine ceases to be a reproductive option. Moreover, they show how even when performed with technological and scientific help, conception may not occur, leading to the opening of alternative windows of opportunity from which couples may choose kin-making options—surrogacy and gamete donation—according to their own ideas about kinship.

The couples' perceptions about the various alternatives, which transformed throughout their therapeutic itinerary, indicate how their navigation towards parenthood was framed within flexible categories that were adaptable to temporary therapeutic, or kin-making, constellations (see Carsten 2000). All couples began their quest with the wish to have a child that was genetically related to both parents and was carried by the mother. Despite this, when faced with fertility problems, the couples' starting aims had to be reformulated in a reimagined kinship-making framework enabled by technology and their social, economic and legal possibility to travel to achieve conception (see Thompson 2005). Each case illustrates different aspects of these transformations: the journey toward surrogacy triggered by the desire for genetic relatedness; the speculation about using donor gametes in secret to be able to make a family and allow the husband to enjoy fatherhood; partners' divergences regarding the importance of biology, nurture and donor anonymity and further worries about broader social aspects of family making through adoption; and, finally, the prioritization of the partners' equality in terms of relatedness to the child as the grounds for family making.

The case studies presented provide further evidence of the local importance of genetic relatedness in the era of ART. For many of the couples I met in Maputo adoption was only taken as a viable solution to involuntary childlessness once all the other options for conception through ARTs were exhausted, and even then not accepted and pursued by all couples. This supports Inhorn and Birenbaum-Carmeli's (2008) thoughts on how reproductive technologies challenge adoption as a solution for infertility (see Carsten 2000). Although the fostering of nephews or relatives was (and is) a common practice in Maputo, it was not perceived as making kin in the same way as pregnancy and reproduction is (Mariano 2014), even when the latter were achieved through ARTs.

For all the women and couples whose stories were told in my research, living and telling them was not easy. On the contrary, the interactions with biomedical technology and the various experiences and options that created their changing family-making conceptions were heavy and made in the context of affliction, frustration and anxiety. Despite the reimagination of basic kinship assumptions through reproductive travel that all four of the previously mentioned couples experienced, some were able to make their own kinship or family while others were unsuccessful in this endeavour. In the presented cases, the transformed ideas about kinship and family making illustrate particular changing trends within the couples' living context but were also triggered and maintained by this transforming context sustained by a global framework that created the room for reproductive travel and options through the provision of ARTs in South Africa and more recently in Mozambique. This was the background that, with all its inequalities, enabled my informants, but also many other couples, to consider new family-making options with, or without, a technological fix (see Strathern 1992; Thompson 2005; Inhorn and Birenbaum-Carmeli 2008). These stories of transnational ART patients are part of a broad universe of infertile couples whose access to medical travel and biomedical technologies was—and remains—unequal. In Mozambique, the infertile couples' navigation towards kin making was crosscut by issues of inequality and stratified reproduction (Ginsburg and Rapp 1995), because adoption was not likely to be materialised and ARTs were only available in the private sector. In such a context, among my informants—but also including infertile couples in general— to make kin, reimagined or not, couples had to be able to afford it.

Certainly many other stories of reproductive disruption exemplify changes as well as continuities in family making and biological and social values. Within and beyond Mozambique, where family plays an important social role, assessing these patterns of continuity and transformation is certainly fertile ground for future research, in and beyond anthropology and critical kinship studies.

NOTES

1. The 'endogenous' communities in southern Mozambique, including Maputo, are the Changana and Ronga, who come from a mix of Nguni and Tsonga peoples. All of these communities can be traced back to the mobilization of Bantu speaking people from West Africa (see Newitt 1995).

2. Further studies about infertility have been made in the northern region of the country where the kinship system is matrilineal (see Gerrits 1997).

3. These local traditional ways of making kinship imply a notion of socialization that includes both living and spiritual worlds. Social and family relationships happen along a

continuum between living and dead (ancestors), in which the acts of living can affect the actions of the deceased on them and vice versa.

4. Diagnose procedures, medication, laparoscopic diagnose and correction surgery, intra uterine insemination, IVF without intracitoplasmic sperm injection.

5. Regional provision in southern Africa, namely Mozambique and South Africa.

6. The research is part of a comparative research project about infertility and global ART provision in sub-Saharan Africa, coordinated by Viola Hörbst and funded by the Portuguese Foundation for Science and Technology. My research was carried out with the support of the archaeology and anthropology department of the Eduardo Mondlane University, Maputo, Mozambique.

7. All respondent's names have been replaced by pseudonyms.

8. Maputo is located 205 kilometres from Nelspruit, 523 kilometres from Pretoria and 545 kilometres from Johannesburg.

9. At the time that the couple were using ART in South Africa, the practice had been regulated by the previous National Health Act of 2004, where altruistic surrogacy was allowed but not fully regulated. The regulation of assisted reproduction practices in South Africa has since been updated in the National Health Act 2013.

10. All transcriptions of respondent quotes have been translated from Portuguese by the author.

11. Many of my respondents had the same perception of donor gametes when going through ART treatments: they did not want the child to be genetically unrelated to them, even if it was only to one of the members of the couple. Genetic relatedness is generally an important dimension in the perception of parenthood in sub-Saharan Africa, as elsewhere. For instance, in the Netherlands, Gerrits (2008, 114–15) observed the same resistance to the use of donor gametes (and adoption), in some cases, and among couples in which at least one of the partners had previous children.

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Chapter Ten

ART in the Sun

Assembling Fertility Tourism in the Caribbean

Charlotte Kroløkke

> It is our first time in paradise without alcohol and we are in an all-inclusive. It is a disaster [laughs].
> —Interview with Alex and Mira

Fertility tourism is a rapidly growing phenomenon. Norwegians and Swedes travel to nearby Denmark for sperm donation and patients from the United States travel to Barbados for less expensive treatments and medication, while lesbians and single women from Italy travel to Spain or Denmark for treatments that are illegal at home (Pennings 2004; Shenfield et al. 2010). According to Shenfield et al.'s (2010) survey-based study of transnational reproductive services, a minimum of twenty-four thousand to thirty thousand cycles of cross-border fertility treatments take place each year throughout Europe involving eleven thousand to fourteen thousand patients. Travelling for treatment frequently follows well-trodden paths, drawing on conventional cultural ideas of travelling as well as existing tourism infrastructures (Bergmann 2011; Kroløkke 2014).

This chapter employs a feminist cultural studies perspective and asks: How is assisted reproductive technology (ART) on the south Caribbean island of Barbados assembled? In this chapter, I argue that fertility tourism and fertility treatment at Barbados Fertility Center (BFC) create a Caribbean assemblage in which uncomfortable treatments and the uncertainties involved with ART are replaced with the certainties of a tropical vacation. I begin the chapter with a brief overview of the empirical methods and then discuss fertility tourism in lieu of related terms such as *cross-border reproductive care* (Inhorn 2010; Inhorn and Gürtin 2011) and fertility travel

(Kroløkke, Foss and Pant 2012). Next, I turn to tourism research emphasizing how (fertility) holidaying is a performance of sorts, and I explain why the concept of assemblage is a productive analytical tool for understanding fertility tourism in the Caribbean. I conclude that field observations, interviews, online patient accounts and analyses of BFC marketing material show how undergoing fertility treatment in Barbados is renaturalized through a tourism assemblage, enabling the iconicity of the tropical island to stay intact and reworking ART into a form of holidaying.

RESEARCHING FERTILITY TOURISM

This chapter is based on interviews with five international patients, analyses of BFC marketing material, online testimonial accounts available on the Parents beyond Borders online site[1] and observations carried out in the BFC clinic. The choice to centre my research on BFC was made for several reasons. First, Barbados is a prime tourism destination. Located in the Southern Caribbean, Barbados has year-round daytime temperatures ranging between 25 and 31 degrees Celsius and close to half a million visitors per year (the four primary markets for the Barbados tourism industry are the United Kingdom, the United States, continental Europe and Canada).[2] Barbados is easy to visit. Not only is English the official language (although a Bajan dialect can be heard), the tourism infrastructure is well developed. It takes less than eight hours to reach Barbados with a direct flight from London or Manchester, and direct flights from Atlanta and Miami are available as well. The majority of BFC's clients are not from Barbados. Although the majority of international patients are from neighbouring Caribbean islands, a significant and growing percentage of patients are from the United States and the United Kingdom.[3]

BFC is located in the Seaston House, a restored Barbadian plantation house in Christ Church outside of the major (and only) city, Bridgetown, and just across from the new boardwalk facing the Caribbean Sea. The head physicians and nurses are white women who were trained in Ireland and Belgium, some of whom have also worked in the United States, while the two receptionists are local Barbadian women. The clinic is described by patients as 'intimate', with a distinct 'island flair',[4] offering a range of ART-related treatments[5] that—combined with the predominantly white, female, middle-aged and European medical staff; international accreditation; and high success rates—produce a desirable ambience and a mix of technological progress, intimacy and trustworthy expertise.

During my time at the clinic, I observed patients arriving and waiting to be called into the examination room for their appointments. The waiting room is a particularly interesting space in which patients experience the

Figure 10.1. The Seaston House in which Barbados Fertility Center is housed. Photographed by G. Michael Warnock, reprinted with permission.

Figure 10.2. Displays the boardwalk across from the clinic. Photographed by G. Michael Warnock, reprinted with permission.

hopes and dreams of future parenting. International patients frequently arrived wearing flip-flops and summer clothing (shorts and dresses) and warmly greeted the two friendly receptionists. Then, they waited to be called into an examination room by the receptionist or a nurse while engaging in 'proper' patient behaviours, such as quietly browsing the readily available baby photo album titled *Our Growing Family*, in which former patients thanked the clinic and displayed photos of healthy and happy babies. Many patients also browsed the available lifestyle magazines or gazed out of the glass door where the Caribbean ocean was clearly visible across the street. In contrast to the transnational mobility embedded in the international patients' travel to Barbados, the waiting room exemplified a liminal and immobile space in which everyone spoke quietly and clung to their hope that the next room would offer reassurance and a much-needed treatment option.

The previously described methodological frameworks (interviewing, clinical observations, analysis of the promotional material and patient testimonies) are used to understand how travelling to the Caribbean for ART is presented to prospective patients as well as how it is experienced by them while present in the clinic and afterward. Of the five patients who were interviewed, three had just arrived at the clinic in Barbados for the first time, while two other interviews took place on the day of oocyte implantation.

Interviews were requested with two other couples who declined to participate. Field observations are well suited for collecting in-depth knowledge about the ways that travelling and treatment are orchestrated in the clinic. Similarly, informational flyers and promotional material available on the clinical website and physically present in the waiting room add an important element to the overall understanding of the cultural context, practices and communication that take place when reproduction enters a globalized marketplace. Web-based material is included along with more traditional ethnographic work for several reasons. First, the Internet has clearly changed how prospective patients study the available options abroad and familiarize themselves with former patients' experiences. This is particularly evident in online sites such as Patients beyond Borders in which a general global mapping of available destinations and patient testimonies is made available.[6] Moreover, because my empirical material is limited to five interviews, online patient accounts and observational studies constitute important additional empirical data to understand the experiences involved in travelling for treatment.

PATIENTS WITH PASSPORTS

Fertility tourism has attracted significant media attention, yet the topic is still under-researched and under-theorized (Hudson et al. 2011). As a concept, fertility tourism has been challenged as misleading (Inhorn 2010; Inhorn and Patrizio 2009). Not only do few patients feel that they are actual tourists (Matorras 2005; Kroløkke 2012), fertility tourism has been criticized for disguising the fact that varying motivations exist for travelling, including questions pertaining to legality, access and availability of the desired reproductive technique (Inhorn and Patrizio 2009). For example, single and lesbian women from Italy travel to Spain for ART not because they prefer to go abroad but because ART is illegal in their home country because of their marital status and/or sexuality (Zanini, this volume). As a result, Inhorn and Patrizio (2009) call for a patient-centred approach, highlighting that travelling for treatment involves the anguish of uncertainty coupled with painful and costly treatments. To them, the term *reproductive exile* more appropriately defines how infertile individuals often feel forced to travel abroad for available and affordable treatment. In a similar vein, Pennings (2004) suggests that the term *cross-border reproductive care* is more accurate, centring on how this type of travel is more about care and treatment than about tourism.

In this chapter, I make three arguments for why fertility tourism, in the case of ART in BFC, holds analytical potential. First, bringing the words *fertility* and *tourism* together speaks to the ways that travelling for treatment is intimately linked to existing tourism infrastructures, including the coordination and use of hotels, transportation and tourism experiences (Bergman 2011). In this way, travelling for ART is quite similar to the more general phenomenon of medical tourism. It involves choice of destination, transportation, linguistic and geographical proximity, availability of the required procedure, trust and financial costs (Holliday et al. 2015). Second, the tourism industry benefits greatly from the mobility of recipients and donors alike, as travelling to foreign destinations for procedures that are difficult to plan often involves extensive stays in hotels as well as more expensive airplane tickets. Finally, by reintroducing the term *fertility tourism*, I argue that tourism is anything but trivial. Fertility tourism is not a frivolous decision to go away for treatment. The term also implies the togetherness or possibility for escape that holidaying enables. Thus, similar to Bell et al. in their work on cosmetic surgery tourism, I argue that a tourism perspective appropriately describes how travelling for treatment is 'imagined and experienced as a form of tourism' (2011, 141).

Fertility tourism has already been studied from feminist sociological, anthropological and (to a lesser extent) geographical perspectives. Feminist sociological studies of reproductive technologies and transnational mobility point to the ways in which travelling for treatment has become a do-it-yourself project (Mamo 2007), as well as a form of reproductive labour (Waldby 2012). Similarly, feminist scholars working within anthropology draw attention to values and economic interests associated with ART while they theorize the global reproductive pathways and position them as 'reproflows', noting that reproductive cross-border movements involve individuals as well as gametes and technological expertise flowing from one country to another (Inhorn 2010, 184). Meanwhile, feminist scholars working with geographical theory illustrate the importance of places, people and landscapes (Deomampo 2013). As illustrated by Deomampo in her work on transnational surrogacy, geographical analyses are insightful in highlighting how fertility tourism connects to 'the spaces and places in which it is created, imagined, perceived, and experienced' (2013, 532).

In combination, the existing feminist research outlines how transnational reproduction involves reproductive labour as well as global pathways, including the ways in which place, people and landscapes come together. Travelling transnationally for reproductive care draws upon a neoliberal paradigm of individual choice (Roberts and Scheper-Hughes 2011) and is, throughout this chapter, situated within a political economy of hope (Rose and Novas 2003). Fertility tourism involves both medicine and scenery, as noted by Thompson (2011). It engages economies of hope while simultaneously being '"gruelling" and perhaps even "ultimately unsuccessful"' (Thompson 2011, 207).

ASSEMBLING FERTILITY TOURISM AND CONSUMPTION

In this chapter, I view ART in Barbados as an assemblage, and I draw on tourism research to discuss the distinctiveness of fertility tourism in the Caribbean. The assemblage concept is associated with the work of Deleuze and Guattari and illustrates the coming together of heterogeneous things. The concept has found widespread use within anthropology (Ong and Collier 2005; Marcus and Saka 2006), feminist studies (Kroløkke 2014; Nebeling, Kroløkke and Myong forthcoming) and interdisciplinary work within critical human geography and tourism (Holliday et al. 2015). While Ong and Collier (2005) used assemblage as an analytical construct to illustrate the unintended consequences of globalization, Marcus and Saka saw it as a metaphor or as an "evocation of emergence and heterogeneity" (2006, 106). Similarly, Kroløkke (2014) and Nebeling, Kroløkke and Myong (forthcoming) used the idea of assemblage to highlight how affects and discourses come together in cases of transnational oocyte donation when gay men from Norway travel abroad for surrogacy. Meanwhile, Holliday et al. (2015) viewed assemblage as a verb and discussed how technologies, places, people, and desires are assembled in cosmetic surgery tourism. Jointly, these scholars argue that, as an analytical construct, assemblage positions globalization as 'messy and contingent' as well as a process that can be 'dissolved' and then 'regrouped' in new and different ways (Holliday et al. 2015, 303).

I use the concept of assemblage to view how seeking fertility treatment in Barbados brings together tourism, hope and neocolonial fantasies of the tropical island. In so doing, I situate travelling for treatment in light of the performative turn (Butler 1997) and view holidaying as a performance or, as stipulated by Edensor, as an 'ongoing (re)construction of praxis and sphere in shared contexts' (2001, 60). Consequently, I prioritize how tourism is carried out, including the performance of culturally appropriate behaviours regulated by key personnel such as international coordinators in fertility clinics, who 'reinforce a common-sense praxis and re-encode enactive norms' (Edensor 2001, 69). In the context of the fertility clinic, this involves the work undertaken by international coordinators or clinic personnel who direct patients to their available accommodation options, to travel packages and to ways of holidaying while receiving treatment, such as recommending particular tours or sightseeing options. Although tourist performances are individualized, they are also strongly guided by the clinic, the promotional material and travel guidebooks (Edensor 2001).

The connection between travelling and health is by no means new. In fact, Swarbrooke and Horner (2007) argued that travelling for the sake of health was instrumental in the development of the modern tourism industry. This understanding is reinstated in the book *Island in the Sun: The Story of Tourism in Barbados* (Fraser and Hall 2013), in which Barbados is positioned as a historical health destination. Available in the Life Wellness waiting room on the first floor of BFC's Seaston House building, the colourful book displays an impressive array of photos stating that Barbados has the reputation of 'being one of the healthiest islands in the Caribbean' (Fraser and Hall 2013, 13). Citing examples of early famous international visitors, such as George Washington, who came to Barbados for health treatment prior to becoming the first president of the United States, the authors describe the combination of perfect water temperatures, a cool Atlantic breeze and friendly locals as core ingredients that have made Barbados a wellness and health destination. This particular narrative is reiterated on the BFC website, promoting Barbados in general as an international health-care destination providing foreign patients with specialty treatments and world-class medical facilities.[7]

By viewing ART in Barbados as an assemblage, I argue that legality and availability become intertwined with tourism infrastructures, available flight routes, reproductive techniques, expense, neocolonial fantasies of the tropical island and the intent, as well as the desire, to become a parent. Additionally, I argue that travelling to Barbados for ART draws upon a gendered, heteronormative and neocolonial assemblage of the Caribbean islands. This Caribbean assemblage is, as noted by Sheller, overdetermined by a long history in which the islands were presented as 'heaven on earth' (2003, 5) or 'paradise islands' (2003, 37). Given the contemporary state of poverty, the idealized image of a tropical paradise is effectively contrasted, at times, with the reality of racialized poverty.

THE ART OF FERTILITY TOURISM

In the clinical material and during the clinical observations, ART in Barbados gains persuasiveness through a combination of tropical landscape, high success rates and images of beautiful couples and happy babies, as well as friendly and service-minded medical personnel and locals. First, travelling to Barbados is made to appear easy through the construction of BFC travel packages.[8] Treatment is combined with travel and recuperation in a beautiful resort location stratified as 'comfort travel packages' (defined as a two-week stay in Barbados in a beachfront self-catering hotel), 'luxury travel packages' (defined as a two-week stay in a three-star hotel, including travel with either British Airways or Virgin Atlantic from London or Manchester), 'premium travel packages' (defined as the choice between four different four-star hotels with breakfast, transfers between the clinic and the hotel and the Healthy Mind Body program including acupuncture, reflexology and couples' massage by one the island's top massage therapists) and 'elite travel packages' which, in addition to all amenities of the premium package, includes a five-star hotel and first-class airfare between London or Manchester and Barbados. All packages include a mobile phone to contact clinic staff during the client's stay in Barbados. Therefore, travelling to Barbados is made easy and convenient, while the hotels constitute spaces for elite neoliberal consumption (particularly the premium and elite packages), fulfilling the dreams of not only prospective parenting but also a luxurious, relaxing and rejuvenating tropical holiday.

Fertility tourism is embedded in the promotional material, as are preexisting histories and ideations of tropical vacations. As noted by Rojek (1997) and exemplified by Bell et al., going on vacation for surgery draws upon particular 'place myths' (2011, 142) or 'place image' (2011, 144). This is also the case with ART in Barbados, because the clinic assembles Western ART expertise with tropical surroundings, exemplified through images of female, forthcoming, clinical expertise combined with a white sandy beach and beautiful turquoise waters. This image is reinforced in large part by the clinic's location (across from the Caribbean Sea) as well as by the presence of friendly local receptionists who welcome each patient. When combined with the white, female clinical staff, the clinic comes across as a world-class facility coupled with stunning surroundings and friendly service-minded people, not at all unlike the image constructed by the Visit Barbados tourism website.[9]

The feeling of a tropical vacation is echoed by the patient testimonies as well. For example, one couple on the Patients beyond Borders site stated about their treatment at BFC:

> The island is so gorgeous, and the people are so kind and easygoing. We drove around, saw beautiful sights, towns, and people. We sailed, swam in the ocean with turtles, and enjoyed the warm tropical sun. It was truly a relaxing and memorable experience worth telling of—not just a cold hospital procedure.[10]

Travelling for treatment is framed in this manner by several of the international patients in light of other travel experiences or other ART possibilities. Patients often describe the general joy of travelling, including unique experiences such as an 'ocean with turtles', 'the warm tropical sun' and 'a relaxing and memorable experience'. Departing from the notion that travelling for treatment is forced to some extent, Tracy sums up the general sentiment expressed by the international patients with whom I spoke when she said about her seventy-two-hour trip to BFC: 'I love travelling—so for me the idea of traveling was exciting' (interview).

The BFC marketing material reiterates this idea of fertility tourism. The question, 'Why Barbados?' is answered with an image displaying a suntanned, white heterosexual couple displaying togetherness (holding hands) and gazing at the clear blue water, surrounded by a palm tree and clear blue tropical skies (figure 10.3). The clear blue water constitutes a persuasive image that is appealing to the many European and North American visitors and is often mentioned in interviews. Moreover, the image speaks to an emergent universalism in which the pristine tropical beach and the desire for a child become positioned in a parallel manner as a universalized human experience and aspiration. Therefore, the BFC website enables a shift from focusing on ART and uncomfortable treatments to focusing on the art of holidaying, including relaxation and togetherness. Mira echoed this sentiment: ‘When you travel you have much less stress. I am not even thinking of this procedure. I think if I would go back and forth in L.A. to the clinic, I would feel like stressed’ (interview).

The tropical image of the palm tree is readily present in BFC’s marketing material and stresses the exotic nature of this location (figure 10.3). As noted by Sheller (2003), the palm tree has historically represented the entire Caribbean region in tourism brochures as well as in the marketing of Caribbean products. Meanwhile, the marketing text supports the choice to come to Barbados, not only because many international travellers choose to visit but also because Barbados is a place where ‘dreams come true’ and clients can enjoy a ‘stress-free environment found on this beautiful island’.[11] Tracy echoed this sentiment as well when she, in my interview with her, repeatedly compared ART in the United States with being ‘stuck in traffic’ connoting that stress and immobility characterize ART at home. This is in sharp

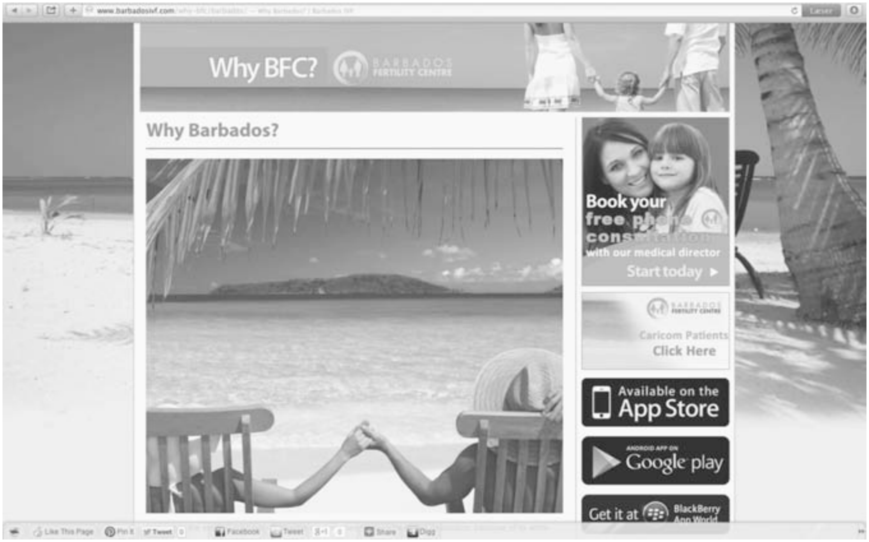

Figure 10.3. Why BFC/Why Barbados? Retrieved with permission from: http://www.barbadosivf.com/why-bfc/barbados/.

contrast to her choice of spending, as she repeatedly told me, 'Seventeen days in Barbados!' Thus, the question, 'Why Barbados?' is reframed in the marketing material and by interviewees to 'Why not Barbados?'

By conflating 'Why BFC?' with 'Why Barbados?' the clinic draws on Barbados as an attractive and already established tourism site. The collapse between ART and tourism is evident in interviews with British and US patients, while it is marginally present among patients from the other Caribbean islands, for whom travelling to Barbados is framed as a nonexotic necessity rather than a vacation. Mira and Alex chose Barbados rather than their native home of Russia, or Los Angeles where they currently live, because BFC enabled them to have high-quality treatment at a low cost. Combined with good weather and interactions with service-minded people, the experience constituted a nice vacation. Alex and Mira noted this in their interview:

> Alex: We want to live with the best of memories no matter the result. There is no guarantee.
>
> Mira: No we want the results. He came for the vacation (laughs).
>
> Alex: It is a journey.

Several of the couples stressed how ART is dominated by uncertainty, while vacationing in a nice hotel and having access to a beach are pleasant certainties when receiving treatment in BFC. As neoliberal reproductive consumers and tourists, BFC patients position Barbados as a place where positive experiences are within reach. Again, Alex noted concerning choosing Barbados instead of a clinic in California, 'Almost for the same money that you can have a two-week all paid vacation or you can be where you are bothered by the phone, stress' (interview). He positioned it relationally as well when he described the option of treatment in his native Russia: 'Look at the alternative: Winter in Russia or winter in Barbados?' (interview). In his narrative, seeking treatment in Russia or at home in California becomes forced, unattractive, and (in the case of Russia) dominated by cold weather. In sharp contrast, ART in Barbados is positioned as optimizing results while also achieving 'the best of memories', providing this couple with warm weather, a warm ocean and warm personnel.

The affective work involved in fertility tourism is managed by BFC doubly: it is managed through the available ART treatments in the Seaston House, in the welcoming attitude of the BFC personnel as well as in the management of stress and other illnesses—framed as a 'holistic set of therapies'.[12] At the Life Wellness Center located on the first floor of the building, clients are able to receive reiki (a healing therapy that involves the therapist placing her hands in several positions over the client's body), acupuncture, massage, aromatherapy and reflexology. The treatments are described and also made relevant in the context of ART by stipulating that they help with polycystic ovarian syndrome, low sperm count and stress-related infertility. Most clients choose one or two treatments (frequently before and after in vitro fertilization [IVF]); a full mind and body program can be purchased and tailored to fit the client's individual needs. While the actual Life Wellness treatment takes place in the Seaston House building, the promotional material features a woman sitting in an airy white outfit, alone on a beautiful white beach overlooking calm turquoise waters, echoing eastern philosophies and turning them into 'natural' ART treatments in the Caribbean.

International couples echo this sentiment, reinstating the Caribbean assemblage as first and foremost involving stress reduction and romantic togetherness while vacationing has the added benefit of keeping the purpose of their trip private. Stress reduction is at the core of the ways that the clinical personnel manage their dealings with the international patients, working to give each patient plenty of time for concerns and questions while also referring them to additional treatments aimed at stress reduction in the Life Wellness Center. A trip to BFC also grants the clients secrecy. For example Alex and Mira's true purpose for being in Barbados is a secret to most of their friends and family members. The couple's family, including their adult children from previous marriages, know nothing about their quest, which makes becoming pregnant on vacation the perfect family surprise. This is also the case for Stephen and Lucy, who have travelled to Barbados from the island of Montserrat. Similarly, Tracy recounts travelling with her husband to Barbados and combining a family holiday with the nice surprise of successful treatment. Barbados is framed as the perfect cover-up story for individuals such as Ruby, who—with a successful career, living alone in New York City and a desire to keep her ART treatment private—had no problem telling colleagues and friends that she was going to Barbados for a vacation in the middle of February. Or, as she commented, 'I am vacationing from the cold, right?' (interview).

Thus, holidaying is an integral part of the international patients' ART assemblage, providing them with the perfect cover-up story while the intimacy of BFC and the available tourist activities makes going to Barbados an especially unique ART experience. In short, the potential of holidaying while receiving treatment in Barbados reframes ART from something stressful to something pleasurable, eliminating the coldness of ART in the United States or Europe and making it a warm and memorable experience in the Caribbean.

PREGNANT IN/WITH PARADISE

A dominant image of Barbados involves the idea of paradise. ART in Barbados is quite literally positioned as fertility treatment in paradise. The idea of the Caribbean as 'heaven on earth' is integral, Sheller argued, to the collective European imagination of the Caribbean (2003, 5). This notion of paradise is the effect, Sheller (2003) argues, of many different forms of mobility. Historically, this involves the mobility of natural resources, people, and capital (Sheller 2003). For ART in Barbados, the mobility of patients, technological expertise (European-trained fertility and medical doctors), capital (dollars), donors (including travelling egg donors) and desire are combined with the constancy of good weather, nice beaches, natural fauna, the presence of other tourists and friendly locals. In this part of the chapter, I discuss the ways that paradise is invoked in the promotional material and is reassembled in the interviews and throughout my observations. Next, I examine how BFC patients develop a very particular procreation story while vacationing and having treatment in the Caribbean.

The imagination of the Caribbean as a tropical paradise engages, Sheller argued, a 'perpetual Garden of Eden in which visitors can indulge all their desires and find a haven for relaxation, rejuvenation, and sensuous abandon' (2003, 13). This conceptualization of the Caribbean is pivotal, she says, to the ways that the islands have been imagined and frequently co-opted in contemporary European culture. This idea is additionally illustrated in the branding and marketing of Barbados as a paradise regained, enabling the slow and easy life to unfold while receiving treatment. In the current Long Live Life campaign of the Visit Barbados tourism organization, the marketing of Barbados involves a combination of beautiful oceans, waves to be surfed, fresh food just caught from the sea, a blend of traditional and cosmopolitan lifestyles that is made manifest in happy people, rum punches and a laid-back approach to life.[13] This particular mix exemplifies the art of fine living, we are told, and becomes part of the imagination of a Caribbean paradise. By extension, it becomes part and parcel of imagining fertility treatment in Barbados.[14] In a similar manner, the slow and easy way of life is reiterated throughout the clinical observations exemplified in the ample time that the medical personnel spend with each patient.

In the empirical material, paradise extends beyond the physical environment to a holistic approach to life and, by extension, to relaxation and stress management that optimize the chances of pregnancy. In the BFC promotional material, photos exhibit happiness and the assumed love and care that the white, heterosexual couple seems to experience.[15] Interestingly, although the couple is portrayed with a baby, it is the intimacy of the two adults rather than their intimacy with the child that is highlighted. Fertility treatment in Barbados is, in this way, not exclusively concerned with treatment or even the prospects of having a baby; an equal focus is visually placed on the prospects of rejuvenation, togetherness and romance, thus granting the predominantly white European or American clientele an opportunity to achieve the laid-back attitude that is viewed as conventionally Caribbean. This attitude is echoed in research on cosmetic surgery tourism as well, when Ackerman noted that the value of a Costa Rican cosmetic surgery journey

> is not exclusively based on low prices or the transformative effects of surgical enhancement itself. Rather, a successful transformation is produced, and embodied, through a complex recipe that includes a spiritualist aesthetic of place, a retreat from everyday life, and the labors of local caretakers. (2010, 413)

However, some patients consider the assemblage of a tropical paradise troubling. Most notably, international patients comment on the less affluent neighbourhoods that they pass through on their way from the airport to their chosen hotel. While the beach-front properties are very well kept and fulfil conventional ideas of the Caribbean, including the perception that Barbados attracts the rich and famous, the houses situated on the right-hand side of the road are more mixed, resembling ‘ghettos’ to some of the international patients. The patients manage this visual disturbance in several ways. Tracy recounted her husband’s concern of ‘what are we getting ourselves into’, as they travelled from the airport to the hotel; while George, an American man with whom I talked while his wife was receiving a massage prior to her oocyte implantation procedure, also recounted feeling a little taken back because of what he referred to as the ‘ghetto-like’ appearance of some of the areas on the south coast of Barbados. While he stressed that Barbados has almost zero crime against tourists, thereby positioning Barbados as distinctly different from the imagined lack of safety on other Caribbean islands and positioning him and his wife as tourists rather than locals, he reassembled the narrative of paradise by characterizing the run-down houses as storm battered rather than as signs of economic disparity or racial inequality. As he noted, ‘It was only until we realized that the houses were storm-battered that we felt uncomfortable’ (interview). Meanwhile, Alex and Mira managed their Caribbean assemblage by downplaying potential disparities and highlighting the importance of getting a room with a view when they stated, ‘We love our ocean view. Ocean view is everything—and air condition’ (interview).

The notion of paradise is integral to the creation of yet another assemblage. To the patients, ART in Barbados enables the development of a romantic procreation story. Tracy, whom I met on her third trip to Barbados—this time a seventy-six-hour trip with the intent to use two spare embryos—told me of her oldest son’s ‘special Barbados’ story and noted that her second son was conceived ‘naturally’ even though the couple had already planned a second trip to BFC for treatment. However, she chose to go to Barbados with her extended family, in the process granting her developing child his own Caribbean story:

> Even if it is once very ten years, we will always come back. I always say that they are part Barbadian. Our babies are Barbadian. For our second one, we didn't know what gender he was but I wanted some special story and when we were coming (to Barbados), I was sixteen weeks pregnant which is a little early. They test you around twenty weeks but I asked if I could pay or something to just have a scan here so he'd have a story. We found out he was a little boy when we were in Barbados. (interview)

To Tracy, the fact that her oldest son was conceived with the help of IVF in Barbados, her second son's gender was revealed while vacationing in Barbados, and she now hopes for a third child through IVF in Barbados, creating a special and unified procreation story while establishing a unique kinship bond with the place as well as with the clinic. Similarly, Parents beyond Borders positions a trip to Barbados for treatment as the development of a 'beautiful story to be told'[16] or a special memory. In this assemblage, vacationing and becoming pregnant are brought together to allow the possibility of a unique procreation narrative.

CONCLUSION

In this chapter, I described the ways that treatment and vacation are brought together, experienced and positioned by ART patients, in the clinical discourses and by BFC in their promotional material. The conclusions are limited to the interviews conducted as well as the observations carried out in the clinic and the available BFC promotional material. Although it is interesting that the interviewees all described ART at BFC as interwoven with a romantic holiday of sorts, situating their treatment within this tourism assemblage, the two participants who declined to be interviewed may not have shared this sentiment.

Several conclusions can be made based on the empirical material. First, the frequent mention of warm weather, references to clear blue water, turtles and friendly locals are brought together in the accounts with hopes for a pregnancy, the service-oriented attitude of the clinical personnel and the European-trained doctors. Moreover, the ability to use US dollars throughout the island and the widespread use of English make spending time in Barbados easy illustrating that tourism, and not only treatment, holds the potential for stressful experiences. As noted by Tracy when commenting upon her husband's first Barbados experience, 'He loved that there were US dollars here and especially that they speak English'. Consequently, I agree with Charis Thompson when she noted about medical tourism more generally, '[t]ourism and medicine are brought together by hope, desperation, and the familiar' (2011, 211). I similarly conclude that in the Caribbean, relaxation and rejuvenation are not mere by-products of travelling for treatment, but rather, they are presented as integral to successful treatment. Going to Barbados is described in the marketing material as a trip away from the everyday stress and ordinary life to the fertile potentials of ease of mind, stress-free living, romantic togetherness and eventually happy parenting—or, at minimum, good memories.

I also conclude that traces of colonial history coupled with an established tourism industry make ART in Barbados appear as a familiar and even natural choice. In the process, cultural differences are reworked into both manageable and exotic experiences. BFC draws on and reinstates a Caribbean assemblage in which uncomfortable treatments and the uncertainties involved with ART are replaced with neocolonial fantasies of a tropical vacation and a universalized hope for pregnancy and a child exemplified through images of a pristine beach, happy white couples and a healthy, chubby and happy white baby. A tropical holiday in a safe and English-speaking environment is, in the marketing material, combined with high success rates and international accreditation of the predominantly white, European-trained female staff. Potential disturbances involving poverty and racial inequality are managed and rewritten into a natural disaster narrative by reproductive travellers, ensuring that the idea of treatment in a tropical paradise remains intact.

Finally, the choice to use the concept of fertility tourism throughout this chapter works doubly: it reframes what might otherwise appear as trivialized tourist experiences while emphasizing how holidaying also becomes the perfect cover-up story. Holidaying becomes webbed into the patients' accounts and must be understood, I have argued, as part and parcel of travelling for treatment. Fertility tourism is not only about adding romance to the experience, it is also the perfect way to disguise treatment. Tourism must be discussed critically, however. As noted by feminist geographer Doreen Massey (1994), the ability to move as well as the ability to control one's own mobility is unevenly divided. By depicting ART in the Caribbean as a type of tourism, travelling becomes positioned within neo-colonial and neoliberal frameworks in which infertile individuals embrace the fantasy of a tropical island while employing a neoliberal do-it-yourself approach to reproductive agency, renaturalizing it within the context of the physical surroundings and the tourism mobilities of the beautiful tropical island.

NOTES

1. Patients beyond Borders website, accessed March 2015, http://www.patientsbeyondborders.com.

2. The official tourism website of Barbados, accessed March 2015, http://www.visitbarbados.org.

3. According to the clinic, approximately 85 percent of its clientele are international patients, and approximately 32 percent of the international patients are from the United Kingdom and the United States.

4. Interviews with patients, February 2015.

5. Barbados Fertility Center (BFC), accessed March 2015, http://www.barbadosivf.com/treatments/.

6. Patients beyond Borders website.

7. BFC, accessed March 2015, http://www.barbadosivf.com/why-bfc/barbados/.

8. BFC, "Travel Packages," accessed March 2015, http://www.barbadosivf.com/prices/travel-packages/.

9. The official tourism website of Barbados.

10. Patients beyond Borders, "David and Heather D., Washington, US," accessed April 2015, http://www.patientsbeyondborders.com/patient-experiences/david-and-heather-d-washington-us.

11. BFC website.

12. BFC, "The Life Wellness Centre," accessed February 2015, http://www.lifewellnessbarbados.com/.

13. The official tourism website of Barbados.

14. Ibid.

15. BFC website.

16. Patients beyond Borders, "David and Heather D."

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III

Kinship as Political Economy

Chapter Eleven

Toward a Political Economy of Egg Cell Donations

'Doing it the Israeli Way'

Sigrid Vertommen

Over the last two decades, social scientists have persuasively argued that Israel's reproductive health policies are remarkably pronatalist (Portuguese 1998; Kahn 2000; Weiss 2002; Kanaaneh 2002; Birenbaum-Carmeli 2004, 2007; Prainsack 2006; Hashiloni-Dolev 2006; Nahman 2006, 2008a, 2008b, 2013; Hashash 2010; Remennick 2006, 2010; Shalev 2010). Already, since the early creation of the state, this pronatalist fertility regime has been institutionalized through multiple funds and committees that provided monetary incentives and social benefits for producing large families, such as the 1949 Heroine Mother award for mothers with at least ten children, the 1962 Committee for Natality Problems, the 1968 Demographic Centre with its Fund for Encouraging Birth and the 2002 Israel Council on Demography (Birenbaum-Carmeli 2007, 25). Moreover, assisted reproductive technologies such as in vitro fertilization (IVF), intracytoplasmic sperm injection, donor insemination, surrogacy, egg donation, egg freezing and prenatal genetic diagnosis are not only widely accepted, but most of them are generously subsidized by the state. For instance, the Israeli government funds every citizen of the country—irrespective of religion or marital status—for an unlimited number of IVF cycles until the live births of two children within the current relationship (Shalev and Werner-Felmayer 2012).[1] Israel has more fertility clinics per capita than any other country in the world, and measured by the number of IVF treatment cycles per capita, Israelis are by far the biggest consumers of IVF in the world (ICMART 2013; Shalev and Werner-Felmayer 2012). In contrast to the remarkably generous support for enabling reproductive technologies, treatments that restrict family size remain largely underfinanced (Balabanova and Simonstein 2009). Family planning services hardly receive state support, contraceptives are not widely promoted in Israel and abortion is still illegal, except for therapeutic reasons (Portuguese 1998). Although pronatalist, Israel, with its ART policies, is equally concerned with quality and the so-called quest for the perfect baby (Remennick 2006; Hashiloni-Dolev 2007). Research has indicated that Israeli women are among the world's biggest consumers of prenatal genetic tests, genetic profiling and counselling. Concordantly, the Israeli regulation on 'red' biotechnology—that is biotechnology applied to medical processes—is very loose. Barbara Prainsack (2006) observed a remarkable absence of public controversies about the moral permissibility of scientific practices such as human embryonic stem cell research, therapeutic cloning or sex selection. She called this 'fearless, liberal but not immoral embrace of biomedical technologies' as part of 'doing it the Israeli way' (Prainsack and Firestine 2006, 42).

The urge to 'reproduce New Jews' (Kahn 2000) has often been explained from a culturalist point of view, focusing on the centrality of reproduction in Judaism, Jewish culture and tradition. Some researchers, politicians and opinion makers refer to religious notions to explain Israel's stance on fertility, such as the first commandment (mitzvah) in the Torah which prescribes Jews to 'be fruitful and multiply' and the compatibility of the Jewish law (Halakha) with the principals of assisted reproduction resulting in a very 'liberal' attitude of the Orthodox Jewish establishment toward artificial reproductive technologies. Others point to the violent history of Jews in Europe and the virulent waves of anti-Semitism they faced culminating in the Holocaust, by which individual procreation became a matter of collective survival (Yuval-Davis and Stasiulis 1995; Nahman 2013). Without wanting to downgrade the value of cultural narratives of 'Jewishness' to understand Israel's pronatalist stance, this chapter suggests exploring assisted reproductive practices in Israel/Palestine from a political economy perspective. This perspective not only looks at the demographic importance of reproduction within the ongoing Zionist settler colonial project (logic of elimination) but also takes into consideration Israel's leading bio-economic position in the globalized health and research market (logic of capital accumulation). By looking into one specific case study of ART, a recently voted law on egg cell donations, I argue that Israel's permissive stance on egg donations has been shaped not only by Jewish tradition but also by ongoing histories of Zionist settler colonialism and neoliberal bio-capitalism (Nahman 2013). First, I elaborate further on the context and genesis of the Egg Donation Law. In a second part, I analyse the political economy behind Israeli egg donations by exploring their settler-colonial and bio-capitalist materializations.

Despite their local contingencies, I consider both settler colonialism and (neoliberal) bio-capitalism to be social historical systems governed by a particular logic. In the case of settler colonialism, Patrick Wolfe (1999, 2006, 2007) refers to a logic of elimination of the indigenous populations and their entitlements to their native land. The underlying structure of bio-capitalism is one of capital accumulation by dispossession and the ongoing commodification of everything, including female reproductive tissues such as egg cells (Waldby 2002, 2008; Waldby and Mitchell 2006; Harvey 2005; Dickenson 2007; Cooper 2008). The main argument is that Israel's policies on egg donations have been coproduced by (1) Zionist demographic politics which aim to consolidate a Jewish majority in a Jewish state and (2) the Israeli attempt to create a competitive stem cell industry in a globalizing bio-economy.

This chapter is based on fieldwork that was conducted throughout 2012 (January until March and July until August) and which largely consisted of a close reading of policy documents and semistructured interviews with different actors involved in the realization of the Law on Egg Cell Donations, such as fertility doctors, patient organizations, feminist organizations, rabbis, stem cell researchers, representatives of the Ministry of Health and bio-ethicists.

ISRAEL'S LAW ON EGG CELL DONATIONS: BETWEEN SUPPLY AND DEMAND

In July 2010, the Israeli Knesset approved a controversial law on egg cell donations. According to the new law, single Israeli women aged between twenty-one and thirty-five who are healthy and not undergoing fertility treatment themselves will be allowed to donate egg cells for reproductive or research purposes and receive a financial compensation of NIS 20.432 or €4,600.[2] Israeli women between eighteen and fifty-four who suffer from fertility problems can request an egg cell donation, which will be partially paid for through the Israeli Health Insurance (Knesset 2010).[3] The law came about after an intensive ten-year deliberation process that took place in the Knesset and in multiple governmental committees in which different actors such as fertility doctors, rabbis, bioethicists, nurses, feminists, stem cell researchers and patients' rights organizations were invited by the Ministry of Health to discuss the physical and moral problems arising from the practice of egg cell donations in Israel.

The main motivation for initiating the law on egg cell donations was the so-called national shortage of egg cells, which was caused by an increasing demand for eggs by women in reproductive need and a low supply of donor eggs cells from fertility patients who were too reluctant to donate their spare eggs (Shalev 2010).[4] The readiness to donate spare oocytes deteriorated even more after two scandalous events, the 2000 Egg Trade Affair and the 2009 Sabyc Clinic Affair (Shalev 2010). In 2000, the Israeli police opened a criminal investigation against two renowned fertility doctors, Professor Zion Ben-Rafael and Ya'akov Ashkenazi, who were later convicted for the violation of patients' rights leading to potential health damage (Remennick 2001). For several years, both doctors harvested enormous quantities of oocytes from their patients without obtaining their informed consent and transferred them for large fees to other infertile patients in need of oocytes. This almost completely halted the practice of egg donation in Israel. Meanwhile, Israeli women in need of eggs started travelling to IVF clinics in countries with a loose legislation on infertility procedures, such as Romania, Ukraine, Cyprus and the Czech Republic, where Israeli fertility doctors began setting up proxy clinics (Nahman 2008a, 2008b, 2013; Shalev 2010). In a process that Michal Nahman (2006, 2013) termed 'reverse egg traffic', these doctors prepare their Israeli patients hormonally for embryo transfer, after which they are sent abroad to be implanted with cheap ova from the local donor population.[5] In 2009, the Romanian police raided the Sabyc fertility clinic in Bucharest, which was set up by Israeli fertility doctors (Shalev 2010). The Romanian authorities arrested the responsible doctors who were accused of human egg trafficking and endangering the lives of dozens of Romanian women for the purpose of harvesting and selling their eggs. After these dramatic events the Israeli government was decisive to regulate the practice of egg cell donations and to allow healthy women to donate ova to create a better match between supply and demand of egg cells without pushing infertile Israeli women into the illegal circuit of transnational ova trafficking.[6]

The Egg Donation Law has been explained and legitimized by referring to its 'halakhic and cultural importance' (Knesset Plenary 2007, quoted in Shalev 2010, 6). What have mostly been overlooked in the assessment of the law are two crucial amendments. One clause allows egg cells to be donated for research purposes, and another amendment stipulates that the donor and the recipient of the egg cell have to share the same religion. Instead of focusing on the cultural and religious motives to explain Israel's permissive law on egg cell donation, in this chapter, I opt to analyse the law and practice of egg cell donations from a political economy perspective. This perspective presupposes to conceptualize egg cell donations as both state and global market making practices that are shaped by ongoing exclusionary histories of settler colonialism and bio-capitalism (Nahman 2013). In the case of Israel this refers to a Zionist state that has been settler colonial since its creation and has been orienting its economy in an explicitly neoliberal way since the late 1970s.

THE LAW ON EGG DONATIONS FROM A SETTLER-COLONIAL PERSPECTIVE

Settler-Colonial Demographies and Stratified Reproduction in Israel/Palestine

Drawing on the work of Patrick Wolfe, Lorenzo Veracini (2006, 2010) and Nira Yuval-Davis and Daiva Stasiulis (1995), I do not frame the Zionist project in Israel/Palestine as a nationalist project but, rather, as settler-colonial one in which (mostly) Europeans settled in an already populated territory and where their descendants remained politically dominant over the indigenous populations (Yuval-Davis and Stasiulis 1995).[7] Notwithstanding their local contingencies, settler colonies share a set of common features, such as territorial expansion and demographic replacement. In the case of 'Project Israel', this process started at the end of the nineteenth century when Jewish *pioneers*, inspired by the Zionist ideology and virulent forms of European anti-Semitism, settled in Palestine and started accumulating indigenous land, which resulted in the structural dispossession of Palestinian farmers. The raison d'être of the Zionist project has always been the Judaization and thus de-Palestinization of Eretz Israel. This ongoing project of creative destruction materialized through a multitude of practices, ranging from frontier killings and expulsions between 1947 and 1949 when 750,000 Palestinians were ethnically cleansed and denied the right to return to their homeland. However, as Morgenson (2011, 2012) argued, indigenous removal can also proceed through settler regulation of sexual relations, marriage and reproduction. In what follows, I elucidate these 'intimacies of empire' (Stoler 2002, 8) by connecting Zionist demographic concerns with the governance of (assisted) reproductive processes. Israel has defined itself as a Jewish state, which has always sharpened its concern for Jewish versus non-Jewish demography (Kanaaneh 2002). From its early inceptions in the late nineteenth century the Zionist movement realized that for Israel to ever become a Jewish state, at least the majority of the population should be Jewish. In this sense, the presence of Palestinians, within and outside the borders of Israel, posed an existential threat to the Jewish collective body. This has been proved at different moments in Zionist history. When the State of Israel was created in 1948, the first prime minister Ben Gurion stated, 'In my heart, there was joy mixed with sadness; joy that the nations at last acknowledged that we are a nation with a state, and sadness that we lost half of the country, Judea and Samaria [West Bank], and in addition that we would have in our state 400,000 Arabs' (quoted in Morris 2001, 190). He referred to a relatively small number of Palestinians who did not leave their homeland in 1948 and who since then have been framed as posing an internal demographic threat to the Zionist project.[8] In the Koenig Memorandum, a confidential government document written in 1976, a number of strategic goals were set forward aimed at reducing the number of Palestinians in the north of the country. Warning against an Arab demographic time bomb, Koenig expressed the need 'to examine the possibility of diluting existing Arab population concentrations' (quoted in Yuval-Davis and Abdo 1995, 311). This fear of being outnumbered is further enhanced by the fact that Palestinians have higher birth rates than Jewish Israelis do, a trend which is often framed as a velvet holocaust or a demographic intifada in Israeli discourse.[9] Israel's demographic balance is closely governed by the Central Bureau of Statistics that diligently measures the natural increase of the Jewish and Arab 'sectors'. As Yitzhak Rabin once put it, '[t]he red line for Arabs is 20% of the population, that must not be gone over' (quoted in Kanaaneh 2002, 50). Israel has attempted to enlarge its Jewish population in two significant ways. First and foremost, by installing a strong migration policy to attract Jews from the diaspora, crystallized in the Law of Return, which gives every Jew in the world the right to 'ascend' to Israel (aliyah) and become an Israeli citizen, and by simultaneously denying Palestinian refugees their right to return. Second, by issuing pronatalist reproductive health policies that would stimulate Israelis to 'reproduce the nation'. Although Israeli migration policies are meant to promote an 'external aliyah', its pronatalist reproductive health policies are to encourage an 'internal aliyah'. When commenting on Israel's exceptionally generous IVF policy, former chief of staff and minister of health Mordechai Gur stated that 'IVF is still cheaper than a newcomer' as a means of increasing the size of the population (quoted in Birenbaum-Carmeli 2004, 900). However, as Jacqueline Portuguese (1998) and Rhoda Kanaaneh (2002) have convincingly argued, this state-sponsored pronatalism should be viewed as a selective pronatalism because it is mostly oriented toward the Jewish and not the Arab part of the nation. Analysing the history of Israel's fertility policy, Portuguese (1998) concluded that the State of Israel has been as concerned with lowering the Palestinian birth rate as it has with raising the Jewish one. She emphasized, though, that this never resulted in an explicit antinatalist design for Palestinians, forcing them to undergo sterilizations or abortions as happened in other settler-colonial contexts. Moreover, Palestinians living inside Israel are citizens of the State by which they are entitled to the same health-care provisions as Jewish Israelis, a fact that was repeatedly emphasized during my interviews. There are nonetheless some indications in Israel's history of reproductive policies of what Shellee Colen (1995) has dubbed *stratified reproduction*, a policy by which certain groups in society are encouraged to reproduce and others are not. In 1949, for instance, David Ben Gurion issued the Heroine Mother award, a financial prize to every woman on the birth of her tenth child. The award was dropped after ten years when it turned out that it was mostly Palestinian women who were benefitting from it (Kanaaneh 2002). In 1968, Israel established a Fund for Encouraging Birth, which was only available for those who had relatives in the Israeli army, clearly excluding Palestinians in Israel because they usually do not serve in the army. In the next paragraphs I analyse whether this selective pronatalism can also be detected in Israel's more-advanced assisted reproductive technologies, by a close reading of the law on egg donations.

From Egg Cells without a Religion to Interreligious Zygotes

One of the amendments that has been included without much controversy in the law on egg donations states that the recipient and donor of the egg cell are required to have the same religion. The Israeli deputy health minister only agreed to support the law after receiving the consent of the rabbinical authorities, who insisted on this amendment seeing that Judaism follows matrilineal standards by which the religion of a newborn is determined by the mother's religion. According to Halakhic standards the mother is defined as the one who carries the baby, favouring gestational motherhood over genetic motherhood. As Ofra Balaban, the president of the Israeli fertility association Chen aptly put it, '[a]n egg cell is just a cell, and cells don't have a religion' (interview, 26 February 2012, Holon). However, in the case of oocyte donation, there have been some disagreements among rabbis over what constitutes Jewish motherhood. The legal advisor of the Ministry of Health explained that 'one rabbi says that the mother is the one giving birth to the baby, the other one says it's the one giving the egg. So to make things easier we decided that both of them have to be from the same religion' (interview, Mira Hibner Harel 20 February 2012, West Jerusalem). The inclusion of this 'religious' amendment has been trivialized by many of the involved actors as an unwanted, but necessary, compromise between the secular and the increasingly powerful religious parties. I argue, however, that this juxtaposition served as a discursive attempt to depoliticize the exclusionary aspects and the 'coloniality of power' in practices of egg donations in Israel/Palestine. The inclusion of the religious amendment makes it impossible for a Muslim, Christian or Druze woman to donate an egg cell to a Jewish couple and vice versa without the approval of an exceptions committee. The legal advisor of the Ministry of Health clarified that 'if there would be a Jewish egg donor and a Muslim recipient then this would cause problems because the baby would then be both Muslim and Jewish. [. . .] We don't want to make more problems than we already have, and we have a lot' (interview, 20 February 2012, West Jerusalem). Asa Kasher, then member of the Bioethics Committee, elucidated: 'we don't know what will eventually emerge as the religious attitude towards *inter-religious zygotes*, so we decided to stay on the safe side' (interview, 26 July 2013, Tel Aviv, emphasis added). Ironically, many Israeli women in need of an egg donation continued to make use of Israel's transnational egg programs with countries such as Ukraine, Romania and the Czech Republic, where oocyte vendors are rarely Jewish. In these cases of transnational ova donation, the State of Israel solved the alleged kinship problem by encouraging the gestational Israeli mothers to convert the children born from this procedure to Judaism for them to gain Israeli citizenship (Nahman 2013). In the latter case, the genetic possibility of a cross-religious zygote never incited the Israeli policymakers to outlaw the practice, which raises the suspicion that religious explanations conceal more than they reveal, as is often the case in Palestine/Israel. Religious categorizations of Jews, Muslims and Christians tend to obfuscate underlying racial classifications of Arabs/Palestinians versus Jews. When asked about his opinion on the inclusion of the clause in question in the Egg Donation Law, a famous fertility specialist from Hadera, stated, 'The consensus was that we didn't want to mingle between populations and to put, let's say, a Jewish egg in an Arab woman' (interview, 21 August 2012, Hadera, emphasis added). Nahman's research on practices of ova extraction and exchange demonstrated how, before the creation of the 2010 Egg Donation Law, Jewish-Israeli women have rejected, or at least considered rejecting, ova from Palestinian Israeli women (Nahman 2006). Egg cell donations are not the only intimate matters in Israel where cross-religious mixing is problematized. The Surrogacy Law, for instance, stipulates that the gestational mother and the contracting mother are required to have the same religion, and until recently, interreligious adoption was forbidden as well (Teman 2010; Birenbaum-Carmeli and Carmeli 2010). Cross-religious marriage is not possible in Israel since marriage falls under the sole jurisdiction of the religious courts, and no civil alternative is available. The State of Israel has created strict religious boundaries between the country's different population groups, and the Egg Donation Law illustrates Israel's determination to safeguard these boundaries (Knesset 2002).[10]

David Heyd, a bioethicist and former member of the National Bio-Ethics Committee, called the religious amendment 'a strictly symbolic measure without any discriminatory or racist side effects' (interview, 8 August 2012, West Jerusalem). Yali Hashash, a feminist scholar/activist, viewed it as a 'theoretical non-issue' because 'Jewish women hardly donate in the new framework of the law and Palestinian women never donate because of religious reasons, so it's not really an issue in practice' (interview 10 January 2012, Haifa). However, because Palestinian women indeed rarely donate egg cells in Israel, this amendment ensured that they will also never benefit from an egg cell donation, unless it is approved by the Exceptions Committee. As such, Zionist settler nationhood is being performed through practices and imaginaries on egg donations, by empowering Jewish procreation, disempowering Palestinian fertility and rendering so-called cross-religious fertilization more difficult.

Putting Eggs in a Different Basket: Israel's Emerging Stem Cell Market

Another aspect that has been overlooked in the Egg Donation Law is that it allows women to donate egg cells for scientific purposes, an accomplishment of Israel's bio-medical establishment that was strongly represented in the governmental committees (Hashash 2010). Israeli egg donors can provide maximum two eggs, or 15 percent of the total egg harvest (the one which is least), for research purposes.[11] I contend that Israel's permissive stance on egg cell donation should also be understood as a way to support its emerging stem cell sector and to strengthen its biotech position in the global health and research market. Egg cells are not only destined for reproductive sectors; they can also be technically reconfigured in a laboratory for the production of human embryonic stem cell lines used for different types of stem cell research (Waldby 2008). Stem cell research has the potential to radically transform the treatment of degenerative and chronic conditions such as Parkinson's disease, Alzheimer's disease, multiple sclerosis or organ failures by developing regenerative therapies which aim to treat through tailor-made tissue growth instead of organ transplant (Gottweis 2009). Since the neoliberal turn of the 1970s, capitalizing life and capturing the *bio-value* in biological and reproductive processes have become very globalized and lucrative businesses (Waldby 2002; Rose 2007). This has transformed biomedical research into a profitable area of investment for the volatile forms of financial capital that have dominated the global economy since the 1970s (Arrighi 1994; Cooper 2008). Israel refers to its biotech sector as 'one of the brightest stars in Israel's technological galaxy' (Bell et al. 2006, 1). Since the late 1970s, Israel increasingly started to position itself as major player in the global arena of biomedical research and development, with a special focus on health care (Filc 2005; Prainsack and Firestine 2006; Nahman 2013). The financial crisis of the late 1970s provided the opportunity to introduce the New Economic Policy (NEP) as a way to radically break with Zionist 'Keynesianism' by putting a high emphasis on the export of high-tech products such as electronics, military equipment and biotechnological and pharmaceutical products. In this process, Israel emerged as 'the start-up nation', the country with the largest number of start-up companies in the world in proportion to its population (Senor and Singer 2011). The stem cell sector constitutes a promising sector within Israel's booming bio-economy. Start-up companies such as Pluristem, Cell Cure, Gamida Cell and Kamidastem are considered to be 'pioneers' in the area of cell therapy and regenerative medicine. Since this research field was established in 1998, Israeli scientists such as Benyamin Reubinoff, Joseph Itzkovitz-Eldor, Karl Skorecki and Nissim Benvenisty have been at its forefront. Of the first twelve publications on human embryonic stem cells, ten included Israeli authors (Vogel 2002). In

March 2002, *Science* magazine described Israel as one of the leading countries in stem cell research (UK Stem Cell Initiative 2006). The Israeli government has helped considerably in establishing a national stem cell sector by directing substantive research funds to this field, establishing laboratories and helping to launch start-up biotech companies specialized in stem cell therapies on the global health market. In the process of developing a competitive stem cell sector, egg cells have emerged as a desirable commodity in Israel. Brown and Webster noted that egg cells, together with other female reproductive tissues such as placentas, embryos and umbilical cord blood, 'are increasingly used by contemporary biomedicine as a generative site separate from the production of children . . . for scientific, medical and commercial purposes' (2004, 71). This has created a very intimate relation between the assisted reproductive sector and human embryonic stem cell research. Sarah Franklin (2006) has termed this close entanglement the *IVF-stem cell interface* while Waldby and Cooper (2006) refer to it as the *maternal-embryonic nexus*. In Israel, this nexus is very outspoken. The first stem cell lines that were developed in 1998 by the American researcher Jami Thompson were created with the help of spare IVF embryos from the fertility clinic in Rambam Medical Center in Haifa, where Joseph Itzkovitz-Eldor not only heads the obstetrics and gynaecology department but also directs the Stem Cell Research Centre. As Hedva Eyal, coordinator of the Women and Medical Technologies Program of the feminist organization Isha L'Isha, commented, 'There is kind of a joke among researchers. They say that most of the eggs that were circulating in global stem cell research around the world were coming from IVF clinics in Haifa' (interview, 28 January 2012, Haifa). That ART and stem cell research are closely connected in Israel became clear during the parliamentary debates preceding the voting of the law on egg cell donations. The primary objective of the law was to regulate donations for reproductive purposes, but at several moments, high-profile representatives of Israel's biomedical establishment pushed through the idea of adding donations for research purposes. In her study on the medicalization of reproduction in Israel, Yali Hashash observed how crucial the role of doctors, gynaecologists and medical researchers has been in shaping Israel's reproductive policy (2010, 273). In the case of egg donations, her analysis of the protocols of the governmental committees revealed how biomedical representatives exerted significant pressure on politicians to pass the bill and include research donations as a way to establish a lenient regulatory framework for future scientific development. At the time when the Egg Cell Donation Bill was first introduced in the early 2000s, two Israeli stem cell research teams were involved in conducting a specific type of stem cell research which required a large number of egg cells. Somatic cell nuclear transfer (SCNT) or therapeutic cloning is a laboratory technique that tries to create personalized stem cells for regenerative therapies.[12] It was—among others—

the two leading physicians/researchers of these research teams who appeared before the governmental committee to lobby for an Egg Cell Donation Bill that would allow research donation. In 2004, Joseph Itzkovitz-Eldor from Rambam Medical Center intervened in the Knesset committee by stressing that the current Israeli legislation was destroying all prospects of research. He added, 'We should not conceal that bio-technological developments are a national-state goal, and not only a personal goal for the researcher who will take the stash and go home' (quoted in Hashash 2010, 287). Benjamin Reubinoff from Hadassah Medical Center testified before the committee that '[i]t is clear that the availability of human oocytes for the procedure of somatic cell transplant is a crucial phase . . . these developments can only occur in countries that allow the donation of oocytes for research' (quoted in Hashash 2010, 287). SCNT was a very promising technique in the early 2000s, but it was drastically discredited because of the malpractices of a South Korean stem cell researcher who, in 2005, fraudulently claimed to have cloned the first human embryo. In recent years, SCNT has been described as an inefficient process, which requires an excessive amount of oocytes (Dennis 2006).[13] However, as Michel Revel, former head of the National Bioethics Committee, renowned molecular biologist and biotech entrepreneur, pertinently remarked,

> At that time when the law was first discussed the scientific use of the eggs or SCNT looked very important and we were concerned that it should be included. If it's not in the law, you make it almost impossible for Israeli scientists to work with those eggs. Today it's not so important anymore, but maybe tomorrow a discovery will happen that makes the use of unfertilized eggs important again. (interview, 16 July 2012, Nes Ziona)

Sarah Franklin remarked that 'every country in the world that imagines itself a player in the future of regenerative medicine is busy passing regulation that will facilitate public approval for industrial development of stem cell technology' (Franklin 2005, 60). In Israel, this regulatory process is clear. In 1999, Israel introduced the Ban on Genetic Interfering, which outlaws only human cloning for the purpose of creating a person (reproductive cloning) while still allowing therapeutic cloning for the purpose of generating human tissues. The Egg Donation Law can be seen as another example of Israel's quest to legally entrench permissive assisted reproductive practices to favour its biotech position in the global health and research market.

CONCLUSION

The need for a Law on Egg Donation was framed within a discourse of helping infertile women to reproduce in a way that ethically and culturally corresponds to existential Jewish questions and without pushing them into the illegal circuit of transnational ova trafficking. By looking into two supposedly meaningless amendments in the law, I have argued that culturalist paradigms, focusing on the centrality of reproduction within Jewish law and religion, do not suffice in explaining Israel's permissive stance on egg cell donations. Concordant with the work of Michal Nahman and Yali Hashash, I consider egg donations in Israel as state and global market making practices embedded in ongoing histories of bio-capitalism and settler colonialism. From a political economy perspective I have contended that Israel's policy on egg cell donations and assisted reproduction, in general, were coproduced within a logic of capital accumulation to benefit its emerging stem cell economy and within a logic of elimination to safeguard the demographic balance in its settler-colonial project. Michal Nahman argued that 'this national-global project is one in which the State of Israel has always been enmeshed' (2013, 69). Israel is positioned within the global economy as a biotech hub, and it has its own 'local' settler-colonial project in which it tries to consolidate a Jewish state based on the erasure of a Palestinian collective and history. In her analysis of Israeli egg cell donations, Yali Hashash (2010) argued that the Israeli biomedical establishment should not be viewed as a mere agent of an ostensibly homogenous pronatalist Jewish state but that it often acted in its own professional interest. However, I argue that both the interests of a pronatalist Jewish state and its biomedical establishment have coalesced in creating a *reproductive-industrial complex* in which—analogously to Israel's military-industrial complex—the Zionist logic of elimination and capital accumulation have converged. The bodies of Israeli women play a crucial role in this process, not only as reproducers of the settler nation (Yuval-Davis) but also as providers of the raw biological materials necessary to generate bio-value.

NOTES

1. Since January 2014, Israel's health ministry has limited the number of subsidized IVF cycles to eight cycles in an attempt to strike a balance between reproductive rights and public health considerations.

2. Initially, the financial reward was NIS 10,000, but because the law only attracted seven egg donors so far, the Ministry of Health decided in July 2013 to raise the compensation to NIS 19,000 and to NIS 20,432 in 2014.

3. Despite the advances in medical technologies (low hormonal stimulation treatment, local anesthesia), egg donation can still be an invasive and potentially harmful procedure in which the body of the donor is hormonally overstimulated to produce multiple egg follicles that are then surgically 'harvested'. This whole process still carries the risk of ovarian hyperstimulation. Moreover, little research has been conducted on the long-term health risks of ovarian stimulation (Dickenson 2005; Beeson 2006; Waldby 2008; Werner-Felmayer 2009).

4. According to Shalev (2010), the demand for egg cells tripled in ten years' time, from two thousand in 2000 to six thousand in 2010. This was caused by the fact that Israeli women

who were beyond their 'natural' reproductive age and whose egg cells were no longer viable for IVF treatments considered egg donations to be their ultimate solution to have a baby.

5. Between 2000 and 2010 an estimated 250 Israeli women travelled abroad every month for an ovum donation (Lis and Even 2010). The procedure cost them between €4,000 and €8,000 per treatment, which was partially refunded under the National Health Insurance, while local oocyte vendors would only receive a modest payment, varying between €400 and €1,000, depending on the donor's skills and qualities (Nahman 2008a, 2013).

6. However, because the law on egg cell donations has not succeeded in attracting enough local Israeli donors, the practice of transnational egg cell donation continues to exist. Private and public IVF clinics in Israel continue to supply infertile Israeli women with oocytes sold by women in Central and Eastern Europe.

7. It would be incorrect to say that Zionism is absent in the existing body of work on the policies of assisted reproduction in Israel. When reviewing the literature, Zionism is often mentioned as one of the explanatory paradigms, next to Judaism, Jewish culture, patriarchy and *familism* (Portuguese 1998; Kahn 2000; Weiss 2002; Kanaaneh 2002; Birenbaum-Carmeli 2004, 2008, 2010; Prainsack 2006; Hashiloni-Dolev 2006) However, Zionism is mostly framed as a Jewish nationalist movement/ideology that, like all other forms of European nationalisms, has shown a great interest in demographics and population. Consequently, considerable attention has been dedicated to the Judaizing effects within Israel's reproductive policies (enlarging the settler population), and not so much to its de-Palestinization effects (diminishing the indigenous population).

8. Today, Palestinians constitute roughly 20 percent of the Israeli population (Israel Bureau of Statistics 2010).

9. According to Israel's Central Bureau of Statistics (CBS), in the early 1960s the total fertility rate of non-Jews was more than double that of Jews: 7.13 versus 3.39. In 2013, the CBS published a document concluding that Jewish women are now giving birth to an average of three children, compared to 2.53 in 1995 while *Muslim* women's fertility decreased from 4.74 in 1995 to 3.51 in 2011. CBS, "Fertility Rates, by Age and Religion," *Statistical Abstract of Israel 2013*, last consulted March 24, 2015, http://www1.cbs.gov.il/shnaton64/st03_13.pdf.

10. In some cases, however, Jewish religion actually prefers cross-religious mixing. In the case of sperm donation, for instance, ultra-orthodox Jews rather prefer sperm from a non-Jews than from a Jewish donor out of fear of birthing a 'mamzer', a child born of incest. Similarly, the law on egg donation holds an amendment postulating that when an additional sperm donation is needed, the sperm of an overseas (read: non-Jewish) donor will be used (Knesset 2010).

11. In the beginning of the legislative process, researchers demanded up to 49 percent of the egg 'harvest' for scientific use. After critical interventions from the Israeli feminist organization Isha l'Isha it was eventually decided in 2010 that a donor may choose to designate only a limited amount of eggs for scientific research.

12. This technique requires an unfertilized egg cell of which the nucleus is removed and replaced with the cell nucleus from an adult body cell. The cellular machinery of the egg cell 'reprograms' this adult cell nucleus back into an embryonic stage, allowing it to develop into an embryo. From this embryo, a stem cell line can be produced which is a genetic clone of the donor of the adult cell nucleus, who could be a patient suffering from a degenerative disease or organ failures. The resulting cell line would be immunologically identical and could possibly be used as a transplant for the patient in need. Ian Murnaghan, "Therapeutic Cloning," Explore Stem Cells, last consulted March 25, 2015, http://www.explorestemcells.co.uk/therapeuticcloning.html.

13. Moreover, SCNT has been scientifically surpassed nowadays by a technique called IPS, or induced pluripotent stem cells, by which fetal stem cells can be produced from adult cells without the controversial usage of egg cells (Yamanaka 2006). However, on May 15, 2013, a team of American scientists announced that they have, for the first time, cloned human embryos capable of producing embryonic stem cells. Ian Sample, "Human Embryonic Stem Cells Created from Adult Tissue for First Time," *The Guardian*, May 15, 2013, accessed March 24, 2015, http://www.guardian.co.uk/science/2013/may/15/human-embryonic-stem-cells-adult-tissue.

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Chapter Twelve

Subversive Practices of Sperm Donation

Globalizing Danish Sperm

Stine Willum Adrian

Over the past two decades, Denmark has developed into a destination for fertility travellers in search of donor sperm. In 2013, 3,339 cycles of treatment with donor sperm were reportedly carried out on women who travelled to Denmark (Statens Serum Institut 2013). Simultaneously, two of the largest private sperm banks in Europe were established, not only covering the Danish market but also exporting sperm to more than seventy countries worldwide.[1]

International news has picked up the catchy story of Danish sperm going global.[2] Cultural imaginaries based on stereotypes of white, Viking masculinity have created expectations of sperm from tall, blond, blue-eyed and incredibly handsome donors. These imaginaries are repeatedly circulated in media stories around the world—tales that Danish sperm banks have happily narrated in their own branding of their donor sperm abroad (Adrian 2006, 2010; Kroløkke 2009).

However, Vikings being born worldwide is only part of the story of globalized Danish sperm. Another important part of the story is how sperm banking and fertility treatment in Denmark developed into a lucrative business in the private sector, featured even in the *Financial Times* (Boyde 2015).

Neither sperm banking nor donation is novel anymore. Human sperm donation dates back to 1799, and sperm banking of cryopreserved sperm was introduced in Denmark already in 1967.[3] Sperm banking and donation technology has long since become routinized (Gammeltoft and Wahlberg 2014).

In my ethnographic research in the area of sperm banking and fertility clinics, starting in 2002, I have followed public debates, legal developments and the implementation of the regulations in practice. I have also observed the different subversive practices carried out by sperm banks, clinical staff and potential parents to bypass the ethical presumptions in laws and regulations. In this chapter, I inquire into how all of these practices and regulative changes enabled sperm banks to export sperm globally and how they facilitated fertility travellers' access to donor sperm at Denmark's private fertility clinics.

In this chapter, I look at the question of how subversive practices by clinics, sperm banks and potential parents, over the years, have come to challenge and change legal and ethical boundaries. I also discuss how these subversive practices relate to the emergence of Danish sperm's globalization.

As I am most interested in subversive practices and their effects, this chapter does not present a complete analysis of the many regulative changes that have taken place in Denmark over the years. Instead, I focus on subversive practices and key negotiations inherent in the legal and ethical changes regarding donor sperm.

The notion of subversive practices is central to these questions, so my analysis is informed by how Davide Nicolini conceptualizes practices. According to Nicolini (2013), the focus of practices creates a move away from actors' sole agency to practices understood as phenomena that include their effects on others. Therefore, practices are phenomena that are performative—entanglements of discourses, various actors and materialities (Nicolini 2013, 7–8).[4] Furthermore, like other relational social theories, the concept of practices moves analyses away from conceptualizations of micro, meso and macro levels. As my main interest is informed by practices developed in subversion to the premises of implied legal and ethical discourses, I have termed the particular practices into which I make an inquiry 'subversive practices'.

As I carried out two multisite ethnographies at sperm banks and fertility clinics in Denmark, ten years apart, I have collected a substantial amount of empirical material on sperm banking and sperm donation over the years. My first ethnographic study on in vitro fertilization (IVF) clinics and sperm banks was conducted from 2002 to 2003 in both Denmark and Sweden (Adrian 2006, 2010, 2014). The second fieldwork was conducted from 2011 to 2013 and, in particular, focused on how ethics has been deployed as Danish donor sperm has become globalized. I did observations in a Danish private fertility clinic and conducted six interviews with staff and twenty-seven interviews with female fertility travellers with or without a partner. At the sperm bank Cryos International, I also did observations and conducted staff interviews, including an interview with Chief Executive Officer (CEO) Ole Schou. In addition, I conducted an interview with the former CEO of

European Sperm Bank, Peter Bower. This chapter, therefore, is based on formal and informal interviews with CEOs at Danish sperm banks and staff at fertility clinics, as well as websites, legislative material, newspaper articles concerned with sperm donation and previous scientific papers about sperm banking and donation.

To understand the globalization of Denmark's sperm banking and donation, I have made use of Adele Clarke's situational analysis. This method of analysis builds on grounded theory. Clarke's (2005) methodological ambition is, however, to take this around the postmodern turn. The method is a systematic mapping strategy that enables an empirical analytical sensiblility to what is at stake in different situations, as various actors, discourses and materialities entangle (Clarke 2005, 60–64). As I worked with the resulting maps, I realized how subversive practices are central to how ethics is negotiated and Danish donor sperm became globalized.

SUBVERSIVE PRACTICES: FROM PUBLIC TO PRIVATE HEALTH CARE

After IVF was introduced in Denmark, privatization took off in Danish health care. I argue that donor sperm and fertility clinics are closely knit together because private clinics played a role in developing a market for private sperm banking. This privatization and commodification process is central to understanding how subversive practices and globalization of sperm later developed.

As public health care was the norm in the late 1970s and 1980s, the Danish health-care system's medical practitioners looked on the privatization of the health-care sector as questionable. When IVF was introduced in Denmark, it was only performed at Rigshospitalet for the first years. However, only a year after the first Danish IVF baby was born, in 1983, at Rigshospitalet, the first private fertility clinic in Denmark, Ciconia, was established in Copenhagen.[5] Already in 1986, Ciconia introduced IVF, as the owner insisted private IVF treatment was quite legal (Koch and Hansen 2007, 52). The questions surrounding practising IVF in private clinics illustrate how, at that time, privatization in the context of a public health-care system could be understood as a subversive practice.

In 1976, a few years prior to the first IVF child's birth, a sperm bank called Fonden for den Centrale Sædbank (The Central Semen Bank Foundation) was established.[6] The Central Semen Bank[7] operated as part of the Copenhagen General Practitioners Laboratory, with the aim of distributing cryopreserved sperm to clinics and gynaecological practices all around Denmark, as well as Norway and Iceland (Nielsen and Hansen 1980, 81–87; Puls 2012, 10).[8]

Although health care in Denmark was, and still is, publicly funded, general practitioners (GPs) have historically run their own practices, financially supported by the public. For this reason, GPs in Denmark are called ‘privatpraktiserende læger’—private practising doctors. Because of the sperm banks’ financial set-up as part of GPs’ laboratories, it can be argued that they were private, based on individual doctors’ initiative (Mohr 2014, 103). However, the initiative that was just beginning to develop in the 80s did not support the private health-care system in Denmark. The logic behind the Central Semen Bank was not shaped by commercial interests,[9] which is why it chose not to provide sperm to a newly established private hospital in Ebletoft, the Mermaid Clinic, which had been established in the fall of 1989—a private hospital that also sought to provide services for infertile couples.[10]

When Ole Schou, an entrepreneur working on establishing a sperm bank, learned about the Mermaid Clinic’s problem, he saw an opportunity to develop his sperm bank. Already in 1981, he had begun developing the idea of making a sperm bank experimenting with cryopreservation techniques research market opportunities (Adrian 2006). In 1987, Cryos offered sperm deposits and cryopreservation to men suffering from illnesses such as cancer. At this point, Schou did not have the necessary financial grounds.

As the Mermaid Clinic had trouble getting donor sperm supplies from the Central Semen Bank, the only other option was to import donated sperm from the United States, which would have been costly. Therefore, the Mermaid Clinic decided to make an offer to Cryos that enabled Ole Schou to develop his donor corps. Schou soon began recruiting donors in Aarhus, the second-largest city in Denmark and a university town with a campus situated in its centre, where he was particularly successful in recruiting students as donors. In November 1990, he recruited his first sperm donor for his newly established sperm bank—Cryos. In April 1991, the Mermaid Clinic received the first straws, and within a few weeks, pregnancies were reported.[11]

The emergence of global sperm banking practices is not purely a story of individual entrepreneurship. Many techniques and logistics had to become available, such as adequate cryopreservation techniques and a cheap but trustworthy infrastructure for transporting cryopreserved straws, such as United Parcel Service or DHL Express.

Because Schou was trained in business, he developed a different rationale of sales and service than the Central Semen Bank had. Schou wanted to have a large donor corps, corresponding to different phenotypes. Today, he argues that this donor corps—his redefinition of sperm quality based on his own studies, documentation, service strategy and value chain in relation to logistics—was the reason his market share increased in Denmark soon after his sperm bank was established.[12] Because the demand for sperm was not only an issue in Denmark and because the Central Semen Bank was already involved in sperm exportation, not long after the first reported pregnancies caused by Cryos donors, Cryos received its first order of sperm from public hospitals in Norway.[13]

Although differences existed in goals and marketing strategies regarding the donor corps' size, Cryos's categorization of donors and perspective on donations was similar to that of the Central Semen Bank. Cryos also classified its donors based on phenotypes such as height, eye colour, body shape, hair colour and ethnicity, and both sperm banks registered information on blood type and profession.[14] Most important, all donors were anonymous. Although legislation did not yet exist that prescribed that single women and lesbians could not be treated with insemination or IVF, the main premise was that sperm donations were used by heterosexual couples, and secrecy and anonymity played an important role in how family building took place with donor insemination. The psychiatrist Hans Rosenkvist did a thorough research on social, psychiatric and psychological aspects of donor insemination. This is a good example of state-of-the-art recommendations in the 1970s and 1980s with regard to both couples seeking treatment and recommendations to practitioners. Rosenkvist advised parents, 'Do not tell your child about its conception, unless you agree that it will be in the best interest for the child' (1979, 286). Although disclosure and anonymity are not necessarily linked, this was later emphasized in research on psychosocial consequences of infertility (Adrian 2006, 271). The connection between donor anonymity and nondisclosure was established as a way to avoid psychologically challenging the social fathers' status in their family (Rosenkvist 1979, 48). This implication of anonymity and disclosure discourses was part of the clinics' practices. At this time, donor matching was conducted by medical staff based on the idea of matching the phenotypes of fathers-to-be in the hope of creating resemblances. Cryos, as well as the Central Semen Bank, did for these reasons not provide sperm to private customers. They only sold directly to fertility clinics. This mode of selection, however, does not eliminate normative understandings of the donors. Previous research showed how donor selection at a Danish sperm bank, in the beginning of the 2000s, was constructed around healthy, young, masculine virile donors, while, in a Swedish context, the understanding of good donor matching was based on a 'stand-in father' (Adrian 2006, 247–66; 2010).

Nonetheless, more than mere sperm exportation was taking place from Denmark to neighbouring countries. Fertility travelling was also already taking place. In 1985, Sweden enacted one of the first legislations in the world on sperm donation, prohibiting anonymous sperm donation (Liljestrand 1995). Consequently, Swedish citizens began travelling to Denmark to obtain donor sperm. Long waiting lists due to difficulties in donor recruitment, a legal framework enabling the use of nonanonymous donors only and a legal clause making it only legal to treat heterosexual couples made Swedes perform subversive practices crossing national and ethical boundaries (Adrian 2006, 347). Because there was no legislation in Denmark regarding lesbians and single women, they could be treated, as practised in some clinics.

As Cryos International began operating—even though privatization of health care in the public sector was criticized—this sperm bank soon increased its market share and counted public clinics in Denmark and abroad among its customers. As the sperm bank mainly had public clinics as customers, its marketing matched the prevailing understanding of kinship and family in the public hospitals. The norm of secrecy and anonymity was central in providing heterosexual families with sperm donations, even though this understanding was questioned in neighbouring Sweden, which, in particular, had based its legislation on the United Nations' child convention and the premise that children have a right to know their origin (Liljestrand 1995).

SUBVERSIVE PRACTICES OF SPERM DONATIONS: STRATEGIC ALLIANCES OF MIDWIVES, PRIVATE SPERM BANKS AND LEGALLY INAPPROPRIATE PARENTS

The first law on assisted reproductive technology (ART) in Denmark was not implemented until 1997. It was significantly changed again because of the question of sperm donation in 2007 and recently in 2012. During the first ten years, sperm banks, midwife clinics and women seen as inappropriate parents by the law developed a strategic alliance, participating in subversive practices that attracted fertility travellers from all over Europe. By strategic alliance, I mean that this alliance was established on contradictory premises in which privatization, commodification and political activism combined and collided.

Interestingly, already in 1948 as a Nordic initiative a committee researched the need for legislation regarding a coherent Nordic solution to donor insemination. In 1953, a parliamentary report was presented, however, no further initiative for regulation was initiated, but the report influenced the practices of sperm donation in Denmark (Justitsministeriet 1953; Rosenkvist 1979). From 1987, the Danish Health Authority regulated ART through guidelines (Albæk et al. 2014, 111). Also the Danish Ethical Council was established. Its purpose was to keep the politicians and minister informed and to create public debates on new biotechnologies, such as ART (Achen 1997, 29). Incidents or subversive practices, such as the use of a donated egg and sperm to form an embryo at one of the private fertility clinics, however, made the politicians uneasy and the council recommended to regulate by law (Burrell 2006, 55). Although sperm banking and donation were established technologies and the 1997 legislation also dealt with more advanced technologies, the question of who should have access to sperm donations became one of the main controversies in the parliamentary debates (Bryld 2001; Stormhøj 2002; Albæk 2003).

During these debates, kinship, sexuality and the family's constitution turned into ethical issues that excluded lesbians and single women from fertility treatment, even though treatment of single women and lesbians had already been taking place for years. At the final vote, the majority of members of parliament did not believe that it was in 'the child's best interest' to be born into a family without a father (Bryld 2001).

As the legal text was drafted, a contingency evolved. The law only regulated and, hence, criminalized medical doctors performing fertility treatments on lesbians and single women. The legislation thus created a nonregulated space enabling anyone else to do insemination without breaking the law.

As a form of political protest, this contingency in the legal text was tested by a lesbian midwife, Nina Stork, who established the Stork Clinic in 1999.[15] As Cryos's policy was to sell sperm to medical doctors only, Stork found a doctor who acted as an intermediary, bought sperm from Cryos and delivered the sperm to the Stork Clinic. This was a subversive practice performed by the sperm bank and the Stork Clinic to offer screened donor sperm to lesbians and single women. At the same time, this protected Cryos International from scrutiny (Adrian 2006). I would argue that this formed a strategic alliance combining political activism and economic rationales of broadening the market.

As Nina Stork had a background in midwifery and because she was inspired by the feminist movement, she had developed a critique of medical care in relation to female reproduction, and, therefore, she offered a different mode of care at her clinic (Adrian 2006, 281–88; 2010). She wanted to create a relaxed atmosphere where the women were the focus. Much more time was set aside for the women to talk with the staff and to prepare for insemination than in the clinics owned by doctors. Because the Stork Clinic was acting outside of regulations, it created a space for rethinking ethical practices of sperm donation that differed from the regulations doctors had to follow. Instead, the clinic developed its own ethical guidelines (Adrian 2006, 281–88). One example is that it offered the use of nonanonymous donors, a practice imported from the United States (Adrian 2006, 283). Since Stork was quite vocal in the media, the Stork Clinic soon became well known in Scandinavia and other European regions (Adrian 2006, 362). Furthermore donor sperm use was, and still is, regulated by different national legislations as a result of which some countries have long waiting lists, others do not allow gamete donation at all, and others exclude lesbians and/or single women, Stork's political activism created awareness concerning the possibility of being treated in Denmark. This made an increasing number of European women travel to receive treatment at the midwife's clinic.

The clinic's development naturally created much debate, as the law's intention and the ethics behind it were being negotiated in practice because the women who had been defined as legally inappropriate could become parents. The media's attention also created space for debating discrimination against lesbians and single women (Adrian 2006, 362). These debates daily challenged not only Danish law but also national legislations around Europe bypassed by women travelling to Denmark to obtain sperm donation illegal in their home countries.

SUBVERSIVE PRACTICES OF GLOBALIZATION: LITTLE VIKINGS GO TO AMERICA

Although the United States is the only other country in the world that can cover its own demand for donor sperm and export donor sperm globally, from the 1990s onward, American customers contacted Cryos looking for sperm donors matching their Scandinavian ancestry.[16] As sperm donors must provide more information in the United States, Cryos developed subversive practices to be able to enter the US market in 2001. To do this, the company needed to further develop its donors' profiles and include more information in extended profiles.

Initially, Cryos refused to sell directly to US customers. The set-up of the sperm bank was dictated by Nordic public health-care systems and developed to cater for sales directly to clinics and hospitals. However, in the 1990s, clinics expected women in need of sperm donations in the United States to select and buy directly from sperm banks. Their choice of donors was not only based on phenotypes but also on extended profiles (Schmidt and Moore 1998). At first, Schou did not agree with the American model of consumer choice. He believed that medical professionals could perform donor selection better, and he had an underlying fear of participating in eugenics. However, he eventually changed his ethics in donor selection. Instead of remaining fearful of eugenics, he argued that women needed to have their private choice of selection, just as they do in 'evolution'.[17]

Therefore, in 2001, Cryos International set up an American sperm bank, Scandinavian Cryobank. Scandinavian Cryobank imported sperm from Denmark and sold it to American customers. The donors were anonymous, and they were the same donors as those sold in Denmark, but in the United States, donors could be selected based on extended profiles. Returning to the Viking branding, donors were given names based on Nordic mythology (Adrian 2006, 2010; Krołøkke 2009). At the time it happened, this development was criticized in the Danish media (L. Christensen 2001; Lade 2001). However, the effect on Danish practices of sperm donation of sperm banks catering for different global markets was not reflected by politicians and regulators.[18]

Cryos's expansion into the US market is an excellent example of how global exportation had a quite concrete effect on sperm banks' local routines. When exporting sperm to the United States, Cryos had to use the United States' required screening standards, and the company had to develop extended donor profiles. Today, the two private sperm banks in Denmark work with different national screening standards, following national guidelines and practices all over the world.

SUBVERSIVE PRACTICES: WHEN GLOBAL PRACTICES HAVE LOCAL EFFECTS ON KINSHIP AND RELATEDNESS

The development of donor profiles prepared for the US market also enabled new subversive practices of sperm donation in Denmark. Although Cryos International in the beginning kept donors with extended profiles separate for the US market, this division was soon challenged.

In 2004, a competing sperm bank, Nordic Cryobank, was established. It introduced a website selling the same sperm under the name European Sperm Bank. On its website, it used the American model, which meant marketing donor sperm directly to future parents and allowing them to choose donors with basic and extended profiles. They also provided sperm with expanded profiles to the Stork Clinic and several other midwife-owned clinics in Denmark.

In 2006, European Sperm Bank/Nordic Cryobank introduced nonanonymous donors not only abroad but also at local midwife clinics, although nonanonymity was still illegal in Danish law. Nevertheless, because neither midwife clinics nor sperm banks were regulated by the law on assisted reproduction, this practice was not challenged.

After getting approval from the health ministry, Cryos followed by introducing similar products.[19] At the same time, several countries in Europe changed their legislation from only using anonymous donors to making only nonanonymous donations legal. In 2005, both the United Kingdom and Norway changed their regulation regarding anonymity.[20] Today, the Danish sperm banks are thus providing sperm to markets in which nonanonymous sperm is in demand and local donor corps such as the Norwegians cannot meet the demand (Hammerstad 2010).

After almost ten years of excluding doctors from treating lesbians and single women in Denmark, the law on artificial conception[21] was reviewed, and a new regulation was implemented in 2007. Once again, sperm donation for lesbians and single women was the main controversy, but the final vote resulted in publicly funded treatment for these women (Petersen 2009). One might think that midwife-owned and privately run clinics became unnecessary after this change. This turned out not to be the case. The Stork Clinic, as well as other clinics opened by midwives and other health professionals, did not close. They were well known internationally, and they had brands based on particular modes of care. Furthermore, they still maintained subversive practices in alliance with sperm banks, as the clinics now enabled choices of extended profiles and nonanonymous donors, which soon became a popular choice.

Various European countries' changing legislation regarding anonymity also influenced understandings of ethics. This led to regrets for some women who had been treated with sperm from anonymous donors. However, some parents realized that the same donors were catalogued with both basic and extended profiles. For some parents who regretted using anonymous donors or choosing donors without extended profiles, the search for extended donor profiles began. Furthermore, some parents with children of anonymous donors, donor-conceived offspring and donors themselves began to challenge the question of anonymity by searching for one another on various registries on the Internet, such as the Donor Sibling Registry.[22] In this way, parents and donors who conceived offspring have developed subversive practices questioning anonymity, an issue that the two sperm banks studied act on differently. While the European Sperm Bank has not questioned this practice publicly, Cryos has changed its way of identifying donors. Instead of a donor number, Cryos has introduced fingerprint technology. Only customers thus have the donor numbers or aliases. This change in practice was made to prevent donors and their offspring or the offspring's parents to connect through social media's donor registries. In contracts with donors and clients, Cryos writes that both parties can risk lawsuits and claims for damages if they attempt to track each other and, thereby, bypass their contracts.[23] Cryos's argument is that it is responsible for all parts. It wants to prevent parents and donors to whom the company has promised anonymity experiencing their anonymity being breached in the media or the Internet, as donor information and identities circulate (Bech-Jessen 2015).

Since the American market model was introduced in Denmark, subversive practices regarding breaching anonymity have taken hold. Just as sperm banks are involved in subversive practices, families that come out of sperm donation likewise have negotiated ethics of kinship and relatedness over the years.

SUBVERSIVE PRACTICES: RENEGOTIATING SPERM DONATION ON THE BORDERS WITHIN THE EUROPEAN UNION

These subversive practices have done more than respond to Danish legislation or national legislations that cause fertility travellers to access sperm donation in Denmark. As the European Union (EU) Cell and Tissue Directive has been implemented in Denmark, various subversive practices are taking place. In 2007, the EU directive was introduced in Denmark,[24] and the sperm banks received their licenses. The directive is concerned with regulating human tissue and cells in Europe. In Denmark, this has had a significant impact on laboratory practices and the level of bureaucracy in sperm banks, because the regulative framework has expanded. One of the most significant issues regarding sperm is the question of traceability of the sperm and products the sperm has been in contact with during cryopreservation and storage, as well as side effects. When it comes to donated sperm, side effects are inheritable diseases or sexually transmitted diseases.

However, each EU member state has developed its own interpretation of the EU directive through additional national legislations, and some countries have yet to implement the directive. This means that regulations differ across Europe, regarding not only national legislation but also interpretations of the EU directive.

An example is the interpretation of compensation for gametes, because commodification of human gametes is rejected in the directive. The question is how to define compensation versus commodification. This is why egg donation cannot develop in Denmark as it has in other EU member states, such as the United Kingdom, where egg donors receive a compensation of 750 pounds for an IVF cycle, while in Denmark it is only 2,400 krones (237 pounds).[25] Ironically, one might argue that, although Danish sperm banks have the logistical structure to become egg banks, this particular interpretation of the directive makes it impossible to create what Adrian and Kroløkke (forthcoming) refer to as the reproductive pathway to Denmark, in terms of eggs. For Danish sperm banks, one could argue, even though the directive has complicated practices and increased paperwork, it might also have made it more difficult for new private establishments to develop within the EU, decreasing the chances for competition.

However, as the EU was initially established to enhance the free movement of labour and commodities across borders, legislation on specific products contradicts national legislations' logic in this area. If sperm is sold to private customers and delivered to their homes, it is defined as a product and not as human cells. In this case, it can be exported across borders, even to countries that have made sperm donation illegal or do not allow lesbians or single women treatment. This is also a good example of how the EU creates unregulated spaces that enable subversive practices with donated sperm. Because donor insemination is low tech, even cryopreserved sperm can be used for self-insemination if the quality and quantity of sperm are high. In 2011, Cryos began marketing this possibility on their website.[26] When sperm is ordered for home insemination, it furthermore includes a small kit that enables the woman to conduct the insemination on her own. Thus, the company has reintroduced the 'turkey baster baby', a term coined by feminist groups in the United States during the 1970s when turkey basters were used for self-insemination (Hornstein 1984, 373–81).

In this way another strategic alliance between women—the consumers of sperm donation around Europe—and Cryos International has developed a further subversive practice, negotiating the ethics that are the underlying premises of laws and regulations in European countries. Marketing of sperm, hence, is both becoming more oriented towards private customers, as in the United States, and as national legislations are bypassed and sperm sent to customers' homes, Cryos International is moving toward less clinical assistance, because this is how it can manoeuver in another unregulated space.

SUBVERSIVE PRACTICES OF SPERM DONATION: BOTH LIBERALIZING AND REGULATING EFFECTS

As Cryos International tries to control the subversive practices of donors and parents with donor-conceived offspring, and the latter try to breach anonymity rules, subversive practices may not only have the effect of liberalization. Further regulation may also appear in consequence. These different effects can be seen to take shape as new legislation in Denmark was once again introduced and passed in 2012, on the question of ART (Lov Nr. 602 2012). This time, little debate took place in parliament. In many ways, the new regulation was shaped by existing practices that were developed by midwives and sperm banks previously not regulated by the law focusing on treatment. Existing practices were turned into legislation by giving the parents the choice of donor anonymity or nonanonymity and basic or extended profiles.

Because it mirrors the past practice of nonregulated space, the legislation is more liberal. However, as actors such as sperm banks and midwife clinics are now included, closer control is clearly intended. In the future, it will be harder for the sperm banks and clinics to negotiate ethics as previously. Several disputes have already developed due to this regulative inclusion of sperm banks and midwife clinics.

Although politicians kept the discussion behind closed doors, the media—inspired by members of the Danish Ethical Council—challenged several of the proposed changes. Again, much of the debate focused on sperm donation. One of the hottest issues was the possibility of customers choosing their donor through extended profiles (Sørensen 2012).

Nevertheless, a few weeks before the law was implemented, a news story about a donor who was a carrier of neurofibromatosis type 1 (NF1) was aired on the national public television channel DR. Until 2009, the donor had passed NF1 on to at least nine of the resulting forty-three children (Vaaben 2012). The case was old and well known to the authorities, and the involved sperm bank had published research on this experience's results (Callum et al. 2012). However, the case got more coverage in the media, and many parents of the children born from this donor were upset about how the sperm bank had managed the information.

This story raised questions in the media about how the sperm banks' commercial interests might influence their management practices. The case raised issues such as how many offspring a donor can have locally and globally, who is responsible for reporting pregnancies to the health authorities and what screening procedures can be expected. The combination of a high number of reported half-siblings, a high degree of nondisclosure to donor-conceived offspring and anxiety over incest, consanguinity and the spread of genetic diseases created fodder for media stories full of affect (Lytken 2012a, 2012b; Dahlgaard 2013a). Following this, four parents of the children with NF1 brought a court case against the sperm bank (E. Christensen 2014).

The law's guidelines halved the number of offspring allowed for each donor (Sundhedsstyrelsen 2012).[27] More important, sperm banks were identified as responsible for ensuring the number of twelve children was not exceeded. This became such a controversial issue with one sperm bank that it developed another subversive practice: it threatened to leave the Danish market and tried to create fear of a possible 'sperm drought' in the media (DR Nyheder 2013; Dahlgaard 2013b). The released guidelines are now once again undergoing review, and as of June 2015, they have yet to be made public.

Therefore, this is a story with no ending. It illustrates how legislative changes can modify the gametes market and, overnight, end the Danish sperm banks' business as media stories develop. It also shows that the uses of sperm donation and banking are shaped by many contingencies, such as a donor who passes on NF1 although he himself is not sick. It illustrates how media stories might, or might not, develop based on the different and sometimes new alliances between parents and journalists against sperm banks. In other words, new strategic alliances problematize the process of commodification that, otherwise, has been central in developing sperm banks and fertility travelling to Denmark. This also may become a political issue that enables politicians to develop further legislation and challenge the privatization of human cells.

CONCLUSION

In this chapter, I have discussed how subversive practices by clinics, sperm banks and potential parents, over the years, have challenged and changed legal and ethical boundaries, as well as how these practices relate to the emergence of Danish sperm globalizing. My main interest has been to understand how fertility travellers' increased numbers and Danish sperm banks' commodification and globalization have developed, as the ethics have been negotiated. This discussion shows how practices of sperm donation and banking need to be examined if one wishes to understand how ethical negotiations take place. This became clearer as I worked with Clarke's (2005) methodology of situational analysis that, together with Nicolini's (2013) conceptualization of practices shaped by entanglements of the material and discursive, informed my focus and defined the notion that subversive practices.

The analysis reveals that the globalization of Danish donor sperm emerges out of subversive practices that include producers and consumers, donors, sperm, regulative bodies, global infrastructure and materialities of technologies.

This development has, in particular, taken off as the field became privatized and regulated. Ironically, the discriminatory practice of excluding lesbians and single women in Denmark and abroad has created a strategic alliance of private sperm banks, private (midwife-owned) fertility clinics and legally inappropriate parents. The collapse of privatization, commodification and political activism has been central to how normative change has emerged over the years in Denmark in the area of sperm donation. Particularly fascinating is how this alliance has been significant for the emerging, globally thriving industry still developing today, while EU regulations and national legislation are bypassed when women engage in cross-border fertility treatments and sperm moves across borders as a home insemination product. Through these types of practices, the current state of ethics is negotiated and sometimes changed.

An example is how the nonregulated space that the Danish sperm banks and midwife-owned clinics were able to navigate for years has enabled them to develop practices different from those that previously defined conventional sperm banks and medical clinics in which anonymity was the norm. Furthermore, for sperm banks, this unregulated space created room to meet sometimes contradictory demands around the world. For instance, the sperm banks thus were able to match the American way of marketing sperm by using extended profiles. Another example was how they were able to meet the demands for sperm from nonanonymous donors in countries prohibiting anonymous donations. For the midwife-run clinics, this created a different set of ethics concerning anonymity, and the level of information about donors provided customers with different criteria for donor selection.

These subversive practices of sperm donation have challenged the existing legal and ethical framework of Denmark and other European countries. As a result, politicians recently developed a regulative framework that is both more liberal—making it quite like the American market—and more regulative, because legislation on assisted reproduction includes both sperm banks and midwife-owned fertility clinics.

Analysing how subversive practices of sperm banking and donation have unfolded, therefore, is quite revealing in terms of the contingencies and complexities of the ways in which different ethics patterns emerge. This illustrates how these subversive practices have concrete consequences. In particular, parents and donor-conceived offspring often experience that their norms for kinship have been challenged, either in their own country—which might lead them to bypass legal and ethical boundaries—or through constant changes in the regulative framework in Denmark and abroad. A good example is how kinship based on anonymity, in some cases, might go from being mandatory to being illegal.

The choices of kinship and relatedness today are different from those of less than ten years ago. This calls for an ethics through which kinship and relatedness can be renegotiated over time and understood in their historical context. In other words, this narrative unlocks more questions than it answers, partly because of the controversies raised by sperm donation, which show that, although sperm donation is low tech, routinization of social norms is harder to achieve than routinization of technology.

NOTES

1. More than seventy countries are mentioned on the Cryos International website (http://dk.cryosinternational.com, accessed April 22, 2015). European sperm banks export sperm to many of the same and, possibly, other destinations.
2. See Johnston (2015) and Aldridge (2015).
3. In Denmark, donor insemination took place during the 1940s and 1950s. However, to what extent it was practised is still unknown (Rosenkvist 1979, 29).
4. Nicolini, in this regard, is inspired by Karen Barad's agential realism (Nicolini 2013, 170–71).
5. Ciconia was established in Copenhagen in 1984; see "Ciconia Aarhus Fertilitetsklinik," accessed April 22, 2015, http://www.ciconia.dk/index.php?menu_id=553. The clinic was established by Flemming Christensen. According to Susan Lenz, who helped at the clinic, IVF was introduced in 1986 (Koch and Hansen 2007, 53).
6. This was not the first Danish sperm bank using cryopreservation. Frederiksberg Hospital had already established one in 1967. It did cryopreservation of all sperm used for treatment (Rosenkvist 1979; Lebech 1980).
7. I employ the bank's name used in an article describing the bank's set-up and development (Nielsen and Hansen 1980).
8. The sperm bank closed its activities in 1997 (Puls 2012, 10).
9. Interview with Ole Schou, June 11, 2013.
10. Although private IVF clinics already existed, privatization was viewed with ambivalence by medical doctors, who primarily worked in public hospitals in which resources for

controversial technology were scarce. Rivalry has also been reported between private clinics in the initial phase of IVF treatment (Koch and Hansen 2007, 49–57).

11. Interview with Ole Schou, June 11, 2013.

12. Interview and correspondence with Ole Schou, June 11, 2013.

13. Interview with Ole Schou, June 13, 2013.

14. Interview with Ole Schou, June 13, 2013.

15. Stork Clinic, "Nina Storks Beretning," accessed April 28, 2015, http://www.storkklinik.dk/635/nina-storks-beretning.

16. Correspondence with Ole Schou, May 3, 2015.

17. Interview with Ole Schou, June 11, 2013.

18. As sperm importation became illegal in the United States, Cryos developed its department into a franchise. They later established—but shortly after closed—a franchise in India.

19. Correspondence with Ole Schou, May 5, 2015.

20. Norway and the United Kingdom both changed their legislation regarding anonymity in 2005. The Human Fertilisation & Embryo Authority (2015a, 2015b) in the United Kingdom describes this on its website (http://www.hfea.gov.uk/1973.html, accessed April 28, 2015), and in Norway, this has caused a lack of donors (Hammerstad 2010).

21. Until 2013, the term *artificial conception* was used in legislation. It was amended to 'assisted reproduction' in 2013, when the law was passed on November 21 (Lovforslag L. Nr. 32. 2013).

22. The US-based Donor Sibling Registry was begun in 2000. Today, it is a reference point because of its size. See https://www.donorsiblingregistry.com/about-dsr (accessed April 28, 2015. The Scandinavian Seed Sibling Registry was developed in 2008, focusing on children with Danish/Scandinavian donors. See http://www.seedsibling.org/om/ (accessed April 28, 2015). Furthermore, a growing number of related Facebook groups have appeared.

23. Correspondence with Ole Schou, May 5, 2015.

24. See Danish Health and Medicines Authority Sundhedssttyrelsen, "Væv og caller," accessed April 28, 2015, http://sundhedsstyrelsen.dk/da/medicin/blod-og-vaev/vaev-og-celler.

25. See Human Fertilisation & Embryo Authority, "Egg Donation & Egg Sharing," accessed April 28, 2015, http://www.hfea.gov.uk/egg-donation-and-egg-sharing.html and Sundhed.dk, "Egg Donation," accessed April 28, 2015, https://www.sundhed.dk/borger/sundhedsjournal-og-registreringer/tilmeldinger/aegdonation/.

26. Interview with Ole Schou, June 11, 2013.

27. This development began before the NF1 case.

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Chapter Thirteen

The Risk of Relatedness

Governing Kinship in Swedish Transnational Adoption Policy

Malinda Andersson

In Sweden, transnational adoption was established in the late 1960s. Between 1969 and 1980, the annual number of transnational adoptions was between one and two thousand, but since 2006, the number has decreased. In spite of this, Sweden stands out as a receiving country, and today transnational adoptees number well over fifty thousand individuals, adopted mainly from Asian and South American countries (Hübinette and Andersson 2012). Transnational adoption in Sweden is regulated through the Hague Adoption Convention and is authorized by the Swedish Intercountry Adoptions Authority (Myndigheten för internationella adoptionsfrågor), a government body under the Ministry of Health and Social Affairs (Socialdepartementet). Assessments of couples and individuals who aspire to adopt are conducted in applicants' home municipalities. As it comes into being, therefore, the adoptive family depends on a network of administrative measures.

In current Swedish policy, transnational adoption is constructed, on one hand, as a solution to problems and, on the other hand, as a source of future unpredictability and risks (Andersson 2010). According to Ellen Herman (2008), associating adoption with risks gained currency in the early 1960s owing to the psychoanalytical and psychodynamic perspectives that were flourishing at the time. As 'blood ties' are still crucial to defining *family*, families not bound together 'by blood' easily become an official concern (Herman 2008). In Sweden, this can be illustrated by the extensive quantitative studies that examine mental health and social adjustment among transnational adoptees and measure the outcomes of this particular kinship arrangement (Hjern, Lindblad and Vinnerljung 2002; Lindblad, Hjern and Vinnerljung 2003).

Transnational adoption has been described as a new challenge to kinship studies in that it represents a particular site where kinship is made (Franklin and McKinnon 2001). In this chapter, I explore the discursive production of kinship in Swedish transnational adoption policy, focusing on explicit and implicit formulations of risk. By taking a deconstructionist angle, I wish to denaturalize transnational adoption as an object of knowledge. Given that risk-oriented approaches have become established in Sweden, it is important to make risk itself the subject of study, investigating its discursive conditions as well as its implications. In this chapter, I ask the following questions: What do conceptualizations of risk do in the discursive production of adoptive kinship? and What effects do these conceptualizations have on governing familial and national relatedness?

TRANSNATIONAL ADOPTION POLICY AND THE DISCURSIVE PRODUCTION OF KINSHIP

According to Gail Lewis (2000), poststructuralist perspectives have transformed the field of social policy in significant ways, facilitating analyses beyond the grand theoretical, comparative approaches that have hitherto characterized the field. Poststructuralist perspectives challenge the very target of social welfare—'the universal human subject whose needs can be known through the application of rational, bureaucratic procedures' (2000, 15). Another premise deconstructed is the essentialist assumption that social differences are pre-determined characteristics of individuals and groups. Lewis directs her attention to racialized knowledge embedded in social policy that maintains racial, ethnic and cultural 'differences'. Drawing on Gunaratnam and Lewis (2001), I conceptualize social policy as a discursive practice that produces categorizations and identifications.

With regard to kinship, Yanagisako and Delaney (1995) have made an important contribution, arguing that kinship is a category often taken for granted rather than understood as a social construction. Their approach challenges the assumed naturalness of kinship, and they argue that the naturalization of kinship categories takes place both in the everyday lives of people and in institutional arrangements. Inspired by Yanagisako and Delaney, I analyse kinship as a category discursively produced in the institutional arrangement of Swedish transnational policy. I intend to capture not only how possibilities of social connections and inclusions are constructed but also the grounds on which the boundaries of such connections and inclusions are drawn (Franklin and McKinnon 2001, 14f.).

Transnational adoption touches on the formation of nations, as well as on formations of families and subjectivities (Myong 2009). Postcolonial feminist theory has pointed out symbolic links between nation and family; in the European context, nation and family are both associated with notions of 'home' and are commonly illustrated by the blood metaphor (Brah 1996). As McClintock (1993) reminds us, the term *natio*, from which *nation* derives, means 'to be born', bringing myths of origins to the fore. A similar myth of origin is expressed in the significance ascribed to blood ties in the definition of family (Collins 2000). Ahmed (2006) offers a way of thinking about belonging by foregrounding the idea that the subject does not inhabit any predestined lifelines. Instead, the subject is oriented, or directed, towards certain places or other subjects according to prevailing norms.

Analysing Swedish transnational adoption policy, I examine a variety of official documents published between 1997 and 2008, providing resources for practitioners and families involved in adoption. The empirical sample consists of two state commission reports (SOU 2001, 2003), one research anthology published by the Institute for Development of Methods in Social Work (IMS 2007), two handbooks for social workers involved in transnational adoption assessments published by the Swedish Council for International Adoptions (NIA 1997) and the National Board of Health and Welfare (SoS 2008), a compulsory educational text for adoptive parents published by the Swedish Intercountry Adoptions Authority and the National Board of Health and Welfare (MIA and SoS 2008), and finally, an educational text for students written by researcher Frank Lindblad (2004) that summarizes the research findings frequently referred to in the policy texts.

The texts are characterized by their authoritative function inasmuch as they provide knowledge that is considered legitimate and trustworthy. As Christie (2010) notes, the assumed neutrality of the social policy genre easily obscures their discursive effects, something that makes the genre highly interesting for critical rereadings.

Governing Kinship

Nation and family are also crucial areas of inquiry in governmentality studies, an approach initiated by Foucault (1991) and developed by a range of scholars (Rose 1999a, 1999b; Dean 2010). The main theoretical interest in governmentality constitutes contemporary ruling practices and their associations with knowledge production in advanced, liberal democracies in northwestern Europe and North America. The object of governing is the population and its well-being, and governing is legitimated through ideas about the common good (Foucault [1978] 1990). Sweden has been recognized as a country where the relation between social policy and scientific knowledge is particularly strong (Lundqvist and Roman 2008), making it an interesting case with regard to governing.

Regulation of the population is conducted through categorizations and the construction of boundaries that define what is considered normal, natural, desirable and morally correct (Börjesson, Palmblad and Wahl 2005). In Swedish social history, normalization can be exemplified in the country's history with the population policy project, eugenics and acts of sterilization (Spektorowski and Mizrachi 2004). The family is a particularly useful analytical site for governmentality researchers, for it is regulated by administrative means and works as a key in regulating the population as a whole (Donzelot [1979] 1997; Knowles 1996). From a governmentality perspective, identifying risks within the population can be understood as a specific technology of governing (Dean 2010).

Transnational Adoption

This section analyses accounts of transnational adoption. These accounts consist of constructions of social reality that justify the establishment of a new kinship arrangement. The aspect of social reality highlighted here constitutes the conditions that make children in some countries available for transnational adoption. Although this is beginning to change, transnational adoption has not been framed as a political issue in Sweden. This tendency is evident in the policy texts, where transnational adoption is described first and foremost as a solution to isolated social problems ascribed to the children's countries of birth. One aspect of global power structures brought to the fore in one commission report (SOU 2003, 79), however, is the trading of children. In this context, trading children takes place when transnational adoption functions as a means for birth countries to secure an income and when available children become commodities. In the report (SOU 2003, 79), such trading is conceptualized as a risk that Sweden hopes to help reduce.

Thus, the story of transnational adoption is also a story about Sweden. Portrayals of transnational adoption construct a specific national imaginary. The same commission report states that '[t]here is also the risk that transnational adoptions will contribute to the preservation of structures involving an obsolete perception of women and a perception of extramarital and disabled children, which Sweden cannot accept' (SOU 2003, 145).[1]

This account describes the preservation of obsolete perceptions about women and extramarital and disabled children as a potential risk associated with transnational adoption. What is meant by *obsolete* is not clarified, nor does the report name the countries associated with these perceptions. This vagueness notwithstanding, I read the term *obsolete* as indicating an implicit dichotomization of traditional versus modern perceptions. Ascribing obsolete perceptions to countries outside of Sweden implies that Swedish society is characterized by modern values. In this sense, modernity seems to suggest equality in general and gender equality in particular. Although the association of Europe with modernity has colonial roots (Loomba 1998), associations of Europe with equality are more recent.

It has been demonstrated (Towns 2002; Pringle 2010) that gender equality has been an important part of Swedish national identity formation since the mid-1990s. Gender equality is constructed as a progressive asset that sets Sweden, along with the other Nordic countries, apart from other countries in an international perspective. As Tuori (2007) notes, gender equality can be seen as a nation-building discourse, invoking a sense of 'we'. The commission report's statement that Sweden 'cannot accept' certain perceptions of women (and children with disabilities) could be read as a national positioning that corresponds to an international image of Sweden as a modern, equal society, but it can also be understood as a national self-image of the same.

Representing Sweden as politically responsible in global issues such as a critique of patriarchal structures is thus part of a nation-building discourse. Like previous accounts, the policy texts rarely name specific countries or actors; however, occasionally the terms *risk environments*[2] (IMS 2007, 41) and *social risk environments* (IMS 2007, 40) are used to describe the birth countries of adoptees. In the first case, lead poisoning and early puberty in girls are cited as examples, and in the latter case, alcohol abuse by the birth mother is mentioned. Risk calculations play a key role in child protection because risk is linked to the founding ethos of such programmes and institutions—to secure children's well-being (Cradock 2004). Once a risk is identified, intervention seems urgent, providing the term risk with a moral dimension: not acting on it would be highly problematic (Green 2007). The term 'risk environments' therefore indicates that children living under such conditions are 'in need' of help.

Considering the accounts of risk, it would be reasonable to find some overall critique of transnational adoption in the texts, but such critique is extremely limited. The identification of '[t]he risk that the children become bricks in an economical game driven by the adults' desire to have children' (SOU 2003, 21)[3] does not overshadow the conclusion that '[i]t is important to establish that adoption is not a risk factor but a protective factor' (IMS 2007, 14).[4] Portraying adoption simultaneously as a risk *and* a protective factor constructs transnational adoption as a legitimate solution to social problems. These perspectives evoke the idea of transnational adoption as foreign aid, prominent in Sweden during the 1960s (Markusson Winkvist 2005). In sum, a critical and self-reflexive stance toward Sweden's own involvement in adoption practices contributes to the creation of a moral platform supporting transnational adoption.

The Transnational Adoptive Family

This section focuses on accounts of the transnational adoption family, whether aspiring or existing. On a general level, the texts assume that children with a transnational adoption backgrounds have 'special needs',[5] such as 'care and nurture'[6] (SOU 2001, 306) or that they need 'support'[7] (SoS 2008, 18). Assumptions about need have been problematized by Nancy Fraser (1989), who argues that instead of objective traits, needs are better understood as ascribed to people and groups in the context of discursive formations. The formulation that children with transnational adoption backgrounds have special needs indicates that these children are ascribed needs beyond children's ordinary needs. This assumption is important for exploring constructions of suitable adoptive parents. Who is constructed as equipped to take on these children, and what is assumed to be expected from this kinship arrangement?

The handbooks for social workers contain criteria to be applied in transnational adoption assessments. These standards are relevant for analysis because they regulate the imaginable new kinship arrangement. Use of the concept of risk is more prominent in the most recently published handbook. In fact, the ideal adoptive parent is implicitly constructed through the risks identified in some applicant groups.

Risks are identified on several levels. On the social level, an applicant's 'social integration'[8] (SoS 2008, 93) is looked at, as is the extent to which they are able to form social bonds with, for instance, those in their social surroundings—colleagues and neighbours. Being isolated in subgroups is discussed as a risk of social 'exclusion'[9] (SoS 2008, 93). On the physical level, age is discussed as a risk factor. 'Older age'[10] (SoS 2008, 68) is associated with the probability of weakened health in general but also with the risk of serious illness. Other examples of risk on this level are 'illness and disability',[11] factors associated with a general loss of strength, as well as with the risk of requiring longer sick leave or taking medication (SoS 2008, 71). On the psychological level, 'crises, loss, and trauma'[12] (SoS 2008, 80) that have not been dealt with are assumed to limit the applicant's parenting potential. For instance infertility is discussed as a potential trauma (IMS 2007, 39). Furthermore, if a couple aspires to adopt transnationally, the quality—or, more specifically, the stability—of their relationship is an arena of investigation (SoS 2008, 89).

Another example concerns what are called 'lifestyle factors'[13] (SoS 2008, 72). As illustrations of these factors, smoking, obesity, risky consumption of alcohol and stress-related symptoms are mentioned. The illustrations of such factors include particular actions as well as mental health. The reason presented to explain why these factors are important is that they need to be considered with regard to 'health risks and (future) parenting potential'[14] (SoS 2008, 72). The focus on lifestyle factors in the later handbook reflects an expanded governmental interest in the personal lives and habits of the population. This could be read as a form of normalizing power, where implicit or explicit assumptions about desirable and morally correct ways of living are prescribed (Rose 1999a). In the context of transnational adoption assessments, the spheres to be governed range from the social location to the mental state of the applicants.

While some risks are explicitly stated, others are subtly indicated. I suggest that constructions indicating unknown outcomes of transnational adoptions can be read as examples of implicit risks related to the explicit statements. The criteria used in the assessment process serve to prevent placing adoptees in situations that are assumed to be risk prone, but adoptive kinship is still portrayed as a site of tensions. Addressing the North American context, Herman (2008) notes that governmental interest in transnational adoption is tied to official concerns about family forms not bound to each other by blood because these challenge biogenetic truths about familial relations. The idea of blood ties represents natural and stable relationships. These perspectives are also reflected in Swedish official discourse, where a lack of blood ties is made a symbol of complicated attachment patterns. With regard to attachment, the educational text for students argues that

> [d]ifferences between parents and children are not only about physical appearance. There are personality traits and qualities that seem to have a strong genetic component. For some adoptive families, differences between child and parents in temper or other qualities might cause trouble. When a parent recognizes her- or himself in the child, this can facilitate the attachment process.[15] (Lindblad 2004, 89)

In the context of the material as a whole, differences comprise inner and outer characteristics (i.e. physical appearance). Difference is constructed as a potential problem itself, while resemblance is implicitly constructed not only as desirable but also as significant for successful attachment between the child and its parents. Charlotte Witt (2005) discusses how the idea of family resemblances is a cornerstone in the definition of family. Inner and outer resemblance is, according to Witt, crucial in mythological understandings of family bonds. In Witt's approach, resemblance becomes the symbol of belonging. In the policy material, the assumed lack of resemblance between child and parents tends to create fragile relatedness. Thus, biological kinship is implicitly constructed as a guarantee of solid bonds and successful attachment.

One policy text argues that adoptive parents need to be 'aware of the consequences of a different physical appearance'[16] (MIA and SoS 2008, 93) to prepare for situations that might arise. In the Swedish context, the physical appearance of adopted children of colour becomes a marker of belonging to another family and another nation. Drawing on Ahmed (2006), one can say that the body of the adopted child becomes the signifier of an assumed orientation to the birth parents and the birth country. This ascribed difference needs to be understood in relation to the association of Swedishness with whiteness in the national imaginary (Andersson 2012). Here, the bodies of nonwhite adoptees appear as continuous threats not only to the new kinship arrangement but also to the symbolic idea of Swedishness.

There are also examples, however, in which the bodily attributes of adoptees are invested with positive meanings that enrich both Sweden as a country and their adoptive families. Lindblad (2004, 199) maintains that adoptees have 'strong and profound bonds'[17] to their birthplaces that have the potential to turn into a widened interest in the countries, for instance, of Latin America, Africa and Asia. The educational text for adoptive parents suggests that the adoptees can bring to their families 'a special relation to another country, another culture, and another social world'[18] (MIA and SoS 2008, 28). These quotes ascribe to adoptees an undisputable belonging to their birth countries that is transformed into a multicultural resource. Furthermore, in this context, the bodily appearance of a nonwhite adoptee makes the adoptive family a symbol of Swedish antiracism and liberal tolerance (Hübinette and Lundström 2011, 44–45).

Against this background, it is interesting to consider how the birth family is positioned in discourse. A general conclusion in the texts is that an adopted child belongs to two sets of parents and to two nations and cultures (Andersson 2010). The adoptive parents are ascribed the responsibility of providing the child with a link to the place and family of origin. In the compulsory educational text, contributing to and supporting the child in confirming his or her background and birth parents appear as clear goals (MIA and SoS 2008, 52). Another text advises parents to deal with the adoption through open communication and to integrate the child's history into their everyday family life (SoS 2008, 178). Anchored thus in his or her origins, the child is expected to gain higher self-esteem (MIA and SoS 2008, 52). Here, belonging to the birth family and birthplace appears as the primary belonging for the adopted child—a belonging that the adopted parents are expected to uphold.

Thus, in my reading, the birth family, sometimes through the vague formulation of 'origins', is invested with significant meaning in Swedish transnational adoption policy. What makes the discursive presence of the birth family notable is that Sweden practices so-called strong adoptions—that is, the birth parents and child are legally separated once the adoption is finalized. Strong adoptions involve the idea of a 'clean break' from the birthplace and birth family that presumably makes possible full integration into the adoptive family (Yngvesson 2003). As Barbara Yngvesson (2007, 568–69) has noted, however, transnational adoption policy and practice are characterized by conflicting views on these themes. For instance the Hague Adoption Convention argues simultaneously for the legal separation from and the preservation of the child's origins. The Swedish policy texts analysed here mirror the tension between absence and presence of the birth family in a clear way.

Like Norway (Howell 2006), Sweden is from a welfare perspective used as an illustration of the social democratic regime, characterized by the centrality of the state and goals of equality. Howell theorizes the form of power exercised here as 'benevolent control': it is justified for the sake of the common good. This position is clearly reflected in one commission report that describes society's far-reaching responsibility for 'providing adoptees and their families with support, help and treatment in problems related to the adoption'[19] (SOU 2003, 79). With regard to the adoptive parents, the most recently published handbook for social workers emphasizes that 'it is natural to need help and support in the adaptation to become an adoptive family'[20] (SoS 2008, 176).

These quotes define the adoptive kinship arrangement through the assumed need for continuous contact with the authorities. Seeking governmental support is constructed not only as a possibility but, indeed, as a natural part of adoptive kinship. Adoptive parents are also encouraged to consult a child psychologist or a child psychiatrist regarding 'symptoms'[21] (Lindblad 2004, 50f.) that might be a consequence of the adoption. Through accounts of explicit risk as well as accounts predicting a relatively uncertain future, adoptive kinship is positioned very close to governmental institutions, and the boundaries between what is public and what is private seem more or less fluid. I read the empirical examples discussed in this section as reflecting the normalization of governmental intervention in adoptive kinship.

Transnational Adoptees

This section primarily considers the ways that transnational adoptees are discussed. Mitchell Dean (2010) suggests that there is a current trend of individualizing risk in advanced liberal democracies, meaning that risk tends to be desocialized and privatized. From a social policy perspective, there is now a greater concern with identifying citizens who are 'at risk'. Starting with the Swedish case, Börjesson, Palmblad and Wahl (2005) describe a transformation in the relation between government and citizens whereby governmental institutions seek to make citizens (self-)conscious about potential risks. In transnational adoption policy, accounts of risk tend to present certain futures as given. From that point of view, which futures are ascribed to transnational adoptees, and how do these relate to the production of adoptive family kinship more generally?

In the texts, several explicit examples discuss transnational adoptees in terms of risks. Risk works as a measurement of the outcomes of transnational adoption in Sweden. Swedish quantitative studies covering mental health and social adjustment among transnational adoptees form the basis of the arguments, but international research is used as well. The life situation of transnational adoptees is compared to those of nonadopted Swedes, biological children of adoptive parents, children in foster care and children with migrant backgrounds. Whenever risk is discussed as a population issue, the research is searching for the probabilities of certain outcomes (IMS 2007, 182). A general conclusion drawn in the texts is that most transnational adoptees develop and adjust well but that the group is 'over-represented in some areas of disadvantaged development' and that 'the increased risks are redoubled'[22] (IMS 2007, 23–24).

Risks associated with transnational adoptees range from psychological to socioeconomic in nature. The most recently published handbook for social workers states that the group suffers from an overrepresentation in disorganized attachment, a factor assumed to 'increase the risk of future difficulties'[23] (SoS 2008, 173). Various problems are mentioned, including serious mental problems, suicide attempts and suicide (SoS 2008, 19). Furthermore, the research anthology argues that the group runs some risk of problems with regard to 'intellectual development'[24] (IMS 2007, 84). On the social level, it is concluded, adopted children 'run a greater risk than other children of developing serious antisocial behaviour'[25] (IMS 2007, 151). When this kind of behaviour is exemplified in another section, shoplifting, skipping school, sexual harassment and torturing animals are mentioned (IMS 2007, 121). On the socioeconomic level, the report concludes that adult adoptees run a redoubled risk of receiving income support, compared to individuals with similar socioeconomic backgrounds (IMS 2007, 22).

The risks are explained by reference both to 'genetics'[26] (IMS 2007, 125) and to 'environmental factors'[27] (IMS 2007, 125). In the texts, a clear line between these two explanation models is not drawn. With regard to cognitive problems, as well as severe social and behavioural problems, both explanations are used (IMS 2007). The latter problems are, however, explained by the assumed lack of resemblance between the adoptee and his or her social surroundings. It is stated that '[d]eveloping an identity and a sense of self might be difficult when one resembles neither parents nor peers'[28] (IMS 2007, 134). In this example, family resemblance is once more implicitly constructed as protection against certain risks.

Following the IMS (2007), then, it appears that resembling parents and peers would provide a person with a sense of self and with the tools necessary for healthful identity development. This argument reproduces the ideal of the solid base of biological kinship, while adoptive kinship remains an alternative associated with implicit and explicit risks. I suggest that these accounts on transnational adoptees could be read as examples in which risks are desocialized and privatized today, becoming individual traits or characteristics. Frank Furedi (2004, 130) notes that '[t]o be at risk is no longer about what you do—it is about who you are'. Whether the risk is described as caused by 'nature' or 'nurture' is not the point; what is interesting is that the adoptee is ascribed a passive position and is rendered more or less a victim of various risks.

These accounts of risks need to be discussed in the broader context of the material. In Swedish transnational adoption policy, separation from birth family and birth country is constructed as a substantial problem (Andersson 2010). The concept of separation is closely linked to developmental psychology and to attachment theory. According to the latter, early interruptions in attachment to parents or other caregivers have serious consequences for identity formation (Broberg et al. 2008) These perspectives play a prominent role in transnational discourse and practice in the United States as well as in Europe (Herman 2008; Kirton 2000). Herman (2008, 253) has discussed the way the figure of the 'psychologically damaged adoptee' was established as a key figure in the American adoption context in the 1970s, convincing both professionals and family members that attachment problems were an inevitable part of adoptive kinship.

I (Andersson 2010) have suggested that accounts of separation can be read as defining features in the construction of adoptees as vulnerable subjects that characterizes Swedish transnational adoption policy. From this perspective, conceptualizations of risk become a way of accentuating that vulnerability. However, separation involves a paradox. Howell (2006) discusses transnational adoption as a parallel process of de-kinning and kinning. She argues that adoption is made possible because the child available for adoption is seen as socially naked, or de-kinned. Through transnational adoption, the child enters a new kinship relation. The idea of the socially naked child is reproduced in the texts through the reasons that are presented to explain why children are available for transnational adoption:

> They might be born outside of marriage, they might be left because the mother is very young, poor, socially vulnerable and without social support, because the parents have died, or in order for a widowed or divorced mother to remarry. The parents might be facing drug-abuse problems or suffering from mental health problems, and the child might be taken into custody by the authorities. In some countries, children of parents from different ethnic backgrounds are not accepted. In some countries, children with illnesses or disabilities are left to orphanages.[29] (SoS 2008, 17)

Through this quote, the image of an abandoned child deprived of social bonds appears. It is an image implicitly used to legitimate transnational adoption closely linked to the construction of the adoptees' birth countries as 'risk environments'. As Sara K. Dorow (2006, 167) notes, '[a]bandonment and adoption are two sides of the same coin; it is separation and rupture that make adoption possible'. Separation becomes the premise of a break not only from the biological mother or the biological parents but also from the birth country. It is a separation associated with severe risks on various levels. In that sense, the new kinship arrangement appears to exist under threat of the historical event of separation.

LEGITIMATING KINSHIP KNOWLEDGE

In this final analytical section, I read the documents with regard to *how* kinship knowledge is presented. From a governmentality perspective, knowledge production is intimately bound to power. Analysing this element is relevant because doing so provides important clues about the governing of adoptive kinship. In Sweden, transnational adoption research has been dominated by disciplines such as psychology, psychiatry and medicine (Andersson 2010). Because social policy and scientific knowledge are intertwined, Swedish transnational adoption policy is heavily influenced by this kind of knowledge. Critical research involving the structural aspects of transnational adoption has just recently, and only to some extent, been reflected in policy (Andersson 2010). Thus, legitimation of kinship knowledge is undertaken not only by recognizing certain kinds of research but also by marginalizing or excluding alternative knowledge forms.

Looking more specifically into which argumentative devices are used in the texts provides insights into fact construction. One general conclusion is that risk is most often presented as a fact. This is illustrated in the following example: 'Research shows that transnational adoptees to a higher extent than other children display problems that are risk factors for antisocial behaviour [. . .] (Dalen, 2001; van IJzendoorn m.fl., 2005; Irhammar & Cederblad, 2000; Mohanty & Newhill, 2006; O'Brien & Zamostny, 2003)'[30] (IMS 2007, 132).

Potter (1996) discusses ways that statements can be deconstructed using the tool of modalization, which indicates the degree of factuality in a particular account. At one end of the hierarchy of modalization, a description's status can be read as provisional, and on the other end, the status can be read as more or less solid. In the preceding example, two devices are deployed to make the account appear a solid fact. First, the initial formulation on how research 'shows', indicates a slightly positivist orientation, a reading supported by the invisibility of a speaking subject in the statement. Second, the line-up of Swedish and international research at the statement's end solidifies the argument and limits the space for problematizing the statement.

Another important aspect of the texts is the use of statistics, illustrated by the following example:

> Recent Swedish research (Hjern et al.) shows that at least 10% of adoptees develop very severe problems. Suicide is 4.4 times more common in adoptees than in non-adopted siblings and 3.7 times more common among them than in

> the general population. With regard to suicide attempts and psychiatric care, corresponding numbers are somewhat lower (4.2 versus 2.7; and 3.5 versus 2.7, respectively). The risk of adoptees committing a serious crime is 4.8 times higher than that of non-adopted siblings and 1.7 times greater than in the general population. Corresponding numbers concerning alcohol abuse are 2.9 and 2.1, respectively.[31] (SOU 2003, 253)

For the purpose of the present analysis, these numbers are not interesting, per se. What is interesting, however, is the function of statistics in transnational policy in general and in the discursive production of adoptive kinship in particular. Rose (1998) argues that statistics represent a technical form of knowledge that is linked to organizational apparatuses and the population politics of advanced liberal democracies in northwestern Europe and North America. Through statistics, the lives of transnational adoptees are mapped. Drawing on Rose's argument, one might contend that adoptees' individuality is made calculable. The destinies of their lives seem already predicted. As Bal Sokhi-Bulley (2011) notes, statistics can be regarded as a governmental practice that forms a prerequisite for knowing and normalizing the population.

CONCLUSION

The aim of the present chapter has been to explore the discursive production of kinship in Swedish transnational adoption policy. I have considered what conceptualizations of risk do in the discursive production of adoptive kinship and the effects such conceptualizations have in governing familial and national relatedness. Risk has been made a relevant approach and concept on every level of transnational adoption: the practice in general, adoptive family life and the lives of transnational adoptees. What, then, do conceptualizations of risk do? While identifying risks can be seen as a way of acknowledging adoptive kinship, a way for the state to take responsibility for potential problems, these concerns seem to come at a high price, considering the norms that are reproduced.

The discursive positioning of adoptive kinship is complex. Articulations of risk seem to work to both marginalize and privilege the adoptive family. The adoptive family is marginalized through the reproduction of the norm of biological kinship, constructing the adoptive family not as a lesser but as a different family. For instance, the absence of blood ties is considered a source of problems that affect relations between parents and child, as well as the adoptee's identity formation. The bodies of nonwhite adoptees appear as threats to both the stability of the adoptive family and the image of white Sweden. Thus, the possibility of inclusion and relatedness not based on blood is questioned. But while adoptive kinship is marginalized in relation to biological kinship in terms of the grounds of relatedness, it is privileged from the legal perspective. Even though biological kinship is reproduced as the norm, the uneven distribution of rights between the birth family and the adoptive family to the advantage of the latter remains unchallenged.

Finally, the analysis points to an important and deeply embedded paradox concerning the 'origin'[32] of adoptees. On one hand, statements on transnational adoption represent the adoptee's origin as a risk environment for the child; for this reason, it becomes legitimate and desirable to separate the child through adoption from that environment. On the other hand, the same origin is discursively invested with positive values in statements about adoptive families and transnational adoptees. For instance the importance of anchoring adoptees in their background and of integrating knowledge about their birth parents into their lives is stressed, suggesting that this strategy improves the well-being of the adoptees. To the extent that the bodily attributes of nonwhite adoptees are made signifiers of their origin, a transnational adoptee is transformed into a multicultural resource with the capacity to benefit the adoptive family as well as the country of Sweden. To conclude, the origin of transnational adoptees is constructed as simultaneously a risk and a solution to that very risk.

NOTES

1. My translation of '[d]et finns också en risk för att internationella adoptioner bidrar till att bevara strukturer med en föråldrad kvinnosyn och en syn på utomäktenskapliga och funktionshindrade barn, som Sverige inte kan godta'.
2. My translation of 'riskmiljöer'.
3. My translation of 'risk[en] för att barnen blir brickor i ett ekonomiskt spel, som drivs av vuxnas barnlängtan'.
4. My translation of '[d]et är viktigt att slå fast att adoption inte är en riskfaktor utan en skyddande faktor'.
5. My translation of 'särskilda behov'.
6. My translation of 'omsorg and omvårdnad'.
7. My translation of 'stöd'.
8. My translation of 'integrering i samhället'.
9. My translation of 'utanförskap'.
10. My translation of 'stigande ålder'.
11. My translation of 'sjukdom' and 'funktionsnedsättning'.
12. My translation of 'kriser, förluster och trauman'.
13. My translation of 'livsstilsfaktorer'.
14. My translation of 'hälsorisker och (även framtida) föräldraförmåga'.
15. My translation of '[o]likheter mellan föräldrar och barn rör sig inte bara om utseendet. Vissa personlighetsdrag och egenskaper tycks ha en stark ärftlig komponent. För en del adoptivfamiljer kan olikheter mellan barn och föräldrar i temperament eller andra egenskaper ställa till svårigheter. När en förälder känner igen sig själv i sitt barn kan detta också vara något som underlättar anknytningsprocessen'.
16. My translation of 'medvetna om vad det annorlunda utseendet kan medföra'.
17. My translation of 'starka och djupa band'.
18. My translation of 'en särskild relation til ett annat land, en annan kultur och en annan social värld'.

19. My translation of ‘att ge adopterade och deras familjer stöd, hjälp och behandling för problem som är förknippade med adoptionen’.

20. My translation of ‘det är naturligt att behöva stöd och hjälp i omställningen till adoptivfamilj’.

21. My translation of ‘symptom’.

22. My translation of ‘adopterade överrepresenterade i några områden av en ogynnsam utveckling och fördubblad riskökning’.

23. My translation of ‘större risk för framtida svårigheter’.

24. My translation of ‘intellektuell utveckling’.

25. My translation of ‘löper större risk än andra barn att utveckla normbrytande beteende’.

26. My translation of ‘[genetisk[a] uppsättning]’.

27. My translation of ‘miljöfaktorer’.

28. My translation of ‘[d]et kan också vara svårt att skapa en identitet och en känsla för vem man är när man inte ser ut vare sig som sina föräldrar eller sina kamrater’.

29. My translation of ‘[d]e kan vara födda utom äktenskapet, de kan lämnas för att mamman är mycket ung, fattig, socialt utsatt och saknar socialt stöd, för att föräldrarna har dött eller för att en mamma som är änka eller frånskild ska kunna gifta om sig. Föräldrarna kan ha missbruksproblem eller lida av psykisk ohälsa och barnet kan vara omhändertaget av myndigheterna. I en del länder blir inte barn till föräldrar som har olika etnisk tillhörighet accepterade. I vissa länder lämnas barn med sjukdom eller funktionsnedsättning till barnhem’.

30. My translation of ‘[f]orskning visar att internationellt adopterade i högre grad än andra barn uppvisar problem som är riskfaktorer för normbrytande beteende . . . (Dalen, 2001; van IJzendoorn m.fl., 2005; Irhammar & Cederblad, 2000; Mohanty & Newhill, 2006; O’Brien & Zamostny, 2003)’.

31. My translation of ‘[n]y svensk forskning (Hjern m.fl.) visar att åtminstone 10 % av de adopterade får mycket allvarliga problem. Självmord är hos adopterade 4,4 gånger vanligare än hos icke-adopterade syskon och 3,7 gånger vanligare än för resten av befolkningen. När det gäller självmordsförsök och psykiatrisk vård är motsvarande siffror något lägre (4,2 resp. 2,7 samt 3,5 resp. 2,7). För adopterade är risken för att begå ett allvarligt brott 4,8 gånger högre än hos icke-adopterade syskon och 1,7 gånger vanligare än för resten av befolkningen. Motsvarande siffror för alkoholmissbruk är 2,9 respektive 2,1’.

32. My translation of ‘ursprung’, a concept used throughout the material.

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Chapter Fourteen

Real versus *Fictive* Kinship

Legitimating the Adoptive Family

Kimberly McKee

Transnational, transracial adoption's increased popularity from the post–World War II era to present day troubles traditional notions of kinship. In particular, the adoption of nearly 130,000 children from the Republic of Korea (henceforth, Korea) to the United States exposes the complexities of kinship as white families were the primary American adopters, representing an estimated 75 percent of adoptive families.[1] The presence of adoptees in the white American family reinvents heteronormative conceptualizations of white and Asian American families, which are traditionally conceived of as same-race, genetically related units. Yet, even as these families disrupt the standard paradigm of kinship, they reify the notion that families are composed of heterosexual, married parents because only these individuals are legally permitted to adopt from Korea.

Interested in how adoption from Korea destabilizes heteronormative assumptions of family, I investigate the sexual and social reproductive disjunctures produced by transnational adoption as well as how this dissonance impacts the racialization of the family. I employ a meta-analysis to examine how adult adoptees and adoptive parents situate themselves in discussions of transnational, transracial adoption as a nonnormative practice of family formation. Through an analysis of adoptive parents' circumvention of sexual reproduction, this chapter makes two distinct theoretical interventions. First, I argue that a queer theoretical lens exposes the contradictions found in the social reproduction of the adoptive kinship structure. I draw from David L. Eng and Alice Y. Hom's notion of queer as 'a political practice based on transgressions of the normal and normativity' (1998, 1; see also Halberstam 2005). Although adoptive families contribute to the reproduction of the 'family', this construction remains a mere facsimile of *real* kinship because of the obvious transracial composition of the familial unit. Historically, families formed through adoption were known as *fictive* due to their deviation from biological, sexual reproduction in comparison to *real* kinship ties marked by genetic relatedness (Terrell and Modell 1994; Carp 1998; Modell 2002; Herman 2008).[2] Emphasis on biological relatedness reinforces notions of adoptive families as merely a 'less than' version of family in the American landscape.[3] Operating outside legible understandings of kinship because of their circumvention of procreative heterosex, adoptive parents covet legitimacy provided by the traditional kinship rubric.[4] The desire for intelligibility and, by extension, normativity renders the Korean adoptive family queer, even as it creates new avenues to redefine traditional conceptualizations of 'family'. This desire stems from cultural expectations valuing *real* kinship. I position this argument in conversation with Soojin Pate, who discusses the fetishization of adoptees as objects for consumption to sustain the (white) 'heterobiological nuclear family' (Pate 2010, 207–8). Invested in how adoption has an impact on the adoptive family, I focus this line of inquiry on how the adoptive family's social reproduction differentiates itself from the normative kinship structures predicated on procreative heterosex.

Second, I discuss how the adoptee and adoptive family enact racial performativity to prove their 'normalcy' within broader negotiations of 'whiteness' and 'Asianness'. Transnational, transracial adoption disrupts what Kimberly McClain DaCosta calls 'the racialization of the family', which accounts for 'how racial premises came to be buried in our understanding of family, in which genetic-phenotypic sharing is coded to signify cultural sharing, intimacy, and caring' (Elam 2011, 65). I situate the examination of the racialization of the family in conversation with David Eng's discussion of the racialization of intimacy to locate nonnormative bodies, including the adoptive family, within kinship structures (Eng 2010). The racialization of intimacy highlights the erasure of race, whereby race becomes neutral and difference merely accidental in liberal constructions of citizenship. According to Eng, this results in the reinscription of racialized subjects 'into a discourse of colorblindness' (2010, 10). Nevertheless, the racialization of intimacy overlooks how processes of racialization render the family deviant from *real* kinship because of how the racialization of the family is operationalized in society. For example, researchers found 78 percent of adopted Koreans 'considered themselves to be or wanted to be white as children—although the majority grew to identify themselves as Korean Americans as adults' (McGinnis et al. 2009, 5). As a result, the definitions of white and Asian American families must be reframed to account for transracial, transnational adoption. By understanding the legacy of how adoption redefines the meaning of white and Asian American families, this chapter contributes to contemporary discussions of what it means to live in a 'postracial' society.

REPRODUCING THE FUTURE: QUEERING TRANSNATIONAL, TRANSRACIAL ADOPTION

Locating adoptive families as queer formations creates new possibilities to understand nonnormative kinship structures.[5] The Korean adoptive family, in particular, serves as a case study to understand how this dichotomy of *real* versus *fictive* kinship is outdated and limiting, even as it still is implicitly invoked through the use of new reproductive technologies to ensure a couple produces a genetically related child. A queering of the family demonstrates how nonnormative families enter/exit legitimacy and legibility against a metanarrative of normative families—heterosexual, monoracial, genetically related families. I locate adoptive parents as queer in their '[failure] to comply with heteronormative mandates' (Edelman 2004, 17). Transracial, transnational adoptive families are bodies marked as defective in their disengagement from sexual procreation. Through queering kinship formations it becomes clear that even as nonnormative family formations gain prominence in society, *real* kinship hierarchies are sustained and reproduced.

Examining 'the family' disengaged from blood ties shatters the notion of 'family' as a monolithic structure of genetic relatedness and welcomes adoptive families into the kinship narrative. Yet, sexual reproduction continues to be the primary way in which legitimacy is conferred to their kinship structure. The circumvention of sexual reproduction stigmatizes the family as nonnormative even as social reproduction occurs through adoption. Social reproduction, like social parenting, occurs when a nonbiological child is raised within the family as if he or she were the family's biological or genetically related kin. While adoption, as a method for same-sex family formation, may be considered homonormative, heterosexual adoptive parents' normative desires reflect their heteronormative aspirations.[6]

This inquiry centers on how Western (white) married, heterosexual couples are rendered deviant if they fail to procreate genetically related kin via heterosex. I emphasize the nonnormative heterosexual relationship because only married, heterosexual couples may adopt from Korea. This is not to say single individuals and same-sex couples do not adopt transracially or transnationally; however, given this inquiry's interest in the Korean adoptive family, I limit my discussion to nonnormative heterosexual relationships and their perceived deviance in their failure to reproduce some, if not all, of their children gestationally. Even if these adoptive families include biological children, the existence of nonbiological children still marks the family as abnormal because Korean adoptees contribute to the family's transracial existence. Additionally, although adoptive parents may divorce and sexual identification may shift, the heterosexual nature of their marital union remains one of the strict criteria allowing these families in particular to adopt from Korea. Guidelines for adoption from Korea require married couples to be married at least three years and have less than two divorces between them. Furthermore, the United States Department of State notes that '[p]rospective adoptive parents must be between 25 and 44 years old . . . [and] have an income higher than the U.S. national average and be sufficient to support the adoptive child' (Bureau of Consular Affairs 2013).

Given the primacy placed on the sexually reproduced family in mainstream society, queer theory exposes the reproductive disjunctures produced by the adoptive family. The importance of sexuality in traditional kinship echoes Judith Butler's notion of 'futural imaginings' (1993, 228), whereby heterosexuality is explicitly linked with reproduction and, consequently, the future. With this understanding, I draw on Lee Edelman's (2004) interest in reproductive futurism as synonymous with the continued heteronormative reproduction of society. In their failure of procreative sex, the adoptive couple is rendered deviant for not *biologically* reproducing. Adoption circumvents the heart of reproductive futurism, the notion that all human beings want to biologically beget the child, who 'embodies the citizen as an ideal' (Edelman 2004, 11). Yet, Edelman fails to integrate an intersectional analysis, for he centers his analysis on children of 'the predominately white middle and upper-middle classes of contemporary of US culture' (Winnubst 2010, 182). José Esteban Muñoz comments,

> The future is only the stuff for some kids. Racialized kids, queer kids, are not the sovereign princes of futurity. Although Edelman does indicate that the future of the child as futurity is different from the future of actual children, his framing nonetheless accepts and reproduces this monolithic figure of the child that is indeed always already white. (2009, 95)

However, it is precisely because of Edelman's failure to consider racial or class difference that I employ the concept of reproductive futurism to explore the white adoptive couple. The utilization of the implicit white norm mirrors how heterosexism permeates mainstream family ideology as seen in discussions of *real* versus *fictive* kinship. This also accounts for how the phenomenon of transnational, transracial adoption is invested in the production of the 'right' and white family. Edelman's conceptualization of reproductive futurity thus provides a new lens to consider how processes of racialization are employed and deployed within the transnational, transracial adoptive family. While Muñoz's assertion that racialized children are not linked to the reproduction of the future, I contend that adoptive parents' failure at biological reproduction requires the queering of reproductive futurism to account for the ways in which white, married heterosexual couples seek to beget the child outside of procreative heterosex.

DISRUPTIONS OF NORMATIVITY: HIERARCHIES OF KINSHIP

Circumventing the heart of reproductive futurism, Korean adoptive families are outliers that exist at what Butler describes as 'outside the disjunction of illegitimate and legitimate' (Butler 2004, 126). Legitimate under national and state laws, I contend such legitimacy does not necessarily extend into the social realm, where the sexual family metanarrative still exists. Emphasis on biological relatedness situates adoptive families as kinship outliers. Capturing how adoptive parents are not seen as 'real' parents, Jacqueline Stevens writes, '[The] status of genetic relations is what drives the most overriding distinction, so that the absent genetic parents and present genetic parents are both regarded as the "real" or "natural" parents, as opposed to the "adoptive" parent' (Stevens 2005, 70; see also Berebitsky 2000). Consequently, Barbara Katz Rothman notes, 'If you're not ordinary, you have to show just how ordinary a family you indeed are. That "ordinariness" is an accomplishment. You're going to be aware of what most people take for granted' (2005, 6).[7] Adoptive families are required to demonstrate their normalcy, the ways in which they adhere to traditional notions of family to locate the parent/child relationship as comparable to, if not stronger than, that of biological parents and children. This conformity is made most visible in Airplane Day, Gotcha Day or Arrival Day celebrations, which mark the adoptee's arrival to the United States (see Chappell 1997; Dorin Korbus 1999). In many transnational adoptive families, these celebrations are equal to the adoptee's birthday. This is the birth story recounted to adoptees, similar to how accounts of a biological mother's pregnancy and experiences during childbirth are recounted in biologically related families. These celebrations seek to normalize adoption as a legitimate method of family formation. Adoptive families' mimicry of the metanarrative girding common understandings of family reflects their interest in gaining legitimacy and legibility alongside genetically related families.[8]

Yearning for acceptance as a *real* kinship formation, the Korean adoptive family is as a site of repro-narrativity, which Michael Warner defines as 'the notion that our lives are somehow made more meaningful by being embedded in a narrative of generational succession' (1991, 7). The reproductive futurity of repro-narrativity is reflected in Warner's discussion of reprosexuality—'the interweaving of heterosexuality, biological reproduction, cultural reproduction, and personal identity' (1991, 9). Yet, rhetoric concerning the reproduction of a certain kind of raced and classed family shapes the ways in which adoption is an abnormal construction of repro-narrativity. Due to the heteronormative aspirations of adoptive parents, these individuals embody deviant reproduction. I suggest rethinking Warner's concept of reprosexuality to account for how the Korean adoptive family exists on a continuum of deviant heterosexuality (Ting 1995, 277). Discussing Chinese bachelor societies, Jennifer Ting notes these communities were rendered deviant for their nonreproductive and nonconjugal composition when compared to the normative heterosexuality within the ‘family’. The concept of deviant heterosexuality lends itself to understanding adoptive parents’ nonprocreative sex and social reproduction within the conjugal family. At the same time, however, Korean adoptive parents participate in the values of reprosexuality, which causes the adoptee to gain white privilege and cultural whiteness. Because of this complex negotiation of biology and culture, the Korean adoptive family, in particular the parents, embody deviant reprosexuality.

By introducing the concept of deviant reprosexuality, I suggest that reprosexuality must be expanded to account for the social reproduction of family across racial, ethnic, cultural and national borders, whereby the ‘biological mirror’ of parent and child is disrupted (*Adoptees Have Answers* 2010). This differs from the reproduction of the family within multiracial or mixed-race households in that the genetic relationship shared between parent and child provides an opportunity for the continuance of repro-narrativity and normative reprosexuality. Aware that Shelley M. Park (2013) suggests that adoptive families resist Warner’s (1991) concepts of reprosexuality and repronarrativity, I maintain that these families remain complicit in the reproduction of a particular type of family. Adoptive parents participate in reproductive futurity vis-à-vis their investment in reproducing the white, heteronormative family discussed by Warner. Because of their heteronormative aspirations, the adoptive family desires legitimacy as a *real* kinship formation, reflecting their parental desires to beget the child. Queer futurism means both gaining access and attempting and often failing to gain access to a family structure that is read as normative.

Even as Korean adoption complicates heteronormative reproduction, this set of kinship relations replicates existing beliefs regarding *real* kinship based on regulations concerning who shall be permitted to adopt children as noted earlier. These regulations reflect the deviant reprosexuality occurring within the adoptive family as normative kinship standards are applied—the notion that parents must be married and heterosexual. To this end, these families may be less illegitimate than their remarried or single-parent counterparts because adoptive parents of Korean children must adhere to ‘normative’ family requirements. The guidelines automatically construct the Korean adoptive family as facsimiles of *real* kinship for Korean adoptive parents fit idealized assumptions concerning family. Yet, because of the visible racial/ethnic difference found in the majority of these Korean adoptive families, the families’ deviance for not biologically reproducing all, if not some, of its children may render these families illegible as *real* kin structures. Juridical legibility also is not automatically conferred to adoptive families given the separate processes for adoption finalization and naturalization that historically regulated the adoption of transnationally born children.

These two separate processes underscore the limits of adoptive parents—their inability to automatically confer their American citizenship status onto their adopted offspring.[9]

From this perspective, it is evident that hierarchies exist within the monolithic notion of the family. The inclusion of various family formations, such as same-sex families, adoptive families and families formed via the use of assisted reproductive technologies (ARTs) demonstrates how far families have strayed from the metanarrative that undergirds political and social mores. This broader definition of family provides new avenues to locate hetero-, homo- and nonnormative kinship structures, transracial, interracial and intercultural articulations of family. No longer is family predicated on genetics. Configurations of kinship have expanded to encompass a variety of intimacies, giving nonnormative and queer family formations access to family rhetoric. Nevertheless, kinship hierarchies reveal how nonnormative families operate in tension with one another because of the ways in which legitimacy and legibility are bestowed unevenly to these nuclear, kinship formations. For example, even as these families are increasingly visible given the rise of divorced, blended and/or queer families on mainstream television and film, ARTs and adoption impact common understandings of biological relatedness and family.[10] Families formed via ARTs may remain genetically tied, while also circumventing sexual procreation and even gestational motherhood. This family simultaneously is rendered deviant, yet normative for the parents that bypass traditional hetero-procreative methods to biologically beget the child.

Conversely, even as adoption raises concerns over the importance of genetic relatedness, their seemingly normative construction offers the Korean adoptive family access to legibility that may not be extended toward single and/or same-sex families who continue to be pathologized in mainstream ‘family values’ rhetoric.[11] By seeking to recreate legible families through various means, families formed by technology and/or adoption create what Cynthia Enloe terms ‘micro-pyramids of inequality’ (2004, 22). Discussing the power differentials produced under this rubric, Enloe writes, ‘Hierarchies are multiple, because forms of political power are diverse. But the several hierarchies do not sit on the social landscape . . . diversely multiple but unconnected. They relate to each other, sometimes in ways that subvert one another, sometimes in ways that provide each with its respective resiliency’ (2004, 31). Consequently, the legibility provided to adoptive families cannot be universalized.

THE POLITICS OF RACIALIZATION: PERFORMING RACE, PERFORMING FAMILY

Adoptive parents' heteronormative aspirations and deviant reprosexuality require a deeper interrogation of what it means to be in a monoracial family.[12] Because of the 'racialization of the family', adoptees will often examine their adoptive families until they realize that the family is *their* family and representative of who *they are*. This experience is caused by transculturalization, 'the process whereby *individuals* under a variety of circumstances are temporarily or permanently detached from one group, enter the web of social relations that constitute another society, and come under the influence of its customs, ideas, and values to a greater or lesser degree' (Hallowell 1963, 523). The adoptee will make Western culture his or her own, gaining access to white privilege and a culturally white identity, something that is unbeknownst to many nonwhites in the United States and the West. Transculturalization is produced by what I call racial blindness, which accounts for how adoptive parents deploy colour-blind rhetoric, overlook the implications of racial difference in the lives of their children and enact silent racism.[13] Examples of racial blindness include instances when adoptive parents do not address racial difference, refrain from participating in activities related to the child's ethnicity, live in a racially isolated area, ignore their child's questions about their country of origin and operate as if the child had no other life prior to their adoption.

Adoptive families mimic normative kinship to emerge as an 'authentic', *real* family. The act of trying to pass by adoptive families is embodied in other marginalized groups' attempts to 'pass' in heteronormative society, whereby 'whiteness' and 'heterosexuality' are placed in a dominant discourse against 'blackness' and 'homosexuality'. Transnational, transracial adoption raises questions concerning how in praxis the dissonance between the racialization of the family is magnified against the perceived monoraciality of the family because of the white privilege and cultural whiteness bestowed on the adoptee. Korean adult adoptees routinely discuss how their parents were instructed to 'raise them as their very own', which resulted in their assimilation because of transculturalization (Bishoff and Rankin 1997; Cox 1999; Wilkinson and Fox 2002; Lee, Lammert and Hess 2008). For example, in her autobiographical essay, adult Korean adoptee Becca Higgins Swick notes, 'I was raised as a Caucasian. By that I mean that when we talked about family things, we always talked about my mother's and my father's families, so my being Korean was never introduced into the picture' (2008, 76). Such racial blindness ignores the history of racialization in the United States as adoptees encounter how race informs their lived experiences and interactions with institutions and society at large (see Omi and Winant 1994).

The recollections of Korean adult adoptees in anthologies and memoirs demonstrate how adoptees must examine their racial/ethnic status against the white normative framework produced by their transnational, transracial adoptions (see Bishoff and Rankin 1997; Cox 1999; Wilkinson and Fox 2002; Lee, Lammert and Hess 2008). For instance, seeking to 'fit in' as an American, Amy Mee-Ran Dorin Korbus (1999) denied her ethnic heritage while growing up. Stereotyping Asians as quiet and passive, she sought to become 'American' through her outspokenness. Similarly, Loey Werking Wells aptly summarizes the difference between adoptees and other Asian Americans, noting, 'I knew by my looks alone, and my status as a Korean adoptee, I was not really the WASP I was being brought up to be' (1999, 120). Kari Ruth echoes this sentiment, noting, 'I get mistaken for a Korean a lot' (1999, 75). In their performance of 'whiteness', adoptees represent what Butler describes as 'an ideal that no one *can* embody' as the parody of 'whiteness' fails in its mimicry (Butler 1990, 139; see also Hübinette 2007, 143). For the adoptee can never *be* white, in that they will never gain 'white' physical countenance, even if he or she obtains cultural whiteness.

In response to adult adoptees' reports of the negative effects of transculturalization processes, 'culture keeping' emerged within adoptive families as an effort to partially replicate 'the cultural education internationally adopted children would receive if they were being raised within a family of their own ethnic heritage' (Jacobson 2008, 2). This practice may only provide certain aspects of the culture to the adoptee. For example in researching 'culture camps', Lori Delale-O'Connor writes, '[T]hese camps make explicit the types of culture that are valued in American society . . . [and] highlight those aspects of children's birth cultures that do not contradict or create dissonance with mainstream American culture' (Delale-O'Connor 2009, 204). While culture keeping appears beneficial, ethnic commodification allows adoptive parents to explore and appropriate specific aspects of 'authentic' Asianness into their families vis-à-vis tokenistic inclusion.[14] Nevertheless, Sara Dorow found some adoptive parents of Chinese children practiced cultural immersion, whereby parents 'constructed their families as transnational, transcultural, and transracial, transmitting to their children what they saw as a more authentic choice of moving among China, Chinese America, and white (or multicultural) America' (2006, 228). Even as adoptive parents celebrate their multicultural families through practices of culture keeping or cultural immersion, it is unclear if these methods provide adoptees the tools to successfully navigate the world as a person of colour. The effects of such practices will not be seen until adopted persons raised at the turn of the twenty-first century enter adulthood en masse and recount whether processes of transculturalization had an impact on their lives.

The adoptive family pushes the boundaries of traditional kinship due to its disruption of the aesthetic continuity of whiteness and deviant reprosexuality. Whiteness can no longer be viewed in a binary construction of white versus non-white. Instead, whiteness becomes blurred, whereby the social construct of whiteness becomes broadened to incorporate culturally white identities. While Eng argues that these families embody the racialization of intimacy, this framework provides no recourse to account for adoptive parents' ability to impart a positive racial or ethnic identity on the adoptee because of an assumption that racial difference is silenced within the family. To this end, Eng alludes to the adoptive family as incapable of being viewed as Asian American since many of the adoptive parents of Korean children did not identify themselves with 'their children's Asianness' (2010, 151). Nevertheless, I maintain that the adoptive family is Asian American. By focusing only on whether the adoptive parents view themselves as racialized subjects ignores the racialization that occurs when the adoptive family as a whole is viewed by society at large. Because the adoptee is continually read as Korean/Asian through the involuntary racialization process, the adoptive family is unable to pass as a *real* kinship structure. Discussing her personal experiences with domestic, transracial adoption, Barbara Katz Rothman writes, 'As long as there is a color line in America, we'll be straddling those worlds, and white families will have to raise their black children for worlds their mothers and fathers can never fully enter' (2005, 22). While Katz Rothman believes that she and her partner are unable to fully enter this world, I argue that these families do become part of Asian America, or in the case of Katz Rothman, these families become part of black America. By adopting transracially and transnationally, Korean adoptive parents must look inwards and examine the ways in which white privilege circulates and permeates their lived experiences and its impact on their children. Through self-reflexivity adoptive parents gain the ability to empathize with the racist encounters adoptees face. The lack of monoraciality propels the adoptive family to be reinscribed into the Asian-American family.

As Asian-American identity is reinvented to ensure the experiences of adoptees are included to reflect the changing demographics of Asian Americans, the notion of the Asian-American family must change as well. If the child is reinscribed into understandings of who is Asian American within the nation, then it is only plausible that their families can be viewed as Asian American. These families, while not Asian American in the traditional sense in their deviation of monoraciality, embody the twenty-first-century Asian-American family, a family that is not inclusive of two biological parents of Asian descent. Adoptive families are also joined by mixed-race families in this sense for both rewrite historical understandings of what it means to be authentically Asian American (see Spickard 1989).

CONCLUSION

Overall, this chapter addresses how the terms *fictive* and *real* have been reconfigured to create hierarchies within family formations concerning their ability to mimic heteronormative, real kinship formations. Not only do adoptive families disrupt common understandings of the genetically related family, these kinship formations also complicate the racialization of the family as a monoracial unit. The performative nature of the heteronormative family underscores the importance of how racial difference renders the family *fictive* in a world predicated on biological relatedness. Furthermore, the adoptive family fails to adhere to traditional scripts of whiteness in its departure from heterosex. Nevertheless, in this chapter, I demonstrate how the Korean adoptive family exists as a privileged site of kinship.

Only through reading these families as queer and nonnormative will new interventions be made to understand how sexuality, reproduction and kinship remain intertwined. Embodying deviant reprosexuality, adoptive parents may desire to complete reproductive futurism even as their families transgress monoracial understandings of family. By rupturing the constructed nature of traditional kinship, adoptive parents demonstrate the dissonance created by the transracial adoption of Korean children into white families. Adoptive parents become entangled in issues of racial difference in the disruption of the traditional white family. At the same time, their desire for normativity obscures parent/child racial difference. This racial silencing accentuates how the adoptee and the family remain marked by their transracial existence. Nevertheless, dominant discourse does not inhibit the development of an Asian-American identity for the adoptee or the family. Marked as queer, adoptive families become racialized even if the parents do not embrace this racialization much like how the adoptee undergoes involuntary racialization.

Although this inquiry centers on adoptees in white families, I recognize a deeper exploration of adoptees that entered black and Asian families is necessary and will produce new insights into how processes of racialization occur in the United States. For example, Korean adoptee firefighter Emile Mack was profiled by *KoreAm* magazine about his experiences growing up in a transracial, African-American home. Mack recalls that '[t]here were people who didn't know me or my family, and they didn't tease me because I had black parents, but they teased me because I looked Asian. So it was the typical thing, "Hey Chinese, hey this, hey that." And then my friends would respond, "He's black!! His parents are black, leave him alone!!"' (Eun 2011). Exploring the Korean-black experience for adoptees will add depth to existing studies engaging Korean-black relations following the 1992 Los Angeles riots. At the same time, discussing Korean adoptees' entrance into the Asian-American family will add new insights into how these families may be similar to same-race domestic adoptive families predicated on race matching. The performative nature of these families may be in some ways more complex for the adoptee, unlike their counterparts in transracial families, may lack knowledge of their adoption or because of the intraethnic difference feel more Chinese American than Korean American, for example. Reaching out to this community of adoptees and their families in the future will also serve as a comparison to the experiences of intraethnic and interracial families outside of the dominant norm pervading Asian-American interracial marriages.

NOTES

1. A study conducted of attendees at the First International Korean Adoptee Association Gathering found that three-quarters of adoptees entered white families (Freundlich and Lieberthal 1999).

2. Because of this construction of *fictive* kinship, since the first modern adoption statute passed in Massachusetts in 1851, adoption practices in the United States became shrouded in secrecy, leading to the normalization of closed adoptions (Berebitsky 2000). To shield their perceived abnormality, adoptive families were originally formed via race matching as any visible difference would mark the family as deviant. Race matching remained so stringent that families and babies would not only be matched based on race and phenotype but also be matched via the religion of both the adoptive and biological parents.

3. Addressing the binary of *fictive* versus *real* kinship, Shelley M. Park notes, '[A]doptive relationships . . . until recently, were governed by the principle that such relationships should mimic . . . the relationships of the biological kinship unit' (2006, 176). This assertion acknowledges the historical marginalization of families who differ from the traditional 'natural' family narrative.

4. I draw on the work of Judith Stacey (1996, 2011) as she explores how divorce, remarriage and civil partnerships serve as a source of new, complex kinship relationships.

5. Judith Butler asserted queer theory's fluidity: 'If the term "queer" is to be a site of collective contestation . . . it will have to remain that which is, in the present, never fully owned . . . redeployed, twisted, queered from a prior usage' (1993, 228). See also Edelman (1995), Sullivan (2003) and Giffney (2004).

6. Focusing on nonnormative heterosexual families, a queer theoretical approach to the social reproduction of the family raises the argument of whether Korean adoptive parents are homonormative in their desire to create and sustain 'an authentic family'. Jasbir K. Puar writes, 'Homonormativity can be read as a formation complicit with and invited into the biopolitical valorization of life in its inhabitation and reproduction of heteronormative norms' (2007, 9). Homonormativity is traditionally deployed to describe the ways in which lesbian, gay, bisexual, transgender and queer populations strive to mimic heteronormative relationships via marriage and/or adoption, for example. Nevertheless, queer theorist Michael Warner notes, '[Q]ueer struggles aim not just at toleration or equal status but at challenging those institutions and accounts' (1993, xiii). Desiring legitimacy within the state, I argue homonormative kinship structures remain differentiated from other same-sex couplings in their similarity to the heteronormative family for both are implicitly raced and classed as white, upper-middle-class formations. For more on homonormativity, see Duggan (2003) and Puar (2007).

7. Similarly, Sharon Elizabeth Rush contends that '[a]lthough nontraditional families are more socially acceptable today than they were in the 1960s, most members of society seem to adhere to the ideal of the traditional family. It is still preferable that mom and dad are married to each other and have their own children' (1993, 106).

8. Marked by their lack of a genetic relationship, adoptive families strive to pass 'like everyone else' within the existing kinship framework (Fogg-Davis 2002, 74). Discussing her family's effort to 'pass', Kristy Ferguson writes, 'There's a photo of us picnicking in the garden with friends. We look like a real family. People who have just met us express genuine surprise when they learn the children are adopted' (2003, 26). In efforts to shed her family's fictive

status, Ferguson reinforces heteronormative notions of family as physically and racially similar.

9. This is particularly evident given the plight of adoptees at risk for deportation because of their status as undocumented immigrants because their parents or guardians failed to naturalize them as children. Jennifer Kwon Dobbs, Caitlin Kee and Kristin R. Pak (2012) document that at least thirty of the most pressing adoptee deportation cases have garnered media attention.

10. For example the ABC primetime sitcom *Modern Family* follows a 'traditional' nuclear family, one marked by divorce and interracial marriage and a gay couple with an adopted daughter from Asia.

11. To this end, Judith Stacey writes, 'White, middle-class families . . . are less the innovators than the propagandists and principal beneficiaries of contemporary family change. African-American women and white, working-class women have been the genuine postmodern family pioneers, even though they also suffer from its most negative effects' (1998, 252).

12. Unlike mixed-race families, who at the outset recognize their transracial or multiracial composition, the transracial, transnational adoptive family desires to gain legitimacy within *real* kinship structures based on genetic and racial connectedness.

13. Barbara Trepagnier defines silent racism as 'unspoken negative thoughts, emotions, and assumptions about black Americans that dwell in the minds of white Americans, including well-meaning whites that care about racial equality' (2006, 15). Silent racism speaks to Eduardo Bonilla-Silva discussion of *white habitus*, 'a racialized, uninterrupted socialization process that *conditions* and *creates* whites' racial taste, perceptions, feelings, and emotions and their views on racial matters' (2010, 104).

14. Ethnic commodification risks 'eating the other' (hooks 1992). In the case of Asian adoptees this may occur when the notion of culture remains static or representative of a singular Orientalized perspective.

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IV

Kinship (Re)Imagined

Chapter Fifteen

Reimag(in)ing Life Making, or Queering the Somatechnics of Reproductive Futurity

Nikki Sullivan and Sara Davidmann

Rather than conceiving kinship as biological, it is now possible, argue Sarah Franklin and Susan McKinnon, to (re)imagine kinship as 'self-consciously assembled from a multiplicity of possible bits and pieces" (2000, 276).[1] From this perspective, kinship is performative; it is 'a set of practices that institutes relationships of various kinds which negotiate the reproduction of life and the demands of death . . . that . . . address fundamental forms of human dependency, which may include birth, child-rearing, relations of emotional dependency and support, generational ties, illness, dying, and death (to name a few)' (Butler 2002, 14–15). From the lives we have lived and the perspectives we inhabit, kinship (as a set of practices rather than a thing in itself) appears to us to be complex, messy, "provisional, [and] permanently emerging" (Haraway 2004a, 2), something which often invokes profound feelings of ambivalence (see Pidduck 2009). But despite this, dominant images and/or imaginaries repeatedly configure kinship as a set of ideal familial relations in which one is (naturally) included or from which one is (naturally) excluded. Our aim in this chapter is to articulate this messiness and, in doing to so, to trouble the somatechnical[2] imaginaries that regulate life making in the most profound ways.

INTRODUCTION: SETTING THE SCENE

In late 2011 we attended the Alternative Families Show in London's Covent Garden. The event, described in the promotional literature as 'for would be parents and for families already set up', consisted of twenty-nine seminars addressing a wide range of issues including surrogacy, in vitro fertilization (IVF), fostering, adoption, family law, single parenting, coparenting, assisted fertility, support networks, sperm donation and banking, queer-friendly schools, and changing perceptions of alternative families.[3] While the event was both interesting and informative, the thing that struck us most was the total absence of trans*: there were no openly trans*-identified speakers; there was no discussion of how trans* status(es) may have an impact on and/or be affected by institutional protocols or laws around adoption, assisted fertility, the naming of parents on birth certificates and so on; there were no activist or support networks present that organize primarily around trans*; there was no conception, it seemed, of the fact that (some of) the 'gay men' and 'lesbians' being addressed in the seminars might be trans* people (and that this might, in fact, trouble normative binary conceptions of sexuality), but there was, of course, countless references to 'the lesbian, gay, bisexual, transgender and queer (LGBTQ) community'. Indeed, when one of us asked a speaker (who was an advisor and trainer consultant at a leading UK adoption organization) why the issues that trans* people wanting to adopt might face had not been addressed in his talk (on LGBTQ adoption), and if and how these issues may be different (or not) from those faced by, for example, cisexual lesbian couples or single cisexual gay men, the answer he rather apologetically gave, was that this was a situation that he was unfamiliar with (although not unsympathetic to) and that the organization for which he worked would probably need some guidance on. Why, and how, we wondered, would (or could) an event for and about 'alternative families' be silent on the issue of trans* people and/or kinship? And what might this glaring omission—to which the organizers seemed strangely blind—suggest about the dominant ways in which the relation between bodies, genders, sexualities and kinship has been imagined and about the enduring nature of such configurations even within contexts deemed 'alternative'?

Although trans* parents and/or kinship (however defined) may be everywhere, such ways of being are no more present in the popular imaginary than they were at the 2011 Alternative Families Show. The exception, of course, being Thomas Beatie, the (in)famous 'pregnant man' whose image was emblazoned across the mediascape for a few short months in 2008/09, bringing in its wake a tirade of abuse, as well as the odd note of congratulation. Beatie was not, as he may have claimed, the first transman to be pregnant, but his appearance in the popular domain as both pregnant and a transman was, in many ways, exceptional. The now-well-known image of Beatie pregnant at once confounded normative expectations about reproduction and about the relation between so-called sexed bodies and gender identity and made such expectations visible and open to scrutiny. As such, the image of Beatie pregnant—and the ways in which it was disseminated—proved, for many, to be disorienting: Beatie was called a 'freak'; was accused of being insensitive to the needs and well-being of his future daughter, of being a media whore, of diverting attention away from more important trans* issues and of sullying the image of transpeople in much the same way that the so-called lavender menace allegedly threatened the political viability of second-wave feminism, as well as, occasionally, applauded for his bravery, his commitment to making visible trans* families and/or pregnancy and calling for recognition. In short, the reception that the pregnant Beatie received was mixed, but not, we would argue, largely 'quite positive and confirm[ing of] a preference for loving parents over gender-conforming parents' (Halberstam 2010, 77 [AQ56]).

While there may be much that is questionable about Beatie's handling of his situation, the fact remains that the appearance of a pregnant transman, and later of Beatie with his (growing) 'family', raised a whole raft of questions that continue to have resonance for any attempt to challenge heteronormative imaginaries and the very real material effects they engender. At the same time, the Beatie spectacle (as it very quickly became) raised the stakes in the question of how we might reimag(in)e queer[4] kinship, and its relation to trans* *otherwise.*

Taking as our starting points the Beatie affair, and our experience of the 2011 Alternative Families Show, we use both written text and photographs[5] [AQ57] to explore the possibility of reimag(in)ing trans* kinship or life making, of generating what Donna Haraway describes as 'effects of connection, of embodiment, and of responsibility for an imagined elsewhere that we may yet learn to see and build here' (Haraway 1992, 295 [AQ58]). This entails a critical engagement with what we, drawing on the work of Haraway, see as the 'reproductive optics'—the normative ways of seeing and of knowing—that underpin and shape both responses to the figure of the pregnant Beatie, and the vision of 'alternative families' made manifest at the previously mentioned event. Moving beyond a 'positive representation' model of political intervention, our aim is to articulate what Haraway calls a 'diffractive[6] optics'—a queering or disorienting seeing/knowing—to envision 'a regenerative politics for inappropriate/d others' (Haraway 1992, 299). Rather than reproducing the same old imaginaries (e.g. of sex as biological, gender as cultural, sexuality as dichotomous, pregnancy as something that only women can do, of the subject as singular and self-defining, of 'reality' as an empirical fact, etc.), following the well-trodden paths (of intelligibility) given to us, and by which we gain 'recognition', a diffractive optics functions as a sort of ethico-political caesura which disorients, scrambles or cuts the somatechnical lines of privilege that constitute certain morphological futures as 'freakish', as abject, as necessarily excluded, by opening them up to scrutiny.

REPRODUCTIVE FUTURITY, DEAD CITIZENSHIP AND QUEER LIFE MAKING

The building of worlds, the making of life(s), always occurs in the context of worlds built but is never complete. These worlds, in the shape of bodies, go by various names—the family, the nation, the global community—and their imagined terrain is most often staked out, as Lauren Berlant notes in her work on sexual citizenship, through the lens of futurity. Central to the nation form's present ways of establishing its dominion over the future, agues Berlant, is reproductive heterosexuality and the family. Reproduction and generationality, she writes, 'are the main vehicle by which the national future can be figured, made visible, and made personal to citizens otherwise oblivious to the claims of a history that does not seem to be about them personally. . . . [N]ational culture industry [or what we want to think of as somatechnical imaginaries] . . . generate paramnesias, images that organize [bodily-being-in-the-world] . . . not by way of explicit propaganda' (2004, 58–59), but rather, by smoothing over complexities, contradictions, contingencies; simplifying histories, memories, relations; forgetting heterogeneity; replacing the messiness of life making with 'images of normal culture that "the people" are said already to accept' (2004, 59). In the fantasy world of national culture, citizens, claim Berlant, 'aspire to dead identities—constitutional personhood in its public-sphere abstraction and suprahistoricity . . . Identities not live, or in play, but dead, frozen, fixed, or at rest' (2004, 59). Keeping in mind Berlant's analysis of the mutually constitutive character of individual bodies and social bodies, as well as her persuasive critique of 'dead citizenship', our approach in this project is neither to uncritically deploy identity categories such as transgender, lesbian and so on nor to attempt to do away with them. Instead, in what has come to be understood as a Butlerian move, we want to simultaneously invoke existing identity categories and attempt to re- or disorient them, to breathe new life into them, if you will.[7] [AQ59] In this, our project is in keeping with the work of transsomatechnics, as envisaged by Susan Stryker, as 'direct[ing] emerging transgender scholarship in expansive new directions by at once acknowledging and articulating the situated history(s) of trans as both a contested concept and the site of lived embodiments, and calling attention to "trans-" as a more general conceptual operation',[8] one that is necessarily kinaesthetic (i.e. 'live', in motion, rather than 'dead').

To Breed or not to Breed: Is that the Question?

There has, of late, been much discussion in academic and activist circles about the raising of children by LGBTQ folk.[9] On one hand, some LGBTQ folk and their supporters have argued that they are no less fit to 'parent' than those deemed unambiguously heterosexual. The claim has also been made that given the seemingly large number of children in the world in need of care, it is irrational, if not unethical, to exclude people from the role and/or status of 'parent' on the basis of sexual and/or gender identity and to deny the children effected by such an exclusory move the right to a 'happy, healthy, home' and to the love that LGBTQ families can, and do, provide. At present, these arguments seem to have gained some traction, although their acceptance is uneven as can been seen in the regulation of adoption (for an account of trans* kinship practices in French Polynesia, see Zanghellini 2010). For example, in the UK, people who identify as LGBTQ are no longer legally excluded from fostering or adopting children, at least not on the basis of their sexual and/or gender status.[10] The situation in Australia is, however, notably different vis-à-vis adoption. Although LGBTQ folk can and do foster children, the likelihood of being able to adopt children within Australia is negligible. This may be partly because so few children in Australia are put up for adoption. In 2010–11, 384 adoptions took place in Australia, 80 percent of which involved children from overseas (mostly Asian countries).[11] In the same period, in the United Kingdom, approximately 4,550 adoptions took place.[12] But clearly the low number of children available for adoption in Australia is not the only factor. On its adoption pages, the NSW Family & Community Services website states, 'Birth parents are involved in the selection of adoptive parents for their child. They usually request placement with a mother and a father, so it's unlikely that single people or same sex couples would be selected for placement.'[13] We can only imagine that, had the existence of trans*-identified people not fallen off the radar of the NSW Family & Community Services, they too would be explicitly mentioned here as another example of what most adoptive parents would allegedly regard as 'undesirable' or, at least, less than ideal. The current situation in Queensland differs from that of New South Wales in that same-sex adoption—even of a partner's child—is prohibited by the Adoption Act 2009.[14] And it is important to remember that the asymmetries that we are highlighting here occur in a national context in which a transperson's chosen gender designation can only be legally recognized if that person has undergone surgical procedures which render them infertile.

What interests and concerns us about the ways in which the somatechnics of adoption operate, particularly in contexts where adoption by LGBTQ folk is not legislatively prohibited (as it is, e.g., in Queensland, New Zealand,[15] Italy, Latvia, Peru, Cuba and some African nations), is the fact that such technologies continue to be firmly rooted in, and to reproduce, dominant imaginaries. Such imaginaries, as we all know, constitute 'the family' as a singular ideal consisting of one monogamous, cisexual, gender-conforming, able-bodied woman; one monogamous cisexual, gender-conforming, able-bodied man (preferably both white, both middle/upper class, both not too

Sid and the Birth of JD, Sara Davidmann.
Digital print, 252 inches x 4 inches, 2010. © Sara Davidmann.

young and not too old, although he should be slightly older than her); and their biological offspring (and there should not be too many of those either). Unsurprisingly, children raised by those who do not live up to this largely unachievable ideal are perceived by conservatives as being at risk of sexual and/or gender confusion, promiscuity, substance abuse, depression, suicide, losing a parent to AIDS and so on.[16] More troubling still is the fact that even in relatively mainstream (as opposed to far-right) imaginaries (most) LGBTQ folk continue to be constructed—as if by sleight of hand—as 'less than ideal/desirable' candidates for the raising of children. This is apparent in the quote from the NSW Family & Community Services mentioned earlier, and we contend in the somatechnologies of LGBTQ adoption in the United Kingdom. While not being able to elaborate this argument in the kind of detail we would like to here, we nevertheless want to suggest that for the most part, the recruitment of LGBTQ adoptive parents has not been informed by a commitment to equality, to antidiscrimination, to LGBTQ rights and so on, and this is perhaps best illustrated by the (often implicit, but none the less generative) coupling of LGBTQ adopters (as less than ideal) with 'children with special needs' (as less than ideal). In saying this, we are not suggesting that LGBTQ folk have only been able to adopt children with special needs or that they are actively discouraged from applying to adopt children who do not have special needs. What we are suggesting is that in a context in which a growing proportion of children put up for adoption are now classified as having special needs, and where the designer-baby-as-commodity is an increasingly visible ideal, it is perhaps not incidental that adoption is being opened up to LGBTQ folk and that, in fact, in some contexts LGBTQ folk are explicitly designated as a market to be targeted.

At the same time that there is a push for greater access to the large range of technologies that enable individuals to be involved in the birthing and/or the raising of children and to be recognized as playing a key role in those processes, we have noted a tendency—not uncommon in seemingly queer circles—to condemn (or, at least, to be suspicious of) the decision or the desire to raise children as one which takes on and reaffirms heteronormative values and lifestyles. This tendency is apparent in Judith Halberstam's 'antisocial' critique of what she refers to as the 'homonormativity of the . . . lesbian baby boom' (2003, 331), in which she claims that the queer uses of time and space associated with, for example, the lifestyle of riot grrrls or queer-identified punk musicians (who do not, it seems, have babies/children), 'develop in opposition to the institutions of family, heterosexuality, and reproduction' (2003, 331). The epistemology of youth embraced by such groups and embodied in their lifestyle choices, claims Halberstam, 'produce[s] alternative temporalities by allowing their participants to believe that their futures can be imagined according to logics that lie outside of the conventional forward-moving narratives of birth, marriage, reproduction, and death' (2005, 2). Although not wholly in disagreement with Halberstam's critique of reproductive futurity, we feel that her account conflates the queer, the subcultural, with nonparenting, thereby wedding the raising of children (and/or the desire to do so) ever more firmly to heteronormativity (or homonormativity[17]). In short, Halberstam offers us what we perceive to be a problematic choice between radical queerness and hetero-/homonormativity.[18] What the charge of homonormativity forgets, of course, to borrow a claim from Donna Haraway, is that 'very rarely does anything really [or simply] get *reproduced*; what's going on is much more polymorphous than that' (2004b, 69).

> The challenge we set ourselves in this project is a very different one: we want to know how to inhabit histories and [imaginaries] . . . rather than deny them . . . to know how critically to live both inherited and novel kinships, in a spirit of neither condemnation nor celebration. [We] . . . want to know how to help build ongoing [imaginaries] rather than histories that end. In that sense, [our] kinships are about keeping lineages going, even while defamiliarizing their members and turning lines into webs, trees into esplanades, and pedigrees into affinity groups. (Haraway 2004a, 1)

To put it more simply, we want to reimage(ine) life making in ways that queer the somatechnics of reproductive futurity such that the raising of children (and/or the desire to be involved in the raising of children) is not reinscribed as innately heteronormative (or homonormative) and therefore politically untenable.

Imaginaries

In her landmark book, *Imaginary Bodies*, Moira Gatens uses the term *imaginary*

> to refer to those images, symbols, metaphors and representations which help construct various forms of subjectivity [and sociality,] . . . [to] those ready-made images and symbols through which we make sense of social bodies and which determine, in part, their value, their status, and what will be deemed their appropriate treatment. (1996, viii)

For Gatens, then, individual and social bodies are imaginary insofar as they are culturally produced and mutually constitutive. Gatens's analysis of the often-unconscious social imaginaries that shape our being-in-the-world in contextually specific ways draws, interestingly, on Michèle Le Doeuff's understanding of the inextricability of knowledge and perception in philosophical imaginaries (the object of her critical attention in *The Philosophical Imaginary*). Le Doeuff writes, 'Imagery and knowledge form, dialectically, a common system. Between these two terms there is a play of feedbacks which maintains the particular regime of the discursive formation' (cited in Gatens 1996, ix). In other words, insofar as imaginaries are embodied they shape, at the most profound level, what we see/know and how we see/know it. Imaginaries engender life in and through images—whether literal or metaphoric, conscious or unconscious—that naturalize (and are taken as the natural expression of) some modes of being-in-the-world, and simultaneously abject others from the domain of the intelligible, the possible, the plausible, the imaginable. In short, imaginaries 'matter', in the Butlerian sense of the term, as Luce Irigaray's work has so persuasively demonstrated.

In our respective roles of image maker and critical theorist we have spent much time exploring the ways in which we might queer dominant imaginaries: for one of us, this has involved producing images that aim to 'trouble' artistic conventions and the forms of subjectivity and sociality they engender. For the other, it has meant critically interrogating the somatechnics of perception and asking not simply how others might see us differently, but, more particularly, how we might see 'otherwise'. This project brings together these various practices and political commitments in an attempt to reimage, or reimagine, life making. As such the project involves both the creation of images, and the articulation of an*other* optics, the aim of which is to queer. It is our contention that this sort of double-strand approach is necessary to an attempt to somehow reconfigure dominant social imaginaries, in particular, those concerned with 'kinship'. And the reason for this necessity becomes clear if we turn once more to the Thomas Beatie case.

The Affective Power of the Image

As antiabortion campaigners know only too well, the image of a dead foetus is worth a thousand words (Petchesky 1987, 263 [AQ60]). The strategy of antiabortionists, argues Rosalind Petchesky, is 'to make fetal personhood a self-fulfilling prophecy by making the fetus a *public presence*' (1987, 264). And this presence or materialization whereby the foetus is endowed with the status of the visibly self-evident, is largely (or, at least, most effectively) achieved in and through visual imagery. Such imagery, Petchesky claims, haunts not only the public and private spaces through which we move, but the imaginaries through which we perceive those spaces and the actions, encounters, identities that both shape them and are shaped by them. Petchesky's insights regarding the profoundly affective character of the images deployed by antiabortion campaigners could be applied equally well to the now infamous image of 'Beatie pregnant' that was endlessly reproduced in media reports (and elsewhere) following the story that appeared in *The Advocate*. Indeed, it is our contention that without that image, or at least an image of some sort, the Beatie phenomenon would likely have unfolded very differently. Like the image of the dead foetus, 'Beatie pregnant' continues to haunt popular imaginaries long after most people have ceased to care about or even remember 'Beatie the man'. 'Beatie pregnant' becomes a public presence which figures not so much what we must fight to save (as in the figure of the dead foetus) but, more precisely, which threatens what has largely been taken to be the visibly self-evident truth of reproductive futurity.

What Petchesky's work, and even a cursory glance at the Beatie media circus show us, then, is that images move us, they orient—and, of course, disorient—us. Or, to put it slightly differently, imaginaries function in and through emotional investments 'which are "taken on" and "taken in"' (Ahmed 2004, 146) by those who inhabit them and are inhabited by them. In her landmark book *Queer Phenomenology* Sara Ahmed states that 'the concept of "orientations" allows us to expose how life gets directed in some ways rather than others, through the very requirement that we follow what is already given to us. For life to count as a good life . . . it must return the debt of its life by taking on the direction promised as a social good' (2007, 21).

Orientations, as understood here, are less natural inclinations, innate ways of seeing or being, than the performative effect of the work of inhabitance or dwelling with; orientations shape and are shaped by our 'bodily horizons' or 'sedimented histories' and thus are necessarily corporeal and situated. If we turn away in horror from the image of a dead foetus, a pregnant man, deep-fried tarantula or a bloody side of beef, it is because the public presence of such things sits queerly with the imaginaries that make us be. As Butler, Merleau-Ponty, Ahmed, Heidegger and others have explained, insofar as our orientations, our (dis)positions, the embodied place(s)/perspective from which we engage with others and a world are given to us, and become sedimented in and through repetition, they become 'naturalized' such that the histories that 'make us be' disappear from view. As a consequence, it (may), for example, appears (appear) 'natural' to some to feel nauseous or physically shaken when faced with moving images of a baby being circumcized even though such a response may appear strange or even incomprehensible to someone in an *Other* perspective. To put it slightly differently, in and through the processes of inhabit(u)ation, of embodying contextually specific imaginaries, certain things (i.e. 'objects', ways of thinking, styles of being, forms of life making and so on) become available to us, while others are constituted as 'a field of unreachable objects' (Ahmed 2007, 15), as abject(ed). Thus, as Ahmed explains, 'we do not have to consciously exclude those things that are not "on line". The direction we take excludes things for us' (2007, 15).

Nowhere is this process of orientation and disorientation more clearly illustrated, we suggest, than in the literal mountains of internet responses to the image of 'Beatie pregnant'. But before we address these, we want firstly to make it clear that in this paper we conceive 'Beatie' as a figure (rather than as an individual in all his heterogeneity). We do not presume to know Beatie, nor are we interested in making suppositions about him, his ‘real’ relations with his family, his motivations for appearing in the media and so on. Indeed, the assumption that one could know these things in any absolute sense is, for us, inherently problematic. So what exactly do we mean when we say that for us ‘Beatie’ is a figure? The concept of figuration, writes Claudia Castaneda, makes it possible to analyse

> in detail, the process[es] by which a concept or entity is given particular form—how it is figured—in ways that speak to the making of worlds. To use figuration as a descriptive tool is to unpack the domains of practice and signification that are built into each figure. A figure, from this point of view, is the simultaneously material and semiotic effect of specific [somatechnical] practices. Understood as figures . . . particular categories of existence can also be considered in terms of their uses—what they ‘body forth’ in turn. Figuration is thus understood here to incorporate a double force: constitutive effect and generative circulation. (Castaneda 2002, 3)

Haraway puts it slightly differently but no less poignantly when she suggests that ‘figures collect up hopes and fears and show possibilities and dangers. Both imaginary and material, figures root peoples in stories and link them to histories’ (Haraway 2004a, 1) and, we would add, to futures. Drawing on the work of Castaneda, Haraway, and others, we suggest that although the figure of ‘Beatie pregnant’—as the effect and vehicle of a range of (nonunified) somatechnologies of life making—may, in one sense, root us to inherited lineages, it can also, with the aid of optical instruments developed by feminist and queer theorists, interfere in such lineages, making potent connections and novel kinships.

The ‘Aaahhhhhh’ and ‘Eeeeeeeeww’

While there have been many and varied responses to ‘Beatie pregnant’, two are reiterated with remarkable frequency. They are what we want to think of as the ‘aahhhhhhhhh response’ and the ‘eeeeeeeww response’. Examples of the aaahhhhhhh response include the following posts from *The Advocate* website:

1. ‘i think it is beautiful what you have done! To be in love enough to do something so wonderful for your wife is amazing! No matter what anyone says...you and your wife are in love . . . and the baby will be in a loving environment [*sic*]! i wish you both the best of luck! . . . your story really touched me . . . take care and give the baby much love because your unconditional love is all that baby will ever need! much love Devin’ (from Logan, posted 28 January 2009)
2. ‘i think its gr8 what you done . . . im only 15 and just adore kids and will do anything to have my own at some stage[.] everyone deserves

to have there [*sic*] own biological child even You . . . i think your both awsome [*sic*] and wish you all the best for the future.' Tanya Leanne (from UK, posted 11 December 2008)

3. 'I have 2 daughters of my own, and a 3rd on the way with my fiance, and believe that the act of bringing life into this world (no matter how "alternative" the family may seem to society) is a beautiful an[d] amazing event. The first time I looked in my daughters' eyes, I learned what love REALLY was. I see absolutely no issue with this beautiful family, so long as it is full of love, respect and happiness.' Bill (from Greenacres, posted 14 November 2008)
4. 'As a new mother of a 5 month old my heart goes out to these parents. I understand the love that you have for your child and can not imagine hearing such horrible things about myself or my husband as parents. I can see the love that they have for their child beaming from every pore on their bodies. Most children in the world can only dream of such love.' Amber (from Scottsdale, Arizona, posted 15 November 2008)

The ahhhhhh response as exemplified in these posts functions, we contend, to recruit the Beaties into an economy of the same, to make them (and, in particular, Thomas) just like anybody/everybody else who has ever wanted, given birth to or parented a child. Recruitment, writes Ahmed, 'restores the body of the institution, which depends on gathering bodies to cohere as a body. Becoming a "part" of an institution, which we can consider as the demand to share in it, or even have a share of it, hence requires not only that we inhabit its buildings, but also that we follow its line' (2007, 133–34), that we become aligned with it. Recruitment, then, not only shores up our investments in particular imaginaries, it also does the work of giving the institution—in this case parenthood and/or 'the family'—a body (Ahmed 2007, 133). And insofar as individual bodies are interpellated into this singular (imaginary) body, they become one with it such that differences are erased or at least covered over. Thus, Beatie is perceived as and becomes a parent who, at the most fundamental level, is no different from Amber, Bill, Tanya Leanne and Devin, who are all also fundamentally the same (despite their differences). Of course, to take up the position of comfort that recruitment offers, to inhabit a body that is 'extended by the skin of the social' (Ahmed 2007, 20), one has to take 'on the direction promised as a social good, which means imagining one's futurity in terms of reaching certain points along a life course' (Ahmed 2007, 21). In repeating the gestures or moving along the lines of conventional genealogy, reiterating the investments associated with the social good, bodies extend into space and are extended by that space in a particular (ideal) form—in this case, in the form of 'the family' (as two loving, seemingly 'straight' and singular parents and a long-awaited and planned baby to which one of the parents has given birth). And in and through this process of recruitment, ‘bodies out of place’, ‘oblique’ bodies and/or relations which, like Beatie’s, do not fit the space with which they become aligned, are straightened out, their disorienting potential is diverted, trans* life making is, in effect, arrested or, at least, like the ubiquitous needle on a scratched record, becomes stuck in a groove, which in tracing and retracing, it becomes ever more deeply entrenched.

Like the aaahhhhhh response, the eeewwwww response also functions as a sort of straightening device, although it proceeds by different means. This can best be explained via examples. In a report which appeared in the *Sydney Morning Herald* on 30 March 2008, conservative columnist Miranda Devine wrote, ‘There isn’t any polite way of saying this . . . the sight of the alleged “pregnant man” who hit the news last week is enough to turn anyone’s stomach. It is simply repulsive to see a person with a beard and a man’s flat chest sporting a swollen pregnant belly. It is wrong in the most visceral way.’ While Devine’s article is highly offensive, it poignantly illustrates the affective power of images: Devine, we are told, literally feels sick, she is repulsed, the visceral response that both orients and disorients her literally repels (drives back, wards off) the public presence (of a visibly pregnant male body) which in its obliqueness, its proximity, threatens to reshape the space of the “here” from which Devine’s body extends into (heteronormative) space/futurity.

In a sort of secondary move, one subtended by her visceral response and functions to further abject Beatie (and trans* people more generally) through discrediting the claims he makes about himself, Devine writes that

> if Beatie, a gay rights activist, thought she was scoring a point for gender reassignment, she was foolishly mistaken. All she has done is prove that she is a woman, ‘an individual of the sex that bears young’, as the traditional medical dictionary defines it. No matter how many male hormones you flood her body with, no matter how many breasts she has had surgically removed, no matter how many pieces of paper legally declare her male, no matter how hairy or freaky looking she becomes, she doesn’t have a Y chromosome. That is reserved for males, ‘an individual of the sex that produces sperm’.[19]

In a similar essentializing-abjecting move, a trans-identified blogger who Beatie cites in his book *Labor of Love* (2009), states, ‘A true trans f-to-m would not want to produce a child’ (cited in Thomas 2011, 12). In both cases—and these are just two of many thousands of such examples—the ‘queer affects’ of ‘Beatie pregnant’, affects which clearly disorient the authors of such claims, are overcome through the realignment of what Nirmal Puwar [AQ61] refers to as ‘matter out of place’ (2004, 10) with the bodily horizon of the one who sees and whose perspective is materialized as ‘natural’ and/or ‘true’. This (re)alignment with lines of privilege depends, as Ahmed notes, ‘on straightening devices that keep things in line, in part by "holding" things in place' (2007, 66). Given this, one might argue that the threat posed by the queer vision of the morphological other, the pregnant man, is overcome by putting 'Beatie' back in his place —that is the position of 'woman' and of mad/bad woman at that—and the holding in place of the contours of difference by the repetition of privileged lines.

SEEING OTHERWISE

So given the largely recuperative nature of the majority of responses to 'Beatie pregnant', what now? How might we reimage(ine) life making queerly?—which is *not* to ask, "How can we represent queer life making?' because, as we see it, representation necessarily arrests the kinaesthetics of trans* which this project aims to articulate. Our approach to this challenge is two-pronged: we want to produce images that—at least, potentially—articulate particular life-making practices *otherwise*. And at the same time we want to gesture toward the possibility of engendering 'other' ways of seeing — what Haraway calls a diffractive optics. Optical devices are, for Haraway, a means of seeing otherwise, of imaging 'an elsewhere that we may yet learn to see and build here' (Haraway 1992, 295). In contrast to the reproduction of the sacred image of the same 'mediated by the luminous technologies of compulsory heterosexuality and masculinist self-birthing' (2004b, 69) a differential artifactualism, suggests Haraway, 'might issue in something else' (ibid.). She writes,

> Artifactualism is askew of [re/]productionism; the rays from my optical device diffract rather than reflect. The diffracting rays compose *interference* patterns, not reflecting images. The 'issue' from this generative technology, the result of a monstrous pregnancy, might be kin to . . . Trinh Minh-ha's . . . 'inappropriate/d others'. . . . [T]o be an 'inappropriate/d other' means to be in critical, deconstructive relationality, in a diffracting rather than a reflecting (ra-tio)nality. . . . To be inappropriate/d is not to fit in the *taxon*, to be dislocated from the available maps specifying kinds of actors and kinds of narratives, not to be originally fixed by difference. . . . Trinh was looking for a way to figure 'difference' as a 'critical difference within', and not as special taxonomic marks grounding difference as apartheid. . . . [P]erhaps a differential, diffracted feminist allegory might have the 'inappropriate/d others' emerge from a third birth into an SF world called elsewhere—a place composed from interference patterns. Diffraction does not produce 'the same' displaced, as reflection and refraction do. Diffraction is a mapping of interference, not of replication, reflection, or reproduction. A diffraction pattern does not map where differences appear, but rather maps where the *effects* of difference appear. (2004b, 69–70)

We have read this passage from Haraway's "The Promise of Monsters" more times than we can remember, yet it never fails to inspire us, to move us in the direction of an unknown elsewhere we can only barely begin to imagine. We hope that this chapter and the images therein may do likewise.

NOTES

1. Our decision to talk about life making rather than families, or 'the family' is part of an attempt to move away from a focus on thing-like objects of investigation, and toward social practices. In this, we draw, to some extent, on Weeks, Heaphy and Donovan's suggestion that families are a doing rather than a being (2001, 37).

2. The term *somatechnics* was coined in an attempt to articulate what its authors perceive as the always-already technologized character of bodily formation and transformation, and the necessarily material (or enfleshed) character of technology. The term *somatechnics* thus aims to supplant the logic of the 'and', suggesting that modes and practices of corporeality are always already and, without exception, in relation and in process: they necessarily transect and/or transgress what dominant logic conceives as hermetically sealed categories (of practice, embodiment, being and so on). Somatechnical imaginaries are images, symbols, metaphors and representations, which shape selfhood and social relations, at the level of the corporeal. See Sullivan and Murray (2009).

3. There were also forty-five 'exhibitors' booths.

4. We use the term *queer* here with the knowledge that the relationships between queer theory and/or politics and trans theory and/or politics has not always been an easy one (see Stryker 2004). As such, we use the term as a verb rather than as a noun, while acknowledging that the former has, historically, been associated with those deemed queer.

5. The photographs that form an integral part of this chapter were taken in collaboration with Sid, a transman, at different times during his pregnancy and after giving birth to his son. We are very grateful to Sid and his family for granting permission for these photographs to be published.

6. The term *diffraction* was coined by Francesco Maria Grimaldi in 1655, and comes from the Latin *diffringere*, 'to break into pieces'. A diffractive optics, then, breaks up, heteronormative ways of knowing, seeing, being, and the relations between them.

7. Butler writes, 'To ameliorate and rework [the] violence [performed and erased by categorical claims of finality and all-inclusiveness] it is necessary to learn a double movement: to invoke the category and, hence, provisionally to institute an identity and at the same time to open the category as a site of permanent political contest. That the term is questionable does not mean that we ought not to use it, but neither does the necessity to use it mean that we ought not perpetually to interrogate the exclusions by which it proceeds, and to do this precisely in order to learn how to live the contingency of the political signifier in a culture of democratic contestation' (1993, 222).

8. From the call for papers for the 'Transsomatechnics' conference held at Simon Fraser University in 2009.

9. Clearly such discussions have also been unfolding in more 'mainstream' contexts such as the media, the clinic, the law and so on, but these are not, by and large, the focus of this paper.

10. Individuals may, of course, be excluded or found not to be appropriate candidates for other reasons. According to the Williams Institute at the University of California, Los Angeles School of Law, 6,477 gay and lesbian couples adopted kids in 2000, and the number tripled to about 21,740 by 2009. In 2000, about 8,310 adopted children were living with same-sex couples and in 2009, the number rose to 32,571. Daniel Villarreal, "Adopting a Baby: The Hot Gay Trend that's Tripled in Popularity," Queerty, October 12, 2011, accessed February 10, 2012, http://www.queerty.com/adopting-a-baby-the-hot-gay-trend-thats-tripled-in-popularity-20111021/.

11. Statistics sourced from Australian Institute of Health and Welfare, "Adoptions Australia 2010–11," December 14, 2011, accessed February 10, 2012, http://www.aihw.gov.au/publication-detail/?id=10737420776. In 2008–9, 441 children were adopted in Australia: 269

of those were adopted from overseas, and 104 were 'known-child' adoptions. Statistics sourced from "Adoption in Australia," in *Wikipedia*, accessed February 10, 2012, http://en.wikipedia.org/wiki/Adoption_in_Australia.

12. Sourced from the Office of National Statistics, "Adoptions in England and Wales 2010," July 27, 2011, accessed February 10, 2012, http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-225046.

13. NSW Government, Family & Community Services, "Adopting Locally," accessed February 10, 2012, http://www.community.nsw.gov.au/parents_carers_and_families/fostering_and_adoption/adoption/want_to_adopt/local_adoption.html.

14. Single gays and lesbians can apply but are unlikely to be successful. The Adoption Act 2009 is available at http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/A/AdoptA09.pdf (accessed February 10, 2012).

15. In New Zealand, currently single gays and lesbians are eligible to apply to adopt; however, gay men cannot adopt female children.

16. A. Dean Byrd, the president of National Association for Research & Therapy of Homosexuality, says, 'Studies demonstrate that there is, in fact, a difference between non-heterosexual and heterosexual parenting. Children raised by non-heterosexual parents are placed at risk. They are more apt to experience gender and sexual confusion; they are more apt to become promiscuous; they are at greater risk of losing a parent to AIDS, substance abuse or suicide. They suffer more depression and other emotional difficulties. They are also more likely to engage in same-sex behavior.' Takeonit, "Should Homosexual Couples Be Able to Adopt?," accessed February 5, 2012, http://www.takeonit.com/question/247.aspx.

17. Homonormativity is the assimilation of heteronormative ideals and constructs into homosexual culture and individual identity. For a more detailed account of this concept, see Duggan (2002).

18. As Sara Ahmed notes, the positing of assimilation or transgression as mutually exclusive choices is problem for a whole range of reasons including: that it overlooks the fact that the queer ideal posited (or at least implied) is not equally accessible to all (not even to all those who may identify as or with queer); the image or ideal of a legitimate life that is central to the distinction presumes a negative model of freedom defined as freedom from norms; it is necessarily exclusory and function through the othering of difference; and it embraces and reaffirms a model of choice that, from a poststructuralist perspective, is inherently flawed (insofar as it assumes that we are fully self-transparent subjects whose investments are consciously chosen and therefore can be consciously redirected. See Ahmed (2004, 151–52). Ahmed writes that 'assimilation and transgression are not choices that are available to individuals, but are effects of how subjects can and cannot inhabit social norms and ideals' (2004, 153).

19. Miranda Devine, "Zero Tolerance for Drug-Friendly Baby Boomers," *The Syndey Morning Herald*, March 30, 2008, accessed April 5, 2008, http://www.smh.com.au/news/miranda-devine/zero-tolerance-for-drugfriendly-baby-boomers/2008/03/29/1206207504086.html.

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Chapter Sixteen

When Medicalization Is (not) Needed

Single Women and Lesbian Couples' Choices of Transnational Donor Conception

Giulia Zanini

After the introduction in Italy of the divorce (1970)[1] and abortion acts (1978),[2] which were important moments in Italian history for the recognition of individual rights to choose about reproductive and partnership matters, the country has experienced a period of 'resurgent conservatism' (Hanafin 2006), culminating in the introduction of a law on assisted human reproduction in 2004 (law40/2004). This law patently 'narrow[ed] women's reproductive freedom' (Hanafin 2006, 329) by promoting the protection of the heterosexual family unit (Fenton 2006) over that of reproductive women.[3]

The heteronormative principles grounding this law are at the core of multiple laws and family policies that recognize and legitimize heterosexual marriages and households and the dual opposite-sex parental paradigm of family formation. However, they ignore other forms of relationships, cohabitation and child conception and rearing that exist within Italian social reality. In a context in which heterosexual marriage is the only possible registered partnership and in which only opposite-sex couples can obtain the status of parents, people who are not in heterosexual partnerships struggle to find legal support for conception and parenthood.

In this chapter, I aim to explore the process by which Italian women who are not in heterosexual relationships turn to clinical donor conception abroad, rejecting other practices that might be carried out at home. I argue that biomedicalization, in its contemporary transnational form, offers these women not only practical options for conception but also, importantly, the cognitive and cultural infrastructure through which they can elaborate their own embodied responses to local legal, social and cultural constraints. I illustrate how for these women, negotiating biomedicalized conception practices abroad constitutes the frame in which they find public legitimacy for the procreation they pursue privately.

METHODOLOGICAL NOTES

This chapter is based on a four-year research project (2007–11) that focused on Italian residents who were in different stages of pursuing reproductive experiences abroad. The entire investigation was based on a multisite ethnography; its methodology included recorded in-depth interviews and life stories, unrecorded informal conversations, blogs, online diaries and forums. In total, I examined twenty-four cases, which included same-sex and heterosexual couples, and single women. Informants were contacted through specialized websites and online forums, homosexual family associations, snowball sampling and during an ethnographic stay in a private fertility centre in Barcelona. All the people had had experiences of donor conception or had contacted centres abroad and were waiting to leave for their first inseminations or other treatments.

For the purpose of this chapter, I consider the reproductive trajectories of those women who were not in heterosexual relationships at the time of research. The strongly heteronormative framework for assisted conception and parenting, which is supported by Italian policies, exacerbates the struggle for women with different sexual orientations and in different partnership situations who wish to access assisted conception and parenthood. With this in mind, I follow the reproductive trajectories of single heterosexual women, single nonheterosexual women and lesbians in couples who seek clinical donor conception across national borders. By analysing these different experiences, I hope to offer insights into how being confronted with these legal and practical reproductive limits leads these women to explore reproductive paths abroad. This approach allows me to examine how different life experiences and expectations interact with and are affected by transnational biomedical conception encounters.

To facilitate the reading, I use ‘single women and lesbian couples’ to refer to all the subjects who are part of this chapter. I do, however, make the self-definitions and life arrangements of participants explicit when referring to them specifically and when such details influence the ways in which they navigate reproductive understandings and practices.

BIOMEDICAL REPRODUCTIVE ASSISTANCE AND KINSHIP FORMATION

This chapter draws on the literature on medicalisation and biomedicalization in contemporary societies, on one hand, and on the literature on single women by choice and lesbian kinship making in the context of assisted reproductive technologies (ART) on the other.

The use of different technologies to prevent or induce human reproduction and to monitor pregnancy and childbirth has led to the emergence of reproductive bodies as biomedicalized objects and subjects. The second half of the twentieth century has seen the emergence of the medical control of fertility as well as scientific biomedical research into infertility, which has begun to be conceptualized as 'a potentially remediable medical condition' (Rabinow and Rose 2006, 208), all of which has stimulated the development of biomedical and technological measures to help people to have babies.

The introduction of ART may be seen as a result of the increasing medicalisation of human life, 'the processes through which aspects of life previously outside the jurisdiction of medicine come to be construed as medical problems' (Clarke et al. 2003, 161). ART provide particularly strong evidence for the highly transformative potential of biomedicalization. Like medicalization, biomedicalization organizes bodies and behaviours according to expert knowledge. Biomedicalization is also characterized by 'an increasingly complex, multisided, multidirectional processes of medicalization that today are being both extended and reconstituted through the emergent social forms and practices of a highly and increasingly technoscientific biomedicine' (Clarke et al. 2003, 162). In biomedicalization, both human and nonhuman entities are transformed not only by specific molecular and genetic technologies but also produced by them, resulting in 'our growing capabilities to control, manage, engineer, reshape, and modulate the very vital capacities of human beings as living creatures' (Rose 2007, 3). Human bodies start to appear like cyborgs (Haraway 1985); the popular diffusion of biomedical expertise and practices (Melucci 1994) coincide with individuals developing abilities to 'write and interpret' their bodies and their functions (Lombardi 2013). Thus, this co-constitutive nature of technologies and bodies produces the emergence of 'new forms of agency, empowerment, confusion, resistance, responsibility, docility, subjugation, citizenship, subjectivity and morality' (Clarke et al. 2003, 163).

When Clarke et al. (2003) write about biomedicalization, they define the concept as one that overcomes the idea of medical control over people's lives and embraces the notion of transformative processes that constitute the interactions between people's agency and moral responsibility, technology, knowledge, economics, cultural meanings and social realities. However, as biomedicalization is conceptualized by Clarke et al. (2003), science and technology are '*coproduced*' (2003, 163, emphasis in the original) with social forms that include new forms of biosociality (Rabinow 1996) in which people come together on the basis of common genetic or biological conditions and interact through new modes of kinship formation discourse and practice.

The role that the biomedicalization of conception has played in the emergence of pluralized 'notions of relatedness' (Inhorn and Birenbaum-Carmeli 2008) has been described and analysed in a number of socio-anthropological works (e.g., Strathern 1992, 1995; Franklin 1997; Becker 2000; Edwards 2000; Thompson 2005). In particular, Thompson (2005) has shown how biotechnologies make babies and kinship through coordinated actions within a specific 'ontological choreography' in clinical settings, whereby infertile intended parents are made compatible to technologies through a continuous adaptation of actors, gametes, drugs, body parts and expectations, which hopefully transforms female bodies into pregnant bodies. Moreover, the introduction of biotechnologies has legitimated the presence of multiple reproductive actors who are not always attributed parental roles. Generally speaking, however, not many scholars have investigated how the biomedicalization of conception practices and the practicalities of sperm donation are affected by and affect kinship production, understanding or practice of nonheterosexual and uncoupled prospective parents.

Nonclinical sperm donation, which has been used by lesbians to have children without heterosexual intercourse since the 1970s (Luce 2010), is still preferred by some lesbians over clinical donor conception (Mamo 2007a; Nordqvist 2011a). Interestingly, though, Mamo shows how lesbian couples who self-arrange semen donation draw on biomedical knowledge as a resource to organize, control and perform inseminations (2007a, 2007b). Haimes and Weiner (2000) observe how lesbian mothers may or may not recognize donors as fathers, depending on the ways in which they recruit donors and the different agreements that they make with donors themselves.

The works by Nordqvist (2011a, 2011b, 2012) in the United Kingdom and by Jociles et al. (2010) in Spain contribute particularly important theoretical grounding to the present chapter, as they represent the most recent analyses of female nonheterosexual or uncoupled clinical and nonclinical sperm donation in Europe. In observing how British lesbian couples' reproductive intentions are actualized in the United Kingdom, where clinical sperm donation is highly regulated while self-insemination is not, Nordqvist argues that the medicalization and availability of sperm donation have increasingly delegitimized self-arranged solutions.

From their sample in Spain, Jociles et al. (2010) illustrate how single mothers by choice value different methods of conception and establish a scale of ethical choices in which the decision to access clinical donor conception is more valued than *el engaño* (the trick)[4] and known-donor options, and follows adoption, which is considered the most ethical option. Those who choose assisted reproduction highlight how this option allows them to maintain a genetic tie with their children-to-be and to experience ‘complete motherhood’ (Jociles et al. 2010) without the possible inconveniences associated with *el engaño* and nonclinical donor conception with known donors. Clinical donor conception is expected to (1) avoid the risk that donors claim paternity, (2) avoid the risk of role confusion that may emerge with a known donor, (3) solve the moral issue of sexual intercourse with uninformed donors and (4) strengthen the feeling that the child-to-be is one’s own child because no other known person has engaged in parental planning (Jociles et al. 2010).

In this chapter, I build on Nordqvist’s (2011a, 2011b, 2012) and Jociles et al.’s (2010) work to explore how the lack of domestically available medicalized donor conception services and of cultural and legal supports affects the ways in which Italian women who are not in a heterosexual relationship understand the process of kinship production through donor conception.

SELECTIVE REPRODUCTION POLICIES

According to Italian law on assisted human reproduction, which considers ART as a medical solution for infertility and other conditions (infective illnesses, risk of transmission of genetic diseases), same-sex couples and singles are excluded from treatments. The same law originally forbade clinical donor conception, extending its prohibition to any form of medically assisted donor conception outside of clinical settings. Although this ban was declared invalid by the Constitutional Court in 2014, neither the Parliament nor the government has taken action to establish national rules for the newly introduced donor conception practices. This has led to the current situation in which clinics, practitioners and intended parents find minimal guidance from national law about how clinical donor conception should be implemented. The only clear indication is that if clinical donor gametes are used for conception, donors do not have the right to take on parental roles toward donor-conceived children who are fathered and mothered by intended parents. Self-arranged insemination may also be organized and carried out independently from biomedical networks and expertise. In this case, however, donors are legally treated as potential fathers, which means that they may possibly claim or be forced to take on paternal rights and duties over children who were born from their semen. In other words, donor conception as an officially recognized conception practice is only valid if it takes place for heterosexual coupled intended parents in a clinical setting.

Alongside ART regulation is the infant adoption law (184/1983), which makes infant adoption open to stable heterosexual couples, while single persons can adopt children only in very specific and limited cases, which do not include the parental plans of single parents or same-sex couples.[5] Thus, Italian women who are not in heterosexual relationships imagine and pursue procreative plans outside of the heteronormative parenting framework that is shaped by national policies. To achieve parenthood, these women may pursue informally self-arranged donor insemination, co-parenting practices or donor conception abroad.[6]

FROM SEXUAL SEMEN TO 'TECHNOSEMEN'

The ban on clinical donor insemination and the nonrecognition of self-insemination in Italy makes it difficult for single women and lesbian couples to procreate without meeting pragmatic, social and moral challenges linked to the lack of legal and social support. Public hostility against donor conception is evident in the ways in which this is talked about, criticized and eventually refused in parliamentary debates and in the partial political interest in such practices, despite court decisions to reintroduce them. In particular, in parliamentary debates, donor insemination has often been compared to female adultery, and its ban has been justified as 'the right of the *concepito* [conceived being] to a sure identity' and as a measure to protect harmony within the family, 'based on the homology between social and gametic marriage' (Marchesi 2013, 73, my translation).

The women who took part in this study openly opposed such an understanding of donor conception and explicitly criticized official and public positions on these practices, interpreting these prohibitions as a lack of care and support by the state of the morally legitimate reproductive rights of its citizens (Zanini 2011). However, the choice to turn to donor insemination might not be an easy one for either heterosexual or lesbian women, who might express a personal reluctance toward sperm because of its potential sexual meaning (Fortier 2005; Moore 2007; see also Nordqvist 2011b). Interestingly, lesbian women may ground their diffidence towards donor sperm on cultural references, which are based on heterosexual procreation and on heteronormative expressions of love and intimacy. Milena, who was undergoing donor insemination to have a child with her partner, Paola, explained it as follows:

> For me, this has been a very long process, in the sense that in my culture, which is the, let's say, the Italian culture, you are mentally used to think: 'I welcome in my body the semen of a man whom I love, or with whom anyway, I have a relationship, therefore, I have a certain intimacy, a certain level of knowledge'. In my case, I was going to a clinic to welcome, you don't really know whose [semen]. Yes, they guaranteed that he didn't have any kind of disease, but anyway, not really knowing to whom it belonged; this was a huge effort.

Milena did not perceive donor insemination as substituting for something that could be provided by her sexual partner, as could be the case for heterosexual couples (Fortier 2005; Bonaccorso 2009). However, like some heterosexual Italian women (Bonaccorso 2009), she understood conception as the act of willingly receiving a bodily reproductive substance from one's partner on the basis of love and commitment. She felt uncomfortable because of the highly sexual meaning that sperm cells carry in her imagination; she thought of donor insemination as violating her own cultural and intimate boundaries. Ultimately, the fact that sperm is a manly substance did not trouble Milena so much as the ignorance of the person who would provide it. Consequently, she pictured donor insemination as an adulterous practice.

Later on, determined to explore the possibility to have a baby with her partner, Milena found other cultural references that supported her through donor insemination:

> How did I get over it? I got over it because I had to completely pull away from the culture, the mentality. That is to say, I wasn't going to a clinic to welcome the semen of a stranger; I was going to a clinic, with Paola, to fulfil our plan to have a child, which is a rather complicated issue, but that was the step I had to take.

Making efforts to imagine one's relationship with the sperm donor as a nonsexual one is a common experience among both heterosexual and lesbian women approaching donor insemination in different contexts (Weston 1991; Nordqvist 2011b). Nordqvist (2011b) reports other cases in which donor sperm and its semantic reference to the male body (Martin 1991) constitute problematic issues within lesbian relationships. In these cases, the 'pollutive power' (Nordqvist 2011b) of sperm needs to be contained to manage the tensions that prospective mothers experience about donor insemination.

From this perspective, clinical settings may be the contexts in which this entanglement finds a solution. Technical manipulation of semen in medicalized donor conception contexts constitutes, for heterosexual and lesbian women, a favourable cognitive environment in which to experience a separation among their reproductive goals, the preservation of sexual intimacy and donor sperm. The clinical setting transforms potentially sexual sperm into 'technosemen' (Moore 2007), the product of semen analysis and disease testing that is marketed by sperm banks to their clients for its potential to produce healthy, safe and desirable procreation (Almeling 2007; Kroløkke 2009). Broadly speaking, for Milena, the semantic shift from sexual semen to technosemen represented a departure from what she perceived as a dominant understanding of human conception to new modes of role distribution.

DISTINGUISHING BETWEEN DONORS AND PARENTS

In light of the local prohibition on donor conception practices, all single and lesbian women in the sample considered the option of self-arranged donor conception with the help of a more or less known donor before turning to clinical donor conception abroad.[7]

The need to disambiguate between sperm donors and fathers represents one of prospective parents' main concerns about insemination practices (Becker 2000). However, those who consider involving a known donor within their reproductive plans may not only be worried that the donor might later claim parental rights but that he also may be legally and ethically impelled to do so. Milena feared that this scenario would disturb the parental plan that she and Paola had developed together:

> We have had a lot of homosexual friends who [proposed]. [. . .] We refused because firstly, we didn't want to make an instrument of anyone. Then, because *this is a gift today, but tomorrow . . . you don't know.* And then what do I do? I wouldn't deny a son to his father, ever. So this would mean repositioning our relationship and our condition as family and parents in relation to a father who would be there. [. . .] Because today a friend makes a donation for you; in ten years he wants to make a father of himself . . . he makes a legal paternity action. [. . .] But this would not even be necessary because if he told me, 'I want to be the father, I want to recognise my child', there would be no need, because he made me such an enormous gift. [. . .] But then we are not two parents any more, we are three. It is OK, everything is OK, but now, in this phase of our life, this is our discourse.

Milena feared that the power of the mutual act of 'contracting kinship' (Luce 2010) on which conception is based in this case would vanish the moment the known donor claimed kinship ties with the newborn. With this act, a donor could turn genes into 'social signifiers' of kinship (Orobitg and Salazar 2005), upgrading the genetic kinship ties to cultural and social ties that he had previously agreed to renounce. What's more, he would be supported in this action by national laws. Milena confirmed that she would not oppose such a wish and would recognize the donor's rights to fatherhood, which exemplifies Strathern's (1995) argument that the knowledge of genetic relatedness may not be reversed; it also suggests the strong power of genetics and the obligations provoked by the rhetoric of 'gift' (Mauss 1923; Bestard and Orobitg 2009) in creating perceived relatedness. On the other hand, clinical donor conception limits the legal risk of a donor claiming parental rights over the child and thus reduces prospective mothers' understandings about donor rights. Furthermore, Milena feared that the number of people who might be called and recognized as parents might increase, which would lead to cultural challenges and social risks such as those that Nordqvist (2012) observes among British lesbian couples who ground their parental intentions in dyadic parenthood relationships and on the cooperative act of the loving partners.

Moreover, while recipients require sperm donors to share their reproductive cells to enable procreation, they also avoid sharing parental rights and duties with donors (see also Mamo 2007a; Jociles et al. 2010; Nordqvist 2012). Recipients often consider the educational role and legal responsibilities as the distinguishing features between donors and fathers. This was, for example, the case for Rebecca and Simona, a couple who refused to ask friends to act as sperm donors: 'We discarded this option because we [. . .] agree to involve a third person but not one who decides how to rear our child. This is our child and we are the only parents: Simona and I'. Milena and Paola and Rebecca and Simona did not seem to find the choice of known donors ethically different from clinical donor conception, as was the case of Spanish informants in the work of Jociles et al. (2010). Rather, they decided to avoid known donors because of the unexpected consequences concerning their future educational, social and legal family arrangements.

Sometimes, people whom intended mothers address as possible sperm donors are themselves afraid of being involved in parental duties. Liliana, who embarked on sperm donation in Spain as a single mother by choice, explained that her friends refused to take on the role of sperm donors: 'I have many friends I tried to consult about the possibility of donating their sperm, but they are all scared to death about the idea of being held responsible to pay alimony later on. So there is this economic reason that holds them back'. Lesbian couples and single women who do not use friends as donors explore other options of sperm donation abroad; here, they find not only pragmatic and technical responses to their reproductive needs but also unexpected cultural references that can help them reconceptualize their reproductive experiences.

A distinction between donors and fathers, which has characterized public debates in many countries, has only very recently entered the Italian public's understanding of donor conception. Previously, it had only been discussed within specialised associations and web forums or stimulated by encounters with social and medical realities, both domestic and abroad. When Milena and Paola contacted a fertility centre in Denmark in 2007, they were sent an informative booklet that introduced donor insemination and provided them with a new understanding of donor conception:

> They send you a big bundle, in English, that you read, and where it states that you have to take into consideration that the donor is a donor, he is not a father. So, when we say 'the father of my son, the donor' is an absolutely wrong concept, because in our culture, *fare il padre* has a meaning, like *fare la madre*. In that case, as in ours, *non fa il padre*. He *ha fatto il donatore*, which is a different role. So, the clinic helped us, in this process [. . .] they told us to

> reflect very carefully on this concept, which we, actually, had not because we thought that the father was the donor, but this is not the case.

The Italian expression *fare il padre/la madre* has the literal meaning of acting as a father/mother and is used to signify fatherhood/motherhood in their performative and agentive capacities. The booklet provided by the fertility centre helped Milena to unpack the process of conception into biomedically assisted steps and to reframe the participation of donors within this process, distinguishing sperm donors from fathers based on their different performative and agentive roles in conception and children rearing.

Before admitting prospective parents for treatment, the clinical settings initiate them into the culture of reproduction; they promote and prepare them for a special 'ontological choreography' (Thompson 2005) that not only produces pregnancy but also disambiguates the roles of reproductive actors. All the women in my sample who received an explanatory booklet by the fertility centre appreciated this initiative, which not only illustrated the biological process of egg and sperm production, and the biomedical procedures of insemination and in vitro fertilization (IVF) but also invited them to share the understanding of family formation that supports and is supported by clinical donor conception. Such initiative was welcomed as evidence that the reproductive route which these women had chosen was not only legitimate but also desirable. Informative activities by foreign fertility centres affect people's understandings and decisions in relation to donor conception, insofar as they disambiguate parenthood and celebrate the parental self-sufficiency of lesbian couples and single women.

Altogether, biomedicalized settings, actors and actions are seen as sources of expert knowledge about reproductive bodies and kinship expertise; these settings provide social legitimacy for otherwise disregarded partnerships and reproductive behaviours.

NEGOTIATING MEDICALIZATION

The benefits of cultural references and social recognition may also be enjoyed through partial adherence to medicalized donor conception practices. Rebecca and Simona, for example, considered buying semen from a sperm bank in Denmark and performing self-insemination at home. In this way, they would benefit from the legal and social distance that sperm banks establish between donors and prospective parents without turning to clinical settings for insemination practices. Later, Rebecca expressed concerns informed by a biomedical culture of hygiene, health and medical expertise, which made her mistrust a donor conception process that required her to take semen out of a clinical setting and to manipulate it in a nonclinical environment. She saw clinical donor insemination as simultaneously limiting legal and social risks concerning parental claims, rights and responsibilities; assuring healthy semen; and providing expert assistance for the insemination.

Altogether, clinical settings abroad attract Italian single women and lesbian couples for their ability to offer standardized, qualified and legitimate protocols that limit cultural, social, legal and medical risks. Nevertheless, these women negotiate their approaches to clinical settings by mobilizing different understandings of medical practices and technologies. Single and lesbian women may turn to clinical donor insemination after having tried to get pregnant in other ways, but they often do so with no prior procreative attempts. However, the majority of fertility clinics have heteronormative protocols of fertility management (Donovan 2008), which are designed to treat infertile women who have been trying to conceive for a given amount of time (between one and two years) within a heterosexual relationship.

In some contexts, single and lesbian women who seek donor insemination at their first attempt to get pregnant might be offered screenings, ovulation tests and drugs earlier than other women who come to clinical donor conception after at least twelve months of private attempts (Donovan 2008). In these cases, they might accept the whole protocol as a form of compliance to medical practice only to maximise their chances of becoming pregnant. This was the case for Carla and Gianna, who chose to undergo insemination in Spain. Gianna followed the standard protocol of hormonal stimulation:

> We are not so sensitive about things. If we have a goal and you can help us reach that goal, we reach the goal and that's it. [. . .] I started the therapy. The first therapy was heavy; I felt it wasn't making me any good and I thought, 'That's alright'. Since I didn't ovulate, we didn't go [for the insemination]. [. . .] Anyway, I used to have a cycle which was always inconsistent, and I didn't know when I was going to get it [. . .], so I was forced to go through them [hormonal stimulations].

In other cases, single women and women in a same-sex relationships might be especially suspicious toward investigations and protocols proposed by the clinics as they feel that their social circumstances are overlooked and their medical needs misinterpreted.

Rebecca mistrusted a fertility clinic in Spain because she was told that its protocol for donor insemination included hormonal stimulation for all women, irrespective of their reproductive experience and age. Encouraged by her gynaecologist, she preferred a solution where insemination is performed on the basis of nonstimulated ovulation. When I met Liliana in a private fertility clinic in Spain, she was upset about the encounter she had had with the clinic's gynaecologist about the therapeutic plan:

> To introduce it [the semen], it's not a big deal, you only need a syringe with no needle. [. . .] And no, there is all this medicalization around it. I find that

> absurd. I mean, they count on the fact that people who come[] here is sterile or infertile. [. . .] But this is not the case of everyone. [. . .] The results [of my exams] are not very good, so insemination doesn't seem to be OK. But [they told me] to try two inseminations and then IVF. [. . .] It smells fishy, right? [. . .] Either there is actually very small probability and it's nonsense to try two inseminations before IVF, or there is some kind of ability to see what will happen and then you directly go into IVF. [. . .] But they told me, '[T]hese are the conditions'. [. . .] The decision is up to me.

Rebecca and Liliana's experiences illustrate how lesbian couples and single women may negotiate the heteronormative construction of reproductive assistance 'by neither simply accepting biomedicine nor entirely bypassing biomedicine for alternative, self-insemination networks' (Mamo 2007b, 374). Rebecca combined her own knowledge with the expert advice of an Italian doctor who was opposed to the protocols suggested by the clinic abroad. Alternatively, Liliana struggled to accept the conditions imposed by the clinic by blaming the medical insemination setting for being both too biomedicalized and poorly biomedicalized. On one hand, she found the mediation of biomedical settings and actors in the practice of donor insemination to be intrusive and disempowering for noninfertile women. On the other hand, she expected biomedical practitioners, knowledge and practices not only to be able to assess the reproductive ability of a given female body but to be in control of the interactions between bodies, technology and the results of these assisted encounters.

Altogether, lesbian and single women who prefer clinical donor conception abroad to local self-arranged donor insemination negotiate their relationship to technological and medical intervention by questioning knowledge and protocols, 'making their own pragmatic arrangements' (Mamo 2007b, 374). They select which practical and discursive systems offered in the clinical settings abroad serve their reproductive needs and parental goals and sometimes search for suitable clinical settings that better respond to their nonmedical needs, eventually designing their own 'hybrid-technological practices' (Mamo 2007b) .

CONCLUSION

The reproductive experiences of Italian single women and lesbian couples who seek donor conception abroad raise interesting questions about kinship production. The marginalized position that lesbian and single women have in the dominant understanding of reproductive legitimacy, which is mirrored in Italian national reproductive and family policies that promote a 'selective pronatalism' (Krause and Marchesi 2007) of opposite-sex married partners, is combined with the illegitimate and illegal nature of the practice of donor conception as a reproductive mode within the Italian context. Thus, Italian lesbian couples and single women who want babies may develop feelings of tension and unease provoked by the contrast between their parental intention to have a child without involving male partners and the lack of local practical, technical, legal and cultural references that support the choice of donor conception as a viable route to parenthood.

The donor conception experience of these lesbian and single women are similar to that of heterosexual couples in many ways, including the need to distinguish donors from parents (Becker 2000; Fortier 2005), to reconceptualize sexualized donor semen (Becker 2000; Inhorn 2003; Fortier 2005; Mamo 2007; Nordqvist 2012; see also Goldberg 2009; Tjørnhøj-Thomsen 2009) and to mitigate the distress associated with highly medicalized conception practices (Becker 2000; Nordqvist 2012; Thompson 2005). However, lesbian couples and single women often challenge the understanding of donor conception as a clinical response to medical needs by putting forward their social condition as reproductive yet nonheterosexual (un)coupled persons.

This chapter illustrates that the attempt to find local reproductive arrangements fails in light of legal, medical, social and cultural risks that prospective mothers recognize in the involvement of friends or known donors in their parental intent. As observed in other studies (Jociles et al. 2010), both single women and lesbian couples may see the presence of a friend donor as threatening their parental intentions, especially for his capability of turning his 'gift of begetting' (Théry 2010) into a coparental reality at any time in the child's life and with legal support.

Moreover, prospective parents' perceived responsibility for health maintenance and production is reflected in their concerns for controlled and appropriately manipulated sperm and hygienic and correct insemination procedures, which may convince them to discard self-insemination in favour of clinical settings. In the present chapter, I illustrate how clinical donor conception abroad may be preferred to informal domestic reproductive options because it provides the legal, medical and cultural support that lesbian couples and single women seek for parenthood. Clinical settings, in particular, redefine and control the relationship between prospective parents and donors, especially in managing the cognitive distance among procreative actors by specifying their roles and facilitating healthy procedures.

A transnational form of biomedicalized donor conception emerges from the encounter between prospective mothers' perceived legal, social, cultural and medical risks and needs; their personal knowledge; different expert advice; institutional rules concerning the management of donor-identifying information; and negotiated forms of adherence to clinical protocols, all of which make this mode of conception a favoured option. Following Nordqvist's (2012) suggestions, we might say that the availability of the biomedical service of donor conception makes self-arranged nonclinical solutions less desirable not only at local level but also transnationally.

The choice for biomedicalized forms of donor conception practices is supported by negotiated levels of acceptance of proposed protocols, knowledge and procedures informed by multiple understandings of reproduction. The biomedical treatments proposed by fertility clinics are evaluated by women according to their experiences, feelings and knowledge, including that which relates to biomedically informed discourses. Biomedical concepts and knowledge are thus mobilized by women themselves in their choices to both welcome and refuse clinical support—for example in discarding conception practices that involve semen circulation outside of clinical settings, on one hand, and grounding opposition to hormonal stimulation for noninfertile women, on the other. In some cases, women who attribute knowledge to biomedical actors expect them to be in control of the interaction between reproductive bodies and technologies so as to foresee the outcome of treatments.

Altogether, transnational, biomedicalized trajectories of donor conception by Italian single women and lesbian couples emerge through a combination of individual and couples' reproductive desires, which are neglected domestically, and cultural, social and legal needs that can be met by transnational clinical donor-conception services. This intersection of different medical discourses, mutual expectations, medical and nonmedical normalizing factors and kinship disambiguating practices significantly participate in the global biomedical reproductive dynamics.

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NOTES

1. L. 1 dicembre 1970, n. 898 – Disciplina dei casi di scioglimento del matrimonio.
2. L. 22 maggio 1978, n. 194 – Norme per la tutela sociale della maternità e sull'interruzione volontaria della gravidanza
3. The law recognized legal protection to embryos and subordinates women's self-determination and integrity to the survival and respect of human embryos.
4. *El engaño* refers to occasional unprotected sexual intercourse without disclosing to the sexual partner one's intention of conceiving.
5. Legge 4 maggio 1983, n. 184 – Diritto del minore ad una famiglia.
6. The only options available to men who want to become fathers outside a heterosexual relationship are to turn to self-arranged coparenthood with a woman or to embark on a tortuous legal action to recognize a child at birth as its single parent (with the consensus of the woman and with no economic transition). Surrogacy is forbidden.

7. Only one lesbian single woman sought anonymous self-arranged donor insemination in 2008, with the help of a 'British virtual marketplace' (Moore 2007, 110) called ManNotIncluded.

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Chapter Seventeen

I Never Knew

Adoptee Remigration to South Korea

Lene Myong

> I would fantasize about visiting this place, a one-time trip. I never thought you could move here or live here. I don't think my parents thought either—that it was a possibility. It is on your bucket list, you have to visit this country some time, more on a vacation. I never really thought I could go there and interact with Koreans and get to know them and learn more. I thought, oh okay, if I am travelling to another country and experience it for that short time, I would be satisfied. Good, you know. I never thought I could be part of the community here. I never knew.
>
> —Justine

I met Justine, a Korean adoptee, during six months of fieldwork in Seoul in 2012, when I was interviewing remigrated Korean adoptees. Her narrative captures a shift from unthinkable to thinkable, from not knowing about remigration to living remigration. This shift reverberates throughout the interviews, and it informs this chapter, in which I outline some of the motivations behind the participants' decisions to remigrate. I also aim at connecting remigration to assimilation. The participants had grown up in predominately white families and communities, and they had never imagined South Korea (hereafter, Korea) as a place to inhabit beyond temporary visits. In their narratives of childhood and adolescence, Korea is configured as a distant, erased and ultimately unliveable space. Thus, remigration is very much a process of reimagining how life may be lived differently from the norms that govern one's existence as an adoptee. From this perspective, the phenomenon of adoptee remigration calls for sustained and critical engagement with the biopolitics of transnational adoption and its uneven distribution of (un)liveability.

THE CONTEXT OF REMIGRATION

The migration of Korean adoptees is embedded in the systematization of transnational adoption, which took form in the decades following World War II. At this time, a strong and persistent demand for adoptable children in the global North converged with poverty, war, militarization and nation-building efforts in the global South. No country has processed as many transnational adoptions as has Korea.[1] In the aftermath of the Korean War, the Adoption Special Law (enacted in 1961) provided a legislative framework aimed at curbing privately facilitated adoptions (Hübinette 2005; Han 2014). Adoption policies, however, were also part of a far-reaching state project intended to regulate population growth through the promotion of emigration and sterilization programs (Kim 2010, 25) to bolster rapid industrialization and increase the rate of economic growth. The economic expansion of the 1970s and 1980s was thus accompanied by a rising number of transnational adoptions, which peaked in 1985 when 8,837 transnational adoptions were registered (Han 2014). The number of transnational adoptions has fallen over the past decade, with only 236 adoptions registered in 2013.

The phenomenon of adoptee remigration challenges dominant notions of transnational adoption as a one-way journey with the adoptive country as the final destination (Leinaweaver 2011). In Korea, adoptee remigration began in the early 1990s and changed over time, as the adoptee remigrant community grew (see also Kim 2012). The first wave of adoptees remigrated on an individual basis and without institutional support from nongovernmental organizations (NGOs), governmental agencies or service providers. The situation has been somewhat different for adoptees who have remigrated over the past fifteen years. During this period, the adoptee communities in South Korea have grown stronger and become better organized. Today, a number of organizations[2] provide a range of services aimed at adoptees wanting to visit or stay in Korea for a short time, such as motherland tours, language scholarships, home stays, temporary housing, birth search, mental health counselling, cooking classes and cultural events. Services directed at the needs of long-term or permanent residents are much less abundant. There is no formal and democratically elected body that can be said to represent adoptees residing in Korea, but the nonprofit organization Global Overseas Adoptees' Link (G.O.A.'L) and KoRoot, a guest house for adoptees, function for many as social landmarks by providing services and information. In doing so, they contribute to the basic infrastructure of the communities.[3]

Eleana Kim (2012) identifies an assemblage of factors that have made it easier for adoptees to remigrate since the 1990s: economic development,[4] a growing market for English teachers, the global ambitions of shifting governments and, importantly, the passing of the Overseas Korean Act (OKA) in 1999. The OKA was introduced by the government of Kim Dae-Jung, who actively sought to utilize specific parts of the Korean diaspora at a time when Korea was reeling from the Asian economic crisis of 1997. The OKA permits overseas Koreans, including adopted Koreans, to obtain the F-4 visa, which secures them access to a number of legal rights, including the right to work and to own property (Park and Chang 2005).[5] According to Kim, the figure of the adoptee acquired new meaning and value in the first decade of the twenty-first century. Within the discursive terrain of a Korean nation state aggressively pursuing an agenda of neoliberal globalization, the adoptee was no longer seen as a 'melancholic victim of the authoritarian developmentalist state', but rather a 'transnational cosmopolitan ambassador for the democratic advanced nation-state' (Kim 2012, 304). Korea's persistent demand for English-language teachers and editors presents attractive financial opportunities for adoptees with college degrees and native English-language skills. The range of job opportunities is much narrower for adoptees without these qualifications.

Determining the exact number of adoptees living in Korea and the length of time they have lived there is difficult because a central registration system does not exist. G.O.A.'L, which maintains contact with many remigrated adoptees, estimated in mid-2014 that approximately two hundred adoptees had been living in Korea for more than three months.[6] Some of the participants I interviewed for this study attested to having lived in Korea for several years before establishing contact with other adoptees and adoptee organizations, and thus it seems reasonable to assume that the actual number could be higher. Some adoptees withdraw from adoptee communities, and this makes it hard to know if they continue to live in Korea (Park Nelson 2009). Yet the adoptee communities extend far beyond the individuals living long term in Korea, as hundreds of adoptees arrive each year for shorter stays. The constant flow of adoptees entering and leaving Korea creates transient communities (Herløw 2010) that also encompass the many adoptees who return on shorter stays—some year after year—either on organized tours or by themselves.

In Korea, adoptee remigration and activism are closely intertwined, and citizenship has become a prominent concern for many adoptee activists. In 2011, revisions to the Nationality Act enabled adoptees to obtain Korean citizenship, and as of July 2014, G.O.A.'L was aware of twenty-six adoptees who had restored their Korean citizenship, while a further eight were awaiting approval from the Korean Ministry of Justice.[7] The topic of citizenship has, however, also acquired prominence because a number of transnational adoptees in the United States have not acquired US citizenship. As adults, some of these adoptees have voluntarily settled in Korea, but a small number have also been forcibly deported to Korea by the US authorities because criminal convictions have made them eligible for such treatment. Yet adoptee organizations such as Truth and Reconciliation for the Adoptee Community (TRACK) and Adoptee Solidarity Korea (ASK) engage in social and political activism that seeks to change both government policies and public opinion on a range of issues related to transnational adoption, social welfare, reproductive justice, the operation of adoption agencies and adoptee rights. Much of this activism is built around efforts to create political coalitions—primarily with single mothers who are pushing for structural changes in Korean welfare policies to alleviate the stigmatization of single parenthood. From the perspective of the growing critical movements among transnational adoptees, the importance of the knowledge production and activism initiated by adoptees based in Korea can hardly be overstated.

CONCEPTUALIZATIONS OF ADOPTEE REMIGRATION

This chapter is anchored in an understanding of transnational adoption as a biopolitical intervention that migrates and (dis)places children across borders, regions and languages (see Cherot 2006; Pate 2014). I use *migration* in a broad sense to denote the movement of people. Terms such as 'return', *repatriation* and *matriation*[8] are used in adoption scholarship to describe processes of relocation ranging from shorter 'return journeys' to longer and perhaps open-ended relocations. I use the concept of 'remigration' to connect transnational adoption migration to other migratory flows. The prefix *re–* evokes return (as in going back or reverting) as well as repetition (as in doing something again), and it lends ambiguity and tension to the terminology. While *return migration* taps into an understanding of migration as a linear process involving destinations, arrivals and departures, *remigration* emphasizes what one could call the transitory open-ended dimensions of migration. In other words, the terminology of remigration points to the way in which adoptees migrate (in this case, to Korea) after having been remigrated as children, but *re–* points in multiple, repetitious directions without a fixed map of destinations and departures.

The forced migration of adoptable children was rarely identified as a 'proper' subject within early migration scholarship (Weil 1984), but, over the past decades, the question of migration has become central to a growing yet diverse body of critical adoption scholarship (e.g. Anagnost 2000; Marre and Briggs 2009; Park Nelson 2009; Dubinsky 2010; Eng 2010; Kim 2010, 2012; Yngvesson 2010, 2015; Leinaweaver 2011, 2013; Briggs 2012; de Graeve 2015a, 2015b; van Wichelen 2015). A number of studies have sought to problematize the biopolitical logics informing the privileged migration of children from the global South to the global North. David L. Eng theorizes the figure of the transnational adoptee as both exploited and sought after—not because of her wage labour but because of her affective labour, which serves to consolidate 'the affective boundaries of the white, heteronormative middle-class nuclear family' (2010, 108–9). In a similar vein, Kim Park Nelson (2009) points to the way in which the US immigration system privileges adoption migration above all other forms of migration, and she argues that, although adoptees are rarely thought of or explicitly positioned as immigrants, they are subjected to the same processes of racialization as are other migrant groups. This insight accords with studies of transnational adoption in Europe, which also show that the tension of the adoptee's migrant status is often managed through 'separation work' aimed at differentiating the position of 'adoptee' from that of 'immigrant'—processes that permeate media representations, policy and legislation, as well as the intimate spheres of the adoptive family (Hübinette and Tigervall 2009; Marre and Briggs 2009; de Graeve 2015a).

The literature on adoption and remigration is marked by conflicting interpretations of kinship, race and belonging. Signe Howell (2009), for instance, ties return journeys to the concept of biologism. Referring to the Second International Gathering of Adult Korean Adoptees in Oslo in 2001, Howell states that the 'only common bond' between the participants was the fact that they had been born in the same country and raised in non-Korean adoptive families (2009, 256). For some adoptees, Howell argues, 'the birth country is a place to which they attribute profound significance. They make it an integral part of their identity and fill it with imagined people of deep significance: their mother, father, and siblings. This powerful discourse essentializes kinship and place of origin and makes them integral to a genealogy which can only be based on biology' (2009, 257–58). This brings Howell to the conclusion that those adoptees who 'seek personal fulfilment through their country and people of origin often render themselves deeply unhappy' (2009, 267). Within this analytical paradigm, return becomes a precarious phenomenon grounded in biologism and resulting in pathology.

A string of critical adoption scholarship has, however, pursued more complex readings of adoptee remigration that move beyond dichotomies of biology and culture (e.g. Park Nelson 2009; Herløw 2010; Kim 2010; Yngvesson 2010; Leinaweaver 2011). Based on interviews with adult transnational adoptees in Sweden and the United States, Barbara Yngvesson (2010) finds that return may produce deeply ambivalent feelings for the adoptee, yet she also identifies a transformative potentiality in the process of returning because of its productive (and perhaps reconciliatory) negotiation of different identities, homes and mothers. In a similar vein, Kim proposes that return may be understood not as a reactionary turn to biology but as 'part of a range of counterpublic discourses and practices through which adoptees mediate and perform kinship' (2010, 13). She approaches kinship through a concept of contingent essentialism, arguing that 'the often powerful bonds of relatedness that adoptees claim to share are not based on a common desire for pure "origins" as presumptions of genetic essentialism would suggest but rather on a shared acknowledgement of the instability and uncertainty of origins' (2010, 97). Kim's conceptualization effectively upends the question of biologism, highlighting the ways in which collective histories of displacement work to organize adoptee subjectivities and the communities with which they engage.

In this chapter, I explore the diverse motivations surrounding adoptee remigration to Korea and reflect upon the relation between assimilation[9] and remigration. Yngvesson (2010), for example, draws attention to the way in which the practice of closed adoption instantiates a 'clean break' between first kinship and adoptive kinship. This break can be seen as multidimensional: it severs not only kinship but also spatial, temporal, affective and linguistic ways of subjective becoming. In this way, one may argue that ongoing processes of severance serve as the condition and productive framework of adoptive liveability; processes that take place through myriad practices such as the legislative transfer of kinship rights as well as practices of assimilation that entail naturalized expectations of how the adoptee should 'adjust' and 'attach' him- or herself to his or her adoptive context (Dorow 2006; Hübinette and Tigervall 2008). In recent years, adoption scholars have convincingly shown how dominant frameworks of assimilation and the 'freestanding' child have been replaced by paradigms of 'culture keeping' (Jacobsen 2008) and 'immersion' (Dorow 2006) that value connections between the adoptee and the culture of her birth country (see also Andersson in this volume; Brian 2012; de Graeve 2015b). The shift in paradigm may be conceptualized as a break from ideologies of assimilation, but it can also be interpreted as the continuation of assimilatory logics through new ideals such as multiculturalism, diversity and attachment (Stryker 2010; Myong and Bissenbakker 2014). For the participants in this study, assimilation is integral to their histories as adoptees. Their narratives point to the way in which the terms of assimilation are negotiable, but never fully controllable, by the subject.

INTERVIEWS

This chapter is based on thirty-three semistructured, individual interviews I conducted with remigrated Korean adoptees during six months of fieldwork in Seoul from August 2012 to February 2013. I contacted participants through a variety of channels, primarily through my extended network of fellow adoptee friends and acquaintances in Seoul. The circulation of information produced a snowball effect as participants transmitted my contact information to other potential participants and suggested adoptees to whom I could reach out. In addition, I posted information about my research on the Facebook pages of adoptee organizations, such as G.O.A.'L and ASK. The participants were born between the late 1960s and the late 1980s, but the majority remigrated during the 2000s. I sought out participants who had been living in Korea for a year or longer. This ensured that all participants had experience with everyday life in Korea. Participants' length of stay at the time of interview ranged from eleven months to fifteen years. I prioritized the inclusion of participants of different nationalities, genders and languages in the hope that doing so would produce a diverse body of narratives. This selection strategy was also an attempt to redress a persistent tendency to privilege the experiences of US adoptees within Korean adoption studies (Su Rasmussen 2010).

Sixteen participants had been adopted to the United States, while seventeen had been adopted to one of the following countries: Australia, Belgium, Canada, Denmark, Germany, France, the Netherlands, Sweden and Switzerland. To retain some of this diversity, I use terminology such as 'adopted to Europe' or 'adopted to the United States' in this chapter. The incongruence in national terminology (United States) versus regional terminology (Europe) is deliberate as an attempt to maintain a certain level of anonymity with respect to the participants, as there seem to be significantly fewer European adoptees than US adoptees living in Korea. In general, this chapter is not able to do justice to the many intersecting layers of diversity among the participants, including linguistic differences, which had a very direct impact on the interview situation. Whereas the Scandinavian participants were interviewed in Danish[10] (which is my first language), the remaining interviews were conducted in English (the only other language that I speak). As a result, not all participants were given the opportunity to express themselves in their first language, and the majority of interviews were the product of linguistic processes involving a mix of first, second and third languages. These circumstances are indicative of both the heterogeneous and multilinguistic fabric of the adoptee communities, and the way in which English functions as a shared language that nevertheless entails its own asymmetries and exclusions for many European and Québécois adoptees.

The following presentation of the interview material is motivated by a desire for 'letting [the] stories breathe', to invoke Arthur Frank's (2010) socio-narratological approach to qualitative analyses. In the hope of avoiding a diagnostic framework I have chosen a descriptive approach that enable 'learning from the storytellers' (Frank 2010, 9) rather than treating their narratives as 'patients on the narratological dissecting table' (Frank 2010, 17).

TO (NOT) THINK ABOUT KOREA

Historically, ideals of monoethnic belonging and colour-blind ideologies have constituted a discursive framework for transnational adoptions in both the United States and Europe (see e.g. Hübinette and Tigervall 2008; Park Nelson 2009). Thus, many Korean adoptees have been raised with limited knowledge of and contact with Korea, or as Kim remarks in relation to her interviews with Korean adoptees, 'their adoption narratives often describe common experiences of profound isolation, liminality, and survival' (2010, 96). This corresponds with the statements of the participants in this study, many of whom recalled the way in which their immediate environments seemed to avoid or only selectively engage with questions relating to Korea during their childhoods. The participants' narratives define a continuum ranging from sporadic exposure to virtually no contact with other minorities (including adoptees) and Korean culture.

Madison was adopted to the United States at age six. When I asked if she had thought about Korea after the adoption, she said, 'I don't know. I guess as a child with my adoptive mom, she is a very strong character in the negative sense, if I thought or remembered anything about Korea as a child I was punished. So my memories are pretty non-existent'. Madison's experience with punishment and abuse is not characteristic of the range of experiences in the interviews, yet her narrative resonates with the way in which many participants spoke of Korea as a precarious or nonexistent topic during their childhood. Mark, who had been adopted to Europe in the early 1970s, said that he had never been introduced to anything Korean growing up: 'There were no churches, restaurants, or taekwondo clubs at that time. There were no connections to Korea. There was nothing. We didn't even read books about Korea'.

A number of participants remembered being selectively introduced to other adoptive families, Korean food and—especially in the United States—culture camps intended to celebrate Korean heritage. Jonathan, who had been adopted to the United States in the late 1980s, recounted that his adoption had been discussed in a matter-of-fact way during his upbringing, and he remembered reading books about adoption. Yet the transracial aspect of the adoption and his ethnic and racial background had never been discussed in his adoptive family: 'The fact that I was Asian and Korean, until my early childhood and until high school, it wasn't talked about at best and at worst maybe discouraged', he said. Jonathan had attended adoptee camp twice, but it had made him feel uncomfortable and, most of all, disinterested. Julia, who had been adopted to the United States in the early 1970s, had had a similar experience. Even though she had attended Korean culture camp for several years, she had hated going 'because I felt so disconnected from my experience'. Whereas Jonathan spoke about being disinterested, Julia said that she had actively avoided learning anything about Korea: ‘I didn’t want to know because I felt already weird enough’. Other participants had more positive memories of attending Korean culture camps, yet they did not speak of Korea as an integrated part of their childhood. Claire had been adopted to the United States in the mid-1980s, and she said, ‘We did Korean culture camp, but it was never incorporated into our daily life. [. . .] At some point we hosted a Korean exchange student for one summer, but that was the closest we got to it’. Even though the participants had been adopted from the early 1970s to the late 1980s and came of age during different decades, I did not find the extent of exposure to Korea to be defined by generation; younger participants did not consistently speak of having received greater exposure than did older participants. However, specific forms of exposure, such as visiting Korean churches and Korean restaurants, were more frequently mentioned in the narratives of participants who had been adopted to the United States. Yet these types of exposure were rarely described to have produced deeper knowledge, familiarity, interest and/or comfort with Korea.

When the participants spoke of their childhoods, Korea was mostly presented as a well-known fact—the place from which they had been adopted. Korea was not narrated as a place they had thought of or imagined as a livable and inhabitable place for themselves. In this respect, Justine’s narrative of how a visit to Korea had always been on her ‘bucket list’ reflects a broader pattern in the narratives; adult choices to remigrate were not narrated as the product of childhood fantasies of Korea or cultural expectations steering the adoptee towards remigration. To a large extent, this pattern cuts across national, regional and generational boundaries. Most participants had not had a deep and sustained interest in issues relating to Korea (and to some extent adoption) until adulthood. While the United States participants, in particular, mentioned college life as formative for establishing contact with Korean diasporas and communities of colour, the European adoptees relied more on both formal and informal networks for adoptees.

The participants had come to know about remigration in very different ways—for example during shorter stays in Korea in connection with IKAA gatherings, the Holt Homecoming Program and/or organized tours intended to introduce adoptees to Korea. But knowledge about adoptee remigration did not always precede actual relocation. In many narratives, there was an element of learning by doing. When Max had been living in the United States, he had applied for a job in Korea that he had found posted on the Internet. At that time, he had no knowledge of adoptees settling in Korea, and it was not until his third year in Korea that he established contact with an organization for adoptees. Several participants had, like Max, remigrated and lived in Korea for a substantial length of time without the mediating support of a network of Korean friends and adoptees. Instead, they mainly relied on contacts with expats and Korean coworkers.

In many narratives, this shift from not knowing to knowing about adoptee remigration was tied to feelings of surprise and disbelief. Sarah had learned about adoptee remigration from other adoptees she had met in the United States. While Sarah had understood why nonadopted Korean Americans wanted to remigrate, she had felt differently about adoptee remigration: ‘At first I was shocked. Why would they want to stay permanently?’ Sarah’s narrative points not only to the way in which feelings of surprise and disbelief were not exclusively linked to ‘not knowing’, and thus to the limits of imagination, but also to the question of *why* adoptees would want to remigrate. I do not view this shift from unthinkable to thinkable as a shift that precedes remigration. As I discuss in the following section, remigration makes Korea into a liveable domain for adoptees, even though some struggle to build and maintain a sustainable lifestyle.

A DIVERSITY OF MOTIVATIONS

Many different factors had motivated the participants to remigrate, and their reasons for staying in Korea were frequently different from their reasons for having remigrated. They cited a wide range of reasons when asked to reflect on their decision to remigrate, including student exchange programs, job opportunities and the prospect of searching and/or reuniting with first families. Many also stated that their remigration had been tied to a wish for deeper knowledge of Korean culture and language and/or the wish to become part of adoptee communities living in Korea. Remigration was also connected to psychic or emotional well-being for some participants, who found that a better overall quality of life was obtained in Korea despite the difficult (and, for some, ultimately unsuccessful) struggle to secure an income. But narratives of remigration as grounded in coincidences, a desire for a ‘change of scenery’ or to explore the world and/or a process without a clear-cut motive were also present in the interviews. In many ways, this resonates with the ethnographic work of Park Nelson (2009, 417), who notes that the remigrated adoptees she interviewed often stated pragmatic and mundane reasons for returning.

For many participants, remigration seemed to constitute a complex process that defied a fixed temporality of beginning and ending. While a number of participants spoke of having meticulously prepared for the move to Korea (and future departure), others had followed a less-defined trajectory. Louise had arrived in Korea intending to stay for a few weeks, but the weeks turned into years: ‘I am still here on my first visit’, she said. In many cases, the process of remigration had included a number of visits to Korea leading to a longer stay or more permanent relocation. Nathan, who had been adopted to Europe, had returned for the first time in the early 2000s. He had come as part of an internship, but Korea had not been his top priority at the time. He had applied for internships in other countries but had been offered one in Korea. This initial visit was followed by a string of summer vacations in Korea, and when Nathan was offered an attractive job in Korea some years later, he decided to relocate for an extended period. Nathan said that he had a 'special relation with Korea' but stressed that he had initially remigrated because of the job opportunity and that he would be tempted to move once again if an attractive job opportunity were to present itself.

Employment and economic security were brought up in most interviews, particularly by participants who had been adopted to the United States. Many had worked or continued to find work as English teachers in positions ranging from full-time university instructors to private tutors. Some of the American participants also linked their remigration to the financial crisis of 2008. Sarah, who was teaching English, had left the United States as the crisis had unfolded: 'People were out of jobs, so I became another statistic, I didn't want to be floundering', she explained. Max, who had also left the United States as a result of the financial collapse, explained that he had applied for and accepted a position as an English teacher in Korea because he had been dissatisfied with his life in the United States, including his financial situation and the lack of jobs. When I asked Max to compare his standard of living in Korea to his standard of living in the United States, he said, 'Part of it is better, materially, I feel more secure here with health insurance. I don't worry about car insurance, gas, I can save more and live more luxurious'. For April, remigration had resulted in affordable and accessible health care: 'In the US if you don't have good dental insurance it is really expensive. So I hadn't been to the dentist in a decade. We didn't have dental insurance, I was poor. So when I came to Korea I went and got my teeth cleaned for 66,000 won'. Max and April's narratives of gaining access to health care and financial security in Korea disrupt dominant notions of transnational adoption as a solution that secures the adoptee's journey from destitution to privilege.

Yet for other participants in this study, remigration entailed a difficult struggle to secure a minimum income, and some lived on savings, cashed-out pensions or financial support from their adoptive families. Marcus explained how he had been travelling between Korea and Europe, partly because it was difficult for him to secure a sustainable income in Korea. When Marcus had originally returned in 2009, he had received a scholarship to study Korean, but when funding came to an end, he struggled to find a job. He worked temporarily as a sales clerk earning the minimum wage, but, without a college degree, it took six months for him to find a teaching job. At the time of the interview, Marcus was not sure if he would be able to find a way to stay in Korea or if he would have to relocate to his adoptive country, where it would be easier for him to find work and/or go back to school. Marcus's initial decision to remigrate had been imbued with the hope of creating a better life for himself and perhaps starting a family. But those hopes had faded and he dreaded the prospect of what felt like a forced return to Europe. He much preferred building a life in Korea. Marcus said he was more socially at ease in Korea, whereas living in his adoptive country made him feel lonely, causing him to 'drift around like a cowboy'. Marcus was not the only participant who was or had been struggling to build a life in Korea. Julia had also had to live on very little money for some time: 'I remember days where I would stand in front of the coffee vending machine and I was thinking can I afford coffee today? So it was tough for a little while, a year or two'. It is difficult to know the extent to which remigrated adoptees feel compelled to leave Korea because they cannot find work, but in this study, many participants stressed the difficulties they and others encountered, and they expressed hope that it would eventually become easier for adoptees to settle in Korea.

Starting a family, as Marcus dreamed of doing, had become reality for several participants who had married, found partners and/or become parents in Korea. Yet only a few spoke of finding partners and starting families as motivating factors behind their decisions to remigrate. Kinship with first families and (the possibility of) reunion with separated family members had been, for many, a stronger incentive to remigrate. Bella, who had been adopted to the United States, had reunited with her Korean family when she was twenty years old. Knowing them, she said, had influenced her decision to remigrate a few years later, and they maintained a close relationship. For Benjamin, who had been adopted to Europe, reunion had also been a motivating factor for relocating. Benjamin had lived with his Korean father during the first years of his life, before they had become separated through adoption. Benjamin said that his Korean father was happy that he had remigrated, but their relationship had become strained. After many years of separation, it was not easy for Benjamin's father to accept that Benjamin was an adult.

Generally, the participants' narratives about search and reunion were devoid of romantic notions of first kinship, although many considered these reunions both personally meaningful and politically important. Participants recounted vastly different experiences in this respect; while some maintained close relationships with their first families, others had very little contact. For some participants, proximity to different kinds of communities had also served as a motivating factor. One example is Marie, an adoptee from Europe, who had stayed at KoRoot, a guesthouse for adoptees and their families, during a vacation in Korea. Marie had reunited with her Korean family during that visit, but she had also spent time at KoRoot learning about adoption from other adoptees. Marie said that meeting adoptee activists and being introduced to new perspectives and knowledge about adoption had been hugely important to her. This experience had strengthened her desire to know her Korean family and to be part of a critical adoptee community, and both had ultimately influenced her decision to remigrate. As I discuss in the following section, a desire to know more about Korea and adoption occupied a central position in many interviews. I find this to be significant, as it points to knowledge as a form of agency, which some participants perceived as different from an ambition to become Korean.

A DESIRE TO KNOW ABOUT KOREA

In the interviews, 'assimilation' was frequently and interchangeably used as a term referring to both the (in)voluntary process of adjusting to social norms and the losses involved in subjective becoming. For the most part, Korean identities were neither available nor attractive to the participants during childhood and adolescence, as they were expected to become (fully) Swedish, French, American and so forth. Few participants spoke of a desire to become Korean as having been their primary motivation to remigrate and remain in Korea (see also Park Nelson 2009), but some, such as April, spoke of becoming more Korean. Growing up in the United States, April had never thought of herself as Korean, but this had gradually changed during her time in Korea: 'I feel more Korean, I feel more comfortable'. Others framed their aspirations to become Korean-Korean (an expression common among the participants) and to reclaim a lost Korean-ness in the past tense. Leah said that she had arrived with a naïve idea of being able to assimilate into Korean society, but she had learned during her years living in Seoul that she was culturally American: 'I am interested in Korea and learning about the Korean way, but I am not interested in being Korean anymore'.

I find it significant that remigration was not explained as an 'escape' from assimilation. Many participants spoke of the social pressure to embrace Korean values and conform to the norms of Korean society, especially by acquiring Korean language skills, which are often perceived to be proportional to the adopted subject's ethnic affiliation with Korea (Higgins and Stoker 2010). Yet in most cases, the participants' primary motivations for having learned Korean were the practical advantages of more easily navigating daily life in Korea and finding work outside the ranks of English teaching. The participants did not seem to perceive linguistic competency as a marker of their ethnic identities or their level of assimilation to societal norms in Korea. Ava had worked hard to learn Korean after she remigrated to Korea from the United States, and because of her language skills, most Koreans thought she had assimilated well: 'It makes them feel good—"She doesn't hate Korea, she has made an effort"—but I don't think I have assimilated to Korea'. Ava objected to the idea that remigrated adoptees should feel obligated to speak and learn Korean, and she highlighted a different and political aspect of learning Korean: ‘One reason I learned Korean is not to get approval from Koreans, but to tell Koreans what it is like for adoptees in Korea’.

A wish to know and learn about Korean culture and language was found in many interviews, but in most instances, the process of acquiring knowledge was differentiated from the processes of assimilation and becoming Korean. Emma, who had been adopted to Europe, explained that her wish to learn more about Korean language and culture had been one of several motivations to remigrate. This had led Emma to adopt what she called an immersion strategy. During her first year in Korea, she had pursued friendships with Koreans rather than non-Koreans. Emma said she adhered to immersion because she perceived it to be the most effective way to acquire language skills and gain knowledge of Korean culture, but she stressed that immersion is not the same as assimilation: ‘I can’t say that I’m trying to assimilate. There is a difference between assimilation and immersion. [. . .] For me personally it is about knowledge. It is not about aspiring to become Korean’.

Ava’s and Emma’s narratives highlight the complexity of identity, assimilation and language within the context of remigration; their perspectives disrupt a simple conflation of knowing/learning (about Korea) and becoming (Korean). Claire put it in this way: ‘I think it is unattainable, in my mind, to become like a Korean. I could learn much about it but never feel fully Korean. It is not with the intention to assimilate. To feel more comfortable here would be nice, but I have no intention to become fully Korean’. She added that it had been equally impossible for her to assimilate in the United States as a member of a racial minority, although the specific factors preventing assimilation in the two countries were different. Claire’s point about assimilation as unattainable and never complete was echoed in many narratives, yet I do not wish to argue that the participants had assimilated in their adoptive countries while failing—or refusing—to do the same in Korea. Rather, the interviews show that acquiring knowledge about Korea was a motivating factor for many participants but also that the process of *becoming knowledgeable* was not necessarily connected to desires of becoming Korean or assimilating into Korean society. I end this chapter with Julia, who reflected on the relation between assimilation and remigration.

KEEPING THE DOOR OPEN

When I interviewed Julia, we spoke about her future plans. After ten years of living in Seoul, Julia found the idea of moving back to the United States attractive because doing so would make many things easier, especially in terms of her career. But she also hesitated to make the decision: ‘It might be difficult to have a connection to Korea when I leave and how am I going to maintain that? Because this part of my life seems so unreal and because it seems so easy to walk away and have it be like a door that shuts. How do I keep the door open a little bit?' For Julia, the image of a closing door was linked to her experiences with assimilation: 'It is because of the way I have assimilated into the other world this feels somewhat unnatural. It would be easy to let it slip away, why wouldn't I choose that? Don't you want your life to be easier? It actually wouldn't because I would have lost that connection with that part that has been obliterated'. For Julia, remigration had opened a door to something that would otherwise have been lost—but what happens if proximity is replaced by distance? Julia said that, for her, it took thirty years to open the door, and she was unsure if it would be possible to keep it open: 'We were assimilated as young, and then I wonder will we be re-assimilated and the curtains will be closed again? I think, because it took a lot of work to make it happen, how much work will it take to keep it open?'

In Julia's narrative, the closed door points to her experience of having been assimilated. Keeping the door open and thus retaining a connection with what 'has been obliterated' seem to hold a reparative dimension. Interestingly, the narrative is not settled in a need to identify and recuperate a lost object; rather, it points to an investment in maintaining a connection and proximity to what has been lost. In this way, Julia's narrative may be read as indicative of how remigration produces agency that enables the adoptee subject to rework the conditions of assimilation and resist what Julia called 'reassimilation'. This resonates with many narratives in this study, and it points to how remigration may be understood as a process that transforms Korea into a liveable place for adoptees, but also that this liveability is experienced as both contingent and vulnerable to disruption.

I find it significant that the participants cited a range of motivations as to why they had remigrated to Korea. This encourages us to pursue complex understandings of adoptee remigration and to avoid theoretical interpretations that reads remigration as always and already grounded in biologist thinking and desires. The fact that the participants never imagined or thought of Korea as a place where they could live their lives calls for critical engagement with the biopolitics of transnational adoption that frame adoption as a morally legitimate practice removing children from domains of unliveability to domains of liveability. Adoptee remigration provides an interesting intervention into these logics, partly because remigration questions and redefines the limits of adoptee liveability and partly because remigration exposes unliveability—not as the domain from where the adoptee is rescued but as a foundational and vital component of the biopolitical optimisation of life that is pursued in the name of adoption migration.

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NOTES

1. Estimates of the number of transnationally adopted Koreans vary. Eleana Kim (2010) notes that 161,665 children were sent for adoption between 1953 and 2008, while Boonyoung Han (2014) estimates the number to be 162,397 between 1962 and 2012. According to Tobias Hübinette (2005), unrecorded private adoptions could bring the total number close to 200,000.

2. This includes adoption agencies in Korea that have made forays into the field of post-adoption services since the 1990s. One example is the Holt Homecoming Program, which matches Korean adoptees with Korean host families for three- to six-month stays to give adoptees an opportunity to experience living in Korea. The reality of adoption agencies as postadoption providers is a highly charged topic among adoptees, as adoptee-led organizations and initiatives often struggle to secure public funding in Korea.

3. G.O.A.'L. was established by adoptees in 1998. The organization is based in Seoul and provides a range of services for adoptees visiting or living in Korea, including assistance with applications for dual citizenship, social gatherings and birth family search. http://goal.or.kr/.

4. In 2013, Korea was ranked thirteenth worldwide in gross domestic product (GDP) and forty-second in GDP per capita. Statistics retrieved from "CIA World Factbook," accessed August 27, 2014, https://www.cia.gov/library/publications/the-world-factbook/.

5. Large parts of the Korean diaspora were, however, excluded from the OKA, in particular Korean Russians and Korean Chinese. The law was revised in 2004 (see also Park and Chang 2005).

6. The estimate is based on the number of participants at G.O.A.'L events throughout the years as well as on the number of adoptees who contact the organization for assistance in acquiring an F-4 visa. Not everyone who applies for an F-4 visa stays longer than three months, and some adoptees may apply for an F-4 visa without the assistance of G.O.A.'L. (private mail correspondence with G.O.A.'L, July 11, 2014). In addition, it is important to bear in mind that this number does not account for the many adoptees who have lived in Korea for extended periods but have since migrated elsewhere.

7. Private mail correspondence with G.O.A.'L, July 11, 2014. The restoration of Korean citizenship is not available for all Korean adoptees.

8. Daniel Ibn Zayd has coined the term *rematriation* in an attempt to avoid the connotations of expatriate and patriarchy inherent in *repatriation*. See also Daniel Ibn Zayd, "Rematriation and Adoption," *Transracialeyes*, February 23, 2014, accessed August 27, 2014, http://transracialeyes.com/2014/02/23/rematriation-and-adoption/.

9. My intention is not to explore parenting strategies vis-à-vis ideologies of assimilation and multiculturalism. See Park Nelson (2009) for a thorough discussion of the way in which assimilation has been analysed by adoption scholars.

10. During the interviews with the Swedish participants, I asked questions in Danish, and they answered in Swedish.

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Chapter Eighteen

Kinning Animals

Animals as Kin

Tine Tjørnhøj-Thomsen

> For Ida it had previously been of wholly crucial importance that she should have both education and work *before* she had children, she told the anthropologist one day. But when it became clear to her that she had fertility problems, she gradually began to revise the importance of her work. It occurred to her that it was crazy to put oneself through an exhausting course of treatment in order to (possibly) have children, only to drop them off at seven o'clock in the morning in a day-care centre and collect them again at five. *If* she had children, she could easily imagine giving up her work entirely. At least for the first three years. 'Now you mustn't laugh at me,' she says, explaining how she has felt since getting a dog. Before, she had to do this and then that, and placed great importance in buying everything that was on special offer in the shops. Now, however, it was crucial that she get home to the dog. It needed to be walked and must not be left alone for too long: 'I had noticed that by loving something or having something to care for, it then meant that other things really did come have to come second.'

Stories like this form the basis for this chapter on kinship with animals. In relation with studies of infertility and assisted reproductive technologies (ARTs) in Denmark, I was often confronted with animals (Tjørnhøj-Thomsen 1999, 2009).[1] Animals appeared in various ways in people's narratives of their infertility, just as I also met animals in many of the childless homes. Thoughts about the shared nature and reproductive life of animals and people, as well as knowledge of, and actual experiences with, animals mobilized themselves into ways of talking about and considering the desire for a child and infertility.

But how and why do animals appear in narratives of infertility? And what do they generally say about people's relationship to animals and to each other? What is it, for example, that enables the relationship with a dog to change one's viewpoint on children and one's working life and imagine a life with children? In the following, I allow those ways in which infertile people 'think with animals' (Levi-Strauss [1964] 1991) to form the background for a more general discussion of the different types of connections and attachment between people and animals, which I—perhaps provocatively, but which will hopefully appear as analytically relevant—define as kinship. I draw on insights and concepts from several, particularly newer, studies on kinship to shed light on people's kinship with animals (Schneider 1980; Carsten 2000; Howell 2001).

Before I get started, it is important to emphasize two points. *First*, infertility is an obvious field for an anthropological and critical study of kinship. Both infertility itself, as well as those considerations and decisions about the ART used to treat it, brings involuntarily childless men and women into a 'reflective space' (Turner 1967), where much of what they take for granted about, family, gender, identity and kinship must be revised and redefined (Tjørnhøj-Thomsen 1999, 2009). To open an ethnographic window to this space provides insight into some of the notions and practices that characterize contemporary kinship. Animals are also included here, as will become evident. *Second*, the presence of pets in the lives of the infertile couples is not special or surprising. It is just another example proving that animals have adopted a central place as both objects and actors in the modern Western person's thinking, social life, communities and sense of self. Thus, the state of not being able to have children do *not* make one particularly disposed toward an attachment to pets.

The chapter builds on ethnographic fieldwork in Denmark conducted in the late 1990s and early 2000s. I was interested in discovering what happens when ARTs intervene in people's lives (Tjørnhøj-Thomsen 1999, 2009). I followed three local groups of the National Association for the Involuntarily Childless in Denmark over a period of two years and did in-depths interviews with infertile men and women. In addition, I also carried out shorter periods of fieldwork at public fertility clinics. In this chapter, I also draw on other anthropological studies within the field of animals, as well as my own observations from other empirical contexts. When ethnographic attention is directed toward animal–human relationships, it offers an almost overwhelming wealth of ethnographic material, revealing the complex and, at times, paradoxical connections between humans and animals (Franklin 2001). It is these kinds of connections that interest me here. More specifically, I focus on the connections and meanings created when people interact with, and draw analogies between, people and animals. The drawing of analogies is a process of comparison that consists of establishing a connection between two phenomena or domains of meaning by articulating what they have in common, that is how they resemble each other. But the drawing of analogies does not work if one does not consider there to be a connection between the phenomena, in that it is not possible to draw analogies between identical phenomena (Strathern 1992a, 72–73). Thus, when people draw analogies between humans and animals, they are occupied with both similarities and differences. From an analytical point of view, this implies an interest in how these similarities and differences occur and are mobilized in different social contexts and an attention to cultural classification processes, setting boundaries, in- and exclusion processes and social differentiation.

A well-known analogy in a Western European context is the one drawn between children and pets. There are plenty of examples of people in several contexts, and without hesitation, discussing and treating their pets like children (e.g. Greenebaum 2004) or talking about their dog as if it were a close friend (Sanders 1999). But there are also plenty of corresponding examples of an external boundary to the analogy between animals and people. So, while a concept such as 'dog granny' functions in a Danish context, the thought of, and talking about, one's dog as a girlfriend/boyfriend or father triggers bewilderment and a furrowed brow. In the following section, I look more closely at these different aspects of people's kinship with animals—and the limits of this kinship.

THE HUMAN ANIMAL

> It was a case of now we were not *two* lovers anymore, we were *one* couple. And this implies to children, too. They belong there. I don't know why, but they belong there [stops for a moment, thinking and continues, mildly irritated]: Yes, I know you want it put into words [stops again]. Well, we have talked about the way that we are basically animals, and the basic driving force in all animals is to breed and have offspring, and this exists in us, too. And I think that basically it is the human animal that says, you must have children, we must breed.

In this quote, a man provides his reasoning for why it is so important to have children. He finds it hard to find the right words, and his obvious irritation from having to articulate and explain these wishes (to the anthropologist) is typical. The statement that it is '*the human animal* that says, . . . we must breed' is a good example of how similarities between people and animals are mobilized as a naturalization and subsequent justification of the desire for a child. The naturalization of the desire for a child occurs by drawing analogies from the animal world and thus stresses people's supposed similarity with animals. We know what is natural by comparing ourselves with animals, writes the American anthropologist Anna Lowenhaupt Tsing, who notes that this naturalization consists precisely of assigning nature with its own independent initiative (1995, 136–37). Nature and animals have an ambiguous status in Western European cosmology and philosophy (Yanagisako and Delaney 1995). Nature is sacred, holy and arbitrary, but it is also an object for inspection, intervention and control. What is both attractive and dangerous about nature and animals is how, time and again, they escape from human control and act on their own volition. What is interesting is that the arbitrariness of nature (here, *the human animal*) is mobilized in some cases as a legitimation and moral correction of some special wishes, needs and actions (such as the desire for a child) but that in other cases it can be socially, morally and ethically problematic, if people allow nature, both in and outside of people's lives, to act arbitrarily and uncontrolled to 'breed like rabbits', for example, is an insult

Reference to the human animal inside of us, when it concerns reproductive needs and wishes, is not surprising if one keeps in mind that children have been introduced to the mysteries of fertilization with the aid of animals. There were the familiar stories of flying storks and herons bringing the babies (the naval being explained as the mark left by the beak, and the stork often appears as a name of or a symbol in modern fertility clinics) and the tentative versions of the birds and the bees. And then there were the country children, whose sexual education often consisted of being able to observe, with their own eyes, the reproductive physiognomy and life of the domestic animals (Löfgren 1985).

But analogies between people and animals also have a power beyond the concerns of reproduction, as animals play a rather extensive role in the training and raising of children (Löfgren 1985). One significant aspect of people's kinship with animals can be said to be based on the countless ways in which animals are involved in the socialization of children (indeed, an important dimension of kinship) and thus contribute to the transformation of children into adult, fully fledged citizens in society. Some studies argue that children's interaction with living animals strengthens their social skills and their ability to care for and take responsibility for other people (Belk 1996). The central role of animals in children's lives is expressed not only in the number of pets in families with children (Statistics Denmark 2000) but also in the amount of stuffed animals found in children's rooms and in the overrepresentation of animal characters in children's literature and children's films and TV series. This socialization also attains a global dimension through exotic pets and popular TV channels such as Animal Planet.

The British anthropologist Mary Bouquet (1993) writes that children learn about socially active categories, values and the world order through the stories they are told by adults. It is a thought-provoking perspective, given animals' manifest presence in children's literature. In many children's books, animals are used to depict the hegemonic family picture. In these representations of animal lives, any natural, polygamous lives of the animals are forced out in favour of the nuclear family; there is Daddy Bear, Mummy Bear and Little Bear or Henny Penny, Cocky Locky and Chicken Licken. The nuclear and heteronormative family and the gender-fixed positions and spheres of activity of the family members are naturalized and normalized by being portrayed as animals.

FIREMEN AND PIGS

Children's books are not always in line with reality. For an increasing number of children, the nuclear family is not their reality. And there are other examples of the limitations of the analogy between people and animals. The Swedish ethnologist Orvar Löfgren (1985) introduces the article "Our Friends in Nature" with a short anecdote about a drive he took with his three-year-old son. Along the way, they are suddenly overtaken by a number of fire engines. The son follows the dramatic events with deep fascination, before turning suddenly toward his father and, with a disappointed expression, cries out that the firemen are not pigs but men. Löfgren realizes that his son has been overexposed to Richard Scarry's children's books, where pigs are firemen and eat bacon for breakfast together with the rest of the pig family.

But there are societies in which the animal–people analogies that provide meaning to Western society are completely meaningless. One of the most entertaining accounts of this is that written by the American anthropologist David M. Schneider (1968), based on his fieldwork on the Micronesian Island of Yap.

Schneider recounts how the Yap people do not acknowledge any kind of connection between sexual intercourse and pregnancy. One day Schneider noticed that the Yap men castrated their wild pigs, reasoning that this made them fatter. The men were, however, perfectly aware that these boars could not impregnate a sow. This piece of information compelled Schneider to point out that everyone had told him that intercourse *did not* make women pregnant. 'That is correct', the Yap said, somewhat puzzled. Schneider went through the Yap's version of human reproduction once more. He writes, 'They were puzzled, and so was I. We did not understand each other. I felt like I had presented them with a number of logically inconsistent statements, which screamed out for an explanation' (Schneider 1968, 127–28). But the Yaps could not see the inconsistency. After a lengthy discussion, however, something finally dawned on one of the men: 'But people are not pigs', he said.

But why could Schneider not see the difference between people and pigs? The answer is that when it comes to the question of reproduction most Americans and Europeans consider pigs and people to be basically the same with regard to reproduction (Tsing 1995). The anecdote thus serves as an exposé of the hidden, but dominating, Euro-American understanding of a nature-given kinship between people and animals. According to the Yap people, only idiots would think to equate pigs with people. The crucial difference for them in this particular instance was that the Yap people had the spirit of the forefathers, and the Yap pigs did not. Neither firemen nor people are pigs. Schneider's epiphany and Löfgren's son's disappointment are momentary discoveries of a culturally contingent basic notion of people's kinship with animals, which, however, is far from being universal.

ANIMAL INSULTS

In accepting fertility treatment, infertile men and women are stepping into a biomedical field that is characterized by rapid development and the subject of extensive research and economic interests. To undergo fertility treatment is a mentally, physically and socially demanding process that involves doctors, experts, procedures and medications and technologies, and there is not always any explanation as to why treatment has not been successful. The doctors are therefore also sometimes testing their way forward in an attempt to achieve a positive result. It could mean trying a different hormone, medication or another treatment type to see whether it *might* work. To some women, fertility treatment prompted the feeling of being experimented on, and they described themselves as 'lab rats'. They thereby made an analogy between their own experiences of the fertility treatment and their knowledge of the contentious living conditions of laboratory animals. To describe oneself as a laboratory animal is to express feelings of a loss of control, objectification, dependence and dehumanization. One oft-noted characteristic of animals, not least laboratory animals, is that they cannot speak for themselves. When it comes to pets, this 'dumbness' is often experienced as unconditional loyalty (Belk 1996; Reddy 1998), but in the analogy with lab rats, the same inarticulacy functions rather as a description of the loss of the chance to speak out or protest.

To describe oneself as a lab rat can be seen as an example of what Edmund Leach calls *animal abuse* (Leach 1968, 27). In the article 'Anthropological Aspects of Language: Animal Categories and Verbal Abuse', Leach defines *animal abuse* as a situation in which a person is insulted by being compared to an animal (Leach 1968, 28). 'You pig' or 'you cow' are good examples of animal abuse. Despite the fact that it is being used here to put into words specific experiences of fertility treatment—describing oneself as a lab rat falls into the same category. Leach hypothesizes that animal insults are based on how specific animals are culturally classified. There is thus a close association between the animal insulting (or *animal flattering*) classification of animals and social interaction and relatedness between people and animal. It is connections of this nature that are of interest here. *Animal insults* connect (specific) animals or animal characteristics with (specific) people (Holmberg 1996). One can be as cunning as a fox and as slippery as an eel, behave like a pig and—if one really insists—a swine, one can be as smooth as a cat, eat like a bird, be feather-brained and run around like a bull in a china shop. Conversely, specific people's relationships with animals can also invoke an identification with their surroundings and stigmatization of both people and animals. I recently became familiar with the category 'Psychopath poodle' (in Danish *psykopatpuddel*) which is a cruel, aggressive dog prone to biting whose behaviour is assumed to be a direct result of a psychopathic owner. One can argue that this refers more to *human insults*, because the animals are being denigrated in the comparison with people. But the end result is the same. Specific people's distinct interaction with and connection to specific animals is mobilized as a social differentiation mechanism.

A connection and interaction with animals has yet another social dimension, however. There are people who state that they are 'dog people', and there are those who are more 'into cats'. There are also increasingly people whose inclinations turn towards culturally *exotic* animals such as snakes, chameleons and tarantulas. To *be into* a particular animal labels a special affiliation not only to a specific category of animal but also to a particular category of people (e.g. a type of imagined community with all those who are into cats) and thus closely connected to self-awareness and self-representation.

It is important to emphasize that the relationship between classification of and interaction with animals is neither unambiguous nor stable. What is defined as 'gruesome' or 'humane' treatment of animals depends on the specific context of the person–animal interaction It is not necessarily a contradiction to go on a rabbit hunt in your back garden while also keeping rabbits as pets in a cage in your front garden. It is a question of purpose, perspective and situation.

GET YOURSELF A DOG

> We have got a dog, two cats and a canary; what do you suggest now?

The infertile men and women often received plenty of good advice from family and friends. One of the most common pieces of advice was that they should get themselves a pet to 'take their minds off it'. There is a widespread belief that one can think 'too much' about having children and thereby hinder reproduction. To think about something else by surrounding oneself with a pet should, according to this train of thought, have a beneficial effect on the reproductive flow. This sort of advice was, however, seen as ridiculous, absurd and insulting, in part because it portrayed infertile people as mentally 'obsessed' with children. And yet even while this get-yourself-a-dog advice was met with annoyance, it was not necessarily left untried. There were plenty of pets—including many in the homes of the infertile men and women. Nor did many try to hide the fact that a pet or two could act as a substitute for one or more children and thus fulfil the relational, emotional and physical empty space that the absence of a longed-for child brings about (Tjørnhøj-Thomsen 1999).

This indicates a more general social phenomenon, namely that pets have become an integrated part of modern family life. An assessment from Statistics Denmark (2000) shows that 880,000 families in Denmark keep one or more pets. Pet statistics are consistent with the increase in pets on social media and the many websites and books on pets and raising dogs (e.g. 'Adding a Dog to your Family'[2]). One book emphasizes that it is important to prepare for and consider thoroughly 'what kind of dog will fit in well into you and your family's daily lives' (Jarnberg 2005, 26). The message here is that the family dog must be a perfect fit for the individual family's social idiosyncrasies and daily life.

Although owning pets is in no way either a historically novel or an unequivocally Western phenomena, it is apparent that there has been a significant expansion in pets and pet-related activities and use patterns in Western society during the twentieth century.

The emergence of pets is a result of an emotional reorientation towards animals, which is often coupled with the increasing urbanization and new industrial manufacturing conditions in the nineteenth century. Animals have become marginalized from the domain of human experience, and fewer and fewer people now have direct and concrete experiences with animals (Macfarlane 1987; Tapper 1994). In contrast, the argument goes, they have become more involved with pets and animal welfare, that is, people's moral obligation to animals and their rights (Kete 1994). The keeping of pets is associated with a low birth rate, a high emotional investment in the individual child and a modern, 'atomistic' kinship system, in which children and pets have become 'luxuries' (Macfarlane 1987). The emergence of pets is thus also connected to a new nuclear family structure, which was anchored in the middle-class culture that developed in the nineteenth century. The middle-class society marked its distinction, class and affiliation with modernity by its pets. Keeping a pet became a way of distancing oneself not only from the peasants and the workers but also from the nobility's brutal way of interacting with animals (Kete 1994). At the same time as these bourgeois ideas about self-discipline and civilized behaviour involved a denial of the animal nature in people, the middle classes welcomed a special category of animals into their homes: pets (Löfgren 1985).

Thus, animals have increasingly become integrated into the domain of human kinship and family's social structure and rituals. Pets get Christmas and birthday presents, toys, clothing and hotel stays; they celebrate their birthdays, appear in family photos, are buried and are remembered; and they contribute actively to the daily life, in both harmony and quarrels, of the family. Everyday life also brings with it canine modes of invocation, such as 'Come here to Mommy', or 'Yes, you're Daddy's doggy, yes you are, good dog', just as a 'dog granny' has emerged as a new category of grandparent (Reddy 1998). A 'dog granny' is a person that acts as a grandmother for its human children's dogs, that is to look after the dog while its 'parents' are unable to, and in this connection spoil it a little too much and thereby practice a special and familiar grandparent–grandchild bond, which among other things consists of suspending the normal dietary and social rules. Dogs are equated with children. And yet again there is a crucial difference because even though puppies grow into adult dogs, they never become adults in the way that people do. Kete points out that infantilization and control were some of the key aspects of the Parisian bourgeois pet culture of the nineteenth century. Pets lived in a state of 'eternal childhood' and should be raised like children, 'kindly, yet firmly' (Kete 1994, 82). An old dog can thus achieve the status of 'old boy' but never a man.

Analogy drawing between children and pets is thus under all circumstances culturally ambivalent, as will be shown in the next section.

KINSHIP WITH SILLE

During my fieldwork, I visited a couple who had been trying for a child for a long time and had undergone a great number of treatment attempts, all without success. They had, however, recently begun to consider adoption, and their newly acquired dog played a significant role in these considerations. I met the dog in the hallway together with its owners. It is relevant to the story that the dog had a very remarkable appearance. It was an off-white coloured, greyish-pink indefinable, somewhat disproportionate mix of a poodle and a dachshund. The dog also took an active part in the interview. It placed itself on the sofa and gained our attention and comments by moving around, placing its head in the anthropologist's lap, sniffing and gently biting at the tape recorder, hopping up and down, turning in concentric circles and scratching at fleas. We people talked at length on the longing for children and unsuccessful treatment attempts.

All the couples in my study hoped for and tried in the first instance to have their 'own' child, that is a child both parties were genetically linked to.

But this was a wish that many were forced to put back on the shelf. Most of them were convinced that they would be able to love an adoptive child 'as if it was their own'. They were unsure, however, of the relational implications of the child not being genetically linked to them. Would this create problems for the child? Would it develop identity problems? Would the child, for example, at some point in puberty, cry, 'But you're not my real dad'. The potential parents' conviction that they would be able to love any child could thus not completely overshadow the feeling of a relational fragility. The woman said,

> But then last year we got Sille [the dog]. And one week after, we couldn't manage without her. So we talked about it in this way. If it was possible for us to love a dog this much, then we would also be able to love an adoptive child. And I didn't give birth to Sille [laughs]. But it's that sense of feeling that you are responsible for someone. Someone, that is dependent on you. Today, I am in no doubt at all that I could love another child—no doubt whatsoever.

This case, and the analogy it draws directly between an adoptive child and a dog, often invokes a certain moral unease or uncertainty in those who hear it, just as the woman who tells it hesitates a little herself at the comparison by placing it at an ironic distance. Because there is such a clear distance between dogs and adoptive children, but there are also some similarities, which become crucial in this instance. To properly grasp this, there is a need to look a little closer at the concepts *relatedness* (Carsten 2000) and *kinning* (Howell 2001). Some years ago, the British anthropologist Janet Carsten (2000) introduced the concept of *relatedness*. Instead of working on an a priori assumption of what kinship is, Carsten suggests that we explore how the people we are studying think, act and feel relatedness. Thus, the concept of relatedness suggests an analytical position from which one can study the nature of intersubjective relationships, and the ways in which specific forms of relatedness are mobilized in different situations and by different actors. For instance it makes it possible to give nuances to the meaning of 'own' child and 'real' family. Finally, it also provides the opportunity to study how nonhuman 'others'; like animals and things become *kinned* (Howell 2001), that is incorporated into the human family and kinship.

The point to be made about Sille is that the presence of the dog and the daily interaction with it has generated strong feelings of responsibility, love, mutual dependence, enjoyment and care. All denote ways of thinking, feeling and practising relatedness that remind us of children, family life and kinship, but which apparently have nothing to do with either genetic or gestational relatedness, both aspects of relatedness that had previously dominated the couple's considerations about children. Indeed, Sille is neither conceived nor born of people. But the daily interaction with the dog, and the particular relatedness it has created, has qualified and given substance to the fragile feeling that it is possible to love an adoptive child as if it was one's own through the interaction and proximity of everyday life. Sille's presence thus allows us to imagine that kinship can be established in other ways than by having one's own child. Kinship with animals also has its limits, however, as the following case illustrates.

A NAME AND A PERSON

One of the couples had been trying to have a child for many years. Finally, they were successful. They had told me that if they didn't have children, then they would spend more time on their cats: two large, long-haired Maine Coons. The pair did not hide the fact that they looked on the cats as 'their children' and spent a considerable amount of time on them and on taking them to various cat shows. But then, after many unsuccessful treatment attempts, countless miscarriages and anxious pregnancies, they succeeded in having a baby. It was hard to believe that they finally got their wishes.

One night, Signe recounted the little incident that finally convinced her that now she had a child and that it made a difference. She had been to a close friend's funeral. The friend had never had any children. After the funeral, Signe walked over to look at the many wreaths and flowers that were lying on the church floor in front of the coffin. A ribbon around one of the largest wreathes caught her attention. It read 'From Johanne and the children'. Johanne was the deceased's wife, while the so-called children were—Signe knew—their two dogs. It became clear to her that if it were her who had died, then there would have been a person's name written there, namely the name of her daughter. In that moment, it became explicit that even though animals can compensate for children in our day-to-day lives, they cannot reproduce us like a child can. Pets cannot connect one in time; that is they cannot reproduce or immortalize people, either in the dominant genetic sense or in the social sense. The understanding of continuation and reproduction which is another important dimension of kinship insists on the relatedness that is created by the interaction, proximity and caregiving of everyday life. This can be managed by children, genetic or otherwise, but not by pets. It was this that became clear to Signe at her friend's funeral.

THE LIMITATIONS OF KINSHIP

For most people in a Western European context, the discussion of people's kinship with animals will trigger certain reservations that are based on a fundamental ambivalence in people's relationship to animals, as has been illustrated in the preceding examples. On one hand, most people will acknowledge that people are related to animals in the sense that people and animals have some things in common biologically and reproductively, and many will also, to a greater or lesser extent, accept the perception of a pet as a family member. But on the other hand, there are also, as has been shown, marked differences between people and animals.

These reservations shall, among other things, be understood in relation to some dominant and particular characteristics of Euro-American kinship (Strathern 1992b). In the epoch-making work *American Kinship: A Cultural Account* (1980) the now-deceased American anthropologist David M. Schneider characterizes American kinship as a combination of elements from two general cultural orders: the order of *nature* and the order of *law*. The order of nature concerns those relations based on common biogenetic substance and which are constituent in heterosexual procreation, that is in sexual intercourse. These relations are presented as being permanent and irrevocable and assigned at birth. To be connected based on the order of nature also implies, according to this line of thought, a common origin and identity. The idea of the permanent and irrevocable nature of the family was often expressed by the infertile men and women in my study. In imagining what family was or should be, they would talk about the family as something one has 'no matter what' and 'which will always be there', and in an especially domestic context, where 'you can be yourself'. These expectations of the family were, however, not always met. The great hopes of the family's unconditional support and ability to carry the burden were fulfilled in some situations but were often accompanied by quarrels and breakdown as well. Family life unfolds in a field of tension between strong ideas of permanent solidarity and latitude and more everyday conflicts and problems (Gillis 1996).

In opposition to (the notion of) the unbreakable natural order, relations based on the *order of law*—and here, Schneider was thinking for example about marriage—can be broken and overturned. An ex-wife or ex-husband is a possible and common category, while an *ex-daughter*, in terms of this model, is an impossibility.

Animals do not fit completely in with this model of kinship. People do not marry animals. Nor do animals fit into the family tree and in genealogy even though human beings *originate from* animals (as most Western Europeans have learned through Darwin's theory of the origin of the species). There is therefore also a widespread acceptance that kinship (or the biological similarity) with some animals, for example monkeys and primates, is *closer* than our kinship with eagles or lizards is (Paparagoufali 1996). Even though sex with animals occurs and is morally contentious, sex with animals does not take place with a view to reproduction. This marks a limit that cannot (yet) be crossed without triggering cultural and social disorder with depictions of monstrous creations in its wake. The idea of a *substance* connectedness with animals is culturally problematic, as shown in studies of xenotransplantation (the transplantation of animal organs, tissues or cells into seriously ill humans in the hope of curing them; Lundin 1999). Xenotransplanation raises moral uncertainty and concerns as to the extent; for example it will incorporate the traits of the animal donor. Culturally conditional boundaries between animals and people have under all circumstances been challenged by the biotechnological practices of the past two to three decades. These practices have given rise to concern that humanity's uniqueness can be maintained and have triggered both a reclassification of the boundaries between animals and people and a reevaluation of animal–human relations.

ANIMALS BETWEEN PEOPLE

The final theme of this chapter concerns the more comprehensive social communities that are both established around and threatened by pets. Animals connect, as do children, their parents/owners to larger and more comprehensive social communities that develop around activities such as agility training, hunting, pet shows, breeding and walking. Pet owners (just like parents) inevitably become integrated into more comprehensive communities of consumption. Many social and economic resources are used on the socialization, grooming, dressing and dietary needs of pets—and children. The marketing and consumption of pet food, pet toys, pet hotels and pet bakeries, pet hospitals and pet funerals, cremations and cemeteries have exploded over the past decades. Pets are thus not just family members but also actors in and a link to the establishment of social communities that go beyond the family.

Pets, however, are still animals. One does not need to go very far in a Danish context before pets' ambivalent status as both family member and animal steps forward as a point of conflict in everyday life. In the rural area where I live, there are plenty of examples of how people's close relatedness to their pet collides with those aspects of connectedness that characterize good neighbours. On careful and systematic reflection, I can note that most of the disputes between neighbours in my local area are rooted in the following situations: people's strong emotional affinity to their pets and the pets' animal disposition toward crossing territorial land plot boundaries and, for example, leaving their excrement in the neighbour's garden, attacking the neighbour's children or other animals or destroying men's hunting experiences by hunting the prey themselves. Requests that the dog be tethered (and it is often dogs), that a dog pen be erected or that the animal's radius of action be controlled and/or limited in other ways often generates bitter reactions. What is at play here is an unwelcome intervention into the particular connection families establish to their pets, whereby the critique of the pet (and of the pet's personality) is inevitably taken as a critique of its owner and an attack of one's privacy and private life (Reddy 1998).

KINNING ANIMALS—ANIMALS AS KIN

In this chapter, I have shed light on and discussed the diverse connections and forms of relatedness between humans and animals. The infertile men and women use animal analogies as well as knowledge and assumptions on the similarities between people and animals as ways of thinking about, naturalizing and justifying their desire and longing for children, and to express the experiences of the course of treatment. The concrete daily interaction that the infertile men and women have with their pets also opens up imagining other aspects of family life and kinship than those concerned with biological reproduction and genetic affinity. As a way of thinking about animals, the drawing of analogies functions as a mobilization of culturally anchored similarities and differences between animals and people, which is embedded in concrete animal–people interactions, and conditional on situation and context. Animal-based insults and/or praise and people's affinity to specific animals can be mobilized as labels of social differentiation and thereby as labels for human communities and identity. The drawing of analogies between people and animals is fundamentally ambivalent, and the kinship between people and animals has clear boundaries, as has been illustrated. People do not marry animals, and animals cannot reproduce people, either in a biological or in a social sense. They cannot bring about the progression of life or connectedness in time, as human children can. Nevertheless, animals have a relatively central place in the thoughts, social lives and self-awareness of Western peoples. Nor is it surprising then that the animal–human relationship sneaks its way in as the basis for anthropological kinship studies. W.H.R. Rivers allowed himself to be inspired by British ideas about the family tree in his development of the genealogical method. While David M. Schneider became, on his discovery that people were not pigs, spurred on toward a critique of kinship studies' inbuilt ethnocentrism, which universalizes that which people and animals are assumed to have in common in a Western European mind-set: biological reproduction.

NOTES

1. This chapter is a revised version of an article "Slægtskab med dyr," published in the Danish journal *Tidsskriftet Anthropologi* in 2006.

2. Cheryl Greene, "Adding a Dog to your Family," DrGreen.com, February 21, 2012, http://www.drgreene.com/perspectives/adding-a-pet-to-your-family/.

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