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Chapter 5

Motivations for Social Egg Freezing

Egg freezing technology has been available to women experiencing illnesses or undergoing treatments likely to render them prematurely infertile for some time; however, the use of this technology as a tool of fertility extension and genetic conservation in 'healthy' populations is comparatively new. As is often the case with new technological developments in assisted reproduction, there has been much media speculation about the factors motivating women's engagement with this technology, and news articles on the topic of egg freezing can be found dating back as early as the late 1990s (Todd, 1999). However, it has only been in the last few years that research has begun to provide insights into motivations of the women engaging with this form of assisted reproductive technology. By drawing together the currently limited literature which has examined women's motivations for social egg freezing with the findings of this research, this chapter provides a detailed and nuanced discussion of the multiple, and often complex, factors and issues which shaped the motivations of female users of this technology. In particular, this chapter will discuss how the participants' sense of 'running out of time', their lack of a suitable partner, a fear of engaging in 'panic partnering' and a fear of future regret shaped their decision to pursue egg freezing. This chapter will also explore how the presence of additional fertility or health problems, certain practical issues and critical events also influenced women's decision-making and will end by examining the comparatively insignificant role career ambition played in users' engagement with this procedure.

5.1. 'Running Out of Time'

A common motif observable in the marketing and advertising material of social egg freezing is the idea that the technology has the potential to allow women to 'put motherhood on hold' by 'freezing' or 'pausing' their biological clock often accompanied by imagery of analogue clocks, egg timers and hourglasses indicating the passing of time. For the participants, time itself, the passage of it, the perceived lack of it, the desire to not run out of it and the wish to 'preserve', 'freeze' or 'extend' time were central to their use of egg freezing. Aware that their fertility declined as they aged, the participants saw as well as experienced their reproductive potential as a precious and limited resource imbued with socio-cultural value which was put at risk by the passage of time. However, it was not only the participants' ability to transmit their genetic material to future

generations which was jeopardised by the process of age-related fertility decline but also their ability to pursue particular idealised forms of parenting.

Central to the participants' accounts was the desire to keep open the possibility of pursuing parenthood with a partner who also shared a genetic relationship with their child. However, the participants commonly described feeling that they were 'running out of time' to find a partner and pursue motherhood in this particular configuration due to the process of ovarian ageing. As Helena and Melanie explained:

I was just thinking, time is running out; what do I do now?

— Helena (37 years)

The reason I was doing it was because I felt like I was running out of time.

— Melanie (36 years)

When discussing their concerns about running out of time to find a partner and attempt motherhood, the participants would often describe how they felt that their lives had become 'out of sync' with many of their contemporaries, who had often already formed relationships, married and had children. Many of the participants also described how they had expected to have already become mothers and that their non-mother status, and subsequent use of egg freezing, was not something they had anticipated encountering at their current stage in their lives. As Melanie explained:

I had just come out of a three-year relationship and so it was like I was starting over, and that's not where I was expecting where my life was going to be at that time. And even if I met someone at, like that second, you need to get to know them, to date them and it felt like I was, I was running out of time and I didn't want to choose to be with someone just because I wanted to have a family. So, I figured that that made the most sense to just freeze my eggs.

— Melanie (36 years)

Strong cultural constructions of an ordered and sequential lifecourse remain highly pervasive in many Western contexts and as a result a feeling of 'time-panic' can set in when an 'individual or group senses it is coming to an end of a track without having completed the activities or having gained the benefits associated' (Lyman & Scott, 1989, p. 46). As was explored earlier in Chapter 3, many of the participants described feeling 'out of sync' with some of those around them as well as with their own expectations about how they anticipated their lives would unfold. For many of the participants, the period in their lives in which they had anticipated pursuing motherhood had either already passed or was currently passing. As a result, these women sought to draw on egg freezing in an attempt to re-order their reproductive trajectory and re-synchronise their biological clock alongside their own personal timeline.

Despite often spending upwards of £5,000 on the procedure, not all the participants reported feeling a strong desire to become a mother; in fact, a small number of the participants disclosed that they were ambivalent about the role motherhood may play in their lives. However, all the participants shared a desire to be part of a secure, committed relationship; yet, at the time of freezing their eggs the majority ($n=26$) were single. The establishment of a secure partnership was therefore an ongoing concern for all the women, many who described a desire to find a partner who was open to the possibility of fatherhood in the future. However, aware that their fertility was declining, the participants commonly remarked that they felt under considerable pressure to find such a partner as soon as possible. The feeling of 'running out of time' reported by the participants was often particularly acute because they not only described a desire to find a partner but also sought to become 'ready' for parenthood with that partner prior to trying to conceive. Furthermore, the process of becoming 'ready' to have a child as part of a relationship was seen to involve, if not necessitate, a period of 'dating', getting to know and becoming sure of their partner, as well as enjoying a period of time child-free before committing to parenthood. Participants also described other practical issues or milestones to achieve before trying to conceive, such as moving in together, getting engaged or getting married. This process of becoming ready for parenthood was very important to the participants to ensure that they were having a child with the 'right' partner, but it was also recognised as intensely time consuming. It was the time-consuming nature of this process which led several of the participants to note how, even if they met a partner in the very near future, it could still be a long time before they could consider trying to conceive. As Holly and Emily articulated:

It's very hard when you are at an age when you really should be with someone, or meeting someone, and realising how long it would be, even if you met someone tomorrow, before you would actually settle down and get to the point of being able to agree to have children. And then there is the trying to have children on top of that! That takes an awful long time. So, unless you are just going to take the next man you meet, there is a lot of pressure on to try and find that person and it's not that easy a thing to do.

— Holly (38 years)

I think you just need to have been with the person long enough, you need to live together, ideally you are going to be with this person for you know the next 20 years if not the rest of your life, you can't always know that in the first six months.

— Emily (44 years)

Some of the participants also remarked how it was not only important for them to become ready to have a child prior to pursuing motherhood but how their partner also needed to be ready for parenthood prior to trying to conceive.

However, as one participant, Claire, noted, this could mean waiting for an even longer period before attempting conception.

My brother-in-law and I had a talk about a month ago and he was good about it, you know that male perspective [...] He said even if you do meet someone, they may not be ready to have a child. And you may meet someone, even after six months, a year, they may not be at that stage either.

— Claire (41 years)

For these women egg freezing was therefore a means by which they could try to secure extra reproductive time in which to pursue parenthood and which would enable both parties to become sufficiently ready for parenthood prior to trying to conceive.

5.2. The Lack of a ‘Suitable’ Partner

Like the fear of running out of time, the lack of a suitable partner with whom to have a child was central to all the participants’ accounts and has been identified by several other non-UK studies as a significant factor motivating women’s engagement with egg freezing (Brown & Patrick, 2018; Göçmen & Kılıç, 2018; Groot et al., 2016; Inhorn et al., 2018; Pritchard et al., 2017; Stoop et al., 2015). As previously explained, at the time of undergoing the procedure most of the participants were single and were thus still looking for the right partner with whom to have a child. However, five women were in a relationship at the time of freezing their eggs but still described themselves as not yet ready to pursue motherhood. This was because they were in relationships with men who did not want to have children ($n = 2$), were in a new relationship which they believed needed more time to develop before considering having a child ($n = 2$) or were unsure about the potential longevity of their current partnership ($n = 1$).¹ However, all the participants, those who were single as well as those in relationships, lacked what they saw as a ‘suitable’ partner – this was one with whom they were sure they wanted to pursue motherhood and who was also equally committed to fatherhood. All the women had been in intimate relationships with male partners in the past; however, many reported difficulties in finding a suitable partner who shared their parenting ambitions. Instead, women described how they had encountered negative attitudes from men with regard to settling down and pursuing parenthood, as Charlotte and Mary told me:

¹See Appendix 2 for interview quotations which illustrate how the participants’ relationship status shaped their use of egg freezing.

Most people down here, they don't want to commit. It's very difficult to find someone, you know, that actually wants the same things as you want, and I think that is part of the struggle.

— Charlotte (42 years)

I have found men to be real commitment-phobics, they are happy to wine and dine but as soon as a year or so has passed into the relationship [...] they are all like it, and I have heard it from so many women.

— Mary (49 years)

In addition to experiencing difficulties in establishing a secure long-term partnership, some of the participants also described being in relationships, sometimes for several years, only to find that they and their partner held differing, and sometimes conflicting, views about parenthood, which in several cases led to the dissolution of the relationship. As Jen told me:

On the night of my thirtieth birthday [...] my husband and I went to a fancy dinner and I said at the dinner table, I was like 'ok, I'm ready to have a family'. He just completely freaked out and he was like, 'oh my god, I'm so not ready' [...] And I said 'well, when are you going to be ready, you know, give me a sense, like is this two years from now or something like that?' He said 'I don't know, and the more you ask me the less willing I'm going to be to talk about it'. And that was kind of the beginning of the end of our marriage.

— Jen (39 years)

The perceived disparity between men and women's attitudes towards commitment and parenthood was sometimes attributed by the participants to a double standard in reproductive ageing that allowed men a greater window of time in which to reproduce compared to women, and therefore afforded men more time to 'play the field' prior to settling down in a long-term relationship. This issue of men as (non)reproductive partners is explored in more detail in Chapter 7.

Commentators on social egg freezing have often assumed that women's use of the technology is driven by their desire to maintain a genetic relationship with their future offspring which alternatives such as egg donation or adoption do not permit (Goold & Savulescu, 2009). Whilst this research identified a desire on behalf of the participants to bear genetically related children, what appeared equally as important, and which is often omitted from other research on this topic, was the significance these women placed on their child also sharing a genetic relationship with their chosen partner. This helps explain why women seek to make use of egg freezing rather than the more effective technology of embryo freezing using donor sperm: because they are seeking a genetic relationship, not just between themselves and their child, but instead are seeking to create a family where the genes are shared between both parents.

5.3. Fear of ‘Panic Partnering’

In addition to sharing a concern that their declining fertility could prevent them from pursuing motherhood with a partner in the future, the participants also held more immediate concerns about how their fear of age-related infertility could influence their behaviour in the present. Specifically, many of the women were concerned that the pressure they were under to find a partner could lead them to compromise on their own expectations and desires when entering into new relationships. This fear of what I have described as ‘panic partnering’ (Baldwin et al., 2018, p. 1) was also identified by Brown and Patrick (2018), who described how the women in their research drew on egg freezing as a means to avoid ‘settling’ with a partner who was not right for them and to prevent them from ‘sacrificing their selectivity’ in the search for such a partner (2018, p. 11). This shared fear of entering into a relationship with the wrong partner to prevent unwanted childlessness appeared to intensify for both sets of participants as they aged, with both groups of women remarking that they had seen friends or family members ‘panicked’ into relationships with men by their ‘biological clock’. As Aleen described:

I have friends who hit 30 and I absolutely know they just got together with a guy just to have kids because they had a drive, because all they wanted to do was have children, and with their last boyfriend it didn’t work out, so they were just looking for anyone.

— Aleen (35 years)

The participants in this research also explained how they had seen women pursue relationships with men to avoid unwanted childlessness, only to regret entering into such relationships later when they ultimately broke down. It appeared that they were keen not to make the same mistakes.

I have spoken to women that told me that they went ahead with a relationship despite knowing that they didn’t really love the person that they were with, but they wanted to have children, and yes, they have the children but that relationship resulted in divorce.

— Ellen (45 years)

I don’t believe in having pressure and I think probably people put a lot of pressure on themselves when people are getting to that stage in their lives, where they think well I might only have a few years left, and I just didn’t want to do that. I didn’t want to end up with the wrong person for that reason.

— Effsie (40 years)

However, the time pressure that these women were exposed to meant that it was becoming increasingly difficult for them to avoid ‘panic partnering’ themselves. By engaging in egg freezing the participants hoped they would have more

time to find the ‘right’ partner and prevent themselves from entering unwise relationships. Thus, for these women, egg freezing was not only about keeping the option of parenting with the right partner open for the future but was also about ensuring they did not compromise on their expectations and chose the wrong partner in the present.

If I didn’t have my eggs frozen I would be putting loads of pressure on myself to just settle down with someone just do it (have children) because I would feel like I need to do it. I know I want to be a mum, but I eradicate that as an issue by having the eggs.

– Aleen (35 years)

As Brown and Patrick (2018) have previously described, by freezing their eggs many of these women hoped to extend their reproductive timeline which would allow them to disentangle their partnership and parenthood projects. In doing so, they hoped they could continue their search for a romantic partner without evaluating prospective partners as potential fathers. By freezing their eggs, they hoped to enjoy the process of relationship building with the potential option of pursuing their end goal of a family when the time was right.

I would have made some much worse choices in my life if I hadn’t have done it (egg freezing) [...] I was starting to think differently, and make panicked decisions about the next sort of person I would meet and I was thinking in terms of the father of my baby, that was literally it, and becoming quite desperate [...] Having that in place means I’ve been able to relax a little [...] it gave me the freedom to find my own little bit of independence and my own little bit of self-esteem and be able to sort of not run crackers in to the next relationship and cause an epic fail.

– Amber (39 years)

Whilst all the participants ultimately decided to freeze their eggs in an attempt to retain their reproductive options in the future, alternatives to this technology included embryo freezing using donor sperm or, as discussed in Chapter 4, single parenthood via sperm donation. However, despite these alternatives being more likely to result in a live birth in the future, the participants rejected these options in favour of pursuing parenthood with a committed partner. This was often because the participants believed they did not have the economic resources, or social support, they would require to raise a child alone or because they did not think it would be in the best interests of their child to be born ‘without a father’. As such, it is clear how women’s use of egg freezing is shaped by their desire to live up to heteronormative lifecourse expectations which, to the exclusion of other forms of parenting such as single parenting, valorises the nuclear family as the ideal family form in which to raise children.

5.4. Regret and Blame: The Responsible Reproductive Citizen

When the participants spoke about their decision to undergo egg freezing, it was common for them to remark that rather than passively accepting the inevitable decline in their fertility, and relinquishing their desires for shared genetic parenting, they were taking action to preserve their reproductive options and were therefore taking responsibility for themselves and their reproductive futures.

As Mabel and Katie put it:

I felt like I had done something responsible, cutting edge and proactive.

— Mabel (42 years)

I'm taking responsibility for my own goals, for my own dreams, for my future, and making decisions that better enable me to continue to pursue that goal in the future.

— Katie (38 years)

Other participants such as Sofia also remarked how she believed that users of the technology took an active role in planning and managing their lives and were, as she described, 'go getters' who would not 'lead their lives as witnesses'. The notion of taking action against age-related fertility decline through the use of egg freezing was reflected across many of the participant accounts, where they described themselves as 'taking matters into my own hands' (Anne), making an 'active decision' (Helena) or as Johanna noted 'taking control of the situation rather than just let it ride' by doing 'something constructive [...] something proactive'. This desire to take action in the face of age-related fertility decline led over a third of the women in the sample to suggest that they sought to engage with the technology so to provide themselves the extra reassurance that they had done 'everything possible' to ensure they could one day experience biogenetic motherhood. As Aleen described:

I would rather get to 38, 39 and feel I have done everything that I can in my power [...] I don't want to get to a certain age and think I have not done as much as I think I can.

— Aleen (35 years)

This desire to 'do everything possible' to maximise the chance of motherhood also extended beyond the decision to engage in egg freezing and was reflected in the participants' accounts of the treatment process itself which saw women describe drawing on multiple tools, medicines and treatments in order to boost the possibility of a successful egg retrieval. In narrating their use of these treatments, the participants described how they felt they had taken as many steps as possible to try to ensure a good number of high-quality eggs were retrieved. Furthermore, they also appeared to derive a benefit from feeling that they had done 'all they could' to try and ensure a live birth in the future.

Many of the participants had spent a significant amount of time, money and effort in the process of freezing their eggs but were often aware that they could not guarantee a live birth in the future. However, several of the women commented that even if their eggs did fail to provide them a child in the future, they would be more at ease with their resulting childlessness than they would have done if they had not frozen their eggs. Thus, it appeared that for some women, egg freezing was about trying to ensure they had done 'everything possible' to make motherhood a possibility and therefore not blame themselves for not doing 'enough' to protect themselves against unwanted childlessness in the future. As Aleen and Charlotte described:

If it comes about that actually I can't [have children], I would be devastated, absolutely devastated but I have to think that I did what I felt I could do at the time. It's not like I didn't take measures to try and achieve what I know I want to achieve.

— Aleen (35 years)

I think it is very exciting but if it doesn't work I know in my heart that I have done everything possible to try to make that work. So, you never know how you would react at that moment, but I know I've done everything to ensure that.

— Charlotte (42 years)

The notion that (in)fertile individuals should take personal responsibility for their fertility and make decisions that maximise their chances of pregnancy is highly reflective of a neoliberal ideology which prioritises and rewards individual action and agency over that of inaction and passivity (Kroløkke & Pant, 2012). As indicated previously, the accounts of the research participants strongly reflected a subscription to neoliberal values of individual accountability, self-actualisation and self-determined action and saw women prioritise individual responsibility and action when faced with the risk of unwanted childlessness as a result of age-related fertility decline. In order to demonstrate how reproduction, alongside neoliberal ideologies, draws on such entrepreneurial qualities and discourses, Kroløkke and Pant (2012, p. 233) developed the concept of the reproductive entrepreneur or 'repropreneur'. I suggest that the notion of the female user of egg freezing as a repropreneur reflects the neoliberal values of responsible self-determined action present in the participants' accounts and helps explain why women sought to undergo this procedure despite the low levels of success which were being observed with the technology at the time.

Often associated with the politics of Margaret Thatcher in the United Kingdom and Ronald Reagan in the USA, neoliberal rationality is premised on the notion that individual actors must render their lives meaningful through their actions in the pursuit of self-realisation (Rose, 1999). Drawing on seemingly neutral values of choice, autonomy and self-realisation, which are in actuality entangled in discourses of individualism and consumption, social actors are cast

as responsible for managing their individual biographical projects (Wilkes, 2015). As a result, the consequences of an individual's actions, or inactions, are understood as solely their own, regardless of the constraints on their behaviour or choices (Gill, 2007; Rose, 1990). Thus, social actors are called to understand and experience their lives as not as the outcome of a series of happenings or turns of fate but as reflective of their own personal desires and actions. As such, the neoliberal individual can be seen to be regulated and governed through the foregrounding of an individual's capacity for freedom and self-government, whilst compelling action, or inaction, through a process of responsibilisation (Rose, 1990). Many authors have suggested that egg freezing reflects the further medicalisation of women's bodies (Martin, 2010; Mertes, 2013; Shkedi-Rafid & Hashiloni-Dolev, 2011); however, I suggest that the specific dimensions of this technology, particularly its transformative possibilities, technoscientific nature and the way it has the potential to incite action on behalf of the potential user, also reflect an intensified process of medicalisation which Clarke et al. have referred to as biomedicalisation (2003; 2010).

Whilst medicalisation is co-constitutive of modernity with the desire for enhanced control over external nature (the world around us), biomedicalisation is co-constitutive of postmodernity with the desire to extend this control by harnessing and transforming internal nature: 'life itself' (Rose, 2007). Thus, whilst the concern of medicalisation was the reinstating of normal reproductive ability via IVF, biomedicalisation takes as its focus the transformation of bodies and lives through technologies which go beyond restoring 'normal functioning', such as egg donation, womb donation and egg freezing, and thereby provide new 'customised', 'individualised bodies' (Clarke, Shim, Mamo, Fosket, & Fishman, 2003, p. 169). A further significant shift between medicalisation and biomedicalisation concerns the way in which the latter focuses not on illness, disability and disease as matters of fate but instead conceives health as the ongoing management and treatment of risks to health through screening, classifications, risk assessments and the commodification of health as a lifestyle ideal (Clarke et al., 2003). Thus, the scope of biomedicalisation is broader than that of medicalisation through its expansion to include risk surveillance and management. As part of this process of biomedicalisation, the responsible neoliberal citizen is required to engage in positive health practices, be aware of threats or risk to health, and listen to and act upon the recommendations of experts to address any such risks (Bunton & Burrows, 1995). As Carroll and Kroløkke (2018) have previously argued, social egg freezing can therefore be read as a means of individual self-optimisation and form of risk management which is exercised by users when faced with the risks and realities of age-related fertility decline. However, I suggest that users of egg freezing not only seek to guard against the risks of age-related fertility decline but also draw on the technology to mitigate against a variety of other risks. These include the risks associated with unwanted singleness and the possibility of engaging in panic partnering, as well as the risk of future regret.

Over a third of the participants in this research identified the fear of future regret and blame as a significant factor that led them to undergo egg freezing.

Specifically, these women feared that if they did not make use of the technology whilst it was available to them, but then went on to struggle to conceive, they would blame themselves, and potentially be blamed by others, for their resulting infertility and unwanted childlessness. As Emily and Holly told me:

If I had not had any eggs frozen but I had thought about doing it I would have absolutely kicked myself, I would probably never of [sic] forgiven myself. And that was one of the motivating factors of doing it.

– Emily (44 years)

So many people said you have got to do it because you don't want to be sitting there in a couple of years' time really regretting that you didn't do it, and that's the thing that was driving me as well and that's the thing that now as I look back I think I am really glad I did it. So, I do feel that, and if I hadn't have done it you know I think I would be kicking myself.

– Holly (38 years)

Some of the participants also explained how they sought to freeze their eggs even though they believed that the likelihood of them resulting in a live birth was very low. As a result, I suggest that for some women, the act of freezing their eggs was something of an 'end in itself', by not only providing them with more 'breathing time', and taking the pressure off the search for a suitable partner, but also insuring them against feelings of future regret. As Livvy told me:

I knew was it was a very low, low chance. I was probably throwing away my money but again it's that thing, I didn't want to regret it. I didn't want to look back and think 'oh why did I do that?' because I would never had known whether it would have been successful or not had I not done it.

– Livvy (37 years)

Several authors have previously discussed the role of anticipated decision regret with regard to the use of assisted reproductive technologies and have noted how the fear of future regret can serve as a major factor motivating couples, but particularly women, to undergo, and persist with, treatments such as IVF (Franklin, 1997; Sandelowski, 1991; Throsby, 2004; Tymstra, 1989, 2007). Furthermore, other research has highlighted the role of fear and regret in the decision to undergo social egg freezing (Göçmen & Kılıç, 2018; Groot et al., 2016; Witkin et al., 2013). The availability of technologies like egg freezing and the way they have become utilised for self and lifestyle improvement purposes reflect a biomedical governmentality which calls for individuals to 'know thyself' and can be seen as being (re)produced by neoliberal discourses which promote self-action and taking charge of one's health. Furthermore, I suggest that what

makes technologies of egg freezing so compelling is the fact that as a sign of responsible citizenship the neoliberal consumer not only is required to account for risk but is expected to take action to mitigate against this risk and be responsible for any inaction as well as bear any related penalties (Adams, Murphy, & Clarke, 2009). This expectation of the responsible neoliberal citizen to respond to risk knowledge and draw on biomedical resources, for example in the pursuit of parenthood, led Margarete Sandelowski to assert in the early 1990s how IVF technology had rendered infertility treatable and thus unwanted childlessness 'less tolerable and even more regrettable' (1991, p. 33). More recently, authors such as Throsby (2004) and Britt (2014) have noted how the advent of assisted reproductive technologies and the normalisation of IVF has meant there is the greater hope and expectation that infertility can, and should, be overcome – that a couple who are unable to conceive would or should turn to new biomedical developments and technologies in order to create a family. This is because under neoliberal rationality responsibility for health is located within the individual, and being healthy or being 'well' becomes a moral obligation, a responsibility and an individual project requiring self-investment and performance (Crawford, 1977; Williams, 1998). In such a context it is easy to see how the process of ovarian ageing can now be perceived as something undesirable which a responsible neoliberal citizen, or 'reproductive entrepreneur' (Kroløkke & Pant, 2012), should experience as a moral injunction, if not imperative, to anticipate and mitigate against.

The imperative to engage in positive ageing practices more generally, such as in the maintenance of active healthy bodies through diet and exercise, has indeed become extended with other new technologies such as anti-ageing surgeries (Brooks, 2010). Furthermore, it is possible to see how egg freezing and allied forms of fertility monitoring are now beginning to form part of this 'anti-ageing' industry. In her book, the American researcher and author Abigail Brooks has shown how the availability of new anti-ageing surgeries and treatments has begun to reshape women's perceptions of normal and acceptable ageing (Brooks, 2017). In particular, Brooks noted how for the participants in her research 'what had been felt and perceived to be a natural, normal, and even universal process (ageing) was increasingly experienced as pathological, as a problem in need of fixing and repair' (2010, p. 247). I suggest a clear parallel can be drawn here with egg freezing; what has previously been seen as a natural part of ageing has, via the availability of these technologies, become reframed as a medical problem in need of a medical solution. As discussed in Chapter 2, the reframing of reproductive ageing engendered by this technology has seen the normal stage in a woman's life of assumed fertility to disappear and be replaced with two pathologies of anticipated infertility and infertility, both of which require management and treatment in order to fulfil normative social expectations of motherhood. As a category, anticipated infertility is expansive and applicable to many if not most women who have not been diagnosed as infertile. However, the high cost of the technology means that it most often continues to be the preserve of women with the financial means to pay for the procedure. As such, I suggest that women with 'privileged access' (Sandelowski, 1991, p. 32),

those who can afford elective procedures of this kind, are beginning to bear new obligations to consider these new technologies as part of their neoliberal reproductive citizenship. Thus, as Faircloth and Gurtin (2017) have recently noted, whilst developments in assisted reproductive technologies aim to assist individuals in their pursuit of parenthood, by offering new choices and opportunities they also introduce 'new burdens, responsibilities and accountabilities' on behalf of the user (2017, p. 13).

In her research which examined the 'victim-blaming' of individuals with chronic illness, Rose Galvin (2002) identified how discourses of risk in neoliberalism converge to produce specific outcomes. She noted how in neoliberalism, risks shift from the external to the internal as social problems are transformed into individual concerns and identified how the individual (a person's body) can be seen as the site of social problems rather than the wider social context. She further noted how the avoidance of risk is often equated with empowerment. Such a sentiment is clearly reflected in much of the marketing of egg freezing technology seen in the United Kingdom and the USA. Galvin also identified how by not taking action to avoid risk, and by failing to draw on specialist knowledge, an individual can be blamed for his or her illness. Thus, whilst the participants in this research framed their decision to freeze eggs as a personal 'choice', they simultaneously reported feeling that the possibilities offered by egg freezing were difficult to resist. Therefore, it appeared that for some of the participants egg freezing took on an imperative character, as something which needed to be engaged with to quell the fear of the future and to manage what Chandler (2011, 2012) has referred to as 'the tyranny of the possible' (2011, p. 908). It appeared that the imperative character of egg freezing came both from what the technology could offer women – the opportunity to partake in idealised heteronormative family practices – and also from the consequences of resisting its use. This is because under neoliberal rationality, the rejection of egg freezing leaves the female non-user accountable for the risks posed by their non-engagement or 'refusal' and, as seen in IVF, open to criticism for not doing enough or falling short in demonstrating their commitment to motherhood (Throsby, 2004). As such, it is possible to see how the technology of egg freezing renders the assumedly fertile body docile and in need of active monitoring, control and management, but also presents it as a resource which can, and crucially should, be customised to enable the adherence to heteronormative ideals of hegemonic femininity.

5.5. Social or Medical: Blurred Boundaries

While the issues described above were suggested by women as key motivating factors for seeking social egg freezing, a smaller subset of women also discussed an existing issue with their health or fertility as playing a role in their decision-making. Whilst the concept of 'social' egg freezing is routinely interpreted as the decision to freeze eggs for non-medical reasons, seven of the participants in this research (over 20%) disclosed an underlying fertility or health issue as affecting

their decision to freeze their eggs. This included endometriosis, polycystic ovary syndrome, blocked fallopian tubes and the loss of an ovary from a previous illness. Additionally, other women were diagnosed as being at a high risk of premature menopause or other serious illness such as cancer.² A similar observation about women's motivations for egg freezing was noted by Pritchard et al. (2017), who found that 13% of women they surveyed reported having a medical condition that they believed would affect their current or future fertility. Thus, whilst both groups of women had self-identified as freezing their eggs for social reasons, underlying this decision was the knowledge that their fertility or general health may already be compromised. It is possible that without this added risk factor these women might have not undergone the procedure or might have waited longer before doing so. Either way, the presence of additional fertility problems was a highly influential factor predisposing these women to consider freezing their eggs. As a result, the distinction between egg freezing for medical and for social reasons may be more blurred than first anticipated. This demonstrates how, for some of the women, the decision to pursue egg freezing for solely social, that is, non-medical reasons, does not adequately reflect their accounts or characterise their experiences.

5.6. 'Critical Experiences'

For all the participants, the decision to undergo egg freezing meant the commitment to a somewhat lengthy process of tests, consultations, medications and regular trips to their clinic, all of which had to be fitted into their already busy lives. The practicalities of being able to afford the time and money to undergo the procedure and its convenience were often key when it came to make the decision to freeze eggs. This included whether the participants lived or worked near a suitable fertility clinic, had time to undergo the process or could financially afford the procedure. Whilst these issues did not act as motivational factors that led them to seek out egg freezing, they were nonetheless important facilitators which structured the participants' decisions when it came to decide whether or not to undergo the procedure. It is possible that such facilitators could act as crucial tipping points that lead some women to undergo the process, particularly if they have the time and money and easy access to a clinic. However, these factors could equally lead other women to decide against the procedure, for example if they lived or worked far away from a fertility clinic or could not afford associated costs of freezing eggs.

Further key factors which also acted in some cases as crucial tipping points leading the participants to undergo egg freezing were 'critical experiences' or happenings which occurred in the participants' lives. This study identified that

²The researcher did not directly ask the participants about the presence of any other health or fertility problems; as such, it is possible that more participants had these concerns which shaped their decision to use egg freezing but did not disclose them to the interviewer.

for a significant proportion of the participants (84%), a critical event or happening had prompted them to take the step of banking their eggs. These critical experiences included the breakdown of a relationship, a recent significant birthday, a health or fertility-related diagnosis or scare, or even becoming aware for the first time about the efficacy of egg freezing in older women. For some of the participants, particularly those who had been considering the procedure for some time, these critical experiences acted as a prompt for the participants to undergo the procedure. As Kanta told me:

I had been with somebody and then split up with them and that, kind of at the age of 36 going on 37, that kind of triggered something in me which made me think am I going to meet anyone? And at that stage I thought I am going to look in to it and so I contacted the institution that my GP had told me about and just started that process.

— Kanta (41 years)

5.7. Not ‘Leaning-in’

As was discussed in Chapter 3, much of the media representation of social egg freezing has commonly constructed women’s use of this technology within a neo-liberal discourse of ‘choice’, whereby women are positioned as choosing to ‘delay motherhood’, often for reasons relating to their careers. However, several women explicitly rejected this representation of their motives. Reflecting the finding of several other studies (Brown & Patrick, 2018; Inhorn et al., 2018), this research found that women’s use of egg freezing wasn’t about leaning-in to corporate careers (Sandberg, 2013), but was instead about putting motherhood on hold until the ‘right’ time and often until they had met the ‘right’ partner. As Anne explained:

I have a good career and all, but I am not that type of person that has been like working, working, working and putting off being a mum or putting off being married. I just have not met the right person to marry yet and I don’t wanna just be with anybody you know.

— Anne (36 years)

Similar to findings from other qualitative research studies (Brown & Patrick, 2018; Inhorn et al., 2018), this study found that factors related to employment were only issues of any significance for three women in the sample. Furthermore, for these women it was not perceived as a ‘choice’ of career first, motherhood later, but a calculation that they would not be able to make motherhood work in the way they desired in their current employment context. One of the participants, Olivia, was completing a six-month probationary period

at a new job and feared that should she become pregnant her contract could be terminated with relative ease, leaving her unemployed. She told me:

People think that that stuff doesn't happen anymore, but it happens all the time, definitely in small companies.

— Olivia (37 years)

Recent research from the Department for Business Innovation and Skills (BIS) and the Equality and Human Rights Commission (EHRC) has reported that the rate of pregnancy and maternity discrimination has worsened over the last decade (HM Government, 2016). In their survey of 3,254 women, 77% reported a negative or possibly discriminatory experience during pregnancy or maternity leave, with a further 11% of women stating that they were dismissed. This report also noted how women who worked for smaller employers were more likely to describe being forced to leave their job. As such, Olivia's concerns were perhaps unfortunately quite warranted.

The second participant (Lacey), who reported employment issues as affecting her use of egg freezing, had recently been made redundant and had joined a new company which required a year's service before qualifying for enhanced maternity leave. Lacey was single and was considering pursuing single motherhood using donor sperm; however, as she was going to be pursuing motherhood alone she could not afford to take a significant cut to her salary and as such needed to wait until she qualified for enhanced maternity leave. The third participant who cited work concerns as shaping her use of egg freezing was Melanie, who suggested that whilst she had frozen eggs she may wait several more years before trying to conceive so she could make the most of the employment opportunities currently available to her, which she anticipated might be fewer in number after she had a child. She told me:

Being an actor, you work for so many years and for women, their age is such an issue as there aren't that many parts for women in their 40s, there just aren't. Never mind minority women getting close to their 40s.

— Melanie (36 years)

Therefore, whilst these three women cited employment concerns as shaping their use of social egg freezing, it was not that they sought to climb further up the career ladder prior to motherhood, but that they felt unable to bring the timing of motherhood forward due to the structural concerns and inequalities they faced in the workplace. As such, this research presents a significant challenge to the suggestion often seen in non-academic commentary on this phenomenon that women are engaging with egg freezing to deliberately put off motherhood in order to pursue career advancement.

This chapter has sought to provide a detailed and nuanced account of the factors and issues which shape women's use of egg freezing. In doing so, it has sought to challenge and debunk the way in which women's use of this technology has

been presented within a neoliberal discourse of 'individual' choice which characterises women's motivations as driven by the desire to strategically delay motherhood in order to secure career advancement. Instead, this chapter has shown how women actively contested such a representation of their motives and has demonstrated how their use of the technology was instead shaped by the lack of a suitable partner with whom to pursue parenthood, as well as a fear of running out of time to find such a partner and pursue a conventional form of family building. In identifying the significance of these issues, this research confirms the findings of other social science (Inhorn, 2017; Pritchard et al., 2017; Waldby, 2015; Brown & Patrick, 2018) as well as clinic-based research on this topic (Hodes-Wertz, Druckenmiller, Smith, & Noyes, 2013; Stoop et al., 2015). However, the research presented here has also shown how women's use of this technology was shaped by the attitudes men and intimate male partners held towards parenthood. In particular, this chapter has shown how the disjuncture between women's expectations or hopes of men in the procreative realm (Marsiglio, Lohan, & Culley, 2013) and the men with whom they met and formed relationships led women to seek out egg freezing in order to avoid making a poor choice of partner in a time-limited context, what I have termed 'panic partnering'.

While this research explored the accounts of women who self-identified as freezing eggs for 'social' reasons, as this chapter has reported, 20% of the participants disclosed an underlying fertility or health issue as shaping their decision to freeze their eggs. Such a finding suggests that the distinction between freezing for medical and for social reasons is more porous than many people realise. In addition to identifying how medical issues played a role in women's use of this technology, this chapter also showed how the practicalities of being able to afford the time and money required to undergo the procedure were often key to women's use of egg freezing. Finally, this chapter has also highlighted the role of fear and regret in the decision to freeze eggs, noting how women reported the avoidance of guilt and blame as a reason for undergoing the procedure. This finding also demonstrates how participants' decision to freeze eggs was strongly linked to the desire to avoid self-blame or recrimination in the face of unwanted childlessness, as well as the belief that undergoing egg freezing was more responsible than doing nothing to protect their fertility. As I have argued, this desire to take action against the effects of age-related fertility decline and to avoid future regrets reflects neoliberal values of individual responsibility and self-actualisation, wherein social actors are cast as responsible for managing their own lives regardless of the constraints on their behaviour or choices (Gill, 2007; Rose, 1990). As such, I suggest that it is possible to understand female users of social egg freezing as reproductive entrepreneurs or 'repropreneurs' whose privileged financial position means they can access and afford elective treatments and deploy them in their pursuit of their individual life goals.