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Monstrous Motherhood – Women on the Edge of Reproductive Age*

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Abstract

Women using reproductive technologies to extend the period they can procreate challenge nature and culture, and traverse the boundary between what is considered normal and abnormal. In other words, women inhabit the potentialities of reproductive change found in Margrit Schildrich's figure of the monstrous. Haraway and Dumit's implosion method is a useful vehicle for following women who are on the edge of reproductive age through legislation, the media, and the fertility clinic, revealing how maternal age is disciplined and (re)configured. While older women who conceived naturally are viewed as acceptable mothers, those who used technological assistance are perceived with uneasiness. The dichotomy of the natural and the unnatural is especially prevalent as an ordering principle in legislation, but it is (re)configured in media reports and clinical settings where a youthful appearance mental attitude and behaviour, can mitigate age. While the discussion about an age limit for parenthood is important, the nature-based ideas that are central to regulating women's bodies but not men's should be challenged. The way that moral boundaries emerge calls for legislation, media perceptions, and clinical practices to be adjusted to include new modes of ordering that are less repressive of women, their bodies, and their reproductive lives.

Keywords

Monstrosity; reproduction; motherhood; age; reproductive technologies; nature

Introduction

> It makes me twitch when they are grey down there … .
> (Signe, Danish fertility doctor, 2012)

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* In this article, we found inspiration in Marge Piercy's (1976) classic feminist science fiction work *Women On the Edge of Time*, as she has provided the imaginative power to radically rethink parenthood.

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Today, menopause no longer marks the end of female reproduction. Cryopreservation of oocytes (eggs) as well as embryo and egg donation enable women to become pregnant even after menopause. Nevertheless, the Danish Act on Assisted Reproduction has imposed strict regulations barring women over the age of 45 from undergoing fertility treatment. Similarly, the national health plan has adopted an even stricter age criterion, barring women over 40 from receiving in vitro fertilisation (IVF) free of charge in the public sector. However, no such age limits are imposed on Danish men. Even older infertile men who require that sperm be surgically removed from their testis can receive treatment with their female partner, irrespective of their age.

In Denmark, the combination of fertility, age, and assisted reproductive technology (ART) is controversial and ardently discussed. In the spring of 2018, Benedikte Kiær, the mayor of Elsinore and a member of the Conservative Party, took centre stage in the news when, at the age of 48, she announced her pregnancy with her second child after using ART at a clinic abroad. The tabloid *Ekstrabladet* was particularly moralistic about Kiær's age with the headline: 'Artificial: It is selfish to be pregnant at 48 years of age' (Ryrsø, 2018). Kiær was reproached for bypassing Danish law by using artificial reproductive technologies abroad at an age where receiving such treatment is illegal in Denmark. After the media story broke, she reportedly received letters urging her to have an abortion to spare the child the trauma of growing up with an old mother.

Since the introduction of in vitro fertilisation (IVF) in Denmark, perceptions of what is seen as natural in relation to human reproduction continue to stir controversy. Overcoming women's age-related infertility with the use of reproductive technologies falls into this debate. Commenting on Kiær giving birth at age 48, Gorm Greisen, the former chair of the Danish Council of Ethics, invoked 'the beauty of natural conception and creation,' and referred to the 'precautionary principle of following nature' as an argument against unnecessarily expanding IVF use (Ryrsø, 2018). It is unsurprising that Greisen deployed the concept of the natural, since nature frequently figures as an organising principle in regulating and limiting the use of ART.

In the ethnographic literature on reproduction, 'nature' is an analytically interesting term because it is constantly at stake, and it contrasts with the use of reproductive technologies (Burfoot, 1990; Strathern, 1992; Cussins, 1998; Franklin and Ragoné, 1998; Bryld, 2001; Adrian, 2014). In our analysis, nature emerged in multiple ways. In the fertility clinic, for example, nature is a model used in the development of clinical and technological practices, such as performing laboratory work, which is done in darkness to mimic the womb (Adrian, 2014). As technologies challenge perceived ideas of the natural and normal, ideas of the natural are perceived as morally good, as Gorm Greisen stresses in his statements. In some

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cases, nature as a moral good is used as an argument to set regulative boundaries. For example, from 1997 to 2007, medical doctors in Denmark were prohibited from offering fertility treatment to single and lesbian women. At that time, it was believed that parenthood should mimic sexual intercourse as the natural premise for having children (Bryld, 2001; Albæk, 2003).

Although the age at which both men and women are beginning to have children is rising, only a few studies have examined the reproductive age and regulative limits that are applicable to fertility treatment for women (Friese et al., 2006; Bühler, 2015), which, in many countries, including Denmark, mainly restrict the aging female body. Considering the routinisation of ART in Denmark, the references to nature that are used in moral arguments to create specific regulative boundaries related to women’s age are paradoxical.

Today, about 9% of all live births in Denmark result from assisted reproduction, making Denmark a world leader in ART use (Dansk Fertilitetsselskab, 2017). Fertility doctors believe that this number can be linked to the prevalence of age-related infertility, as Danes have become increasingly older first-time parents. In 2017, the mean age at which women gave birth for the first time was 29.2 years (Dansk Statistik, 2018). Reproductive technologies contribute to the reconfiguration of the rising age of first-time motherhood, while the technological potential for mothers to give birth beyond menopause is limited and perceived as troubling and sometimes even repulsive. Hence, the question of overcoming age-related infertility through women’s use of technology to transgress what is perceived as natural falls in line with what the feminist philosopher Margrit Schildrick describes as the potential of women’s bodies to disrupt Cartesian logic:

> Women’s bodies, paradigmatically, and by elision, women themselves, exemplify an indifference to limits evidenced by such everyday occurrences as menstruation, pregnancy, lactation, and such supposedly characteristic disorders such as hysteria. Women are out of control, uncontained, unpredictable, leaky; they are, in short, monstrous. (1996, p. 3)

Women’s use of ART to overcome their age-related infertility is, in other words, a controversial topic because not only is the female body leaky, but women’s use of ART to defy age challenges categories such as nature and culture, normal and abnormal, immoral and moral, and legal and illegal. For this reason, we analyse how women on the edge of reproductive age challenge bodily disciplining and regulation in search of parenthood through the figure of what Schildrick describes as monstrous. To clarify, Schildrick does not consider women to be normatively bad when she uses the figure of the monstrous; instead, she makes

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the point that others perceive women as repulsive. Like Schildrick, we use the term ‘monstrous motherhood’ to refer to a situation in which women are disciplined and to show how morality is reconfigured. Using the figure in this way uncovers radical potential to rethink the disciplining of women’s bodies, reproduction, gender, and motherhood.

Empirically, we reveal how women who are perceived as old disrupt distinctions of nature and culture, normal and abnormal, and moral and immoral through the use of reproductive technologies. Consequently, we ask: How are norms regarding motherhood (re)configured in legislation, the media, and treatment practices, as women who are on the edge of reproductive age seek fertility treatment to overcome age-related infertility? We ask this question in order to understand how women’s bodies are regulated and disciplined today, but also to explore the transformative potential to change discriminatory motherhood-related practices. To respond to this question, we first turn to our theoretical point of departure from the monstrous (Shildrick, 1996; Haraway, 2004). We then outline our method of implosion (Dumit, 2014) tracing how women on the edge of reproductive age use technologies to become mothers and how they have been (re)configured in legislation, media debates, and ethnographic work at a Danish fertility clinic (Dumit, 2014). We begin the analysis by focusing on how women seeking fertility treatment due to age-related infertility have been configured in the legislation and regulation of the field of ART in Denmark. Here, we show how Danish regulation has established menopause as the natural limit for fertility treatment, thereby setting a moral boundary for its use.

These gendered perceptions and discussions related to the natural end of female reproduction reappear in the second part of the analysis, which focuses on media debates in which the naturalisation of age is connected to beauty and a youthful appearance. These perceptions are also central to the third part of the analysis, which takes place at a fertility clinic where women seeking to overcome age-related infertility seek treatment. We illustrate how private clinics send women abroad for treatment, challenging the existing regulative boundaries, which are based on a gendered ideal of the natural. At the same time, this practice is entangled with clinical frustration with the fact that age does indeed affect female fertility.

Having followed the (re)configurations of women on the edge of reproductive age, we conclude by reflecting on the natural as entangled with materiality with respect to female age, and we question whether the configuration of the natural is the best way to construct moral boundaries for motherhood.

Analytical Perspectives

New reproductive technologies have destabilised society’s grand narratives of conception and procreation. To feminist scholars such as Donna Haraway (2004) and Margrit Shildrick

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(1996), the figure of the monstrous, which is often evoked by new biotechnological developments, illustrates what has come to be seen as outside the norm, turning the monstrous into a particularly promising analytical figure. This figure has also been crucial in science and technology studies, where Law (1991), in his introduction to *A Sociology of Monsters*, explains how monsters emerge out of the order of modernity and that because we are all heterogeneous, we are therefore monsters shaped by intersections of human and non-human inequalities. Jasanoff similarly highlights the entanglements of monstrous figures, seeing them as embedded in legal regulations: 'Divergent national regulatory choice in the late twentieth century responded, in part, to culturally specific notions of what is morally repugnant, or monstrous' (2015, p. 325).

Feminist scholarship has discussed the link between morality and what is perceived as repugnant (Shildrick, 1996). To Shildrick, the pregnant body destabilises normative constructions of the self and the other, and profoundly challenges the dichotomy between the youthful, sexually and reproductively active female body and the older, asexual, non-reproductive female body. Similarly, van de Wiel (2014), in her critical feminist analysis of early medical accounts of menopause, notes the medicalisation of women's midlife, but also that it came to constitute a moral and social turning point for women. Hence, the so-called biological clock was written into women's anatomy, as physical changes were interpreted in a way that reinforces dominant ideas about sexual activity at this age (van de Wiel, 2014, p. 87). In this manner, menopause became an organising principle in women's lives, and any attempts to dissolve this organising principle could create unease.

By foregrounding how motherhood norms are reconfigured when older women seek treatment, we prioritise the ways in which legislation, popular media, and clinical practices are entangled. Notably, in the case of motherhood at an old age, women's reproductive bodies come with age normativities and institutional habits. Freeman conceptualises this in her notion of chrononormativity, which she describes as 'a technique by which institutional forces come to seem like somatic facts' (2010, p. 3). To Freeman, these normative expectations must be understood in light of chronobiopolitics, referring to the ways in which individual women's bodies are synchronised to fit within a

> larger temporal schemae belonging to itself as natural. In a chronobiological society, the state and other institutions, including representational apparatuses, link properly temporalized bodies to narratives of movement and change. These are teleological schemes of events or strategies for living, such as marriage, accumulation of health and wealth for the future, reproduction, childrearing, and death, and its attendant rituals. (2010, p. 4)

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Consequently, while we speculate that age-normative understandings of reproductive time and temporality figure as key rationales in the disciplining of women on the edge of reproductive age, we also emphasise the dynamic process by which these are continually reconfigured.

In summary, the figure of the monstrous is useful in recognising how norms are (re)configured when women on the edge of reproductive age pursue motherhood through fertility treatment. The figure of the monstrous mother enables us to study how differing moralities emerge as the nature, culture, and normal and abnormal distinctions that are often used to understand the world are dissolved. By focusing on women on the edge of reproductive age making use of reproductive technologies with the hope of becoming mothers, we are able to analyse how women’s bodies are disciplined and regulated, and how these perceptions are sometimes challenged and changed. The figure of the monstrous is helpful in this endeavour in two ways. First, it comes with theoretical premises that question existing dichotomies of nature and culture. Second, as an analytical heuristic, the figure of the monster enables us to explore the moral controversy regarding the perceptions of the natural and the normal that have emerged as technology is used to overcome age-related infertility, destabilising categories and perceptions of time.

Methodology

Coming from combined backgrounds in ethnographic feminist science and technology studies, and legal and cultural studies, we find methodological inspiration in what Haraway called an imploded knot (Dumit, 2014). Instead of performing the site-specific studies that are common in ethnography, this method follows a thing, metaphor, or practice across place, space, and time, which is necessary to understand how what is conceptualised as an imploded knot emerges. Consequently, we followed women with age-related infertility who used ART to conceive.

We included legal, mediated, and clinical observations. For example, ethnographic fieldwork carried out in a private Danish fertility clinic between 2012 and 2013 with a focus on normative negotiations regarding sperm donation (Adrian, 2016, 2020) revealed that age was at stake in the clinical reconfigurations pertaining to who should be treated and what is normal versus abnormal. This was repeated in interviews with six clinic staff members, including doctors, nurses, and laboratory technicians. Given that the ethnographic material is astounding and related to media stories at the time, we decided to explore how the understanding of women undergoing fertility treatment due to age-related infertility emerges,

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not only through clinical practices, but also in the positions such women occupy in Danish media and law.

Considering that the legal regulation of age shapes clinical practices and thus stories in the popular media, we developed a retrospective methodology that entailed following women on the edge of reproductive age who used technologies to overcome their age-related infertility. By 'retrospective methodology,' we mean that, based on our empirical findings, we developed a new research design for this article, including an analysis of the development of law and media stories. Since the figure of the monster, as Jasanoff (2015) points out, is used to establish legal and moral boundaries for technologies, we begin the analysis with the Danish Act of Artificial Reproduction, which establishes moral boundaries for the use of ART.

To understand why the law discriminates between men and women in terms of age limitations on access to fertility treatment, we used the legal doctrinal method to identify the bill, the initial parliamentary debates on age and fertility treatment that took place in 1996 during the readings of the bill, and the adopted act. Consequently, the empirical material considered here includes a historical perspective. To do this, we searched the parliamentary files electronically (www.folketinget.dk, www.retsinformation.dk) and manually (Folketingstidende) to find the bill, parliamentary debates, and act related to assisted reproduction.

Furthermore, the Parliamentary Library allowed us access to files that were not publicly available. By conducting a media search, we followed media perceptions of women on the edge of reproductive age. This included a Danish media archive from 2007, reporting that a 61-year-old Danish woman gave birth. Legal regulations and media stories that follow women into a clinic that helps some prospective mothers go abroad for fertility treatment.

Analytically, we read the material using the same theoretical framework and questions. Using the figure of the monstrous as a heuristic, we explored how distinctions of nature and culture, and normal and abnormal were dissolved or reinscribed in perceptions of motherhood, and how the female body has been disciplined and regulated. Since Danish law influences clinical practices, we begin by analysing prior legal and ethical debates, and then empirically foreground media debates and clinical observations.

Mothers on the Edge of Reproductive age and the Law

On 18 October 1983, the first Danish IVF baby was born. Media reports called him a miracle, but the technology responsible for the miracle was also viewed as chilling. Soon after, the minister for the interior tasked a working group to consider whether legislation was needed, as Danish law only sporadically regulated ART at that time. To signal what was at stake, the

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working group’s report ‘The Price of Progress’ displays images of Adam and Eve on the cover; the two are pictured in the Garden of Eden, with the forbidden apple (Ministry of Internal Affairs, 1984). Technology itself is depicted as history’s oldest monster – the devilish snake that lures the couple into eating the forbidden fruit, causing humans to be banished from paradise. In the years that followed, the political process moved slowly towards the increased regulation of ART (Figure 1).

In 1993, the Danish government issued a press release and a paper outlining its intent to regulate artificial reproduction. In response to what was then seen as an inherently artificial way to reproduce, the dominant concern was to ensure that the application of fertility technologies aligned with what was viewed as women’s natural reproductive age. The press release seemingly appeased this concern, labelling the government’s initiative ‘a comprehensive initiative to regulate’ and provide ‘clear guidelines’ for artificial fertilisation. In fact, the initiative was hardly comprehensive because it mainly directed the Board of Health to put guidelines in place (Guideline no. 15120, 1993; Circular no. 108, 1994; Guideline no. 109, 1994).

Figure 1. The front page of the report ‘The Price of Progress,’ show on the cover the images of Adam and Eve with the forbidden apple in the Garden of Eden.

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As a regulatory instrument, the guidelines are professional, but by regulating normative issues, they transgress the standard of medical best practice guidance. They mirror women's so-called natural ability to bear children, with the exception that because said ability could end unnaturally early in some women, ART could be offered to women up to 40 years of age. However, because children need to be raised and maintained, the guidelines apply a cut-off age limit of 45 years to the receipt of treatment (requiring that treatment end by a woman's 46th birthday). However, no age limit is imposed on men's involvement in treatment cycles with a female partner.

The Parliamentary Committee for Health expressed concern about older mothers in a question asking whether the health minister intended to initiate an upper limit for access to fertility treatment, in light of press reports of a 60-year-old Italian mother and a 52-year-old Danish mother. The committee asked for an upper limit to be set to reflect ethical issues and safeguard the children's best interests. The minister added that older women's increased health risk during pregnancy and childbirth was also a consideration in fixing the upper limit at 45 years (the health minister's answer to question no. 13/ 1993). Adopting the government's tone in its initiative, the 1993 guidelines state that ART raises ethical issues, making guidance necessary regarding, for example, the age of women undergoing IVF.

According to the guidelines, the age limit for access to treatment is related to risk. The guidelines note that although the average age for the onset of menopause is 52 years, only a small number of women over the age of 45 conceive naturally. Clinical experience with pregnancy and birth following ART use in first-time mothers over 50 years is stated to be limited, which is why physicians' duty to assess risk in relation to age is highlighted. Furthermore, the guidelines reflect normative understandings of the appropriate age for motherhood, noting that it is the government's wish that treatment not be given to women over the age of 45, although treatment should be offered to women until the age of 40. 'The government's wish,' a phrase that is repeated in the guidelines, opened the door for denying treatment to women between the ages of 40 and 45 whose natural ability to have children is seen as expired. Thus, access to treatment for women in the 40–45 age range could be dependent on whether the woman is menopausal. Thus, the prospect of ART use to transgress women's biology and nature is a constituent in both the government's initiative and the subsequent guidelines. The regulations uphold what is perceived as natural, barring women with early onset menopause from access to treatment starting at age 40 and barring other women starting at age 45. This fixing of the recommended limit was somewhat arbitrary in that it did not invoke the age of 52, which is generally agreed to be the average age of the onset of menopause.

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On 2 October 1996, the health minister proposed Bill L5 (1996) to Parliament. This bill is almost identical to Bill L200 (1996), which the minister presented in the previous year. Since the bill was proposed four months prior to the closing of the Parliament, when all bills that have not been read three times and voted on are automatically struck off, the parliamentarians felt that there was insufficient time to discuss and adopt it. The bill sought to legally fix an age limit based on the previous age limit that had been put forward as a professional guideline. However, Bill L5 proposes that physicians are obliged to determine whether reproductive ability has ceased due to natural age-related causes. According to the bill's explanatory remarks, concerns about the upbringing and maintenance of children conceived using ART are cited as the reason for legislating against assisted reproduction in women whose so-called natural ability to conceive has ceased.

The rule cited above applies to both men and women. Women whose reproductive capacity ended unnaturally at an early age could still receive treatment. Once again, the unease with parenthood was connected to the unnatural, both in terms of it being biologically unnatural to conceive in middle age and the unnaturalness of becoming a mother at an age at which there is an increased risk of the parent dying before seeing the child through to adulthood. The bill stated that both women and men would be subject to this rule. However, the rule is gender-based, since male reproductive capacity does not cease in the same manner as that of females. Claus Yding Andersen (1995) of the Copenhagen University Hospital's Reproductive Biology Lab notes this in a public consultation response to the original version of the bill. He instead calls for a fixed upper age limit to ensure that children do not have parents who are too old.

The parliamentary debate following the first reading of the bill can be perceived as a debate in which the main theme was to tame ART to prevent such technologies from ruling society. In addition to women's age, other questions, such as whether lesbian and single women should have access to treatment, were points of concern during the debate (Bryld, 2001; Albæk, 2003).

A member of the Liberal Party liked the idea of relying on ‘natural considerations’ rather than a fixed age limit, whereas the Conservative Party wanted to keep the guidelines' age limit of 45 years in place, citing the increased risk of complications and foetal malformation/disease, and the increased number of late abortions, stillbirths, and births with a low birth weight. The Progressive Party, on the other hand, was opposed to age limits, with one of their spokespersons stating: ‘This is about personal freedom and I believe a woman has so much capacity in her, that if she truly has a purpose with her life in this regard, she will see it through no matter what legislation dictates’ (Parliament's negotiations, 1996, pp. 245–252).

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Between readings in the Parliament, the bill was sent to the Parliamentary Health Committee for further deliberations. Again, several suggested amendments were made. A member of the Social Democratic Party wanted to set an upper age limit of 40 years for both men and women, and in case a majority could not be reached, then the upper limit would apply only to women. Another parliamentarian proposed an age limit of 42 years for women and 46 years for men, based on statistical information concerning Danish births during the period 1984–1987, showing that, on average, 99.5% of mothers were under 42 years old and, on average, 99.5% of fathers were under 46 years old (amendment proposals for the second reading, L5 1996/1997, Parliamentary Health Committee appendices). Ultimately, the health minister retracted the proposal of an age limit for men after severe criticism from men in the media, which prompted the majority of the political parties' health spokespersons to support the idea that Mother Nature should set the limits.

Consequently, the fixed age limit of 45 years for women only became the upper legal age limit in the first comprehensive act regulating ART. However, in practice, the age limit was only relevant for women seeking fertility treatment at private clinics, for which they would pay out of pocket. Women seeking free fertility treatment in the public sector have long been subject to additional administratively set limitations. Although the Danish regions (responsible for the delivery of healthcare) initially set different access criteria, almost identical access practices have evolved since the days of the initial guidelines. According to the established criteria, a woman cannot be over age 37 when she is placed on the waiting list for treatment, and treatment ends when she turns 40.

Additionally, at that time, only heterosexual couples without children together could be treated (Bill 2005/1 LSF 151). The administratively set criteria for the public sector were framed as the level of service that could be expected because of economic and equity considerations. This adds a further component to what made older mothers repulsive as the legal norms emerged – if the welfare state was to pay the bill, there had to be a balance between the treatment cost and its success rate. In addition to becoming a mother at a point when the biological ability to conceive was perceived to be in decline, women were also repulsive for burdening the welfare state.

In summary, thinking through the figure of monstrous mothers in the context of regulative work enables us to see how women who used ART to overcome age-related infertility were predominantly perceived as repulsive. ART challenges what Freeman has described as women's 'chrononormativity,' notably, the idea that women should not be able to reproduce after menopause. However, because pregnancies with women's own oocytes after age 40 are statistically less successful due to the effects of age, the welfare state's increased expenditure on treating women over age 40 became an additional political

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argument. However, men who needed to have sperm surgically removed and old men partnered with younger women did not emerge as repulsive. Interestingly, perceptions of age and the right to access ART resonated with some of the perceptions of mothers on the edge of reproductive age that were also at stake in the media debates, to which we will turn next. In conclusion, it was ART's potentiality to disturb the order of nature and culture that made disciplining the female reproductive age a paramount concern in the political sphere.

Mothers on the Edge of Reproductive Age in Media Debates

In 2007, a 61-year-old Danish woman gave birth to a healthy baby girl and became known as Denmark's oldest mother. Lillian Bondo, chairwoman of the Danish Midwifery Association, called her 'creepy' and 'scary' (Sørensen, 2007). Similarly, Vibeke Manniche (2007a), a medical doctor, labelled the decision to have a child at that age 'crazily selfish' and questioned the new mother's physical and mental stability, referring to the fact that she entered early retirement prior to giving birth. Manniche (2007b) asked, 'Will she be able to breastfeed, play with the child and carry it, once it gets a little bigger?'

In this section, we take a closer look at the ways in which older mothers enter and exit monstrosity in Danish media debates. As will become evident, in media debates, the critique of the use of technologies to overcome age-related infertility is only partially a product of a woman's age. Notably, the reaction of repulsion is entangled with the use of ART, as well as with normative understandings of responsible and respectable mothers. When older mothers escape being perceived as repulsive and become acceptable, it is primarily due to re-entanglements, whereby ageing is regarded as hormonal or when women do not look their age.

In media debates, the use of ART is questionable when it enables non-spontaneous pregnancies in older women. In the Danish television documentary *40, Fresh, and Birth Ready*, spontaneous, natural pregnancies in older women are, albeit potentially disruptive to the family unit, positioned as a sign of health – that is, a testament to a woman's physical health and the likelihood that she will have a long life (DR2, 2008). In sharp contrast, the use of ART is made to appear revulsive, transgressing what is constructed as the female reproductive body's biological and natural limits.

One medical doctor challenged the unease with women who become mothers using fertility treatment by positioning ART alongside other medical technologies, and noting that 'A bypass may be unnatural to some' (DR2, 2008). ART use has also been positioned in close, though unflattering, proximity to other care and medical technologies, as evidenced in one politician's question: 'Is it responsible to try to accomplish what nature has refused to do, resulting in a child growing up with a mother in a nursing home?' (Bagge, 2007). It has also

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been mentioned with reference to other health technologies associated with aging, for instance, when one reporter jokingly wrote: ‘Perhaps compression socks and cleaning material for false teeth will soon be on the floor together with pacifiers and Lego blocks’ (Tonsberg, 2009).

Older motherhood is retold through the imagery of irresponsible and unrespectable motherhood. As Skeggs notes, respectability is interwoven with race, class, and gender (1997, 2004). Most notably, respectability is used to judge people, while exclusively being concerned with ‘those who are not seen to have it’ (Skeggs, 1997, p. 8). In media accounts, old mothers are not respectable because becoming a mother at that age is viewed as having deprioritized the child’s best interests. Danish grandmothers, medical doctors, and politicians have criticised older mothers as ‘selfish’ (Manniche, 2007a) or even ‘grotesque’ (Auken, 2007), as well as irresponsible: ‘Imagine the first day at day care, kindergarten, and school. Most would probably say, “Oh, your grandparents are taking you.” It is irresponsible of the parents’ (Pedersen, 2007). In this perception of irresponsible and unrespectable mothers, the child’s best interests are neglected because the mother is selfish. This was foregrounded in one media account of growing up with older parents: ‘When my friends went on a car vacation to the south, I had to stay home because my parents had gotten too old for stuff like that. In Tivoli, I sat alone on the roller coaster’ (Rasmussen, 2007).

Similarly, another writer links children’s desire to enjoy an active vacation to responsible mothering, stating, ‘How much fun is it, for instance, to spend your vacation with your mother in an arthritis sanatorium, when your school friends have been canoeing, have been on skis, or have hiked in the mountains with their parents?’ (Strand, 2007). While older mothers are positioned as irresponsible and even unrespectable, women’s ageing is associated with other forms of decline (e.g. the reference to age-related diseases such as arthritis in ‘arthritis sanatorium,’ as well as ‘being tired,’ and ‘sitting alone’).

However, older mothers are not always identified as problematic. In such cases, it is due, in part, to the mother looking relatively young and beautiful, as well as to the ways that women who are already respectable perform prospective motherhood. For example, obstetrician-gynaecologist Christine Felding, reportedly, in one media account, distinguishes between ‘chronological’ age (a woman’s actual age) and ‘hormonal’ age (a woman’s reproductive age) (Winkel, 2010). Echoing this sentiment, in a debate in the televised documentary *40, Fresh, and Birth Ready*, Tine Fristrup notes that ‘Age is important, but it should not limit. Chronological age and biological age: Who decides whether or not you have children? Is it Anders Fogh Rasmussen (the Danish prime minister at the time)? Age becomes a disruptive element’ (DR2, 2008).

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Some older women escape Danish age-based regulations by travelling abroad for treatment. In reference to Danish women travelling to Russia for treatment, Felding reportedly notes that ‘They [the women] have to be self-sufficient. They still need to have hormones. It is more of a hormonal criteria than an age criterion’ (Winkel, 2010). Hormonal ‘self-sufficiency’ becomes entangled with the characteristics attributed to the patients that Felding sees in her posh Copenhagen suburban clinic, whom she characterises as primarily ‘slender, well-kept, and healthy women’ (Winkel, 2010). Similarly, in the well-known Danish women’s magazine *Alt for Damerne*, Ida Bille Brahe professes that she was ready to travel when, just prior to her 46th birthday, she became pregnant with twins (Gade, 2012). As chief executive officer of the anti-ageing clinic n’Age, Brahe redefines and re-naturalises her reproductive age in light of a generation of older mothers, while simultaneously situating reproduction within an individualised neoliberal framework and criticising the state’s right to regulate when women can(not) reproduce (Gade, 2012).

In summary, contemplating the figure of the monstrous mother enables us to see how women on the edge of reproductive age are often perceived with unease when they challenge societal norms. However, while in regulations, women are closely configured to perceptions of nature and menopause, in Danish media stories, women on the edge of reproductive age take on new configurations. It is not age itself that triggers unease; rather, a woman who becomes a mother on the edge of reproductive age is particularly challenging to accept in combination with the use of ART, especially in cases where the women’s bodies look old or have lost hormonal ‘self-sufficiency.’ As Felding underscores, if a woman is hormonally ‘self-sufficient,’ if she is able to travel to Russia for age-related infertility treatment, and if her body looks young, healthy, and wealthy, then motherhood can be acceptable. In media stories, women’s ability to either break or reiterate conceptions of monstrous motherhood is embedded in their ability to neither look nor act their age.

Mothers on the Edge of Reproductive Age in a Clinical Setting

Women trying to conceive close to menopause are also a core perspective in fertility clinics. Age is one factor that, in the scientific literature and in the experiences of clinical staff, has an impact on conception success rates (Bühler, 2015). During fieldwork, various age-related perceptions and practices emerged, reconfiguring women at the edge of reproductive age.

Signe, a fertility doctor at the clinic, explains that because the clinic has attracted an older cohort of women compared to other public and private clinics, its success rate has unfortunately been compromised by its clientele’s (women older than 40 years) decreased fertility. Similarly, Mie, a nurse at the clinic, comments that the head physician informs patients about the low success rate and provides individualised treatment, letting the women

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and couples seeking treatment decide on their own strategy. In reference to single women, Mie notes:

> They don’t have to be old, but a lot of those who are single are [old]. They dream about the prince on the white horse, and if he does not show up, then it is late [for them] to start thinking ‘I have to do something on my own’, but they have waited because, ‘if I meet someone tomorrow, then it is stupid to be heavily pregnant’. By the time they are 42, [they say,] ‘I better do it now.’ They come here. They are in need of sperm. They do have a chance. However, if they are not pregnant after four cycles, it can be difficult; then, we can move on to a different treatment. […] But the eggs are not there. Therefore, they have a problem; even though they receive fresh sperm, but they have not seen a sperm cell for 20 years, but their eggs are 42 years old, right. This may have had an impact. There are some chromosomal mistakes in these eggs. The number of eggs was not a question. This is a question of quality.

Mie points out that ‘the dream of the prince on the white horse’ is often a challenge for women to overcome, and some make the decision to pursue treatment at the clinic later in life, which negatively influences their chances of pregnancy. Many women do not understand the consequences of aging, that is, how aging effects their eggs (oocytes), before or during treatment. Hence, at least initially, they do not use the technological measures that are the most suitable for their age. Similarly, Anita, an embryologist, explains:

> Its biology and statistics. Look at the statistics on IVF: How many [women] in the country become pregnant when they are above 40? That is why I find it is a waste of time and money to drag them (the women) through intrauterine insemination (IUI), as the number who become pregnant is even lower with that treatment. In some cases, where the woman is not yet ready for IVF treatment, which is more demanding, time consuming, risky, and expensive than IUI treatment, she needs time to get ready for further treatment. That will happen as she comes to the clinic to do IUI, sits in the waiting room, and sees that patients walk away after egg retrieval without looking affected.

Anita shares the common observation that women undergoing treatment do not always use the technology that, from a clinical perspective, would most improve their chances of conceiving. There is a psychological component involved in not undergoing IVF from the outset, as with

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choosing to undergo IVF with one's own eggs before using egg donation. Women or couples need to be psychologically ready to shift to more invasive technologies or use donated gametes. Other clinics have described this process as 'psychological IVF' (Adrian, 2015). Annie, another embryologist, who finds it challenging to do her laboratory work successfully due to the age of the oocytes, further explains the frustration of not being able to conceive. She becomes frustrated when she observes that the women undergoing treatment do not understand the biological effect age can have on their oocytes. She says:

> We feel that they have their wishes and expectations. They do not understand that they do not have that many eggs, they do not understand that they do not get fertilised, and they do not understand that they do not get pregnant the first time if they do IVF. This is what we recommend if they are older. […] Sometimes they are a bit unfair, particularly when they do not understand their age, and they get a bit aggressive. We are really doing the absolute best we can. We have high moral and work ethics, and we are technologically advanced. We always perform at our best, but we cannot do magic. It is biology and the body that take over.

Annie points out that she works hard to help prospective mothers conceive, but as she mentions later, in the interview, even though the technologies have improved, the success rate has not increased significantly. This is especially the case when the clinic uses older women's oocytes. As Annie says, they cannot do magic. The best way to overcome older women's fertility issues is using oocytes from a younger woman, including oocytes harvested and stored from the older prospective mother when she was young. Annie prefers the latter method. She becomes frustrated when she cannot help the women undergoing treatment realise their hopes, and it troubles her when these women are not aware of how eggs age, and thus have unrealistic expectations with regard to conceiving.

In such situations, women are perceived with unease. Annie's explanation shows how this perception emerges as laboratory professionals' good intentions collide with the dreams of prospective mothers with age-related infertility – dreams that are difficult for Annie and her colleagues to bring to fruition because of the oocyte's materiality. While Annie expresses unease in response to the women's age, she simultaneously embraces reproduction using egg donation and frozen oocytes, as she expects that the pregnancy success rate would increase significantly if these practices were utilised more. While biology is being reconfigured, according to Anita, age entangles with the rhetoric of doing one's 'best for the child':

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> Considering age and the best interest of the child, I believe it is up to the mother, whether she is able to get up at night, change diapers, nurse, or care for the child when it gets ill for many days and nights. One might be provocative, arguing that they (the prospective mothers) do not know what they are getting into […]. However, we should not only think of the woman, but also think about the situation at preschool, where the child will be faced with comments at [,for example,] the Christmas party, like, ‘How sweet, you brought your granny’, and the child will have to answer, ‘No, that’s my mom’.

The potential mother’s appearance (young vs. old) is therefore important, as is the consideration of whether an aged body will have the strength to provide the care a child needs. The unease with someone mistaking a child’s mother for their grandmother is, as Anita highlights, one of the reasons the child may suffer due to having an older mother.

As Anita makes this argument, she and her colleagues are navigating local treatment for women who are trying to conceive up until they turn 46. They also assist women and couples over age 46 with treatment involving egg and embryo donation abroad. Mie explains:

> I think that whether a woman is too old to have a child depends [on each individual case]. […] There are, however, some who I do not send to Greece when they turn 46. I cannot make the decision for them, but I can help them a little along the way, because there are some who I think look old. They are old in their thinking. But there are also some who I think, wow, they look like they are 37.

Just as the fertility doctor Signe admits to being disturbed by grey pubic hair, Mie also refers to age as a physical characteristic. However, Mie points out that age is also a mindset. Whether a woman who visits the fertility clinic is perceived as too old to become a mother is therefore a matter of appraising her appearance, mindset, attitude, and behaviour. If an older prospective mother can pass for a 37-year-old, she will likely receive much more support for her decision to pursue fertility treatment.

Palle, a fertility doctor, puts forward a different argument. He does not mention looks or mindset. First, he asserts that he would rather make sure that a woman who is going abroad for treatment is treated well. Additionally, he points out that different countries have different regulations: ‘In some countries, women can receive treatment until 50, I think it is’. Regarding an age limit, he says, ‘It’s like many others, it’s when she would go into menopause normally. She does that when she is on average 51.7 years old, right?’

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Interestingly, Palle invokes nature, making an argument for an alternative age limit of around 50. He emphasises that he is not alone in drawing the line there, as it is the designated age limit for receiving fertility treatment in several southern European countries (Adrian, 2014; Kroløkke and Hermann, 2019). Palle, however, invokes nature as he reconfigures the age limit for fertility to 50, effectively documenting that in clinical observations, perceptions of nature are arbitrary.

In summary, the figure of the monstrous mother enables us to see how the disciplining of women's bodies, institutionalised in legal regulations, (re)configures norms of motherhood, as the potentialities of ART and women's bodies challenge the existing dichotomous logic. In private clinics, even women over age 46 are receiving ultrasound scans and advice, undergoing treatment involving egg donation abroad, and accepting motherhood at the edge of or beyond reproductive age. Similar to the pattern witnessed in media representations where women are scrutinised, informal advice from nurses could depend on assessments of the prospective mothers' looks and behaviour. However, the doctors reconfigured the moral boundaries of acceptable motherhood through a nature-based argument and the need to provide everyone with good care. Moreover, the embryologist reflected on her frustration with facing age-related conception failures, which she believed could be overcome by better utilisation and development of the relevant technologies. She pointed out that in practice, the distinctions of nature and culture are less important than being able to do good work and satisfying customers.

Conclusion

Investigating the issue of women's age as it emerges in fertility treatment constitutes a compelling focus. Women using fertility treatment on the edge of reproductive age challenge the order of nature and culture, normal and abnormal, and moral and immoral, as reproductive technologies extend reproductive time horizons. For this reason, we asked how norms of motherhood are (re)configured as women on the edge of reproductive age seek treatment with reproductive technologies to overcome age-related infertility.

Inspired by Haraway (2004) and Schildrick (1996), we used the figure of the monstrous throughout this analysis. As Schildrick points out, the female body is perceived as monstrous, challenging Cartesian dichotomies because it is seen as biologically leaky (i.e. menstruation, milk, and pregnancy). Women's bodies are, therefore, often perceived as repulsive and are frequently disciplined and regulated on moral grounds. At the same time, the monstrous may be perceived with repulsion, as today's monsters have the analytical and political potential to initiate radical change. This is why contemplating the figure of the monstrous has enabled us to think beyond dichotomies and has been helpful as a heuristic to

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explore how the controversies of regulating and disciplining women’s bodies are reproduced or altered.

Methodologically, we have drawn on Haraway and Dumit’s method of the implosion, following women on the edge of reproductive age through legislation, the media, and the fertility clinic. By working retrospectively, we were able to understand the entanglements spanning the micro, meso, and macro levels. Moreover, by following how reproductive technology and women on the edge of reproductive age come together in parliamentary debates, legislation, media stories, and fertility clinics’ practices, we have gained a unique understanding of how maternal age is disciplined and (re)configured. We have shown how dichotomies dissolve, since women on the edge of reproductive age can, in some cases, reproduce with the assistance of reproductive technologies.

Given that assisted reproductive technologies may allow postmenopausal women to become pregnant, age, as the ostensible limit of fertility, is a central theme and is perceived as a natural boundary of reproduction. Nature – that is, what it is, and how and when it applies – is used as an argument to limit the use of ART, as is menopause as a valid boundary for conceiving; however, we have shown that these are all contingent and in flux. For example, menopause is defined and used to regulate women’s bodies as a fact of nature. Although the medical understanding is that menopause occurs around age 52, 46 years has been chosen to symbolise menopause in Denmark. Interestingly, Denmark has never regulated men’s reproduction, as the age limit that would have been applicable to male fertility treatment was removed from the legal text before Bill L5 was passed in Parliament. This has created an inequality in the law regarding age, gender, and parenthood. In Danish law and media, as well as at fertility clinics, white, able, male reproductive bodies are simply not perceived as in need of disciplining and regulation, and it would therefore be difficult to analyse male reproductive practices through the figure of the monstrous. In the binary logic at stake, the male reproductive body is not perceived as repulsive in the way that women’s bodies are, even as men age and continue to reproduce.

Regarding the media stories, we examined how mothers who conceived naturally over the age of 40 were more likely to be portrayed positively, while those who used technology were perceived with unease. In these perceptions, nature became re-entangled with appearance, mental attitudes, and behaviour. Similarly, in the clinic, women’s appearance and mindset were evaluated to assess whether they were too old to parent. Consequently, women on the edge of reproductive age were likely to be described with revulsion if they looked old enough to be grannies. However, those who looked young and beautiful, and had a youthful mindset could pass as acceptable in the context of reconfiguring motherhood beyond menopause.

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In addition, one of the embryologists explained that her frustration with the women receiving treatment for age-related infertility was caused by a combination of a low success rate and the women's lack of appreciation for her work. Unsurprisingly, the embryologists stated that egg donation or the woman's own cryopreserved eggs would be a helpful technology. In practice, Danish women over 46 years are using egg donation. Today, many receive treatment abroad, bypassing local legislation. Private clinics have supported this practice by providing some women over age 46 with the necessary ultrasound monitoring prior to their fertility travel. This is also why women on the edge of reproductive age who are seeking treatment can be perceived through the figure of the monstrous mother – because of the many potential challenges in the existing ways of disciplining women's reproductive bodies. Although reflecting the norms of youth and beauty that are prevalent in the media and in clinical practice can be a ticket for women over age 46 to be perceived as legitimate mothers, the complexity of normative understandings and practices in legal debates, the media, and fertility clinics reveals the contingency regarding how motherhood norms are reproduced and sometimes reconfigured. Using the figure of the monstrous as an analytical heuristic has enabled us to unpack how the disciplining and regulation of women's reproductive bodies might be challenged in the future. The use of the monstrous figure as an analytical heuristic in empirical research is also a radical tool to challenge the patriarchal ordering of the world in the future.

In using the monstrous as an analytical heuristic, a crucial element has been how conceptions of natural reproduction have been mined to designate legitimate practices involving reproductive technologies, even as the technologies enable women's continued hope for postmenopausal conception. We do not want to neglect that there might be good reasons to set (age) limits for parenthood. However, this analysis reveals the contingencies and vague existing perceptions of the natural that have been used as organising principles in developing age-related regulations and moral standards for women and not men.

However, it is not the natural in itself that needs to be challenged; instead, we challenge the ways boundaries of right and wrong emerge. By highlighting the inequalities women seeking treatment for age-related infertility face, we call for a rethinking of the law, media perceptions, and clinical care practices. Hopefully, less repressive modes of ordering women, their bodies, and reproductive lives will evolve.

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