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Freezing fertility: Oocyte cryopreservation and the gender politics of ageing

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Chapter 3

Freezing in Anticipation

Bodies of Futurity and *Eggs for Later*

I've been feeling pretty alone lately. Because everybody around me is having children. And I don't even have a relationship. Haven't had one for five years. I just feel that I, that soon it won't be possible anymore because I am now thirty-five. That perhaps I will never have children. (Schellart 2010)

Facing the camera with teary eyes in a close-up shot, Dutch documentary maker Marieke Schellart gives an affectively charged account of the key concerns of *Eggs for Later* (2010) in its opening minutes. This confessional statement is preceded by a more light-hearted introduction to her life. "This is me," she says in voice-over as home videos of Schellart as a baby and toddler appear, followed by footage of her adult self. She is shown biking around Amsterdam, enjoying wine with her friends and shopping at quaint markets. These images depict what Schellart describes in voice-over as a "pretty good life." Yet when "a woeful mood takes hold of [her]," the quick cuts are replaced by a long zoomed-in shot framing her face and she addresses the viewer directly, as if confiding to a friend. Creating intimacy with the viewer and stressing the importance of the issue at hand, the above-quoted statement establishes the motivating starting points for Schellart's quest to freeze her eggs. Rather than simply wanting to have a child, Schellart conveys a complex set of concerns about the future loss of fertility, the finality of "never" having children and the pressure of time running out because "soon it won't be possible anymore."⁶²

Through an analysis of *Eggs for Later*, I will argue in this chapter that the notion of anticipation constitutes a key component of egg freezing as a cultural and clinical practice. In keeping with the last chapter's discussion of bodily futurity, I will focus on conceptualisations of *in vivo* eggs and their significance in anticipating female fertility at different points in the life course. After earlier reproductive technologies like IVF turned diagnosed infertility into a public concern that could be mitigated by medical innovations, egg freezing can be viewed as the first ART to co-determine the biomedicalisation of anticipated potential infertility (L. J. Martin 2010, 528; Van Dijck 1995). Motivations for undergoing the procedure are characterised by a specific "anticipatory logic" in which bodily futurity becomes a medical concern over which agency may be exerted in the present (Adams et al. 2009, 252).

⁶² An earlier version of this chapter appeared in the special issue "Choosing Mothering? The Gendering of Agency" in *Women's Studies International Forum*. See Van de Wiel (2014b).

Signalling a broader biomedical and cultural preoccupation with bodily futurity, Adams et al. contend that “one defining quality of our current moment is its characteristic state of anticipation” that “pervades the ways we think about, feel and address our contemporary problems” (2009, 246–8). They offer an analysis of contemporary modes of anticipation in which “the future becomes knowable in new ways” and the present is lived through “proliferating modes of prediction” (Adams et al. 2009, 246–7). What is at stake for them is the production of “regimes of anticipation” organised by “a particular self-evident ‘futurism’ in which our ‘presents’ are necessarily understood as contingent upon an ever-changing astral future that may or may not be known for certain, but still must be acted on nonetheless.” In a neoliberal context, a heightened awareness of predictable but nevertheless uncertain futures gives rise to a “politics of temporality,” which is characterised by an individualised moral injunction to anticipate individualised future perils and decline as a sign of responsible citizenship (Adams et al. 2009, 246–7).

In my analysis of *Eggs for Later* I zoom in on the highly specific ways in which the anticipation of bodily futurity functions in relation to egg freezing. I discuss what futures of (in-) fertility and (non-)parenthood the documentary invokes in relation to oocyte cryopreservation (OC) and what their discursive and embodied effects are on the lived present. In other words, my concern lies not with the efficacy or morality of the procedure, but with the construction of the promise of OC, in terms of both the reproductive futures that are invoked in its name and the particular understanding of egg freezing as an agentic anticipatory strategy to achieve them. What is at stake in this chapter therefore is the potential of various modes of anticipating bodily futurity that accompany the emerge of OC to reconfigure ideas and practices of what constitutes healthy embodiment, the reproductive act and responsible ageing.⁶³

Eggs for Later, at once a highly-mediated account of one woman freezing her eggs and a widely circulated cultural object, presents Schellart’s 18-month journey towards freezing her eggs, moving from a general concern with future fertility to the consideration of OC as a solution, and from the self-administered hormonal stimulation of her ovaries to the surgical extraction of her eggs. Her story is particularly significant in the Dutch context because, according to the Amsterdam Medical Center (AMC), Schellart was the first woman in the Netherlands known to opt for elective egg freezing (Luijt 2010). Her documentary thus captures the early public and personal resistances to the novel technology prior to OC’s legalisation in 2011 and its subsequent wider acceptance. *Eggs for Later* stages both North-American news and medical discourses

⁶³ This concern follows Marilyn Strathern’s assertion, in her influential *Reproducing the Future*, that “the issue is not whether these technologies are good or bad [...]. The issue is the forms of thought they present through which we shall look on other aspects of human affairs” (1992, 33).

promoting egg freezing and the disapproval of OC Schellart encounters among her friends, family and members of parliament in the Netherlands. Because OC was not yet allowed in the Dutch context at the time of shooting, she travelled to Belgium to undergo the procedure. Impacting audiences in the Netherlands and beyond, *Eggs for Later* was broadcast on television in 9 countries and screened at 25 international film festivals (Trueworks/ NCRV 2010).

Given its subject matter, widespread dissemination and documentation of a significant historical moment, Schellart's documentary is a case study that offers an opportunity to unfold the particular complexities of anticipating bodily futurity with the aid of OC technology. In keeping with Lauren Berlant's assertion that the case study "took aesthetic form in documentary," Schellart's film is itself a montage of cases with rhetorical and political effects (2007, 664). As both director and protagonist of the film, Schellart's vision on egg freezing is expressed as much through editing decisions and the film's constructed narrative as through the utterances and actions of Schellart as an on-screen character. In the context of the political debate on the legalisation of OC in the Netherlands, *Eggs for Later's* visual and textual rhetoric positions egg freezing as a valuable solution to concerns about age-related infertility that ought to be available to women.

Schellart's autobiographical documentary offers an opportunity for analysing the discursive production of (in-)fertile futures, their indebtedness to existing cultural norms and narratives, and women's agency in anticipating these futures in the context of OC. Rather than taking age-related reproductive limits as a biological given, in the first part of this chapter I read *Eggs for Later* to understand how the featured medical, political and personal discourses shape the affective states and anticipatory terms through which women's age-related infertility is conceptualised in relation to the promise of OC. These conceptualisations of infertility, in turn, produce a particular embodiment of anticipation in what I call "bodies of futurity." I subsequently discuss how Schellart accounts for the choice of freezing her eggs through the visualisation of a reproductive futurity with home videos, thereby staging a tension between familial and age normativities. Another important element in accounting for this choice is Schellart's presentation of OC as an extension of fertility—to be contrasted with an interpretation of OC as postponement of motherhood. I propose that the documentary also suggests a third reading of OC as biopreparedness for the future. By distinguishing these alternatives, I make the case that egg freezing can function as an end-point in its own right, irrespective of future live births, by resolving anticipatory anxieties that are expressed in public discourses of OC.

Futures of Anticipated Infertility

I start from the premise that OC's introduction presents a new kind of negotiation with reproductive finitude. With the possibility of egg freezing, reproductive ageing becomes refigured as a variable over which agency can be exerted, rather than only a given "fact of life."⁶⁴ Co-emerging with this proposed agency is a medicalisation of the condition egg freezing seeks to anticipate and treat: potential future infertility. Lauren Martin has argued that this process of medicalisation erases the "normal" fertile life stage, leaving us with two pathologies: "anticipated infertility and infertility" (2010, 530).⁶⁵ Indeed, websites like *Extend Fertility* rather unselectively propose women "aged 18–40 in good reproductive health" as "qualified candidate[s]" for the treatment of anticipated infertility (2014).⁶⁶ Nevertheless, it is useful to recognise that a stage of what may be termed "assumed fertility" continues to exist prior to the pathologies of "anticipated infertility and infertility." In fact, I would argue that the transition from "assumed fertility" to "anticipated infertility" is a highly significant moment in existing gendered cultures of ageing.

In this section, I discuss the intersection of normative constructions of ageing and the discursive positioning of women as (non-)reproductive bodies and agents in the context of OC. I do so by focusing on the timing of the transition from assumed fertility to anticipated infertility and distinguish two approaches to this process, both of which are featured in *Eggs for Later*. In the first, egg freezing offers an option for women who wish to have children in the future, but are approaching the prospective end of their reproductive life span. The second approach encourages egg freezing for women at earlier ages to preserve optimal fertility for later use. In both approaches, the anticipation of future infertility gains an embodied dimension.

Exemplifying the first approach, the statement by Schellart that opened this chapter conveys that the trigger for her concern is her age. The tense look on her face and the tears welling up in her eyes express the sense of anxiety she experiences in anticipating potential infertility and future childlessness. In the absence of any clinical symptoms, she interprets her chronological age as a confrontation with reproductive

⁶⁴ See Franklin (1997) for a discussion of the cultural construction of "facts of life" in relation to reproductive technologies.

⁶⁵ Martin defines "anticipatory infertility" as "the condition in which one believes one may be infertile in the future" (2010, 529).

⁶⁶ Extend Fertility Inc. is a Massachusetts-based company that promotes egg freezing. Their website targets a specific contingent of highly-educated women, framing egg freezing as middle-class technology by linking the need for OC to professional success: "As women, we lead rich and demanding lives - obtaining advanced degrees, pursuing successful careers, and taking better care of ourselves. We have an astounding number of opportunities and as a result, many of us choose to start our families later than our mothers and grandmothers" (2014). The company has affiliations with fertility centres across the US and hosts information events in large US cities with titles like "The Biological Clock: Take Control of your Fertility."

finitude. She positions herself as at risk of age-related infertility “because [she] is now thirty-five.” Schellart’s conceptualisation of ageing also has a social dimension, as follows from a conversation she has with her mother about what they call “the biological clock,” in which she explains how she is challenged by the fact that many of her friends have children. This conversation is indicative of how she imagines her reproductive future in accordance with the normative life course progression from singlehood to partnership to reproduction that she observes among her friends.

These relationally-shaped affects are strongly contingent on the normalised temporal schemes of life progression that Freeman refers to as “chrononormative” (2010). Whereas a state of flow means to be “in time,” Schellart is “out of time” in both senses of the phrase: she is not living up to temporal norms and she has little time left to achieve future motherhood (Ahmed 2010, 169). In other words, Schellart’s anticipation of motherhood later in life and anxiety about age-related infertility are intimately bound up with chrononormative models of life course progression and bodily temporal schemes that become urgently recognisable against the threat of their transgression.

Schellart’s concern with prospective infertility at this age fits into a broader social trend in which women freeze their eggs at a time when their fertility is expected to decline. Given that the age of women undergoing elective OC averages around 38 years, egg freezing is usually undertaken as a last-minute option before age-related infertility prevents conception (Dondorp et al. 2012, 1235). Because freezing at this time is “suboptimal from a clinical point of view,” medical professionals have advised women to “freeze their eggs while they are still young,” and bioethicists have raised concerns about egg freezing at later ages as a practice that gives false hope (Sample 2011; Mertes and Pennings 2011, 824). However, Schellart’s documentary suggests that the motivation for OC does not simply follow from a consideration of success rates, but from complex affective, socially inflected, anticipatory approaches to future age-related infertility. The time frame within which possible (non-)reproductive futures must be anticipated is organised by age-specific conventions: as Schellart points out in the statement that opened this chapter, the age of thirty-five in particular is charged with cultural codes of reproductive finitude.

These age conventions are frequently narrativised in relation to the “biological clock” trope in Western media discourses on reproductive technologies and older motherhood (Shaw and Giles 2009). The documentary references a cultural narrative associated with the biological clock, which I also discussed in the first chapter’s analysis of Dutch and UK newspaper coverage of egg freezing, in which a particular age signals a sudden departure from the carelessness of young adulthood to a life course characterised by concern about the impending finitude of fertility. This sudden transition recognised as the onset of the biological clock may first be read in the documentary in its opening

minutes, when Schellart marks her arrival home with a loud slam of the front door. The sound separates the joyful, nostalgic shots of her younger self and her “pretty good life” from the anxious confession taped at home. The upbeat music accompanying the opening scenes stops abruptly and is replaced by the silence of an empty house. Inside, against a bleak grey background, a tearful Schellart gives her statement to the camera. This opening sequence represents a transition in which happiness moves away from the present of youthful experience towards an imagined future of (non-)reproduction.⁶⁷ Schellart’s documentary here reproduces the familiar narrative of the biological clock in which a particular age marks the onset of an anticipatory concern that, for Schellart, can find its resolution in having children or, as I will argue, in egg freezing.

This age-related shift in Schellart’s affective orientation towards futurity re-emerges later in the documentary:

I could do what I wanted. I went to parties, festivals and travelled far. Long live freedom. I did not think about children. That was something for later. But now that it is later, I am confronted with shocking numbers. One in three women is infertile by the time she is forty and one in five women born in the seventies will remain childless. Maybe I will be that one woman.

In keeping with this shift towards anticipatory concern, fast cuts between footage of a younger Schellart laughing at music festivals and dancing at parties are followed by a long horizontal pan across the Amsterdam skyline at night. The slow movement across the dark, stretched-out cityscape creates a contemplative image, reflecting the shift from carelessness and freedom to sober concern with “shocking numbers.”

One rhetorical function of the cited statistics is that they generalise Schellart’s presentation of infertility and childlessness as a widespread threat that affects an entire generation “born in the seventies” and a city full of people. Accordingly, Schellart states in an interview at the Rocky Mountain Women’s Film Festival that she did her “best to make it universal: a story of my generation” (Schellart 2011). Yet Schellart’s descriptions of her twenties and her concern with future infertility in her mid-thirties are highly specific, if only because of their unspoken class dimensions. Class intersects with egg freezing practices as a result of differing trajectories of education, professional development, reproduction and partnership arrangements among different social groups—not to mention the procedures’ prohibitive costs. Schellart’s case reflects a broader social trend of later first-time reproduction among middle-class, highly educated

⁶⁷ I draw here on Sara Ahmed’s theorisation of futurity in *The Promise of Happiness*, in which she writes that “to pin hopes on the future is to imagine happiness as what lies ahead of us” (2010, 160).

women (Carbone and Cahn 2013, 294–297).⁶⁸ Rather than a generalisable story of a generation, Schellart’s childlessness and use of OC is thus embedded in a highly specific socio-economic reality.

With reference to the statistical truth claims, the documentary positions Schellart—and by implication the women of her generation—in relation to speculative futures of potential infertility that impact lived reality. Promoting anticipatory anxiety, the passive construction of “being confronted” by the “shocking numbers” primes the viewer to attach a similar affect to these numbers. Providing the terms through which speculative futures may be understood, the two risk statements reduce complex reproductive futures to a binary of fertility and infertility, of parenthood and childlessness. In fearing to be the “one woman” of these statistics, Schellart merges the two risk statements into fertility-parenthood and infertility-childless dualities. Not only do these binaries disregard the possibilities between and outside of these dualisms, they also oppose a favourable and an unfavourable option. Affirming Schellart’s fear, alternatives to reproductive futures are negatively and passively described as “remaining childless,” as the continuation of an undesirable state rather than a more neutral “not having children” or an active “choice not to reproduce”—which may be the case for a significant proportion of the 1 in 5 women.⁶⁹ By framing the population data with Schellart’s particular sentiments, the documentary suggests that the “story of [her] generation” is not only characterised by a certain prevalence of childlessness and age-related infertility, but also by the affective dimension of anticipatory anxiety.

For Schellart, the value differentiation between reproductive and non-reproductive futures—combined with their attainability as a matter of risk—has the effect of producing anxiety about future infertility. In *The Promise of Happiness*, Sara Ahmed comments on this effect when she writes that there is “an intimacy between anxiety and hope. In having hope we *become* anxious, because hope involves wanting something that might or might not happen” (2010, 183). Adams et al. understand this anxiety for the future as foundational to what they call anticipatory regimes:

a forced passage through affect, in the sense that the anticipatory regime cannot generate its outcomes without arousing a “sense” of the simultaneous uncertainty and inevitability of the future, usually manifest as entanglements of fear and hope. (2009, 249)

⁶⁸ For an in-depth analysis of the class dimension of egg freezing practices, see Carbone and Cahn (2013). See Bell (2009) for a discussion of experiences of infertility among women of low socioeconomic status.

⁶⁹ See Letherby (2002) and Letherby and Williams (1999) for a discussion of the stereotyping of non-motherhood.

The tension emerging from the value differentiation between parallel invoked futures thus potentially increases anticipatory vigilance as it positions the subject in relation to a desirable and an undesirable future. In Schellart's presentation of risk narratives, anticipated infertility is frequently referenced, but the documentary does not visualise its accompanying futures in the way that it invokes potential future parenthood and pregnancy throughout. Future non-reproduction remains an invisible threat rather than an alternative with its own merits or a situation in which other forms of mothering could be explored. A consideration of alternative (non-)reproductive futures in a more favourable light could counteract anxiety about future infertility in the manner of Ahmed's politics of the hap, which "would be affirming the possibilities of life in whatever happens; we would be opening up possibilities that are negated by the very demand that we live our lives in the right way" (2010, 222–3). Regimes of anticipation function in the opposite way: they create anxiety by dividing the future into a value-differentiated binary, the positive side of which is suggested to be attainable through biomedicalised anticipatory action in the present. Schellart's case draws attention to the age-specificity of anticipatory regimes; speculative futures become pertinent at specific moments in the life course, imagined in relation to metaphors like the biological clock and cultural associations of particular ages—like thirty-five—with reproductive decline.

If Schellart's case is an example of a "last-minute" approach to egg freezing because "soon it won't be possible anymore," OC can also be motivated as a method of preserving optimum fertility by anticipating infertility at a much younger age. This second approach is featured in the documentary when Schellart first encounters egg freezing at home in bed, watching a US Fox News report on her laptop:

Another health story that may be important to a lot of women: women putting their eggs on ice. It is a controversial procedure for women who want to have children, but are worried that their biological clocks will run out before they can get pregnant.

Doctor Sherman Silber is interviewed as part of the news report:

We could freeze a twenty-year-old's eggs and twenty years later we could thaw them, do IVF with them and she'd have the pregnancy rate of a twenty-year-old.

In keeping with Sarah Franklin's statement that news media are "among the most important means by which a wider public [becomes] acquainted with new reproductive technologies," the documentary's inclusion of US and Belgium news reports stages both

their reach and their influence in making OC meaningful to a wider public (1997, 89).⁷⁰ The anchor states that OC is relevant to a large group of women who are concerned about their biological clock. Although she does not specify the age frame for this concern, the interviewed doctor indicates that OC could be relevant for women as young as twenty.⁷¹

Rather than a biological clock that begins ticking in the fourth decade, Silber's statement in this news report positions age-related infertility as a condition that can be anticipated from early adulthood onwards with the aid of OC.⁷² Replacing "assumed fertility" with "anticipated infertility" at ages well before the end of the reproductive life span, news reports such as this one can function as a way of disseminating regimes of anticipation that "interpellate, situate, attract and mobilize" an increasingly large group of healthy women in a specific age range as potential patients by engaging them with the risks presented or implied—even if these were not a prior concern (Adams et al. 2009, 249).⁷³

Implicit in Silber's suggestion that reproductive foresight and anticipatory action could offer his forty-year-old patient "the pregnancy rate of a twenty-year-old" is not so much an injunction for all young women to freeze their eggs. Rather, it reconfigures the reproductive life span, and future reproductive health, as variables over which women can exert agency, instead of only a given, if uncertain, "fact of life." Consequently, with the possibility of circumventing age-related infertility may emerge an increased individual responsibility for maintaining reproductive ability within culturally specific

⁷⁰ The widespread influence of public discourses on women's awareness of OC may also be deduced from Hawkes' observation that a majority (83%) of women has heard of egg freezing and almost a fifth considers the procedure themselves (2014, g4348).

⁷¹ In keeping with this approach to egg freezing, Extend Fertility Inc. also has an online platform specifically tailored to a younger group of women named *Later Baby*, alongside its main website marketed to the successful career woman. *Later Baby* addresses women "whose plans for a family may seem a distant point on the horizon," but whose "incredible opportunities" for professional development and reproduction require "getting the timing right" (LaterBaby 2003). Deliberately targeting this younger group of women, the website constructs OC as a new, sellable reproductive choice through marketing techniques of mimicking young people's speech and the understanding that "a language of autonomy and empowerment works best when selling to young women."

⁷² Silber's scenario is similarly evoked by other medics, including inventor of the contraceptive pill Carl Djerassi, who imagines a future in which young women freeze their eggs and get sterilised to fully divorce reproduction from the contingencies of sex and ageing (Z. Williams 2010). Gillian Lockwood, whose patient Helen Perry gave birth to the first British frozen-egg baby, reportedly envisions egg freezing as parents' ideal graduation gift to their daughters (McAuliffe 2012).

⁷³ Facebook and Apple's 2014 announcement that they would include egg freezing in their US health benefit package roused widespread concern about the potential implicit injunction to female employees to freeze their eggs—not only to maintain future reproductive ability, but also future career prospects. Irrespective of the implementation and outcome of this policy, the media hype following the announcement—the UK *Guardian* alone devoted nine articles to it in a single week—is in keeping with the broader framing of OC in relation to much older debates on tensions between women's reproduction and career, whether through the "having it all" caricature or through a critique of corporate encroachments on employees' reproductive decision-making.

age ranges. This responsibility for anticipating the risk of future infertility may be read as an extension of “the obligation to ‘stay informed’ about possible futures [which] has become mandatory for good citizenship and morality, engendering alertness and vigilance as normative affective states” (Adams et al. 2009, 254). The reproductive choice of egg freezing must, in other words, be situated in relation to the neoliberalist subject, who comes to bear a heightened responsibility for future fertility (Gill 2007a, 74). Medical and popular risk information surrounding OC may thus function as an implicit injunction to stay informed, and equally as an obligation to live the future in the present body, an imperative to feel the future in the flesh.

The embodied dimension of this injunction becomes evident in *Eggs for Later* when Schellart explains to her parents that:

Instead of all of us dying at fifty, you also live to eighty. But that belly, well, doesn't, you know. And people become much more healthy and everything. That's why medical technologies are developed, right? To prolong lives, and to prolong fertility, in my case.

Schellart's understanding of biomedicine references a popular narrative that affirms a telos of medical progress characterised by an increase in the human life span. Lafontaine argues that the extension of the life span is not only the quintessential symbol of modernity and progress, but “the supreme value of postmortal society” that validates “re-engineering” the body (2009, 67). OC's medical interventions and cellular manipulations entail a bodily re-engineering motivated by supplanting this supreme value of extending longevity to increasing the reproductive life span—a development Schellart advocates by drawing an analogy between mortality and reproductive finitude.

Schellart's statement also conveys the concurrent resignification of her body in the face of that goal. Disavowed as “that” belly, the reproductive system is discursively split off from the rest of the body as a site of failure—its fertile finitude a sign of halted evolution in the face of overall longevity. As Rothman (1993) and Rapp (1999) have illustrated in relation to amniocentesis and the co-determinate “tentative pregnancy” that resulted from its redistribution of risk, the introduction of new technologies can impact on the perceived risk of pre-existing embodied experiences. In line with Rosalind Gill's characterisation of contemporary concern for the body as always “requiring constant monitoring, discipline and remodelling (and consumer spending),” Schellart's belly is “at the risk of failing” (2007b, 149). The anticipatory injunction of OC thus creates a tentative fertility—as counterpart of anticipated infertility—that is at risk in the absence of biomedical interventions.

Exemplifying the age-specificity of the anticipatory imperative of the belly at risk, when Schellart interviews Silber later on in the documentary, he advises her: “I think if you are thirty-five, or even thirty, I think it is a very good balance to have an entire ovary frozen and then an entire ovary intact. Come to the US and let us freeze your ovary.” In this statement Silber proposes ovarian cryopreservation as a new way to enable a balanced “healthy embodiment” (Ettorre 2010, 5). Here the “balanced” body is not only functioning well at present, but is also preserved well for continued future functionality. This perspective on healthy reproductive ageing can be positioned within a broader trend of “healthy ageing,” which is “conceptualised in terms of body maintenance and [forms] a central feature of consumer societies,” with an expanding range of markets accommodating a sense of agency over every sign of ageing (Powell 2010, 121). The biomedical approach to ageing suggests that youth can be maintained or reconstructed by means of medical interventions, whether through plastic surgery, tissue transplantation or hormonal treatments (Powell 2010, 121). Appealing to neoliberal qualities of autonomy and calculating self-regulation, Silber’s approach similarly suggests that healthy reproductive ageing can be achieved through the consumption of the right services and products, and envisions ageing as a medical problem that can be treated by a range of procedures (Gill 2007b, 164).

Yet Schellart’s documentary equally points to a counternarrative represented by the featured Dutch politicians and her father, who advise against OC as a solution to her concerns about future infertility. Schellart’s juxtaposition of sources from different national and ideological contexts in *Eggs for Later* reflects a complex situation in which OC is both encouraged and denied. Rather than emphasising their differences, the documentary stages how distinct discourses are relevant from the potential patient’s point of view. US Fox News, Dutch televised news reports and online Belgium newspaper articles are equally accessible from Schellart’s home. Each functions as a device that propels the narrative forward by first introducing OC, then suggesting its availability in the Netherlands and finally offering Belgium as an alternative. Their juxtaposition highlights the tension that emerges from the concurrent dissemination of risk narratives on age-related infertility and a widespread Dutch discomfort with employing egg freezing to mitigate it. The anticipatory impetus of exerting agency over future infertility with OC is thus in conflict with the Dutch governmental and institutional foreclosure of doing so, leaving Schellart in a situation that she characterises as “pretty intense for a thirty-six-year-old.” OC holds the promise of an antidote to prospective infertility, but in doing so it reinstates dependence on, among other things, external medical interventions and government regulations that control their accessibility.

Alongside the material manipulation of physical temporality in the extracted frozen eggs, one of the major temporal shifts that emerge in the context of oocyte cryopreservation is thus a discursive positioning of the body as a site of anticipation and potential failure. The combination of the public dissemination of fertility risks, the promise of OC and a cultural context in which ageing means life-long decline that must be managed and counteracted from early adulthood onwards results in what I call a “body of futurity,” in which the present is lived through anticipation of the future.

Anticipating the Future Family

The futures Schellart anticipates in *Eggs for Later* focus not only on fertility, but also on potential parenthood. The documentary invokes these futures with the use of home video footage, which is interspersed throughout and is used for its opening and closing scenes. “This is me,” are Schellart’s first words in *Eggs for Later*. They identify the baby and, soon after, the toddler in the home videos with which the documentary opens. *Eggs for Later* closes with similar footage of a young Schellart “frozen in time” by the camera. Through the use of montage and voice-over, Schellart employs these home videos as “autobiographical reflections of self, of family” to “manufacture memories as statements of self, desire, and context” (Van Dijck 2004, 273–4). In this way, the home videos function as what Van Dijck calls “mediated memories,” or “privately recorded personal events” and “creative acts of cultural production and collection through which people make sense of their own lives and their connection to the lives of others” (Van Dijck 2004, 262). In *Eggs for Later*, the “mediated memories” of the home videos position Schellart in relation to a desired future of motherhood and, in doing so, articulate a visual argument in favour of OC.

The home video footage frequently functions as the visual counterpart to the voice-over’s musings on an imagined future of motherhood, as is the case when Schellart reflects on a conversation with her friend Olaf about the age-specific limits to using her frozen eggs. When Olaf argues that “when your child is thirty, you will be eighty. You can’t do that to a child,” Schellart responds that she would consider using her frozen eggs up until she was forty-eight. Subsequently, home videos of a summer holiday appear as the voice-over contemplates OC-induced older motherhood:

My mother was twenty-seven when she had me. That is eight years younger than I am now. I enjoyed having young parents. What would it be like for my child if I freeze my eggs? Would I be a good mother, even if I was a bit older? I think it is more important that you are young at heart, and full of life. But the most

important thing is that my child is wanted and that I will give it attention and love.

The home video footage shows a sunny day with Schellart's parents walking arm-in-arm, holding a baby. Gentle major guitar chords play in the background, functioning as "affective stimulants" by cueing support for the harmonious mood (Corner 2002, 358, 364). At the mention of "my child," Schellart appears as a toddler sitting at a table and the "good mother" coincides with a pan to the left that reveals her mother talking to the child. The voice-over's "attention and love" coincides with a final shot of a young Schellart holding on to her mother as they swim in a lake.

Schellart's voice-over reframes the home video from personal memory to an image of an anticipated reproductive future that could be enabled by egg freezing. The voice-over first identifies Schellart as the child she used to be in the home movies and subsequently positions her in the mother's place, thereby presenting the prospect of her own future motherhood. Likewise, as the memory of the mother's younger self signifies Schellart's own imagined future as a mother, the self-as-child becomes a visual reference to her hypothetical child. By narrativising and selecting the home videos to represent a future ideal, Schellart's acts of what Annette Kuhn calls "memory work" transform into anticipation work—personal memory finds its counterpart in personal futurity (Van Dijck 2004, 263; Kuhn 2010, 298). As "dual instruments for constructing and remembering family life," these home videos thus attain a third function as instruments for anticipating family life (Van Dijck 2007, 144).

The home videos are not, however, a neutral representation of Schellart's memory, but are produced in a highly specific post-war "home mode" in which her parents' recordings function as "a confirmation of the intimate family life" (Moran 2002; Van Dijck 2007, 133). As "a form of cinema which linked small format technologies with the new idealization of the home, parenting, and reproduction," these 1970s home videos exemplify what Zimmerman calls the ideology and social practice of "familialism," which emphasises family relations above other interactions (1995, 132). As the shooting of these "future memories" reflects familial conventions, so the home videos' usage as mediation of personal futures in Schellart's anticipation work presents historical images of desirable parenthood as ideals for the future (Van Dijck 2008b). These ideals contrast with Schellart's present situation described in the statement opening this chapter as "feeling pretty alone"; her empty home is the antithesis of the home (video) as site of an ideology of familial togetherness. In keeping with Schellart's desire for a partner, in the home video sequence the parents are presented as a couple, holding each other and engaging with the child together. They run around and swim with the children, illustrating the vitality Schellart associates with young parents—and

then reinterprets as a more age-neutral parental love and attention. Through Schellart's anticipation work, the home movies provide a "material articulation of generational continuity over time" (Moran 2002, 60). Schellart thus dehistoricises the specificity of family conventions and seeks to reproduce them both through their celebratory representation in the documentary as well as in the physical reproductive process that the frozen eggs may enable.

This approach to anticipating the future family exemplifies queer theorist Lee Edelman's concept of "reproductive futurism," with which he criticises the validation of a "mandate of futurism," consisting of present coercive effects in the name of a future imagined through the symbolism of the child (Talburtt and Rasmussen 2010, 3). Schellart's depiction of the hypothetical future child affirms Edelman's concerns as one of "these fantasies [that] reproduce the past, through displacement, in the form of the future" and "insist[s] on sameness that intends to restore an Imaginary past" (2004, 31, 21). Through the home videos, Schellart insists on reproducing a hetero-coupled family structure with an implied genetic connection between parents and children. Yet in affirming the continuity of familial conventions through a desire to reproduce that she describes as "very natural," Schellart also seeks to normalise the use of OC technology to preserve her eggs as carriers of this kinship connection. The home videos thus function as familiar cultural referents through which OC as a novel practice, choice and biotechnology may become normalised; they visualise the work of memory in making sense of unfamiliar technologies and anticipating uncertain futures.

Schellart's depiction of an idealised future by means of the ambiguous figure of the remembered self and hypothetical future child is a testimony to the significance ascribed to the "Child as disciplinary image of the Imaginary past or as site of a projective identification with an always impossible future" (Edelman 2004, 31). Yet in Schellart's case, the potential impossibility of reproducing this future follows not from the transgression of reproductive norms of sexuality, but from a threatened normativity of reproductive ageing. This normative framework becomes explicit in her friend Olaf's disapproval of childbearing at an age at which the resulting generational difference would resemble "child-grandparent relations," reflecting a widely-held standpoint in the Dutch population that women should not have children beyond their "normal reproductive years" (Bos et al. 2012, 193). In the name of the future child, Olaf validates his view of acceptable ages for using frozen eggs.

Schellart responds to Olaf's disapproval by visualising this future child in an idealised family setting, the reproduction of which would be enabled by OC. Operating at the meeting ground of the politics of reproduction and representation, the home videos undo Schellart's future age-related transgression by erasing it from view and

instead visualising older motherhood with images of her twenty-seven-year-old mother.⁷⁴ At the same time, Schellart's voice-over refigures ageing as primarily a question of "being young at heart" and "full of life," rather than a matter of time passed since birth or a concern with mistaken (grand-)parental kinship assumptions. She thus asserts that reproducing familial ideals trumps the transgression of reproductive age-related norms. While Edelman focuses his critique on the heteronormativity inherent in reproductive futurity, Schellart's case shows that its politics of anticipation also have a chrononormative component. Although Schellart firmly upholds the nuclear family ideal, she also evokes OC as a way of shifting what O'Rourke calls "the hetero-chrononormative frames of temporality" by advocating using her eggs at an age that her friend considers to be too old (2011, 109). By transposing the figures of the mother and the child in the home videos across a familial past and an anticipated reproductive future, Schellart's "mediated memories" in the documentary enact a decoupling of historical time and reproductivity analogous to the one that OC enables. With these home videos, Schellart displaces the logic of reproductive ageing as continual decline and replaces it with one in which fertility can be extended and becomes embodied in a couple of "good eggs."

Extending Fertility and Postponing Motherhood

In *Eggs for Later*, the notion that women can exert agency over age-related reproductive ability does not only have the discursive effect of positioning the body as a site of anticipation, it also results in a historically and culturally specific discourse on accounting for the choice of egg freezing. The 20th century saw the wide-scale emergence and institutionalisation of reproductive technologies aimed at avoiding or ending pregnancy (the contraceptive pill, abortion) and at achieving it (IVF, artificial insemination, egg donation). These two approaches to regulating reproduction are combined in the 21st-century technology of egg freezing, which both represents a choice not to have children at present and a commitment to future reproduction. Accordingly, OC may be framed as both a reproductive and a non-reproductive choice, each of which implies different understandings of what it means to enter motherhood and exert agency over reproductive ageing. In *Eggs for Later*, and the broader discourses the documentary references, three different interpretations of OC may be distinguished—a postponement of motherhood, an extension of fertility and a treatment in preparation for future infertility—each of which represents specific relations to future finitude. This section addresses the implications of these three different interpretations for the

⁷⁴ For a discussion of the politics of reproduction and representation in the maternal body, see Betterton (2002).

conceptualisation of reproductive ageing in “bodies of futurity” and their relation to frozen eggs.

In the documentary, the conflicting interpretations of OC are expressed when Schellart first tells her parents that she wants to freeze her eggs:

This afternoon I’m going to mom and dad and I am going to tell them that I want to freeze my eggs. And I am curious to see how they will react.

Here Schellart documents the anticipation she experiences before she travels to her parents. In fact, this short scene is itself an anticipatory gesture preparing the viewer for what will happen and building tension with respect to the parents’ response. By directly addressing the viewer, Schellart re-establishes herself as both protagonist and narrator of the documentary. Thus inviting the viewer to identify and sympathise with her, Schellart’s understanding of egg freezing and its anticipatory nature take up a privileged position in the dialogue with her parents:

Father: Oh. Well yeah, that is also a possibility. But I actually think that you are putting off the problem. You have not really taken a decision. You have not really taken action to solve the problem. What do you want? Really, you are postponing business.

Father: It seems to me that the primary issue is for you to decide whether you want a partner or don’t want a partner. Do I want to go through life alone or not?

Mother: No, but Marieke has already said that.

Father: And then, once you have a partner, you can see whether a child will come or not. But now you have to work on that first issue and take a decision.

Mother: No but she has already done that. [...] Marieke sees herself with a partner and also with a child. But because there isn’t much time [...], it is nice that by the time she has her partner, she still has a couple of good eggs. [...]

MS: Well, yes, and I don’t see it as postponement, I see it as extension.

At the father’s mention of postponement, there is a cut to the mother’s turn of the head towards him, which emphasises this term as a point of discussion. Although her parents both continue to speak, Schellart’s response returns to this idea of postponement and opposes it to extension.

The two positions of postponement and extension correspond to wider public discourses of OC. In the Netherlands, news media strongly associated the notion of postponement with OC, to the extent that women freezing their eggs were referred to as “postponement mothers” (Calmthout 2011). The characterisation of OC as

postponement—as “deferment to a later time”—may reference a double criticism of women’s passivity in not having the desired child at present and their active choice for a riskier, older motherhood later in life (OED Online 2013). On the one hand, political parties like the Christian Democrats (CDA) opposed the Academic Medical Center’s (AMC) 2009 initiative to make egg freezing available to the wider public. The party framed its resistance with reference to postponement, suggesting that OC encourages an undesirable passivity in pursuing motherhood by “women who are waiting for a suitable partner” (Herderscheê 2009). Medical experts sceptical of OC dismissed it as “a false insurance policy” that promotes delayed childbearing in spite of limited success rates (Groskop 2006; Herderscheê 2009). Schellart’s father’s stance can be related to these positions, as he similarly reads OC as a passive option of “not really taking action” and warns his daughter about the risks and limited success rates of OC.

On the other hand, postponement links OC to existing debates on older motherhood, in which postponement equally emerges as a key term. Shaw and Giles note in their media analysis of UK debates of older motherhood that the notion of postponement reinforces an “optimum age” for motherhood, which potentially marginalises mothers outside of that age frame (Shaw and Giles 2009, 226). Budds et al. contend this marginalisation follows from the criticism that women “choosing” older motherhood are not “taking full advantage of their biological window of opportunity” for conception and may be held accountable for not making the “right” decision in timing childbirth (2013, 133). Kelhä demonstrates that, as an effect of the public perception of age-related reproductive risks, the timing of motherhood is part of civilised “self-regulation” (2009, 89). In this context, the risk of postponing motherhood with OC as “false insurance” points to a potentially flawed self-regulation that may result in involuntary non-reproduction or a timing of motherhood that transgresses risk-informed age norms.

Whereas “postponement” positions OC as a way of delaying motherhood, the alternative of “extension” interprets OC as a way of achieving motherhood. The term is widely used in fertility clinics’ marketing materials to promote OC, while medical publications typically classify OC as “fertility preservation.” Terms like “fertility extension” emphasise that OC enables reproduction by improving fertility prospects in the future. Schellart, similarly, argues for OC as an enabling technology, a way of prolonging her fertility, which allows her to extend the time she has to find a partner with whom she would like to have children. Within this logic, egg freezing is not reproductive risk behaviour; rather, the choice of *not* extending fertility with OC could point to a lack of self-regulation in securing a fertile future.

This opposition between postponement and extension presents a conflict between the conventional solutions to anticipated age-related infertility and the

interpretation of OC as a new reproductive choice. The pre-OC approach, as voiced by Schellart's father, would suggest that a woman either foregoes reproduction altogether or attempts to conceive with a partner (or donor sperm). The father does not recognise the alternative reproductive choice that OC offers in this situation as a valid step towards having children, but only as "putting off the problem." For Schellart, by contrast, OC does represent a step towards reproduction—one that enables future motherhood.

The conflict between Schellart and her father thus points to different views on what constitutes a reproductive act. Because Schellart wants to have children with a partner and given that the presence of this person is posited in the future, her commitment lies with the creation of a future family, as distinguished from a current desire for childbearing and motherhood. In her case, OC is a reproductive commitment she can make without a partner, in anticipation of this imagined future. While elective OC represents a decision not to have children in the immediate future, it can nevertheless be read as the first step of an IVF fertility treatment that would more unambiguously be recognised as a reproductive act if it did not involve the period of cryostorage. OC thus blurs the boundaries between reproductive and non-reproductive acts, as Schellart frames it as an extension of fertility that enables reproduction, while her father emphasises the procedure's non-reproductive results.

Equally, in the conversation between Schellart and her parents there is a clash of the conventional reproductive time frame and its model in OC. Following from the interpretation of OC as a reproductive act (if ambiguously so), the procreative process itself becomes extended over time. With the introduction of embryo freezing in IVF, the duration between fertilisation and embryo implantation has become manipulable, stretching the reproductive process to encompass years rather than the conventional nine months. Importantly, with OC emerges a new temporal separation between the egg extraction and fertilisation that hitherto could not be lengthened. For Schellart, the consequent lack of a need for a partner or donor at the start of reproductive process represents the option to be pro-active in her procreative desires. For her father, who does not view OC as a reproductive act, finding a partner remains the first step towards "really [taking] action to solve the problem."

Yet what constitutes "the problem" differs in the two approaches. In the postponement of motherhood, the main concern is the absence of the desired child. Postponement implies the activity of putting something off that could happen in the present, whereas for many women current reproduction may not be perceived as an option or desire (Shaw and Giles 2009). Postponing motherhood may not be an accurate description of the decision-making of women who would like to have children at some point in the future but not at present, given that it does not acknowledge the temporal contingency of the desire and the possibility for childbearing.

Schellart's understanding of OC as extension suggests the problem lies as much with the temporal dimension of reproductive ability as with having children as such. From the analysis emerge three related concerns that inform Schellart's position on OC. Following from the discussion of risk narratives, a first concern is the prospected decreased *ability* to reproduce as a result of age-related infertility. Secondly, Schellart is worried that perhaps she "will never have children," signalling an anxiety about the *finality* of the childlessness, rather than about her childless state at present. Combining the earlier two is the third, *anticipatory* concern about "time running out," which colours the present moment with the potential of extended childlessness in the face of decreasing ability.

As an extension of fertility, then, OC impacts on these concerns. With respect to reproductive ability, the management of risk through OC gains a temporal dimension resulting in a reconceptualisation of the reproductive life span, even if the frozen eggs are fallible. Doctor Stoop, who treats Schellart at the University Hospital Brussels [*Universitair Ziekenhuis Brussel*] explains that he cannot guarantee the eggs will thaw, fertilise and implant successfully to establish a pregnancy by the time she decides to use them. Notwithstanding the possibility that they may not be "good for later," the cryopreserved eggs serve the function of prolonging the timespan within which the possibility of future motherhood is maintained. When thirty-five-year-old Schellart and her mother discuss her biological clock, they estimate she will be infertile in "three or four years." With egg freezing, Schellart tells her friend Olaf that she would consider using her eggs until she is forty-eight. Regardless of OC's success or Schellart's actual reproductive ability, she thus extends the imagined age frame of fertility by roughly a decade. This suggests that throughout this period, childlessness will continue to have a temporary rather than a final character. OC can thus potentially function to maintain an imagined future motherhood, which may be distinguished from the desire to actually be a mother. The extended reproductive time frame alleviates the anticipatory anxiety that "soon it won't be possible anymore."

Egg Freezing as Biopreparation

Besides postponement and extension, I propose a third way of conceptualising OC, namely as a mode of anticipation that Adams et al. call "biopreparation." Biopreparation is a term more commonly used in public health contexts to refer to governmental efforts to ensure readiness in the event of disasters like emerging infectious diseases and biological warfare (Henderson 2001). Adams et al. argue that the pre-emptive logic of biopreparation similarly characterises anticipatory biomedical interventions that promote a need of being prepared for one's future. DNA scans for genetic testing,

menstrual blood preservation as a source of stem cells, cord blood banking to benefit the new-born's future are all examples—to which egg freezing may be added—of interventions motivated as ways of being prepared in anticipation of potential future medical problems. Rather than preventing future health conditions from developing, biopreparation acts “in ‘preparation for’ the event [...] as if it were already here” (Adams et al. 2009, 257). Here I propose a reading of biopreparation specific to OC as a strategy of preparing for anticipated futures by pre-emptively “freezing” the present to preserve it for the arrival of “later.”

The mitigation of the three concerns about reproductive ability, maternal futurity and running out of time by means of OC can each be analysed as an instance of biopreparation. Regarding reproductive ability, OC approximates biopreparation more than preventative medicine because it does not in fact prevent age-related infertility. Rather, it starts infertility treatment on the fertile body in preparation of future infertility. Instead of treating diagnosed infertility, OC treats the abovementioned state of “anticipated infertility” and replaces it with what can be conceptualised as “bioprepared fertility.” This conceptualisation is evident in Schellart's mother's recognition that her daughter's potential reproductive failure presents the need for securing “a couple of good eggs.” Fertility thus departs from the medical definition of the body's ability to conceive within one year of “unprotected intercourse in the fertile phase of the menstrual cycle” towards an egg-based model (Gnoth et al. 2005, 1144). Rather than as an ability, the bioprepared fertility that OC offers is conceived in terms of the possession of “good eggs” that prepare women for the future loss of the eggs that remain in the body.

Following from this understanding of fertility is a dependence on medical technologies and expertise to enable reproduction. In this sense, egg freezing becomes, in Sarah Franklin's terms, a “hope technology” that produces hope in the face of the anxiety of infertility, and equally refers to the “shared collective hope invested in the promise of science and technology” that people's trust in OC symbolises (1997, 203). When the “assumed” fertile stage of the life cycle transitions into “anticipated infertility,” bioprepared fertility can be achieved by pre-empting infertility's arrival through the halting of eggs' ageing in cryopreservation. Bioprepared fertility thus becomes a function of a complex network of frozen high-quality eggs, medical apparatuses and expertise that prepares the fallible, ageing body for its future.

In *Eggs for Later*, the presentation of this process of achieving bioprepared fertility through ovarian stimulation and egg extraction mirrors the conventional reproductive process. The documentary's depiction of OC's alternative reproductive trajectory starts with a focus on penetrating the body in a compilation of hormonal injection shots. For each injection, Schellart draws a circle on her belly, resulting in a

row of eight circles that look like a visual reminder of the eggs developing inside. Echoing morning sickness, she complains of nausea. The sideways mirror image of her belly bloated by ovarian stimulation suggests a visual anticipation of future pregnancy. At the end of the hormonal treatment, Schellart tells the camera she feels like having sex, but knows that it would not be a good idea because “I think there would be a chance that I would get, I don’t know, octuplets or something,” invoking the eight eggs drawn on her belly. At the hospital, Schellart wears pyjamas with a pattern of acronyms that look like MUM. During the extraction, her facial expressions are pained and her legs are in stirrups, as if in a pseudo-delivery. Instead of birthing a child, this presentation of OC suggests that she has gestated and given birth to her eggs: the materialisation of her continued, bioprepared fertility.⁷⁵ This mirroring of the reproduction process both enacts the possible future pregnancy and the experience of OC as a reproductive process in its own right that, irrespective of a live birth, produces the continuation of maternal futurity.

The mirroring of future reproduction gains a more literal meaning when Schellart films herself cupping her naked tummy in a mirror framed by photos of young children. Through the mirror image, the belly figures as the site of possible pregnancy. In *Imaginary Bodies*, Moira Gatens argues that the “body image is a double of sorts which allows us to imagine and reflect upon ourselves in our present situations—to be in a sense our own ‘other’—but it is also involved in what allows us to project ourselves into future situations” (1996, 35).⁷⁶ Similarly, Schellart’s mirror image visualises her anticipation of, and attachment to, an imagined future of reproduction through the image of her presumably fertile body.

Rather than only an injunction to act, anticipation may also manifest as a kind of pleasurable hope: “if we hope for happiness, then we might be happy as long as we can retain this hope. [...] Hope anticipates a happiness to come” (Ahmed 2010, 181). As a form of futurity, hope is a continuation of “happiness to come.” Following Ahmed, I read Schellart’s mirror image of imagined pregnancy as expressing not only a desire for attaining motherhood, but for maintaining the possibility of future motherhood. The prolongation of an anticipatory state may be a goal in and of itself, to be distinguished from the anticipation of future conception and childbearing. Schellart’s presentation of her belly signals that the day she will “never have children” has not yet arrived. The freezing of time in the documentary and OC both function as what Franklin calls “hope

⁷⁵ The idea that Schellart births the eggs is also suggested in the film’s poster, which plays on the visual similarity between a pregnant belly and the shape of a shelled egg.

⁷⁶ Betterton also discusses Gatens’ notion of the body image in relation to Paula Modersohn-Becker’s painting “Self Portrait on Her Sixth Wedding Day,” which she reads as an instance of a “phantom pregnancy” that depicts the painter’s “imagined self as mother” (2002, 258).

technolog[ies],” evidencing Schellart’s investment in maintaining the futurity of potential motherhood (1997, 197).

With the combined effect of a temporal stretching of the reproductive process, an ambiguity of reproductive and non-reproductive acts and the reconfiguration of fertility in relation to the cryopreserved egg, OC offers “possibilities for refiguring and resignifying maternal practice and meaning” (Farquhar 2000, 217). After the extraction procedure, as the documentary shows how the eggs are examined under microscopes and put in storage tanks, Schellart’s voice-over says:

There they go at last. My eggs. Strange that they are now outside of my body. They are so fragile, and so small. I want to know what happens to them. Will I ever come to pick them up?

Suggesting a bioprepared approach to maternity, Schellart’s active engagement with an anticipated pregnancy and future motherhood becomes mediated through the body’s superovulation and the extracted eggs. Here the separation of body and eggs in OC offers an opportunity for anticipatory maternal caring. Schellart’s caring concern for her eggs as symbols of future children—she later remarks that OC gives her the feeling that “her child has come closer”—is itself an anticipation of future motherhood. Ahmed writes that “to take care of things [is] becoming anxious about their future, where the future is embodied in the fragility of an object whose persistence matters” (2010, 186). While the extraction provokes a maternal caring concern for the “small and frail” eggs that were once in her body, Schellart is less anxious about their future now that they are stored “among thousands of embryos.” Responsibility for maintaining future motherhood has been externalised to medical science and technology, rather than being exclusively contained in her own body.

In her study of representations of pregnancy, Betterton argues that the pregnant body “is conceived of as both protective container for the foetus and as [its] dangerous conductor” (2002, 262). A similar ambivalence about the female body as “protective container” for the eggs emerges with OC technology, which introduces the freezer as a substitute host to human oocytes. In the anticipatory logic of OC, the freezer is an ageless alternative to the fallible ovaries, whose ageing poses a threat to the continued viability of the eggs. As counterpart to the trust bestowed on cryopreservation technologies, the anticipation of infertility may thus decrease the confidence in the body as protective container for the eggs. If in bodies of futurity the anticipated risk is lived in the present, OC is a method to pre-emptively expel the threat of losing the good eggs from the body. Conversely, it expels the threat of the ageing body from the eggs. In other words, if anticipated infertility is embodied in bodies of futurity, in which “that belly” is

pre-emptively disavowed as site of reproductive finitude, OC resolves this embodied failure through the exteriorisation of “a couple of good eggs” as symbols of bioprepared fertility.

As a form of biopreparation that treats anticipated infertility in the body, exteriorises the eggs as alternative locus of fertility and enables a projection of future maternity onto the resultant cryopreserved eggs, OC functions to resolve both Schellart’s anxiety and the pressure to act on anticipated age-related infertility. In the documentary’s closing statement, Schellart’s feeling that her child had come closer through the procedure is followed by the statement that “my clock ticks a little less loudly.” Significantly positioned as the closing words of the documentary, the quieting of the anxiety associated with the metaphor of the biological clock is as much a result of OC as the actual success of the procedure as measured by future live births. Echoing this sentiment, Schellart reflects on the project in an interview in the Dutch newspaper *Parool* and says that it brought her peace: “Not just because my eggs are now in the freezer. The most important thing is that I faced my future for a year” (Groenier 2010, 22). Both the documentary’s closure and this statement validate OC as an end-point in itself. In this way, the narrative closure of OC differs from that of IVF, which popular media conventionally frame as a “happy ending” of “hope, fulfilment” and “dreams come true” in the “miracle baby” (Franklin 1997, 94). Regardless of whether the eggs will be used, and whether children will be born from them, Schellart has already achieved what she needed through the promise of OC: the relief of anxiety about infertility, the finality of childlessness, and the feeling of running out of time.

Conclusion

In this chapter’s analysis of *Eggs for Later*, I have developed a reading of OC that focuses on the first steps of the procedure, which entail a complex anticipation of bodily futurity. In Schellart’s account, I distinguished two age-specific approaches to anticipating future infertility, in which OC functioned to regulate healthy reproductive ageing in “bodies of futurity.” One approach positioned egg freezing as a “last-minute” measure because “soon it won’t be possible anymore” and the other introduced OC and replaced “assumed fertility” with “anticipated infertility” at much earlier ages, thereby engaging a potentially larger group of healthy young women with future reproductive risks. Discourses advocating OC that were featured in *Eggs for Later*, and arguably the documentary itself, made implicit injunctions to minimise risk in the face of anticipatory anxiety about future infertility with egg freezing. I proposed that the mitigation of this anticipatory anxiety through the pre-emptive extraction and freezing of eggs can be read as an instance of biopreparation for potential future infertility. Biopreparation is an alternative to the conflicting conceptualisations of OC as an extension of the fertile life

course or postponement of childbearing. The documentary staged the conflict between the latter two in the interaction between Schellart and her father, which also pointed to a concomitant reconceptualisation of what constitutes a reproductive act. Schellart's representation of OC moreover suggested an engagement with maternity in which reproductive potential, symbolised by the eggs, is birthed rather than a child.

The documentary's narrative closure is thus not the child or the lack thereof, but the freezing of "eggs for later" and the potential they hold not only to achieve future reproduction, but to resolve anticipatory anxiety by maintaining the futurity of potential motherhood. In this way, egg freezing can function as an engagement with bodily futurity that changes it from a threat, an incentive to action, to a futurity that has been taken care of. It absolves bodies of futurity from the responsibility of failure by mitigating anticipated risks in the present.

Whereas this chapter has reflected on the anticipation of age-related infertility in relation to the eggs in the body, the following will continue where Schellart's documentary ends and discuss the next stage in the OC procedure. After having been extracted from the body, the eggs are stored in the liquid nitrogen freezer, where they remain out of sight to the women who freeze them. Nevertheless, the eggs may be mediated through the photomicrography of the extracted eggs. Schellart's documentary ends with a song, in which a female voice sings "I was freezing, freezing time" as the credits roll. This notion of freezing time, and its relation to the photographic images of extracted eggs, is the subject of analysis in the next chapter.