In J. Mikats, S. Kink-Hampersberger, & L. Oates-Indruchová (Eds.) (2021), Creative Families: Gender and Technologies of Everyday Life. Palgrave Studies in Mediating Kinship, Representation, and Difference. London & New York: Palgrave McMillan.

Chapter 1: Creatively Becoming a Family in the Fertility Clinic? Matching Donors with Non-heterosexual and Single Recipients in Commercial Care

Riikka Homanen

Research on assisted reproductive technologies (ART) has shown that kin and family relations can be enacted in unexpected new ways in fertility treatments. Western practices and notions of kinship and family, which prioritise biological connections and genetic relatedness through heterosexual sex and pregnancy, have been contested, reformulated but also reinforced by ART, marketization and reproductive tourism (Dahl and Björklund 2019; Franklin, 2001, p. 311–12;Thompson, 2005). New and transgressive third-reproductive-party technologies, including donor tissue treatments, bring about new ways not just of perceiving family and kinship, but also of becoming related – juridically, socially, affectively and biologically (Franklin, 2013).

Prior research on ART has addressed 'creativity'[1] – albeit without always explicitly using the term – in terms of enhancing parents' freedom of action, reproductive choice and

[1] Terms such as 'creativity', 'creation' and 'innovation' have been linked to notions of intellectual/artistic property, authorship and knowledge-making (Strathern, 2005). Creative products, such as books, have historically been referred to with the vocabulary of kinship (e.g. books as children of their (often male) authors). However, unlike human offspring, creative products or innovations are not considered to embody inheritance and descent. Further, authors may make property claims over their work, but property claims over persons, including children, are not

individualism/autonomy (on terminology, see e.g. Strathern, 2005; see also Weeks et al., 2001; Thompson, 2005). Regulations concerning ART, treatment practices, public (e)valuations and cultural normativities, however, set limits to the freedoms, choices and autonomy to make babies, children, family and kin. Typically, exclusions are made in terms of sexuality, race and class. This chapter is an experiment in thinking through the *room* and *potential* left for creativity in care practices to enable kinship and families.

Non-heterosexuality and singlehood open up spaces for creativity in family-building, because homosexual and single people sometimes come under less pressure than their heterosexual or coupled peers to conform to certain family norms. Since the Finnish legislation on ART bans surrogacy, only heterosexual couples, lesbian couples and single women are eligible for fertility treatment. This chapter looks at two groups of intended parents and donor gamete recipients[2] who are often excluded nonetheless from fertility treatment practice: single women and lesbian couples. I look at private commercial infertility treatments because until very recently (that is, 2019) public clinics refused to treat anyone other than heterosexual couples, on the basis of a medical needs argument (explained in more detail below).

generally possible in Western legislation or cultures (Strathern, 2005, pp. 57–61, 82–8, 152–7). Hence, although 'procreation' and 'creation' retain echoes of kinship, concepts such as 'creativity' and 'creation' have not been further theorised in the context of procreation and ART.

[2] In this chapter I use the terms 'intended parents' and 'recipients' interchangeably, because homosexual and single intended parents are also always donor gamete recipients, since they need a donor gamete to reproduce biologically. However, patients who use their own gametes in fertility treatments are intended parents but not recipients (of donor gametes).

Queer studies have described how gay couples using ART queer both reproduction and the fertility clinic itself. These studies draw attention to the processes by which gay reproductive practices simultaneously alter and maintain dominant heteronormative assumptions and institutions of kinship, gender, race and sexuality (Weeks et al., 2001; Butler, 2002; Dahl 2017; Mamo, 2007, 2013).

The particular practice of care on which this chapter focuses is that of matching donors with recipients in Finland. As this chapter will show, this practice both maintains and alters hetero- and couple-normative assumptions, potentially enabling queer intended parents to creatively become families. Furthermore, as Chabot and Ames (2004) remind us, one of the most essential aspects of lesbian couples' – and I would add single women's – reproduction is finding, choosing, and determining a future relationship with the gamete donor. In such cases, the donor influences not only the genetic origin of the child-to-be, but also future family practices. Depending on the legislation and care systems in the country in question, such donor issues boil down to the matching of donors with recipients, and donor information release systems. The national context also determines how much say recipients have in the matching process.

The notion of matching intended parents with gamete donors derives from adoption practices (e.g. Haimes and Timms, 1985), and it appears to have been embraced uncritically in fertility treatment practices. The practices and processes of matching donors with recipients have not been extensively studied (however, see Thompson, 2009; Andersson, 2016; Deomampo, 2016; Speier, 2016; Homanen, 2018). Existing studies show that policies and practices regarding both adoption and donor fertility treatments aim to match intended parents with children/donors on the basis of phenotypical resemblance and/or other personal characteristics (Thompson, 2009; Andersson, 2016; Deomampo, 2016; Speier, 2016). Policymakers and medical professionals have even regarded the lack of physical or other personal resemblance as a risk to the attachment between parent and child (Thompson, 2009; Andersson, 2016; compare to Government Bill HE 3/2006, 2006). This risk

argument reproduces the ideal of genetic kinship. Indeed, according to Charis Thompson, matching has kept ART 'as "natural" as possible, and aid[ed] families in domestic decisions about disclosure regarding donor use' (Thompson; 2009, p. 144).

My study shows that, paradoxically, the 'invisibility' and unrecognizability of single women and lesbian couples' family forms enables the unravelling of normativities, and potentially results in room for creativity. At the same time, however, (hetero)normativities are reproduced. I focus on this simultaneous unravelling and reproduction of normativity by asking: how is kin queered in practices of matching recipients with donors? What room for – or constraint on – creativity gets opened up for building kin and family in unique ways, outside of hetero- and couple-normativity?

The chapter draws on ethnographic fieldwork at three private fertility clinics in three Finnish cities during 2015–17. Before describing my fieldwork in detail, I briefly discuss the conceptual foundations of my study and my own positioning. I also describe the Finnish context.

Queer families, heteronormativity and assisted reproduction

The relationship between ART and (feminist) studies of reproduction has historically been ambivalent. ART's potential to free women from reproductive labour has been celebrated in technological utopias (e.g. Firestone, 1971). While some authors are moderately hopeful that technologies offer well-being, choice and agency for women and queer families (e.g. Franklin, 2001, 2013; Thompson, 2005), critical perspectives have always been strong. Such perspectives see ART as part of a pronatalist policy that seeks to confine women in the private sphere of the family; technologies are therefore seen as invading and controlling women's bodies. This has raised concern, especially in lesbian communities, as many women refuse to be the objects of pronatalist policy or technological invasion (Mamo, 2007, 2013). As a result, some lesbians have used low-tech home insemination, outside of medical practices or the market (Mamo, 2010; Pidduck, 2017, p.

252). Nevertheless, lesbian couples and single women today increasingly turn to high-tech medical care, often in order to safeguard their health and manage the risks linked to sperm donors (Bock, 2000; Sullivan, 2004; Mamo, 2010; Nipuli, 2015).

In many ways, fertility care practices are built on heteronormativity (Butler, 2002; Hirvonen, 2007; Kuosmanen, 2007; Mamo, 2007; Moring, 2007; Helosvuori, 2012). The default target group for care is the medically infertile heterosexual couple (see Nipuli, 2015). The practices can thus be described as not only heteronormative but also couple-normative. In other words, even though care practices in countries such as Finland ostensibly do not discriminate against lesbian (or gay) couples and single people, they often do not recognise or support family forms such as two mothers or lone mothers. Often, lesbian couples and single people need to demonstrate that they are good enough parents.

The regulation and practice of ART can thus be seen as encouraging heterosexual couples to reproduce while discouraging fatherless families. But the increasing use of ART has also been seen as concretely enabling reproduction and kinship outside the pronatalist genetic heterosexual couple model – enabling reproduction without heterosexual sex, genetic kinship or partnership (Thompson, 2005; Mamo, 2007, 2010, 2013). This simultaneous unravelling and reproduction of heteronormativity has been the focus of queer reproductive studies that explore institutions of kinship, gender and sexuality (e.g. Butler, 2002; Kuosmanen, 2007; Mamo, 2007, 2010, 2013; Pidduck, 2017; Smietana, 2017).

In my study, heteronormativity – the understanding of heterosexuality as a natural model for sexuality and the production of social relations, such as kin and family relations – is understood as a taken-for-granted assumption built into (care) practices, institutions and perceptions (e.g. Butler, 1990; Berlant and Warner, 2000). ‘Couple-normativity’ refers similarly to the institutionalised norm, according to which partnership based on romantic love and monogamy is the best basis for a

(nuclear) family (e.g. DePaulo and Morris, 2005). The concept of homonormativity – which derives from queer theory on heteronormativity – is also relevant here (e.g. Duggan, 2002, 2012; Puar, 2006; Wiegman and Wilson, 2015). Homonormativity invites homosexual people to join *some* institutions under *certain* conditions (Duggan, 2002, p. 179). Homonormativity is not, however, simply heteronormativity applied to gay people. Rather, the concept describes certain changes in contemporary governance, politics and citizenship whereby some (predominantly cis, conservative, wealthy and white) gay men and lesbians are granted access to the institutions of the family, free market and patriotism (Duggan, 2012, pp. 50–51).

The reproduction of families through different practices of assisted reproduction has been studied extensively using the 'critical kinship' approach (e.g. Franklin, 1997, 2013; Franklin and McKinnon, 2001; Kroløkke et al., 2016). This approach understands kinship as enacted in practices and processes where biology and sociality, nature and nurture, are connected in specific ways according to historical, cultural, political and economic contexts (e.g. Franklin and McKinnon, 2001; Franklin, 2013; Kroløkke et al., 2016). These practices involve many actors, both human and non-human – including laws, technologies and gametes. My study is positioned at the intersection of queer reproductive studies and critical kinship studies.

The situation in Finland

Although Finland's legislation regulating the use of ART (Act on Assisted Fertility Treatments 1237/2006) is not the most restrictive in the world[3] (see Eriksson, 2017; Homanen, 2018), it has

[3] There is considerable variance in legal restrictions on ART across the globe. Governments' regulatory challenges involve the new forms of parenthood and filiation enabled by ART, as well as the extent to which governments should involve themselves in the fertility market and the intimate

been characterized as hetero- and couple-normative (for Angloamerican context see Butler, 2002 Mamo, 2007; for Finnish context see Malin, 2006; Hirvonen, 2007; Kuosmanen, 2007; Moring, 2007). With regard to matching donors and recipients, the legislation also states that 'the attending physician shall select gametes whose donor resembles in appearance the respective parent of the child to be born' (Act on Assisted Fertility Treatments 1237/2006, Section 5(3)).

This way of regulating ART arguably renders the third reproductive party – that is the donor – invisible. It has even been claimed that the practice makes it appear as if no third party is involved at all, and may lead some intended parents to decide never to disclose their donor use to their subsequent offspring (Thompson, 2005; Hirvonen, 2007). Further, the legislation entirely disregards social mothers by not recognizing same-sex couples, although curiously, a sperm donor can be confirmed as a legal father. Overall, as Helena Hirvonen (2007) notes, the Finnish legislation and its wording on the use of donor gametes encourages the mimicking of biological kinship reproduced through heterosexual sex (see also Mamo, 2007).

Finnish law forces donor treatment participants to attend donor counselling with a psychologist in the clinic (Act on Assisted Fertility Treatments 1237/2006, Section 9). As prior studies have shown, single women and lesbian couples often experience this counselling as stigmatizing and discriminatory (Kuosmanen, 2007; Nipuli, 2015). This section of the law is motivated by concern

---

lives of citizens (see e.g. Engeli and Rothmayr, 2017). New forms and ways of producing parenthood, babies and families using ART call into question the predominance of the traditional heterosexual, biologically related family. Some countries, such as Germany and Switzerland, have adopted highly restrictive policies that limit medical autonomy to practice ART, and limit access to treatment to heterosexual couples only. However, some states, such as California and the UK, have adopted permissive approaches, allowing a wide variety of technologies to be used, and granting access to many different family forms.

about relationships between family members, which are seen as threatened by the lack of genetic ties (see Malin, 2006). The situation of single women and lesbians is quite different from that of heterosexual couples, however. The concern does not apply to single women at all if their own eggs are used in the treatment (Nipuli, 2015, pp. 14–15). The concern, then, seems to be about how fatherless families will manage family life. The same applies to lesbian couples: why would a female couple need special protection, support and evaluation to manage everyday life as a two-parent family (see Kuosmanen, 2007, 48–9; Moring, 2007, 2013)?

Ethnography of everyday fertility care practices

This chapter is part of a bigger research project on the constitution of social relations such as sexuality, kin, class, gender and race/ethnicity in reproductive healthcare practices in the context of healthcare marketization. To take a closer look at care processes and practices in fertility clinics, I used ethnographic methods such as observation and video recording (Harbers et al., 2002). After obtaining formal permission from the Ethics Committee for the Social Sciences and Humanities at the University of Tampere, and consent from healthcare personnel in the clinics, I conducted fieldwork between late spring 2015 and spring 2017 in three different clinics. By choosing three different clinics,[4] I sought to capture a wide range of care practices that could not be explained away by factors such as individual clinics' or professionals' styles. Depending on the clinics' wishes, my fieldwork lasted between a few days and two weeks at a time. Consent to participate was also obtained from all the intended parents.

[4] At the time of my fieldwork, 10 private (and nine public) clinics in Finland offered the *in vitro* fertilization required for egg donation treatments.

The material comprises video recordings[5] of appointments (63 videos) and procedures (42). These included four appointments and procedures with lesbian couples, and 14 with single women (and accompanying doctors, nurses or embryologists). Appointments with doctors include initial interviews, planning of the care cycle, and ultrasound screenings to determine the development of the endometrium and/or ovarian follicles. Nurses and embryologists also meet the intended parents: nurses give instructions on taking medication and preparing for procedures, and embryologists discuss embryo development and selection. The egg donation treatment coordinator – usually one of the most experienced nurses – is primarily in charge of egg donor/recipient matching, correspondence with recipients, and treatment contracts. One of the embryologists is responsible for the sperm bank, takes care of sperm donor/recipient matching, and orders sperm from Denmark for storage. During my fieldwork, eggs were not ordered from abroad, as there were enough donors locally. The majority of Finnish donor eggs go to cross-border reproductive travellers who have come to Finland for treatment, mainly from other Nordic countries (Homanen, 2018).

To acquire a comprehensive overview of activities in the clinics, observations were also made in meeting rooms, common areas, and the *in vitro* fertilization (IVF) laboratory where the reproductive cells were stored, oocytes fertilized and embryos cultured.[6] Moreover, I collected data from interviews with 18 healthcare professionals in the clinics, including doctors, nurses, embryologists and coordinators, to cover their experience-based knowledge of fertility treatments. Intended parents were not interviewed, because of time restrictions – an obvious shortcoming of the study. Their voices, however, can be 'heard' in fieldnotes from my chats with them, and in video recordings of their appointments. I also collected the handouts distributed to intended parents, and

[5] Through video recording I was able to collect a large amount of data-intensive material relatively quickly.

[6] Video recordings were only made during appointments and procedures.

local and national care guideline materials, which the professionals identified as useful documents in their work.

The videos and interviews were fully transcribed. To account for non-verbal activities, I also took field notes on the video recordings. As is common in ethnographic enquiries, analysis of the material involved ongoing reframing through the knowledge produced collaboratively with the participants (Holmes and Marcus, 2008). Now I move on to the results of my enquiry.

Children with two biological mothers, children without genetic ties to their biological parents

Finnish legislation directs medical professionals to match donors with recipients on the basis of appearance (Act on Assisted Fertility Treatments 1237/2006, Section 9). The law also stipulates the physical characteristics and ethnic background information that can be collected (Section 22). These are the only characteristics that can be requested by recipients and shared by medical professionals. All gamete and embryo donors must be legally registered. After turning 18, children born from donor ART can receive information about the identity of the donor on request, but intended parents are not entitled to this information at any point. This is the legal framework within which medical professionals operate.

According to my observations, the legal framework leaves room for decision-making that involves deliberation over the ethics of matching. It appears that psychological arguments and expertise have a strong hold over these deliberations. In all the clinics where I conducted research, the psychologists were sceptical about ‘full donation’ (that is, the use of both a donor egg and donor sperm in the same treatment). In other words, they were sceptical about arrangements where the recipient family would be genetically unrelated to the child born from the treatment. The psychologists – and other medical staff that agreed with them – justified their scepticism on the grounds that a lack of genetic kinship was risky. I was told that full donation might be too

psychologically ‘complicated’ for the intended parents and children, and would ‘cause a higher risk of emotional conflict in the family’ (phrases used by professionals, recorded in field notes). Because medical professionals generally consider it their task to make treatment decisions ‘in the best interests of the child’ (which is also inscribed in the Act on Assisted Fertility Treatments 1237/2006, Section 8, in terms of the child’s ‘health’ and ‘balanced development’), we can conclude that the absence of genetic kinship per se is seen as a risk to the well-being of the child-to-be (see also Thompson, 2005).

When I asked professionals about risks and problems in family relationships, they especially mentioned divorce, separation and multi-parenting arrangements. When I directed the discussion to problems resulting specifically from full donation, one nurse responded:

> I cannot say if there have been problems, I cannot answer this, but I have the idea and feeling from my personal friendship group that this child would not have a genetic connection to the mother in any way. Is that meaningful when one is 20 years old? I cannot say. A five-year-old does not care. She is the mother […]. I just personally think that it can matter, […] I do think it matters. An adopted child is different because they always do not have same genetics, even if it was a single mother who adopted, but there is a possibility to find the [genetic parent], it is possible to find [the genetic parent] when it [the child] is made here [refers to all donors being on a state register with an information release system].
>
> (Clinic C, nurse 1, interview)[7]

[7] The interviews were conducted in Finnish. I have translated them into English.

As this extract shows, kinship is equated with genetic ‘connection’. This connection is presumed to be significant for the child, at least when they are older. Furthermore, at the end of the extract the nurse compares the situation of donor-conceived children with that of adopted children, and speculates that the situation of donor-conceived children might be better: because of the donor register, as adults they will be able (more easily than adoptees, at least) to find their genetic parent. The nurse reads the life of a donor-conceived child through cultural narratives about adopted children: finding the genetic parent is seen as essential for a child’s identity, and the absence of genetic ties is deemed a risk to the child-parent relationship or ‘connection’ (on adoption practices see e.g. Andersson, 2016; Myong, 2016).

Full-donation IVF was not recommended to anyone during my fieldwork, even though it was performed in some clinics and increased towards the end of my fieldwork. Clients who had been attending the clinic for some time were especially considered to be eligible. I was told that because of the long-term client-professional relationship, the professionals felt that they knew these clients well enough to be sure they could cope with a genetically unrelated child. Hence, in principle, single women whose eggs could not be used for one reason or another could have their own biological – but genetically unrelated – children through donor conception.

An interesting case of full donation from the perspective of lesbian parenthood is where one of the intended parents in a lesbian couple donates an egg for fertilization with donor sperm, and then her partner becomes the birth mother. Some clinics refuse this arrangement, using the same argumentation as in cases of full donation, even though in this case there is genetic relatedness. In contrast, clinics in some Anglo-American countries prefer this practice. They argue that the genetic tie will assure attachment and ‘relatedness’ (Thompson, 2005; Mamo, 2007). It seems that a family

with two biological mothers (one birth and one genetic) is still too socially confusing for some Finnish clinics.

Although some Finnish clinics refuse full donation, others do permit families with two biological mothers, and therefore seem to tolerate families with biological but not fully genetic kin relations between parents and children. This questions hetero- and couple-normativity in kinship in a very concrete way, because the hetero- and couple-normative model prefers genetic relationships between parents and children. Next I move on to further explore (hetero and couple) normativities in matching practices, their links to adoption matching practices, and the potential room for creativity for non-normative intended parents.

Children fitting and not fitting the 'environment'

> We talk of course, and hope that the donor will not diverge a lot from the environment into which the child is born because… It depends if it is a couple or a single woman. Especially if it is a single woman, then it is surely not in the best interests of the child if it differs a lot from the environment it is born into. […] A single woman is alone with the child, and the child is kind of alone with its mother. So if on top of that there are these differences in physical appearance, for instance, if it is a single woman and like a child with really dark skin tone, then there might be even more pressure targeted at the child. I think like this. It might be that I am wrong, but in the case that it is like this it might be best that the starting point is that the child resembles the family it is born into.
>
> (Clinic A, doctor 1, interview)

In the extract above, the doctor is telling me about things they take into account when they match recipients with donors. Note the norm in this extract, according to which children born as a result of donor IVF should not physically diverge too much from the 'environment' into which they are born. 'Environment' can be interpreted as referring to the intended parents' physical characteristics first and foremost, but also to those of the extended (genetic) family – and those characteristics are presumed to be inheritable.

Moreover, concern is raised about lack of resemblance as a potential source of problems for the family. This concern is also familiar in adoption practices (see e.g. Andersson, 2016; Högbacka, 2016; Ruohio, 2016). The concern about single women in particular can be interpreted as part of the common psychological concern over fatherless or one-parent households. In this case, one-parent families are seen as particularly vulnerable when confronted with racism.

'Fitting the environment' can only refer to physical characteristics, as the legislation directs medical professionals to match donors with recipients based on appearance. The law also specifies the characteristics about which recipients can make requests and medical professionals can share information: skin tone, eye colour, hair colour, height and ethnic origin (Act on Assisted Fertility Treatments 1237/2006, Section 15). These are the five characteristics used for matching, according to the medical professionals in my fieldwork. It is thus built into the legislation that resemblance determines family belonging. This has also been noted in Finnish legislation on adoption (Rastas, 2002).

In the clinics I observed, the coordinators and embryologists created Excel spreadsheets of donors and recipient women regarding the five characteristics. The spreadsheets often also included a field for additional information, including the number of pregnancies achieved with gametes from the eligible donors, and any restrictions the donors might have set on the use of their gametes. I saw restrictions such as not giving gametes to single women, lesbian couples or non-Finnish residents.

Donors, however, very rarely set limits. Recipients' requests concerning the five characteristics were also recorded on the spreadsheets.

In the interviews, coordinators and embryologists told me that matching mostly involved finding donors who resembled the intended recipients as closely as possible. This also appears in the video recordings of appointments where matching was discussed. In the cases of single women and lesbians, hair colour, eye colour and height were matched to the (perceived) appearance of the extended family[8] and/or ethnic group/nation, rather than being exactly matched to the women themselves. This is evident in the following exchange during the first appointment between an IVF doctor and a single woman:

> Doctor: And then on the day of ovulation, or the day before, we will perform the insemination if the sperm is available then. Of course if there is not a suitable one [donor] at that particular moment…
>
> Woman: As a matter of fact I […] there were these, when I thought about these [characteristics] there isn't really anything else except that I would like it to be a white Finnish-appearing [donor], so I don't really have any specific [requirements].
>
> Doctor: Oh, so hair and eye colour does not matter?
>
> Woman: Well, no, no.
>
> Doctor: And the range of height [of the donor] appears to be quite wide? [Looks at information provided by the woman on a preliminary form brought to the appointment.]

[8] Extended family appearance as reported by the intended parents.

> Woman: Well, yes, I wrote down that because it is not so precise, because we have a variety of different-height men in my family: my brother and… or my dad is 185 centimetres, so if I think about my own family around me. So that is all that I thought.
>
> (Clinic A, first appointment with IVF doctor, single woman, tape 14_9N)

The doctor in this snapshot from an appointment is describing the treatment process for which a 'suitable' donor is being sought. A suitable donor is someone who matches the five characteristics specified by the legislation, pleases the recipient, and satisfies the doctor. Even before the appointment, the single woman has been pondering her preferences in regard to the five physical characteristics (an item on the preliminary information form). Recipients often have such preferences (which frequently accord with those of medical staff). She is not fussy and explains the wide range of donor heights she is willing to accept in terms of the many different heights in her *family*.[9] A 'white Finnish-appearing' child that 'fits' the family is sought. Firstly, we might conclude from this that, as in practices of adoption, the ideal match will create a child that will 'pass' as genetically related (for an adoption studies comparison, see Modell, 1994). Such a child will belong more easily and 'naturally' within the family, and within the nation too (for an adoption studies comparison, see Högbacka, 2009; Ruohio, 2016).

Secondly, it is interesting what a 'Finnish-appearing' donor is presumed to be like in this extract. The donor is expected to be white in skin tone, and to have other ethno-racially associated qualities. Medical professionals and clients in the clinics often treated skin tone as a clear indication of 'race' and ethnicity. I sometimes asked the medics whether they ever took account of recipients' requests

[9] She uses two terms in Finnish, *perhe* and *suku*. The former translates as 'family', while the latter implies extended family or kin.

to *not match* their appearance with that of the donor. When discussing skin tone and ethnic origin, the medics emphasized the inheritability of difference: ‘we don’t mix races here’, one coordinator told me, for example (Clinic B, coordinator 1, interview). With regard to height and eye/hair colour, however, the professionals questioned the passing on of such precise physical attributes from donor to offspring. With these attributes, then, they acknowledged the complexity of the inheritability of physical characteristics (see also Homanen, 2018).

Some clinics refused to match recipients and donors with different ethnic origins or skin tones, but not all. I have written about this elsewhere (Homanen, 2018). There was a selective and exclusionary rationale behind matching in the clinics, built around whiteness: matches between donors with dark skin tones and recipients with fair skin tones were rejected, but matches could be made between donors with fair skin and recipients with dark skin. It was acceptable to match darker-skinned intended parents with a white donor because it would create some phenotypic credibility for biological descent, as dark skin tone is believed to be more heritable than light skin tone. This implied that no such credibility would arise with a dark-skinned donor and white intended parents. Thus, although ideally there was flexibility in the matching of skin tones, in practice this flexibility only applied to intended parents who were considered dark-skinned. It was disregarded that the inheritability of ethno-racial(ized) qualities is unpredictable, and that there is a history of lighter-skinned children being born to darker-skinned parents (see e.g. Thompson, 2005, 2009). This logic is not new. The notion that ‘one drop’ of non-white blood makes a person ‘of colour’ but not the other way around has a long history (Franklin, 1997; Thompson, 2006; Deomampo, 2016). The exclusionary rationale behind matching is the logic of protecting the ‘purity’ of whiteness but not brownness or blackness (for more detail, see Homanen, 2018).

Room to creatively make kin and family

The professionals acknowledged the legislation's inherent presumption that donor gametes are provided for heterosexual couples. In my interviews and informal chats with professionals, some indicated that the general guidelines for matching need not apply to single women. It seemed that single women had more *room* and *potential* to create their own kind of family through IVF:

> The characteristics [to be used in matching], height and eyes and so on. Of course it is preferable that [the donor] should resemble as closely as possible the partner [that is, the infertile recipient] if it is a [heterosexual] couple we are talking about. And in a way it is understandable if one wants the donor to be close to one's own characteristics. But if we are talking about a single woman, then, well, one could of course have met anyone […]. It can be, one can say that the father was this and that. You know.
>
> (Clinic A, coordinator, interview)

> Well, of course it [resemblance] is emphasized if we are talking about a heterosexual couple. And the aim is to match [the appearance] of the man. But as you know, it is not always like that.
>
> (Clinic A, embryologist 1, interview)

In both of these extracts, the professionals emphasize that the process of matching applies mainly when the gamete is donated to a heterosexual couple to 'replace' the gamete of the infertile intended parent. It does not make sense to apply the same matching rationale to single women. Why would a

child not fit in a family where the father could be whatever one claimed? Single women (and lesbian couples) and their future offspring, then, are not always 'protected' by matching them with donor men that (are perceived to) resemble the recipients' 'environment' or male (genetic) relatives. In practice, there is room for other choices and logics.

It is ethno-racialized resemblance and origin that most concern professionals and recipients alike in matching. Recipient intended parents often seek to ensure the racial stability of their families in an effort to pass as genetic parents of the donor-conceived child (Thompson, 2009; Deomampo, 2016; Speier, 2016; Homanen, 2018). We might therefore conclude that the 'environment' into which the donor-conceived child is expected to fit is first and foremost the ethno-racialized group to which the intended parents are perceived to belong. This interpretation was reinforced by my discussions with medics regarding general matching guidelines: the first things that always came up were skin tone, nationality (for example 'Finnish-appearing'), ethno-cultural (and racialized) geographical regions (for example Nordic), and (outdated) racial classifications (for example Caucasian).

In addition to (some) clinic personnel questioning the overall ideal of resemblance-matching in the case of single women, some also specified that this particularly and explicitly related to ethnicity, nationality and skin tone. Single women were also allowed to 'choose' donor sperm, as is evident in the following extract from an interview with an embryologist. When I asked about the chances of matching donors with recipient single women, the embryologist replied:

> Embryologist: It is okay if she [the single woman] wants, yes, but we don't store it [non-white ethno-racialized sperm] because there is not a real demand for it. So we don't have it in the sperm bank in the cans [nitrogen tanks], but we will order it. I ordered Indian donor [frozen] sperm for one single woman.
>
> Interviewer: Okay, so even though the woman was not herself of Indian origin?

Embryologist: Yes.

Interviewer: I was under the impression that one needed to get someone [a donor] that would fit in the family, so to speak, and have the same skin tone and ethnic origin.

Embryologist: That is the recommendation, I presume, our psychologist recommends that I am sure, too, because of what problems might emerge for the mother and child in the future. They discuss it in the counselling and all that, but it is not anything…

Interviewer: Written in the law or any regulations?

Embryologist: Yes, that 'we shall never use'. We just don't keep it in the cans […] but we will order it from Denmark.

(Clinic B, embryologist in charge of sperm orders, interview)

The rationale of protecting the 'purity' of whiteness and (implied) Finnishness/Nordic-ness through exclusionary matching seems to apply more to heterosexual couples. It also seems that clinics may enforce resemblance-matching more strictly on lesbian couples than on single women. This is the case even though lesbian couples could have children with the help of a man (outside the clinic) who does not resemble them or their genetic relatives in terms of physical characteristics or origin – just like single women. When I asked medical staff about diverging from the overall guidelines, it was always the case of single women that was taken up as an exception.

Conclusion: hetero-, couple- and homonormativity in belonging to family and nation

In this chapter, I have provided ethnographic evidence of how treatment practices deemed hetero- and couple-normative both limit but also *leave room* for *potentially* creative kinship-building

beyond those normativities. Finnish legislation recognizes heterosexual couples and single women, but not lesbian couples. The latter are only granted access contingently: they are not recognized as couples by the law that restricts clinical practice. Thus the social mother is erased to an extent from treatment practices.

The law recognizes single women by giving them access to care, but in other respects it encourages matching practices to mimic the genetic kinship reproduced through heterosexual sex (see also Hirvonen, 2007; Mamo, 2007). This is inequitable. Single women and lesbian couples are (sometimes) refused donor egg treatments, and they are subjected to different kinds of 'protection measures', such as recommendations to accept a donor who resembles their 'environment' – that is, genetically related men in their extended family, or their own (perceived) ethno-national appearance and belonging. We must also remember, however, that women themselves also wish for donors like these, as if such donors might be better suited to the (hoped-for) family.

The practices of matching donors and recipients in IVF are attuned to the practices of matching in adoption (Haimes and Timms, 1985; Högbacka, 2009; Deomampo, 2016; Ruohio, 2016; Speier, 2016; Homanen, 2018). In both types of practice for enacting kinship, intended parents are matched with donors who resemble their phenotypic appearance and other qualities as closely as possible.

The lack of physical or other personal resemblance has also been regarded as a risk to successful attachment between parents and children, and to coping in everyday family life (Thompson, 2009; Andersson, 2016; see Government Bill HE 3/2006, 2006). In this chapter, I have shown that this concern can be coupled with the concern over the lack of genetic relatedness. With full donation, professional psychological concern over the absence of genetic relatedness seems to be so strong that it overrides the requirement of resemblance. Mimicking genetic kinship is not enough. The default subject of care, then, is a couple where one intended parent is the genetic parent of the hoped-for child.

A lesbian couple where one intended parent is the egg donor and the other the birth mother would constitute such a couple. This kind of arrangement, however, is not always allowed in Finland. This is justified using the same arguments that are used against full donation. Why would child-parent relations be at risk in a family with two biological mothers? The psychological logic does not hold: indeed, Anglo-American research shows that this arrangement is even preferred (e.g. Thompson, 2005; Momo, 2007).

I have explored the ideal of resemblance in matching practices in detail in this chapter. This ideal is akin to the adoption ideal of children that 'fit' families (e.g. Högbacka, 2009; Ruohio, 2016). In the cases of single women and lesbian couples, this is framed as fitting the 'environment' or extended family/kin. Single women and lesbian couples are not 'recipients' within the literal meaning of the Finnish legislation that urges professionals to match recipients with a resembling donor. Thus the clinics, and women themselves, have adopted the logic of choosing donors that resemble their genetic relatives or country(wo)men. Finnish nationals are viewed as white, Nordic or Scandinavian kin nationals. The biology of (perceived) 'race' and ethnicity is mixed with ethnocultural geographical region and shared history (compare to Thompson, 2006; Whitmarsh and Jones, 2010).

Ethno-racialized characteristics are deemed to be more heritable than other characteristics. Skin tone seems to be the most salient, and to imply non-Finnish ethnic origin. Clinics have developed matching practices that protect the 'purity' of whiteness but not brownness or blackness. My study shows, however, that the demand for ethno-racially 'pure' (white) family mostly applies to heterosexual couples.

The rule about resemblance and 'environment-fitting' need not apply when matching single women and lesbian couples. In my simultaneous exploration of single women and lesbian couples, I have found that single women may in fact be given more freedom to choose a donor – even from an ethno-racialized group other than that to which they are seen to belong themselves. They have a

little more room in their kin-making, then. This implies that lesbian couples are offered a *homonormative* family model, in which certain homosexuals are invited to join particular practices without questioning the heteronormative rules and power relations embedded in them. In prior research on gay couples' preferences for donors, it has been shown that couples often take up this invitation. The research points out that in healthcare systems that promote intended parent recipients' choice, such as in the US, this invitation or preference emerges from cultural expectations rather than from the healthcare system itself (Thompson, 2005; Mamo, 2007; Smietana, 2017). Existing research sees homonormative models and practices as endangering the future of queer families of choice (Weston, 1991; Weeks et al., 2001; Hayman et al., 2015; Pidduck, 2017, 525), and as unsupportive of multi-parent families.

Despite all the limitations, in Finland donor-conceived children are born to queer (and fatherless) families with two biological mothers, and to single women to whom they are genetically unrelated. Moreover, these children sometimes resemble no one in their ethno-racialized family environment. In this way, clinics allow these women the potential to defy heterosexual intercourse as the baseline of reproduction and kinship, and to problematize and challenge perceptions portrayed as 'facts of life' (Nordqvist, 2008, 287; see also Butler, 2002; Mamo, 2007, 2010). IVF itself historically queers kinship and reproduction in many ways. I would also add that single women and lesbian couples are sometimes given more space in clinical practices to creatively become a family through more donor choice. Paradoxically, this space opens up because they are largely 'invisible' to the law.

Funding

This research was funded by Academy of Finland Project 'Valuating Lives through Infertility and Dementia: Science, Law and Patient Activism (VALDA)' (project number 308159) and Academy

Research Fellow's Project 'Everyday Ethics of Reproductive Outsourcing: Making Good Life in the Era of Biocalpitalism' (EEROS) (project number 321711).

References

Andersson, M (2016) 'The risk of relatedness: Governing kinship in Swedish transnational adoption policy' in Kroløkke, C., Myong, L., Adrian, S. W. and Tjørnhøj-Thomsen, T. (eds) *Critical Kinship Studies* (London: Rowman and Littlefield International), pp. 203–20.

Berlant, L. and Warner, M. (2000) 'Sex in public' in Berlant, L. (ed.) *Intimacy*. (Chicago: University of Chicago Press), pp. 311-30.

Bock, J. (2000) 'Doing the right thing? Single mothers by choice and the struggle for legitimacy´', *Gender & Society* 14 (1), 62–86.

Butler, J. (1990) *Gender Trouble: Feminism and the Subversion of Identity* (New York: Routledge).

Butler, J. (2002) 'Is inship always already heterosexual?', *differences* 13 (1), 14–44.

Chabot, J. M. and Ames, B. D. (2004) '"It wasn't 'let's get pregnant and go do it':" Decision making in lesbian couples planning motherhood via donor insemination', *Family Relations* 53 (4), 348-56.

Dahl, U. (2017) Becoming fertile in the land of organic milk:Lesbian and queer reproductions of femininity and motherhood in Sweden, *Sexualities* 21 (7), 1021-38.

Dahl, U. and Björklund J. (2019) Queer Kinship Revisited. Editorial, *lambda Nordica* 24 (2-3), 7-26.

Deomampo, D. (2016) *Transnational Reproduction: Race, Kinship, and Commercial Surrogacy in India* (New York: New York University Press).

DePaulo, B. M. and Morris, W. L. (2005) 'Singles in society and in science', *Psychological Inquiry* 16 (2–3), 57–83.

Duggan, L. (2002) 'The new homonormativity: The sexual politics of neoliberalism' in Castranovo, R. and Nelson, D. D. (eds) *Materializing Democracy: Toward a Revitalized Cultural Politics* (Durham, NC: Duke University Press), pp. 175–94.

Duggan, L. (2012) *The Twilight of Equality? Neoliberalism, Cultural Politics, and the Attack on Democracy* (Boston, MA: Beacon Press).

Eriksson, L. (2017) 'Finland as a late regulator of assisted reproduction: A permissive policy under debate' in Lie, Merette and Lykke, Nina (eds) *Assisted Reproduction Across Borders: Feminist Perspectives on Normalizations, Disruptions and Transmissions* (New York: Routledge), pp. 124–35.

Engeli, I. and Rothmayr, C. A. (2017) 'Governing new reproductive technologies across Western Europe: The gender dimension' in Merette L. and Lykke, N. (eds.) *Assisted Reproduction Across Borders: Feminist Perspectives on Normalizations, Disruptions and Transmissions* (New York: Routledge), pp. 87–99.

Firestone, S. (1971) *The Dialectic of Sex: The Case for Feminist Revolution* (New York: Bantam).

Franklin, Sarah (1997) *Embodied Progress: A Cultural Account of Assisted Conception* (London: Routledge).

Franklin, Sarah (2001) 'Biologization revisited: Kinship theory in the context of the new biologies' in Franklin, S. and McKinnon, S. (Eds.) *Relative Values: Reconfiguring Kinship Studies* (Duke University Press, Durham and London), pp. 302–25.

Franklin, Sarah (2013) *Biological Relatives: IVF, Stem Cells, and the Future of Kinship* (Durham, NC: Duke University Press).

Franklin, S. and McKinnon, S. (eds) (2001) *Relative Values: Reconfiguring Kinship Studies* (Durham, NC: Duke University Press).

Haimes, E. and Timms, N. (1985) *Adoption, Identity and Social Policy: The Search for Distant Relatives* (Aldershot: Gower).

Harbers, H., Mol, A. and Stollmeyer, A. (2002) 'Food matters: Arguments for an ethnography of daily care', *Theory, Culture & Society* 19 (5–6), 207–26.

Hayman, B., Wilkes, L., Halcomb, E. and Jackson, D. (2015) 'Lesbian women choosing motherhood: The journey to conception', *Journal of GLBT Family Studies* 11 (4), 395–409.

Helosvuori, E. (2012) *Lupaus lapsesta: Hedelmöityshoitojen oikeuttaminen valistusteksteissä* [A promise of a child: Justifying fertlity care in educational texts, transl. RH] (Helsinki: Helsingin yliopisto).

Hirvonen, H. (2007) 'Biologinen sosiaalisen mallina: Valintoja uuden hedelmöityshoitolain kentällä' [Biology as a model for the social: Choices made in the field of the new law on assisted reproductive technology, transl. RH]], *Sosiologia* 44 (4), 279–96.

Holmes, D. R. and Marcus, G. E. (2008) 'Collaboration today and the re-imagination of the classic scene of fieldwork encounter', *Collaborative Anthropologies* 1 (1), 81–101.

Homanen, R. (2018) 'Reproducing whiteness and enacting kin in the Nordic context of transnational egg donation: Matching donors with cross-border traveller recipients in Finland', *Social Science & Medicine* 203: April 2018, 28–34.

Högbacka, R. (2009) 'Ikioma lapsi vieraasta maasta: Yhteisyys ja erot kansainvälisessä adoptioperheessä' [´My very own child from another country´: Commonality and difference in the international adoptive family, transl. RH] in Jallinoja, R. (ed.) *Vieras perheessä* (Helsinki: Gaudeamus), pp. 162–90.

Kroløkke, C., Myong, L., Adrian, S. W. and Tjørnhøj-Thomsen, T. (eds.) (2016) *Critical Kinship Studies* (London: Rowman and Littlefield International).

Kuosmanen, P. (2007) ’Hedelmöityshoitoklinikat – naisparien vanhemmuuden arviointi syrjivänä käytäntönä’ [Fertility clinics – evaluation of the parenthood of lesbian mothers as a discriminating practice, transl. RH] in Kuosmanen, P. and Jämsä, J. (eds.) *Suomalaiset sateenkaariperheet sosiaali- ja terveyspalveluissa ja koulussa* (Helsinki: Työministeriö), pp. 46–51.

Malin, M. (2006) *Biovalta, toiseus ja naisten toimijuus hedelmöityshoidoissa* [Biopower, Othering and women’s agency in fertility care, transl. RH] (Helsinki: Stakes).

Mamo, L. (2007) *Queering Reproduction: Achieving Pregnancy in the Age of Technoscience* (Durham, NC: Duke University Press).

Mamo, L. (2010) ‘Fertility Inc.: Consumption and subjectification in lesbian reproductive practices’ in Clarke, A. E., Shim, J. K., Mamo, L., Fosket, J. R. and Fishman, J. R. (eds.) *Biomedicalization: Technoscience, Health, and Illness in the U.S* (Durham, NC: Duke University Press), pp. 82–98.

Mamo, L. (2013) ‘Queering the fertility clinic’, *Journal of Medical Humanities* 34, pp. 227–39.

Modell, J. (1994) *Kinship with Strangers: Adoption and Interpretations of Kinship in American Culture* (Berkeley: University of California Press).

Moring, A. (2007) ’Kolmannen kerroksen vanhempia? Hetero- ja parinormatiivisuuksia Suomen ja Ruotsin hedelmöityshoitolaissa’ [’Third class parents?’ Heteronormativity and couplenormativity in Finnish and Swedish law on assisted reproductive technology, transl. RH], *SQS* 01/07, 15–34.

Moring, A. (2013) *Oudot perheet: Normeja ja ihanteita 2000-luvun Suomessa* [Queer families; Norms and ideals in Finland in the 21st century, transl. RH] (Helsinki: Helsingin yliopisto).

Myong, L. (2016) 'I never knew: Adoptee remigration to South Korea' in Kroløkke, C., Myong, L., Adrian, S. W. and Tjørnhøj-Thomsen, T. (eds.) *Critical Kinship Studies* (London: Rowman and Littlefield International), pp. 271–88.

Nipuli, S. (2015) 'Itselliset naiset hedelmöityshoidoissa: Taistelua asemasta heteronormatiivisissa rakenteissa' [Single women in fertility care: Struggle over status in heteronormative structures, transl. RH], *Sukupuolentutkimus* 28 (1), 5–17.

Nordqvist, P. (2008) 'Feminist heterosexual imaginaries of reproduction: Lesbian conception in feminist studies of reproductive technologies', *Feminist Theory* 9 (3), 273–92.

Pidduck, J. (2017) 'Lesbian kinship and ARTs in American popular culture: The L Word and *The Kids Are All Right*' In Lie, M. and Lykke, N. (eds.) *Assisted Reproduction Across Borders: Feminist Perspectives on Normalizations* (New York: Routledge), pp. 251–62.

Puar, J. K. (2006) 'Mapping US homonormativities', *Gender, Place & Culture* 13 (1), 67–88.

Rastas, A. (2002) 'Katseilla merkityt, silminnähden erilaiset. Lasten ja nuorten kokemuksia rodullistavista katseista', [Marked by looks, different by sight. Experiences of children and teens of racialising gaze, transl. RH] *Nuorisotutkimus*. 20 (3), 3–17.

Ruohio, H. (2016) *Suomalaiset kansainvälisesti adoptoidut: Perheeseen ja kansaan kuuluminen* [Finnish transnational adoptees: Belonging to family and nation, transl RH] (Helsinki: Nuorisotutkimusverkosto).

Smietana, M. (2017) '"Families like we'd always known"? Spanish gay fathers' normalization narratives in transnational surrogacy' In Lie, M. and Lykke, N. (eds.) *Assisted Reproduction*

Across Borders: Feminist Perspectives on Normalizations, Disruptions and Transmissions (New York: Routledge), pp. 49–60.

Speier, A. (2016) *Fertility Holidays: IVF Tourism and the Reproduction of Whiteness* (New York: New York University Press).

Strathern, M. (2005) *Kinship, Law, and the Unexpected: Relatives Are Always a Surprise* (Cambridge: Cambridge University Press).

Sullivan, M. (2004) *The Family of Women: Lesbian Mothers, Their Children, and the Undoing of Gender* (Berkeley: University of California Press).

Thompson, C. (2005) *Making Parents: The Ontological Choreography of Reproductive Technologies* (Cambridge, MA: MIT Press).

Thompson, C. (2006) 'Race science', *Theory, Culture & Society* 23 (2–3), 547–9.

Thompson, C. (2009) 'Skin tone and the persistence of biological race in egg donation for assisted reproduction' in Glenn, E. N. (ed.) *Shades of Difference: Why Skin Color Matters* (Stanford: Stanford University Press), pp. 131–47.

Weeks, J., Heaphy, B. and Donovan, C. (2001) *Same-Sex Intimacies: Families of Choice and Other Life Experiments* (London: Routledge).

Weston, K. (1991) *Families We Choose: Lesbians, Gays, Kinship* (New York: Columbia University Press).

Whitmarsh, I. and Jones, D. S. (eds.) (2010) *What's the Use of Race? Modern Governance and the Biology of Difference* (Cambridge, MA: MIT Press).

Wiegman, R. and Wilson, E. A. (2015) 'Introduction: Antinormativity's queer conventions', *differences* 26 (1), 1–25.