Decision-Making in IVF and Adoption: Negotiating Circumstances Over Time

Joy Louise Walker

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The candidate confirms that the work submitted is his/her own and that appropriate credit has been given where reference has been made to the work of others.

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Abstract

Conventional accounts of couples embarking on IVF foreground individual choice and static decision-making. Furthermore, research into different family-formation pathways for those who experience infertility is siloed into separate domains of IVF, adoption or remaining childless. This leaves an insufficient understanding of infertility in terms of the nature of decision-making, processes and inter-dependencies between couples and family networks in relation to meanings of establishing families. This PhD qualitative research tackles these shortcomings through a sample of 20 British heterosexual couples' experiences of infertility and family-building based on retrospective accounts. The dataset includes men and women from a range of socio-economic circumstances and diverse families established through IVF and adoption.

Key findings based on the analyses of these accounts showed that decisions were not linear. Importantly, ongoing processes were informed by couples' own experiences, family contexts and histories, which shaped their understanding and meanings of establishing families. Differences in decisions between adoption, IVF and donor conception families involved changes over the meanings of making families and varying disclosure practices to wider familial networks. My findings not only challenge existing literature but offer micro-level insights into decision-making patterns and practices of establishing families through infertility experiences.

Individual choice alone is not sufficient in explaining infertility decisions in IVF and adoption. Instead, decision-making contexts, circumstances in practice, reconfigured meanings of families and disclosure practices in family contexts should be understood as in/fertility journeys.

Overall, my findings build a case for advancing new knowledge in a range of areas around in/fertility journeys. My study especially contributes sociological insight into the 'making' and 'doing' of families through IVF or adoptive couples' continual efforts in producing and shaping families 'we live by' both in material and interpretive terms. Implications of this research include developing more joined up health and social care practice and policy to support such decision-making.

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Abbreviations

ART	Assisted Reproductive Technology
BFS	British Fertility Society
DfE	Department for Education
DH	Department of Health
DHSC	Department of Health and Social Care
FNUK	Fertility Network UK
HFEA	Human Fertilisation and Embryology Authority
IVF	In Vitro Fertilisation
IVC	Involuntarily Childless
NHS	National Health Service
NIAC	National Infertility Awareness Campaign
NICE	National Institute for Health and Care Excellence
ONS	Office for National Statistics
WHO	World Health Organisation

Preface

“It always seems impossible until it’s done!”

Nelson Mandela (2001) speech

Chapter 1: Introduction

1.1 Background

Research ideas do not often appear out of nowhere, but instead every project has its own story. This research project had many reasons as to why it was pursued.

The fact that I waited several years before beginning this PhD tells a story of putting my career on hold as an academic, to pursue the desire to have a family, and deciding not to live without children. I was nearly thirty, completing an NHS Research Fellowship on teenage pregnancy and trying hard to live a double life. On the one hand, I had undergone fertility investigations and treatment and on the other I wore a mask to defend my position as a childless woman and that I was fulfilled in my career. I shielded myself and others from the raw reality of involuntary childlessness. The question of whether I desired children was never asked by others. Instead, it was assumed that as a couple we were choosing a childfree lifestyle with a double income and no kids.

Reflection on my personal experiences of IVF initially informed this research study. We found the IVF experience difficult. To us as a couple it felt like a mountain climb full of rocks, which slid from under our feet, as we made many decisions about undergoing fertility treatment. This included completing consent forms about my eggs and my partner's sperm if either of us died. When IVF failed the experience to us was like tumbling down the other side of a mountain and both landing in a heap at the bottom. Then we had to endure a repeat of the whole process, pick ourselves up and make more decisions together about what to do. Then we would climb again, slip again as we made more decisions about our uncertain future. Only to find ourselves tumbling down the mountain again when the next IVF cycle failed. This sense was reinforced by the IVF fertility treatment which was undertaken on the second floor of the hospital, the third floor was the labour ward, and the IVF consultation appointments for failed IVF cycles were held on the ground floor. However, it was in those moments, away from the

fertility clinic, that we faced many stark decisions about what to do including what other pathways to explore.

In retrospect, I had desired a child early on in our relationship but waited several years for my partner to be ready. By the time we were both ready, there was then the frustration of being unable to conceive naturally in the time frame we had in mind. I was proactive in seeking IVF. After two failed cycles which were extremely stressful, invasive and expensive, we decided to stop active treatment and seek alternative options. We decided to find out more about adoption. I began to realise, from the questioning by friends and family, how many people assumed that we would continue to pursue fertility treatment. We decided instead to adopt and this decision was based around a future certainty of a life with, rather than without children.

After a long wait of four years, we successfully adopted. The adoption process involved a great deal of decision-making as a couple. We then decided to adopt for a second time to complete our family. During the home study we discovered that we had conceived a baby.

I have undertaken my PhD study with a young family determined to understand more fully the lived experience of involuntary childlessness and infertility. This is a common experience for a minority of women and men but a growing issue, as IVF has become accepted as a mainstream choice of treatment.

I have observed many friends and family who delayed having children only to find that it is not as easy to conceive as first imagined. Some have remained childless whereas others have had numerous cycles of IVF or chosen to adopt. Some have been fortunate and ‘caught the last boat’ to parenthood and conceived naturally. These observations have made me question how decision-making happens.

As I considered the literature this research study took shape centred on the assumptions and observations around involuntary childlessness and infertility. The major concern that I have identified is how we more fully understand decision-making amongst involuntary childless adults

experiencing infertility. Yet contextual factors that influence decision-making often remain hidden in the literature. It appears that choice is assumed, shown by trends in delayed childbearing, and decisions are assumed to be between careers or motherhood. In reality, little is known about either the types of decisions made or the meanings about these decisions around what to do, and what to do next, in different circumstances and in a diversity of social contexts.

I suggest that decision-making remain opaque. For example, there is less known from studies about decision-making before the start of IVF, about decisions not to pursue IVF, or obstacles preventing adults from being able to pursue IVF. The decision-making trail in UK literature also appears to shut down at the point where IVF treatment is ended. I found little overlap between fertility clinics and adoption services within health and social care literature. Instead, the decision-making of involuntary childless adults during the adoption experience is in the shadow of the fertility clinic.

There is also sparse literature related to decision-making around IVF failure, which is known to impact over 75% of those who pursued IVF. However, more focus is given to a mainstream discourse that technology helps manage fertility, which is also reflected in policy. My PhD study focuses on decision-making. Rather than undertake a qualitative longitudinal (QL) study to explore the decision-making as it unfolded, I decided instead that a qualitative study exploring retrospective decision-making was more manageable within the resources, budget and time of a PhD study.

I have acknowledged my reasons for pursuing this topic and will endeavour to manage and acknowledge this experience as a researcher in this field, for example using self-reflexivity about my researcher's role in my field notes. I am motivated in my PhD study to understand involuntary childless adults decisions, including IVF, IVF failure and adoption, given the mainstream acceptance of IVF as a treatment of choice.

1.2 Rationale

One in seven couples in the UK are estimated to be affected by infertility, with difficulties conceiving (Human Fertilisation Embryology Authority (HFEA), 2021). However, the prevalence of women and men impacted by infertility has increased not only in Britain but globally (Leger, 2009) which calls for social education of young people to include the impact of age on fertility (Pitts and Hanley, 2004; Harper et al., 2021). Sociological researchers acknowledge that fertility challenges, in not being able to conceive, are tough processes associated with a disruptive life course experience for both individuals and for the social functioning of couples (Ulrich and Weatherall, 2000; Exley and Letherby, 2001; Greil et al., 2010). Moreover, this social context provides a difficult terrain for women and men to contemplate the potential of not establishing their own family (Hanna and Gough, 2015). Infertility is often a private subject associated with stigma, silence and a minority experience (Pfeffer, 1987; Doyal, 1987; Jamieson et al., 2010; Letherby, 2010).

Throsby and Gill (2004) were first to observe the dearth of literature on men's experiences of infertility, involuntary childlessness and assisted reproductive health interventions. The perspective of men in this research area in relation to family-formation still remains an underdeveloped area in the field of family sociology (Culley et al., 2013; Hinton and Miller, 2015). Men's experiences have been in the shadow of women's experiences in many ways with the maternal focus on reproduction, regardless of the fact that half of fertility issues are associated with male-factor infertility (Hadley and Hanley, 2011; Dolan et al., 2017; Hanna and Gough, 2020). Gaining a joint perspective from men and women who want to establish their own family is essential research to undertake, for understanding more fully life course disruption due to infertility (Exley and Letherby, 2001; Gipson et al., 2020).

Over the post war period there was a shift in understanding of fertility challenges within society from mainly a social problem in terms of 'childlessness' towards a medical one of 'infertility' through the process of medicalization (Becker and Nachtigall, 1992). The process of medicalization coincided with the new availability of fertility treatments and assisted

reproductive technologies (ARTs) offering potential solutions to infertility issues through medicine[1] and other medical interventions (Greil et al., 2010). Involuntary childlessness, in this way, has been reframed with the implicit idea that infertility *must* be treated. Although, most of this interest with infertility has been situated within a medical framework in fertility clinic settings Greil et al. (2010) conclude that infertility and treatments, including in vitro fertilisation (IVF), are social processes. Greil et al.'s (2010) review infers that on its own the biomedical focus is limited to fully understand infertility.

Moreover, the review explains that infertility experiences are shaped by social interactions which include expectations of ageing or sexuality, gendered identities, and by reoccurring are social processes (Greil et al., 2010). Prior to the post war period, adoption was the main option available for childless couples to establish families (Tilly and Scott, 1987; Roberts, 1995). However, adoption itself reflects a history in Britain associated with secrecy, suspicion, and stigma in families (Letherby, 2010; Smart, 2011). Over the last four decades, there has only been a slow social change in attitudes towards adoption regarding family-formation, with few positive adoption stories, despite more openness within adoptive families (Ward and Smeeton, 2015). See chapter 2, regarding adoption decision-making (section 2.4.4).

The first IVF baby, Louise Brown, was born in July 1978. IVF offered infertile couples new, much desired, possibilities (Crowe, 1985). IVF babies became commonly known as test tube babies amid various social attitudes to assisted conception including some suspicion, that medical science had embraced a 'brave new world' (Pfeffer, 1993). In 1991 the HFEA established in response to Warnock's (1984) recommendations to regulate the rapid growth of treatment provision. Yet, the huge growth in private fertility clinics remains a subject of academic debate (see chapter 2, section 2.4.1, IVF decision-making and rational choice theory) including the extensive research

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[1] The terms medicine, biomedicine and biomedical model are used in my thesis to mean the prevailing framework in which illness is conceptualised as disease-based, biological or pathological (Armstrong, 2002)

findings about the lack of evidence for some additional interventions offered in UK fertility clinics (Heneghan et al., 2016).

The development of ARTs including IVF have encouraged the notion that infertility experiences can be overcome through seeking IVF treatment. Assisted conceptions and subsequent policy changes enabled a recognition of different family forms (Richards, 2007; Golombok, 2013; Freeman et al., 2014). Moreover, the raft of assisted conception techniques available (Winston, 1999) have transformed worldwide the idea of establishing families in diverse ways. Scholars recognise that in the context of globalised gamete donation family practices are making “assisted world families” (Hudson, 2017, p.673). In contrast, there are involuntarily childless (IVC) couples who with IVF failure continue to not only lack a child nor “complete a family” (Franklin, 1990, p. 213) but also rupture or strain their relationships. My research question grew as I explored the sociological literature and talked with academics at conferences. I was curious about various social circumstances through which couples’ infertility experiences embedded in their decision-making about how to establish families when spontaneous conception is elusive.

With an ever-growing demand for IVF in the UK, it is currently positioned as the mainstream treatment of choice to assist conception. IVF decision-making is assumed. In many ways decision-making over infertility is not fully understood as uncertainty remains around the possibilities and the timings of future family-formation, and social circumstances. In contrast, rational choices are said to have been made, to justify that couples have tried everything possible to have a biological baby. Couples’ reasons for seeking medical investigations or treatment for their infertility are personal and varied but attempts to conceive through IVF can last from months to years (Shairpo, 2009; Boivin et al., 2009). Infertile couples’ reasons and preferences in adoption are also diverse (Bunting et al., 2010; Ward and Smeeton, 2015).

One of the key threads in the literature therefore, concerning infertility decision-making, is the assumption that these micro-level decisions are guided by macro norms of practice without fully appreciating the circumstances, timings, and social contexts influencing decision-making. A

further puzzle also emerged. Why are infertility experiences around assisted conception and adoption understood separately? The separate literatures on assisted reproductive technologies, adoption and families and personal relationships reflects this assumption. These micro-level decisions are the focus of my thesis: to understand how women and men through their infertility experiences, which disrupt their life course, produce families in IVF and adoption.

1.3 Overview of UK fertility services

Over 3.5 million people experience some kind of fertility challenge in the UK (Fertility Network UK (FNUK), 2021). Most couples who experience unsuccessful attempts to achieve a pregnancy over one year, do achieve a spontaneous conception (National Institute of Health and Care Excellence (NICE), 2013; National Infertility Awareness Campaign (NIAC), 2021). Many couples seek help from their GP who usually refers them for initial investigations or onto a fertility specialist, this does not always happen for some months (FNUK, 2021). After consultations with a fertility specialist, couples can decide or may be advised to wait before beginning treatment, start with active treatment such as surgery and fertility drugs, or be referred on for ARTs including IVF (British Fertility Society (BFS), 2022; FNUK, 2021).

In the UK over 2% of all babies born each year are from IVF treatment but the rates of IVF success depend on the age of both women and men (BFS, 2022). Although, more attention is drawn to women's ages in published online literature. For example, success rates are given in terms of 32% success rate in women aged under 35, 25% for women aged 35-37, 19% for women aged 38-39, but women aged over 43 have a less than 5% chance of success (National Health Service (NHS), 2022). This is why IVF is usually not recommended by the NHS for women over the age of 42 because the likely chance of success is so low. However, private fertility clinics which are regulated by the HFEA may recommend treatment to women aged over 42 (HFEA, 2019). Over the last thirty years uptake of IVF by women over 40 years has more than doubled (HFEA, 2019). Most IVF treatments involve women's use of their own eggs and their partner's sperm (FNUK, 2021).

Noticeably, the use of donor eggs and sperm has increased considerably with donor eggs improving the likelihood of a live birth across all age groups (HFEA, 2019). Since records began approximately 390,000 babies have been born through IVF in the UK, from over 1.3 million cycles of IVF, between 1991-2019 (HFEA, 2019).

The UK has been at the forefront in the development of infertility treatments but not all couples who would like to access IVF have the financial resources (FNUK, 2021). NICE (2013) guidelines recommend that women under 40 years are offered three cycles of IVF treatment on the NHS, but this is dependent on criteria set within their local area. This has created an unfair system which may preclude couples from treatment based on their postcode (FNUK, 2021). However, the uneven distribution of accessible UK fertility treatments has been a growing issue for many years (NICE, 2014). In addition, there are ongoing debates about what powers should the HFEA have as the UK's statutory regulator in light of the UK government highlighting that the laws which define HFEA's powers in the near future are likely to be revised (Horsey, 2022).

Fertility Network UK continue to lead initiatives with other campaign groups for more equitable funding and access to fertility treatment (NIAC, 2021; FNUK, 2022). Another important aspect of IVF to note is that despite the growing demand for IVF the chance of experiencing a live birth has remained low in the UK as the live birth rate across all age groups is just 24% in 2018 (HFEA, 2019). Nonetheless, on average one child in every primary school class in the UK is born as a result of IVF treatment (Lawlor, 2022).

1.4 Overview of UK adoption services

In recent years the range of adoption agencies have expanded in response to the growing number of looked after children and young people in care which has increased in the last five years by 10% (NSPCC, 2021). Recent figures show that over 3% of children at any one point in time are living in care in England (DfE,2021), with histories typified by trauma, neglect and abuse (NSPCC, 2021). The UK along with relatively few other European

countries are unique in supporting adoption for children in care (Adoption UK, 2019). During 2016-2017, the period when my study fieldwork was undertaken, adoption rates increased 50% over a two year period between 2015-2017 across England (Smeeton and Ward, 2017). Yet, adoption is far from an equal alternative option to fertility services (Balen, 2013).

Prior to the Adoption and Children Act (2002) both statutory and voluntary adoption agencies had a variety of criteria around those considered as potential adopters. Restrictions included couples who were smokers, those considered overweight, of a certain age range or sexuality, time between ending fertility treatment and time frame of the couple's relationship (Crawshaw and Balen, 2010;Gwilt, 2010). The aim of the Adoption and Children Act (2002) was not only to increase the likelihood of children being adopted from care but to expand the range and the number of prospective adopters (DfE, 2019; Adoption UK, 2019).The growth in heterosexual and same sex couples' experiences through adoption has generated valuable insights into a variety of positive and more expansive ideas about making new families, not based on biological connections (Goldberg et al., 2009). However, the adoption process including training, approval and matching to an adoptive child is a long and challenging process with many approved adopters having to wait for considerable amounts of time to become adoptive families (Rogers, 2017).

The ethos of openness in families about adoption has fuelled scholars to question what assisted conceptions fertility services could learn from adoption concerning disclosure rather than secrecy (Haimes, 1988; Daniluk, 2003; Daniels, 2005; Daniluk, 2007; Golombok, 2020). This openness in families has included not only talking about adoptive children's own background histories but also adopters themselves are encouraged to talk about their own infertility as part of the adopter's journey (Daniluk, 2001; Crawshaw and Balen, 2010; Golombok, 2020). Although adoption agencies recommend through guidance that infertile couples take time to grieve their loss of an ability to produce a biological child before making adoption applications there is no direct referral or clear signposting between fertility clinics and adoption agencies (Balen, 2013; Ward and Smeeton, 2015).

1.5 My study: Aim and research questions

In sociological thinking about infertility and IVC experiences the minimal recognition given to the social processes concerning reproductive disruption presents a valuable direction for my study to explore decision-making contexts and practice prior to IVF or adoption. This lack of recognition also extends into understanding the meanings of families that are produced through both IVF and adoption which is another useful direction for my study. My approach to understanding these experiences sociologically from a disruptive life course perspective offers an important focus to my research design to help understand these micro-level dynamics.

The study's analytical direction therefore, is to understand more fully infertility experiences as processes to explore how couples begin to navigate fertility disruption (Inhorn, 2007). My study will also draw upon concepts from sociology of families (Morgan, 1996; Morgan, 2011), (see section 2.6.1, Families are 'what we do') to examine how couples negotiate IVF and adoption in their quest to establish families. This early navigation of fertility disruption prior to IVF is problematic as it is opaque in the literature (see section 2.4) in comparison to useful studies exploring same sex couples' experiences of assisted family-formation (see Nordqvist, 2014). This directed me towards exploring the meanings that British heterosexual couples draw upon in everyday living with infertility, in their pursuit of a family. This is significant because it concerned the influences involved in the circumstances surrounding their decision-making over time, in both IVF and adoption.

My qualitative study draws upon qualitative longitudinal (QL) methods to address my research questions. The study's aim and research objectives map onto three key research questions and across to the interview questions used in the fieldwork (see appendix A, Table 3). My study is designed with these questions and aspects in mind.

Aim of the study: This qualitative study will explore how decision-making is shaped by contextual factors, including temporal perspectives, in assisted

conception and adoption experiences of British heterosexual couples in their pursuits to establish families.

Three research questions seek to address the gaps and limitations in the literature on the understanding and knowledge of British couples' decision-making during infertility experiences over time.

1. How do infertile heterosexual adults in Britain perceive their experiences and what factors shape these perceptions?

2. What decisions do infertile adults make about receiving IVF treatment and alternative options including donor conception, adoption or remaining childless? What are the main contextual influences on such decisions?

3. What are the key influences that shape the meanings of establishing families amongst infertile couples? How do temporal perspectives influence their understanding of these meanings?

1.6 Thesis structure

Chapter one provides an introduction and background to the thesis that includes the structure with an overview of the next chapters.

Chapter 2: A life course approach to infertility and involuntary childlessness in IVF and adoption decision-making

Chapter two will locate the thesis aligned to the core body of literature, the sociology of families, which has informed the research and to which it aims to make a contribution to knowledge about the 'making' of families. One of the leading themes here is the question of how families may be created through IVF techniques and adoption. Debates highlight the role of assisted conceptions and subsequent policy changes enabling the recognition of different family forms including contradictory discourses that surround the

meaning of genetic ties and biological connections in families. However, in exploring the literature a succession of unanswered questions are raised about infertility experiences and the quest for a family. Current debates concerning infertility experiences and decision-making are in relation to individualization, rationalization and post materialistic choice that also inform policy linked to this issue (see definitions in chapter two). With growing demand for IVF in the UK it is positioned as the mainstream treatment of choice to assist a family, but decision-making is assumed in many ways. My thesis therefore, addresses and brings together two key strands of investigation. Firstly, there is a need to look further than individualization, rationalization and post materialistic choices to understand the decision-making inflected through infertility experiences. Secondly, within the sociology of the family there is a focus on the making and doing of families. Infertility raises questions about how families are made, and if they cannot be made in IVF, how and when are they variously done? This raises questions about what is involved in the making of, and deciding on, families for couples experiencing infertility and involuntary childlessness.

Chapter two aligns my study with scholars' work who consider historical social demographic research to show the mutual connections between the macro and micro dynamics of fertility decision-making and includes a critique of rational choice theory. This chapter argues that a life course perspective is necessary to understand decision-making contexts in relation to the novel area of in/fertility journeys. Life course principles are used to not only understand these journeys in terms of the timings of lives with future family but also the broader historical contexts and social circumstances of couples' linked lives over their lifespan.

This chapter brings narratives of IVF together with those concerning assisted conceptions and adoption. This moves beyond an over focus on one possible avenue of decision-making for couples, for example only IVF, and engage instead with life course experiences of infertility. This chapter considers why infertility might need to be addressed in this broader approach, within sociology of families, to include how families are produced in this context. Therefore, what shapes decision-making in the making of IVF and adoptive families, needs a qualitative life course approach that captures narratives about a trajectory over time. Chapter two points not only to the significance of contextualizing infertility experiences but it will argue that this

focus opens up significant knowledge as temporal aspects are relatively unexplored. Lastly, this chapter points to the need to bring together assisted conception and adoption which are usually positioned as separate literatures to inform sociological understandings of family-formation through infertility and involuntary childlessness experiences.

Chapter 3: Research methodology

This chapter sets out the epistemological basis for the research. It explores the reasons why an overarching qualitative methodological approach of life course analysis is suitable to capture complex dynamics and processes which are important in the context of this study of infertility experiences. This chapter offers rationales for the research design. The distinctiveness of the research design is developed with ethical care to capture participant's infertility experiences from a range of socio-economic circumstances and time frames since IVF or adoption. A strong case for research decisions is made which include using joint couple interview narratives about decisions prior to, through IVF and beyond and mapped these along a timeline. The methodological techniques are discussed in relation to the life course approach as qualitative longitudinal methods, which include both thematic life history interviews and timeline mapping. A metaphor helped me to analytically understand a range of infertility experiences as 'in/fertility journeys' which couples used to explain socially constructed meanings of their experiences of family-formation. In/fertility journeys are explained in more detail in relation to my findings from chapter four onwards. The use of these specific qualitative longitudinal methods in this research design stands out from other qualitative research as my study looks at couples' accounts of their changing perceptions and meanings to show a single point in time through a retrospective lens on these matters.

My sample structure included 20 British heterosexual couples from a range of socio-economic circumstances who had established families through IVF and adoption decision-making. It enabled the inclusion of prospective father's experiences which is important and not only addresses a significant gap in evidence previously identified but captures the character, contexts, practices and timings of participant's decision-making. The qualitative longitudinal methods applied engage with longer term processes rather than

situational ‘in the moment’ accounts. Methodological problems encountered in the context of this study will be explored which included how to progress the thematic analysis in a multidimensional way. Nevertheless, this difficulty also presented new analytical opportunities which are highlighted. Chapter three includes the subsequent analytic approach, how issues were resolved and the limitations in writing up the research. The narratives collected enabled me to more fully understand the depth and richness of different journeys and this allowed valuable insight into participant’s perceptions and accounts of decision-making. The implication of this life course perspective identified not only complex processes from the empirical data but the contradictions and similarities in the range of meanings of families established from in/fertility journeys in IVF and adoption decision-making over time.

Chapter 4: Navigating in/fertility journeys: expectations, experiences and decision-making contexts and practice prior to IVF

Pre-conception experiences including decision-making about establishing families and involuntary childlessness are overlooked in the literature. There is also limited knowledge from a shared perspective about couple’s disrupted expectations in family-formation and the broader dynamics of these experiences. This chapter asserts key findings that expose a gap in knowledge surrounding the experiences, contexts and practice of couple’s decisions. My findings identify that decision-making before IVF is far from linear, influenced by emotional turmoil, and more complex as an experience than commonly assumed. Key findings suggest that contexts of decision-making exemplify how social norms play out not in an abstract way but through everyday experiences. This included couples’ perceptions of ‘biological clock pressure’ with timings and their age but also isolation in being ‘left behind’ in social situations. Moreover, my findings show a hidden context to decision-making as many couples preceding IVF do not disclose but instead hide their decisions from friends and family.

In practice my findings suggest that nuanced circumstances shape decisions that include socio-economic constraints and enablers. Familiar structural inequalities are at play in decisions which are important to acknowledge, rather than to assume that IVF is always a choice available to everyone who

experiences infertility. My findings show that after initial consultations a few couples in my sample decided to adopt rather than experience IVF. This evidence is important to shape practice about how to support couples who find themselves needing to think differently about how to start a family. It is essential to improve access to timely information to support joint decision-making about options amongst couples from a range of socio-economic circumstances. This chapter will address these core concerns and contribute to current debates about how we can change conversations about family-building and infertility, prior to IVF as well as adoption, to illuminate involuntary childlessness as a lived experience in navigating family-formation.

Chapter 5: Negotiating reconfigured meanings of producing families through IVF and adoption

Chapter five engages with sociological research into ‘making’ and ‘doing’ families and the profound critique of assumptions that families are naturally made and coherent entities that emerge without any work or negotiation. These contested ideas thread through participants’ accounts. In my thesis IVF and adoption couples are both illustrative of these types of negotiations, including the meanings of ‘making’ and ‘doing’ families, but are also distinctive from them. The narratives from this study suggest that couples have to navigate a set of conventions regarding the meanings of families. These meanings of families are allegedly unproblematic, in the sense that genetic ties and biological connections evoke the ideal families ‘we live by’ and ‘we live with’, which links to established literature. However, participants’ experiences in my study were diverse. My findings show the effort and negotiations done by IVF and adoptive couples in producing and shaping families ‘we live by’ both in material and in interpretative terms. Different meanings of families are reworked through IVF and adoption processes as participants explore their concerns over genetic ties and resemblances.

My analyses expose an overarching secrecy surrounding how IVF and donor conception families are negotiated and established with many participants not telling family members. This contrasts with adoption and remaining involuntary childless narratives that highlight the challenges of telling family members and the support needed within family networks. Overall,

participants highlight that in/fertility journeys rely on negotiating shared processes in which their idea of family is embedded in their own experiences, family contexts and histories. It is essential that practice adapts to the wider normative contexts of family-formation, informed by my study's evidence including the challenges encountered, to support partnerships. New ways of supporting decision-making in practice are critical to help couples themselves to reconfigure their ideas of families within diverse in/fertility journeys, to resolve family expectations and think beyond secrecy in family contexts. My findings will feed into the broader debate of recognizing the diversity in family-formation to reflect a greater understanding of involuntary childlessness in making families 'we live by' within society, explored further in the next chapter.

Chapter 6: Disclosures, familial involvement and reframed stories through ongoing in/fertility journeys

Key findings in this chapter suggest that family involvement plays an important part later on in navigating in/fertility journeys. My study suggests that couple's disclosure practices change over time. This includes perceptions of boundaries around the couple's relationship in terms of more family members aware of their specific circumstances. Disclosure later on through journeys contrasts to the earlier secrecy and non-disclosure in chapter five. Chapter six explores a range of circumstances tied into the processes of IVF and adoption that prompted change towards disclosure within family contexts. These include securing further emotional support, financial help for ongoing IVF, and participation of family members as an adoption referee in social worker led interviews.

My analyses explored the dynamics of family life that play out during ongoing journeys which added to my conceptual development of 'making families' through telling reframed stories in family contexts. My findings contrast to sociological narratives about infertility experiences that often end with a resolution of achieving parenthood through IVF or adoption or remaining involuntarily childless. Instead, my findings contribute to our sociological understanding in recognising the strain on wider family dynamics as well as the support family involvement can provide. These findings feed into the debate that family support, openness and involvement

are key to remove both the taboo of silence and misunderstanding in terms of diverse family-formation through IVF, donor conception, adoption or other circumstances through in/fertility journeys over time.

Chapter 7: Conclusion

The concluding chapter sets out the key findings of the research and the implications of the analyses for policy and practice in the delivery of IVF and adoption options which are presented as key recommendations. The implications for areas of future research that the analyses opens up are presented.

Chapter 2: A life course approach to infertility and involuntary childlessness in IVF and adoption decision-making

2.1 Introduction

Involuntary childlessness (IVC) is a relatively understudied area in comparison to voluntary childlessness in the sociological literature spanning families and relationships. In contrast, international and UK studies on IVC and infertility appear frequently in the field of assisted reproductive technologies (ARTs). The literature particularly looks at IVC with a psychological focus. The international literature is mainly from the US, UK, Australia and Europe. This study on decision-making exploring IVC and infertility is situated within the broad body of sociological and anthropological literature on reproductive disruptions and sociology of families. This literature encompasses childlessness, adoption, reproductive complexities and assisted conception.

The first part of the literature review will present a summary of the key fertility trends and childlessness rates. The links between the macro and micro social patterns with fertility trends will be clarified and how that connects to the concerns of my study. Both voluntary and IVC and infertility will be examined but the key debates of choice will then follow, which ask what are the options for IVC adults? The next part of the literature review will examine decision-making in relation to fertility disruption, rational choice theory and discourses on time shaping experiences in IVF and adoption. This review will include the related ARTs literature and policy on decision-making in IVF, embryo freezing, donor conception and adoption. A life course approach will be considered to understand how families are created through infertility experiences that include IVF and adoption decision-making. The field of sociology of families will be examined in terms of rethinking how to establish families, meanings of families, family life and relationality, kinship relationships and networks. Lastly, new ways of decision-making in diverse pathways to establishing families will be

explored. This will critically consider how we understand, position and contextualise IVC and infertility decision-making. This chapter will then enable my three research questions to be situated with close links to the literature.

My research study will add value and bridge the gap in the literature on IVC and decision-making in IVF and adoption. The intellectual rationale underpinning choice in relation to IVC and infertility options will be challenged. The study is original in extending the decision-making trajectory through IVF success or IVF failure, to remain childless or to pursue adoption. Alongside this trajectory the significant influences on decision-making in establishing families will be examined.

These influences will include key aspects of personal, social, emotional, temporal and material circumstances shaping decisions about anticipating a future family. This study will clarify the relationship between these aspects and how they shape complexity in decision-making at the micro-level. In this way it hopes to offer a greater depth of interpretation of IVC and infertility at the macro-level. Next the body of literature will be presented highlighting the key debates and implications of the academic arguments that are positioning this research.

2.2 Key fertility trends

Fertility patterns in Britain point towards an increasing age of first childbirth. Current age-specific birth rates across all fertile ages collated since 1969 indicate that under-18 conception rates have consistently decreased each year since 2007 and fell by 17% in one year between 2019 and 2020 (ONS, 2022a). Fertility rates for women aged 30-34 and 35-39 years have increased since 2001 and are treble for women aged 40 plus since 1991 (ONS, 2022a). Irwin[2] (2000) observes that interpreting the age at which parenthood is achieved significantly influences the estimates of fertility. Key

[2] See Irwin's (2000) paper which argues that trends to earlier ages and teenage pregnancies will amplify the fertility rate and patterns of later parenthood tend to suppress the current fertility rate.

fertility trends include an overall declining fertility rate[3], the later timing of parenthood, and consistent rates of women remaining childless since the late 1950s (ONS, 2022b). The average age of mothers having their first child in England and Wales in 2016-2017, the time that my fieldwork was undertaken, was 28.8 years. Nevertheless, the average number of children born to a woman has been below two, for women born since the late 1950s (ONS, 2022b). Kneale and Joshi (2008) predicted that in cohorts born in 1970 18% would remain childless adults. In 2020 it was the first time that more than 50% of women were still childless aged 30 (ONS, 2020b). It is difficult to establish whether childlessness is voluntary or involuntary in Britain with the trends of childless adults higher than other European countries. Yet the reasons identified include health issues or not meeting a partner as well as no desire for children (Berrington, 2017).

Fertility is a significant factor embedded in other demographic trends. Recent increases in childlessness in Britain are linked to declining fertility patterns, though not necessarily found to be causal (Dixon and Margo, 2006; Simpson, 2006a). The growing pattern of childless adults is extending across all socio-economic groups. Childlessness is increasing amongst adults with no qualifications and those who are highly educated (Simpson 2006b). Epidemiological data indicates only a small increase in prevalence of infertility (NICE, 2013). In the UK infertility currently affects 1 in 7 couples (HFEA, 2019). In 25% of referred cases infertility is unexplained, with no identified male or female cause (NICE, 2013). The high demand for fertility treatments is increasing despite low IVF success rates as detailed in chapter 1. Currently 2-3% of UK babies born are conceived by IVF (HFEA, 2019) including more use of donor eggs and donor sperm.

2.2.1 Micro and macro-level processes and fertility trends

It is important to pay attention to links between the macro and micro social processes and connections with fertility trends. There is the tendency for people to think that whatever they experience in their lives is unique and

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[3] See ONS (2014) Fertility rates also affected by increasing numbers of births to mothers born outside of the UK such as India, Bangladesh, Pakistan and African countries is associated with higher fertility in certain areas.

private to them. Infertility and IVC are often perceived in this way as ‘private troubles’ presenting a challenging subject area for researchers. Yet sociology sees that at the micro-level for adults facing IVC and infertility, decisions of this nature are connected with the relationship between the macro processes of society. Macro social processes include economic and political change that influence and are underlying personal experiences at the micro-level (Van Krieken et al., 2014).

My study aligns with scholars who have shown the value of connecting macro and micro in research on fertility trends. The sociological imagination helps in an understanding of the connections between “biography and history within society” (Mills, 1959, p. 6). This means that the macro social processes and structures offer a generalised pattern to these private troubles of IVC and infertility as public issues. Understanding that one couple never having a baby is a private issue, yet growing numbers of couples in this situation transforms infertility into a public issue. Critical thought in sociology therefore helps look beyond everyday situations and the taken for granted. In appreciating the links between macro and micro processes new insights and new understandings are created (Lemert, 1997). For example, Irwin (2003) identifies some key historical social demographic research, including Szreter’s (1996) work on fertility, gender and class in Britain, which foregrounds the mutual connection between macro and micro to help explain fertility trends.

Irwin (2000) suggests that fertility trends are influenced by changing structures in relation to social ties of inter-dependencies between women and men’s social positioning in resourcing their livelihoods. The nature of the ‘first fertility decline’ between the 1870s and the 1930s highlights historic changes which are broadly recognised as playing a significant role in declining fertility patterns (Irwin, 2000; Irwin, 2003). The characteristics of these cultural and material changes are seen at all levels from institutional activities at the macro-level to the micro-level in the nature of married relationships. During this time in history, families with one child or no children rose from 13.6% to 41.3% amongst the marriage cohorts in 1870 compared with the marriage cohort in 1925 (Irwin, 2000). Scholars interpret these increased levels of childless adults mainly in terms of general shifts in

economic and social relationships structuring social reproduction[4] (Lewis, 1986; Levine, 1987; Gillis et al., 1992; Greenhalgh, 1995; Szreter, 1996; Szreter, 2011). The changing nature of these relationships transformed the material and social norms shaping fertility behaviour, values and expectation in relation to having children. Irwin (2003) explores change in the configuration of difference and inter-dependencies between men and women at the turn of the twentieth century in relation to the social value of children repositioned within the family. Explanations of demographic change in the late 20th century therefore, need a theorisation of changing inter-dependencies which Irwin (2000) develops through the idea of reproductive regimes. Irwin (2000) shows these changing patterns of social ties between men and women and across generations, through inter-dependencies, which are reconfigured rather than displaced to understand fertility change. This theorisation helpfully moved my thinking towards a critique of individualising assumptions when it comes to conceptualising fertility related decision-making.

My study critiques assumptions of rational choice in women's and couples' decision-making and is more aligned with those scholars who seek contextual explanation in order to show contextual influences on decision-making in relation to infertility. However, other explanations of fertility trends and the nature of reproductive behaviour stem from the dominant tendency in western liberal democratic societies to see individual and behavioural characteristics based on choice, preferences and abilities (Van Krieken et al., 2014). Some scholars interpret and debate fertility decision-making in terms of a lifestyle preference, esteeming the value of an individual's choice. Reasons such as self-fulfilment, career prospects and monetary considerations are consistent with theories focusing on the importance of rational choices and preference (Hakim, 2003) and individualisation theory (Beck, 1992).

Hakim (2003) proposes a framework of preference theory. Hakim argues that choosing a childfree lifestyle or child-rearing at a later age is becoming a more significant determinant of behaviour, at the micro-level, relative to

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[4] Social reproduction refers to the institutional, familial and cultural processes by which the social structure is sustained including the perpetual inequalities. Education is a core aspect in the process of social reproduction (see Matthewman et al., 2007, p.441).

social structural and economic determinants at the macro level (Hakim, 2003). However, Handwerker (1986) argues that explanations given to behaviours in reproductive decision-making over extended periods of history using only factors such as rationalisation are unreliable without exploring links with specific cultural, social and historical contexts. The accepted wisdom about ideas of ‘choice’ and ‘preference’ in relation to interpreting the subject of childlessness in reproductive decision-making fuel debates. Preference and choice in relation to decisions concerning infertility is explored further in section 2.4.1.

Moreover, my study is applying contextual explanation in a novel way standing as an original contribution in its focus on in/fertility journeys and understanding decision-making contexts in terms of possible infertility and family-building. Some scholars contend that reproductive decision-making appears far more complex and linked more with privileged circumstances than rational choice theory acknowledges (Irwin, 2000; Simpson, 2006a, Perrier, 2013). Decision-making about having children is an ongoing and complex process. Decisions are shaped by inter-dependencies of relationships in the positioning of men and women in terms of social and material contexts, including those experiencing fertility challenges, reflecting links between the macro and micro-level (Irwin, 2000; Irwin, 2003; Simpson, 2006a; Freeman et al., 2014). This complexity remains and is increasingly sophisticated when fertility is disrupted. Choice at the micro-level in this situation becomes challenging and questionable. I will explore these debates about choice later, as I question whether ARTs are opening up further choices to couples facing IVC or just a privileged few.

2.2.2 Micro decision-making links with disrupted fertility

This study questions whether micro-level decision-making when fertility is disrupted can be simply explained in terms of individual behaviour choices, thus fuelling demand of IVF treatment. The enquiry recognises the links between macro and micro social processes in situations where fertility is disrupted, and questions whether decision-making will reflect a range of dimensions at all levels from the micro to the macro (Bell, 2013). The range of decision-making will include how dilemmas about fertility, infertility, the meaning of family and different conception technologies are resolved in

experiences of both men and women. The decisions that are reached will imply the nuances of culture, social and material structures in everyday life (Inhorn, 2007).

In order to understand couples' decision-making we also need data about how people act, what they think and how they feel when faced with this situation of IVC and infertility. What people do and think are bound up in historical process orientated with time and linked with their subjective realities at the micro-level. This study will capture a range of experiences, such as people's expectations in anticipating future families through IVF and adoption. Essentially, decision-making takes into account processes, the expectation that IVF or adoption can provide resolution in anticipating future families as well as an inevitable disappointment for some given the high failure rate of IVF.

My enquiry brings new understanding at the micro-level of personal decision-making across a range of socio-economic circumstances. In appreciating the complexity of decision-making the study will also capture temporal aspects influencing how people think and feel about their situation and producing families over the passage of time. The study will explore the relationship between situation-specific circumstances and how they shape decision-making. In this linked way the micro-level of study will enable a greater depth of interpretation about the social experience of infertility at the macro level.

2.3 Childlessness: Involuntary or voluntary?

Childlessness is acknowledged by some scholars as a growing concern in society (Coleman and Ganong, 2004). Yet, other researchers suggest that trends of childlessness over time remain steady and similar to those from the late 1950s (ONS, 2022b). How we conceptualise childlessness relies on how we interpret demographic trends, cultural assumptions and norms defining "what a family should be" (Jamieson et al., 2014, p.4). Families are changing in structure and diversity (see section 2.5.1 Family life and families are: 'what we do'). A childless couple can be defined as a family of two adults

rather than a social category defined by the absence of children (Treas et al., 2017). Jamieson et al. (2014) notes a shift and evolution of sociological approaches in family research. This shift is a move away from a Parsonian functionalism approach, focussing on the nuclear family, towards a broader conception of family involving personal or intimate relationships (McKie and Cunningham-Burley, 2005). Silva and Smart (1999, p. 7) summarise that this concept of family is evolving to:

> "…*signify the subjective meaning of intimate connections rather than formal objective blood or marriage ties*."

Coleman and Ganong (2004) define childlessness as the absence of children either by choice where the intention is voluntary childlessness, or by circumstances or due to infertility, resulting in IVC. However, careful use of terms is necessary to distinguish IVC connected with infertility experiences rather than voluntary childlessness associated with childfree lifestyles (Letherby, 1997; Letherby, 2002a). Voluntary childlessness is recognised particularly in feminist sociological literature (Morrell, 2000; Gillespie, 2003). Feminist scholars highlight that whilst the predominant desire for many women in society is motherhood, for other women there is a desire or an experience of non-motherhood which has gained profile and recognition (Morrell, 2000; Park, 2005).

Feminist researchers Ulrich and Weatherall (2000) deconstruct reproductive decision-making and posit that the meanings of social categories are multiple rather than fixed and assumed. For example, a woman without children within a discourse on motherhood could be regarded as 'childless'. In comparison, a woman without children based on a discourse of positive reproductive decisions could be regarded as 'childfree'. Graham et al.'s (2013) analysis suggests why women are remaining childless. Three main reasons are uncovered including: no desire for children, a partner with no desire for children, and not meeting the right partner (Graham et al., 2013). These findings are consistent with previous research (Gillespie, 2001; Park, 2005).

Throsby (2002) highlights knotty issues and contradictions in narratives of IVC women, including equating female normality with achieving motherhood. The contradictions include the idea that getting pregnant is seen as relatively

easy to achieve, when it is not, in that women spent their lives up until that point trying not to become pregnant (Throsby, 2004). Morrell (2000, p. 313) highlights how feminist perspectives empower women to say “No, in their childbearing decisions” remaining voluntarily childless. Yet, the discourse of IVC encompassing non-reproductive and reproductive decision-making needs more clarification, otherwise the solitary paths in decision-making for all women will continue (Morrell, 2000).

Scholars argue that IVC is a more inclusive term and infertility is a subcategory of IVC (Bell, 2013). Blythe and Moore (2001) observe that IVC is a preferred term for some individuals as it includes social meanings but does not rely on medical authority. In contrast, objections have been raised about the use of the term IVC for some individuals because of its associations of “suffering” with victimhood (Franklin, 1990, p.200). However, infertility and IVC are both complex concepts (Bell, 2013) as not all IVC adults are necessarily infertile and fertility varies considerably (Thompson, 2002). Infertile adults will not necessarily remain permanently IVC and some will go onto have a child through adoption or assisted conception (Bell, 2013). It is important to note the grey area between voluntary and IVC. For example, socially caused delay in family-formation such as not meeting a partner, can lead to undesired childlessness (Graham, et al. 2013; Berrington, 2017).

Within my thesis, the terms IVC and infertility will be used together to reflect not only the breadth of experiences but also to offer sociological thinking around the variation and complexity of these experiences. Arguably an attempt to classify individuals and couples into types of childlessness is problematic. Coleman and Ganong (2004) emphasise that primarily researchers and theorists conceptualise childlessness as an individual phenomenon. Women are mainly the focus in their analysis, obscuring both male childlessness and joint decision-making whether or not to remain childless (Coleman and Ganong, 2004). My thesis redresses this, with a focus on joint decision-making. This empirical study will seek to explore how couples’ joint decision-making plays out adding understanding about whether or not to remain childless when faced with IVC and options of IVF and adoption.

2. 3. 1 Involuntary childlessness choice – attainable and elusive?

Choice has grown in importance in sociological debate and political history within a neoliberal conceptualisation based on rational choice theory to explain an individual's choice based on the benefit, risk and cost but also their preference and belief (Voss and Abraham, 2000; Treas et al., 2017) (see section 2.4.1 IVF decision-making and rational choice theory). The intellectual rationale underpinning choice is used prolifically in sociological literature exploring voluntary childlessness and in ARTs practice and policy. In contrast, my empirical study questions whether this intellectual rationale of choice is attainable and elusive, exploring the constraints shaping peoples' decision-making when couples face IVC. An implication of this is that couples will experience differences in their range of choices over time. The discourse of choice arguably denies the complexity and the many influences linked with decision-making over time. In particular I argue that combined aspects including people's personal, social, emotional, temporal and material circumstances shape processes in decision-making.

Couples experiencing IVC and infertility face options which in the past they would not have experienced[5]. The availability of ARTs may be perceived as the only option because IVF is a mainstream socially respectable rational choice (Throsby, 2004). In this sense the reliance on rationality diminishes the importance of alternative choices including adoption. Moreover, a reliance on rationality implies that there is a 'right' choice in decision-making to take the IVF treatment recommended by the medical team (Throsby, 2004). However, my thesis questions whether this reliance on the rationality of choice makes assumptions about options including the micro personal decision-making which actually happen when couples face IVC.

The dominant discourse surrounding IVF as a mainstream choice is problematic. In this discourse, choice is positioned as an implicit expectation that people will finance the high cost of IVF treatment when NHS funding

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[5] See Roberts (1995) accounts highlighting that couples married before the option of IVF was available talked about low fertility experiences with some couples changing their situation by adoption. Others expressed resignation, fatalism and acceptance about their IVC "Nature, it tricks you doesn't it ... they just didn't turn up!"

ends or is not available. The variability in NHS IVF provision depends on where people live and influences a sense of choice. NICE (2014) expresses concern about variable and unequal provision of NHS funded IVF treatment described as an 'IVF lottery'. The marginal experience of IVC and infertility competing with the huge economic burden of demand on NHS provision has significant policy implications. NICE (2017) guidelines for available IVF treatment on the NHS in England and Wales suggest that:

> "*In women aged under 40 years who have not conceived after 2 years of regular unprotected intercourse ... offer 3 full cycles of IVF. In women aged 40 - 42 years who have not conceived after 2 years of regular unprotected intercourse … offer 1 full cycle of IVF which is linked to three specific criteria*." NICE (2017, p. 24).

The reforms embedded in the Health and Social Care Act (2012) promote greater choice and in practice more involvement in decisions for couples engaging with IVF. In the climate where couples are viewed as the expert service user, they are the main decision makers in their treatment choices such as IVF (DH, 2015). Rational choice underpinning our current policies on infertility emphasises factual knowledge and under plays other aspects including socio-economic circumstances. In contrast, the rationale of my empirical study argues that it is important to understand the complexities of each couples' situation and the social, material and political factors shaping their circumstances.

Policy influences micro decision-making in terms of options and access. The Adoption and Children Act (2002) is a relevant example of improving accessibility to adoption. More recent proposals in accelerating the adoption process potentially will impact on adoption decision-making by removing lengthy time constraints. Since personal decision-making and policy intervention are intimately linked, the practice and policy implications will be important to consider (see research objectives in appendix A, Table 3). These aspects will be addressed more fully in the light of the findings and within the study's recommendations in chapter seven (see section 7.6 Implications in practice and policy). However, it is recognised that policy does not capture the complexities of decision-making and that the rational choice model underpins much policy. This thesis therefore, will address the

complex and messy picture of emerging contextualised decision-making amongst couples experiencing IVC and infertility, in IVF and adoption.

A key implication for couples in this situation is that circumstances and finances will influence decision-making experiences. Yet IVF is not affordable or within reach for many people (Franklin and Ragoné, 1998; Inhorn and Birenbaum-Carmeli, 2008). Choice arguably is only available to the privileged elite who through their economic advantage are able to exercise this choice, securing private treatment, or do something about their situation (Becker, 2000; Inhorn and Birenbaum-Carmeli, 2008). In this sense scholars argue that ARTs are reinforcing social divisions in enabling decision-making only amongst the privileged to potentially resolve fertility issues (Inhorn and Birenbaum-Carmeli, 2008). The implications of positioning choice in this way opens a positive discussion about what other types of decision-making options reflect the reality of life amongst a wider cross-section of IVC and infertile adults.

Feminist writers argue that childlessness by choice rather than through circumstances is made opaque by the inherent biological variability of low fertility (Letherby, 2002a). Inherent fertility variability and circumstances leading to IVC erases a sense of choice and makes choice elusive (Letherby, 2002a). Infertility very often does not have a clear diagnosis (NICE, 2013). Commonly most fertile people conceive between one and two years of trying. Whereas some people may take several years to conceive, others need treatment to assist conception, whilst others remain unable to conceive despite treatment. Other circumstances may result in IVC. Treatments for life threatening physical health issues such as breast cancer or cervical cancer can be life-saving yet iatrogenic in disrupting fertility (Dixon and Margo, 2006). Simpson (2006a) highlights how complex and changeable the process of decision-making surrounding childbearing intentions can be, as these intentions are often revised to fit realities**.** This line of argument moves personal decision-making further away from rational choice theory towards an appreciation of diverse circumstances and contextual influences on personal decision-making strategies.

Choice is linked with the availability of ARTs within a biomedical discourse which treats infertility. I suggest that this choice will ‘over problematize’ the

nature of contemporary decision-making at the micro level. Konrad (2005) highlights how IVF processes present couples with a burden of choice and culturally loaded dilemmas, which I will explore in a later section. A key implication of understanding IVC is acknowledging whether or not choice is implicit in situations of IVC and infertility. Monach's (1993) study follows 30 working class couples in Britain at an NHS fertility clinic and how challenging social and economic circumstances influence IVC and infertile couples' situations, leaving them with no choice. Monach (1993) goes on to question whether these same couples were ever offered adoption as a choice. His study highlights that without cultural and economic capital, choice is socially elusive and there is no choice within some experiences of IVC. These findings connect to the rationale of my proposed study which theoretically will draw a sample from a range of socio-economic positions to expose the extent of choice versus no choice.

2. 3. 2 Infertility: Definitions, meanings and reproductive justice

Infertility is a difficult term to define, with various contested meanings through its different use, hence referred to as a complex, slippery and global phenomenon (Inhorn and van Balen, 2002). Inhorn and Patrizio (2015) observe that worldwide men are not always included in the consideration of infertility but instead women bear its burden. Indeed, infertility is still considered as a women's issue and given meaning either socially or biologically from an inability to conceive and produce a child (Greil et al., 2010; Culley et al., 2013). Recently, Fertility Network UK, an online forum, developed a branch website to promote understanding amongst men about specific male issues linked to fertility and infertility (FNUK, 2022). Yet, infertility is used most widely from a western perspective that tends to focus on the biological meanings, but there is often variation in the use of terminology and in how it is measured (Inhorn, 2007). For example, whether it is measured in terms of pregnancy or birth rates varies. Hence this is why demographers use the term infertility when looking at populations and focus on the absence in numbers of live births within a population of women. In contrast, to epidemiologists who focus on intentions of having children as this relates to populations of women who have the opportunity of conception.

The definitions of infertility used in academic literature often draw on a medical definition endorsed by the World Health Organisation (WHO) that defined infertility as a ‘disease’ (WHO, 2009). Although WHO debated including more of a social meaning of infertility, the revised definition while also focusing on men, still defined infertility as a disability (WHO, 2016a; WHO, 2016b). There have been further subcategories given to the definitions of primary and secondary infertility which I consider reinforce the range of social meanings experienced despite these being categorised as medical definitions. Primary infertility is where a couple have never conceived or given birth to a biological child. Secondary infertility, on the other hand is where a couple have had a biological child together but are unable to conceive again together or with another partner (WHO, 2016a). My study includes participants with both these experiences of infertility.

It is important to appreciate that in the context of assisted conception, as Franklin (2013) observes, that both infertility and fertility change meanings. For example, IVF treatment induces a clinical menopause and other drugs stimulate fertility with an over production of eggs. These experiences through IVF give meanings such as ‘not yet pregnant’ (Greil, 1991b) and changes explanations of childlessness which in this context is no longer necessarily considered permanent. In other words, IVF changes the pursuit for biological parenthood. Yet, an understanding of infertility from a review of the literature I suggest means different things to different people over different time frames across the life course in context specific situations or settings. For example, the meaning of ‘infertility’ is shown to have continuity even when an IVF child is born (Hjelmstedt et al., 2004).

Other people experiencing IVC and infertility perceive that their fertility is retained as some women insist on never giving up hope even when IVF treatment options are exhausted (Throsby, 2002). On the other hand, some women who end IVF treatment define infertility in relation to: “The active but frustrated desire for a biologically related child.” (Throsby, 2004, p.14). An acceptance of a medical definition of infertility therefore, remains problematic for those social groups of people who do not match the medical definition but who are without children but desire them (Greil, 19991b; Blythe and Moore, 2001). Furthermore, studies note that for IVC couples infertility experiences remain lifelong grieving processes without necessarily a resolution, for example in circumstances where IVF treatment ends for financial reasons

rather than by active choice (Johansson and Berg, 2005; Throsby, 2006; Ferland and Caron, 2013). Moreover, Fisher et al. (2010) conclude not to presume that infertile men are less distressed than women about the potential loss of parenthood or adjust more easily to childlessness in family life.

Parenthood is not exclusively biological, and adoption and fostering through a social, non-medical means can alter perceptions of infertility and childlessness (Inhorn, 2007). Legal, technological and societal changes, I consider, have together altered the way in which families are sought and defined which helped position my research focus towards families (see section 2.5), as Elizabeth Britt (2001) asks in her ethnography ‘how do we define ‘infertility families’?

Reproductive justice has gained more prominence in recent years, drawing attention to infertility as a justice issue, significantly interwoven with race and access to social, economic and political resources to move beyond reproductive rights (Ross et al., 2017; De Proost and Coene, 2019). The concept of reproductive justice has been around for over three decades. It was initiated by Black women in the U.S. as a social justice movement in response to a restricted portrayal of race and reproductive rights that neglected infertility as a justice matter (Barnes and Fledderjohann, 2020). Luna and Luker (2013) note that reproductive justice often reflects the questionable dynamics between social activism, the law and academic scholarship addressing solutions to structural inequalities. Scholarship surrounding reproductive justice has expanded the reproductive right not to have children and also the right to have children, for example, those with low-incomes to be able to access assisted fertility treatments (Luna and Luker, 2013; Bell, 2016). As one aspect of reproductive justice, infertility experiences in relation to socio-economic circumstances informed the way I positioned my research.

Reproductive justice has inspired scholars to call for a more integrated approach to infertility and fertility research to focus on issues of discrimination, exclusion and stratification that are perpetuated in the way that reproductive technology is applied and studied (Smietana et al., 2018; Inhorn, 2020; Boydell and Dow, 2022). Smietana et al. (2018) suggest that

policy recommendations need to address reproductive injustice perpetuated by the fertility industry and embrace families of diversity which are beyond issues of class, race, gender or sexuality. Reproductive justice scholarship has helped me position my study in terms of exploring socio-economic based circumstances within IVF as well as adoption decisions to family-formation. I considered a life course approach (see section 2.5) as a joined up way to explore infertility and fertility experiences. Moreover, Johnson et al. (2018) endorse a life course approach as an integrated way to focus research on both fertility and infertility, which I suggest helps to move forward some aspects of the reproductive justice agenda. However, my study's position to do with race is limited, in terms of reproductive justice, because my research focus included white British couples' adoption and IVF decisions (see section 2.4.4). Notably, adoption decisions routinely match children with a similar race and ethnicity to prospective adopters (Crawshaw and Balen, 2010).

2. 4 Decision-making when fertility is disrupted

This section is about how IVC couples navigate decisions and it relates to understanding more about peoples' pathways through decision-making when fertility is disrupted. My thesis argues that there is little on how decision-making actually happens within literature, partly because decision-making is assumed to follow macro trends and have rationality. Reproductive technologies can play a significant role connecting an individual's pre-existing sociocultural frameworks of reproduction and biological heritage into this decision-making (Inhorn and Birenbaum-Carmeli, 2008). In contrast, adoption is another alternative option for couples facing IVC which is commonly rejected, or sometimes pursued after ARTs treatments are exhausted (Crawshaw and Balen, 2010). My thesis adds novel insight by exploring decision-making with couples facing the specific situation of IVC. This will uniquely bring together the decision-making processes taken by couples in assisted conception and adoption when fertility is disrupted.

Feminist scholars use the term 'disrupted reproduction', which is where "the linear narrative of conception, birth and arrival of the next generation is

interrupted" (Inhorn, 2007, ix). Inhorn (2007) collates a range of ethnographies emphasising the extent that social science is embracing a focus on disrupted reproduction and the importance of this issue. These ethnographies insightfully capture 'non-linear' processes when fertility is disrupted in IVF experiences (see Franklin, 1997; Becker, 2000; Thompson, 2005). These also include gestational surrogacy (see Ragoné, 1994) egg donor conceptions and the relationships between donors and recipients (see Konrad, 2005). I will explore these topics further in section 2.4.3.

The legacy of ARTs including IVF indirectly exposes previously invisible assumptions which are entrenched in cultural discourses about reproduction (Franklin, 2013). Theory is evolving which reflects the implications for the changing cultural accounts of reproduction, gender, kinship, relatedness, family, parenthood and social structure. This is why meanings are contested and it is essential in this thesis to understand decision-making of this nature. This expansion means that there is a range of options stemming from mainstream IVF. Options include embryo freezing, conceptions from donated eggs or sperm or gestational surrogacy. The range of ARTs options will be explored further as these will have implications on decision-making practice.

Scholars highlight how the concept of ARTs represents a tension between technology on the one hand, which is viewed as rational in advancing science whilst on the other hand, reproduction which is seen particularly as 'natural' (Strathern, 1992; Franklin, 1997). The notion of 'giving nature a helping hand' is apparent in accounts of easing tension between technology and reproduction from experiences embracing the naturalness of IVF (Sandleowski, 1993; Franklin, 1997; Throsby, 2004). Scholars reason that the discourse of negotiating technology and nature helps to justify decision-making and establish a normalising of the experience of IVF (Throsby, 2004; Thompson, 2005; Inhorn and Birenhaum- Carmeli, 2008). Yet the implications of advancing ARTs mean that unusual treatments are becoming more everyday (Franklin, 2013), as is seen with the first baby born in 2014 from a womb transplant.

Despite the huge demand and expansion of IVF Throsby (2003) exposes the paradox that dominant biomedical discourse of IVF success prevails even though failure is common.

> "… *the dominant narratives of IVF are of treatment success … the dominant experience of IVF is treatment failure, not success*." (Throsby, 2003, p. 59).

Many women's experience of assisted conception is hopefulness buoyed by the capability of ARTs followed by the disappointment in failed treatment (Harwood, 2007). Throsby (2003) highlights how women perceive that IVF helps treat their 'involuntary disease' using discourses of health and illness to make sense of their experiences themselves and socially with others. Throsby (2002) explores the decision to end IVF treatment emphasising that an underlying discourse of IVF failure remains hidden behind the success stories of 'miracle babies'. The sparse literature on failed IVF tells a story in itself.

Scholars identify that despite 25 years of IVF research little is known about adult's decision-making processes before beginning or withdrawing from IVF treatment (Verhaak et al., 2007). Throsby (2003) says that IVF has been normalised in reproductive journeys which helps justify decisions, authenticate and make sense of IVF failure. For example, Franklin (1997) finds that a sense of worth was perceived at the outset of treatment to bring respite from uncertainty and make IVF financially worth the investment as a chance to explore every possibility of being able to have a child.

By contrast, later perceptions of the IVF investment include taking over all aspects of life and often leaving individuals with nothing (Franklin, 1997). Yet, despite IVF being the mainstream treatment of choice for couples unable to conceive a child naturally in-depth decision-making studies in the UK are uncommon (Bunting et al., 2010). It is worth noting that Franklin (1997) acknowledges the limitations of her cultural account of assisted conception in being unable to gain women's retrospective assessment of perceptions whether their investment in IVF changed over time. My study offers a greater understanding of peoples' circumstances influencing how couples decide what to do, when to consider IVF, whether to take on the financial cost of IVF, and whether to consider adoption.

My research study engages with men, as well as women, from a range of socio-economic circumstances finding out their viewpoint as to how decision-making unfolds. The rationale behind acknowledging men's accounts through IVF and adoption decision-making, ties in this striking gap in the literature and also the growing contemporary significance of fatherhood (Dermott, 2014). A recent systematic review highlights scant UK research exploring in-depth decision-making, particularly men's reproductive decisions (Kalebic et al., 2010).There is consensus that men are under-represented and their experiences marginalised in social science research on IVC and infertility, and studies have begun to address this issue (Inhorn and van Balen, 2002; Bell, 2010).

In fertility clinic settings men are often perceived as marginalised in decision-making processes because again infertility is often presented and defined as a woman's issue (Culley et al., 2013). Instead, men perceive their role in decision-making in terms of being an 'emotional rock' in supporting their partner's preferences or providing 'the rational vito' in decisions such as when to end IVF treatment (Throsby and Gill, 2004). Although, more recent studies highlight men's perceptions of being excluded from an apparent 'joint' venture through both fertility treatments and encounters with professions that reinforce men's sense of being marginalised in decisions (Bell, 2015; Dolan et al., 2017). Moreover, even with decisions about male-factor infertility, it is the woman who is treated through IVF (Culley et al., 2013). Nonetheless, past scholars highlight the difficulties in drawing out men's perspectives in IVF and adoption narratives, but suggest men are active in difficult decisions ending IVF (Webb and Daniluk, 1999; Throsby and Gill, 2004; Daniluk and Tench, 2007).

There is an increasing body of research profiling fathers' accounts valuing their role and their perceptions that fatherhood is fulfilling (Coleman and Ganong, 2004:6; Jamieson et al, 2010). Noticeably men's experiences in reproduction have remained hidden in historical evidence, eclipsed by a focus on women's accounts (King, 2012). Contemporary discourses on fatherhood feature men proudly pushing prams and significance in their parenting role (King, 2013). These relative gender changes in positions of men and women are intricately linked (Irwin, 2000; Jamieson et al., 2010)

and integral in my study. Men's anticipation of fatherhood and infertility experiences is beginning to be researched (Hinton and Miller, 2013). Couples' perspectives will add insight into circumstances influencing joint decision-making in narratives of IVF and adoption options. Next decision-making related to the ARTs literature will be explored.

2. 4. 1 IVF decision-making and rational choice theory?

IVF decision-making will be examined in relation to rational choice theory which is questioned in terms of whether this reflects the contextualised decisions made by couples. An implication of IVC and infertility being positioned within a medical paradigm is the connection with fertility clinics' prestige, status and power (Letherby, 2002b). Treatment success is the historical focus directing a predominance of quantitative clinical studies (Greil, 1997; Greil et al., 2010). An expanding range of psycho-social associations with assisted conception treatments, knowledge and decision-making focus on the rationality of choice emphasising factual knowledge (Boivin et al., 2007; Bunting and Boivin, 2007; Bunting and Boivin, 2008; Boivin et al., 2009; Boivin et al., 2011; Bunting et al., 2013).

Yet, rational choice theory relies on normative theory based on what infertile people *ought* to do if they wish to be a rational decision maker (Bekker, 1999). In the context of fertility treatment people are encouraged to act as rational consumers (Throsby, 2004). For example, Throsby's (2002) study shows that her participants identify themselves in this way through IVF to validate their decisions of commitment to try everything possible. Reliance on choice for example, is demonstrated in published online information about fertility clinics which encourages people to find a fertility clinic which is geographically accessible (see HFEA, 2019). Choice also underlines the written knowledge published about IVF treatment decisions but this factual information is based on statistical and mathematical proofs presented by the regulator (see HFEA, 2019). This is problematic on many levels including for example, understanding online statistics which relies on education as a form of cultural capital (Bourdieu, 1986) in terms of competence in mathematical literacy skills to translate information into an informed choice. Overall, this is not necessarily equitable or accessible to everyone experiencing infertility.

Past scholars have defended women's choice to seek IVF treatments especially to counter assertions over women's desperation and incapacity of rational choice associated with IVF (Stanworth, 1987; Woollett, 1996; Franklin, 1997). As Throsby (2004, p.73) observes women in her study want their infertility experiences to be recognised "in the realm of determined rationality rather than uncontrolled desperation". Emphasis is given to the agency that many women use in these individual reproductive choices, despite the high IVF failure rates with common experiences of loss (Ulrich and Weatherall, 2000; Earle and Letherby, 2007). Agency is understood as individuals having the capacity to interact, to act, to influence, to shape one's life and the lives of others (Neale, 2002).

Feminist research contests that ARTs generate added complexity, deep uncertainty and indecision (Franklin, 2013). Yet, sociological research consistently uncovers the rationality in initial decisions to pursue IVF (see Franklin and Ragoné,1998; Throsby, 2004). This rationality is to prove, despite the low IVF treatment success rate, that everything has been tried in the pursuit of a biological child (see Allan, 2001). Yet, is there a need for sociologists to look further than individualisation, rationalisation and post materialistic choices to understand the decision-making inflected through infertility experiences?

In looking at IVF decisions it is important to hold to the light these three conceptions together. Individualisation is understood by the way that individuals as reflexive agents, perceive and negotiate their personal relationships and look to shape their identities for example as parents or partners (Neale, 2000). Rationalisation is understood in terms of explanations about actions or behaviours using logic and reasons to understand individual decision-making around infertility issues as trying everything possible and knowing when to stop IVF (Throsby, 2004). Post materialistic choices refers to a type of materialism, which are values based on a desire for fulfilment and material needs (Marsh and Keating, 2006) and which in the context of infertility is often seen in terms of the desire for a baby. Throsby's (2004) findings exemplify such explanations seen when IVF fails as IVF plays a critical role in establishing the individual or couples' identity as infertile from an active desire for a child. Whereby, IVF is managed as a purposeful, rational and responsible action to seek a resolution to the problem of childlessness (Throsby, 2002; Throsby 2004).

Rational choice theory is one from several broad theories of decision-making (Bekker, 1999) but is an influential approach in political theory and sociology (Voss and Abraham, 2000). Economists pioneered this theory to model human behaviour in society to help understand individual choices which are explained through rationality in which choices are consistent because they are based on personal preferences and beliefs (Voss and Abraham, 2000; Connolly et al., 2010). Preferences amongst infertile couples show that IVF is the preferred option. For example, Van Balen et al. (1997) looks at the options of IVF, adoption and fostering amongst infertile couples, finding that in 80% of cases a first choice was for medical treatment, but that this choice is made very quickly, with other options thought through later.

The shortcoming with rational choice theory is that it assumes that most people are fully informed, can access, understand and process statistical evidence presented, as well as all the other options available in relation to preferences or beliefs (Bekker, 1999). In reality this is not always possible in IVF as Collyer et al. (2015) note, choice is influenced by the fertility industry, decisions of gatekeepers, accessible services and policy-makers. It is important to note that rational choice theory is embedded in current fertility treatment policy which emphasises individuals making choices (HFEA, 2017, DH, 2015).

Policy, as Baggot (2007) suggests, is a position taken by an organisation in a place of authority on an issue – in this case infertility choices, which refers to a programme of action based on criteria for treating infertility. Therefore, as Jenkins (2002) highlights, policy is an attempt to define and steer an orderly course of action, not least in situations of complexity and uncertainty. Conceptual policy frameworks are commonly based around a model of thought that Simon (1979) identified as a rational process which begins with a problem and works it through to a solution in a rational and linear way. It must be noted that this model of thought in policy encourages rational choice even in a complex environment (Jenkins, 2002).

Preference as well as choice is often used to explain rational choice theory. Van den Akker (2010) emphasises IVF as a main preference, with a genetic and gestational connection between parent and child, for couples who want

their own biological baby. However, despite couples pursing their preference often at considerable expense, repeated IVF failure can move the options towards donor IVFs, which can complicate preferences (Appleby and Kareim, 2014) (see more discussion in section 2.5.3). This notion of preference or choice is not always a clear indicator or guide for final decisions (Van Balen, 1997). Moreover, the preference for IVF is not always the easy choice in terms of socio-economic disparities, where infertile couples desire access but the high cost of IVF treatments is prohibitive (Connolly et al., 2010; Hudson and Culley, 2011; Chambers et al., 2013).

Many factors such as emotional status, fatigue and time pressure impact on rational choice that necessitate decision-making strategies that use other options (Bekker et al., 1999). Moreover, this can be seen in Sandelowski, et al.'s (1989) 'theory of mazing' as infertile couples navigate various processes through IVF and adoption decision-making. The majority of couples in Sandleowski's (1989) study achieved parenthood through adoption rather than IVF as the study attempts to explicate the questioning process couples undergo. Decisions are characterised by a high tolerance for failure and low tolerance for the 'should haves' and 'what ifs' compelling IVC couples to continue the 'maze' of decisions. The propensity of risk taking in terms of tolerating IVF failure relies on a selective processing of information where gains rather than loss are emphasised. For example, 'at least we tried IVF to see if we could have a biological baby' is a common reason justified as a rational choice (Throsby, 2002). However, the context of decision-making is often a determining factor in shaping decisions in relation to risk or uncertainty as we know from systematic reviews that people tend to adopt simplistic modes of thinking around the context of the situation including the content of the information (Bekker et al., 1999).

Nevertheless, more awareness about IVF treatments have led scholars to investigate why only 50% of people with fertility issues sought medical treatment (Bunting et al., 2010). The study concluded that there were few differences between men and women over treatment, but they were aware of the expense and emotional issues caused by IVF. These conclusions highlight that in reality decision-making is not always based solely on an individual's rational choice, but that men and women make decisions together about IVF which are more aligned than previously acknowledged. More similarities than differences have also been found amongst couples as

decision makers through the IVF process, as well as socio-economic disparities impacting on IVF accessibility amongst those from low income groups in infertility research (Bell, 2009; Bell, 2010; Bell, 2014). Socio-economic circumstances limiting opportunities of fertility treatment further undermine decision-making based around an individual's rational choice.

More recent studies have also been focusing on the ways in which the experience of infertility is influencing broader social processes. Bell's (2013) enquiry is indicative of this shift in perspective recommending broader constructions of IVC and infertility in multidimensional ways: from the individual (micro), to the family and community level (meso), and to the societal level (macro). Scholars consistently emphasise the need for more research, particularly from a broader social context perspective, to unravel the complex processes and to inform policies that will improve service development, quality and access (Sandelowski et al.,1991; Franklin, 1997; Becker, 2000; Letherby, 2002b; Thompson, 2005; Harwood, 2007; Greil et al., 2010). Moreover the range of studies within my literature review inform my study rationale and built a platform from which to explore micro decision-making in relation to experiences and meanings of IVC and infertility in IVF and adoption.

International studies exploring infertile couples' decision-making set parameters around decisions to finally ending unsuccessful IVF treatment (Daniluk, 2001; Throsby, 2002; Peddie et al., 2005; Daniluk and Tench, 2007). Studies have explored successful IVF (Hjelmstedt et al., 2004; Redshaw et al., 2007; Repokari, 2008; Nordqvist, 2014). Women find IVF hard to give up which has an implication on making the decision to end treatment (Franklin, 1997). Women also express a need to show commitment to treatment options (Throsby, 2004). Fewer studies have explored the option of adoption (Sandleowski et al., 1991; Daniluk and Hurtig-Mitchell, 2003). Sandelowski et al. (1989) is one of few studies which include both successful assisted conception and adoption but is undertaken in America where both options are privately funded. My study looks at decision-making across an extended trajectory of both successful and failed IVF, remaining childless and adoption with UK couples. The funding context of IVF and adoption is different as UK adoption is not privately funded.

There is value in sociologists understanding what people actually do when faced with IVC and infertility (Simpson, 2006a). In the context of infertility circumstances and legal changes, as well as both technological and societal change, different family forms and diversity are possible through the use of ARTs, including for example the use of IVF as well as via adoption (Human Fertilisation and Embryology (HFE) Act,1990; HFE Act, 2008; Adoption and Children Act, 2002). These will be examined in turn. I will begin with decisions about whether to freeze embryos, including gametes, through IVF.

2. 4. 2 Embryo freezing decision-making

Decisions in IVF include whether to freeze spare embryos using cryopreservation technology and what to do with spare embryos after treatment ends which for those having IVF are difficult and stressful (Nachtigall et al., 2009; Provoost et al., 2009). The UK government established the Human Fertilisation and Embryology Authority as the regulator of fertility treatment and embryo research (Human Fertilisation and Embryology (HFE) Act ,1990). However, the regulation of assisted conception law is controversial with scholarly commentary raising concerns about its implications (Morgan and Lee, 1991). Before IVF treatment both women and men complete consent forms which involve decisions about possible outcomes of their treatment and whether they allow their frozen gametes or embryos created to be used if their relationship ceased or after their death. It is important to recognise that implicit in this type of IVF decision is an inter-dependency between the consent of two individuals regarding circumstantial changes to their relationship status for any ongoing treatment. Regulation of IVF treatment legally involves decisions about consent but raises a range of ethical issues for those contemplating IVF.

However, this principle of consent raises sensitive implications around future use of frozen embryos as well as frozen gamete which might not necessarily have been anticipated by those undertaking IVF treatment (Morgan and Lee, 2001). Indeed, The Warnock report (1985) prior the HFE Act (1990) advised that the use of posthumous gametes be discouraged because of the legal complexity over inheritance connected to the final estate of the deceased (Warnock, 2002). However, the HFE Act (1990) provided that such use could be contemplated with written consent, but did not consider a host of

issues including post-mortem sperm retrieval (Morgan and Lee, 2001). This practice of written consent was subsequently challenged under European Law by Diane Blood whose husband died before consent could be obtained to use his sperm in fertility treatment after his death (Blood, 2004). Following Blood's successful challenge, UK policy changes led to the Human Fertilisation and Embryology (Deceased Fathers) Act (2003) with changes in practice.

Decisions made at the start of IVF are therefore critical with huge implications for future family-formation. Although contemplating the death of a partner may seem unimaginable these circumstances can add another dimension to the diversity of making families through posthumous conception. These circumstances were at the heart of one of my study participant's experience of family-building (see chapter 6, section 6.2.1). Decisions to freeze gametes or embryos have many implications which not only open up more options but also lead to continuing dilemmas (Lee and Morgan, 2001). For instance, cryopreservation's ability to disrupt temporality and the natural order of generations creates further complexity in future decision-making (Konrad, 2005). Nevertheless, the regulation of assisted conceptions (HFEA Act, 1990) includes complex moral issues such as embryo research and cloning, which are beyond the parameters of my study.

It is important to recognise that the nature of routine IVF treatment decisions can involve couples thinking about freezing gametes or embryos not only for their use but also for egg sharing schemes and donating eggs for research, to help fund and extend their own treatment. Practice and policy have moved beyond altruistic egg donation and those deciding to have IVF face further financial decision-making about egg donation (Konrad, 2005). It must be noted that in my study none of my participants subsidised their IVF cycles using an egg sharing or donating scheme. However, implicit in the IVF process is a series of decisions, which couples may not have anticipated at the outset. Rationality is challenged by the paradoxes of the IVF process as it unfolds (Franklin, 1997; Franklin et al., 2013). My study therefore, sought to engage theoretically through a life course approach to understand decision-making that unfolded.

Yet, Roberts and Throsby (2008) observe that practices in egg sharing reflect the mainstream use of IVF, with subsidised IVF cycles generating a prolific source of eggs for stem cell research or reproductive donation. Altruistic overtones are noticeable in HFEA (2007) policy permitting egg donation for stem cell research (Roberts and Throsby, 2008). Blyth (2002) challenges whether couples accepting subsidised IVF are prepared for the implications of their decision-making. Implications such as donors or recipients wishing to know about half-siblings (Blyth et al., 2012).

The range of decisions also includes after IVF treatment whether to discard the frozen embryos, or donate embryos to research, or in some cases consent to having the frozen embryos adopted by other couples experiencing infertility. Konrad (2005) highlights the reality of this burden of choice and the culturally loaded dilemmas which couples face whilst making a rapid succession of decisions during IVF. Inhorn and Birernaum-Carmell (2008) indicate that these decisions should be key issues for future research as couples routinely embarking on IVF will need to consider a range of options in giving their consent to treatment. New debates emerge about this type of decision-making as the demand for gametes and embryos grows there is a reliance on reproductive donation to advance science competing with advancing ARTs' capability (Franklin, 2013; Nordqvist, 2014). Next the literature on donor conceptions will be reviewed including both sperm and egg donor conceptions.

2. 4. 3 Donor conception decisions beyond routine IVF

The availability of donor conception may give couples an option of attempting parenthood with some degree of biological connection beyond routine IVF treatment. More to the point ARTs are expanding and creating different options of treatment which also creates unique dilemmas in decision-making. The further decision-making people will encounter once they have decided to embark on IVF arguably is underplayed and yet a significant part of this experience. The issue of decision-making about donor conception brings together a breadth of literature from bioethics, social anthropology, cultural studies of science and technology (Konrad, 2005; Golombok, 2013; Strathern, 1992). It is important to recognise that such decisions have implications on the meanings of this type of family-formation.

The HFE Act (2008) re-enacts provisions in the HFE Act (1990) to include the legal meaning in cases of parenthood involving assisted reproduction.

> "*Meaning of "mother": the woman who is carrying or who has carried a child as a result of the placing in her of an embryo or of sperm and eggs, and no other woman, is to be treated as the mother of the child*." (HFE Act, 2008, part 2, section 33, 1).

The HFE Act (2008) updates the law to the extent that for the man to be considered the "father" both the man and woman need to give consent at the time of the IVF treatment. In other words, the meaning of "father" relies on the inter-dependent consent in their decision-making of men and women as they embark on IVF using donors. These legal changes are significant which now recognise mothers, fathers and other parents, and shifts focus away from necessarily having biological mothers and fathers (Stevens, 2008). This sheds a new light on meanings of families from only a focus on the biological and transforms the way that mothers, fathers and other parents are understood, which I will return to when exploring decisions to adopt (see section 2.4.4). My study rationale includes an understanding about couples' decision-making in terms of whether their treatment involves a donor assisted conception.

Konrad's (2005) anthropological study on donors and recipients challenges the predominant biomedical discourse about donors giving altruistic gifts of life. Konrad (2005) highlights how UK gift exchange between British ova donors and recipient egg donation creates an unfamiliar connection between strangers. Similarities in the implications of reproductive donation and adoption resonate as connection between strangers (Daniels and Haimes, 1998; Konrad, 2005). A key difference between reproductive donation and adoption is that donation blends social and biological parenting ideological options significantly giving some degree of genetic connection to one parent. Embryo donation is more akin to adoption regarding no genetic connections between parents and child. Couples facing male infertility now have options between donor insemination and adoption. Nevertheless, scholars highlight increasingly the parallel issues with adoption and reproductive donation (Haimes, 1988; Daniels, 1994; Golombok, 2013; Nordqvist and Smart, 2014).

Donor conception policy focuses on decisions around disclosure to the child being left to the parent. By implication this may follow the well-trodden path of secrecy rather than the open disclosure advocated in adoption policy (Nordqvist and Smart, 2014). Konrad (2005) asserts the need to learn from adoption in donor conception. Haimes (1988) acknowledges the differences between deciding donor conception in preference to adoption stems from the importance given to genetic ties to one parent. Golombok (2013) highlights how genetic ties influence decision-making because an absence of genetic ties between children and parents are questionably linked with negative future family dynamics and distant relationships.

Since 2005 the anonymity of sperm donors has been removed in Great Britain (Nordqvist and Smart, 2014). Openness over donor gametes has been contentious. Many implications are explored for donors, recipient families and donor conceived offspring (Blyth, 2012). Daniels (1994) highlights couples' decision-making in choosing donor insemination rather than adoption. Couples favour the practical, emotional and perceived advantages of donor insemination over some perceived adverse aspects of adoption. Readings et al.'s (2011) study focuses on 7 year old children conceived through gamete sperm or egg donation. Despite findings showing more openness about using donor gametes, the majority of parents decide not to inform their child about the circumstances surrounding their conception. The implications of linking donors and offspring in future relationships are strikingly similar to decisions in adoption in tracing biological parents and half-siblings. Options about ongoing involvement in family life between donors and recipient families are found in studies of lesbian couples' decision-making (Nordqvist, 2014). Similarities are apparent with open adoptions where the adoptive families are in regular contact with birth parents or adoption arrangements with limited or no contact.

Access to ARTs is an experience of privilege for those with sufficient finance. Scholars' challenge the practice of exploiting the most vulnerable in securing IVF treatment via egg sharing schemes as trade-offs exchanging reproductive capacity for financial gain. Particularly, the egg sharing market is becoming global and ethically questionable in exploiting social and global inequalities (Pfeffer, 2011; Waldby, 2008; Inhorn and Gurtin, 2011). More

recent growth areas in the literature focus on the trend of international reproductive travel and the commodification of reproductive bodies as a lucrative market (Pfeffer, 2011; Franklin, 2011; Hudson et al., 2011). Pfeffer (2011) situates this emerging issue as an effect of neoliberal globalisation policies which by implication stratifies reproduction assisting elite groups to reproduce while not enabling others. Gestational surrogacy also has a growing literature base positioning women within a 'reproductive bio-economy' (Pande, 2014). My study did not explore decision-making in relation to gestational surrogacy or international reproductive travel as parameters were necessary in order to achieve a feasible study.

The prolific range of ARTs treatments involving a third party is normalising 'non-biological' parenthood with the use of donor material, which now holds value as a respectable pathway to parenthood (Inhorn, 2007). In other words, ARTs are continually shaping contested definitions of family, parents, mothers and fathers. Anthropological feminist writers (Franklin, 1997; Ragoné, 1994; Strathern, 1992) highlight a biomedical rationality underpinning cultural values in assisted conceptions which arguably extends across donor conception, gestational surrogacy and into adoption in that:

> "…*these multiple theoretical strands can be used as a sort of scaffold for an analysis of what several of us have elsewhere labelled "stratified reproduction" – the hierarchal organisation of reproductive health, fecundity, birth experiences, children, and child rearing … the overt biases whose everyday practices stratify some children and mothers as more culturally "real" and worthy than others*." (Ragoné and Twine, 2000, p. xiv).

This rationality can be seen in the diagram of spiralling preferences which stems from the significance of genetic and biological ties (see appendix C). Nevertheless, the way that people perceive IVC and infertility is changing in the context of ARTs but I suggest that there are a different range of options available to some and unreachable for others. There is thus a complexity within decisions and a myriad of implications linked to decision-making. Next adoption decision-making as an option is explored.

2. 4. 4 Adoption decision-making: second choice does it mean second best?

The absence of a theoretical or research focus towards the influence of decision-making through infertility on adoption is conspicuous (Crawshaw and Balen, 2010). The significance is stark when this absence is compared to the prolific attention in the ARTs literature to fertility treatments. This absence in the literature is at odds with the right to exercise reproductive and non-reproductive choice which reverberates in the literature (Letherby, 2010; Ross et al., 2017). Scholars suggest that adoption holds up a mirror to cultural contradictions in that the stigma which historically has been linked with having an illegitimate child, is shifting to now be associated with placing a baby for adoption (Fisher, 2003; Grotevant, 2007). Adopting a baby is a rare experience as most adoptions involve young children (Adoption UK, 2019). Over the last decade adoption has risen with heavy social worker case-loads and a growing number of children and young people in care unable to return to their parents or a birth family member (Ward and Smeeton, 2017).

Legislation says that an adopter may be called an adoptive parent, adoptive mother or adoptive father (Adoption and Children Act, 2002). The HFE Act (2008) also recognised in the legal meaning of parenthood that a child gains new parents through adoption when an adoption order is made through the family court (Stevens, 2008). Adoption as a legal process means that a child, or sibling group, become permanent and full members of their new family (Adoption UK, 2019). Interestingly, the HFE Act (2008) changes the meaning of “mother” from the woman carrying and giving birth to a child, at adoption or when a parental order is made. In other words, circumstances change the meaning of mother.

A dominant discourse within adoption decision-making is that adoption is ‘second best to having your own’ (Fisher, 2003). Adopters perceive that the adoption process is challenging, in particular demonstrating their suitability, fitness and ability to parent (Thorn, 2010). Letherby (2010) argued that both the perceived importance of kin and that of medicine, with fertility treatment holding the solution to infertility, can increase the sense of stigma experienced for those who adopt, and needs to be challenged.

Culturally our response to adoption is mixed as it is at odds with the social organisation and regulation of families which has been the historical, social and theoretical context which is rooted in blood connections (Kirkman, 2003).(See section 2.5.3). For this reason, some people perceive adoption as bringing “bad blood” into kinship networks, where any challenging behaviour from adoptive children reinforces the stigma (Hendry and Netherwood, 2010, p.160). Exclusion, difference and stigma associated with adoption Letherby (2010) notes is less than it once was, but that sociological insights are now essential that show the value of adoption as kin. The adoption landscape has changed considerably in the last two decades (see section 1.4) including many more prospective adopters. Nevertheless, sociological research is ripe to capture the value and essence of kinships established through adoption.

Van den Akker’s (2010) study has found that men and women who experience infertility have a preference towards options that enable them to produce a mutual genetic connection and only opt for adoption if every other option fails. By contrast, scholars question whether second choice always means second best in adoption narratives (Jennings et al., 2014). Letherby (2010) says that it is worthwhile to think sociologically about IVC, infertility and parenthood with a focus on adoption as it demonstrates that the experiences of those who do things differently can be varied and the complexity misunderstood.

Daniluk and Hurtig-Michael (2003) suggest for some couples who adopt that the resilience built during infertility treatment can strengthen their resolve to establish their family through the further challenges in adoption. In contrast, some adopters need support for their loss due to their infertility experiences (Hendry and Netherwood, 2010). Concerns about adoption are often based on perceptions that adoptive family dynamics will be strained or fail to endure across the life course if birth families are traced (Balen, 2013; Smeeton and Ward, 2017). Nonetheless, studies demonstrate positive trajectories for IVC adults who after their infertility form close loving relationships with their adopted child which endure with close ties after tracing or without tracing the biological family (Howe and Feast, 2000;

Triseliotis et al., 2005; Feast, 2010). Nevertheless, the changing adoption landscape brings more to the fore around the ‘second best’ narrative.

The sparse literature highlighting positive pathways to adopt, compared to negative narratives (Ward and Smeeton, 2015), is arguably indicative of the dominant ideological discourse positioning adoption as second best. Thus, an alternative discourse is needed based on sociological thinking recognising that involuntary childless and infertility experiences and pursuits of parenthood are varied (Letherby, 2002b ;2010). A wider public discourse about the rewarding nature of establishing families through adoption has been part of adoption policy initiatives as well as intense debate, inquiries and publications about adoption before and after the Adoption and Children Act (2002) (DH, 1998; Ball, 2005; DfE, 2013; DfE, 2016 ; DfE, 2019). These reforms have sought to attract prospective adopters including a wider selection criteria through drivers to reduce the number of children in care (Adoption and Children Act, 2002; Goldberg et al., 2009; First 4 Adoption, 2018; OneAdoption Agency West Yorkshire, 2019; DfE, 2019).

Debatably, adults can feel pressure to justify their decision not to adopt, given the number of children in care, when during their IVF there is a strong desire to become biological parents (Sandleowski, 1993; Ward and Smeeton, 2015). Adoption decision-making confronts the challenges of attachment disorders with adopted children who experience neglect, abandonment, abuse or may have special needs requiring demanding care and attention (Crawshaw and Balen, 2010; First 4 Adoption, 2018; NSPCC, 2021). Moreover, the adoption process is generally perceived to be negative, intrusive and judgemental in assessing whether people are fit to be parents (Throsby, 2004; Goldberg et al., 2009; Smeeton and Ward, 2017).

By contrast, some adopters find that adoption is socially held in high esteem and valued more than when parenthood is taken for granted and not taken seriously (Throsby, 2004; Crawshaw and Balen, 2010; Ward and Smeeton, 2015). Yet, ingrained in UK society is the gold standard of biological parenthood that Van den Akker (2010) observes. The breadth of adopters now being approved, including same sex couples as well as heterosexual couples, provides valuable insight into broader ideas about decision-making

to create families which are not based on biological connections (Goldberg et al., 2009; Jennings et al., 2014).

Issues to do with race and infertility also emerge in the literature on adoption because of the attention given to family resemblances. Often remarkable similarities are apparent between adoptive parents and their children (Mason, 2008). Race and ethnic heritage are significant to match as far as possible between prospective adopters and children for example, in contemporary adoption practice this is known to facilitate an adoptive children's sense of belonging and their cultural identity (Crawshaw and Balen, 2010). However, there remains a shortage of adopters amongst some minority ethnic communities but this is not necessarily the case across all minority ethnic groups (Culley and Hudson, 2009). Sociological insights in the literature focus on family resemblances within adoptive families which scholars have shown hold important currency in family life (Davies, 2014; Mason, 2018). Family 'resemblance talk' is an important practice found amongst adoptive families to not only acknowledge non-genetic similarities but to build connections through the likenesses between family members (Mason, 2008) (see section 2.5.2).

Recent studies have also found that infertile couples do consider adoption as an option alongside infertility treatments, which is pursued if IVF treatment fails (Phillips et al., 2014; Smeeton and Ward, 2017). This finding is interesting as many adoption agencies recommend through guidance that infertile couples take time to grieve before making adoption applications. If adoption is to be perceived as a positive option, scholars suggest that emotionally exhausted couples need support during the infertility treadmill to enable them to establish families through adoption (Balen, 2013; Smeeton and Ward, 2017).

Nonetheless, Van den Akker (2010) concedes that what appears more important than preferences may be the meaning that people give to their opportunity to be part of a full or part genetic family or adoptive family. My study pursued this same perspective about meanings of families amongst infertile couples who established families in diverse ways through IVF and adoption. Specifically concerning adoption, Letherby (2010) notes that thinking about those who do things differently contributes to an

understanding of a variety of family forms. My study rationale was based on this sociological thinking in terms of wider questions about decision-making in relation to whether adoption was an alternative option in family-formation to the mainstream choice of IVF. Adoption arguably gives agency to couples who financially cannot sustain successive IVF treatments, or do not have the capacity to endure the relentless emotional treadmill of IVF. I will consider next discourses on time shaping decision-making in IVF and adoption.

2. 4. 5 Discourses on time: shaping experiences in IVF and adoption?

Emerging perspectives about how time shapes the experience of living with IVC and infertility are evident in the literature in a range of ways. It is important in this thesis to acknowledge time and temporality are characteristics of infertility experiences found in my review of the literature. However I found that these terms are often used interchangeably without clearly defining temporality. Neale (2019) says that broadly there are two ways of conceptualizing time. Firstly, as linear time which is fixed in the domain of the calendar and clock. Secondly, “multidimensional *fluid* time” in the domain of temporality (Neale, 2019, p.23). Temporal research for example, often uses spatial metaphors such as transitions or journeys to indicate the sense of chronology of lives unfolding through time with a direction of travel and purpose (Neale, 2019). On the other hand, Saldana (2003) notes that metaphors of ripples or waves give a fluidity of time and ever-present motion. Moreover, Neale (2019) points to the conceptual foundations for rethinking time within life course research. Thus, the life course perspective draws more upon “the processual, fluid nature of time” (Neale, 2019, p. 43). My study considers temporality to see whether it is another feature that influences decision-making in IVF and adoption.

Temporality was highlighted in early studies in various ways. Significantly, amongst women of higher socio-economic circumstances who were preoccupied with chronology and their biological age (Sandleowski and Pollock, 1986). Earle and Letherby (2007) use the concept of time as both a process and commodity to understand their participant’s responses to IVF treatment. Martin-Matthews and Matthews (2001) explore the ‘taken for granted’ interaction between timetables linked with the body, family, medical

treatment and societal values. Another sociological enquiry began to understand temporality in relation to childless couples' experiences of waiting to adopt (Sandelowski et al., 1991). Sandelowski et al.'s (1991) theoretical analysis exposes time as an antagonist in the process of achieving parenthood which gives a 'time sickness' dimension to health and wellbeing.

Discourses in relation to IVF highlight the multidimensional notion of time, and the precision and control over time in assisted conception. Thompson's (2005) ethnography captures precise timings in recrafting kinship through procedures choreographed in the fertility clinic to make a baby. Thompson's (2005) findings, sit alongside previous studies exploring the flow of family meanings, adding recrafting kinship to the ontological perspective of ARTs (Strathern, 1992; Finch and Mason, 2000). The perceptions of precision and control of biological time that IVF offers, enables women to freeze their eggs preserving fertility, which contrasts to perceptions of the protagonist of time creating 'time sickness' in waiting to adopt (Sandelowski et al.,1991). The protagonist of time may also influence decisions about IVF and adoption. My study therefore, considers whether decision-making about pursuing IVF or adoption appears time conscious?

The perceived 'right time' for motherhood extend into studies focussing on parenthood and its moral significance focusing on teenage motherhood at one end of the spectrum and older motherhood at the other end (Duncan, 2007; Perrier, 2013). Thomson (2008) highlights the contradictions and incompatibility of timetables for reproductive ageing (the 'biological clock') with the time required for work and training amongst middle class professional women. Noticeably Bynner et al.'s (2002) class narrative in timing of partnerships and parenthood identifies 'fast and slow tracks' to adulthood[6]. Social and cultural ideas about 'right time' to become parents are also highlighted in Perrier's (2013) study. Perrier's (2013, p.82) participants struggle to reconcile "a right time" with conflicting biological, sociological and

[6] Young people essentially born into middle class households occupy 'the slow lane' in longer periods in education, staying at home longer before establishing independent living, compared to young people generally born into less affluent socio-economic backgrounds in 'the fast lane' experiencing employment and parenthood sooner (Bynner et al., 2002).

biographical as well as generational times that fit together. Critically experiences often relied on the “least wrong time” (Perrier, 2013, p.83). Yet these participants were “glued” to a perception of “a right time” for motherhood (Perrier, 2013, p.83) reaffirming that this social norm is a restriction imposed by biological time.

Concern is growing amongst some scholars that perceptions of time in relation to later parenthood is distorted by ART’s advancement (Daly and Bewley, 2013). Critically, studies in both medical and sociological literature are questioning the scale and extent to which women comprehend just how quickly age-related issues happen and the extent of the implications (Bewley et al., 2009; Cooke et al., 2010; Boivin et al., 2013; Daly and Bewley, 2013). Similarly, Daly’s (2012) qualitative findings from interviewing 32 childless heterosexual women aged between 28 and 32 years raised parallel concerns. Findings confirm women’s perceptions and cultural confidence in ARTs capacity to extend their biological capacity (Daly, 2012). Debates are divided between whether there is enough specific information, or too much information bombarding women about realistic reproductive decision-making. In addition, questions are being raised as to whether information-giving in fertility clinics is well-timed to support difficult decision-making (Mounce, 2013).

The experience of IVC and infertility decision-making is shaped by both the desire for family-formation and the notion of time. From reviewing the literature Adam’s (2005) writing on futurity and research on social time has influenced my understanding about how people connect with time and make decisions about a future family. In this sense the decision-making processes through IVF and adoption open the possibility in time of future family to people facing IVC and infertility. Yet Adam et al. (2008) note how we do not always recognise and appreciate this notion of time let alone study this complex aspect, which is discussed in the methodology chapter 3 (section 3.2). My study will draw on the concept of futurity to an extent in the design of the research instruments examined in chapter 3, given its relevance in exploring initial decision-making in relation to the desire of ‘future’ families through IVF and adoption decision-making.

2.5 A life course approach: How are families created through IVF and adoption decision-making?

Essentially, the life course approach is valuable to rethink and explore how families establish through infertility experiences, which disrupt the life course, in order to gain further understanding about the social construction of these experiences. Past studies have also studied infertility by looking at a disrupted life course but not examined it with trajectories of IVF and adoption (Ulrich and Weatherall, 2000; Exley and Letherby, 2001). In looking at how families are negotiated in IVF and adoption decisions, the meanings of families are called into question. The life course approach and the sociology of families are fields which in this section will help bring together my thinking to understand the diversity of family forms produced. First, the life course approach will be examined as a perspective with useful principles (Elder and Giele, 2009) which are helpful to rethink how families are established over time through the specific circumstances of IVF and adoption from infertility experiences. Second, an exploration of the contested concept of 'family' within the sociology of families, particularly drawing on Morgan's (1996; 2011) work for its relevance in my study.

A disrupted life course gives an important approach for my enquiry to understand infertility decision-making associated with reproductive disruption. Key aspects of Elder's (1994) four principles of a life course perspective are relevant for my study to consider. Principles include the timing of lives, linked lives over the lifespan, human agency and the interplay between human lives and historical times (Elder, 1994). The first two principles are an important focus that I consider in my study. The principle of the *timing of lives* is useful to a life course perspective in my enquiry in relation to biographical transitions which are embedded in broader historical contexts as timing issues are relevant to in/fertility journeys. For example, this principle signifies social meanings which attribute age and how social roles (such as first-time parenthood), life course trajectories and transitions are all grounded by specific age norms. For instance government legislation has an age specific standardisation of life stages in regulations, such as policy on fertility treatment which is based around maternal ages (see DH, 2015; NICE, 2013; NICE, 2017). Yet, in my study the course of a life is conceptualised as a more fluid socially defined experiences as well as being

regulated institutionally by a sequence of transitions and emphasised by normative expectations (Neale, 2019). Thus, *the timing* of lives signifies 'transitions' within the life course including for both individuals and families, which Elder (1994) suggests has an enduring imprint and meaning on those peoples' perspectives of life.

In addition, the importance of a life course approach to my study is seen in terms of the principle of *linked lives* through a mutual connection between couples through in/fertility journeys and family-building experiences. This principle is helpful to my study in terms of understanding how lives unfold collectively, not just individually, that shape experiences and are shaped by social processes (Elder, 1994; Elder and Giele, 2009). Neale (2019) suggests that *linked lives* as a principle challenges the idea of clearly separate, linear or certain steps through trajectories but instead adds interlocking processes of dynamic interdependence to the source of meaning. My study uses this specific life course principle to explore the micro-dependencies including the familial context as well as the meanings of establishing families.

Magda Nico's (2016) work in collaboration with other scholars (Nico et al., 2021) draws on this principle in her linked lives study which underlines the importance of embracing complex stories, meanings and processes which focuses attention on social, family and trajectories. I consider that there are specific relevancies for my study as this principle is essential to sensitise us towards an interest in the relationships across families. For example, how infertility decision-making can have consequences across extended families. Furthermore, this focus enables me to give attention to meanings of establishing families between couples through their perceptions of what matters or is important in family contexts. Thus, infertility related decisions in my study are not only examined through linked lives between men and women but also linked lives across extended familial networks.

Daly (1996, p.47) says a life course perspective is helpful to understand the breadth and depth of the lifespan. Such a perspective includes aspects which are variable over time and space rather than perceiving life stage experiences and age hierarchies as fixed and static in a traditional life cycle

view. This is important as rather than gloss over the diversity of life experience, a life course perspective offers a:

> "*contextual, processual and dynamic approach*"
> (Bengstson and Allen, 2009, p.469).

An appreciation of the detail of individual and collective journeys is possible through the life course, to help understand how life trajectories have patterns as well as diversity (Neale, 2019). Miller (2017) notes that trajectories or transitions are dynamic periods of the life course that create a passage from one specific status or set of circumstances to another. The transition to parenthood is a rich exemplar to make sense of parenting and family lives (see Miller, 2017). As Neale (2019) says this approach looks at the fluid way that trajectories may unfold over varying time periods, diverse intensities or paces, happening through a blend of biographical, biological, collective and historical change.

The life course perspective is not a unified theory, as there are many different versions used across disciplines from sociology to history, or psychology to biology (Neale, 2015). Nevertheless, within the social sciences Silverman (1987) considers that the life course perspective has particularly given scholars a greater social understanding of ageing. This means that the life course perspective not only acknowledges that chronological and biological ageing happens, but claims that the sequences of events and social roles that are age related are embedded within social structures and history (Silverman, 1987; Marsh & Keating, 2006). Further, Gabb (2008; 2017) endorses the usefulness of the life course perspective which helps research studies to understand the dynamic nature of different trajectories across the life span. Scholars highlight that the life course is conceptualised as a temporal process which means studying lives 'over time' (Elder and Giele, 2009) which contributes insights into my enquiry's focus on in/fertility journeys.

The life course as an approach assisted my study to explore trajectories through IVF and adoption, from infertility experiences to family-formation, to understand how these unfold, the circumstances, duration and intensity of these experiences. More forms of family diversity can be seen within the life course to include for example separation, joint custody and co-parenthood, single parenthood, blended families, fostering, adoption, gay and lesbian

parenthood (Neale, 2000; Chambers, 2001; Golombok, 2020). However, it is important to acknowledge the problematic nature of defining family as Morgan (2014) says this is debatable and definitions have changed over time. He notes that:

> "*The term 'the family' not only simplifies a large range of practices, statues and experiences but it also carries some strong normative baggage that disadvantages certain groups in society*." (Morgan, 2011, p.4).

Morgan (2011) highlights that changes in personal lives for example, parenting, cohabitation, childlessness, marriage or divorce shape how these demographic trends are conceptualized. A shift in the concept of family, as Silva and Smart (1999) observe, signifies more subjective intimate meanings of connections instead of objective genetic or marriage ties. The term 'families' is more appropriate to use to acknowledge not only social change over time but the involved processes of family-formations and endings (Treas et al., 2017).

Gabb (2008) notes that a research focus on families. is more distinct than other social research in general, as it is essential to develop an evolving sociological inquiry in family research. Gabb (2008) says this reflects changes from a Parsonian functionalist view of the nuclear family form to a broader concept of families including intimacy or personal relationships. This significance is shown through more variation, in contrast to previous models of nuclear family with a static vision of family life. More inclusion has developed including the significance of emotional bonds (Giddens 1992). In understanding and exploring the fluidity and variation Giddens' (1992), Beck's (1992) and Beck and Beck-Gernsheim's (1995) work have become significant. Thus, families are seen as complex and in continuous fluctuation and change (Gittens 1993).

The complexity of infertility experiences is illustrated by an involved process of thinking through what type of family-formation is possible, is valued, and what this will mean for their family life. During their life course infertile couples commonly experience not only these deliberations but grieve the type of family-formation that is no longer possible (Exley and Letherby, 2001; Daniluk, 2001). These experiences of a disruptive life course are known,

from previous studies, to be life changing (Greil et al., 2010). A disruptive life course perspective helps to show that family is a social construct from looking at the disruption that ensues. Moreover, Golombok (2020) says that the family is a construction which needs 'deconstructing' to understand the diversity of what is meant by "we are family". She explores changing societal contexts over the last four decades woven together with non-traditional family forms that include for example, families established through donor conception. In a life course approach to my enquiry the term 'family' is considered to be a social construct rather than a natural concept as the arrangement of families vary in relation to historical, cultural and social circumstances that reveals a diversity of family forms both past and extant (Elliot, 1986; Neale, 2000).

Moreover, the use of the term 'families' not only reflects variations in family forms but also rejects that there is an ideal ubiquitous family form (Treas et al., 2017). Indeed, Silva and Smart (1999) say that family diversity is a new way of the 21st century in which there is no longer a rigidity in family forms and types. Neale (2000, p.1) explains family diversity as:

> "*fluid webs of relationships and practices through which we define our personal, familial and kinship ties.*"

These arguments around the diversity of families endorse the premise of understanding infertility experiences and IVC as a process from a life course perspective that encounters diverse family forms produced through decision-making in IVF and adoption. Furthermore, recent research highlights men's experiences of variable infertility that suggest '(in)fertility journeys' are a relevant concept to help understand neglected male perspectives of anticipating fatherhood (Hinton and Miller, 2013). The life course approach therefore, helped develop the direction taken in my empirical study in thinking about an expressed aim and research questions which take these processes into consideration.

2. 5. 1 Families are: 'what we do'

Scholarship in the sociology of families has been an important transformation over the last few decades. Morgan's (1996) sociological thinking about relationships and families significantly included recognising

the diversity of family-formation as well as the continual importance of families and relationships in everyday life. His perspective shifted thinking away from exploring family as ‘structure’ or ‘institution’ from a functionalist perspective of the heterosexual nuclear family in terms of what families ‘are’ towards studying family as practice in something people ‘do’ (Morgan, 1996). Morgan (1996; 2011) suggests such wider understandings of families have developed as conceptions of family practices in how close connections are negotiated in the everyday and family life.

More sociological studies became informed by the concept of family practice to explore everyday actions, rituals and flows including divorce (Smart, Neale and Wade, 2001), stepfamilies (Ribbens McCarthy, Edwards and Gillies, 2003), contemporary motherhood (Thomson et al., 2011), fatherhood (Dermott, 2008), non-heterosexuality (Nordqvist, 2012a) and heterosexuality (Hockey et al., 2007). New ways of sociological theorising have emerged from Morgan’s relegation of the family from institution towards practice. Smart’s (2007) framework of ‘personal life’ for example, suggests understanding individual practices and identities that are embedded in webs of relationships’. Thus, family life and families are possible to analyse through their practices, which is an approach that adds both illumination and explanation about the diverse forms and ways of living now as families.

Social theory is concerned with how families hold meaning and currency within society where notions of ‘family life’ and ‘family practices’ are significant in such understanding (Morgan, 1996; 2011). These notions helped develop my understanding of the context of infertility and the relevance of meanings of family-formation in my research study. Moreover, it was pertinent to appreciate why Morgan developed the idea of ‘family practices’:

> “*I was attempting to break away from the theoretical and political difficulties associated with talking about the family. However, by continuing to use the word ‘family’ (even within this different frame of reference) I might continue to be privileging these relationships*.” (Morgan, 2014, p. 29)

It is vital for scholars to debate how and what relationships are privileged when talking about ‘family’ (Morgan, 2014). Families hold diverse meanings for non-heterosexual relationships (Golombok, 2015) or close friendship

networks (Roseneil, 2005) or indeed infertile same sex couples as well as infertile heterosexual couples (Goldberg, 2009) or families created through reproductive donation (Golombok, 2013). Furthermore, Morgan (2014) highlights that social researchers in any enquiry need to understand and see the social reality of how families are 'framed' in exploring the shifts in relationship patterns of closeness and distance as a form of boundary work. For example, Morgan's conceptions are useful in my research study concerning reframing what holds meanings, counts or matters in family practices shown in terms of being considered part of family life (Morgan, 2011). This focus therefore, had relevance to my research about decisions in IVF and adoption to look at the social reality in terms of the meanings held within these experiences.

In contrast to Morgan, Giddens (1992) theorises about intimate relationships which underline new family forms through the process of 'detraditionalisation'. Giddens (1992) is joined by other scholars (Beck, 1992; Beck and Beck-Gernsheim, 1995) who all explore intimacy from this theoretical perspective elevating the importance placed on intimacy and fluidity within relationships. In the lack of certainty and shared values there is thus, more choice and opportunity of different intimate relationships (Lupton, 1999). Individualism and the weakening of family structure look towards the pursuit of children which is seen as the greatest fulfilment in the contemporary age. Yet, the emphasis in the notion of individualisation and detraditionalisation in Giddens' (1992), Beck's (1992) and Beck and Beck-Gernsheim's (1995) work are argued to be concepts which only give a partial perspective of social changes in contemporary society (see Treas et al., 2017).

However, the focus of individually established adult relationships materialises as a basis of uncertainty for family related practices (Morgan, 1999). Family breakdown, marital instability, high levels of anxiety and uncertainty are argued to be striking as a result (Morgan, 2014). Paradoxically as relationships become more uncertain and therefore fragile, people focus more towards a quest of relationships as fulfilment. For example, Chambers (2001) highlights how having a child, is a dominant discourse, perceived to be the key to more fulfilment which is found particularly within contemporary western cultures. Beck and Beck-Gernsheim (1995) argue that the perils of individualization are offset by the

ideology of love which is captured in ‘the Normal Chaos of love’ (Beck and Beck-Gernsheim, 1995). Beck and Beck-Gernsheim (1995) suggest that the parent-child connection becomes more important in an era of uncertainty.

Family practices as a conception (Morgan 1996; 1999) is seen to interrelate and be continuous with other factors such as gender, social class and generation (Treas et al., 2017). A key point about Morgan’s (1996) concept in family practices is that families are not fixed or concrete forms but rather are continually about redefinition and negotiation. This position is important to consider in thinking about the diverse family-formation possible in the focus of my study. In exploring IVF and adoption decisions for example, families can be produced through a range of ways including fresh or frozen cycles of IVF, donor conceptions using donor eggs or donor sperm or adoptions. Thus, there is a similar thread within the work of Morgan (1996), Giddens (1992), Beck (1992), Beck and Beck-Gernsheim (1995) that identifies families as adaptable and variable in a postmodern context (Gittens 1993).

There is growing sociological acceptance that families are diverse and take different forms from the traditional family structure (Golombok, 2015). Beck and Beck-Gernsheim (2013) in ‘Distant love’ developed theorising of ‘world families’ and suggested that a global perspective of reproductive decision-making across borders has transformed the traditional western nuclear family into many new types of families. Hudson and Culley’s (2011) research has recognised this growing globalisation in reproductive decision-making with assisted reproductive travel. One aspect of this emerging work is that Beck and Beck-Gernsheim’s (2013, p. 171) suggest that those families are:

> “*forced to invent their own procedures and practices through processes of reflexive negotiation.*”

Therefore, confronting and negotiating difference is significant to strategies of ‘reflexive negotiations’ in establishing ‘world’ families across continents. These different experiences are often missing from existing stories told within families (Beck and Beck-Gernsheim, 2013). Hudson (2017) develops this work with empirical research to explore ‘making assisted world families’ with cross-border assisted reproductive fertility tourism, donation, kinship and transnational disclosure. Hudson (2017) considers transnational family-

building in developing the conceptualisation of ‘making assisted world families’ and acknowledges established work on international adoption about understanding kinship and transnationality (Howell, 2009). Hudson’s (2017) conceptualisation of ‘making assisted world families’ is another emerging area of sociological study which also draws upon adoption literature albeit from an international perspective.

My study’s focus however, aligns more with Morgan’s (1996) influential argument from his book ‘Family Connections’ that “family is not one single pre-given ‘thing’ but rather families are something that people ‘do’” (May and Nordqvist, 2019, p 6). This distinction enabled me to foreground Morgan’s work in my study of how families are created through infertility decisions, including his emphasis on the enduring meaning of family life, which is central to people’s lives as relational networks as families are ‘what we do’. Next, I consider the sociology of family life and relationality including scholars who have developed Morgan’s work.

2. 5. 2 The sociology of family life and relationality

In critiquing Morgan’s perspective of family practices as family founded through everyday activities, various limitations emerge. Limitations include capturing less well the more discursive and ideological dimensions of family life, which Morgan (2011) himself acknowledges. Further empirical sociological work considers that ideas and concepts shape the structure and practice of families in everyday life. For instance, the notion of being ‘proper families’ influences becoming lesbian families (Nordqvist, 2012b). Additionally, Thomson et al.’s (2011) first time motherhood study suggest the relevance of mothering discourses and patterns in shaping motherhood experiences. Similarly, other scholars such as Gillis (1996) and Smart (2007) also identify conceptual ideals about families which play out through people’s everyday lives. May and Nordqvist (2019) bring together contemporary research and key theoretical perspectives to show how sociology can help explain our personal lives, intimate relationships and families to illuminate well-known aspects of our everyday worlds. For example, Gabb et al.’s (2013) enduring love study demonstrates that relationships between couples are becoming even more idealised types of intimate relationships.

One of the core elements of ‘family life’ is the idea of genetic connection in family relationships. Families may have become more fluid and nuanced in taking on various forms in recent decades yet Dermott’s (2008) study on contemporary fatherhood underlines the persistent significance of genetic or blood connections defining the characteristics of family relationships. In addition, Nordqvist’s (2017) study also suggests the importance of genetics in approaches to family life amongst non-genetic families produced through IVF treatment involving donor embryos or eggs or sperm. Thus, Nordqvist (2017) develops Morgan’s focus on family as practices through more attention given to discourse. Both these aspects are combined to explore ‘genetic thinking’ in terms of the process through which genetic relationships are given meaning in everyday family life (Nordqvist, 2017). This reinforced the direction of my study therefore, to consider how to develop Morgan’s thinking on family practices in terms of IVC, IVF, donor conception and adoptive families.

Yet, family practices are not simply any old practice but rather:

> “*they are practices which matter to the persons concerned and which are seen in some way as being ‘special’ or ‘different’. To mean something to somebody is not simply to be able to identify, but also to invest that object of identification with a degree of emotional significance*.” (Morgan, 1999, p.19)

A degree of emotional significance Morgan (1999) suggests can range from disapproval to approval as the source or special characteristic of family living. Morgan’s (1996; 2011) conceptions of ‘doing’ families through family practices links in my study to the ideal constructions of how family life ought to be, which Gillis (1997) suggests is re-enacted through family rituals and myths. Gillis’ (1996) considers the idea that a gap can appear between the realities of family life and the ideal of family life. This idea is relevant to explore within a life course perspective of family-formation through IVC and infertility experiences.

As an historian, Gillis’ work emerged through the loss and grief he experienced by his son’s death (Gillis, 1997). Gillis explains how as a grieving family in the preparations leading up to Christmas that the thought of having a traditional Christmas meal was unbearable. Instead, their eldest

child suggested cooking a different favorite meal. This special meal became their family Christmas tradition as a way of positively remembering their son who died but also 'doing' family life differently (Gillis, 1997). Gillis suggested that we all have two types of families: one that 'we live with' and another that 'we live by' (Gillis, 1996). In identifying this gap between the two families that may exist in our imaginations Gillis' (1996) ideas are distinct from Morgan's (1996) conceptions of 'doing' families. Yet these two scholars are similar in both identifying the ideals held about family life and family practices. I have taken these ideas to help to understand the processes experienced by couples living with infertility and negotiating establishing families of their own. This can include for example, acknowledging the family life they had imagined i.e., the loss of the ability to spontaneously establish a biological family and instead having to make decisions or reconsider what to do because of a range of circumstances. Morgan's (1996; 2011) family practices combined with Gillis' (1996) work about ideal versions of families play an importance, in terms of decision-making and meanings in family life, which together direct the focus of my study.

Nordqvist's (2017) study also shows that genetic thinking is a significant part of family life in relation to discourse and practice amongst families established through donor conceptions. The impact of Nordqvist's findings emphasises the need for more sociological attention towards the influence of both genetic thinking in contemporary family life and sensitivity to the nuanced understandings given to genetic relationships. Nordqvist (2017) offers scope for donor conception families to be understood not only in relation to a set of activities i.e. family practices but also attention is given to feelings, imaginations, claims about resemblances which are interwoven into discourse and relationality of family life. Likewise, my study hopes to capture such broader understanding across IVF, donor, adoptive as well as involuntary childless families.

Nevertheless, the ways that genetic relatedness is given meaning and plays out in everyday family life, rather than in a medical context, has only received limited sociological attention by a few scholars (Ribbens McCarthy et al., 2003; Mason, 2008; Nordqvist 2014; Ribbens McCarthy et al., 2017). For instance, Mason's (2008) work on adoption features the significance of family resemblances amongst non-genetic family relationships which is

important for my study to explore in terms of adoption decision-making (as explored in section 2.4.4)

More sociological insights is needed about the nuanced detail surrounding the meaning given to genetic discourses through intimate relationships and amongst families. Nordqvist (2017) suggests this can be done by focussing on the unspoken notions of genetic thinking at play in terms of what it can say in general about relationships amongst families. Thus, Nordqvist (2017) advances a sociological understanding of the links between family practices and genetic discourses in terms of how being genetically related translates into practices, habits and relationalities in everyday family living. For instance, one way that genetic thinking is interpreted is through claims in family practice about ownership between parent and child as ‘one’s own’ or ‘belonging’ (Edwards and Strathern, 2000; Edwards, 2014). These aspects are useful to explore also in my empirical study.

Studies show that the practice of claiming links or similarities whether genetic or not are perceived to not only be an enjoyable aspect of family life but one that fascinates and builds connections across family networks as though these created relationships are ‘fixed’ ones (Mason, 2008; Davies, 2014). Thus, genetic thinking plays a part in how genetic and non-genetic relationships are perceived and approached in family life amongst lesbian mums and grandparent relationships (Nordqvist, 2015). For instance Nordqvist (2015) finds that genetic thinking in this context involves perceptions of strength around genetic connections and fragility associated with non-genetic family relationships which can be easily broken when these relationships were put under any strain (Nordqvist, 2017).

Moreover, the dominance of genetic thinking can be seen in Nordqvist and Smart’s (2014) research about families created through donor eggs, sperm or embryos and the absence of a social script as a way to talk about these reproductive stories. Thus, scholars argue that how someone ‘came to be’ through reproduction involving donors is relational since it needs to be navigated and often involves the whole family telling this type of reproductive story which further develops Morgan’s (2011) conception of family practices (Nordqvist and Smart, 2014; Nordqvist, 2021). This aspect is important to

consider in my empirical study because in family life, openness about adoption stories within adoptive families is different on many levels.

Normative reproductive storytelling is often thought about in terms of expectations around a heterosexual married couple with genetic ties between parents and children. Nordqvist (2021) suggests that a silent assumption about genetic relationships amongst parents and children is underpinning for example, the stories of family resemblances (Mason 2018), which is an issue powerfully felt by parents of donor conceived offspring. Mason (2018) explores affinities which she argues are specific and powerful connections that are important to recognise as these encounters matter as conceptions that represent new and unfolding possibilities to think differently and theorise. Affinities Mason (2018) considers are potent and personal connections such as resemblances or closeness or empathy, irrespective of whether or not these are amongst family relationships, as these are about multidimensional affinities that feel kindred regardless of what they connect.

Resemblance talk as a family practice is also powerful in terms of impacting on family relationships in a validating or disruptive way in the sense of a greater closeness or lesser connection perceived amongst family members (Mason, 2008; Nordqvist, 2021). This is often done in a spirit of having fun or teasing within family networks where there are fewer resemblances perceived (Mason, 2008). Nevertheless, genetic thinking amongst families underpinning resemblance talk often assumes genetic ties which are translated to be the social ‘glue’ that keeps families responsible for staying together and taking care of one another (Mason, 2008; Nordqvist, 2015; Nordqvist, 2021). Next, kinship relationships and networks will be considered.

2. 5. 3 Kinship relationships and networks

A breath of kinship relationships reflects as Bornat et al. (1999) notes the notion of inclusivity and social legitimacy in building relationships within families based on decisions rather than family tradition and heritage. My research about creating families is importantly based on decisions but also looks through infertility experiences, as well as the impact of this on

relationships within the familial network. The term intergenerational relationships is used in this thesis:

> "*which is many-sided but here is applied to one aspect of how the arrival of a new generation is interrelated with the phenomena that is a family*." (Thomson, 2008, p. 3).

In previous decades the intergenerational family held great sociological interest in Britain in terms of kinship and family explained in Young and Willmott's (1957) landmark study of the linked lives across the generations living in Bethnal Green, London. Scholars suggest at the heart of the stories that we tell is about generations. Three principles underpin the understanding of this term:

> "*as a vertical familial relationship, as a sense of horizontal commonality, and as a linear narrative of change*." (Pooley and Quereshi, 2016, p.12).

This is because kinship ties are a term commonly used in sociology and anthropology to mean the relationships between members of the same family, but traditionally defined in terms of lineal generational relationships, based on genetic heritage and marriage (Strathern and Edwards, 2000; Carsten, 2004). However, kinship relationships are not always clear-cut. Indeed, kinship relationships have been shown to be transformed through assisted conceptions (Strathern, 1992; Edwards et al., 1999) and adoptions (Howell, 2006).

Edwards (2014, p.46) says that kinship was once considered to be "the cultural elaboration of biological facts", which assumed these facts were a given and universal. However, as Franklin (1998) notes, the linear coherence of the standard 'facts of life' used to inform reproductive norms is troubled by ARTs concerning the biogenetic facts of human reproduction and hereditary (Franklin 1998, p.102; Franklin and McKinnon, 2001). In other words, the advent of ARTs changes the anthropologists' explanation of 'coming into being' – IVF reframes this with fertilisation separate from conception (Edwards et al., 1999; Franklin, 2013). ARTs also challenge the conceptual heritage of kinship within anthropology, as a European folk model of reproduction, based on sexual procreation and genetic relatedness

(Strathern, 1992; Carsten, 2004). Indeed, in assisted reproduction, where donor sperm, egg or embryo is required, this new genetic technology brings into question the significance of western assumptions that biogenetic ties establish families (Franklin, 1997; Konrad, 2005[7]). There is a myriad of complex implications from assisted conceptions including types of relatedness that shift definitions of kinship traditionally based on biogenetics (Franklin and McKinnon, 2001).

Assisted conception using donor sperm is increasing in the UK, it still raises concerns for recipients over the absence in families of a biological connection between the father and child, because of the significance of relatedness in families (Braverman and Firth, 2014). Yet in practice, any absence of this connection does not seem to negatively impact the dynamics of the father-child relationship (Reading et al., 2011; Golombok, 2013). Furthermore, any absence of a genetic connection between mother and child through the use of a donor egg, research concludes that contrary to common assumptions, family structure makes little difference to children's daily life experience (Golombok et al., 2011; Golombok, 2015a; Golombok, 2020). Moreover, Richards (2014) observes that some people who have used donor eggs or sperm in IVF to construct their families are open within their wider family that others have played a role as a donor in the conception of their children. This helps those people to make sense of their origins, identity and families (Freeman et al., 2014). However, amongst those couples where these facts remain a secret, kinship relationships are normalised as though conception had followed sexual activity, but this secrecy may over time become difficult to sustain (Richards, 2014).

Some authors suggest that the nature of parents' decision-making is changing to be less secretive and more open with children from a young age about their conceptions from donor insemination (Daniels and Haimes, 1998; Daniels et al., 1995; Daniels, 2005). However, other researchers recognise that within heterosexual couple families that many children are not being told their origins (Freeman et al., 2014). Yet, other scholars remain hopeful that a

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[7] Konrad 2005 – describes the nameless yet unknown relatives that egg donors envisage into the future. Monica Konrad also highlights the effort of recipients of donated eggs in de-conceiving the egg and therefore the egg donor as related to their child only if relatedness is a concern to them.

changing culture amongst parents reflects the changing culture in society, which will help reduce any social stigma associated with infertility (Daniels & Meadows, 2006). However, as Hudson and Culley (2014) note the disclosure about the use of a donor through assisted conception can be viewed not only as a decision parents make over telling their children but also as another decision to consider in terms of how much is shared amongst their social and wider familial networks (see Nuffield Council on Bioethics, 2013).

Kinship relationships are central to debates over disclosure. Moreover, a child's question "Where did I come from?" can arise in a conversation when parents least expect it. Readings et al. (2011) note the importance of answering children's questions about origins and revisiting the subject at intervals. My previous research highlights how some parents were open with their children whereas others, were embarrassed or reluctant to be open about the facts of life with their child (Walker, 2001). Parents who establish families without assisted conception highlight the positive curiosity of their children (Walker, 2004) as do parents in Blake et al.'s (2014) study of families created by assisted reproduction, shifting from secrecy to openness with children.

Moreover, how people have understood the development and impact of reproduction theory has varied greatly across different cultures through time (Stonehouse, 1994). This opens the way through which certain biological facts become socially relevant and the value given to them cannot necessarily be assumed (Edwards, 2014). For example, the way that biological connections are emphasised rely on the story teller's decision over what to emphasise in terms of disclosing social or biological aspects. Edwards (2014) observes in Euro-American kinship systems that the interchange of biological and social aspects of relatedness brings one or the other to the forefront excluding the significance of the other. For example, the 'real' father can be viewed as the one who desires a child or the one providing the sperm or the person who cares and nurtures a child. Equally, the real mother is the one who births the child, or who provides the egg or the one who raises and nurtures the child. Studies have shown that these kinships are fluid but run the risk of presuming which aspects are deemed to be social or biological (Edwards, 2009; Edwards, 2014).

Another way of understanding kinship is documented by Howell (2006; 2009) as an active process of making kin. This is termed “kinning” which is concerned with the effort Norwegian parents put into incorporating an internationally adopted child into its adoptive parent’s kin network (Howell, 2006, p.63). Howell (2006, p.63) says that “kinning” as a process expressed the permanence of these significant relationships and the intense effort of a group of people. Of course, the dichotomy between nature and culture can be circumnavigated drawing on Strathern’s (1992) anthropological kinship theory whereby biological facts of reproduction are no longer taken for granted or assumed. This perspective of kinship has helped inform an understanding of infertility experiences and family-formation in my thesis.

Kinship is at the heart of decisions made in policy debates over what is possible through ARTs as well as decisions made by those navigating infertility treatment (Edwards, 2014). However, in her fertility clinic research Thompson (2001) considers biology is an ontology, that is seen to be independent of social constructions, and to exist as a set of actual facts. Clinicians and couples approved to use ART extend the possibilities of biology (Thompson, 2001). Nevertheless, the contentious nature of ART reflects the hard task of managing more complexity in the family relationships created. As the biological facts are not as clear as they may first appear from the possibilities enabled through IVF (Franklin 1997; Franklin and McKinnon, 2001; Edwards, 2014).

Konrad’s (2005) ethnographic conclusion resonates with an understanding of kinship theory that draws descriptions of kin which signify connectedness and of a relationship extending the boundary of blood ties in kinship. An understanding of this type of kinship theory is useful to help understand infertility in specific family-formation through for example IVF using a donor. In addition, Howell’s (2006) provides an understanding of kinship theory within adoption, but this is mainly relevant to my study in terms of the active process to integrate adopted children within existing family networks. Yet, the implications of other kinship theory and of the research evidence reviewed suggests that given infertility challenges the pursuit of IVF is perhaps shaped by people’s sense of establishing a family that gives them as close as possible a biological family. With these aspects of kinship theory

in mind, my research aim included couples' quest for a family and also considered new ways of investigating decision-making in family-formation, which will be explored next.

2.6 New ways of decision-making to establish families

In this thesis it is important to understand new ways of decision-making for adults experiencing IVC and infertility. IVF treatment is known to be a common choice for infertile adults but so too is the common social experience of failed IVF treatment and remaining childless or decisions to adopt. My research aims to find out what IVC and infertile adults decide to do when they desire a family. This section will explore what new ways of decision-making are involved in family-building when couples are facing IVC and infertility.

Self-regulation is a characteristic of decision-making identified in British couples undertaking IVF (Phillips et al., 2014). This self-regulation places importance on retaining couples' relationships and wellbeing, and regulating financial resources (Phillips et al., 2014). In addition, the goal of biological parenthood varies in some studies with women and men considering options of adoption alongside IVF treatment, with socio-economic factors constraining those goals (Bell, 2009; Bell, 2010; Phillips et al., 2014). This decision-making contrasts with the majority of earlier studies where usually alternative options are sequential once fertility treatment ends (Goldberg et al., 2009). Phillips et al.'s (2014) study differs from earlier qualitative studies too which highlight the supremacy of biological parenthood in accounts of IVF experiences that emphasise the desire for 'a biological child at any cost' (Daniluk, 2001; Daniluk and Tench, 2007). Nevertheless, Phillips et al. (2014) recommend understanding why IVC couples decide on IVF rather than adoption whilst saying either is a possibility.

Moreover, Philips et al.'s (2014) study, although limited by a small sample, thought to question and not assume the goal of biological parenthood as implicit in the desire to have a child. Yet, new ways of infertility decision-making are not only focussed on one trajectory of having a biological baby but involve trajectories of loss and anticipated futures about establishing

families in different ways. This focus on trajectories about family-building is at the heart of my study involving women and men as decision makers. Freeman et al., 2014 says that:

> "One lasting message from the experiences of those involved in assisted reproduction is that of the interdependencies between the sexes and between individuals in creating families" (Freeman et al., 2014, pp.14).

These interdependencies I suggest form new ways of decision-making in creating families through IVF and adoption, which my thesis explores.

Decision-making for IVC and infertile adults involving IVF failure are important to understand in remaining without children, alongside other decision-making processes. Sandleowski et al. (1989) draw attention to the different pathways to parenthood that infertile couples navigate managing dead ends in decision-making through IVF to adoption. Pralat's (2016) findings amongst young gay and lesbian adults recognise that expectations are changing and biological parenthood is not always assumed. Similar expectations may also be held by some heterosexual couples. Nordqvist (2014) research confirms this latest thinking from studies about 'bringing kinship into being' by reinforcing the argument that there are diverse ways to achieve parenthood. Scholars contests that regardless of sexuality, imagining kinship and future family is at the forefront of negotiated decision-making amongst couples (Nordqvist, 2014; Pralat, 2016). This shift in thinking links with the evolving family focus of research on personal and intimate relationships within sociological literature (Jamieson et al., 2014).

In the field of ARTs it is clear that the flow of family meanings and identities is not necessarily straightforward or uncontested, especially in relation to IVF technologies (Strathern, 1992; Franklin, 1997; Finch and Mason, 2000; Nordqvist and Smart, 2014). Blyth (1999) recognises this issue by radically suggesting that there is scope for social practitioners to work in parallel with assisted conception to think about the implications of decisions in terms of family-building.

Sociological work has launched new questions about how families understand future children and relatedness (Nordqvist and Smart, 2014). This diversity of pathways to parenthood, through IVF and adoption, is challenging new ways of decision-making to think about how a family connect as kin. Mason's (2008) work usefully opens up new perspectives of relating by extending the scope of tangible resemblance, affinities and kinship (Mason, 2011; Mason, 2018). Relational considerations underpin the new ways of decision-making amongst IVC adults which lie beyond the genetic ties of connection and assumed resemblances underpinning dominant discourses of parenthood. As Finch and Mason (2000) suggest that family life is less concerned about fixed understandings of blood ties and more significance is on the meaning and emotions people attach to those defined as kin or relatives. Infertility in family research thus can also involve looking at the dynamics of wider relationships across the family network as new ways of family-formation are considered in decision-making.

2.7 Conclusion

My review offers an analysis of the literature looking at a life course approach to infertility and IVC in decisions in IVF and adoption as a more integral way of understanding decision-making and these experiences. The review initially clarifies the problematic issue of whether or not scholars acknowledge the mutual relationship between the macro and micro social processes and the links with key fertility trends. My study rationale aligns more to sociological studies that connect the macro and micro in understanding fertility trends (Irwin, 2000; Irwin, 2003; Simpson, 2006a). As a critique of rational choice in women's and couples' decision-making my study hopes to illuminate the contextual influences on micro-level decisions about family-formation through disrupted fertility, IVC and infertility experiences.

In reviewing the literature on ARTs and decision-making there is value in filling a significant gap in sociological research which will explore the changing perceptions of IVC and infertility in relation to high IVF uptake (Franklin, 2013). Whilst there has been progress in acknowledging the experience of IVC and infertility from a broader sociological perspective

(Greil, 2010) additional sociological research will strengthen this focus on disrupted reproduction (Inhorn, 2007). The relevance of my study focus on infertility experiences of family-formation concerns a conceptual understanding of families, drawn from social theory developed through Morgan's (1996) work, that families are 'what we do' rather than 'who we are'.

From the literature review, this thesis identifies significant gaps in fully understanding infertility decision-making but also seeks to explore infertility circumstances not only in terms of the opportunity to reproduce but more broadly as a way to establish families. I will explore in this study the decision-making trajectory across successful and failed IVF treatments including decision-making in adoption, donor conceptions or remaining childless. In this way I build on Throsby's (2002) study on final decision-making to end IVF and Sandleowski et al.'s (1989) work which explores transitions to successful parenthood through IVF and adoption. Morgan's (1996; 2011) and Gillis' (1996) combined work on family practices and negotiating imagined ideals of family life help direct my empirical study.

My study focus thus understands infertility and IVC as a social inter-dependent experience that impacts women and men who desire to establish families. The rationale behind my study includes understanding peoples' social, economic and personal relationships, backgrounds or situations influencing these decisions. These contextual factors otherwise are often hidden in contemporary debates written with a focus on rational choice and individual behaviour patterns to understand decision-making. The range of trajectories and diverse meanings of families established through IVF and adoption decisions concerns understanding the contradictions, assumptions, parallels and challenges to help develop a broader perspective across these fields. These ideas in my research study are set alongside people's desire to establish families and different ideas of peoples' meanings about their family-building. Thus, IVF and adoption decisions change definitions, processes and common practices in family life. The rationale of my study provides an opportunity of adding new theoretical insight by addressing my three key research questions for sociologists to know what people actually do when faced with fertility challenges.

Chapter 3: Research methodology

3.1 Introduction: Research background

In exploring the literature, a succession of unanswered questions are raised about couples' infertility decision-making experiences in their pursuit of a family. This introduction will summarise the conceptual underpinning of 'the problem' which my research study addresses, through the expressed aim and research questions. The experiences of infertility and IVC are sensitive social issues that involve significant micro-level decisions. These have been identified through the preceding review of current separate literatures on disrupted fertility, assisted reproductive technologies, adoption, sociology of families and personal relationships.

The expressed aim of this empirical study is to examine infertility experiences in the context of the diverse nature of British heterosexual couples' backgrounds, life histories and trajectories because existing research has a propensity to overlook the complexity of these experiences. Moreover, the problem with current literature and research is that it is based on understanding infertility decision-making in terms of rationalisation, individualisation and post-materialistic choice, which also inform much policy linked to this issue. With the growing demand in the UK for IVF, it is currently positioned as the mainstream treatment of choice to assist infertility. However, my study asserts that this is problematic as decision-making as a process is often assumed rather than fully understood. Moreover, a life course approach helped develop the expressed aim of my study to address this problem.

Historically, infertility studies have focused on women who are assumed to facilitate IVF decisions (Inhorn and Birenbaum-Carmeli, 2008) and men's experiences of infertility remained marginalised (Culley et al., 2013). Yet, the expressed aim of my study seeks to explore both men and women's experiences, thus hoping to gain original insights of joint perspectives over

longer time frames than conventionally integrated into the literature. The notion of anticipating a ‘family’ within the expressed aim draws upon this contested concept but from an understanding of families as an active process i.e., that families are what families ‘do’ (Morgan, 1996). Moreover, assisted conceptions and subsequent policy change have enabled couples with infertility issues to engage with diverse family-formation (see Richards, 2007; Golombok, 2013; Freeman et al., 2014).

It is the significance of connections that may be genetic or social within the shifting notions of families within the literature that are essential for theorists, anthropologists and sociologists to explore (Gabb, 2017). My sociological enquiry has explicit relevance to explore both connections in IVF and adoption decisions as contemporary ways of creating families. This importance is captured through experiences illuminated in my enquiry of couples’ perceptions of genetic and social connections in their decisions about family-formation.

My study’s analytical direction therefore, is to understand more fully infertility experiences as processes, to explore how couples begin to navigate fertility disruption (Inhorn, 2007). Then to draw upon concepts from sociology of families (Morgan, 1996; Gillis, 1996; Morgan, 2011) to examine how couples negotiate IVF and adoption. This early navigation of fertility disruption prior to IVF is problematic as it is opaque in the literature in comparison to studies exploring same sex couples’ experiences of assisted family-formation (see Nordqvist, 2014). This indicated an overall question to understand the meanings British heterosexual couples draw upon in everyday living with infertility, in their pursuit of a family. It concerned the influences involved in their decision-making over time, in IVF and adoption.

AIM OF THE STUDY:

> This qualitative study will explore how decision-making is shaped by contextual factors, including temporal perspectives, in assisted conception and adoption experiences of British heterosexual couples in their pursuits to establish families.

Three research questions seek to address the gaps and limitations in the literature on the understanding and knowledge of British couples' decision-making during infertility experiences over time.

1. How do infertile heterosexual adults in Britain perceive their experiences and what factors shape these perceptions?

2. What decisions do infertile adults make about receiving IVF treatment and alternative options including donor conception, adoption or remaining childless? What are the main contextual influences on such decisions?

3. What are the key influences that shape the meanings of establishing families amongst infertile couples? How do temporal perspectives influence their understanding of these meanings?

This empirical study will seek to answer these three questions which interlink to express what Mason (2002, p.18) refers to as an "intellectual puzzle". My enquiry on the nature of infertility experiences in the quest for a family required carefully crafted research questions that focus on processes, dynamics, experiences and meanings.

I will address these questions using a qualitative methodology and qualitative longitudinal (QL) methods which will be examined in this chapter. The study aim and research objectives map onto three key research questions and across to the interview questions used in the fieldwork (see appendix A, Table 3). My study is designed with these questions and aspects in mind.

Overall, this chapter will address rationales for the research design, the philosophical approach and strategy, matters of sampling, recruitment, research methods and instruments through which the data was collected and analysed. This chapter will discuss methodological concerns, practical research decisions and ethics in researching a sensitive issue. I argue that the study design adds value and originality through the decisions to interview

couples together, to consider their joint circumstances over time and, where possible, to bring in prospective fathers' views. In taking joint couple narratives as evidence, it is argued that this not only addressed an important gap but enabled both a depth and a sense of the process and nature of couple decision-making, as these are important in both IVF and decisions in adoption. However, there are also limitations in the pursuit of this approach which will be addressed as research design issues. Next the philosophical approach adopted in the research strategy will be explored.

3.2 Philosophical approach and research strategy

Interpretive perspectives in social science researching infertility and IVC are often rooted in a broad social constructionist position (Letherby, 2002). Gubrium and Koro-Ljungberg (2005) note that social constructionism is a wide-ranging umbrella term that includes many conceptual perceptions of the role of social construction and meanings. Nonetheless, social constructionism generally suggests that our common, taken for granted understanding of the world is produced and understood in relation to the social context that influence and surround us (see Burr, 2003 for a more detailed discussions). The social researcher's role is, therefore, to enter the everyday of a particular social world to grasp these socially constructed meanings (Blaikie, 2000). This approach has informed much work on assisted reproduction and family life, including that on new and diverse family forms in contemporary society (See Golombok, 2020). A key strand in such work has focused on questions of 'reproductive disruptions'. Here, rather than a biological and natural phenomenon, reproductive disruption is also seen as a deeply social process: a result of history, culture and society, which is further structured by adult norms of timing and age-related expectations (Inhorn and van Balen, 2002; Inhorn, 2007).

Rather than simply a biological and natural phenomenon, 'family' is a contested sociological concept that chapter 2 explored (see May and Nordqvist, 2019 for a more detailed discussion). Morgan (1996; 2011) suggests such wider understandings of families have developed as conceptions of family practices which is helpful to my study in how close connections are negotiated in the everyday and family life. Life course

theoretical perspective on the family (see Treas et al., 2017) has outlined how macro-level societal conditions shape family life (see Mabry et al. 2007). In western societies, more diverse family types have been argued to be the new way of family life (Silva and Smart, 1999). The conceptual underpinning of my study is a sociological interest in how families are established through infertility experiences, navigated over circumstances and time, through this chosen research design. Thus, in my study the range of families included are IVF, IVF donor, posthumous conception and adoptive families as well as those remaining involuntarily childless (see section 3.5 theoretical sample).

Scholars have debated how talking about 'family' has diverse meanings for non-heterosexual relationships (Nordqvist, 2012; Golombok, 2014) or close friendship networks (Roseneil, 2005). However, my research can stimulate debate about rethinking various meanings of family for heterosexual relationships experiencing infertility (see 3.5 theoretical sample). My enquiry sought to see the social reality amongst my participants, who were heterosexual couples, to explore the shifts in patterns of closeness and distance as a form of 'boundary work' (Morgan, 2014) between couples and their family networks as they navigated infertility experiences. Thus, the theoretical focus on the sociology of families (Morgan, 1996; Gillis, 1996; Morgan, 2011) helped to understand the micro processes in my participants' experiences of their familial networks and meanings, in establishing families in diverse ways. This aspect of social theory is important to my research in seeing and understanding how 'family' holds meaning and currency, or changes when fertility is disrupted.

The ontological and epistemological position of this empirical study is important to acknowledge in taking this theoretical perspective to make my philosophical approach explicit as:

> "*All philosophical positions and their attendant methodologies, explicitly or implicitly, hold a view about social reality. This view, in turn will determine what can be regarded as legitimate knowledge. Thus, the ontological shapes the epistemological*." (Williams and May, 1996, p.69)

In other words, ontology is the pursuit of what can be known, and epistemology of how it can be known. As Mason (2002, p.8) says, ontology

and epistemology as concepts are different ways of really asking what the research study is actually about. My understanding of ontology is that it refers to the researcher's view of whether or not social reality exists independently of human concepts and interpretation. My research position accepts less the existence of underlying objective reality than a social reality that is based on human values, relationships and experiences but thinks that this is only knowable through socially constructed meanings. The perspective that my study held sought to see and understand a social 'reality' of both women and men's experiences from a social constructionist position. My enquiry acknowledges shared ways of thinking about the world, that couples' experiences begin with social experiences of reproductive disruption and often involve decisions around family-formation that are inter-dependent on one another.

Social constructionism is related to the epistemological position of interpretivism taken in my enquiry. It is important to appreciate as Bryman (2004) notes that this position includes a broad intellectual heritage including for example, the hermeneutic phenomenological tradition as well as symbolic interactionism. Interpretivism is an approach that underlines the subjective meaning of social action (Bryman, 2004). This epistemological approach is relevant to my enquiry because the social action in couples' decision-making regarding these specific situations, and broader circumstances, can be emphasised and uncovered. Hence, the interpretative position is focused towards drawing out the unique, deep and rich experiences of participants (in this enquiry, two individuals create a dyad) and how their social worlds are understood and produced (Robson, 2011).

Qualitative research is seen as complementary to the interpretative tradition as methods are considered to help shed light on and describe the participant's social world (Silverman, 2006). The philosophical assumptions that I held about the social world in my enquiry were informed by the values and beliefs of the qualitative research paradigm, with a focus on the point of view of the research participants, within context-specific settings (Silverman, 2020). Moreover, using qualitative longitudinal research methods, with its foundations in the interpretivist tradition of research, informed the distinctive fluid nature of my enquiry (see Neale, 2021). This enabled me to not only tease out but reconcile processes of decision-making with the relational

circumstances through which various decisions unfold over time which links to my research design in the next section.

An important situation-specific aspect of participants' social worlds that my enquiry explored were different socio-economic circumstances. This aspect adds a distinctiveness to my participants which is often overlooked in research mostly situated in IVF clinics that include participants able to fund treatment (Greil, 2010). Yet when couples are faced with the significant situation of being unable to voluntarily have a family these decision-making processes run across socio-economic circumstances. In my enquiry I sought to understand the decision-making contexts and the social reality of IVF and adoption options in practice. Qualitative methodology is more sensitive to capturing contextual factors such as key aspects that are important to couples' joint decision-making of this nature (Mason, 2002). Moreover, the socio-economic circumstances focus adds a distinctiveness to my study's exploration of what happens prior to IVF and adoption in terms of whether these circumstances constrain or enable options.

Previous research about infertile couples' experiences in western global settings often involve socially constructed groups of infertile people in IVF treatment clinics (Greil et al., 2011a). My study seeks to widen this socially constructed group to include other couples who are infertile as Greil et al. (2011b) note who exist outside of the fertility clinic setting. My empirical study included couples who take the step to investigate their infertility but adopt rather than seek IVF treatment for a range of reasons (see section 3.5, the theoretical sample and section 3.5.1, accessing the theoretical sample). This is important to explore as research findings on couples' joint decision-making before IVF and withdrawing from IVF are scant (Verhaak et al., 2007; Kalebic et al., 2010). My enquiry also included participants who had withdrawn from IVF after IVF treatment failed, and who withdrew from IVF to pursue adoption or who remain without children (see section 3.5.1). It is important to note that my enquiry included two different pathways in pursuit of adoption: one pre-IVF and another post-IVF, amongst my socially constructed group of participants who had experienced infertility (see section 3.5.1).

Moreover, qualitative research methods from an interpretive perspective help to contextualise participants' accounts (Mason and Dale, 2010). This helped to illustrate not only the narrative itself but the contours of the story told by heterosexual couples about trying to produce families. It was essential that my enquiry explored decisions of this nature in participant's accounts that were not necessarily rational, fixed or completed once decisions were made. Thus, joint interviews were considered essential (see section 3.3. and section 3.6 data generation methods) where possible to help explore the messiness of ongoing decision-making. One of the aspects of exploring this was to understand the social context of couples' decision-making. The expansion of the interpretivist perspectives in the social sciences can be seen as an impetus to the new directions of sociological study of families including IVF families, donor IVF families, adoptive families. They offer emerging frameworks to understand families (Golombok, 2020).

Time and temporality are also important features of infertility experiences which were understood from a specific perspective in this thesis (see chapter 2, definitions section; 2.5, discourses on time). My enquiry asked participants about their infertility experiences in terms of their anticipated family, held in tension with the families produced in various ways in IVF and adoption. Past experiences of IVC and infertility were seen, not as means of prior knowledge, but rather to understand '*subjective experiences*' as '*situated accounts*' (Miller 2000, p.13).The basis of these subjective experiences were shared retrospective accounts which have personal, social and cultural meanings for couples about how they were able or unable to have a family. In my enquiry, time is thus understood as a range of past, future and present which simultaneously exist (Adam and Groves 2007).

Adam (2004) emphasises that there is a dearth of study around the philosophical notion of future time in living life. She argues that in living life we live and move in the future with dexterity, yet often without noticing or appreciating this philosophical idea of future time. In this sense viewing data through this lens means acknowledging the way future time is part of everything. This philosophical approach in my enquiry encompassed this aspect of Adam et al.'s (2008) work to engage with how couples initially navigated fertility disruption in their quest for a family, which acknowledges that:

> "*Our hopes, plans and fears take us into the future and we move in this domain with great agility ... As the 'not yet' the futures domain is inaccessible to factual empirical study and evidence-based science. This differentiates the future from the other temporal modalities*." (Adam et al., 2008, p.10-11)

My enquiry used this philosophical idea of future only to a certain extent within couples' perceptions and experiences in their desire to produce a family. It informed some of the questions asked in my interview schedule (see section 3.6, data generation methods). My study thus generated data from this perspective in how participants anticipating their future lives, but looked at when their planned expectations are disrupted. This enabled the study to understand not only a temporal perspective of participants' imagined families but also the value and meaning given to the families that were produced over time.

A distinction I made in my study was between participants' perceptions of 'futures' and 'expectations'. Expectations are understood from a theoretical position of disrupted expectations in relation to the notion of reproductive disruption (Inhorn, 2007). This disrupted expectation (see chapter 4.2.1) created an uncertainty for example about how to produce families prior to contemplating IVF (see section 4.2.1). Yet, my study participant's perceptions of *future* in anticipating family were understood in terms of Adam's (2004) notion of future: for example, in the context of decision-making in the everyday understanding of their early infertility experiences prior to IVF uptake (see chapter 4 section 4.3.1).

Expectations in relation to the significance of genetic ties also helped to illuminate changing perceptions navigated in participants' families produced over time in IVF and adoption presented in chapter 5. These aspects are explored in relation to the sociology of families (Morgan, 1996; 2011) shown through my findings in chapter 5. It is important to acknowledge that the value and authenticity in these subjective experiences are more significant to my epistemological position to understand perceptions rather than objective facts (Miller, 2000). This position enabled me to understand the changing perceptions about experiences and meanings (Chamberlayne et al., 2000;

Neale, 2019). Next how the specific methodology informed this research design will be explored.

3.3 Methodology and research design

A qualitative methodology is relevant to draw upon to creatively answer my set of key research questions and other sub questions (see sub questions appendix A, Table 3). My qualitative enquiry used a multi-methods design including thematic life histories to bring in established qualitative longitudinal (QL) methods to the research. This study design captured retrospective thematic life histories (Miller, 2000) to examine couples' dual approach to decision-making specifically from experiencing IVC and infertility and diversity in family-formation. A qualitative methodology enabled a depth of detail to understand aspects raised by my research questions which included significant perceptions, experiences, micro dynamics of family contexts, social contexts of decision-making processes and practice. My interest in time is a key strand of a temporal perspective on how couples' lives unfolded through infertility experiences and their meanings of establishing families.

My qualitative enquiry used thematic life history retrospective accounts that are a recognised QL method (Neale, 2012). This enabled the data generated and analysed in my qualitative study to evidence the changing landscape of IVC and infertility in relation to how people anticipated how to establish a family through their decision-making. Holland et al. (2006) gives specific validity to my enquiry drawing on QL methods:

> "*Qualitative longitudinal methods can offer fresh perspectives into established arenas of social enquiry drawing attention to … biographical processes … through which social outcomes are generated and mediated*." (Holland et al., 2006, p.2).

My approach stands on the shoulders of an established QL method, in drawing on retrospective thematic life histories, where time is a substantive focus.

A gold standard of QL methodology is based on building extended periods of time into the research design to follow up participants on several occasions, 'tracking' observations and interpretation of change over time and process in social contexts (Holland et al., 2006, p.1[8]). However, rather than repeated rounds of interviews, I sought to develop longitudinal narratives using research questions with a temporal orientation as a central element in the design (Neale, 2019). Thus, my study focused on couples who had completed their decision-making through IVF and adoption (see Table 1: theoretical sample participants' characteristics, section 3.5.2). The temporal orientation of my study helped understand how, over time, couples not only anticipated future family but produced families.

Current methodological debates in some instances question QL studies that favour more highly interpretative accounts of change than critically defend how a temporal perspective had driven the QL design (Thomson et al., 2003). Thomson et al. (2003) note that not all qualitative research is necessarily longitudinal and that not all studies claiming to be QL in practice incorporate temporality either into their design or into their longitudinal samples. However, distinctive QL methodological literature has recognised qualitative studies similar to mine which have incorporated a temporal orientation and used retrospective life histories, as a QL method (Thomson and Macleod, 2015). Thomson and Macleod (2015, p.244) notes that:

> "*Other initiatives, although not usually named as qualitative longitudinal research, also use qualitative approaches to focus on durational processes. ...as well as the exploration of temporality within narrative and biographical research*."

Thematic life histories are retrospective in-depth interviews. The origins of these in-depth interviews emerged from the 'life history' sociologist and the 'oral historian'. Sociologists value thematic life histories' deep-rootedness in authentic social experiences and capacity to produce new sociological insights (Thompson, 1981). A thematic life history perspective was advantageous as it uncovered the circumstances and complexity of meaning shaping decision-making and revealed the different options taken over the passage of time. Thematic life histories helped couples to revisit past

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[8] For further reading on QL methods see Holland et al.'s (2006) discussion paper.

experiences of their decision-making about anticipating future family, through the lens of the present day (Miller, 2000; Emmel and Hughes, 2009).

My research design included mapping the thematic life histories onto a timeline. Each interview involved participants drawing timelines. This participatory technique, as Neale (2019) notes, adds complementary temporal data. See Figure 1, below for an exemplar of a timeline used in my study (see also section 3.6 data generation methods). In using thematic life histories as a biographical tool for mapping there was an explicit engagement with my thematic interview schedule of questions (see appendix A, Table 3). These questions focused on aspects of infertility experiences: such as anticipating a future family, disrupted reproduction experiences, and socio-economic circumstances which enabled or constrained options about assisted family-formation. Mapping helped to capture these and other significant aspects of couples' in/fertility journeys.

A clear advantage of my design focus that used thematic life histories was the rich data that my enquiry captured with a range of retrospective life histories over a span of different time frames. My sample included up to 10 years since adoption or IVF treatment. My study design had a low risk of attrition compared to a prospective longitudinal study where attrition can be higher with longer periods of follow up. This qualitative enquiry was also more feasible during my fieldwork which took 10 months to complete the interviews with 35 participants whilst working full-time.

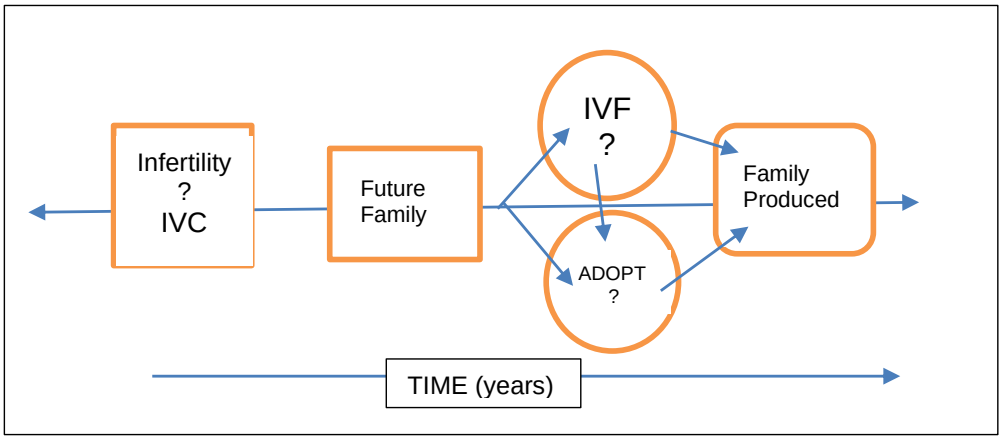

Figure 1: Exemplar of timeline used in my study

The originality of my qualitative approach is enhanced by its extended trajectory of decision-making which includes life histories of both successful and unsuccessful IVF, decisions to remain childless or pursue adoption. Previous studies have set different parameters focused on decision-making when ending IVF treatment unsuccessfully (Throsby, 2002; Peddie et al., 2005; Daniluk and Tench, 2007) or successfully achieving parenthood through IVF and adoption (Sandleowski et al., 1991).

My study design recognised that there are both practice and policy implications from this enquiry (see Table 3, appendix A). In terms of practice timely information to support decision-making of this nature is crucial (Mounce, 2013). Links in terms of policy implications hinge on IVC and infertile adults competing for limited NHS IVF treatment within the current 'lottery' of IVF service provision, which NICE (2014) acknowledges needs to change. My approach allowed the study to access couples' pursuit of an idea of a family life together in order to explore concerns couples had over their age, for males and females, as well as uncertainty over their biological ability to conceive. This worked with a sociological interest in time as one aspect to study in my research design about how families became established over longer time frames through reproductive disruption.

Furthermore, it is helpful for sociological understanding to acknowledge the value and challenges of dyad interviews that use participatory methods to more fully recognise the nature and depth of the rich data in joint decision-making. The therapeutic nature of producing the visual timeline mapping was a key feature of the fieldwork experience. As a method, this helped couples to see their experiences over time and start to make sense of them. Many couples expressed that they had not talked together with others about these experiences. My approach enabled me to access a 'seldom heard' narrative (Ryan, 2014; The Kings Fund, 2014) about in/fertility journeys in which participants had used both or either health and social service systems. The implication of accessing a 'seldom heard' narrative in this way enabled participants to make sense of their experiences which is often hard to do alone as an individual. The long view I was able to take over many years through my fieldwork, strongly identified the years of navigation, including across different service provision. Nevertheless, talking together or to me helped participants to appreciate the decisions made alongside their social situation, the timings and their mutual circumstances as aspects of their

experiences. Next, the ethics of researching a sensitive issue will be considered.

3.4 Ethics: researching a sensitive issue

The challenges of researching infertility are complex. Infertility has an in-built privacy surrounding the subject, despite such a prevalent discourse, concerning what is still a marginalised experience (Jamieson et al., 2010). Significantly, this study develops a qualitative research design asking participants to tell their story in their own way. This approach is taken to sensitively engage with this 'private subject', respectfully recognising that infertility and fertility treatments are known to be distressing experiences (Boivin et al., 2011; Greil et al., 2010). Therefore, stringent ethical considerations were applied that ensured confidentiality, sensitivity, anonymity, informed consent, rigor, balancing intrusion and support throughout the research (Mason, 2006; May, 2011) (see appendix B, for ethics committee approval). The issues encountered in relation to these considerations will be discussed in section 3.8. Furthermore, ethical attention was paid to encrypted and locked data storage procedures which were carefully followed to protect participants' anonymity and data security. For example, each interview was given a number added to the transcript and interviewees' profiles (see appendix C) used a pseudonym chosen by each participant. My name was used in quotes as the researcher.

Participants had ceased contact with NHS services and treatment for over 6 months and up to 10 years, and as this was the case NHS ethical approval of the study was not required. Ethical approval was granted by the University of Leeds Ethics Board (see appendix B). The wide length of time since the end of IVF treatment was deliberate to gain a retrospective sample across a range of time frames. However, it is noted that a disadvantage of including participants only 6 months after ending treatment, compared to years later, meant that some decisions may have been emotionally raw for example, in circumstances where IVF treatment had failed. This was a key ethical consideration recognised throughout the fieldwork. All couples were given local support contact details following interviews as part of good ethical

practice. I reassured participants that they had control over content as to how much depth they gave to specific aspects of their infertility experience.

Participants were emailed the life history interview questions ahead of the meeting for couples to think over how much detail they wish to share about potentially sensitive experiences. This resulted in four couples deciding not to take part in the study. The main reason given was that these stories were too painful to discuss. Although one partner felt it would have been beneficial to talk, they respected their partner's right to privacy. In practice, recruitment proved a challenge. It is important to highlight that no further couples withdrew from the study after this point, but all participants were made aware that they could do so.

Power imbalance in the relationship between the interviewer and the interviewees is problematic and debated in the social science literature in terms of how this is addressed (Silverman, 2020). It was ethically important given the nature of this sensitive research project to consider how participants were made aware of my past involvement with IVF and adoption (see recruitment email, appendix B). However, participants were unaware of the detail of my history of IVF and adoption decisions (see chapter 1). This avoided participants providing less detail about their experiences from assuming, as Ritchie and Lewis (2003, p.161) warn, that the researcher '*knows all about it*'.

Scholars suggest that participants have limited opportunities to comment on the interpretations of their experiences and responses (Letherby. 2000; Mason, 2002). My study design addressed this problem by creating opportunities for participants' responses at every stage of the fieldwork including full copies of questions supplied in this study prior to interviews. This gave one divorced father a chance to consider his responses and he decided in the end not to participate. This aspect of how to address power asymmetries is discussed further in section 3.8. However, it must be noted that in addressing the power imbalance in this practical way prior to interviews this can lead to participants withdrawing from a study where recruitment is challenging which heightens a researcher's sense of vulnerability. However, my study suggests that researchers need to give participants time to process research questions which explore infertility,

relationships and families during recruitment. This was an essential process documented as self-reflexivity in my researcher's log prior to interviews in my research practice. Next the theoretical sampling strategy will be examined.

3.5 Theoretical sampling strategy

The participants recruited for this study were a theoretical sample of both men and women who have previously experienced IVC and infertility experiences. In my study design I drew on Emmel 's (2013) work in making sense of my sampling and recruitment process. Emmel (2013, p.1) says that sampling involved assessing conflicting advice about how to collect a sample through strategies such as theoretical, purposive and purposeful sampling, which have diverse meanings. The nature of theoretical sampling in my qualitative research about infertility experiences brings theory to the research process in the initial stages to guide, as Emmel (2013, p.21) suggests, a funnel-like structure of sampling. The definition of theoretical sampling drawn upon in this study is:

> "*selecting groups or categories .. on the basis of their relevance to your research question, your theoretical position .. and most importantly the argument or explanation that you are developing*." (Mason 2002, p.124).

For example, this study explored a private and sensitive issue of infertility and IVC (Webb and Daniluk, 1999; Letherby, 2002b) which enabled a plan of methodological detail with the first sampling decisions about who to involve in the study. This included IVF families, adoptive families and couples who had experienced IVF but remained involuntary childless.

This initial recruitment included approaching known couples with IVF and adoption experiences from amongst my personal and professional networks. How I accessed these participants will be explored in more detail in the next section. Other couples were then recruited to the study by those in their networks who also knew about any private IVF experiences. This access to others through a process of referrals from participants in the study is recognised as snowballing or network sampling (Emmel, 2013, p.131). In

practice and in this context my theoretical sample decisions were significant (Mason, 2002) as these reflected the nature and extent of infertility experiences which are not widely known about by other people (Greil et al., 2010). Therefore, some people in the theoretical sample knew one another because they either shared a similar experience through adoption networks or shared a social network as close friends or colleagues.

The funnel-like character of my theoretical sample included participants' experiences over different time frames and across socio-economic groups of heterosexual couples. This meant that sampling became more directed as this study continued for example, in actively seeking out socio-economic diversity which I will briefly explain in the next section. This shows how I used theoretical sampling which is doing more than acting on deep and careful thoughts but is instead reflexive. Reflexivity means recognising that my presence in the study is active in shaping research in a messy social world (Emmel 2013, p.46). At all stages of my study and throughout my research process I engaged in ongoing reflexivity. This included my theoretical sensitivity in ongoing sampling decisions as an intrinsic part of researching infertility experiences. For example, this process extended the characteristics in the theoretical sample to not only include dyad interviews but single interviews to reflect lived experience with IVF decision-making in a posthumous conception.

Another sampling decision included two donor conception families, one from donor sperm and the other from donor eggs. My sampling decision extended the routine IVF starting point to capture not only a greater breath of infertility experience but diversity of families in the theoretical sample. Some adoptive families contemplated IVF but were unable to pursue IVF for a range of reasons. Their decisions to adopt were important to be included in the sample to shed a light on this decision-making. In contrast, participants who went through IVF and then onto adoption reflected a notion of adoption as 'second best' option to establishing families in the literature. These theoretical sampling decisions demonstrate reflexive ways in which I brought theory to this research process (see also Emmel 2013, p. 22).

Furthermore, the theoretical sampling strategy in my study is a constructivist account (Emmel, 2013), unlike the foundational approach to a positivist

account of theoretical sampling in grounded theory (Glaser and Strauss, 1967). The key approach in my constructivist study's account of its theoretical sampling approach reflects the theoretically sensitive and reflexive researcher which contrasts with the 'blank slate' of positivist accounts of basic grounded theory (Emmel 2013, p.31). Purposeful or purposive sampling strategies are often shaped more by pragmatic and practical concerns rather than driven by theoretical categories from engagement between theory and empirical accounts.

Through this qualitative study design, I developed a theoretical sample which included fifteen couples and five women who are now separated, divorced or - in one case - a widow. However, these five women in the sample were married during their IVF or adoption decision-making. This theoretical sampling produced a distinctive sample unlike other UK studies about IVF and adoption as theoretical insight from the literature guided the process. This approach produced more than adequate in-depth quality data from the methods of data collection to shed light on the research questions (Baker and Edwards, 2012).

Qualitative research seldom aims to achieve large representative data samples in relation to the general population. This requirement is not essential when aiming to capture in-depth, nuanced and complex data emerging in a sample (Emmel, 2013). Instead, qualitative research is good at creating arguments about how things work in specific contexts (Mason 2002), but can be challenged about how it has utility for other people's experiences of infertility. However, in drawing upon an interpretative approach I also recognise that my study findings demonstrate a synthesis of evidence, not only from my different data evidence but also from existing literature and evidence elsewhere, which has utility for understanding in/fertility journeys as part of an ongoing process of theorisation (Hughes et al., 2020). Moreover, there was no need in this type of enquiry for a quantifiable sample size (Ritchie and Lewis 2003) for statistical significance. A smaller sample (including 35 people, 15 men and 20 women) enabled me to access a more detailed picture that elaborates and captures participants' accounts and experiences (Ragin and Becker, 1992; Emmel, 2013) relevant to the research questions.

Extant studies give a variable span of participants' time since IVF experiences extending between 1 - 6 years (Hammarberg et al., 2001; Peddie et al, 2005; Filetto and Makuch, 2005; Philips et al., 2014). Yet specifically Redshaw et al.'s (2007) found that their 230 participants in their postal survey took on average three years to achieve a successful pregnancy with IVF and almost a quarter of participants took over five years. However, failed IVF attempts and decisions to end treatment within a time frame is scarcely mentioned. Therefore, studies are scarce which combine IVF and adoption. Adoption on average takes at least two years to complete and legally adopt a child (Crawshaw and Balen, 2010). The length of time framing participants' experiences in the sampling strategy was selected to give sufficient opportunity for participants to put their experiences into a temporal context, but not be too long ago to make recalling decisions too difficult. This enabled me to look at the dynamics of decision-making through changing circumstances (including age, health, finances, work), the intersection between different services in health and social care, and the many possibilities kept alive through IVF and adoption in the changing production of 'families' for IVC couples.

Current literature underlines the long duration of treatment cycles, justifying my choice of a realistic length of many years, as some couples may go on from fertility treatments to adoption. However, during the fieldwork the sample's 20 time frames were longer in duration than expected from the available literature. Couples in this study had engaged in IVF and adoption for varied time spans which ranged from 2-13 years. This highlights not only the scarce amount of literature which combines IVF and adoption experiences but that in reality these are much longer time frames experienced than researchers may anticipate.

The sample that I hoped to achieve included participants who shared the following characteristics:

- Both women and men with either 'primary' or 'secondary' infertility.
- People with a clinical diagnosis of infertility due to a range of reproductive pathology.
- Some who may have 'unexplained' infertility and are unable to conceive naturally (NICE, 2013).

- heterosexual couples recruited aged between 30-65 years drawn from a range of socio-economic groups.
- White British couples who have had IVF consultations or treatment either NHS or privately (NICE, 2013; HFEA, 2015) or have adopted.
- Those who have ended IVF treatment at least 6 months to 10 years ago, who will have ceased contact with NHS or private clinics.

3.5.1 Recruiting the theoretical sample

This study intentionally identified and recruited participants via community networks, as its focus rests on retrospective decision-making, whereas many studies tend to recruit samples via infertility clinics (Greil, 2010). My links with community groups, both professionally and personally, helped access study participants from a range of sources. These community groups and contacts include parent groups, Sure Starts, National Childbirth Trust groups, adoption parent's groups and a retired foster mum. Social media such as infertility networks, LinkedIn and Twitter were also set up to help recruit the sample from my researcher's links and followers. However, the most effective recruitment of couples was through my personal friends and family, community and colleague networks. In this way I found that recruiting men to my study was effective through informal gatekeepers connected through these networks which concurs with Law's (2019) findings. Men participated with their partners in my study not only to be helpful to informal gatekeepers, who were often friends or family, but because they were interested in my research area. Overall, thirty recruitment emails were sent out to these type of contacts with the study information attached (see appendix B).

Initial access involved a sample of couples who lived or worked in West Yorkshire and who are British citizens. Overall, the sample I actually achieved included couples from across other regions in the south of England and central London. Both IVC and infertility terms were chosen as words which are meaningful for the study participants due to participants' range of experiences. Participants sought through my community networks were, as Noy (2008) observes, more likely to engage in this type of research study. Participants were drawn from similar backgrounds in relation to sexuality and ethnicity to enable assumptions and contradictions amongst this

homogenous theoretical sample to be fully explored. This theoretical sampling decision reflected the need to understand more fully fertility disruption amongst heterosexual couples, explored in section 2.4, because the cutting-edge literature on same sex couples' family-formation is already established (Nordqvist, 2012; Nordqvist, 2014; Nordqvist and Smart, 2014; Pralat 2016; Golombok, 2020.

Ethnic diversity was contemplated in my theoretical sampling decisions in light of the emerging reproductive justice scholarship in relation to race (explored in section 2.3.2). I observed this issue as a lecturer at the University of Bradford, in a city which has a young demographic population with a range of ethnic minority communities. However, given the sensitivity of the research subject and the acknowledged cultural taboos around infertility amongst ethnic minority communities (Culley et al., 2006; Hudson and Culley 2014) it can be too difficult for couples within these communities to talk about this subject. A common issue in the sample I achieved was that couples had told few people about their story. This meant that I was regarded by participants as a trusted source with whom to discuss their private infertility story because I had been put in touch with them through a mutually known informal gatekeeper (Emmel et al., 2007). This sampling decision reflects my focus on heterosexual British couples' experiences of IVC and infertility. Infertility currently affects 1 in 7 heterosexual couples in the UK, but trends show even larger proportions of people are referred for NHS IVF treatment since the original guidelines in 2004 were published (NICE, 2013). Alternative pathways such as surrogacy or more complex ART treatments, beyond IVF and donor IVF conception, were not explored in this study. This sampling decision prevented the different emerging journeys over different time frames from becoming too disparate.

The study included participants from a range of socio-economic groups. This is important given that the subject of enquiry explores circumstances and contextual factors influencing decision-making which will inevitably rely on participants' financial resources. As NICE (2014) warns, where you live determines the extent of NHS resources and the availability of affordable IVF treatment in a 'post code lottery'. This diverse socio-economic element features in the theoretical sample (see table 1, section 3.5.2) and in the subsequent data analysis in chapter 4. All participants in the study are in full-time or part-time employment. The diversity of socio-economic status refers

to the range of average household income of participants (See table 1 for definitions of average UK household income ONS, 2018).

Many infertility studies historically have focused solely on women and more recently on men (Hanna, 2016; Dolan et al., 2017). Strange (2015) points towards historians concentrating on maternal love and toil of working-class family life but erasing a history of fatherhood with no attention to fathers involvement and emotional ties with children in family life. Nevertheless, omitting partners from studies overlooks the point that infertility decisions are commonly made in couples. In this sample, it was important to recruit men as well as women to explore the nature of these dyadic decisions, especially as the literature highlights the significance of men and fatherhood in policy, identifying the more recent discourse of the nurturing and engaged father, and as a growing area of study (Jamieson et al., 2010; King, 2012; Dermott, 2014; Dermott and Miller, 2015). Yet men remain in the shadows of women's experiences in decision-making about IVC and infertility (Kalebic et al., 2010; Culley et al., 2013). Questions remain over whether researchers have fully considered how to recruit and engage men in their research strategies (Culley et al., 2013) or fully found the reasons why men maybe excluding themselves from social research on reproductive decision-making. However, it must be noted that there is less methodological research on how to actively recruit and engage men to sensitive research topics such as infertility or reproductive intentions (Law, 2019).

Some past studies overcome the challenge of recruiting men by including joint interviews (Webb and Daniluk, 1999; Throsby and Gill, 2004; Hererra, 2013). It is noted that a variety of qualitative studies effectively recruit hidden groups such as men linked with specific marginalised social issues and low socio-economic backgrounds, using snowball sampling as an effective tool (Noy, 2008). Community contacts and networking helped produce a 'snowball' effect in successfully recruiting particularly men, alongside asking participants about relevant networks during the study (Noy, 2008, p.330). In particular couples from low socio-economic groups were harder to recruit to the sample. A foster mother in my network helped produce a further 'snowball' effect as an informal gatekeeper in recruiting men to be involved in joint interviews amongst couples with low socio-economic circumstances. The foster mother had recently retired and kept in regular contact with many

adoptive families. This strategy recruited a diversity of socio-economic circumstances amongst couples in my sample (see Table 1, below).

3.5.2 Diversity in the theoretical sample characteristics

My study sample was primarily white British couples who have experienced IVC and infertility, with the exception of four partners who were born outside the UK but who have lived and worked in the UK as a British citizen for most of their adult life. I interviewed 20 heterosexual couples, 20 women aged 37-50 and 15 men aged 34-65 years, living in the UK. The age range of participants in my actual sample was broadly similar to my sampling intentions. Basic characteristics of this sample are outlined in Table 1, below. Five male partners did not participate for a range of reasons including separation, divorce, death or working away from home. Nevertheless, the joint aspect of participants together telling their story in retrospect about IVF and adoption decisions was an important feature of this theoretical sample. This included ‘access’ to those five male partner accounts through the interviewee’s reporting of them, albeit with limited researcher access.

Participants live in diverse areas in Northern and Southern England including Leeds, Bradford, West and East Yorkshire, areas of London, Oxford, Wiltshire and Southampton. All participants are working and have worked throughout their lives in a range of occupations and temporary jobs. See Table 2 for participants’ current occupations. A range of socio-economic circumstances in this study reflects how participants live and work with a diversity of household incomes spread from low, middle to high wage earners (see definitions in Table 1). Some participants had left school with few educational qualifications whereas others in the sample had extended their studies through higher education achieving university degrees, some masters and doctorates. The range of socio-economic circumstances is another key feature of this theoretical sample because UK couples need to be able to finance IVF. Each IVF treatment costs over £5000. This means IVF is only accessible, on many occasions, to those couples with economic resources unless IVF is NHS funded. Nevertheless, IVF funding by the NHS varies in every geographical area. The sample criteria of this study included couples who have had IVF treatment either private or NHS funded.

Some participants have unexplained or confirmed primary or secondary infertility and are unable to conceive naturally. One participant in this study had secondary infertility after the birth of a daughter and the couple were unable to naturally conceive again. The sample includes couples who have experienced successful and unsuccessful IVF, donor conceptions, a posthumous conception and an unsuccessful adoption.

Table 1: Theoretical sample characteristics from 35 individuals (15 couple interviews, 5 individual interviews) within the 20 families

Characteristics	**Profile**				
Participants gender:	20 women			15 men	
Couple's age range at time of the study:	37 – 50 years			34 – 65 years	
Nationality:	Predominantly white British 1 Australian 1 Japanese Lived and worked in the UK for most of their life.			Predominantly white British 1 Italian 1 Spanish Lived and worked in the UK for most of their life	
Work arrangements:	All working full-time or part-time			All working full-time or part-time except for one father who recently retired.	
Range of socio-economic circs: (Based on average household income[9])	Households above average income 5		Average income households 10		Households below average income 5
Household type:	Married couples with children 14	Cohabiting couple with children 1	Cohabiting couple without children 1	Married couple without children 1	Single parent (due to death, divorce or separation) 3

9 The range of socio-economic circumstances refers to the average household income of participants in this study, in which the average (median) household disposable income was £26,300 for the year of the study analysis (ONS, 2016). See ONS (2018) for disposable income definition and UK household average disposable income between 2008 and 2018. This diversity was important within the analysis as the areas where participants lived were linked with participants access to NHS fertility treatment. Moreover, household disposable income contributed to participant's ability to afford IVF treatment. These aspects reflected participants' occupations, education and the areas where participants lived, which were recorded as interviews were undertaken. This diversity in participants' occupations span Rose et al.'s (2003) National Statistics socio-economic classification. However, in this study, none of the participants had been 'long-term unemployed or never worked' in line with Rose et al.'s (2003) classification 8 analytic descriptor.

Sample time frames since IVF process ended:	6-12 months 3	2 years 5	5-6 years 1	7-8 years 1	9-10 years 2
Sample time frames since adoption process ended:	6-12 months 1	2 years 1	5-6 years 2	7–8 years 2	9-10 years 2
Family size after IVF and adoption:	9 families with 2 children Aged 6 months -14 years	9 families with one child Aged 9 months – 12 years	2 families without children		
Children's gender and age range:	13 daughters Aged 2-13 years	14 sons Aged 6mths -14 years			
Type of in/fertility journey and decision-making process:	7 IVF success (2 spontaneous conceptions following successful IVF) 2 Donor IVF (egg/sperm) 1 Posthumous IVF	7 Adoption success 2 Remain childless 1 Adoption breakdown			

3.6 Data generation methods

A multi-methods design captured retrospective decision-making in order to explore the decision-making process, the types of decisions made, and how circumstances, temporal aspects and other key factors influenced those decisions. The range of methods aimed to complement each other adding greater depth, rich data, rigor, reliability, validity and transparency to the findings (Silverman, 2020). Choosing in-depth interviews in preference to using quantitative interviews or other methods enables interviewers themselves to be "the research instrument" (Ritchie and Lewis, 2003, p.142) generating a reliable rich deep layer of additional data - a process which other researchers can replicate. My researcher's log was valuable to capture transparency and rigor through this process to not only generate further data for thematic analysis but demonstrate validity in the data records in making sense of the data as a whole picture (Richards, 2005; Silverman, 2020).

Thematic life history interviews brought together couples' perspectives of 'shared histories'. This is a valuable aspect to explore as decision-making before, during and after IVF and adoption had relied to some extent on joint dialogue (Ritchie and Lewis, 2003). Thematic life history accounts are specific aspects of couples' infertility experiences that these adults select to share. Thus, joint interviews began by asking couples to "tell their story" (see

interview schedule, Table 3, appendix A). Emmel and Hughes (2009, p.325) highlight that these accounts are not:

> "*seamless narratives autobiographical accounts of a life lived … rather they are accounts that express moments in the life course that are important to the teller.*"

Likewise, Denzin (1989, p.70) describes these interactional experiences and moments as epiphanies: "*leaving an impression on peoples' lives*". The interview questions thus acted as a prompt to the interaction between couples as they told their story about life events linked to their infertility decision-making, in a sequence that was important to them. Interviews can be seen as unnatural tools for data collection, only capable of generating contextually based results (Hughes et al. 2020). In contrast, other scholars suggest interview methods can be helpful to generate data for sensitive issues within small-scale social research in a more natural way if the researcher develops a sensitivity to the complex interactions throughout the interview itself (Denscombe, 1998; Richards, 2005). Preliminary probes focused on whether the couple always wanted children, including decisions about timing, and when having children became important (see interview probes appendix A, Table 3).

Iterative probing, was used as Ritchie and Lewis (2003) suggest, putting aside my intuitive understanding and instead sought explanations. This clarification produced details about my participants' perceptions about situations and timings which otherwise I would have missed. This for example, included a layer of private complexity around infertility as an issue, with tension over the need to disclose to others these situations in daily life. Iterative probes were used particularly to explore anticipating family in decision-making: for example, how couples decided what to do, including meanings of time influencing these decisions about options before IVF. Lastly, probes examined couples' anticipated families in how decisions were made during and after IVF and adoption. This included the circumstances behind decision-making which helped identify the constraints and opportunities available. The iterative probing, which Thomson (2007) suggested is valuable in the practical use of QL methods, helped to explore aspects which were central to this study's research questions and objectives.

I drew upon the interview schedule in tandem with mapping a timeline to capture decision-making processes. These participatory mapping diagrams (see appendix C) involved the participants creating a visual map (Emmel, 2008). This method replicates aspects of Thomson and Holland's (2003) methods to capture lived experience and look both backwards and forwards in time. Labels were written on flip chart paper summarising: types of decision-making, timings of lives including life events[10], the social circumstances, family contexts, meanings of these experiences and decisions which capture temporal influences in decision-making, obstacles and opportunities in anticipating future families in IVF and adoption decision-making.

Earlier in chapter 1, the personal reasons were outlined of why this research study was significant to do most especially at this stage in my career with honed interview skills. These accomplished skills included, as Thompson (2000) suggests, an interest and respect shown for participants' life histories with an instinctive curiosity to know more about what is being shared. Gabb (2008) suggests that when the researcher in a study recognises and identifies with the participants' circumstances the data generated is likely to be much better.

> "*The adult researchers' knowledge of the cultural milieu and social capital of those whom they intend to research can be invaluable and far more useful than any formal interview technique*" (Gabb, 2008, p.21).

Self-reflexivity, therefore, was essential to produce transparent field notes creating a research log throughout the PhD study. This log recorded an analytical account of my researcher's role in exploring this subject area as many scholars suggest that this is a vital part of the research process (Mason, 2002; Daly, 2007; Jamieson et al., 2010). My researcher's log particularly highlighted evidence around the contradictions in the couples' retrospective accounts between the meanings of imagined families

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[10] Timing of lives – see Elder (1994) is one of the four principles of the life-course theoretical perspective (see chapter 2, section 2.5). This is important to capture as timings for infertile couples may not fit in with biological timing for childbearing and this will be explored more fully in chapter 4 (see section 4.3.1).

anticipated, and those experiences of families produced in decisions over time, which is explored in chapter 5.

Most interviews took place in each couple's home. One interview was held in a workplace private office. Often interviews were scheduled late in the evening around children's bedtime routines. These in-depth interviews, as Silverman (2020) suggests, required active listening to the dyadic interactions throughout the interviews. These dynamics, together with critical engagement by both participants and me as the researcher, enabled a reflexive approach from both sides (Gabb, 2008) which is evident from the rich data generated. This reflexivity is significant too in five of the twenty interviews which had one interviewee as these women were now divorced, separated, widowed or their partner worked away from home. The issues encountered with these one-to-one interviews will be addressed in the limitations later in the chapter. Interviews lasted on average between two to three and a half hours. This fieldwork took ten months to complete as I was working full-time.

In my study, the benefit of using in-depth qualitative thematic life history interviews to draw upon couples' joint exploration of experiences enabled a meaningful way of using their own words, terms, insights and time frames. This was seen to outweigh the limitations of using interviews as a data collection tool. However, the difficulties intrinsic with the use of interview methods included taking into consideration not only how to address a sensitive issue but the difficulties of power balance between the interviewees and the interviewer (May, 2011). For example, this power balance included my researcher's sensitivity in listening to each couple's story as they co-produced a timeline map during the interview. The retrospective qualitative data produced from the multi-methods study design offered a scope to deal with the issue of infertility decisions in both detail and depth through the wealth of research data produced. To make sure that I understood couples' stories, summaries were made on the timeline maps and checked-out with participants as respondent validation, as suggested by Silverman (2020) to help ensure rigor.

Recognition of the interviewees' reactions was key during the interview especially men's openness about the difficulties of the IVF and adoption

decision-making over a long time-span. It is important to reiterate that most couples had never told their whole story to anyone before. My researcher's log was updated, writing late into the night, after the interview finished. I emailed participants the next day to check-in with them about the interview experience, in line with the ethics protocol. Follow up emails with participants highlighted that many found the interview experience cathartic, enabling them for the first time to talk together about significant life experiences. These responses generated useful data which I also recorded in the log. Follow up interviews were not done, but I have remained in contact with participants. This contact was important to verify details, for respondent validation, and to keep participants updated on the progress of the study and the draft study findings. Contact has been an important part of the research process to help produce a rigorous study.

3.7 Analysis

The theoretical sampling contributed to a range of trajectories that enabled, a more targeted comparison using the analysis methods, outlined below. Interviews were fully transcribed, coded and analysed over 10 -12 months allowing me to be immersed in the data and timeline maps, creating a thematic analysis of key themes (see appendix D). Unlike many other qualitative studies which see transcription as a time-consuming job to outsource, I transcribed all the interviews fully. I regarded transcription as important in the early analysis to identify key codes to contribute to themes, in adding to my researcher log. For example, there were periods of silence which were powerful as couples gave one another space to share their challenges, dilemmas and painful grief experiences in IVF failure and adoption.

In re-listening to the transcribed interviews, hidden contradictions surfaced for me as a researcher. For example, participants claimed to be open about their situation, yet as the doorbell rang with the arrival of the mobile hairdresser, one interviewee whispered "she doesn't know about this!" (See chapter 5, section 5.3.3 which explores family secrecy as a theme linked to infertility experiences). Transcriptions were then read several times alongside the timeline maps produced. Alongside the process of transcribing

in the early analysis, the continual re-reading of the data, the timeline mapping, my researcher's log, the transcripts[11] and the literature helped, as scholars suggest, to deepen critical thinking and reflexivity (Emmel, 2008; Emmel and Hughes, 2009; Mason and Dale, 2010) as an integral part of the analysis.

This study aimed to make the most of the qualitative data, beginning with constant comparison. Coding in thematic analysis included using a range of practical tools such as summarising, using metaphors and hand-drawn explanation maps (Riley, 1990). A funnel approach in the theoretical sampling focused on the most theoretically significant and relevant concepts emerging (Emmel, 2013).

The analysis in this study acknowledged that in practice it is important to recognise, as Mason (2002) says, all the ways that theory was handled throughout the research. As this analysis developed, the research questions were central to the process. However, as the theoretical sample is guided by theory to address the research questions at the outset, this can lead the researcher to be confined by this process. As Charmaz (2006, p.101) observes, the researcher can end up with a theory that perfectly fits the data. My study adopted an abductive strategy to help avoid this drawback rather than rely only on a deductive or inductive strategy in relation to theory. This is also known as an abductive process, a repetitive interplay between theory, data generation and analysis of data, undertaken in an iterative way (Blaikie, 2000).

> "*Abduction is a process by means of which the researcher assembles lay accounts … with all their gaps and deficiencies, and, in an iterative manner, begins to construct their own account. The central characteristic of this process is that it is iterative; it involves the researcher in alternating periods of immersion in the relevant social world, and periods of withdrawal for reflection and analysis*." (Blaikie, 2000, p.181).

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[11] Re-listening several times to each transcript interview after they were fully transcribed helped deepen my critical thinking and reflexivity.

The abductive strategy views people's realities and understandings as socially constructed. The social researcher's role is, therefore, to enter the everyday social world in order to grasp these socially constructed meanings (Blaikie, 2000; Mason, 2002). The abductive approach taken thus is in accordance with my study's ontological and epistemological position that underlines the subjective meaning of social realities and action that are believed to be socially and mutually constructed. The abductive strategy drawn upon in this empirical study helped develop the concept of in/fertility journeys to reflect the socially constructed meanings of experiences. These were subsequently explored throughout the dataset as an overarching theme (see chapter 4, section 4.1). This study's explanation not only draws on this concept but finds that the abductive strategy helps, as Charmaz (2006) says, to identify process. The analysis of process was valuable throughout my research design to help understand participants' perceptions, experiences and meanings of in/fertility journeys, in order to address my study's research questions.

This research design contains the significant characteristic of reflexivity in the constructionist account of the theoretical sample. This reflexive characteristic Mason (2002) observed in relation to the researcher acknowledging how the social world is seen, how this social world can be investigated and the various explanations that are drawn attention to through undertaking the empirical work. What is more, this meant that sampling became more directed as this study continued which required a reflexivity to revisit this intellectual thinking through the process with the realities of everyday infertility experiences that reflect social life for example the strain on personal relationships. This is captured in my researcher's log. Moreover, the reflexivity in this study attempted to keep track of the various ways that theory, empirical data, my researcher's understanding and experiences, work in the analyses and arguments which influenced this qualitative study (Mason, 2002, p.182). For example, explanations around in/fertility journeys as a concept and thematic analysis of disclosure to family members rather than secrecy about these journeys developed through a repetitive contrast between adoption trajectories compared to IVF trajectories.

This theoretical sampling together with the preliminary analysis guided the data analyses, which links with increasing theoretical sensitivity to the most significant and relevant concepts creating my thematic coding framework

(Emmel, 2013 - see appendix D for my thematic coding framework). The sampling strategy then identified a number of diverse cases of emerging journeys over different time frames (Emmel, 2013, p.21). A cross sectional dimension that privileges the social context was also brought into play in the analysis (Thomson, 2007, p. 578) (see appendix D, for my thematic analysis grid). For example, this included the socio-economic circumstances, the options taken and the families produced over time.

The sampling strategy in tandem with the analysis identified cases in the final stage of the analysis with distinct trajectories over different time frames which were identified then further analysed (Thomson, 2007; Emmel and Hughes, 2009). My analysis produced several cases which shed light and refined theories about imagined families that were difficult to produce, and which contribute to couples' decisions of non-disclosure to protect their families for example, from emotional turmoil. Data in my study was drawn in cases particularly from participants' deliberations in the timeline mapping and my deliberations, recorded as self-reflexivity. Imagined families (Gillis, 1996) were mapped with the families produced over time explored through chapter 5 with the significance of genetic and biological ties reconfigured over time.

Disclosure practices within family networks (Morgan, 1996; 2011) were also key in my thematic analysis. Initial non-disclosure practices are explored in chapter 4 that contrast to more disclosure over time in chapter 6 in relation to family involvement later on through in/fertility journeys. For example, cases of disclosure were more variable within IVF but increased over time due to specific circumstances. In contrast, openness and family involvement through adoption were found to be significant contextual factors. Chapter 4, 5 and 6 presents this analytical dimension to help develop theory through the research process (Emmel and Hughes, 2009, p.327) to work out as Emmel (2013) suggests the relation between ideas and evidence. My study benefited from taking a life course perspective to explore in/fertility journeys as a way of researching as Nico et al. (2021) suggest the social, families, emotions, relationships and trajectories which are challenging to theorise in sociology and family studies.

3.7.1 Timeline mapping: An analytical tool

The visual timeline mapping as a QL method was significantly useful as an analytical tool in this research. The focus on IVF and adoption decisions over time helped interviewees map out this content using this method which effectively captured 'lived experience' relevant to the key research questions, looking forwards and backwards in time (Thomson and Holland, 2003). I was keen to develop a depth of analysis. However, I like other researchers (Barry, 1998) found that Nvivo as a software package had limited use in its inability to keep all the themes connected with time in a multidimensional way. Such connections were found to be essential to anchor the progress of the thematic analysis. This meant that Nvivo had limited use after the initial categories and themes were identified. Otherwise, there was a concern that the thematic analysis would have potentially remained as descriptive themes.

Instead, a research decision was taken to develop the timeline mapping as an analytical tool to preserve and develop these links in the analysis. (See appendix D Thematic analysis grid). Significantly, this engagement with timeline mapping as a tool in data collection and analysis helped deepen an understanding of reconfigured meanings of family within IVF and adoption decision-making processes which will be explored in chapter 5.

Timelines were led by participants telling their story in their own way from a time perspective of their choice. They either started from present and the timeline was drawn backwards into the past and then forward into the future or the timeline was drawn from a past perspective working forwards towards the present and the future. (See appendix C, for an example of the mapping). The timeline mapping on flip chart paper were produced between me and the participants. This tool helped engage couples' participation in both contributing to the telling of their stories with visual link words that captured the answers to the questions. These were gradually introduced when appropriate from the interview schedule. In this way, I was able to explore these dynamics, in particular the interest of anticipating the future in their quest for a family.

After each interview, I drew upon the ordinary, the surprises, the contradictory and the tensions and opportunities within these dynamics. These were written on the timelines to create links which were analysed further. This process helped to develop the range of themes (see appendix D for the thematic coding framework for thematic analysis) presented in chapters 4, 5 and 6. This study contrasts with previous studies where participants have produced their own timelines but these timelines have not been used beyond data collection (Hanna and Lau-Clayton, 2012). In my thesis, I developed their use as an analytical tool.

This tool is valuable[12] in analyses of thematic biographies especially during the end stages of the interview. It naturally helps interviewees to see a visual map of the content, circumstances and timings of their decisions to make sense of what are often difficult stories to tell. This tool therefore, helped to make the buried parts of couples' stories evident and tangible. For example, reflexivity about the hidden nature of these experiences is captured in my researcher's log which directed some of the early analysis and themes developed in chapter 5 about the tension between disclosure and secrecy. As many participants had never told their entire story to anyone the mapping was visually powerful concerning the timings in the rethinking about what mattered in families assisted through IVFs or adoptions. These are themes explored in chapter 5.

Timeline analysis highlighted that some of these decisions were ongoing which informed the generation of themes explored later in chapter 6. Timeline maps capture the extent to which many participants become families in ways that they had least expected, including two families who successfully achieved IVF births and went onto spontaneously conceive a second child. For example, this timeline analysis contributed to the notion of the dynamic nature of infertility and fertility which is explored as a theme in chapter 6. Only a few couples in the sample had talked about some of their IVF decisions and experiences. This included couples who had failed IVF attempts and who sought counselling, or received mandatory counselling

[12] This was noted In the fieldnotes and kept in my researcher's log with my self-reflexivity from each interview.

before donor conceptions, or undertook home studies with a social worker to be approved in adoption.

The visual analysis also represented what was difficult to talk about, if asked in a direct question, it provided a different way to engage participants. It was noted in the fieldwork log how the tool was often referred to between each couple to help them to think about their social circumstances. Likewise, Crilly et al. (2006) also found research diagrams beneficial during interviews to gain more depth and detailed insights about various circumstances surrounding situations. For example, the tool was useful in exploring decisions about options as well as perceptions about meanings and timings of establishing families to answer the study's second and third research questions.

This tool therefore, was useful analytically from the outset as it moved beyond a standard interview, as Bagnoli (2009) highlights. It provided 'a way in' to gain insight into a sensitive and painful experience and tunnel beneath the surface of stories which provided this study with rich data for analyses. The disadvantages of using this analytical tool is that both the diversity and wealth of detail co-produced within the timeline mapping can make the initial analysis experience seem overwhelming and time consuming.

Prosser and Loxley (2008) highlight that visual methods used as analytical tools warrant further recognition. My empirical enquiry sought to do this whilst exploring early decision-making prior to IVF. Adam's (1990) social theory of time encourages researchers to recognise these temporal perceptions in sociologically informed research that fills up people's temporal world (Worth and Hardill, 2015, p.32). My analysis identified themes about the significance of timing, explored in chapter 4, in relation to interviewees' experiences. These underpinned some of the context and practice in their infertility decisions, along with some understanding about how lives flow through time. Next the analysis compared and contrasted the timelines timespans across the theoretical sampling funnel which had brought a diversity of timelines into the research study. These timespans were in months to years after ending IVF or adoption approval, with both men and women from a range of socio-economic circumstances. For example, this

generated the themes of financial enablers and constraints in decision-making in practice examined in chapter 4.

My study highlights that perhaps one of the reasons why these areas remain neglected is because researchers need appropriate tools for engaging with temporal dimensions in their analysis. Another challenge within this data analysis was the danger of trying to tell too many stories from the rich data produced. To avoid this pitfall I recognised the value of timeline mapping as an analytical tool used closely alongside the study's three key research questions. This methodical practice helped the analytical categories and concepts emerge and develop from the timelines.

3.7.2 Key family differences within the sample

To help underline the different types of decisions couples in the sample made within their infertility experiences, the diversity of participants' circumstances, and their social situations were highlighted in this study. To help illustrate the variations between the participants' households, this next section will draw out the key differences.

The study included 20 women of whom 18 were mothers and 15 men of whom 14 were fathers from the 20 couples who participated in this study. Two couples remained childless at the time of the study. With attention to family type, 9 households can be classified as nuclear families[13], whereas nine out of the twenty households are single child families. Nonetheless, within these groups there is also a diversity of origin by assisted conception from IVF to donor egg or sperm conceptions or adoption within the sample. To further elaborate on the types of conception there were two spontaneous conceptions after successful assisted IVF conceptions amongst two families who went onto conceive a sibling through a spontaneous conception.

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[13] A nuclear family classification is only parents and their dependent children living with them (Treas et al., 2017, p.100).

Table 2: Examples of the key family differences

Background Differences	Examples from the sample	
Family type:[14]	Nuclear families, single child families, lone parent families, blended families, donor-conceived families, adoptive families, couple families (without children)	
Time differences:	8 participant couples under **2 years** since IVF ended, 4 couples **5-10** years since IVF ended.	2 participant couples **2 years** since adoption approved. 6 participants couples **5-10** years since adoption approved.
Age range at achieving parenthood:[15]	Women aged 33-42 years	Men aged 32-63 years
Occupation:	Senior level professions in legal, education, crime and health sector; white collar workers; self-employed business, long distance vehicle driver, temporary jobs in catering, administration and trade and recent retirement from education.	
Education:	Mainly comprehensive primary and secondary schools. A few couples with private education. Some participants left school with minimal qualifications and started low skill jobs with no set career path. Many participants did further/ Higher education degrees & postgraduate degrees and worked in an established career.	
Types of origin in conception:	Assisted IVF, Assisted donor egg, Assisted donor sperm, Assisted posthumous sperm. Spontaneous conception following IVF	
Type of adoption:	adopted from a baby, adopted as a child, adopted with siblings	
Number of children in families (after IVF/ adoption):	0 – 2	

The sample also had one blended household from a parent having one daughter from a previous relationship living for periods in the household, along with their adoptive baby daughter. Included in the sample were three

[14] Family types - see Treas et al. (2017) discussion of types of family which reflects the diversity of families from the influence of historical, economic and social changes.

[15] Age range at achieving parenthood is from either IVF or an adoption approval.

single parent households: one from divorce, one from separation and one from death and the assistance of IVF for a posthumous conception. (see appendix C for the interviewees' profiles and those who were unable to participate).

3.8 Limitations and issues encountered

Originally, I planned to undertake further individual interviews to follow up women or men previously interviewed, to explore further aspects of their experiences. This would also provide an opportunity for them to share any issues that they may have held back during the joint interview. Yet, no repeat one-to-one interviews were undertaken which could have strengthened the study's findings. My pragmatic research decision not to continue with further data collection was made due to the in-depth data produced from the original 20 semi-structured interviews. However, from keeping in regular contact with participants to update them on the progress of the study I am aware of the ongoing decisions some couples currently have experienced.

In implementing this particular research design, it is important to acknowledge 'what' this study is unable to access. A limitation is that couple interviews, selected as the main approach, present a co-constructed narrative to the researcher. This design is therefore not necessarily the only or 'best' one to examine participant's in/fertility journeys. For example, one or both partners may hold back significant experiences or perceptions to avoid upsetting or exposing their partner by contradicting them. This might have included for example important differences in reasons for disclosure or secrecy during in/fertility experiences. Therefore, 'what' is shared as a co-constructed narrative may be carefully managed especially around sharing personal infertility and sexual health histories.

This is significant to acknowledge due to the sensitivity around infertility as a private issue and a challenging area to research but also to recognise my inability as a researcher to fully enter the participant's world. Whilst the nature of any experience is always to an extent inaccessible to the researcher as an outsider (Silverman, 2020), this limitation is accepted.

However, it is important to acknowledge the researcher's part in the process of gathering the couples' co-constructed narratives as Silverman (2020) suggests. This involved keeping full reflexive accounts of my contribution, responses, thoughts and encounters with each interview by documenting this in my researcher's log.

There is a limitation of the study that potentially may have added greater depth of understanding about gender differences or similarities in decision-making over time concerning the question of the meanings of families. This question is explored in relation to the significance of genetic and biological connection in chapter 5 where some gender difference is found, but perhaps there are more differences to uncover. Moreover, follow up interviews are considered important to consider in future studies to shed more light on the ongoing decision-making within IVF and adoption (see chapter 7, section 7.5 future studies).

However, the dyad interviews encountered during this study suggested that this method can be a beneficial approach to participant couple's relationships, emotions and families. In my researcher's log, I expressed surprise about the engagement of men during interviews who disclosed personal emotions and shared their experiences to a greater depth than anticipated. This aspect is explored further in chapter 4 as the data shows that the emotional turmoil experienced during reproductive disruption was featured in what was talked about and mapped by both women and men.

I initially considered including participants' diaries [16] or online blogs to complement this process. This research decision was inspired by a qualitative longitudinal study design which successfully used this type of additional data to produce complementary or equally contrasting responses to inform their study (Bornat and Bytheway, 2010). However, it became clear from participants' responses during the fieldwork that none of them had kept

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[16] Participants' diaries or on-line blogs were initially considered mindful that this potentially involved handling large amounts of diary material for example, 145 diary entries were presented to these researchers (Bornat and Bytheway, 2010, p.1124).

a diary or a blog which was a limitation I had not anticipated. It is important to note, from my researcher's log, that my participants mainly read other people's blogs or entries in online forums rather than participated or disclosed themselves. Although participants' diaries and online blogs were not part of my final fieldwork, there were large quantities of interview data, timeline maps and my research logs produced from the joint interviews. My finding suggests that the quantities of data produced in my study design were substantial enough. Any additional data from diaries and blogs if they had been presented would have been too overwhelming within the context of doctoral research. This is an important lesson learnt to share and caution other researchers to consider during their research design planning especially as online blogs are useful data.

Noticeably, my researcher's log highlighted that many participants kept contradicting one another in their concern to write down accurate timings about IVF and adoption on the timeline. I reassured participants not to worry about the precise accuracy of dates. Instead, it was reiterated as more important for me as a researcher to understand their perceptions about the various aspects that influenced their decision-making. However, this may be suggested as a limitation inherent in the use of timeline mapping. A focus towards timings could be seen to preoccupy participants and prevent them from telling me about other aspects of their stories. Moreover, I was mindful of recognising any power imbalance in the participatory mapping activity between the interviewees and the interviewer, and sought to encourage both participants' contributions. In many interviews, participants preferred me to map as they talked. However, I always offered participants the lead and took any cues from the interviewees. At the end of the interviews participants were invited to add, remove or change anything written on the timeline maps.

Within social science literature there is debate over whether a match between the researcher and participants' cultural and social context necessarily means that more in-depth qualitative data will be produced (Mason and Dale, 2010; Silverman, 2020). In my study, the theoretical sample reflects a range of social contexts for interviewees (see appendix C) and my researcher's own experience is outlined in my thesis background in chapter 1. Nevertheless, the role of the researcher is significant (Ritchie and Lewis, 2003, p.159) as qualitative theoretical perspectives encourage

participation which extends to the level of reciprocal interaction between interviewee and interviewer.

I sought to balance the information exchange and explained that there would be time at the end of the interview for participants to ask any questions. Most participants at this final stage of the recorded interview asked me questions about my experience and then often added more rich information about their infertility experiences. I was mindful of the power relations between myself and the interviewees in their homes, as this was the common interview site (Descombe, 2003). The possibility of being overheard by others in the household was initially considered as a limitation but most participants had children who were either asleep upstairs or out doing social activities which did not disturb the interviews. The use of the interviewee's home was a practical limitation that was difficult to overcome when home-working interrupted interviews and distracted some participants.

Despite my concern over researching a sensitive issue it was another surprise that many participants expressed how positive they felt after the interview. Several male participants expressed that the interview was like "free therapy" and female participants also highlighted that talking about their journey was a positive and powerful experience. Given the sensitive nature of these disclosures it was important to write up self-reflexivity notes as a research log (see extract in chapter 5: section 5.3.3). My researcher's log highlighted the therapeutic nature of the interviews as an issue which is recognised by scholars (Kvale and Brinkmann, 2009; Hughes et al., 2020). The endorsement of self-reflexivity in the study design (Mason and Dale, 2010)) encouraged this reflection within this study. Moreover, as a qualitative researcher, my study finds, like Rossetto (2014), that it is significant to acknowledge the therapeutic value of the qualitative interview process.

Moreover, my study suggests that researchers need to be prepared not only for the challenges of recruitment but also the rich data that is generated amongst those who do participate in the research study. As a researcher, I encountered an openness amongst women and men disclosing their dilemmas, their anguish and uncertainties rather than presenting themselves to me in a certain way, such as being 'expert' service users in IVF or adoption. Participants were also keen to be presented with my study findings

so they could learn more about the subject and make more sense of their experiences.

3.9 Summary

This qualitative empirical study crafted three key research questions to be answered through a research design with a theoretical sample that included 15 men and 20 women's joint perspectives, a range of socio-economic circumstances and both trajectories in IVF and adoption. My qualitative study is distinct in its use of qualitative longitudinal methods to explore family-building through IVC and infertility experiences. This included thematic life history in-depth interviews, participatory time-line mapping and self-reflexivity using my researcher's log as methods selected to generate the in-depth retrospective data required to answer these research questions. There were limitations recognised and issues encountered in undertaking this empirical work. Nevertheless, my methodological framework was helpful to understand new and emerging sociological thinking about families and broaden our research practice.

My research strategy investigated 20 families that demonstrated key differences and diversity, which were important as reviews of current research tends to focus on couples attending fertility clinics who have the financial ability to pursue IVF. In contrast, my study sought couples who lived and worked in diverse areas with a diversity of socio-economic circumstances to reflect their household incomes spread from low, middle to high. In this study men and women tell their own stories about their lived experience of fertility disruption. The study's focus on 'time' is as a factor in understanding the contextual social factors shaping couples' decision-making in order to investigate the meanings of their experiences. The initial sociological contribution that my empirical work emphasised from participants' accounts was the challenging nature of how joint decisions were negotiated over time. This has implications in practice for training and support to enable professionals across health and social care to listen to

couple's experiences, to understand the power of narrative. Instead, current policy that influences practice tends to reflect a personal individual choice perspective, as an event at one point in time, rather than emphasising a joint inter-dependent process over time.

The next chapter will examine the research themes in detail. My thesis suggests an overarching concept of in/fertility journeys that reflects the range of themes the analyses generated which will be developed. This concept ties in with social theory that Neale (2012, p.3) highlights in understanding the idea of "life journeys" and the shifting relationship in life histories between past, present and future. This notion is drawn upon in the analyses to capture participants' imagined families in relation to the families that were produced from decision-making over time. Each of these three analysis chapters can be read separately but they are connected by core issues which run through the themes. These included assumptions and expectations of participant's imagined families during infertility experiences, value in the meanings of the families established, the context and practice of decision-making, and disclosure practices within in/fertility journeys.

Chapter 4 examines expectations in relation to the emotional turmoil in negotiating the start of in/fertility journeys and the context and practice of decision-making prior to contemplating IVF as an option. Next, chapter 5 explores themes around negotiating reconfigured meanings and understanding developed through producing families in IVF and adoption. The complexity of imagined families and the significance of genetic and biological ties links to a key analytical theme of secrecy held in tension with disclosure to family members about in/fertility journeys. Chapter 6 will present themes linked to family involvement and reframed stories following disclosure through ongoing in/fertility journeys in IVF and adoption.

Chapter 4: Navigating in/fertility journeys – expectations, experiences and decision-making contexts and practice before IVF

4.1 Introduction

Existent literature examines the social context of couples' and individuals' life experiences (Greil et al., 2010) yet decision-making remains unclear in the literature. Evidence cited in this chapter supports the argument that infertility can engender experiences of reproductive disruption (Inhorn, 2007). However, preconception difficulties that are encountered during experiences of infertility prior to IVF arguably have been overlooked in the literature. Couples' experiences including emotional turmoil need to be explored more fully from a shared perspective to understand how to support those who find themselves unable to start a family.

My analyses challenge psychosocial literature that represent infertility experiences as a fixed life event, for example, as something that happens at a particular time (Hocaoglu, 2018). Rather, my study explores such experiences as a process over time. This chapter asserts that couples' emotional turmoil, which arguably is key to understanding infertility experiences as a process, begins far earlier than previously recognised. This understanding of such a process has been shaped by a range of literature and policy across reproductive health, sociology and anthropology. My understanding has deployed a metaphor 'in/fertility journeys' which recognise there is sometimes no clear line between the variable and dynamic nature of 'fertility' and 'infertility' experiences navigated as journeys.

In my thesis 'in/fertility journeys' are therefore drawn upon as a concept and provide a succinct description of the complex process and range of infertility experiences. This type of metaphor is used by other scholars exploring men's infertility experiences (Hinton and Miller, 2013) and commonly spoken about amongst service users to reinforce the idea of living with uncertainty around fertility (FNUK, 2021). Journeys are also a term used by social workers with involuntary childless couples pursuing adoption after IVF to

describe the transition from biological to social parenting in families (Crawshaw, 2010). In/fertility journeys therefore are identified as a core theme from the analyses, because couples in this study described their experiences of infertility in terms of this type of metaphor. (see appendix E, Figure 3: conceptual diagram of early in/fertility journeys).

This chapter examines couples' initial response to reproductive disruption. It explores couples' infertility experiences, their expectations around fertility, reactions to infertility, and their evolving thinking and decision-making about IVF as a route to family-formation. The evidence suggests that emotional turmoil and isolation underpin the hidden nature of in/fertility journeys which shape how couples manage and negotiate the context of the decision-making process. These findings reflect couples' decision-making in practice which included complex and non-linear decision-making processes that lead to IVF. The policy context arguably reinforces assumptions about what couples are expected to do in these situations in relation to finding out about IVF treatment (NICE, 2017; HFE Act, 1990; HFE Act, 2008). However, this chapter highlights the importance of emotional turmoil underpinning the decision-making process. This includes dilemmas about what to do next, and nuanced circumstances of socio-economic enablers and constraints, as couples start to think over their futures differently concerning how to start a family. Next the main themes of emotional turmoil, disrupted expectations and isolation will be examined.

4.2 Disrupted expectations and emotional turmoil about starting a family

The participants experienced emotional turmoil as a response to the uncertainty that is introduced into couples' lives about starting a family. First, the consequences of the disruption to their hopes and expectations are considered. Second, the data revealed couples' isolation linked to their reluctance to initially discuss these early experiences with family and friends in their social networks. This aspect will be developed here and later (see chapter 6 on family involvement with ongoing in/fertility journeys). The evidence suggests a very intense experience of an array of emotions in a social context where couples perceive that their issues are socially 'taboo'

and experience isolation. This experience is under-recognised within their social networks, family and amongst health practitioners or GPs to who they then turn, which links to a theme 'hidden journeys' explored in section 4.3.3. Third, the data about how couples managed their emotional turmoil also revealed the importance of the shared narrative amongst partners in recounting their experiences, echoing arguments about involved fatherhood (Dermott, 2014) but from a pre-fatherhood perspective. The disrupted expectations theme is explored next.

4.2.1 Disrupted expectations

Reproductive disruption is a concept which highlights the uncertainty of some reproductive experiences that challenge the dominant narrative about women's experiences of the linear progression of conception, birth and the creation of the next generation (Inhorn, 2007, p.1). The accounts in this study show a strong emotional response amongst couples to the disrupted expectations that exemplify this concept and to perceptions about possible infertility. All the participants initially held clear ideas about a natural pregnancy that would easily happen within a few months, thereby anticipating that they would establish their own family. These expectations about pregnancy were captured along with couples' decisions to stop using contraception. This expectation is not unrealistic as evidence[17] indicates that 85% of couples conceive naturally within the first 12 months of discontinuing contraception (HFEA, 2017). In this preconception phase similar disrupted expectations were apparent despite the socio-economic diversity of the 20 couples and the range of participants' ages. For example, Hannah and James' emotional responses about disrupted expectations were common:

> Hannah*: "And it all felt like it would just happen! You get married and then the children would come along ….. so we both kind of as you do, you just think oh well we better start doing what you need to do coming off the pill and all of that stuff and so yeah we've spent all these years together and not getting pregnant we just need to get*

[17] Some couples are eventually diagnosed with infertility for which there is a cause, but for 1 in 4 couples it may be unexplained (NHS, 2022). A survey highlighted that 25% of couples expressed that conception takes longer than they desired (Balen, 2014).

> *pregnant now. (laughs). And then (serious face) it just didn't happen. For a long time, it just didn't happen."*
>
> James: *"… and there's so much unknown!"*

Several men in the study experienced this shared sense of disrupted expectations with their partners. This data offers unique findings as, for too long, men's contributions to fertility decisions has been a neglected area (Jamieson et al., 2010). The shared emotional responses of Evan, a doctor, and Rachel, a human resources manager, are typical:

> Rachel*: "it feels so long when you're waiting for the next chance to get pregnant every month. And every time it doesn't work. …I definitely felt like it was never going to happen, you know what am I going to do with my life instead?" (laughs)*
>
> Evan*: "So we were trying and we were failing to get pregnant and it had become so important."*

Across the dataset couples narrated a shared experience. For example, Evan talked about 'we' as a joint expectation about pregnancy which is upset as an important life experience linked to discourses around getting pregnant. This experience of an unsettled expectation made couples rethink, as Rachel narrated, about what to do in life instead of becoming pregnant. This finding resonated with Exley and Letherby's (2001) findings about infertility as a disrupted life course, such that infertility experiences imposed a rethink about the future.

The opportunity to see how couples narrated a shared experience of disrupted expectations in these analyses also linked to discourses around family-building. This aligned with contemporary perspectives of men's expectations of family-building linked to a particular sociohistorical period of fatherhood (King, 2012). But this also aligned to a policy context which was contentious by increasingly seeking to include 'fathers in father identities' so that mothers were supported (Dermott, 2014). My analyses highlighted that most men held similar expectations to their partners about starting a family which was something that they wanted to do together. Heather and Reece's responses were typical:

> Reece*: "For me I guess it was more after we'd been together for a sufficiently long time that it seemed like something that we wanted to do together."*
>
> Heather*: "yes I mean I couldn't imagine what the children would be like but I really loved the concept of family and creating family."*

The value of family-building was evident in these accounts as a shared endeavour. Furthermore, these expectations from a male perspective reflect the contemporary practice highlighted in the literature and termed 'new fatherhood' (Henwood and Procter, 2003). This is in line with a noticeable shift in men's roles from a focus on providing financially for a future family to one more concerned with the provision of care, emotional support and engagement together in day to day decision-making (Lupton and Barclay, 1997; Stevens, 2015). This aspect was noticeable in most couples' accounts across the sample who continued to share the desire and decision to start a family even with the uncertainty over these expectations. This theme therefore, helped to build ideas around how couples find a way to understand their disrupted expectations about family-formation and thereby broaden an understanding about the shared norms that surround difficulties with family-building. The uncertainty that ensued arguably shaped how couples go on to manage their disrupted expectations which links to the subsequent emotional turmoil theme and isolation explored next.

4.2.2 Emotional turmoil and isolation

Emotional turmoil plays a big part in these preconception experiences as couples come to realise that they may be unable to naturally conceive. These emotional dynamics are important not least to more fully understand and support couples who find themselves unable to start a family. Participants' narratives about these emotional aspects coincide with established research findings from feminist scholars work on disrupted fertility and reproduction explored in IVF experiences (Franklin, 1997; Becker, 2000; Thompson, 2005; Inhorn, 2007). These studies did not examine pre-IVF pathways. My study provides a distinctive contribution to the literature in that the fieldwork captured much longer time frames of couples' in/fertility journeys including these preliminary pre-IVF conversations, post-IVF, adoption and other decision-making. Findings in

this thesis highlighted that emotional turmoil during in/fertility journeys began far earlier than previous studies have recognised. The important aspect to note is that for many couples across the diverse sample these emotional aspects informed their initial sense and decision-making.

The data also showed that men and women's accounts shared dyadic experiences which challenge the underlying assumption of infertility experiences focussed solely on the rationality of individuals or only towards women's individual health in practice (NHS, 2014; NICE, 2017; Fertility Network UK, 2019) and policy (HFE Act, 1990). The notion of rationality is problematic as in the literature it tends to be linked with action. This reinforces the idea of linear decision-making. However, the data presented in this chapter reflect a temporal analysis suggesting that when couples encountered issues and uncertainty over starting a family, their decision-making was not necessarily linear and followed by action.

Arguably, not enough is known about how individuals do respond or what aspects are shared amongst couples concerning what is done by them about their situation. The findings in this study highlighted that emotional turmoil was a key theme amongst both women and men. Several men shared with their partner this emotional aspect of their experience. The metaphor of an "emotional rollercoaster" was often used to describe the experience which underlined the perception of a journey and was key to the analysis of this theme. David, who worked as a maths teacher drawing on logic in his everyday life, described what many couples referred to as a common experience, namely how the emotional turmoil of the experience overrides any rational idea of deciding what to do about their situation.

> David*: "From the outset you can have kind of a rational idea of what you want to do but as Jill was saying all the emotional rollercoaster flattens that out!"*
>
> Jill*: "I wasn't prepared for the emotional ups and downs … I mean I had quite an emotional reaction"*

This empirical data reinforced that engaging with emotions is integral to understanding couples' responses to their situation, which are a significant shared feature of the experience. This finding concurs with recent scholars'

work on men's infertility experiences and help-seeking behaviour (Hadley and Hanley, 2011; Hanna, 2016). Moreover, the 'emotional rollercoaster' metaphor that David and other participants used suggested in my findings that the experience of infertility developed as a dynamic process. This was significant in the identification of emotional turmoil as a theme. Previous researchers have highlighted emotional rollercoaster experiences as processes too, but only within the context of IVF experiences (Becker, 2000; Harwood, 2007). Significantly, the data in my study suggested these dyadic processes and couples' emotional turmoil and vulnerability began prior to any IVF experience.

For couples in this study the early phase of an in/fertility journey involving any decision-making was hard. Decision-making is less a rational endeavour with a linear trajectory and more a complex negotiated process, characterised by emotional turmoil. Such turmoil is made additionally difficult in many cases because of the need for privacy and the couples' consequent isolation from their personal networks. Many couples across the dataset highlighted how they did not tell people or talk about the emotional turmoil they were experiencing. The emotional turmoil and isolation these analyses identified contest assumptions that heterosexual couples simply opt to pursue IVF when they want a family but are unable to have one naturally. The emotional turmoil shared between couples coincides with other infertility studies (Fisher et al., 2010; Bell, 2015). Cathy and Tim's responses are typical:

> Cathy*: "I think we became a little bit insular didn't we, socially and focussed I mean the decision-making was between us really?"*
>
> Tim*: "It's kind of very British but a very unhealthy way of dealing with it really."*
>
> Cathy*: "I think it was just so raw I just didn't want to actually talk to people about it."*
>
> Tim*: "Oh no, neither did I and it's because it's so raw."*

Many couples in the sample described how the emotional turmoil and processes were kept between themselves. This pattern of concealment and non-disclosure had implications for how couples deal with their experiences which is a theme explored further through chapter 5. It is influenced by what is deemed acceptable for public discussion and also by couples' own desires to protect family and friends from having to engage with their emotional

turmoil. These aspects will be explored more in the section on contexts of decision-making (section 4.3) as only a few couples confided in close family and friends. This idea of isolation of the couple during in/fertility journeys within family contexts adds layers to the turmoil experienced during the process as emotional support from others is not often drawn upon as James sums up:

> James*: "We didn't want to take everyone on the rollercoaster ride with us!"*

Heather and Reece's response was typical, revealing how couples concealed their desire to have children and their emotional vulnerability.

> Reece*: "I mean I didn't really tell people. So, I don't think probably anyone at my work knew while we were going through it."*
>
> Heather*: "Yes! Not making yourself vulnerable and protecting yourself from being hurt."*
>
> Reece*: "So it's better not telling people"*
>
> Joy*: "Why?"*
>
> Heather*: "So that I didn't have to talk about myself or deal with their response … we had to go to many family parties and I really did not want to go because we had been married for a certain number of years and everyone else is having kids and some people will ask in the wider family some very brutal questions!"*

Social disengagement and isolation was a more common experience than social connection during the early phase of couples' journeys. However, couples' social disengagement from others suggests that these early infertility experiences are hidden from public discourse and will also need greater acknowledgement in contemporary practice. One of many questions to consider from the emotional turmoil and isolation during these types of journeys is how to develop therapeutic support for couples. The emotional turmoil experienced during the pre-conception phase varied considerably from many months to a few years. The longest spans were amongst couples in the lower socio-economic groups within the sample, raising further implications which will be explored in decision-making in practice (section 4.4.3). Furthermore, couples recognised during the interviews that talking

about their shared experiences underlined this sense of emotional turmoil that had never been shared or talked about, as Euan and Amy highlighted:

> Euan*: "Yeah I think it is emotional to talk about it again isn't it?"*
>
> Amy*: "Yeah but I mean in a way it's quite a nice experience to sit and talk …. about our lives you know!"*
>
> Euan*: "Yeah. People pay money to do this!" (both laugh)*

Several couples highlighted the therapeutic benefit of talking about their journey, which opened up a new way of talking for the first time about the isolation surrounding infertility experiences as James highlighted.

> Hannah*: "No one knew."*
>
> James*: "This has been like free therapy really!"*

The emotional turmoil and isolation experienced by participants made decisions hard. The hidden journeys in the context of decision-making identified in the analysis (section 4.3.3) questions the rhetoric found in policy and practice documents. These reinforce a public discourse that couples who are unable to naturally have a family will simply decide to undergo IVF treatment. This assumption was also held by professionals working in IVF clinics whom couples go on to approach (see section 4.4.4). However, the isolation found surrounding these experiences pointed to uncertainty about what to do in these circumstances. Many participants in this study disclosed that how to start a family created huge emotional turmoil as it opens up couples' thinking around different options. These options included thinking about whether they were prepared to undertake IVF treatment or adoption (see section 4.4.1). The possibility of remaining without children at all added further emotional turmoil at this early stage of the in/fertility journey. Next how couples managed the situation will be explored.

4.2.3 How couples managed the situation

The participants' experiences of emotional turmoil varied as to how couples managed the situation. First, the consequences of the emotional turmoil which contributed to a few couples' marriage breakdown are taken into consideration. Second, how the majority of couples managed to negotiate

the emotional turmoil together is explored. This reflects contentions around the question of emotional dynamics at play in how couples managed the situation. This evidence together with the difficult emotional experiences of the participants, secrecy, isolation and a lack of support builds a picture about the intense emotional pressure experienced by many participants.

4.2.3.1 Marriage breakdown

The intense emotional turmoil played a significant part in producing conflict which a few participants suggested acted as a catalyst to their marriage breakdown. There was considerable conflict disclosed in a few timeline maps and interviews about the question of IVF, which produced a mixed response between a minority of couples. For example, this conflict is evident in Juliette's timeline mapping. Since the IVF the couple have divorced. Harry initially had agreed to participate in this study. However, when Harry read the interview questions, which were sent ahead of the scheduled interview, he decided to withdraw from the study. In his email Harry expressed that:

> Harry: "*the differences which surrounded decisions over IVF would be uncomfortable to talk about in the interview alongside the personal circumstances within our relationship."*

In research about infertility men's voices have been absent as recruitment of men to studies has been challenging (Webb and Daniluk, 1999;Throsby and Gill, 2004; Hadley and Hanley, 2011). The male voices found in my empirical data are those who agreed to a joint interview and were willing to be vulnerable and open about their challenging experiences. Moreover, the data in my study is reflective of men's experiences who had not previously been open to others about their circumstances or told anyone their narrative. This extract highlights the difficulties that their infertility experience created in their relationship, the conflict produced, and the set of circumstances which surrounded the question of IVF. It emerged from Juliette's account that Harry took a less active role in the question of IVF and was focussed on his career change rather than a future child in the timeline mapping.

> Juliette*:"…it was about career decisions and grief and interestingly because as our story goes on and things became fraught between Harry and myself over this issue with the whole of what happened in*

the end. So, he wanted to change his career and move away at the point that all this question over IVF stuff started off and my argument was I can't wait! Because I knew from my working knowledge about fertility ... So a big clash of desires. I had to embark on this now and he wouldn't be here. He was trying to cope in his own way and he would be optimistic and say if we didn't have children it wouldn't be the end of the world, that he loved me and we would have a nice life… and I couldn't! I was really angry at him! … about not being there!"

The difference in perspective exacerbated their emotional turmoil and left Juliette angry, hurt and resentful towards Harry. Juliette felt alone in the decision about what to do next. This interpersonal conflict between couples produced narratives which confirm the grit of emotional turmoil in decision-making. Furthermore, messiness about what to do next linked to competing demands and timings around career trajectories clashing with the desire for children. Juliette looks back at these conflicted circumstances as the catalyst to the breakdown of her marriage to Harry.

Juliette*: "I do see IVF as a catalyst to our breakdown – I think about this often when I look back."*

In this study Brian with his second wife Karen also disclosed that the question of IVF was the catalyst to the breakdown of his first marriage. Brian was open about his experiences of decision-making which included a disclosure about his wish not to pursue IVF in his first marriage. This disclosure was a revelation to Karen during their IVF consultation. This emotional turmoil and conflict reinforces the notion of social taboo embedded into many infertility experiences. These experiences highlight the sensitivity needed in practice over these situations acknowledging the emotional turmoil involved in managing what to do prior to any decision-making. For example, the emotional pressure to agree on the question of IVF was highlighted:

Brian*: "So the catalyst to the breakdown of my first marriage was IVF. It was the starting the programme of IVF and me realising that I didn't want to be part of it and that was the start of the end." (lowers voice)*

Joy*: "Mmm"*

Brian*: "So we had hardly got into it, but we had started it. Now you had no idea about any of this (smiling) I remember you just looked at me like this (wide eyed) in this tiny little cubicle room. So, Karen didn't know that when I'd been married, I'd previously considered IVF. And then in that room the consultant had asked me had I ever gone through IVF before to which I answered yes. Which you didn't know about?"*

Karen*: (laughing) "Yes that was a bit wooohoo! I just remember him asking you had you ever given a sperm sample and you answered yes I have!"*

For a few couples the emotional pressure to agree on IVF as an option to explore together can add to the emotional turmoil surrounding the couples' situation and circumstances. This aspect needs acknowledgement as, for a few couples, the catalyst to their relationship breakdown lay in how they managed the situation separately.

4.2.3.2 Negotiating together

In contrast other couples in the sample who also experienced emotional turmoil managed to negotiate their situation together. In most narratives, couples experienced a closeness of being together and sharing this experience of emotional turmoil during their in/fertility journeys. Hannah and James' responses were typical.

Hannah*: "we kept it between us."*

Joy*: "How did that work out?"*

Hannah*: "It's almost … a negotiation"*

A central process of negotiation was evident amongst most couples across the data set. Heather and Reece's experience highlighted the emotional effort involved in working through the options together.

Heather*: "We worked at it together. (emotional in voice). And he didn't mind the possibility of not having kids at all or adoption."*

Reece*: "Yeah, yeah we talked about all our options."*

Heather*: "I think working at it brought us close together."*

This finding resonates with Phillips et al.'s (2014) study which highlights how contemporary couples value retaining their relationship as they contemplate IVF and their options. As many couples, across a range of socio-economic circumstances, acknowledged this emotional turmoil put a strain on the relationship but also enabled a close connection. Vanessa's response was common:

> Vanessa*: "the pain of not being able to conceive does bring you closer well I guess it can go either way but for us I guess it can bring you closer."*

Likewise, Tim and Cathy's response was typical about how couples across socio-economic groups valued their ability to talk within their relationship about everything.

> Cathy*: "Socially we focussed on us, talking between us really."*
>
> Tim*: "We spent time by ourselves"*

Most couples considered and talked between themselves about whether to find out more about IVF alongside other options such as adoption or donor conception. (Surrogacy was beyond the parameters of the study.) Heather and Reece's response was typical:

> Reece *"We thought we'd like to have a chance at IVF. We'd even considered egg donation, we'd contacted two clinics and found out that there was an egg stock."*
>
> Heather*: "At the same time we also went to a social services adoption night. And it would have been around the same time…"*
>
> *Reece "Yeah it would have been around the same time.*

Therefore, most couples explored a range of options, simultaneously gathering more information about different possibilities which contrasts as a divergent perspective to policy rhetoric. NICE (2017) guidelines and HFEA (2019) state that fertility clinics provide interventions such as IVF to assist those who are unable to naturally conceive a child. However, it does not specify what other kind of options are in place, so it is hard for couples who may wish to consider a range of options at the same time. This means that

couples like Heather and Reece had to simultaneously find information from diverse sources to consider how to manage their situation (see 4.4.1 options in decision-making). Next the context of decision-making will be explored.

4.3 Contexts of decision-making

There are gaps in the UK sociological literature in relation to understanding the contexts of decision-making, including the significance of timings during in/fertility journeys amongst couples in pursuit of a family. In contrast, Sandleowski et al. (1989) developed in the U.S. the mazing theory from studies of infertile couples' challenging pursuit of parenthood. Further sociological studies on infertility focussed particularly on 'waiting time' (Sandleowski. 1991) amongst couples who navigated a range of infertility pathways (Sandleowski et al. 1990; 1993). Similarly, in this study, participants' timeline mapping highlighted the importance of timing held amongst contemporary couples which helped them to understand their difficult experiences. An awareness of women's ages linked to reproductive capacity adds a temporal marker which are used in policy recommendations and eligibility for IVF provision (NICE, 2013; NHS, 2014; HFEA, 2016). This can frame how couples then experience infertility and what is done to address it.

The timings of motherhood have been debated (Sevón, 2005; Earle and Letherby, 2007; Perrier, 2013). Sevón (2005, p. 461) highlighting how the contexts of decision-making, including the timing of parenthood, is a multi-layered process which is not entirely "clear-cut, rational, or conscious". However, the timing of parenthood is a key challenge during in/fertility journeys which adds complexity to how infertility experiences are understood. My analysis uncovered three themes that framed the contexts of decision-making which included perceptions of biological clock pressures, experiences of social pressures amongst friends and family networks, and the hidden nature of these journeys. These themes will now be illustrated through the data to understand how it shaped emotional and complicated in/fertility journeys.

4.3.1 ‘Out of time’: perceptions of biological clock pressures

The significance of timings in couples’ accounts featured in the temporal analyses as another main concern within the challenges of in/fertility journeys. This aspect of timings contributed to the ways in which couples experienced and understood themselves to be possibly infertile, linked to social norms around timings in starting a family. The importance of time as a concern was a new experience that contributed to the contexts of decision-making, including the dilemmas which unfold. Many couples shared Amy and Euan’s recollection of the meaning behind their infertility experience which changed over time, whilst their desire for a future family with children, and the focus it would give to their life, remained constant. Like others in the sample Amy and Euan recalled a vast expanse of time which shrank to a sense of being ‘out of time’ to achieve an imagined future family. This perception focused on the significance of timings around starting a family and this insight shaped couples’ in/fertility journeys.

> Euan*: “I think children gives your life a whole focus even when they arrive until in life when you are very old.”*
>
> Amy*: “That’s so funny that isn’t it because I think I was aware that I was older than others, but I wasn’t thinking that the clock was ticking because I think I felt that there was loads and loads of time.”*
>
> Euan*: “When they start NOT arriving! (laughs) And I think maybe a lot of our reasoning was to say well okay we’ve got to get it done because if you wait and wait then times has gone!”*
>
> Amy*: “We were trying and failing! (laughs) At that time (points to the timeline map) in my life it was definitely that I felt that I was against the clock!”*

Across the data set couples’ in/fertility journeys are challenging, partly because of this new perception of time in these circumstances which shapes these experiences. For example, the arrival of women’s periods each month after trying to conceive couples highlighted added to this perception ‘out of time’ as a core concern.

> Jill*: “for the next chance to get pregnant and every month. And every time it doesn’t work.”*

By adding this perception of being ‘out of time’ participants’ infertility experiences reflect the social processes and temporal contexts in terms of the pressure of the ‘biological clock’. Many couples were concerned about their biological clock and linked this with a woman’s age and their reproductive capacity. Some couples’ perceptions across the dataset that they might be infertile were tied to age-specific social norms linked to reproductive capacity. These perceptions created dilemmas for couples about the significance of timings in decision-making about family-building during this phase of the journey. This notion of a shortened time frame, with a focus on the significance of timings in couples’ experiences, is evident on timelines as the theme ‘out of time’. This aspect of the in/fertility journey links with the literature on challenging transitions from a life course perspective (Neale, 2015). For example, in transitions which are challenging such as divorce, unemployment and bereavement, the perception of time seems to shrink, as Neale (2015, p. 37) says:

> “*For those undergoing challenging transitions, time may seem to shrink, creating a sense of ‘being out of time’, dislocated or disorientated from the mainstream, such that the seamless flow of life from past to future is disrupted*.”

This sense of time shrinkage adds a new experience to the concept of time, in which people adopt shortened time frames shaped by the challenging transition (Neale, 2015). This is evident also during in/fertility journeys (see 4.4.2 Time urgent decision-making).

A key concern in IVF, as an option, is usually the pressure of the ‘biological clock’ which is experienced by women who have been told that treatment is likely to be less successful due to their age and this limits their reproductive capacity (Cussins, 1998). However, it is striking from a sociological perspective that some couples in this study, like Amy and Euan, were drawing upon the ‘biological clock’ early on in the in/fertility journey. The emotional pressure of the ‘biological clock’ arguably adds complexity to couples’ experiences with the idea of the ‘biological clock’ linked to women’s ages and a limited reproductive capacity. For some couples, like Euan and Amy, ‘out of time’ meant that infertility experiences were precarious in the context of family-formation. This sense of being ‘out of time’ then extended

to having enough time to pursue help such as IVF, as Euan suggests, “to get it done before it’s too late”.

Similarly, in this thesis the narratives highlight couples’ rethinking about how precarious family-formation might be. Timeline mapping identified how participants viewed having children as an important part of their future.

> Cathy*: “Otherwise you just assume you will have a baby … you realise that maybe a couple of years has gone by and nothing’s happened. And maybe three years and then you’re thinking actually time is running out and then the choice is taken away!”*
>
> Tim*: “That became part of our discussions didn’t it?*

Couples understanding themselves to be possibly infertile were concerned about being ‘out of time’ to pursue IVF as an opportunity to do something about their situation. Holland and Thomson’s (2009) critique of peoples’ life histories questions the idea of a linear progression from past, present into future and suggests instead that it will involve a rethinking of the future. My finding reflects the context of timings in decision-making with narratives highlighting the pressure of the biological clock and dilemmas about being ‘out of time’. All of these narratives include rethinking the future in the dilemma of whether to wait or not give it more time as Hannah recalls:

> Hannah: “*we thought it’s just going to happen, let’s just chill out, so we tried for another year and when I was turning 35 we couldn’t just wait as that desire to have a family was building all the time*.”

The demographic profile within my study included some older ages of prospective parents spanning women’s ages from 33-42 years and men’s ages from 32-63 years. This meant for a few of these couples that the context of ‘out of time’ related to both their ages as well as their capacity to parent and bring up a child. This latter experience is particularly relevant for couples who had met later in life. Robert and Alison expressed that being ‘out of time’ was related to Robert’s age linked to his reproductive capacity, as he is twenty years older than Alison.

> Alice*: “It is interesting because obviously the time is important.”*
>
> Robert*: “Because it’s almost my biological clock.”*

> Alice*: "Yes it's Robert's biological clock really rather than mine!"*
>
> Robert*: "For me I am concerned that I am getting older and that I don't really want to waste what time we've got left in terms of if we decide to have another one or maybe another one after that so for me it is more urgent."*
>
> Alice*: "but I think that is the same for anybody that has children really no matter how they arrive."*
>
> Robert*: "Well only why for me is because I think the whole process is much more protracted for us isn't it so what we have to go through that's what I'm thinking."*

Emerging evidence from infertility studies highlights the importance of male age as a contributing factor to infertility experiences (Dungeon and Inhorn, 2004; Inhorn, 2007). Alice and Robert were well educated and recognised that a male's age can contribute to infertility. Again, like other couples the 'biological clock' is highlighted but in this case 'out of time' is linked to male reproductive capacity. This knowledge contributed to Alice and Robert's understanding of the context of their decision-making and is significant as it shaped their in/fertility journey from an early stage. Education and knowledge are important aspects (explored further in section 4.4.3) that underpin the theme of 'out of time' which is challenging not only for women but also for men. My finding also highlights an awareness of male age linked to reproductive capacity that adds to a scarce collection of studies. Recent research highlights that men's experiences of infertility and help seeking decisions are less researched than women's experiences (Hanna and Gough, 2016). Alice and Robert's circumstances were similar to other couples who had met in their 30s or 40s and the context of timing in decision-making was influenced by their joint ages in relation to their capacity to bring up a child together, in addition to their reproductive capacity.

4.3.2 'Left behind': perceptions of social situations

Another theme of the analyses, 'left behind', is part of the emotional turmoil of in/fertility journeys. The theme 'left behind' was a difficult emotional experience linked with couples' perceptions of a social clock running

alongside the ‘biological’ clock, to conceive around the same time as their social network of family and friends. This perception exemplified how social norms play out not in an abstract way but through everyday experiences. This in turn highlighted couples’ disrupted life course experiences that contrasted with both their imagined futures and those who effortlessly established families amongst their social networks. As Adam (2004) suggests, people are future orientated as social and cultural beings and this aspect of *future* in life is often overlooked or taken for granted. A future orientation marked out experiences of ‘left behind’ where couples endured living between the tensions of being unable to naturally conceive a child and their imagined future of having families over time. This rethinking of the future was common in early in/fertility journeys about what family is possible.

My findings highlight that recognising this rethinking at an early stage is a useful insight for couples experiencing infertility, to help them foresee the contingent nature of their situation. Several couples across the diverse sample experienced and understood themselves to be infertile from the sense that they were ‘left behind’ and stuck in an uncertain situation. In contrast, their friends and siblings were perceived as being pregnant and having children with ease. This comparison with others, particularly in relation to women’s ages, reinforced couples’ sense of their own circumstances. In this extract David recognised that Jill’s older age amongst her group of friends was significant and that their situation was challenging socially.

> Jill*: “It was a hard journey to get there”*
>
> David*: “Well there’s a bit of the journey that you’ve missed out”*
>
> Jill*: “I think I got very jealous of other people because it just been so easy for them … you have got all these families and they have got three children in tow (laughs) and you kind of feel it’s just not fair!”*
>
> David*: “I don’t think I felt like I was being left behind in the same way – I think Jill more so definitely than me – we’ve actually started having kids now at much the same time as many of my friends. That is partly the age difference as well (David younger than Jill) Jill’s friends a lot of them have already had kids so … more hard.”*

Moreover, the challenging circumstances and social processes heightened many couples' perceptions of the process, from a temporal context, which added a sense of length to the early context of decision-making. Jill and David's response is typical:

> Jill*: "It did feel like a very long process over the time".*
>
> David*: "Well it's been most of our married life!"*
>
> Jill*:" Yeah you look back now, and you think oh okay four years maybe that's not much as a percentage of your life, but it felt like a long time when you're in it."*
>
> Joy*: "Yes, this is why I was interested in how you perceived time?"*
>
> Jill*: "I just know that it feels so long when you're waiting for the next chance to get pregnant and every month".*

Analyses highlighted that the couples' sense of their temporal context was common for some but not across all contexts. It affected couples differently depending on their friends' and family settings. For example, David recognised how Jill perceived herself to be 'left behind' but also acknowledged that his social network of friends had not established families themselves, so he did not sense the same social pressure. My findings highlighted how couples supported and negotiated the temporal context of decision-making together, despite experiencing different social pressures.

Nevertheless, several couples perceived that, compared with their siblings, they were 'left behind' in establishing families. This perception grew in importance and added pressure to the wider family dynamics. In a few cases couples told their wider families about their natural conception difficulties, which added further emotional intensity and strain on everybody in their wider family, as Nicky discloses:

> Nicky*: "I know that people were very conscious when they got pregnant and I think even my brother he has four children and there is a big gap between number 3 and number 4 and I think that's because they felt God we're rubbing Nicky's nose in it a bit here. You know let's wait until Nicky has one and it was hard it was hard for us; it was hard for our friends and our family around us."*

An openness about the struggle to become pregnant was less common and will be explored next. However, Nicky perceived that her openness about their in/fertility journey added to the emotional tension within the wider family. Nicky highlights tensions with how her brother and his partner waited to have a fourth child as a way to ease John and Nicky's sense of being 'left behind'. However, this prompted an acute sense of dislocation from family members and pervaded some family dynamics from the outset of in/fertility journeys. It is important to acknowledge that for some couples this emotional strain in relationships with various family members continued rather than resolved after a decision was made to pursue IVF. A theme explored further in chapter 6 (extended emotional support section 6.2.1). For other couples, like Nicky and John or Beth and Neil, this sense of strain and emotional turmoil about being 'left behind' was hard to cover up. In Beth and Neil's situation this strain produced a rift between Beth and her pregnant sister, arguing over decisions to attempt IVF.

> Beth*: "my sister ended up in an antenatal NHS group where she found 3 women who had ended up with IVF babies and therefore my sister was very much of the opinion that it will all work! It will all be fine, and it will all work out. At which point I just said: "you can't say that, you don't know!" And she replied, "Oh but it's worked for them!" And I replied: "Yeah, but that's for them!"*

The emotional turmoil and the disagreement around the social expectation of IVF success, which will be explored more fully in chapter 5, meant that Beth was unable to speak or be with her sister. These family dynamics further exacerbated Beth's infertility experience and sense of dislocation from previously close family relationships. Beth's mother therefore, had to manage one daughter who was pregnant and another who was struggling to conceive and had withdrawn.

> Beth*: "So then my poor mother had to deal with my sister who was pregnant and me who couldn't be. … But I just didn't speak to her (the sister) in the end I just couldn't! And then at Christmas we stayed away … my sister was staying with my parents."*

Beth's mother had previously tried to manage the tension within the family dynamics when Beth's sister had announced her pregnancy:

> Beth*: "my mother and my sister had concocted the idea that it was a good idea to tell me over the phone whilst I was staying at my parent's house, because my mum thought that then she could comfort me."*

These family dynamics revealed the strain in relational contexts in the few couples who disclosed their situation to their families. This strain in the early phase of in/fertility journeys resonates with Thorn's (2010) infertility research which suggest that infertility is a crisis, akin to bereavement, that devastates relationships. However, counselling is often linked to IVF treatment but perhaps it is also needed to support couples earlier in the in/fertility journey. Couples' responses to infertility at this stage reflected how they personally managed their relationships with others, alongside this experience of isolation in being 'left behind' other pregnant friends and relatives. Participants expressed grief about their isolation and how they were no longer able to have babies at the same time as their siblings and peer group. This experience was sometimes shared openly with others but mostly kept to themselves, as it strained their close relationships with friends as Nicky expressed:

> Nicky*: "It was hard and you kind of shut yourself off … I know that people were very conscious when they got pregnant … I remember another friend being in absolute pieces coming to tell me that she was pregnant, and it was hard, it was hard for us, it was hard for our friends "*

The more general experiences, overriding socio-economic differences or family settings, that accrue to perceptions of infertility expressed by couples in my sample were the emotional turmoil negotiated together as couples perceive themselves as 'left behind' and experience further social isolation. This contributed to difficulties in social relationships with close friend regardless of whether couples were open or not about their circumstances. Vanessa, like Nicky, expressed the huge emotional anguish of being 'left behind' close friends, who also struggled to conceive, but who became pregnant. This was a common response:

> Vanessa*: "But I think maybe the pain of not being able to conceive does bring you closer well I guess it can go either way but for us I guess it can bring you closer. And because I had a few friends that*

got married around the same time and I think they all struggled to conceive but then they did eventually so you know when you see other people where it's happening for other people and definitely for me I think it is still a loss isn't it!"

These difficulties in social relationships as well as feeling 'left behind' and bereft were found to be part of the infertility experience, which do not simply resolve once couples plan to do IVF. This challenges past research that suggests that heterosexual couples who experience infertility need to accept their infertility issue through following fertility treatment options to resolve the issue (van den Akker, 2001). In contrast, my study highlights the emotional turmoil experienced at the outset of an in/fertility journey which shaped the contexts of decision-making and continued through in/fertility journeys. Many couples managed this strain by concealing their situation from their families, reinforcing the idea of a hidden context to decisions explored next.

4.3.3 Hidden journeys: the context of decision-making

The hidden nature of in/fertility journeys is a significant context for decision-making as it was clear that many of these negotiated stories were often never talked about with social networks including friends and family members. These journeys are emotionally challenging processes to fully disclose in family contexts. The range of reasons why disclosure is hard links with key findings explored through chapter 5. My findings offer further evidence to understanding in/fertility journeys surrounding how couples decide what to do next to establish families. Many couples decided that a boundary was necessary between themselves and their wider family about this matter. This adds more evidence to Smart's (2011) analysis of power dynamics developed about reproductive secrecy concerning who holds or shares secrets within families (explored further in chapter 5 section 5.3.2). However, the concealment of these narratives uncovered the hidden context of initial decision-making. This generates a challenge for practitioners, family and social networks to fully understand the emotional turmoil surrounding decision-making experienced during in/fertility journeys. Concealment was common practice, as participants sensed a difference from others and kept this part of their life story and experience to themselves. Hannah and James' responses were typical.

Hannah*: "we kept it incredibly private."*

James*:" they have not got a clue what we have been through."*

Similarities could be found with the data of couples' tendency to keep hidden their decision-making and not talk to their usual social network about this aspects of their life. Abi's response was typical:

Abi: *"I don't talk to them about it as a lot of them don't know."*

Moreover, the emotional constraint of concealing aspects of their journey contributed towards a challenging hidden context in decision-making, as Hannah reflects:

Hannah*: "It's strange to think that so many people who knew me so well have no idea about it ....I kept it very private. Because I thought that this is going to be hard enough. And not because I was embarrassed… I just couldn't cope with people asking me about it I just couldn't."*

The aspect of emotional constraint expressed here linked to broader historical processes of social connection or connectivity. One of the ideas embedded in life course analysis is of 'linked lives' where individuals do not operate in isolation but are part of an interplay between individuals and the social worlds they live in (Neale, 2015). My findings indicate more complex emotional processes of connecting and disengaging that couples experienced in relation to others around them. However, many couples were isolated and developed a strong connection between themselves.

Heather: *"I felt as if I couldn't talk about it to many people, so Reece was …I was lucky that Reece was the partner in this."*

This theme of isolation links couples' concealing their rethinking about biological and genetic ties to any future children in their decision-making in practice, which is explored next.

4.4 Decision-making in practice

Decision-making about infertility presented in policy is problematic as, in reality, couples' experiences suggest that it is far from straightforward and linear. My study shows this includes researching options, nuanced and time urgent decision-making, socio-economic circumstances with financial enablers and constraints in options, and interactions with fertility specialists negotiating fertility treatment or adoption. The data suggested that this required complex negotiations amongst couples, acknowledgement of circumstances and nuanced decision-making in practice rather than a 'rational' linear decision-making followed by action to uptake IVF. Retrospective accounts were important, as discussed earlier. These highlighted the shared disrupted expectations and emotional turmoil linked to discourses about failing to become pregnant as one type of disrupted expectation. However, this perspective of one type of disrupted expectation also held limitations if deployed to fully understand the range of decision-making in practice. Findings suggested that couples negotiated decisions with fertility doctors rather than simply opt to use IVF, to ease prior disrupted expectation over failing to become pregnant. This included emotionally complicated decision-making such as adoption which will be explored more fully in chapter 5.

4.4.1 Options in decision-making

Throsby's (2004) and Harwood's (2007) studies highlight how there is a social expectation in the UK over fertility treatment that has developed a normalcy. This normalcy underpins the dominant option of IVF in the policy context, with no mention of adoption, concerning the decision-making couples need to consider. However, despite this dominant option in reality couples consider and search for information on a range of options prior to decision-making. Nevertheless, participants perceived a societal pressure to opt for IVF, which shaped the in/fertility journey in an uncomfortable way. Abi and Ben's responses were common amongst a few couples about exploring options rather than simply opting to pursue IVF:

> Abi*: "… I think they don't make it easy for you to find out about the range of agencies and options, but they don't say anything against*

IVF, or you can't find research about any links to anything they just treat it as though this is all fine. I do feel that societal pressure . and I suppose because I'm feeling that anyway with living here where it's a bloody yummy mummy centre and everybody is pushing round twins and triplets …"

Ben*: "I didn't really feel IVF was a good idea … we could have gone one of two ways we went down the IVF route but had we drawn a line under having a biological child I would have been comfortable all along to not go down the IVF option and to foster or adopt."*

This account illustrates how, as a couple Abi and Ben, struggled as they sought to source and discuss options including whether it is important to have a biological and genetic connection to any future children that they parent together. In their case, this was exacerbated by societal pressure and sources of information only focusing towards mobilising IVF to produce biological children. The challenging nature of decision-making processes in family contexts about biological and genetic connections to future children is acknowledged (Strathern, 1992; Edwards, 2014). This contributes further emotional turmoil to the question about what type of family in the future may be possible. Ben disclosed after their interview that despite this social expectation to decide to pursue IVF, he did not feel it was a good idea, but had supported Abi over the IVF decision stage.

However, other couples' decision-making to pursue IVF was based on a shared meaning about IVF as a method that enabled biological and genetic connections. These aspects were important to many couples and reflected in their decisions about their option to use IVF whilst first thinking that infertility was an issue. Tim and Cathy's response was typical:

Tim*: "It's also a big thing to think about ….. I mean part of the decision to have IVF is a decision to have "*

Cathy*: "Your baby!"*

Tim*: "… your baby, your biological genetic baby as opposed to going down the adoption route. So, when you have made that decision … that can still have a baby by this method because that would have been part of the process, the thought process, earlier on. Cos you know we did talk about that didn't we earlier on?"*

Cathy*: "Yes. There would be a difference though between actually carrying a baby and giving birth to it and adopting"*

Tim*: "Yes!"*

Cathy*: "Because although it's not genetically yours, you have had that baby"*

Tim*: "Yeah absolutely."*

Cathy*: "… for that extra 9 months… And it's been part of you, though I think it would be different to adoption."*

Tim*: "Yes it's very different, but I'm talking about the route into IVF. So, for us it was part of why we chose to do it."*

Whilst it is acknowledged that all babies are biological, it is also acknowledged that this is a complex and contested term (Appleby and Karnein, 2014). Moreover, Appleby and Karnein (2014, p.79) assert that "biologically related does not necessarily mean there is always genetic relatedness" between individuals (see further discussions in chapter 5, section 5.2.4 about families with diverse connections and meanings). In my study participants also had a nuanced meaning of what establishing a family meant from the outset. The terms 'genetically related' and 'genetic tie' are used interchangeably to refer to the ways in which couples may hope to conceive their children from their sperm and eggs. Children conceived in this way will have a biological connection with similar genes to their parents. This aspect is a central question for a few couples in early decision-making about starting a family when infertility is a possibility, as Rachel and Evan highlight:

Evan*: "I think we knew we always wanted a family."*

Rachel*: "Yep"*

Evan*: "Family was important to us both."*

Rachel*: "I think we had a vision that we wanted family. I didn't necessarily have the thing that I wanted a baby and so because that wasn't what I wanted, it was just about a family so I suppose you just keep doing things that are going to get you into having a family umm that was it."*

Evan*: "I just saw it as a thing that family came as a … classically you have a baby to become a family. A baby in its own right wasn't central."*

Therefore, there are arguably a number of conceptual challenges involved in decision-making over exploring options around family-formation which are important to acknowledge about various meanings and definitions of family. Generally, family is taken to mean a structural entity and yet there is literature which stresses family as a set of processes and relations (Morgan, 2011; May and Nordqvist, 2019). This work cautions against understanding family in a set way as a group of relations or a distinctive structure because the meaning of family in different social contexts is contested (Dermott and Seymour, 2011). This was the premise taken in my study (presented in chapter 3, section 3.2) that reflected the range of family profiles (see appendix C). In my study, several couples' decision-making meant finding a way to have a family. For example, Rachel and Evan's thoughts were not necessarily about giving birth to a baby but about initially using IVF to establish a family.

4.4.2 'Time urgent' decision-making

My analyses highlighted that the option of IVF treatment is linked to a theme of 'time-urgent' decision-making. However, this urgency in decision-making is suggested to be intensified with the established social expectation of fertility treatment as a social norm. Moreover, Sandleowski (1991) regarded fertility treatment processes as time-bound in nature which adds a pressure into the experience. Yet, in this study the 'time urgency' theme emerged from some couples' narratives about a sense of urgency and pressure over what to do next when natural conception did not happen. The 'time urgency' in some couples' decision-making was also linked to a social expectation around the option of available fertility treatment in relation to local policy. Nonetheless, the opportunity to use IVF centred on a time urgency, as well as the shared partnership commitment to start a family via IVF, this was an essential part of the decision-making in practice towards mobilising IVF within these journeys. For example, several couples expressed panic about what to do in their situation and this translated into a sense of urgency around the time that was available to make decisions about starting a family. For some couples, this urgency in decision-making was related to the woman's age and linked to their reproductive capacity, despite not knowing definitely whether there were infertility issues. This view was held by several

couples and the different GPs they encountered who referred them to a fertility IVF specialist.

> Tim*: "So we were trying, and we were failing to get pregnant! ... then the prospect of your age … so it felt like it's not happening but also if we don't soon …"*
>
> Cathy*: "Yes I think the time factor made it feel more panicky"*
>
> Tim*: "He (GP locum) put us in touch with the IVF unit as a place to go cos that's where he sent us for tests."*
>
> Cathy*: "He (GP locum) was really good. And he kind of impressed upon us the urgency (laughter)"*

This sense of urgency focused these couples' decision-making over how to achieve their imagined future family onto how they transitioned quickly across their timelines to consider the option of IVF. However, my thesis argues that there is more to the nuanced decision-making process and that couples' accounts and the social processes shaped 'time urgency' decisions. In Tim and Cathy's experience it was the GP who reinforced the urgency of the need to do something about their experience of infertility and who influenced the couples' decision to explore IVF. These accounts are similar to past studies on infertility (Inhorn and van Balen, 2002).

Similarly, Hannah's account reinforced this age-related time pressure to explain why in their situation Hannah and James decided to opt for IVF. Earlier in their timeline they had deferred their decision to seek any medical help.

> Hannah*: "because I was 35 if I was going to do it (IVF) then I needed to get it done so in terms of time it felt I needed to get it done! I suppose it's the biological clock isn't it? And that's what it is and what time meant. Umm and just an awareness that I wasn't getting any younger, so we decided to go for it!"*

Likewise, Brian and Karen response highlighted the 'time urgency' in their decision-making as they had met each other in their late 30s.

> Brian*: "No one is going to make that decision for you … or find a way to have a child other than you."*

> Karen*: "I had no time to faff around really either you just do it, I just had to get on … that's why we are so decisive."*

My study's analyses add insight into the nuanced decision-making shaped by the importance of timing. For some couples there is a time urgency evident in negotiating and learning about whether they are becoming infertile or have enough time to become parents. Several couples across the dataset, particularly early on in their in/fertility journeys, disclosed to me that decisions were intensive about reproductive capacity linked to age as prospective older parents. Yet, several couples highlighted the overall importance of timings in meeting a partner who shared the desire for a family as Karen's narrative was typical:

> Karen*: "But what is interesting is that all the articles I've read over the last few years assumed that women were making a choice and it was because they were career women. All the single women I know we haven't got children because we haven't met the right person to have children with and I'd give this career up like the drop of a hat to be with the right person and then go onto have children with them!"*

These findings concur with current literature about the ideologies of parenthood, centred around a commitment to become parents together and share in a child-rearing partnership. This allegiance is regarded as shaping pre-conception experiences and decision-making around assisted conception that Thompson (2017, p.188) suggested:

> "*Don't just bleed into parenting culture, rather ideologies of intensive parenting have reached back into how pre-conception technologies are mobilised*."

Likewise Baldwin's (2017) findings suggest that the demographic profile of those who used the technology of egg freezing to pursue their expectation of parenthood was not only linked to age and reproductive capacity but also to not having met a partner committed to child rearing. My study findings included women aged 33-42 years and men aged 32-63 years, which produced 'time urgency' decisions to use IVF amongst couples committed to establishing families together. These finding therefore suggest that decisions

about opting to pursue IVF are more complicated as ‘time urgent’ pre-conception decisions rather than straightforward processes.

In contrast, for a few participants who had been partners a long time, there was no experience of ‘time urgency’ during their decision-making. There was no sense of urgency in relation to their age or social pressure to pursue IVF. The apparent similarity of no ‘time urgency’ between these few couples from lower socio-economic circumstances reflected to an extent that these couples were living together for several years, and started trying for a family at younger ages. Vicky and William’s conversation along their timeline captures this insight:

> Vicky*: “Yeah we never thought of doing it before we were 30 did, we?”*
>
> William*: “The plan was till 30 to get to sort of like our 30s we wanted to get out and enjoy life get settled get the house set up get the mortgage I think and the aim was for us to start when we were 30.”*
>
> Vicky*: “We tried probably for 2 or 3 years we were trying.”*
>
> William*: “Yeah and we didn’t know why it weren’t happening, we didn’t”*
>
> Vicky*: “I don’t think we were worried at that point, though were we?”*
>
> William*: “No we weren’t”*
>
> Joy*: “Did you ever go to the GP?”*
>
> Vicky*: “No we didn’t we just thought well we’ll just try and plus we both had jobs where we were working nights and weekends.”*

Over time William and Vicky did consider seeking medical help and IVF because of Vicky’s health issues which led to an infertility diagnosis. In a similar way Phil and Sarah experienced no ‘urgency’ in their decision-making and thinking that spontaneous conception was always a possibility rather than any concerns over infertility:

> Joy*: “So what did you do?”*
>
> Sarah*: “Well we waited and we got married and then thought if it happens it happens”*
>
> Phil*: “Well yeah, you could have fallen pregnant at any time!*

These analyses are insightful and bring a new understanding about decision-making in practice in the way participants understood these experiences as emerging in/fertility journeys. Moreover, the perception of time urgency in practice, because of its emotional significance, continued to intensify as many couples decided whether or not to pursue IVF. It is important to acknowledge the relevance of Adam's (2004) work within the early stage of the in/fertility journey over what future type of family-formation was possible as well as the decision-making to pursue IVF. All couples in the study had a sense about a decision to start a family and the thinking about how to do this evolved further along their journeys.

However, it is important to reiterate that the study's use of QL methods, drawing on life course theory (Neale, 2015), helped identify these insights into couples' experiences and the social processes that shaped in/fertility journeys. My findings centred on journeys to start a family that also had implications for participants' temporal understanding about what futures were possible about having a family. It is important to note that these processes involved an honesty between couples negotiating the meaning of having a family (see chapter 5). Decision-making in practice about family-formation will now be considered showing how this is also shaped by socio-economic circumstances.

4.4.3 Socio-economic circumstances - financial enablers and constraints

Couples in my sample came from different socio-economic backgrounds and had a wide range of material resources available to them. However, where participants lived determined access to any subsidised IVF NHS treatment offered by local NHS commissioners (NHS, 2014; Day, 2017) and the couples' socio-economic circumstances can enable or constrain long term IVF options. It is important to note that UK policy increasingly since the Health and Social Care Act (2012) places the individual as central and responsible to make choices about their health. This responsibility includes infertility which is now recognised as a medical condition (WHO, 2016; WHO, 2019). In this way policy reinforces this dominant one dimensional discourse of individual responsibility for securing IVF treatments. In a similar

way, the notion of individuals making a rational choice about IVF or other options is too ambiguous. The contemporary experience of infertility is the 'obligation to try'. Sandleowski (1991, p.32) asserts from US studies that:

> "*women trying to conceive in the last decades illuminate the class-related and time-bound nature of this particular mandate to choose*."

In this first part of the journey couples have to choose whether to initiate IVF treatment. This thesis drawing on thematic life histories will go onto consider how couples' in/fertility journeys varied and how socio-economic circumstances influenced decision-making in practice. My findings particularly show that opportunities in life such as the question of using IVF are to an extent shaped during the first phase of in/fertility journeys by familiar inequalities. For example, the story of Phil, a long-distance lorry driver, and Sarah who works as a part-time receptionist from a low income household, contrasts with Euan and Amy's journey in terms of the availability of financial resources to initially fund IVF from a middle income household. The structural determinants which constrain or enable opportunities are evident in these two couples' narratives. Phil and Sarah both left school at 16 and were in low paid jobs, whereas Euan and Amy were health professionals, a mental health nurse and part-time psychiatrist. Amy and Euan talked about, prior to IVF, how they planned to use their savings to fund IVF themselves:

> Euan*: "I don't think there was any question possibly that we were not going to give IVF a go!"*
>
> Amy*: "Did we have some money for it?"*
>
> Euan*: "Yes I think there was a bit put by for it certainly for three and I think we had reckoned that we could manage."*
>
> Amy*: "I think we may have saved it or saved particularly."*
>
> Euan*: "And we were both working full time."*
>
> Amy*: "I think because I was working full time then and it was quite well paid and I'm fairly sure we saved an ISA or something? The IVF ISA!" (laughs)*

For Phil and Sarah self-funding IVF was not possible.

> Phil*: "We got the first lot free.*

> *Sarah: "it's expensive they call it like the lottery, don't they? If you live in a certain area you get two lots free. And because we lived where we did, we only got one! So, if you lived a bit further out of where we did you got more."*
>
> Phil*: "It's such a gamble because people re-mortgage and all sorts of stuff like that. "*
>
> Sarah*: "My friend she went through all of that, she did 5 times I think she did, and she spent a lot of money! She never got anywhere!"*

For Sarah and Phil, the question of IVF was linked to their limited financial resources and they knew prior to this that where they lived they would be unable to do more than the one NHS funded IVF treatment. Their response as a couple was similar to the findings in Phillips et al.'s (2014) study about contemplating IVF treatment. Philips et al. (2014) highlight the importance that contemporary couples place on self-regulating financial circumstances with maintaining their relationship. Similarly, Daly's (2015) study about money-related practices and meaning in low-income families also reinforced this observation of these couples' careful self-regulation and decision-making in practice.

> Sarah*: "It's a long stressful process that you go through and I think, it's stressful for the man as well! Yeah it were a lot of money and I know it's a lot of money and if you really want a child then you would pay and find that money. We talked about all that!"*
>
> Phil: "Yeah but it's a hell of a lot of money"

Phil and Sarah's awareness around debt and IVF arose because friends in their social network, from a similar background and socio-economic circumstances, had made them aware of the financial implications of IVF decisions. Sarah and Phil drew upon other people's experiences to shape their own expectations of IVF in the context of limited funding. Sarah and Phil's decision-making also highlights the poignancy of their experience as they are forced to reconcile one set of values, which are emotional desires for a child, with another set of financial values. On the one hand the value of wanting to have a child, the desire for a family and to become parents; and on the other the financial precarity of debt or not being able to afford to pursue IVF.

Such an in/fertility journey is similar to only a few couples across the dataset. However, this experience contrasts with several couples in the sample who had sufficient financial resources to fund IVF. It is important to note that couples such as Nicky and John, from a high income household, who have established financial security, were aware of this inequality adding to the emotional turmoil within infertility experiences. My findings related to Marmot's (2010; 2020) reviews on inequalities in that where people live determines not only life expectancy but also their quality of life with access to health provision. Participants acknowledge that infertility experiences highlighted this inequality evident on the online infertility forums, and the intense emotional strain of these circumstances. Nicky became emotional as she reflected on their financial ability as a couple to access more options than other couples on low incomes:

> Nicky*: " because of where we lived you were only offered one free round if you were over 35 years old. And at the time we thought it is not worth waiting until we are over 35 just to get that free round because we were in a lucky position that because we had both been working for quite a long time for at least 15 years in corporate jobs we had built up quite a lot of savings we were able to kind of buffer that with our salaries. But I think in other postcodes they offer more free rounds, but it just so happens that where we live that was the cut off. But a lot of those forums were about money and you just feel complete heart break for couples (emotion in voice) who may not financially be able just to say right the first round didn't work let's go straight onto the second round! And you know their one shot is that free shot that they've got, and you just feel for them and your heart breaks!"*

Cultural capital varied also amongst my participants in addition to the socio-economic resources available to each couple, which my findings showed were vital in enabling or constraining decision-making. Bourdieu (1986) suggests cultural capital refers to the structure of the social world which determines the various types of knowledge, behaviours and skills that individuals acquire by being part of a particular social group. For example, in my study those individuals with higher levels of education, knowledge and confidence can demonstrate how they were able to access or use services more to help in their situation compared to those with less education, knowledge and skills. Many couples from middle and higher socio-economic

circumstances in my study used online forums to gather knowledge to inform their decision-making rather than participate themselves in online chats, which contrasted with Hanna and Gough's (2016) findings which explored men's peer-to-peer online support. The couples' ability to secure access was shown through their timelines to depend on their knowledge or education as well as confidence in dealing with GPs to secure appropriate referrals to IVF services. For example, Alice and Robert's knowledge of male's ages contributing to infertility issues highlighted in the previous section, was significant in securing a fast referral for IVF

For example, Jill and David, like others in the dataset (see participant profiles in appendix C) who were highly educated with financial resources from a middle income household, reviewed the online information provided by fertility clinics before opting to do IVF. Jill questioned whether the ability to pay for more interventions necessarily helped in the decision-making process and instead identified that asking critical questions about IVF was more important.

> Jill*: "I know people who travel to the capital because they just assume that those clinics are going to be better. And I mean you do get different treatment there, but it is also twice the cost. And I do wonder some of the clinics elsewhere and you pay a lot more to be there so much more and you kind of think is there any actual evidence to show that this actually helps apart from making you feel like because there is lots of intervention it must be helping."*

This couple like several other highly educated couples with more financial resources were critical of the way information is presented, as it was perceived to give a false impression that the more IVF treatment performed the more likely its success. This knowledge shaped to an extent some decision-making linked to IVF and private treatment options. Recent evidence does suggest that IVF clinics add extra interventions to treat infertility which have no proven benefit (Heneghan et al., 2016). Sociologically this is relevant as some couples in my study whose life histories reflected a high or middle socio-economic circumstances, showed how cultural capital (Bourdieu, 1986) enabled critical questions to be asked about how to access IVF, or whether to fund multiple treatments though their in/fertility journeys. Negotiating the treatment options within IVF is explored further in chapter 5. However, it is important to note that Daly (2012)

emphasises that the use of the concept of ‘capital’ in a sociological sense is contentious. Although it is widely used, it is meant to be understood not so much as the resources that people have available, but the way these resources are used and with what consequences (Daly, 2012). This meaning informed my analyses and was relevant in making sense of how couples cope with the uncertainty of infertility and decided what to do next. David and Jill’s extract highlights how they both drew upon their professional statistical expertise, research skills and confidence in questioning online evidence in their decision-making.

> David*: “you can find anything online (laughs) I mean we are both maths academics, so you need proper statistical evidence for stuff and all that sort of thing.”*
>
> Jill*: “So it was kind of well medical studies are often not designed very well so it can be hard to get the information. Although it was an advantage of working at the university because I could get access to some articles which I wouldn’t have been able to access otherwise…. It makes you realise that these consultants are not trained scientists, they are trained doctors but it’s not the same thing.”*

Cultural capital shaped couples’ decision-making in my study. Educational backgrounds and the confidence to ask critical questions to inform decisions were all significant factors that account for the different experiences during couples’ early in/fertility journeys. For example, Jill and David’s experience compared to Sarah and Phil’s journey highlights that decision-making was shaped by the amount of confidence in being able to ask timely questions to secure resources.

> Jill: *“I managed to get a referral because I started reading up on things So I convinced the GP to refer me!”*

In contrast to Jill, Sarah’s experience shows a difference in how slowly their referral progressed through to the next stage in their infertility journeys :

> Sarah: *“So we must have left it. So by the time we were referred it took us about a year!”*

Other scholars similarly identify that IVF is linked with privileged socio-economic situations (Perrier, 2013). Yet many infertility studies are within IVF clinics as Greil et al.’s (2010) review suggests without a diverse sample

of classed contexts unless participants happen to live in an area which had local policy that supports the funding of IVF. These past studies are unlike the efforts made in this study to gain a range of socio-economic situations which explored couples' decision-making prior to embarking on IVF.

Rachel and Evan's in/fertility journey spans a long timescale of ten years since IVF treatment that highlighted how cultural capital shaped early decision-making. The couple, despite their middle income financial situation, initially benefited from changes in their local policy knowing how to secure NHS funded IVF with the earlier NICE (2013) guideline recommendations:

> Evan*: "The local commissioners changed the commissioning for it, so loop one they were prepared to pay for the treatment … and that was bang on the timeline as the NICE guidelines were changing at that time… Just recently they have said no they are not doing anymore IVF – the commissioning groups here have said this is too much."*
>
> Rachel*: "Basically, they are saying it's choice not a medical issue... so we were 32 years? … I think I have blotted it from my memory because it was so hideous! It was part of the private hospital wasn't it?"*
>
> Evan*: "Yes, something like that."*

Rachel and Evan's experience was unusual as many couples in the study highlighted the lack of available IVF funded treatment despite fertility guidelines (NICE, 2014; NICE, 2017). The diverse time frames included in my sample highlighted the cuts in funding of IVF provision across the country. Recent pressures on IVF funding (Limb, 2017; Day, 2017) were also highlighted in the earlier literature chapters, making this even more imperative to acknowledge as affecting the experience of some in/fertility journeys.

Vicky and William's accounts are more typical from low income households in which decisions about IVF included concerns over the long term expense of IVF. Vicky and William decided not to pursue IVF but instead decided to adopt (see section 4.4.4). Yet, the availability of one funded IVF cycle was central to the consultation practice because the couples' profile especially Vicky's age fitted the policy criteria. However, the consultation led by the

fertility specialist reflected this narrow scope in practice which dismissed rather than explored the couple's concerns including the expense required to sustain IVF treatment.

> Vicky*: "Because she said if that's what you want to do, IVF, don't worry you'll get your free go!"*
>
> William*: "we had questions and we were concerned … but she said don't worry you'll get your free go!"*

Several women, like Amy who contemplated IVF did not meet the local policy criteria and because of their age were ineligible for funded NHS IVF treatment. Yet as highlighted earlier Euan and Amy had the financial resources to fund and sustain IVF treatment:

> Euan: *"because what is was each health authority it was their decision as to what age you had to pay so we had to."*
>
> Amy: *"Yes mind you I can't have been 40 as I was pregnant on my 40th birthday!"*

In/fertility journeys for some, my findings suggest, were shaped partly by couples' socio-economic circumstances that either enable or constrain IVF opportunities. Other factors such as the local policy linked to a woman's age are examples of the complexity of circumstances involved in nuanced decision-making processes. Past literature has examined decision-making linked to constructions of 'infertility' experiences (Bell, 2013). My thesis has sought to develop more insight from a life course perspective in order to recognise these early experiences and understand the diversity of in/fertility journeys negotiated in practice. However, the UK policy (Health and Social Care Act, 2012; NHS, 2014; HFEA, 2016; NICE, 2017) linked to the issue of infertility assumes that it is an individual's responsibility to make personal choices based on their particular circumstances.

My data presented helps to question whether infertility experiences, from a diverse sample range of socio-economic circumstances, will involve such assumed choice and decision-making. Therefore, the terrain of infertility decision-making in the data was found to be shaped by both participants and contexts that arguably reconfigured the participants' initial experiences and produced their different in/fertility journeys. It is clear in the analyses of contrasting narratives explored from the data set that the structural

determinants, such as socio-economic circumstances and cultural capital, had a bearing on the question of IVF as an option.

4.4.4 Adoption decisions rather than IVF

Decision-making in practice involved negotiating help from GPs, medical or fertility specialists. These interactions were not necessarily straightforward and followed by action to explore IVF treatment but were nuanced decisions depending on couples' circumstances. Many in/fertility journeys had a similar focus with interactions about a future which was tentative and underscored with uncertainty about the outcome of a family (Katz Rothman, 1986; Franklin, 2013). Most timelines were future orientated. In a similar way to other studies (Franklin, 2013) this study found that couples' decisions as social beings in this stage of their life course reflected a tentative future, as the pursuit of starting a family was unresolved. Therefore, couples' interactions across the sample navigated a tension between deciding to pursue IVF or giving natural conception more time. This was because in many cases they were unsure about whether there was an infertility issue. However, often when couples arrive at the initial IVF consultation there is an assumption that IVF was their preferred route. Jill and David's response was typical:

> Jill*: "I think we had a bit of a miscommunication there (an appointment to find out options) because she thought we were eager to go for IVF and I'm going I'm not sure we are!"*
>
> David*: "Yeah so this bit happened there" (pointing to the timeline mapping diagram)*
>
> Jill*: "I convinced her(fertility specialist) we could try for a bit longer… otherwise It's a bit like a factory!"*

Difficulties in communicating with fertility specialists were common. Observations about these consultations included feeling 'like a factory' that underlined not only IVF as a social norm but also assumptions about IVF preferences and expectations around a linear process to couples' decision-making. However, my study showed that navigating initial decisions were far from linear as time frames across the data set varied considerably from six months to three year in/fertility journeys. These varied timelines suggest that

the context and process of decision-making is not necessarily straightforward and arguably included living for a while with the emotional turmoil of a tentative future about establishing a family. This uncertainty about the future shaped the nature of the couples' decision-making in practice. My findings suggest decision-making is contingent as well as evolving, as couples are not sure whether or not there is still a chance that they can become pregnant naturally. However, at the same time, they needed to find out and think about fertility treatment as a route to pregnancy.

On the one hand, policy is set up to focus on IVF preference as the option to follow, which some couples in my study regarded as problematic. Juliette's response was common:

> Juliette*: "you must try IVF it is a given, you have to do it, and are not really thinking about IVF it is just something you do now … infertility linked with IVF is seen as a matter of course now … and hard not to accept IVF!"*

Yet, on the other hand, in UK policy the main form of adoption is free of charge in comparison to fertility treatments with unequal access (Jennings et al., 2014). My study showed that in contrast to other participants who made IVF decisions a few couples like William and Vicky were more constrained through their socio-economic circumstances. My finding concurs with Bell's (2009) findings of similar financial constraints amongst low income households that limits access to IVF. Thus socio-economic circumstances impacted a few couples' initial adoption decision-making away from IVF. Amongst those participant's experiences of lower socio-economic circumstances William and Vicky's responses were typical:

> William: *"The thing is that I'm afraid it's a lot of money"*
>
> Vicky: "*But if you don't have the money you can't just carry on and do it!"*

My findings highlighted that adoption decisions rather than IVF gave couples a future possibility of achieving a family with children despite their specific socio-economic circumstances and fertility issues. Adoption decisions opened an accessible route without the constant concern over funding the option. These reasons link to other adoption and IVF research (Bell, 2010).

Vicky and William's reasons were common between participants who adopted rather than pursued IVF or adopted after IVF:

> William: "*We knew with adoption that it was going to be hard there would be a child at the end of it rather than a maybe with IVF."*
>
> Vicky: *"Yeah if you get approved (laughs) but with IVF even if we had the slightest chance you have to find that money again and again ".*

Interactions with fertility specialist to explore only the idea of IVF included four couples in my study deciding not to engage with IVF but to instead adopt. Adoption decision-making amongst these four couples contrasted with the other six couples who adopted after IVF treatment failed. In my sample these four couples did not see this decision as a second best option but rather one that opened up future possibilities. My finding that adoption decisions are not always perceived as a second best option in decision-making concurred with other adoption studies and literature (Fisher, 2003; Jennings et al., 2014). However, my findings about adoption decisions rather than IVF challenge Van der Akhter (2001) who says that infertile couples experiencing infertility opt as a first preference to do IVF. Instead, my findings suggest that adoption can be the preferred route when wider social circumstances are considered. Joanne and Peter highlighted why the option of adoption was regarded as a positive option to pursue rather than explore IVF as a way to establish a family:

> Peter*: "Well they do try and say you should try this and this and that. But to be honest what if you don't want to?*
>
> Joanne*: "I think we opted out of this. I think we thought well this has happened, it could happen again umm and we just I suppose closed the door on IVF."*
>
> Peter*: "Not to mention that IVF does not have the success rate that people think it does … Whereas going down the adoption route it was."*
>
> Joanne*: "It was still an unknown."*
>
> Peter*: "It was still an unknown but it was far less because we knew ourselves and we knew that we wanted a family… we knew we would make good parents."*
>
> Joanne*:" Well we did make a conscious decision not to do any sort of medical intervention so umm you know we could have gone for*

testing and things like that to find out why I couldn't sustain a pregnancy but we didn't want to do that …we talked about adoption as an option."

Peter*: "I think at one point many years ago I think the word adopted was a "Oh I'm sorry!" people expected adoption to be in a bad way whereas you know what I'm actually quite proud that we have adopted ….we got the family we want."*

Likewise adoption as an option in other couple's decision-making, was reflected in their desire not to undergo IVF treatment to establish a family. This finding linked to previous studies on adoption decision-making of some heterosexual couples experiencing infertility but in comparison to most same sex couples preferring adoption as a route rather than IVF (Jennings et al., 2014).This decision was made after consultation with a fertility specialist, this reflected a few couple's reasons as Vanessa highlighted:

Vanessa*: "… it was something that I haven't felt the need to have my own birth children but I kind of had this desire to be a mother to children … I mean I had friends who had been through the process (IVF) and it's not been easy … so from these friends I knew how emotional the process was and I thought I haven't got that strong enough desire to go through that process."*

Other reasons included the circumstances around starting a family. In Mike and Helen's specific situation highlighted that a biological pregnancy was not feasible in their in/fertility journey because of the risk it posed to Helen's health.

Mike*: "We felt that we wouldn't have biological children, there was obviously all the health stuff and medical stuff so I think in a sense we both over completely different journeys (pause) but we arrived where we had let go of any thoughts of having our own family."*

Helen*: "Well I kind of felt we just put it to one side and though well that's fine because we will adopt … because the journey we had been on had been so difficult and had been so touch and go I felt like I didn't want to anything to risk my health again."*

This rethinking of options amongst couples in the sample exemplified ideas about what to do next over what family is possible. Couples had to rethink earlier expectations about having a biological pregnancy. In the sample, several couples talked about adoption as an alternative option to IVF early on during initial fertility consultations, as in Philips et al.'s (2014) study. This sense of relinquishment that a biological pregnancy may not being possible during this phase of the in/fertility journey was only experienced by a minority of couples. However, my findings show that IVF as an option is not always possible. It is important to note that social and economic circumstances were evident in the reasons that four couples decided to adopt early on in their in/fertility journeys. My findings suggest that policy assumptions about linear IVF decision-making in practice are challenged. Moreover, the emotional aspect of dyadic decision-making also needs recognition alongside the personal and social circumstances surrounding a couples' situation. These aspects were important amongst most couples in the study and needed sensitivity in professional practice prior to any decision about IVF.

4.5 Conclusion

This chapter explored how couples responded to reproductive disruption, their thoughts, experiences, the contexts and practice of decision-making around how to pursue establishing a family. A metaphor of 'in/fertility journeys' helped to analytically understand a range of infertility experiences as it was used by couples to explain the uncertainty and emerging emotional challenges. All in/fertility journeys shared the similar aspect of navigating what to do next about family-formation in rethinking their futures. This related to existing literature which highlights from a life course perspective the idea of a trajectory and future orientation, which were drawn upon to explore couples' initial phase of in/fertility journeys prior to IVF decisions.

Emotional turmoil arguably plays a significant part of couples' shared experiences. The contexts of decision-making were difficult to navigate including the hidden nature of these journeys in family contexts heightening couples' isolation within their social networks. Contexts of decision-making also suggested that couples' perceptions about timing shaped an

understanding of emerging infertility through these type of journeys. Couples' perceived being 'left behind' in everyday social situations or 'out of time' in relation to the biological clock and social norms about the timing of childbirth created pressure and influenced couples' decisions. Findings critically suggest that the option of IVF, while an important and often time urgent decision in practice, is not always the only focus of every infertility experience or necessarily a clear-cut decision. Moreover, these aspects of decision-making are significant to incorporate into practice and policy to challenge current assumptions amongst service providers about linear IVF decision-making and also think about how to support couples reconsider what families are possible.

Decision-making in practice, revealed structural determinants that also enabled or restricted IVF opportunities amongst couples from diverse socio-economic circumstances. This was shown through a few adoption decisions instead of IVF, identified from a relatively early stage of in/fertility journeys. Significantly, adoption decisions in my study were not considered second preference to IVF but rather one that opened up future possibilities of family-formation. These findings move beyond substantial individualistic characteristics. They suggest that there are limitations with individual choice shaping current policy referred to in chapter 2 (section 2.4.1). Such an overemphasis is likely to neglect a realistic reflection of the complex social situations and emotional turmoil which shaped couples' dyadic decisions. Moreover, such a one-dimensional view will not necessarily help to explain why some couples pursue IVF, and others do not, or the reasons that some couples with infertility adopt.

Compared with past studies my findings add important insights about couples as decision makers prior to IVF as efforts were made to gain a range of socio-economic circumstances over which to explore couples' decision-making in both context and practice. This chapter therefore, adds a sociological account of this early phase of journeys that involved couples navigating situations to manage disrupted expectations, emotional turmoil, relationships, the significance of timing and socio-economic circumstances. These together build a platform for understanding a range of couples' experiences in terms of how couples negotiated how to produce their families that relates to family studies and the sociology of families. This

navigation can be seen either through IVF or adoption, before or following IVF treatment, which will be explored in the next chapter.

Chapter 5: Negotiating reconfigured meanings of producing families through IVF and adoption

5.1 Introduction

Integral to the analytical purpose of examining in/fertility journeys in this thesis is the understanding that families are actively 'doing' and 'being' something during their ongoing processes of formation. In this chapter, couples' perceptions and experiences characterise these processes as crucial to navigating and having a family using IVF, donor conceptions or adoption. My findings are consistent with the literature which cautions against assuming that families are naturally made cogent entities that form without effort or negotiation (Morgan, 1996). My thesis argues that involuntarily childless couples are both *exemplary* of these negotiations around the 'meaning' and 'doing' of families and also *distinctive* in demonstrating how these meanings evolve and change during in/fertility journeys. The empirical evidence suggests how couples must rethink and renegotiate their meaning and understanding of families through unexpected, challenging and ongoing processes in their quest for a family. The extent of rewriting ideas about family captured in this chapter is evident amongst men as well as women which adds a depth to understanding the effort involved (Morgan, 1996) that runs through this chapter.

Central to this chapter is how couples redefine what matters to them as 'family' and in doing so reconfigure meanings of 'family'. This overarching theme is pivotal to understanding couple's perceptions of tackling childlessness through IVF, because couples produce not only particular accounts of family but also experience different challenges for negotiating ongoing meanings of families. The life course focus taken in my study sheds greater light here on the changing importance of participants' perceptions about genetic inheritance and biological connections within families produced during in/fertility journeys. Drawing upon links with the literature on resemblance (Mason, 2008) this chapter foregrounds couple's accounts of changing values concerning genetic, biological and resemblance

connections in different ways as diverse meanings of families evolve over time. Their accounts are treated as a way to examine differences across socio-economic groupings, and certain differences between men and women's accounts in the evolving significance or relinquishment of genetic ties within their meanings of families.

An additional argument related to the reconfigured meanings of families concerns how family secrets are negotiated through familial networks, which will help demonstrate and explain the wider social contexts within which couples act and enact 'family' linked to Gillis' (1996) conceptual ideals about families. My findings of non-disclosure and secrecy overlaps with the literature (Smart, 2011). These negotiations during in/fertility journeys play out as families come into being during or after IVF success or pursue alternative options such as adoption or remain without children. As Hudson (2017) suggests there is scant theory regarding the different meanings and practices through which families created in this way emerge. My thesis thus contributes to sociological understandings of the 'making' and 'doing' of families through analyses of the micro-dynamics of diverse meanings in families navigating in/fertility journeys. These micro-dynamics foreground the importance of the genetic, biological, social and resemblance connections that play out throughout IVF and beyond, in the families that participants produced rather than 'imagined families'.

Of particular interest is the role of secrecy within families amongst some IVF and IVF donor families. Non-disclosure as a practice can illuminate a couple's desire to protect their wider family from emotional distress and create a boundary around their own relationship and their wider family during their in/fertility journey in IVF. The negotiated challenges can be even more evident where there is no family secrecy, especially amongst families established through adoption and those remaining without children. These challenges may include, within family networks, some reluctance to embrace reconfigured notions of family, thereby reinforcing the security of families established through natural biological and genetic connections.

This chapter will deal with these two themes in turn, first exploring the ways in which the meaning of family is negotiated during in/fertility journeys,

before dealing with the issue of secrecy and disclosure during these journeys (see appendix E, Figure 4 conceptual diagram).

5.2 Negotiating the meanings of families

The accounts considered in this study reveal that most participants perceived a core part of an in/fertility experience to involve thinking about and negotiating what matters to them as a family. The importance of genetic ties and biological connections typically shaped the participants' ideals about families from an early stage of their in/fertility journeys. Interrogating these perceptions is important to fully understanding the constructions of what family means to many couples during and beyond IVF. Questions about genetic and biological relatedness between any parent and child created from a range of IVF procedures are part of an established literature (Strathern, 1992; Konrad, 2005; Freeman et al., 2014; Nordqvist, 2017). Findings from my study suggest that couples' perceptions about the meaning of families produced via IVF change through time and vary according to a couple's circumstances including IVF failure.

The shared importance of genetic ties and biological connections were also found to change in significance over time, but with few gender differences between those interviewed. The data in my study revealed that these differences were in socio-economic circumstances amongst participants concerning who can navigate IVF. Thus, my findings highlight differences between the ways that thinking about family-formation evolved in several couples which go beyond values only concerned with genetic ties or biological connection through adoption. My analysis of these various meanings which related to the couple's own experiences and histories during in/fertility journeys will be outlined next.

5.2.1 Significance of genetic ties and biological connection in producing families

There are distinctions between 'genetic' and 'biological' ties, although sometimes the terms are used interchangeably (See Appleby and Karnein,

2014). A strong theme in participants' accounts is that genetic connection plays a big part in most couple's ideas and values of a family linked to IVF success. Perceptions evident in the empirical data concur with those which have commonly viewed IVF as a social expression of genetic connection enabling women to give birth to a biologically connected child and resolve infertility issues (Sandleowski et al., 1991). Likewise, in this study perceptions regarding the importance of genetic ties in establishing a family, and of pregnancy and childbirth in establishing a biological connection between parents and child, both align to IVF success and coincide with established IVF research (Strathern,1992; Franklin, 1998; Inhorn, 2007; Freeman et al., 2014).

Participants did not initially distinguish between the 'genetic' and 'biological' ties that connected them to children, and these terms were used interchangeably by men and women in this study. Nevertheless, over time the distinction between these aspects became a clearer part of participant's understanding of 'making' and 'doing' family, as different decisions about 'genetic' and 'biological' ties were provoked by unsuccessful IVF. The distinction foregrounded here is that 'biological connection' does not necessarily imply 'genetic' ties between the individuals within families. Instead, biological connection is linked to pregnancy and birth through carrying a child (Appleby and Karnein, 2014, p.79). For example, in my study sample a couple after many failed IVFs had a gestational pregnancy from IVF using donor eggs and the father's sperm (see section 5.2.4). The mother perceived a 'biological connection' to the child she gave birth to but, unlike the father, no 'genetic ties' to the child. This particular experience of restricted genetic connection was shared by only a few IVF families who used donors in the study as successful IVF contributed to shared accounts of 'genetic' and 'biological' connection for most IVF families. However, while directly confronting this distinction was not necessary for producing most IVF families this was still thought about in my participant's meanings of families (see sections 5.2.3 and 5.2.4).This finding underlines the relevance of Strathern's (1992) perspective of kinship for in/fertility journeys whereby biological and genetic connections are no longer taken for granted or assumed in life.

The perception that genetic ties create families are evident across couples in the dataset. Analysis highlights how participants value 'genetic' ties in

producing families of their own through IVF. For example, IVF decisions were initially seen in terms of a shared genetic ownership in ‘making’ families. Hannah and James’ response is typical:

> Hannah *“I wanted a family … and so you’d know that deep down they would feel like they were mine and yours.”*
>
> James: *“Yeah we both felt the same way.”*

This attributed significance of ‘genetic’ ties underpins shared knowledge in the meanings of families which links with established literature on kinship (Edwards and Strathern, 2000; Carsten, 2004). The importance of ‘genetic ties’ in ‘making’ a family ancestry is evident amongst many IVF families.

> Jill*: “why does everyone else get the right to have their genetic children? And not the infertile? (pause), I mean having children is part of ‘being family’”*

One social anthropologist identifies this type of meaning to reflect “genetic inheritance ideologies” (Finkler, 2000, p.175) which were commonly used to privilege the importance of ‘genetic’ ties in the interview narratives about producing IVF families. Cathy’s response is typical:

> Cathy*: “I think it’s some kind of genetic, pre-programmed genetic link, that was the nearest thing to flesh and blood and our baby!”*

Yet the focus on a pregnancy and birth with a ‘biological’ connection to a baby was also a value emphasized as motivating couples’ commitment to establish families through IVF. Women across the socio-economic groups in the study stressed this perception that IVF facilitates a biological pregnancy and the birth of a baby that establishes a new family. Previous studies too have pointed towards women’s preoccupation with the ability of IVF to lead to a biological pregnancy (Franklin and Ragone, 1998; Throsby, 2004). Likewise, analyses in my study highlight the same importance, but in the context of ‘making’ family. This is interlocked with the significance of ‘genetic ties’ in creating a ‘biological connection’, especially during repeated rounds of IVF. Cathy’s narrative underlines the common focus on making families that share ‘genetic’ ties but she also values a ‘biological’ connection created through pregnancy and birth:

> Cathy*: "So in IVF I think you get focused on this idea of a baby … but I wanted to be pregnant and I wanted to give birth, I knew I wanted a family, and I knew Tim wanted his own family … and some kind of genetic link!"*

Tim, like Cathy, valued sharing 'genetic' ties in making a family but also perceives a 'biological' connection through his own biological material being used to help make a baby and contribute to making the couple's own family. Often men in the study used the terms 'biological' connection and 'genetic' ties interchangeably in this way during their accounts of the process of making a family:

> Tim: *"… yes the thought process early on it's about your own biological genetic baby."*

This study highlights the significance of genetic ties amongst higher and middle socio-economic groups of women and men who have the financial resources to show their commitment to IVF to establish families. This dedication to 'making families' that are known to have 'genetic ties' and a 'biological' connection was shown in the data as a common meaning and understanding of the mutual way to establish a family. My finding corresponds with Morgan's (1996) emphasis on the enduring character and meaning of family as central to people's lives through relational networks. This significance contributed to participants' meanings in the making of biological families. The biological family Neale (2000) describes, is about the enduring biological ties between parent and child. In my study genetic as well as biological ties are significant characteristics for prospective fathers and mothers in the 'making of families' that 'we live by' (Gillis, 1996).

There were a few gender differences in my study reflecting that many women differentiated a biological connection through an emphasis on pregnancy and birth experiences in addition to and distinct from establishing genetic ties within their family. These perceptions also echo prospective parents in previous studies (Franklin and McKinnon, 2001; Thompson, 2005; Appleby and Karnein, 2014). Yet, in my study the meanings of 'making families' were unlike that addressed in previous studies which emphasized

the IVF process as a way of “making parents” as well as babies (Thompson, 2005) and in research developing ideologies of parenthood (Fairclough and Gurtin, 2018). My study’s focus through a life course perspective included not only changing ideas about ongoing family-building decisions but looked more widely across extended families changing ideas about what families mean in practice through IVF and adoption. (See section 5.3 family meanings and section 6.3.2 reframed family stories).

Another notable difference in my study was that meanings of making families that involved achieving ‘genetic’ ties through IVF featured less in the accounts provided by couples from lower socio-economic groups, but were highlighted often in other couple’s narratives. The socio-economic circumstances of the sample was interrogated. My study explored whether there may or may not be continuities in experiences of people in similar and different circumstances. Across the sample of couples from middle and higher socio-economic groups, those that were able to produce IVF families with ‘genetic’ and ‘biological’ connections linked this experience to financial enablers. David and Jill’s account is typical:

> David*: “We were lucky enough to be able to afford it (IVF)… having our own biological children was really important to us. ”*
>
> Jill: “*It (IVF) was successful, we got our daughter!*”

In contrast, lower socio-economic groups encountered financial constraints that were a barrier to pursuing IVF and their desire for producing families with genetic ties and biological connections. None of this group successfully produced families with biological and genetic ties. Phil and Sarah’s response highlights these circumstances:

> Phil: *“it were about 4 thousand pound (laugh) We didn’t bother then (laugh) .. a lot of money, a hell of a lot of money.”*
>
> Sarah: “*Yeah it were a lot of money. We wanted our own children, but that obviously didn’t happen*.”

However, negotiating the importance of genetic ties and biological connections in making families was disrupted by failed IVF attempts and financial constraints in those participants’ circumstances and histories of limited opportunity. This finding supports those of previous studies which

also found that couples' IVF experiences were limited by socio-economic constraints (Sandleowski et al., 1991; Bell, 2009; Bell, 2010). This finding is also important as many studies are undertaken in fertility clinics and as a consequence included participants who may primarily value making families with genetic and biological connections. An implication of the importance of genetic and biological ties is to understand how to support involuntarily childless couples who experience a wide range of socio-economic constraints. Nevertheless, in my findings the significance of genetic ties and biological connections in families amongst many couples' initial ideas about meanings and earlier perceptions endured in 'making families' and reflected the families they produced as the families 'we live by' as well as the families 'we live in' (Gillis, 1996).

5.2.2 Family resemblances

Several participants perceptions focused on 'genetic' ties within families primarily in terms of recognisable similarities between a parent and child, i.e. inherited physical features shared within the family. Family resemblances signify genetic ties that reinforce a family meaning of connection as echoed in previous studies (Finch and Mason, 2000; Mason, 2008; Davies, 2014; Nordqvist, 2017). The shared perceptions of recognisable similarities in families are important not least in order to more fully understand and support couples explore options concerning how to establish families. Hannah's response is typical:

> Hannah*: "you know that I would love a child of mine … to have my nose, not that it's particularly stunning, it's just that's a feature that I would like them to have to be born with my nose it's really silly but it's little things like that."*

The importance attributed to recognisable similarities in resemblance plays out in IVF families throughout in/fertility journeys even after IVF families are established as Reece and Heather illustrate:

> Reece*: "looking like each other is important."*
>
> Heather*: "it was important to us. Although I have to say our twins from the IVF particularly one of them does not look like me at all!! (laughing) He looks very similar to Reece instead."*

These resemblances are an important value and meaning of family shared amongst participants in this study, sustaining connections between family members. These findings highlight how resemblances are a critical part not only of 'making' IVF families but also 'doing' family life. Resemblances underline mutual genetic ties in these IVF family histories, connecting to Mason's (2008; 2011) accounts of the significance of resemblances as ongoing practice in the sociology of families. Thus, resemblance as a connection is of analytic significance as it is a feature that is more obvious and present than the underlying 'genetic ties,' which are known to be important to participants but are often assumed or implicit within their conversations rather than referred to explicitly. As such, these conversations about resemblances mirror daily family life. This finding echoed scholar's work on resemblances (Davies, 2014; Nordqvist, 2017; Mason, 2018). Comments that draw upon similarities between individuals are common within families. Thus, connections are built through resemblances that play out in 'doing' family life. For example, Heather's comment reinforced similarities between one twin that resembled their father more than herself. In pointing out the resemblances between her children and their father, Heather both includes him and builds 'family' that mirrors the significance of 'genetic' ties.

Resemblances were commonly drawn upon by IVF families that both mirror family life and build family connections in 'doing' families. Gill and David's conversation highlights:

> Gill: "*Our daughter I think she's like David. She's quite easy going, whereas I can get quite stressed about things, she will spend ages trying to thread things through like shoelaces*."
>
> David: "*That's part of you coming through the determination to see things through*!" (both laugh)

The meanings behind 'making' and 'doing' IVF families therefore, value their 'own' genetic ties and biological connection through pregnancy and birth but commonly emphasize the importance of resemblances in family life to signify 'genetic or biological ties'. Moreover, this meaning is linked to these families' experiences over time and their histories of IVF success. It is important to acknowledge that these participants were sharing post-hoc constructions of

their value and meaning of families. However, the alignment to ‘genetic’ and ‘biological’ connection, as a meaning of families signified in resemblances, is analytically more continuous for cases of IVF success. It is however, more changeable in meaning and understanding for those participants with experiences of IVF failure.

5.2.3 Meanings: IVF Families

Critical analyses highlight the variation in several participants’ accounts of how understanding the meanings of families are ongoing and reworked. This variation reflects couples’ specific circumstances and histories of multiple IVF failure, but also the link between their commitment to ‘genetic ties’ and their motivation to pursue IVF. This thesis suggests therefore, that there are different phases during the IVF journey in that there was initially a ‘making’ of families in which an imagined way of ‘doing’ family is expressed as an ideal that reflects existing values around genetic and biological connection. However, post-IVF there was a ‘doing’ of family with children (or without in those who end IVF and remain involuntarily childless) that differed from the imagined ideal. This ‘doing’ of families in ways that were initially less expected is similarly acknowledged by several couples, reflecting the changing perceptions during ongoing in/fertility journeys.

In the ‘doing’ of IVF families who remain with one child after multiple IVFs, the post-IVF meaning of families continues to be navigated in a way that is linked to the significance of genetic and biological connection. Most IVF families expected to have siblings, with more than one child. The exceptions were one set of twins from successful IVF and a further two families with spontaneous conceptions after their previous successful IVF. Across IVF families with middle and high socio-economic circumstances, having one child was expressed as something that was less expected. Many of these IVF families valued the continuities that would have resulted from creating further genetic and biological connections. These journeys are important to acknowledge as despite one IVF success enabling a degree of genetic and biological connection, ongoing IVF failure challenged the couples’ imaged perceptions of producing IVF families with more genetic and biologically related children. Karen and Brian’s response is common:

> Karen: "*So I remember thinking well we've got six embryos so we will try two one time and then two the next time (laughing) and then reality check."*
>
> Brian: "*And then we ended up with one! I never saw myself as having one. I always thought that we would have a number of children and now that looks like it's not going to be the case."*

Other IVF families of one child expressed similar responses:

> Euan: "*I think in an ideal world I wouldn't say that we wanted loads of children but 2 certainly or 3 would have been fine!"*
>
> Amy: "*I had a vision of having a bigger family. We had one IVF before our son, one that was our son. Another IVF so he could have a sibling but that was a tough one.*"

Inhorn (2007, p.30) suggests that ideas about family must be rewritten when IVF fails to create a '*take home*' baby. My thesis suggests that this is an important process to acknowledge amongst not only those couples who ended IVF without any children, but also those IVF families that failed in their attempts to 'make families' that included siblings. This has implications for practice and policy in supporting people to process these ideas, given the value held amongst men and women about genetic and biological ties in the meaning of families.

A few couples in the study sustained their thinking about the importance of genetic ties in their families by opting for an IVF donor conception, whereas other couples were able to relinquish the importance of genetic connections in family-building and ended the IVF process. This process is emotionally hard because of the ongoing mutual significance to couples of 'genetic' and 'biological' connections in family-building. Although several couples who ended failed IVF treatment had thought over the available option of donor conception, but decided not to prolong their IVF experience. Amongst those in the sample who ended IVF options, Fliss shared her experience of relinquishing this imagined meaning of family:

> Fliss*: "For some people it doesn't work! I had only wanted one, that was it, just to have one that was ours … 10 times in total you see, I*

think men can feel a bit of a failure as well with that …you could have donor eggs or donor sperm … but It was enough!"

These findings resonate with previous studies in the way that failed IVFs change and potentially terminate this meaning of biogenetics as family connections (Daniluk, 2001; Throsby, 2002). Daniluk (2001) underlines the importance of trying but failing to establish these types of connection through IVF in her longitudinal analysis of couples' transitions to 'biological childlessness' and ending IVF treatment. These findings will be explored further (see section 5.3.4) in terms of how the meaning of family changed for couples in my study who remained childless. Next, the changing perceptions amongst those couples who had IVF families through donor conceptions will be examined.

5.2.4 Changing perceptions: 'making families'

There remains a dearth of literature about how reconfigured meanings of families happen beyond IVF (Throsby, 2004; Hudson, 2017). Yet there is long standing sociological acceptance that families are diverse and take many forms, often differing from the traditional family structure established by the birth of offspring that create ties across generations (Morgan, 1996; Gillis, 1996; Nordqvist and Smart, 2014; Golombok, 2015). Therefore, the sociological approach taken in this thesis to understand questions of establishing families in the context of in/fertility journeys situates this focus on practices of producing families via alternative options, looking beyond more well-known perceptions of family (Morgan, 2011). To this end, IVF donor and adoption families' perceptions were examined in order to explore how shared histories and experiences shape and rework the meaning of families and the understanding of ties within families.

The pursuit of donor IVF techniques brings about a change in participant's perceptions of how to 'make' families. Two couples who pursued IVF donor conceptions renegotiated their perceptions about the importance of mutual 'genetic ties' with a child. This shift in how to establish a family involves a changed attitude towards partial genetic ties and the establishment of a biological connection with a child despite either the use of donor sperm or

eggs. This decision-making links to previous studies which highlight these meanings of donor conception families as kinships with 'unfamiliar relatedness' (Konrad, 2005). The meaning of families is analytically significant for participants due to the unexpected circumstances that couples experience in 'making' families which are unfamiliar, unchartered territory. These experiences as processes are therefore not what couples had ever expected and required rethinking. The analyses presented here show too that approaches to decision-making are not necessarily a once and for all matter that couples achieve at the outset of their IVF treatment. Instead, participants' accounts reflect a shift in their meaning of 'making' a 'family'. The response of Nicky and John, a couple who both work in senior business roles, is typical:

> Nicky: *"we're deeper in this than we ever thought we would have to be … So then we made the decision to do egg donation…. I mean we knew we weren't in that lovely situation where it was genetically going to be ours and we wouldn't have to have any tricky conversations."*

The meaning that couples attributed to a shift from mutual to partial 'genetic ties' in 'making' a family was narrated in a more pragmatic manner rather than one of regret. Although it was easier for those who were able to conceive successfully through IVF to make families with genetic ties the donor IVF process, accommodating some partial genetic connection moved couples towards their ongoing quest for 'making' a family. This changed emphasis of meaning in 'doing' family life is analytically significant, as it counterbalances a change towards a more partial genetic connection in the meaning of 'making' families. Post-IVF, the meaning of family amongst these participants from high and middle socio-economic circumstances continued to be worked out, moving beyond the initial significance of mutual 'genetic' ties in the 'doing' of IVF donor families. Nicky's response highlights this changed meaning and observed that other people's perception of their experience may limit their focus to 'genetic' ties in family meanings:

> Nicky: "*down this journey, because you didn't conceive, the perception is you're not going to be a family! … And because your babies were conceived using a different method, (IVF donor conception) well actually yeah they both still run around in their pyjamas, they both still want a story read! I think if you've not gone through the process and seen this family life then you could have that perception and be stuck on that."*

A tension is also apparent in the notion of ‘making’ and ‘doing’ families that emerged during the study’s ongoing IVF decision-making timelines. Many couples in the sample initially ascribed huge importance to ‘genetic ties’ within families. The implication of these values is seen in their investment of considerable time and finances, and their acceptance considerable disruption to themselves, in their attempt to produce families that ensure genetic relatedness. However, those participants who had valued genetic ties had to consider donor conception as a further option beyond routine IVF. Since IVF donor conceptions partly dissolve genetic connection (Appleby and Karnein, 2014), rethinking is required as to whether to acknowledge or deny the importance of genetic ties in the meanings that these couples now attribute to ‘making’ their families. This relinquishment of the significance of mutual genetic ties is important to acknowledge in changed meanings of families in these circumstances.

However, whether this changed meaning is expressed in ‘doing’ family life is linked to the practice of disclosure and secrecy which is explored in section 5.3 of this chapter. For example, in the sample an IVF donor family have shared this understanding with their children. This challenge of what to say is another area of uncertainty for many families in my study which is a theme explored further in chapter 6. Nevertheless, such disclosure includes a recognition of multiple connections without exclusive links to ‘genetic ties’ in the ‘making’ and meaning of families. In Nicky and John’s family their children knew that there is a ‘biological connection’ with their mother and ‘genetic ties’ with both their father and different donors. This meaning of IVF families accords with the definition of Appleby and Karnein (2014, p.79) that ‘biological connection’ does not necessarily mean there are any ‘genetic ties’ between the individuals. Yet, the same family used different donor eggs to conceive their second child. This means that the siblings have ‘biological connections’ to one another and to the mother as she gave birth to them both, but the siblings will only have some ‘genetic ties’ to one another through their father. This family highlights diversity in their meaning of family. This type of IVF donor family in the sample is a less typical experience (see appendix C) as Nicky highlights:

> Nicky*: “I remember the counsellor at the fertility clinic said these babies are going to be yours as they are going to be bathed in your hormones!”*

> Joy*: "Bathed in your hormones…"*
>
> Nicky*: "Yeah, they grew inside of my tummy and they know that they from inception they've been with us. I'm their birth mother … it will be up to them whether they want to find out their genetics …. But it's how you come about being a family."*

Similar perceptions about rethinking how to 'make families' relates to previous same sex couple studies (Nordqvist and Smart, 2014) that highlight the significant value of biological connections in the absence of mutual genetic ties which establish through IVF pregnancy and birth. Nicky emphasises this too as the 'birth mother', that in their quest for a family the biological connection is valued and established over time from the start of the pregnancy. The term 'birth mother' links to perceptions of biological ownership that are shown in the empirical data and highlighted by Konrad (2005) as distinct from 'genetic ties'. This biological ownership foregrounds non-genetic ties that participants in my study recognised as 'making' families one's own and that counterbalanced a reduction in mutual 'genetic' ties. This has also been identified in previous studies of IVF donor conception in terms of perceiving 'what we want to see' (Konrad 2005, p.152).

In contrast, the second IVF donor conception family reflected a different set of experiences and histories of drawing upon donor sperm. In this case a 'biological connection' was less significant in 'making' their family their 'own'. This family were open about the struggle to relinquish 'genetic ties' between the father and the child, yet valued genetic ownership through the mother. Daniels and Haimes (1998) also highlight this rethinking in the meaning of IVF donor families. Yet the contradictory narratives of biological and partial genetic ties in my study reveal how these are linked to the couple's changing perceptions and specific circumstances over time, shaping their evolving meanings of families. Robert and Alice's narrative highlights the meaning of partial genetic connections that were challenging for this family:

> Robert*: "And yeah I was really against adopting, because of my experience working with difficult adolescents and many of them were in care and had really entrenched dysfunctional behaviour and I just thought I'm not sure I can commit to that."*

> Alice*: "I had a biological urge to be a parent and have a family but not necessarily it wasn't important to me that my child was biologically mine but I do know that for some people it is."*
>
> Robert*: "we had to make the decision about whether it was going to be donor. And can you remember one of the counselling questions where she was testing my commitment and I said (pause) okay I have come to terms with the fact that it won't be mine (emotional in voice) but it will be Alice's and that's the fact that it was going to be." (emotional)*
>
> Alice*: "I remember that very clearly."*

It is of analytical significance that the process of 'making' IVF donor families can move forward through decisions about relinquishing the importance of 'genetic ties'. Yet, this can and was found to remain an ongoing challenge in 'doing' family life when a life course approach to research is taken. The family dynamics involved close connections in making their family 'their own' with their son. However, this donor IVF family highlighted the ongoing challenge in meaning of partial genetic ties which was still being processed in daily life as Alice highlights:

> Alice*: "because there is quite a complex interplay because not being the biological father and how painful that is not being but actually you really are - you have a really strong bond with Elliot! And that is the reality every day."*

Yet, the diverse meanings of families found amongst IVF donor conceptions highlights how the importance of 'genetic ties' are renegotiated to reflect couples' changing perceptions of their circumstances, experiences and histories. These different perceptions illustrate a diversity of meanings that are evident in the data. They also reflect the work involved (Morgan, 1996) which may include couples' relinquishment of mutual 'genetic ties' in 'making' families their own.

Nevertheless, my findings about participant's perceptions of the importance of 'making families' draw a distinction again from recent studies that have focused more on establishing ideologies of 'making parents' in IVF (Thompson, 2005; Fairclough and Gurtin, 2018; Thompson, 2017). However,

the findings tie in with previous studies that explore ideas of families (Mason, 2008; Nordqvist, 2012b; Nordqvist and Smart, 2014; Nordqvist, 2017) and add an understanding to the sociology of families in terms of the value and meaning of family and rethinking practices of families (Morgan, 2011). In this study the few IVF donor families highlight that 'making' their family was framed in different IVF experiences and particular histories which changed over time thus producing diverse families. On relinquishing their own genetic ties, Nicky highlights:

> Nicky: "*It worked first time! First time with the egg donor for our daughter, first time with a different egg donor for our son. So after 5 unsuccessful rounds all of a sudden we had a very different experience of IVF.*"

This finding highlights how, in IVF donor families, different experiences of IVF lead to diverse meanings of 'doing' families. For example, Nicky and John went on to use another donor's egg to conceive their second child. Their meaning of 'doing' families reinforced the perceptions that the siblings share some genetic ties with their father and also share biological ties with their mother. These aspects are valued meanings within this family context. Yet, this diversity in meaning for donor IVF families with different genetic, non-genetic and biological ties worked together in participant's thinking about making their family their own in daily family life with their children. As Nicky highlights:

> Nicky*: "And it shows there is not just one way to do this! And we have got two happy healthy children who we talk to quite openly about egg donors."*

Recognizing these changes in meaning stemming from couples' experiences over time is important in order to understand the implications of diversity in family ties for 'making' and 'doing' families in everyday life. An implication of thinking about diversity in families is an understanding that supports rather than undermines the significance of the broad range of meanings of family ties beyond genetic ties that are created during in/fertility journeys.

In contrast, rather than pursuing donor conception when routine IVF failed, some couples decided to adopt to establish their family. For adoption

families, from across all socio-economic circumstances within this study, family-formation was reframed as a shared practice involving non-genetic ties that nevertheless became significant connections through a shared experience of 'making' a new family. The perceptions of adoptive families during in/fertility journeys beyond IVF are especially relevant for sociological debates concerning 'making' families and 'doing' family life as adoption is rarely analysed in parallel to IVF (Melthus and Howell, 2009). My findings highlight that participants who decided to adopt arrived at a further different meaning of family, one which came to involve a shared relinquishment of genetic and biological ties alongside a foregrounding of the mutual social ties formed during the 'making' of families through adoption. William and Vicky's narrative is typical:

> William*: "And then we had a chat do we go through the umm donor sperm because there was no chance for me I couldn't and so I were out of the equation. But we said we wanted to adopt because it were both in the same thing so we ..."*
>
> Vicky*: "Yeah we said it wouldn't be either of ours then as it's not fair for it to be one person's and not the other."*

The data shows that couples evolved their thinking regarding what matters in family ties beyond genetic connections, as Beth and Neil's narrative highlights:

> Beth*: "looking back I think for my husband one obstacle was thinking can I bring up a child that's not genetically* mine?"
>
> Neil*: "when we were talking about the fact that IVF had failed that switched my mind onto thinking could I raise someone else's child? But I went onto think that yes I absolutely could adopt. Because it was so important really to me .. that's the thing!"*
>
> Beth*: "And for both of us it was so out of anything we'd ever experienced before!"*

Analyses of adoptive families in this study suggests that the value that they place on genetic and biological connections changes to the extent that they are no longer negotiated as the most important part of decision-making. This finding coincides with another adoption study which uncover similar reasons

behind decisions (Jennings et al., 2014). Perceptions alter to embrace the value of different ties within families as Beth's narrative highlights:

> Beth*: "But he very rapidly changed to thinking actually that's not even a relevant issue anymore."*

Thus, for adoptive families established during in/fertility journeys, the perceptions of ties are important but include diverse kinds of connections in which life experience and shared biographies hold great value. Rachel and Evan's narrative was common:

> Rachel*: "it is an amazing thing to have done and it's pretty amazing to think that we've had these twins turning up on our doorstep and we started looking after them and being a family. I feel actually once you have been through this, you have then looked at the important things in life"*
>
> Evan*: "…it was going to be us, that dynamic forever family!"*

Sarah's account, which showed a strong sense of connection, was common amongst families that had adopted babies:

> Sarah: "*I do feel like I could have given birth to him!"*

Adoptive families sustained an important meaning of family that was framed through an understanding of how they identify and value the connections between one another, and thus establish their own family practice. This thinking about what is important, relevant and of value evolves over time in families created through infertility experiences. For adoptive families, where couples had been through failed IVFs, the process turned some of these meanings inside out as the initial importance of genetic ties was eventually relinquished. Genetic ties and biological connections became immaterial by comparison with the value of social ties and connections within their families.

Beth, in the data extract below, expressed the significance of being closely 'connected' in familial relationships even without genetic ties. Her perception coincides with Finch and Mason's (2000) who suggest that family life is less concerned about fixed understandings of blood ties and more significance is on the meaning and emotions people attach to those defined as kin or

relatives. A life course approach in this research highlights that this type of reconfigured meaning is developed amongst some adoptive families on an ongoing in/fertility journey. These perceptions are held because, as Beth demonstrates, the social processes that operate in families are being rethought and reconsidered in the 'making' and 'doing' families. Moreover, amongst adoptive families, perceptions of family meaning included how they connected closely as individuals during their experiences of family life and how this was linked to the social non-genetic ties within their family relationships, as Beth expresses:

> Beth: *"it didn't bother me in the fact that my cousin is as much my cousin as much as Elliot is my son, and yet neither of them are biologically related to me (chuckles) and so yeah we are incredibly close and connected."*

The findings in this study highlight that meanings of families shift as participant's journeys move beyond IVF towards adoption and renegotiate connections within families in terms of social ties and connectedness. The value of social ties grows in importance as non-genetic ties are foregrounded in this type of family-formation. Analyses highlight that these type of family ties share a meaning through resemblances. Participants' changed perceptions of non-genetic ties overlaps with the importance of resemblance for both adoptive and donor IVF families which are explored next.

5.2.5 Importance of resemblances in 'doing' families with reconfigured meanings

Many couples highlight how comparable resemblance is critical in 'doing' families (Morgan, 2011) and becomes a focus for reflexive thinking during in/fertility journeys. The need for connections of resemblance in families to be apparent is similarly shown in this study by couples who are part of both adoption and IVF donor conception families. The question of what really counts as family practices within the sociology of families is therefore called into question during in/fertility journeys. This thesis upholds a focus on family practices (Morgan, 2011) as an approach to finding new ways to understand family-formation in the context of in/fertility journeys, and is therefore a rich area for developing sociological analyses. This study suggests that the

significance of resemblances was embedded within the decision-making that contributed to family-formation in both adoption and IVF donor families. Giving consideration to the way in which resemblances play out in family practices advances our understanding of the sociology of families within in/fertility journeys.

Established practice, policy and regulations of IVF donor conception are shaped by perceptions of how society manages in/fertility issues in family life (Human Fertilisation and Embryology Act, 1990; HFEA, 2013; Nordqvist and Smart, 2014). On the one hand, Hudson and Culley (2014) suggest that donor matching as a practice can enable conception via donated gametes to mimic resemblances associated with the 'traditional' family. On the other hand, there is ethical tension around the disclosure of genetic ties for donor conception families (Blyth et al., 2012). Yet matching profiles and selection of donors has been shown to be important to couples in previous studies (Konrad 2005), suggesting that biogenetic connection is conveyed via similarity of physical traits in order to support a sense of 'mutual history' (Edwards and Strathern, 2000). My study's empirical data highlighted the significance of resemblances as connections for several couples. Resemblances are valued in a range of ways such as the similarity of physical or educational characteristics, interests and pursuits. Robert and Alison's perceptions of the range of similarities that they considered important within their family is illustrated:

> Alice*: "they emailed through donors that matched Robert's physical characteristics"*
>
> Robert*: "Yes they match the physical characteristics and "*
>
> Alice*: "We had quite a few conversations about it. Because in the letter there was a misplaced apostrophe and I can remember saying to Robert do you think that is genetic or do you think we can teach them proper grammar! (laughing) again you think about different things. "*

Likewise, the matching practice is important to couples during in/fertility journeys, not least because it shapes a connection of resemblance to themselves. This reflexive thinking enables families to make their family their own, established through decision-making about shared similarities. This

matching process justifies how ‘making’ these diverse families produce families connected by common social characteristics, as Nicky reflects:

> Nicky*: It did surprise me how many decisions we had to make and once we decided to go down the egg donor route one of the biggest decisions we had to make was what characteristics of an egg donor would we accept? So it was just getting on with ticking the boxes. so you would know their educational achievements so you know what their job was and what their hobbies were. And it became a bit more specific when we had the options of the donors that were similar to us.”*

Yet, decisions were tricky to negotiate and perceptions changed as to whether or not to involve a known or unknown donor. The IVF specialist in a consultation with Nicky and John recommended a known donor decision.

> Nicky*: “the consultant was saying if I were you I would go down a known donor route because you know what the genetics are and you know what the family history is so we came out of that meeting saying yeah okay we’re going to go down a known egg donor.”*

However, analyses in this study suggest that participants’ ideas of family connection led them to seek resemblances between themselves and their donors. In recognising that this was important to them, both Nicky and John changed their mind to consider an unknown donor rather than donors that they knew within their family networks. This analysis suggests that resemblances to themselves are elevated in value in ‘making’ and ‘doing’ families. Nicky and John highlight this aspect in their decision to choose an unknown donor:

> Nicky*: “a big conversation we had … was known or unknown egg donation. this was a decision that we thought long and hard about. John and I for quite a few months we thought actually if we are sitting across the Christmas dinner table from sister-in-law who has donated eggs and our son or daughter looks like sister-in-law who has donated the eggs then there is always going to be that connection there so we kind of thought actually let’s just go with the unknown donor.”*

It is analytically important that the many decisions about donors are shaped by similarities between donors and new parents, and that they implicate notions of resemblance in the production of families for which genetic ties are absent. Moreover, the ramifications of 'making' and 'doing' families in this way, i.e., including a donor who shares characteristics and resemblances to the birth parents within the family-formation, are reflected in participants' comments about similarities, as Alison and Robert's narrative highlights:

> Robert*:* "*Alice's mum keeps going on about how he (their son) looks like me!"*
>
> Alice*:* "*we do know a bit about him (the donor) because this one is an academic. And he (the donor) had written a lovely letter which was part of his notes to any children born as a result"*

This flexible approach to the production of families with resemblances, but without genetic ties, by involving others in family-formation applies in both family practices of adoption and donor conception. Likewise, this flexibility in the way that resemblances are perceived applies across social, biological and genetic mothers, which echoes previous studies (Davies, 2014; Ribbens McCarthy et al., 2017; Mason, 2018). These ideas of multiple parenting connections were however, notions that did not inform the Warnock Committee report (1984) but were enforced by the Human Fertilisation and Embryology Act (1990). Couples experiencing IVF donor conceptions are ruled to be the legal parents, thus defining 'mother' exclusively as "the woman who is, or who has been the carrying mother" (HFE Act 1990, p.15). Asserting the act of 'carrying' during gestation as definitive of 'mother' in legal terms frames family practice in terms of birth parents, recognised regardless of whether donor eggs or sperm are involved in donor conception families (HFEA 1990, section 27).

Moreover, my study suggests that adoption creates a wider scope for 'doing' families which reflects understanding that a depth of connection within families is achieved via shared histories and resemblance. On the one hand, adoption is perceived to involve decisions that are very different to those made during IVF. Yet, on the other hand, adoption practice encapsulated a similar series of decisions about the pursuit of a family, diverse meanings of families, and analogous concerns around matching, resemblances. As such,

the absence of genetic ties between adoptive parents and adopted children does not result in the elimination of resemblance considerations, but instead emphasises the importance of resemblances within family-building processes. Adoptive families retrospectively recalled the series of decisions involved in matching similarities and resemblances to themselves. Peter and Joanne's experience is typical:

> Peter*: "we had filled in that form saying that if we had to choose we would like a little girl preferably this age with red hair and this appearance and that was exactly what we got! (All laugh)*
>
> Joanne*: "You know they say what do you when you picture your family what do you imagine. I said I imagine a little girl with red hair and blue eyes and that's what she was, she ticked all the boxes didn't she!"*
>
> Peter*: "There is a resemblance everyone says she looks just like me and people say it about you too!"*

This finding resonates with Mason's (2008) studies on similarities and resemblance within adoptive families. In adoption, resemblances are significant as part of the decision-making process during and post adoption in not only 'being' family but in 'doing' family as Morgan (2011) highlights. Yet these questions of resemblance are not confined to understanding meanings of family that were linked to genetic ties. My study analyses show that adoption decision-making and the meanings of families are not associated with the elimination of ideas and significances of resemblances but rather, instead, that they become informed by building different kinds of connections and resemblances. Joanne and Peter's responses were common:

> Joanne*: "Well looking like us is important as"*
>
> Peter*: "I can see the necessity for it!"*
>
> Joanne*: "I suppose looking back you understand why as a family it's about looking like each other."*

The point is that for some adoptive families, looking like one another and sharing similar characteristics are valued as important in 'doing' family-life. This finding reinforces the notion of rethinking family practices (Morgan, 2014) in relation to resemblance (Mason 2008) during in/fertility journeys. In

the sociology of families, resemblances, including all types of social, biological and genetic family ties are an important connection within diverse families, and are valued as part of a meaning of family. Yet, the decision-making processes involved in matching similarities during the adoption process are challenging as they may also need to take into account the couple's wider circumstances, i.e., confronting issues around bringing together blended and adoptive families, which in this case included Peter's daughter. The choices that couples made in this regard matter as ultimately couples know their decisions have influenced which characteristics have been included as substantive factors in 'making' their family their own, and which have been excluded. Joanne and Peter's narrative highlight these challenges:

> Peter*: "The hardest part about making a decision about what sort of child we could have I thought was when we were filling in that form and it asks what colour hair would you like?"*

The principle of 'making' families through matching resemblances in the absence of 'biological' and 'genetic' ties highlights the negotiations and work involved in producing families through this type of decision-making. These choices are hard and matter to those families who felt responsible because these decisions set into motion 'making' and establishing their family.

> Joanne*: "Yes that we were choosing and suddenly you were ruling out a whole number of children. Because they recommended a girl for us because Peter's daughter has two brothers. So his daughter has always wanted a sister and you can choose, so let's have a little girl for you. And we were like but that's 50% that we have just written off there!"*

It is analytically significant that, for the adoptive families in this study, resemblance was part of 'doing' family life and is often what moved thinking past 'genetic ties' and 'biological connections'. It enabled a meaning of family that foregrounds, and acknowledges as part of family life, connections manifested through resemblances without associated genetic ties, as Beth highlighted:

> Beth*: "in fact when they first gave us the photos of Elliot he looked so similar to my husband."*

In family life, these strong resemblances contradict the ideologies of genetic inheritance (Finkler, 2000, p.175) which are ubiquitous and inform notions of producing families, as Beth noted:

> Beth*: "One of my friends did cheekily say "Beth do you know where Neil's been! (laughing) …"*

Therefore, this study suggests, the matching process for IVF donor and adoption families is a similar and similarly challenging decision-making process. In fact connection through resemblance is significant in family life and a valued meaning of family regardless of whether the family-formation includes social, biological or genetic connections. Nevertheless, this finding on the importance of matching donors with similarities and resemblances connects with another important theme: secrecy within familial networks, which is explored next.

5.3 Family meanings reconfigured: secrecy versus disclosure in family contexts

Another strong theme in this study is secrecy. Secrecy plays out as couples negotiate the importance of genetic ties in producing families of their own. This is an overlapping theme that complements the way in which the perspectives of involuntarily childless couples demonstrate that ideas of family are embedded in family contexts as well as in their own experiences and histories. The analysis of family secrets in this thesis draws upon Smart's (2011) acknowledgement of the power dynamics at play around specific circumstances where conception is made known to a very few people, excluding some members of a family network. Participants typically described sensitivity and challenges around who to tell and how to manage family member's expectations. In this thesis findings reveal the complexity of family meanings in 'making' and 'doing' families that can reflect a secrecy held in tension with disclosure in practice. This is especially important to understand in experiences of IVF, by contrast with adoption intentions, and the meanings that participants attached to these experiences.

Secrecy in the family context can be understood with reference to concepts of families that we live ‘with’ as kin, and families that we live ‘by’, conceived of as ideals of loving and supportive families (Gillis, 1996). These families we live ‘by’ occupy part of the participant’s imagination and help interpret my data. In this thesis secrecy is important to some couples because disclosure of infertility or the means by which conception is assisted can change the dynamics of family relationships. Thus, couples’ minimal disclosure reflected a way to maintain boundaries between themselves as a couple and their families or to protect their families from emotional distress. In my study, therefore, the use of secrets in some IVF and donor conception families enabled couples to manage a family story in which the actual family appears more like the mythical family that they live ‘by’ rather than the actual families that they live ‘with’, along with their attendant tensions and challenges.

In contrast, openness and moves away from secrecy concerning adoption is also of sociological significance in relation to disclosure, familial responses to adoption intentions and reconfigured ideas of family. This analysis will demonstrate how the family contexts shape how family is acted and enacted. This section explores the dimension of secrecy in order to capture the tension, challenges and support that couples encounter within familial networks during IVF, donor conception and adoption. In interpreting the data in this way, we uncover not only what happens in family contexts during in/fertility journeys but how encounters within family contexts are managed as meanings of families are reworked in ‘making’ and ‘doing’ families.

5.3.1 Secrecy in ‘making’ families

Most participants across the sample were cautious about revealing their IVF treatments to members of their extended family. This accords with other studies including Machin’s (2007) exploration of the social and ethical context of embryo donation in IVF. Cover stories are evident within the empirical data, reflecting the secrecy in couples’ lives during routine IVF and donor IVF in/fertility journeys. In the previous chapter, many participants highlighted the social isolation inherent to experiences of IVC for example, the circumstances of them seeking IVF treatment kept hidden from family members. However, in this chapter the dynamics of secrecy will be explored during IVF treatment and post IVF conception. A few couples spoke of how

family networks are still unaware of their circumstances several years later. This reluctance to talk about these IVF experiences with family echoes previous studies about hesitancy in talking about IVF donor conceptions (Golombok et al., 2006; Nordqvist and Smart, 2014). Several couples across all socio-economic circumstances considered here disguised many aspects of their lives from family and friends during IVF treatment. James and Hannah's experience was common:

> James: *"I mean you spend so much time thinking over how to cover over the fact that you're doing treatment and deciding whether to go to social things or not and carry on as normal so you don't arouse peoples' suspicions. I was always over thinking all the angles on it. … it's all those other daily life decisions about do we or don't we go to that party? What do I say as our cover story about why Hannah's not drinking?"*
>
> Hannah: *"Yes like you need to take care where you leave things if you have people over with drugs in the fridge there are syringes in the house!! Or needles in the bathroom I mean you have this brightly coloured sharps bin to dispose of all your needles in. I mean where do you leave that? when you're injecting on a regular basis!"*

This secrecy in not telling family members about trying to 'make' a family is evident across socio-economic groups within the sample. However, it was noticeable that those participants of lower socio-economic circumstances tended to have initial investigations but experienced limited IVF opportunity which ended in failure, and that these challenging experiences were not necessarily discussed with family members. Suzanne's experience was typical:

> Suzanne*: "looking back now I don't think I said very much to my family I don't think that I got into detail about it and definitely not with my mum and sister."*

The extent of the secrecy maintained by these couples over considerable time periods suggests a greater degree of concealment than is associated with the way in which families typically value privacy within their households. The evidence therefore suggests that many couples across socio-economic groups initially keep hidden from family members and friends everything about their IVF experiences.

> Juliette*: "I didn't want people to know, I really didn't, keep it close to my chest. But the family have never explicitly asked."*

This hidden nature of IVF regardless of socio-economic circumstances points towards these experiences being constrained in the way that participants are deliberately guarded and reserved around any social discussions within networks.

Moreover, this secrecy is maintained despite the social context around IVF being shaped by the relatively high demand for IVF (Bunting et al., 2013; Freeman et al., 2014; HFEA, 2020). Several participants reported that they invented cover stories to protect themselves from family expectations or reactions to their situation and the means by which they were trying to establish new families. Analysis of this secrecy highlighted the significance of the versions of families that we live 'by'. As Gillis (1996) says, these are often idealized conceptions and the empirical data shows that those versions of families are part of participant's imaginations. Hannah's narrative featured an imagined version of telling her family about a grandchild which is common:

> Hannah*: "I'd always thought wouldn't it be wonderful the day I turn up and go 'hello you're going to have a baby in the family you're going to have a grandchild!' I think it was that for a bit you thought what a wonderful surprise that would be!"*

However, this secret-keeping within a family context had implications for many couples navigating IVF and reworking different meanings of family in ways that differ from those associated with a natural conception. Couples often narrated the reality of the tension between versions of families that are imagined and alternative versions that are influenced by IVF experiences, Brian and Karen's response is typical:

> Brian*: "And even traditional pregnancy comes with like a ritual of secrecy over everything until after the first trimester because that's what you do …. But It's not like that."*
>
> Karen*: "the natural way .. "*
>
> Brian*: "Even with the IVF thing …I don't want to keep it as a dark secret … you know what he's been through to be here."*

One interpretation of the secrecy evident here links to the dimension of sociological significance that Gillis (1996) identifies in the tension between the families we live 'by' and the families we live 'with' as in/fertility journeys challenge these versions and meanings. Analysis highlights that the idealized versions of families that we live 'by' occupy part of the imagination, despite the reality of conflict and difficulties experienced in actual family life. In this study, the use of secrets enables couples to manage to create a family story which is more like the imagined mythical family that we live 'by' as an 'easy natural conception story'. This contrasts with the lived reality of a challenging in/fertility journey in IVF. The resulting tension can lead to IVF families living in households affected by the tension of secrecy versus disclosure. Some IVF families in this sample chose not to reveal the reality of their in/fertility journey to extended families for months or even many years. These families span both middle and high socio-economic circumstances, some remaining unaware of the true origins of the families of their extended kin[18], presuming that they were produced through natural conception.

My thesis argues that many couples decide whether to disclose the circumstances of a conception, or instead to use secrecy, in order to limit difficult conversations during a tumultuous in/fertility journey. Choosing not to disclose can initially help couples to simplify the micro-dynamics of family life by establishing a boundary between themselves as a couple and the rest of their family. Yet sustaining this secrecy over time requires a couples' joint concerted effort. Several couples acknowledge that their own family network initially were unaware of their IVF circumstances. Hannah and James' response is common:

> Hannah*: "I needed to take care of myself tackling this huge ordeal without having to deal with others so yeah you do have all these cover stories."*

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[18] Kin and kinship in this thesis continue to be understood in terms of a broad sense of "relating to", rather than solely in terms of procreation, per se. This is a shift in thinking about kinship within family research within the sociological literature (Jamieson et al. 2014), opening up new perspectives on relating (Finch and Mason 2000; Mason 2008; Mason, 2018) as explored in chapter 2. Nonetheless, during in/fertility journeys anticipating future family concerns an imagined kin and rethinking the possible ways to produce new kin in the context of extended relationships in familial networks.

James*: "it's a bit like working for MI5"*

Nevertheless, for some couples the cover stories become unsustainable over time as they endured IVF for prolonged periods including IVF failure as well as eventual success. These experiences alongside the effort required to maintain secrecy contributed to the unsustainable nature of these cover stories. Several couples told a few family members during IVF or post IVF conception, allowing some of their network to know about the situation. However, this type of disclosure did not 'just' reveal a discrete piece of information, but instead opened a complex set of issues concerning the circumstances of conception. This included the extent, nature, values and tensions in ideas of genetic ties and connectedness.

As Strathern (2005) explains, this information is a great depth of knowledge that informs understandings of not only one's kinship system but one's identity. Thus, as Smart (2010) argues, secrets are kept not just for the sake of non-disclosure but secrecy also acknowledged the power dynamics at play in familial networks. This implies that secrecy during in/fertility journeys may be a necessity for some, as a social ideal of transparent communication and complete freedom of information for everyone may work in damaging ways for kinship networks (Stathern, 2005; Smart, 2010). For instance, couples were aware of past circumstances within their familial networks in which tension and damaged relationships had arisen from people talking freely about personal situations as Robert and Alice explained:

Robert: "*your family bloody grape vine*."

Alice: "*because you have to think about that … it can be very difficult and hurt."*

In a similar way Heather highlighted the hurt and damage resulting from kinship networks being too open in not only asking questions but expressing their views:

Heather: "*Not making yourself vulnerable and protecting yourself from being hurt. So that I didn't have to talk about myself or deal with their response*."

Smart's (2011) analysis of the micro-dynamics concerning who will hold or disclose a secret to others in their networks is relevant as this issue is considered by couples and was at play within family life during in/fertility journeys. Issues of secrecy required work and effort to negotiate boundaries around who needs to know and on what basis as Abi explains:

> Abi: "*we talked for ages deciding and thinking carefully about who to tell, what to say and when"*
>
> Ben: (nods)

In addition, although less common, secrecy reflected difficult past family history and disapproval around assisted conception which shaped some participants' perceptions of the challenging way that their family might respond. The decision to not tell family members about assisted conception thus pivots around the couples' role as gatekeepers, trying to limit potentially detrimental conversations amongst their wider family. For example, in James' family history his parents had shown disapproval over a cousin's involvement as a donor during his sister's IVF. Wider family involvement during in/fertility journeys is an important theme which will be explored further through chapter 6. Nevertheless, couples' decisions not to disclose their situation, pre-empting further family relationship difficulties or imagined disapproval, is a key issue, as James explains:

> James: "*I just didn't go there with him (his dad) having watched how he dealt with my sister who went through it (IVF) with donor eggs from my cousin which didn't work there was no way I was going to bring it up."*

Several couples told only a few family members about their longed-for family story during IVF. Likewise, Machin (2007) highlights that parents within IVF families created through embryo donation also experience similar dilemmas over whether to share with others in their families this history of their child's conception. Dilemmas over disclosure in my study were linked to participants' perceptions that non-disclosure protected their families from emotional distress, as Fliss highlights:

> Fliss: *"so mum and dad if they'd have known about it, they'd phone me saying are you alright? And it's only because they care but I'm just like get on with it and don't want them to get upset!"*

For several participants the reasons for keeping family members unaware of their situation was ultimately to minimize the impact of shock and limit emotional upset amongst family members regardless of whether they were close or distant connections. Abi's experience was common:

> Abi: "*through IVF I just didn't have anybody in the family nearby that I was really close to and yes my brother lives nearby but I didn't talk to my brother it's just difficult who you tell and who you don't… it was just dead difficult when we did it (IVF) I didn't tell my mum and my sister about it because it was too much emotionally"*

Nevertheless, it was observed that this imagined sense of family as a network of connections to be protected from shock is sometimes justified. The empirical evidence from those that eventually disclosed to family members shows the extent to which this impacts on imagined family stories and wider family expectations of easy natural conceptions creating genetic inheritance in family-formation. James and Hannah's responses were common:

> James*: "We were tired and backed into a corner about both presenting a public face of confidence to everyone which was all part of the cover story!"*

> Hannah*: "I think the hard bit was that I had to tell my family because at this point they didn't know anything and I am really close to my family … and my dad's reaction was really 'I never thought that, I'm really sorry.' You know because they will have all made comments like 'Oh no grandchildren here yet!' And all the usual comments that you get … so they were all of a sudden my god and all this time you've been trying … they all felt a little bit awkward."*

The challenging nature of family-building is acknowledged in extant literature about clinical practice during assisted conception consultations (Braverman and Firth, 2014) but how these challenges play out in familial networks is a relatively under-explored area. This study suggests that it is important to

understand how to support involuntarily childless couples to talk about this issue. As although we know that kin and families are established from 'making' and 'doing' families in different ways, not only through natural conception, but these experiences can also be difficult to disclose. An implication of this finding is that awkward or difficult conversations are necessary if couples are to receive support within their extended family networks. The analyses of the involvement and participation amongst familial networks is explored further in chapter 6 (section 6.2).

A frequent dynamic in couples' familial networks over time is selecting who knows about the IVF conception whilst other family members were not told anything. This dynamic is exemplified by situations in which only the maternal side of the family were initially told rather than the paternal side as MacCallum (2009) found amongst embryo donation families. However, over time most IVF families told both sides of their families as Euan reported:

> Euan: "*We told my parents and yours*."

Whereas the maternal side of the family remaining the only side that was told was more atypical, examples were present in the data, as Hannah noted:

> Hannah*: "… to this day James' family have no idea about it!"*

The significance of my finding, with some family members knowing about these circumstances and others not knowing, links to the family dynamics involved as Smart (2011) suggests in secret keeping amongst families. The decision to tell family members over time is reflected in participants' accounts of their sense of family relationships as a close connection rather than a distant connection. Hannah highlights that telling her parents and sister became an essential part of 'doing' family life.

> Hannah: "*we are not close to James' family we don't see them much. Whereas I wanted to tell my mum, my dad and sister as I am really close to them and we see them all the time*."

Similarly, a few participants limited who in the family they tell over time. This includes for example, which parents or siblings or wider family members

know and which are not told, but in Alice's familial network only one sibling knows:

Alice:: "*only one member of my family knows*."

Therefore, the workings of secrecy seen during in/fertility journeys can be analysed in terms of non-disclosure, a core activity that required ongoing work by couples. This effort involved couples acting as 'gatekeepers', reviewing who to tell about their situation and excluding others whilst maintaining an apparent network of family unity. This links again with Gillis' (1996) notion that the families we live 'with' are idealised versions of families which are held in our imagination, despite the conflicts or difficulties within our actual families. Yet this effort concerning when and how to confide in others was ongoing, as well as navigating whether or not their secret is held or shared amongst others within their networks. The empirical evidence presented here suggests again that secrecy is a necessity in some families to help circumnavigate any additional tensions whilst navigating an intensive in/fertility journey in familial networks.

James: "*The only point it may come out is in a family row."*

Participants' accounts of secrecy and disclosure to their family within in/fertility journeys is recognized as having sociological significance as it sheds light on their imagined sense of family as a network of connections to be protected and managed but also as a context with a complex history and exhibiting challenging dynamics. This analysis is a further way to understand, as Smart (2011) suggests, the power dynamics in the everyday workings of families and the complexities of these relationships in social situations. In doing so, it sheds light on the way that family stories about in/fertility journeys are managed and often undisclosed about the challenges of natural conception within IVF families. It is notable that the difficulty involved in others knowing about in/fertility journeys, for example in the workplace setting, is a separate issue beyond the scope of this thesis but an interesting research project in itself (see chapter 7). Next, family secrets about donor conception will be explored drawing further upon the ideas of Gillis (1996) and Smart (2011) in order to examine family contexts as the meaning of families are reconfigured.

5.3.2 ‘Keeping up appearances’: ‘doing’ IVF donor families

Secrecy was sustained as couples progressed from IVF treatments towards donor conception to produce families with partial genetic ties. This notion of families is arguably different from the families ‘we live by’ (Gillis, 1996) which privilege the ideologies of mutual genetic inheritance. In my study, couples’ decision-making about disclosing information to their familial networks were mixed. This variation demonstrates a significant finding related to the ways in which disclosure on the one hand, enables participants to shape their family dynamics. For example, one couple’s situation was known in their wider family, to the extent that other family members offered to help as a donor. On the other hand, another couple’s IVF with a donor remained hidden within their familial network, a secrecy which echoes wider evidence of IVF donor families’ concealment (Daniels, 1994; Daniels and Haimes, 1998; Frith et al., 2018). Secrecy makes these families difficult to research as this issue is not an obvious part of family life (Golombok et al., 2011). Likewise, in my study, secrecy about donor conception within families was evident which suggests that Smart’s (2011) assertions about sociological insight gained about reproductive secrecy within families has relevance here too. This has application as an idea not only within in/fertility journeys but also to understand how different meanings of assisted conception families were played out and reworked. The use of a donor during the IVF was, according to Alice and Robert’s narrative, a family secret:

> Alice*: “because there are very few who know”*
>
> Joy*: “Mmm and who did you tell?”*
>
> Alice*: “My parents don’t know.”*

The opportunity to see how couples narrated a shared experience of reproductive secrecy within their familial context during the ‘making’ of a donor conception family is important to explore. Analyses of secrecy within family context in my study suggest that keeping up appearances is necessary in order to protect the ‘making’ of IVF donor families as couples worked to construct resemblances between themselves and their child (explored in the earlier section on resemblances). Since this meaning of family is established by couples as their family relationships play out during everyday life, non-disclosure maintains a protective boundary between themselves as a couple and their family, shielding this complex assisted

conception history from interference. Nevertheless, couples are conscious that, even as resemblances are attributed to them as new parents, their family members remain unaware of the secrecy involved in 'making' their family as Robert recalled:

> Robert*: "We chose not to tell your parents and Alice's mum keeps going on about how he looks like me!"*
>
> Alice*: "… 'doesn't he look just like Robert' and I say yes he really does!"*

Shared resemblances, both physical and social, strengthen this meaning of family. As Mason (2008) and Davies (2014) suggest, resemblances cannot simply be explained by genetics or a binary "nurture or nature" division. This is important to recognise, as Alice observed:

> Alice: "*I think some of it is gestures which he copies so a lot of how we look and how similar we look to people with family resemblance actually is gestures and sound of voice it is not necessarily just physical."*

However, my analysis suggests that keeping up appearances in family life where there are resemblances that do not derive from mutual genetic ties is still challenging to work through, as Robert and Alice reflected:

> Robert*: "And I suppose to be honest and Alice knows this I'm sort of worried about it.*
>
> Alice*: "Elliot adores you, you are his daddy! …. He is so like you!"*

In both policy and practice, 'making' families using IVF donors means that the registered mother and father are those attending the IVF clinic (HFEA, 2004). However, those couples receiving IVF donor treatment are encouraged to talk about conception from a donor egg or sperm and disclose this information to significant others (HFEA, 2004; Richards, 2014). Yet, the empirical data shows that for some couples to talk with openness about these circumstances was challenging as a practice within the wider family context. This theme of securing emotional support is explored further in chapter 6 (section 6.2.1). However, there is sociological value in

understanding why boundaries of family secrecy regarding disclosure are applied in practice and how far this contradicts recommendations.

The narratives in this study point towards 'ideal' family connections and family relationships, honesty, moralities, and responsibilities for providing heritage with genetic ties, as discussed in earlier themes in this chapter. Analysis suggests that it is the families we live 'by' which create a pull towards secrecy in donor IVF families. In a similar way these imagined ideas about family connections can help to interpret this data. The empirical data shows that secrecy was maintained in practice not only in 'making' but also in 'doing' IVF donor families to protect the complexity of these circumstances and the diverse family connections that lack genetic ties. This analysis therefore overlaps with wider reproductive secrecy issues that families 'do' in practice (Smart, 2011). The evidence in my study suggests that the kin we live 'with' includes those connections that are beyond genetic ties. Yet the meaning of families is significant here as it includes the depth of connection within families as well as resemblances between family members in circumstances where there are no 'genetic ties'. Alice and Robert shared their dilemma about wanting to be open but imagining that the boundaries around expressing a complex assisted conception are too challenging to resolve, as Alice explained:

> Alice*: "…… when I was kind of agonising about who I need to tell and when … because I do want this idea about early and often but then I don't want him to regret in later life that he went around saying I've got 2 daddies or whatever. So it is very difficult!"*

This dilemma over how to tell children about their donor conception is a separate issue explored in chapter 6 (section 6.4) in a discussion of reframing family stories. But the focus on how family meaning was worked out includes acknowledging boundaries about these private family matters that couples need to manage, often with only a few people knowing and several others not knowing about how these families came into being via donor IVF conceptions. Only one family member knows about Alice and Robert's donor conception circumstances. Therefore, it is difficult for Alice to share her perceptions about diverse meanings of family when the topic of childlessness is part of conversations during family gatherings. Alice is an articulate middle-class woman and her experience is important as it

demonstrates that ideas around family-building expectations are critically engaged with through the 'doing' of families. But Alice highlighted her frustration in being unable to challenge presumptions about 'genetic' ties and invite conversations about flexible and diverse meanings of families by talking openly about her experiences within her familial network. As Alice explained:

> Alice*: "if you are not able to have children like everybody else does you are forced to examine all of these things in a way that actually other people don't and then family members spout this nonsense and you just sit there on the other side of the table and just thinking it's just nonsense absolute nonsense and I can't even begin to unpack it because the reason that I know all this stuff I can't tell you."*

In contrast, another couple were open with their wider family networks about creating a family via donor IVF. This couple narrated an openness both within their wider family and with their children who were donor conceptions from two different egg donors. This openness about the diversity of family includes the two donors who helped in 'making' their family which highlights the reality of these circumstances in family practice. This shared understanding through disclosure in practice shaped their immediate families' meaning of family. Nicky suggested that generally they as a couple were open within their family networks about disclosing their story:

> Nicky: *"We were quite open about it … And today we have got two happy healthy children who we talk to quite openly about egg donors."*

However, this openness in familial networks is not the same as general openness about the formation of donor conception families. Despite one couple's openness about this family matter, there is still relative secrecy within their community about this diverse meaning of family. This narrative remains a family matter which was highlighted in my researcher's self-reflexivity log. For example, Nicky's response at the end of the interview as her doorbell chimed and the hairdresser was at the door is noteworthy:

> Nicky*: "So is that okay, we've finished? As she doesn't know!*

This disclosure that the hairdresser "doesn't know" indicated the need for me to clear up all the evidence of the interview, fold the timeline mapping sheet

away from view, and to pretend that this hasn't been talked about. The purpose of any interaction had changed direction, no longer a researcher but a visitor just packing up and leaving. These words ("as she doesn't know") contrast with the impression of openness about the donor conception story that Nicky had previously suggested.

This complicity at the conclusion of the interview felt, to me, like collusion in a secrecy that surrounded the context of IVF and donor conception decision-making, even within such a positive story. In contrast, earlier in the interview I had been given a different impression of openness about the couple's family story, it became clear that this story has boundaries within the family context as the facts around their child's conception are not known amongst the wider community. My analysis of secrecy reinforces the idea that, as Gillis (1996) suggests, the families 'we live with' are different to those 'we live by' and that this distinction is not divorced from questions of genetic ties. Hence the need for either secrecy in the experiences of donor IVF families, or a limited openness about these circumstances which remain a private family matter. However, an implication of this study is that couples need ongoing support in order to share this diverse meaning of family. HFEA (2004) recommendations suggest an openness in donor conceptions with 'significant others', but my empirical study data shows that within family contexts this raises issues around how to manage the most appropriate boundaries about these private circumstances. Next, adoption will be explored in the family context in terms of family responses, challenges and a social meaning of family.

5.3.3 'New' families: 'doing' adoptive families

In recent years approaches to discussing adoption have shifted towards a spirit of openness amongst adoptive families, endorsing this type of 'new' family-formation and child-rearing which is, for example, celebrated as family day anniversaries (Van Gulden and Bartels-Rabb, 1997). This openness about adoption often contradicts past family history and reproductive secrecy (Grotevant, 2007; Mason, 2008). Yet, wider family responses about perceptions of adoption varied in the dataset, re-shaping who and what makes family in the absence of genetic connections. Across the socio-economic groups in the sample, most participants who adopted highlighted

that family members commonly misunderstood the connection between adoption and ‘new’ family-building. This finding links with the findings of Millar and Paulson-Elis (2009) which suggest that adoption needs more recognition as a way in which to establish families after a very long and demanding journey of in/fertility.

The involvement and participation of a couple’s wider family in their adoption journey is explored in chapter 6. Nevertheless, the involvement of family members is examined here in terms of how it shapes the meaning of family. By contrast with the creation of families through IVF, the adoption process required openness prior to adoption in the form of conversations between wider family members about the adopting couple’s in/fertility journey. Many couples found this situation difficult as their encounters with family members challenged their own decision-making. Helen and Mike’s experience was common:

> Mike*: “The other influencing factor was that family were very concerned for us and interfering at times as well as being supportive.”*
>
> Helen*: “but they (the social workers) don’t talk about the wider context of how this might impact your wellbeing, your extended relationships with family”*

The findings amongst all the couples who considered adoption highlight that these challenging conversations added to the difficulty and misunderstanding of the adoption process but did not deter couples across a range of socio-economic contexts. This ties in with previous studies (Goldberg et al., 2009; Miller and Paulson-Ellis, 2009; Letherby, 2010; Park and Wonch-Hill, 2014; Smeeton and Ward, 2015) which show that one of the discourses evident in adoption is often represented as difficult, strange and stigmatising. Several couples mentioned the impact of these conversations on their wider family members, as Evan reflected:

> Evan: *“they were terrified by the whole thing!”*

Likewise, Helen and Mike’s experience was typical:

> Helen*: "Mike's parents were hugely concerned that we were going to be palmed off with children that would ruin our lives!"*
>
> Mike*: "so my mum didn't really have any experience of formal legal adoption … so she was really worried about the whole thing. And Helen's family were worse! (both laughing) much worse!"*

The empirical data suggests that family-building via adoption was perceived in several wider families as both 'different' and a significant threat to the extended family dynamics (Goldberg et al., 2009; see Smeeton and Ward, 2017). This finding demonstrates how disclosure about choosing adoption as a way to establish a family illuminates the way that family is imagined by others in an extended family network and the potential for negative responses to change, perceived threat and stigma. The idea that a couple's wider family may have a meaning of family that is founded on genetic ties and that this may conflict with their own meaning of family in terms of non-genetic social ties is openly acknowledged as a concern for wider family members as Helen recalled:

> Helen*: "So I remember we had a Christmas holiday together with my family and my sister used a lot of that time to kind of talk about all her insecurities and her angst around adoption being different and that felt very difficult."*
>
> Mike: "*Helen's sister's family their reaction was*"
>
> Helen: "*They felt threatened by it really*."
>
> Mike: "*Yes but their reaction was to express concern for themselves about the idea."*

The disclosure that most couples experienced around adoption was challenging in itself. Adoption disclosure contrasts with the practices within families in a way that is linked to participants' accounts of secrecy which shed light on family responses that are experienced by participants rather than imagined. As Helen highlights these responses impact on participant's perceptions about meanings of family:

> Helen*: "It has completely turned on its head how I view family … it has been very hard work."*

Many participant's spoke of the lack of support from their families during challenging conversations that uncover the stigma and threat associated with establishing families in this way. These family responses highlighted a lack of understanding about both in/fertility journeys and adoptive families. William and Vicky's responses are typical:

> Vicky: "*They can't understand, both our parents, both mums."*
>
> William: "*They thought we were literally going to walk in sign a bit of paper and walk out again with a child."*

Some extended family members misunderstood the ideas and processes linked to the meaning of establishing a 'new' family, and the change for parents brought about by their relinquishment of the importance of genetic ties to a child. Moreover, many extended family members held onto the notion of the families 'we live by' (Gillis, 1996) in terms of ideologies of genetic inheritance. This meant that conversations were challenging for adoptive couples who were realigning the meaning of families to reflect that adoption establishes a permanent life-long way of 'doing' families that involved a change in understanding family connections and family meaning. Nevertheless, inappropriate conversations with family members are common as Evan recalled:

> Evan*: "My dad said well obviously they could go back, be returned?"*

Many extended family members misunderstood that adoption produces families that are long-lasting with enduring ties. Most adoptive families find such misunderstandings tough to manage as an openness in conversations could allow their wide family members to insinuate that the families 'we live with' as kin (Gillis, 1996) through adoption are transient rather than permanent as a consequence of an absence of genetic and biological connection. Therefore, managing open conversations about rethinking meanings of families through adoption is a demanding experience for many adoptive families.

> William: *"Snide comments like "oh I couldn't that!" and "I couldn't adopt!" kind of thing. And when you explain the process to them "Why?" And that were just constant, instead of support!"*

In contrast, a few couples found to their surprise that adoption was already part of a family history that had never been discussed. This finding reinforced how adoptions in the past remained a family secret and connects to Smart's (2011) findings about secrecy within families which she suggests are often part of the arsenal that the wider family uses to produce a heritage and respectability. This finding also highlights established work on adoption related to understanding and negotiating the social meaning of kinship (see Howell, 2009; Letherby, 2010). Yet this family history and heritage may only have been made known to Phil and Sarah because they had adopted a son. This raises the question of whether in everyday life, family heritage is presumed to involve genetic connection until disclosed otherwise. One implication of this particular disclosure was that it validated the couple's own connection as an adoptive family. This family history expressed the meaning of this way of 'doing' families that creates a heritage for the next generation. Sarah and Phil revealed an atypical experience within their wider family context:

> Sarah*: "my grandfather was adopted …because he was in care with Barnardos."*
>
> Phil*: "I don't think I knew until we adopted Sam that my grandad were adopted!"*
>
> Sarah*: "You see it all comes out of the woodwork!" (laughing) It's what's always been done!*

Several couples spoke of how they shaped their meanings of their 'new' family to actively show supportive and loving relationships through family life which required a sustained effort. As Helen highlighted, this dynamic helped shape their sense of establishing a 'new' family and 'doing' family life.

> Helen*: " … it is about sticking in and about being steadfast with our boys and just doing it!" (laughs)*

However, the analyses show that amongst several adoptive families the negotiations with their wider families about family meaning were ongoing. These challenging conversations with wider family highlight key misunderstandings about the social meaning of adoptive families which tie in with recent findings (see Ward and Smeeton, 2015). This openness of

ongoing wider familial concern that slowly diminishes over time is evident in the empirical data:

> Mike*: "my mum's found it difficult but I don't think it has affected her bond or her love for them but at times it has made her nervous."*

My study suggests that apprehension amongst wider families about non-genetic and non-biological ties gradually alters over time. This is relevant to apply to the wider families we live with (Gillis, 1996) as kin whom over time change their perceptions in a reconfigured meaning of family through relationships in adoption. An implication of this ongoing process of openness and negotiation with extended families is that it requires effort and support. Evan and Rachel's post adoption experience is typical:

> Evan*: "My mum and dad were very cautious about the idea."*
>
> Rachel*: "And now she adores them."*
>
> Evan*: "There was an absence of knowledge about what adoption was. And I said dad these are your grandchildren and this is as it is (laughs) and at that time my niece had broken her arm."*
>
> Rachel*: "Yes she fell off a bed and broke her arm."*
>
> Evan*: "And my brother had taken her to an A&E department and again I said she's now not on the at risk register but on another list of serious injury register highlighting that she is closer to social services intervention as your grandchild than your two grandchildren here. (laughs) and I think that shows he had no real understanding about what this process is along the timeline that we have already talked about."*

For several participants, negotiations around the meaning of 'new' families through adoption, although challenging, produced a permanent heritage and a recognition of family relationships as connections that were no longer associated with stigma. This process has enabled a shared family history and connections in the way grandparents now interact with others and related to their grandchildren:

> Evan*: "they are completely devoted as grandparent to them now"*
>
> *Rachel: "And now they forget that and love the girls."*

> Evan*: "Whereas at the start it was 'my adopted grandchildren'. The adopted word is now gone in the conversation."*

My study's findings show that adoptive family-building with wider family members was initially challenging, and could be misrepresented or stigmatising, and that these experiences were common across diverse socio-economic contexts. However, my findings also demonstrate that wider family members of adoptive families established close and loving relationships with adopted children over time with shared histories. Participants' observations included extended families' changing ideas about what adoption actually means in practice. The meaning slowly changed towards ideas of close ties established through their shared love in family relationships, histories, connections and context. Nevertheless, connections, such as feeling and showing love and sharing experiences together as family members, are similar for adoptive families and for birth families which several adoptive families found were role modelled by grandparents and wider family members. My finding resonates with previous studies (Ward and Smeeton, 2015) and underlines that this process relies on the available support across extended families. This familial involvement is an important theme which is looked at further in chapter 6, as ideas of meanings of families are reconfigured through 'doing' supportive practices through family life (Morgan, 1996; 2011). Vanessa's response about the role model of grandparent support across all their grandchildren in post-adoption family life is common:

> Vanessa*: "Our family they were very supporting and there is certainly no question that they treat our girls any differently to any of their other grandchildren."*

Moreover, Vanessa's response highlights this understanding and acceptance about common aspects of family life in both birth and adoptive families:

> Vanessa*: ".. But there is a lot of things our girls are experiencing which is just teenage girls … again it's something that our families are supportive about but other people don't admit that.."*

This study suggests post-adoption that supportive practices were demonstrated by extended family networks. This support showed a wide acceptance, value and understanding for building loving and enduring connections in family life. Moreover, this understanding extended meanings of adoptive families as ‘forever’ long-lasting families across their wider family networks. This wider family support valued the process of establishing new families via adoption rather than reinforced stigma or threat around these alternative options which do not involve genetic or biological ties. Most adoptive families recognised that it is challenging enough to navigate in/fertility journeys without additional challenges over the value given to these connections within their wider family networks. Moreover, a broadened public discourse about the rewarding nature of establishing families via adoption would mitigate against stigma and align understandings of diverse meanings of families, as well as reinforcing current research recommendations (see Ward and Smeeton, 2015) and government initiatives (see Department for Education, 2019). The next section explores how the meaning of family are reconfigured during in/fertility journeys when IVF fails and no further options are pursued.

5.3.4 ‘We are family’: ‘doing’ families of two

Family-formation in the context of in/fertility journeys is not only a rich area for sociological analyses in IVF and adoption decisions but can also address the decision to end failed IVF. Such findings underline a sociological significance that family is dynamic rather than static. In this study, after couples’ disclosure of loss when IVF fails, they negotiate and reconfigure what family means within their wider family network. In contrast to in/fertility journeys that produce ‘new’ adoptive families, a different perception is examined around sustained relationships in ‘doing’ families of two. The extant literature suggests that an ongoing reflexive negotiation is necessary to acknowledge family-formation, as some stories are missing from current narratives about families (Beck and Beck Gernsheim, 2013). In my thesis, the life course approach taken to examining in/fertility journeys of childless couples offers important insights into involuntarily childless couples’ experiences. For these couples, reflexive negotiation involved not only making sense of the failed IVF but also included a reconfigured meaning of ongoing relationships sustained as family without children.

In my study, couples' perceptions of the change in their circumstances after their decision to end failed IVF treatment meant that in/fertility journeys produced a specific change: 'doing' families of two. The implications of these perceptions highlighted in my empirical data not only show the challenge of in/fertility journeys but also the difficulties that couples experience in making sense of experiences themselves and with others in their networks. In this study, couples perceive themselves as families of two as the empirical data shows. These families as an alternative family form arguably need acceptance over their loss within their social networks rather than being regarded as 'different' from other families because no children have been produced. Abi highlights the challenging experience of this changed family and response to loss which is common:

> Abi*: "I think we just need to get back to being ourselves again and not being caught up in all of that grieving …. and you're not seen to be a weird person here not having them (children) in your family."*

The decision to end IVF treatment was complex for many couples in the sample, not only to process but also in terms of the effort that was focussed towards sustaining and preserving their own family of two. Moreover, my study's findings are similar to past studies (Throsby, 2004, p.178) which found that participants rethought what it meant to have, or be, a family as a result of their decision to end IVF. This process, therefore, shaped couples' decision not only to end IVF but to reconfigure their family meaning in order to sustain their relationship as a family of two without children, as the data extracts highlight:

> Fliss*: "Then we got to the 6th IVF… they said we could go have donor eggs or donor sperm. But there was no way - I thought well do I want to be a single parent? Because we would never have survived because it was a real toll on our marriage - a real toll – and so we just made our decision."*
>
> Joy*: "So it was a decision about?"*
>
> Fliss*: "I'd rather be happy in our relationship and what we've got than be a single parent so – I was done! So I had got to the point where it was enough! so I found that really hard!"*
>
> *Joy*: *"Mmm really hard!"*

> *Fliss*: *"I was very sad for a while but I have a lovely life I have my lovely family - my lovely husband, my home, and my health so I just say to myself I've got that and a lot of people haven't even got that and they may have a child but they might not have any of those other things so.."*

Likewise, Abi and Ben's experience mirrors a similar theme as a family of two:

> Abi*: "I just wanted us … , and just sort ourselves out a bit, the two of us."*
>
> Ben*: (listening and nodding)*

This finding endorsed Phillips et al.'s (2014) study which highlights that many couples' main goal in IVF is to maintain and protect their relationship during the demands of treatment schedules. Some couples in this study were unable to contemplate the option of adoption immediately after the physical and emotional demands of IVF, which echoed other studies (Daniluk, 2001; Smeeton and Ward, 2017). This was apparent in Abi and Ben's timeline two years on after ending IVF[19].

> Abi: *"I think to experience difficulty it does massively change you as a person and that's not the end of the happy story it is hard and everyone's got their stuff to bare…. we actually started thinking and talking about adoption."*
>
> Ben: "*…but I would have been comfortable all along to not go down the IVF option and to foster or adopt."*

The emotional demands of not only the IVF journey but the full in/fertility journey are important to recognise in practice in understanding that couples need time to recover from loss before processing further decision-making.

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[19] Two years after the fieldwork the couple emailed that they were in the process of adoption. A year later they adopted a son, he was 4 years old.

My thesis suggests therefore that the idea of how childless families are represented to others in their wider family network is pivotal to understanding IVC experiences. This thesis questions whether this reconfigured meaning of family is often overlooked because the nuanced circumstances and decision-making in attempts, over time, to become parents remain hidden, and are a story that people find painful and difficult to talk about. Arguably more can be done to support couples to find new ways of understanding their experiences and the subsequent impact on their own meaning of families in the context of familial networks. Indeed, the implication for practice and policy around producing families without children during in/fertility journeys needs recognition. For example, in using terms such as families of two rather than designating families as those households that include children.

Childless families in my study highlight that members of their wider family often do not fully understand their journey as they have not themselves experienced the same circumstances. This puts a strain on their wider family relationships but this experience strengthened the connection between couples in my study. Family involvement is explored further as a theme in chapter 6. This deep family connection between couples is expressed by Abi as shared family history which shapes the meaning around families of two. In retrospect, participants consider that greater understanding of childless families is needed in their wider family context. Abi and Ben's experience is typical:

> Abi*: "IVF treatment when it fails it was just dead difficult I found it with my mum and my sister, who has children, as they were so upset. Whereas I could talk to Ben much more about it as they just don't really get it totally. And yet you look at people's history underneath I think we got closer as a couple."*

Nevertheless, for couples in my study, while remaining together as family is valued, an uncertainty was still perceived in terms of what to do next. This uncertainty echoes Throsby's (2004) findings regarding decisions to end IVF. As Abi highlights:

> Abi: "I thought I've got all this time ahead of me and I don't know what I'm going to do with it now!"

By contrast, another participant's loss led to a perception that reflected broader circumstances including an end to the family heritage without producing grandparent relationships for their parents. This perception is one which reinforced a meaning of family without children. This is another reconfigured meaning of family which was a loss disclosed and openly shared across the immediate family network. Nonetheless, in some wider family circumstances the implication of this meaning of family is an end to family-building, a full stop ending future meanings of genetic inheritance, heritage and intergenerational family relationships as Fliss reflected:

> Fliss: *"you see that's the thing…. because there were no children in our family, that's it for our family"*
>
> Joy*: "Mmm … and when you say about your family?"*
>
> Fliss*: "Well I feel sorry for my mum and dad you see because nobody is having a child."*

These perceptions amongst participants regarding what family means were also negotiated within the context of wider family networks. Findings in my study suggest that this included being part of a wider family with no children shaping the meaning of families. Therefore, a different meaning of families was experienced in retrospect amongst participants in childless families making sense of their in/fertility journeys.

5.4 Conclusion

Findings show a shift in the meaning of families during in/fertility journeys that is of sociological significance as it underlines that meanings of families are diverse, not static but an active process shaped by negotiations and effort. Involuntarily childless couples highlight that their experience is one in which their idea of family is embedded in their own experience, family contexts and histories. These families' histories were "making families" but in no certain way during in/fertility journeys. Rather, their experiences include IVF, donor conceptions, adoption and remaining childless families, and reflect a range of decision-making. My study shows that many involuntarily childless couples' thinking about the meaning of family changes over time. The meaning of family moves from initially being aligned with the importance

of genetic ties in IVF to increasingly implicate a wider range of genetic, biological and other family connections including resemblances in the ‘making’ and ‘doing’ of families through IVF and adoption.

This shift in the meaning of families during in/fertility journeys is often unexpected, but with similarities identified between adoption, IVF and IVF donor families in valuing connections stemming from resemblance. This study demonstrated key differences in the practices of secrecy and disclosure and of participants’ values about what matters as families which illustrated their decision-making. Moreover, participants’ accounts of secrecy or disclosure highlighted their imagined sense of family as a significant network of connections to be protected but also a context of challenging and complex history. Findings showed that secrecy was evident in participants’ accounts as a way of maintaining boundaries between themselves as a couple and their family, or to protect their families from emotional distress and loss. In contrast, disclosure to family members as a practice was used to enable couples to shape their family understanding of adoption. However, disclosure of adoption intentions within family contexts was found to be challenging as the value and meaning of families is not only complex but typically and closely bound up with ideas about genetic ties.

A conclusion drawn is that disclosure practices within families during in/fertility journeys in IVF and adoption revealed some significant ideas about families that were imagined in response to loss, threat, stigma and change. These ideas of what matters in families alter and reconfigure during in/fertility journeys which produce families with different meanings. My findings in this chapter demonstrate that families are ‘what we do’ which coincide with Morgan’s (1996) work who looked at how families are created and lived through their family practices. These findings add to the sociology of families in the rethinking of family practices, linked to Gillis’ (1996) work about family ideals that ‘we live by’, to also include involuntarily childless couples’ experiences and histories in family contexts and to value reconfigured meaning of families through IVF and adoption. The meanings ascribed to family during in/fertility journeys are important to understand sociologically in order to better support involuntarily childless couples by recognising a broader understanding of diversity in the meaning of families. This shared sociological understanding values resemblance as a significant connection across a range of genetic, biological and social ties. Notions of

family meaning in my study show variation with practices of secrecy and disclosure linked to in/fertility journeys in IVF and adoption.

Chapter 6 will show my study findings in relation to disclosure and family involvement in ongoing in/fertility journeys.

Chapter 6: Disclosures, familial involvement and reframed stories through ongoing in/fertility journeys

6.1 Introduction

Extant literature demonstrates that infertility experiences move towards a resolution or a tangible end point. This idea was developed in the theory of 'mazing' (Sandleowski et al., 1989) to find resolution in parenthood through IVF or adoption. It is also evident in understanding the resolution of IVF failure in terms of couples' pursuit of adoption (Daniluk, 2001). In contrast, a striking finding in my study was that in/fertility journeys remain ongoing as a continuous process without an end to the story. Yet, what was significant in my couples' experiences was that no matter what families were produced, as examined through chapter 5, in/fertility journeys were ongoing. My analysis found a key theme of in/fertility 'journeys without an end' playing out across my data in the context of 'doing' family life with increased effort and disclosure in family practices (Morgan, 1996). This chapter will explore the ongoing nature of in/fertility journeys in terms of this key theme, interlinked with another key theme of 'family involvement', as factors that shaped participants' perception of their experiences. My study offers a fresh insight into temporal perspectives in IVF and adoption decision-making within families. This is shown in terms of disclosure practices in ongoing decision-making about what to say and how to explain their circumstances in family life.

Sociological accounts demonstrate that shifting patterns of closeness and distance amongst relationships often framed 'doing' family life, as Morgan (2014) notes, as a form of 'boundary work' in family dynamics. My analyses shown in chapter 5 highlighted how couples put boundaries around their relationship and their family network in decision-making over both disclosed adoption intentions and undisclosed IVF. In other words, disclosure of this nature were challenging to initiate, which limited family involvement. Chapter 4 themes also indicated limited family involvement (in the hidden context of in/fertility journeys, section 4.3.3, and emotional turmoil and isolation from others, in section 4.2.2). In contrast, my participant's disclosure practices changed over time, leading to more family involvement later on amongst

many couples' ongoing in/fertility journeys through IVF and adoption. A range of circumstances which were tied into IVF and adoption processes prompted these disclosures later on during in/fertility journeys. This chapter will explore how participants shared their circumstances involving family members in order to obtain more emotional support, financial support for ongoing IVF, or to act on behalf of participants as a referee for adoption.

Of main concern in this chapter is the dynamic of family involvement across ongoing in/fertility journeys through couples' unfolding disclosures regarding IVF and adoption decisions. Family involvement varies across participants' timelines yet featured significantly more as a characteristic in the later stages of ongoing infertility journeys. As a key theme, family involvement is not only linked to couples' ongoing disclosure but is also important in how it shapes the dynamics of family life.

My findings demonstrate this emergent thinking about in/fertility journeys 'without an end'. How my participants expressed their nuanced circumstances, through reframed stories about how they became families, are either acknowledged or avoided in a family context. 'Acknowledgement' in my study concurs with literature that shows family support, openness and involvement are essential to remove the taboo around diverse family-formation, whether through donor conception, adoption or circumstances around assisted conceptions (Daniels and Meadows, 2006; Readings et al., 2011; Freeman et al., 2014; Golombok, 2020; Nordqvist, 2021). My study findings add to our sociological understanding of family life and disclosures in family practice (Morgan, 1996; 2011; Gillis, 1996) and help recognise the support as well as the strain of wider family dynamics through in/fertility journeys. Next, family involvement will be explored as a theme.

6.2 Familial Involvement

In recent sociological work there has been a growing emphasis on the dynamics and significance of family involvement following disclosure decisions on a range of assisted conceptions issues including IVF donor conceptions, embryo donation and adoption (Firth et al., 2018; Golombok,

2020). Nevertheless, many participants deliberated about whether to involve family, who to involve, when and what to say. Yet, what stands out in taking a life course approach to decision-making in IVF and adoption was that extended family involvement in some cases became an essential part of the process. Analyses highlighted the contrast between in/fertility journeys in adoption, characterised by essential wider family involvement, and those through IVF with variable family disclosure. In/fertility journeys through IVF highlighted that family involvement only became necessary to provide emotional or financial support. Participants engaged family members with the complexities of adoption as family members were asked to be referees to support the adoption approval. Several participants' perceptions showed that extended family members were invested in the idea of family life through diverse types of support, both emotional and material, that was offered to participants. However, this involvement created through ongoing disclosures of in/fertility journeys was more complicated than participant's had anticipated.

6.2.1 Extended emotional support

Many participants' valued emotional support through IVF and adoption. Yet the empirical data in my study has shown that emotional support was hard to secure early on because in/fertility journeys were hidden (examined in chapter 4) and the difficulties which surrounded disclosure (explored in chapter 5). However, analyses of accounts showed that this dynamic changed over time because both IVF and adoption moved participants and some of their extended family away from familiar settings in family life, as Morgan (2014) notes, to IVF clinics or contact with adoption agencies. Adoption processes encouraged wider family involvement as a more explicit part of the procedures which national and local government initiatives have developed (DfE, 2019; OneAdoption Agency West Yorkshire, 2019). In contrast, in IVF and donor IVF in/fertility journeys there is no requirement to do this. However, my empirical study findings show why several couples involved extended family members in their difficulties of establishing their own family. This evidence reflects the need not only for emotional support but also helped to address a key question of how couples sought to involve wider family members. Only a few participants involved their wider family through disclosures at the outset of in/fertility journeys, as Jill and David describe:

> Jill: "*I mean I got my family involved they were supporting us … So, it was nice just to be able to tell people that this is what's going on."*
>
> David "*yes we told immediate family."*
>
> Jill: "*I suppose to have just a bit of emotional support*."

Several participants explained their circumstances later on to family members which included their own parents or siblings. Participants perceived that this involvement was important to help prepare their wider family relationships to understand both their nuanced circumstances and the challenging IVF process. My findings highlight some prospective grandparents were involvement from an early stage but couple's expectations of them were as May et al.'s (2012) study suggests of being there but not interfering. Hannah involved her parents, disclosing typically just prior to IVF treatment:

> Hannah: "*I wanted to tell my mum and dad partly because they live here and so we see them all the time and I thought they are going to see a massive change in me and either think I'm ill or I'm crazy or both*!" (laughs)

These conversations were daunting for participants to explain their circumstances to family members. Wider family support was an important dynamic for participants, which reflected the sensitivity around diverse forms of family-formation found in other studies (Golombok, 2013). One case in my study, Becky and Paul, [20]had begun IVF treatment by freezing Paul's sperm as an opportunity to produce a sibling for their son ahead of his sudden need for cancer chemotherapy treatment. However, Paul did not survive his cancer prognosis as the couple had expected. Becky, therefore, involved her own family and Paul's family ahead of her decision to continue to do IVF alone. This decision was to determine their level of family support and approval. This intention to pursue a posthumous conception was atypical in the study:

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[20] Becky and Paul at the start of their IVF treatment did not expect that Paul would not survive nor that the IVF which included routine consent over the use of frozen sperm in a posthumous conception would be Becky's ongoing in/fertility journey. This specific routine consent in practice is related to the Human Fertilisation and Embryology (Deceased Fathers) Act (2003).

> Becky*: "I felt very much a fear of people judging me and I had Paul's family so I had to broach it all gently with people to see how people would feel about it."*
>
> Joy: *"So Paul's parents how did you broach it with them?"*
>
> *Becky: "Everyone was really supportive in fact Paul's mum said I think that's a lovely idea and Jonathan would love to have a sibling. So, I just felt that I got all the encouragement that I needed then. Actually the decision to have IVF on my own was the biggest decision I have ever made!"*

For many couples, the future use of their gametes, or the embryos created, if one partner dies, is an unlikely situation. Nevertheless, the HFE Act (1990) requires written consent from each partner before their gametes can be used or frozen for future IVF treatments. Consent is routinely sought as part of IVF. This UK legislation arose from the Warnock Report (1985) on Human Fertilisation and Embryology (Warnock, 1985; Warnock 2002). However, this practice was challenged under European Law by Diane Blood whose husband died before consent could be obtained to use his sperm in fertility treatment after his death (Blood, 2004). Subsequent to this challenge, UK policy changes led to the HFE (Deceased Fathers) Act (2003). This current UK policy allows the deceased father to be recognised on the registration of a child's birth. For Becky this UK policy is significant with Paul's unexpected death. She disclosed to his family that he had given his consent at the start of their IVF treatment as the prospective father to expand their biological family beyond his death. Thereby, the wider family including Paul's parents shared his emotional legacy to enlarge their biological family.

Involvement of other family members was mostly through conversations about their challenging IVF regimes. Some family members for example, were involved in unfamiliar activities supporting couples through IVF clinic procedures such as 'egg retrieval', 'embryo grading' or before 'embryo implantation'. Whether involvement was practical, through face-to face contact or support over the phone, it was given some significance by several participants in my study. Disclosures included the timings around conception inside the fertility clinic, which corresponds with Thompson's (2005) work which highlights the precision of IVF choreography in 'making parents'. Yet, my study findings also demonstrate that through disclosure wider family

were aware that IVF was ‘making families’ outside of the clinic of prospective ‘grandparents’, ‘aunts’ and ‘uncles’. This reinforced the conceptual framework underpinning my study findings of ‘making’ and ‘doing’ families through in/fertility journeys’ developed through my three analytical chapters 4, 5 and 6. Jill’s response was common amongst those participants who involved their families:

> Jill “*We told them all about the IVF. I told them straight after doing the positive pregnancy test and I wasn’t going to leave them in suspense*.” (laughing)

Nevertheless, this involvement through providing emotional support gave family members early knowledge about an imminent conception which was unusual. This experience was atypical in comparison to ‘traditional conception stories’ as the conception date was known and shared between participants and family members on the day it happened, as Jill’s narrative showed. In my study this wider family network’s involvement of knowing about imminent and actual conceptions implied that support was ongoing through wider family involvement, invested over extended periods of time in day to day family life.

In contrast, several couples highlighted evidence through the timeline mapping that family members’ awareness was sometimes difficult to manage. This underlined why many couples continued to be one another’s main provider of emotional support through IVF regardless of their disclosures about their ongoing situation to family members. Nonetheless, the support that participants received reflected their own parents’ responses which were not always appropriate. Participants’ perceptions of intrusive experiences led a few couples to limit some family members’ involvement (Morgan, 2014). My finding links back to how these discussions are opened with prospective grandparents and therefore how they can become intrusive and reflects other studies which have shown couples’ expectations of grandparents not to interfere (May et al., 2012; Nordqvist and Smart, 2014). Several couples reinstated boundaries around the subject to limit interference, as Cathy and Tim explained:

> Cathy*: “My mum wouldn’t give me any choice she would constantly delve into the nitty gritty ‘What are you going to do if it doesn’t work?’ (laughing). I was saying ‘Please mum, I’ve had enough of this, I really*

> *don't want to talk about it anymore!' (laugh) Or even think about it! (laugh). It was too much!"*
>
> Tim*: "An interrogation!"*
>
> Cathy*: "Yes like an interrogation! I mean the decision-making was between us really!*"

In addition, family members' involvement in providing emotional support led to tricky conversations in efforts to manage boundaries around how far to express their support. In these nuanced circumstances, it is also unchartered territory for family members too, but couples perceived that they managed the scope of involvement. Couples often used humour in these situations. However, some couples expressed that, despite having close relationships, their family dynamics were actively managed during in/fertility journeys through IVF treatment. My finding reflected the perceived effort necessary in managing the micro dynamics of disclosures in family life, as Morgan (2014) finds, in the ever-changing patterns of boundaries of closeness and distance. Many jokes and improvised conversations continued with this open awareness of imminent IVF conception.

My analyses added insight into the nuanced experiences through decisions to limit excess involvement in family micro dynamics in unfamiliar IVF situations. Hannah's narrative shows the common experience of managing involvement in nuanced circumstances:

> Hannah*: "Even my dad offered to come in with me he didn't want me to face the procedure alone (as James was away). But I was like Dad that's just too weird. I can't have my parents there at the point of conception!! It's really caring of them, and we are a close family, but I really can't have them there." (laughing)*

In contrast, family involvement for one couple included a mother-in-law's ongoing support staying through the IVF treatment whilst her son Harry was working and living away from home. Juliette's own parents had died. This sustained close dynamic was more unusual but highlighted how disclosure about IVF enabled family involvement in response to the couple's circumstances:

> Juliette "*When you come to the end of the IVF drug period, and you have to have that final boost which is an injection and you have to have it at a particular time I mean the timing of it was that we had to get up at 3 am in the morning for my mother-in-law to do that final injection! I remember thinking afterwards isn't she amazing you know. I mean what a huge undertaking she left her husband on his own for the whole month, they were amazing people supporting me!"*

Several participants highlighted common conversations about the practicalities of IVF procedures or milestones reached in the IVF treatment regime. The news of the embryo grade results were either shared with elation or pessimism about the likelihood IVF success. Phrases were used in family life that reaffirmed a shared history, which gave a significance to the closeness of their family relationships. Amongst the IVF families, Juliette's narrative was less common in a daughter and mother-in-law relationship:

> Juliette: "At the implantation the embryologist said these are really poor embryos are what we called grade 3s. Bless her Harry's mum (mother-in-law) used to say: you couldn't have ordered her better isn't she perfect and what do they know anyway - grade 3 embryo!"

Amongst the few participants who involved their own or partner's parents in the IVF regime found that this shared successful IVF experience tended to strengthen the closeness of these relationships. This reflected a shared experience in doing this unfamiliar aspect of family life on a day to day basis together (Morgan, 2014). Juliette's response was typical:

> Juliette: "Because we laughed for many years afterwards about a grade 3 embryo … because we had become very close."

Experiences of failure after a positive pregnancy test led other participants to reconsider how much to involve family members. This reintroduced a distance into family relationships, which is a common pattern found in family life (Morgan, 2014). Becky highlighted her response to IVF failure:

> Becky: "*The thing was that I had kind of shared too much of my journey with my mother-in-law, my sisters in law and my family and so they all knew everything! I sort had this group little email updates with I've had this many eggs collected and this many eggs fertilised and*

I've had 3 put back and oh I've got a positive pregnancy result! Then 2 days later. I was a bit premature I'm bleeding today. And so, I had to un-tell people which actually was the hardest bit! And so, I resolved that I wouldn't do that again."

In contrast, emotional support from family members through the IVF was significant for some couples especially during IVF failure. Several participants across both high and middle socio-economic circumstances highlighted that the emotional support they received from family members benefitted them, as it removed the isolation of grieving when IVF failed. This contrasted with my findings of isolation associated with emotional turmoil experienced during earlier in/fertility journeys (explored in section 4.2.2). This emotional support was perceived to extend across IVF treatments, through IVF failures, or after IVF success ended in a miscarriage, as Jill recalls:

Jill: "*it definitely helped because we had told them all about the IVF and so umm and they also knew that the 7-week scan that had been okay and so then to get to 13 weeks and have the miscarriage was like then I think they were also grieving with us*."

Nevertheless, participants appreciated that their parents did not ask questions about being grandparents. Rather, parents were led by their children who raised this topic. Participants appreciated when their parents waited each time until they were ready to revisit the subject. This type of support in waiting for the subject to be disclosed was valued by both men and women in their relationships with their parents, but was less common across the sample. Heather and Reece commented on this valued emotional support:

Heather: *"All our parents were all very open minded about it and they never asked, did they? Like until we told them that we were trying."*

Reece*:" Right so we broached the subject each time."*

Heather*: "Rather than them ask us whether we were going to have kids – they never asked that question! It was really nice of them not to! "*

Reece*: "Yes it was!"*

The type of emotional support evident here has implications in practice for the micro-dynamics of family life for my participants who perceived the importance of managing their parent's expectations in IVF and adoption practice. Pralat (2016) endorsed the importance of managing expectations over prospective grandparent status. Although it may be assumed that participants as adopters are prepared in practice, the empirical evidence in my study suggested that this is not always the case. This response was common, as Helen highlights:

> Helen*: "but they (the social workers) don't talk about the wider context of how this might impact your extended relationships with family"*

Nevertheless, in providing emotional support to their children during in/fertility journeys, parents' relationships were far from straightforward. However, participants appreciated it when parents allowed them to lead as the gatekeepers to the information about an in/fertility journey.

6.2.2 Parents fund IVF

Disclosure was necessary, involving family members to help fund repeated IVF. In my study this involvement was evident amongst couples from middle socio-economic circumstances. It is important to note again that none of the couples in my study decided to subsidize their IVF treatment by donating their frozen embryos or eggs to others undertaking IVF treatments, as referred to in chapter 2 (section 2.4.1.1). It is clear in the analysis that disclosures to parents were often tied into sharing concerns over the financial pressure of IVF treatments. Couples valued the offer, if needed, of financial assistance as tangible support from parents. This demonstration is significant through IVF disclosure as there is a mutual acknowledgement about the importance of investing in family through material support provided.

Social science, mainly using quantitative research, has focused on the significance of patterns of extra familial welfare provision (Brannen, Moss and Mooney, 2004). My findings show that couples were concerned with their potential debt from the financial demands of IVF echoing Pfeffer (1993) who observed that debt counselling is a core element of infertility counselling

work. Family involvement therefore offered help to ease financial pressure experienced during repeated IVFs. This offer of support, although not always used, was shown in my analysis to strengthen some family relationships between sons and fathers (Morgan, 2014), as Reece highlights:

> Reece: "*My father was supportive mainly on the financial side and seriously he would have paid for as many cycles as you'd want really. And we didn't approach him we paid for it all out of savings but if not he would have been very happy to cough up*."

In contrast, my findings highlighted a few awkward disclosures between sons and their fathers. These exchanges were perceived as uncomfortable as they were restricted to the financial support that parents can offer couples rather than providing any emotional support. My study differed from Throsby's (2004) work in that it explored couples' involvement of their wider family, including financial decisions in ongoing IVF (Throsby, 2015). Participants expressed a lack of intimate involvement with their parents but valued the financial support, as Tim explained:

> Tim: "*It's sort of they are interested in everything and they're very supportive and they're great people. But we don't sit and talk about how we feel, we're not that sort of family. So, our approach to talking about IVF was the same. They were very keen to know what was happening and they were very, you know, they were upset that we weren't making progress, but they didn't know sort of how to help emotionally. They helped financially."*

My analysis highlighted the contrast between perceived closeness and distance experienced amongst couples in their relationships with wider family members (Morgan, 2014). For example, a few participants highlighted exchanges with their parents which entailed matter-of-fact conversations about finances and IVF procedures. These family support dynamics were without the sense of closeness, humour, or the emotional support which couples would have appreciated (evident in other in/fertility journeys in section 6.2.1). My analysis found that this family dynamic reflected a pragmatic approach to 'doing' family life but a distance in relationships that continued (Morgan, 1996; 2014). This dynamic shone a light on the lack of emotional support. This added to the perceptions of distance when recalling the challenging situations following disclosure. Tim and Cathy's matter-of-

fact exchanges with Tim's parents' contribution in funding IVF was quite common:

> Tim: "*I think with my mum and dad my relationship is kind of slightly distant, isn't it?"* (Looks at Cathy).
>
> Cathy: nods

This sense of being distant in relationships is not solely experienced by men but by women too, as explored earlier in chapter 5, and this informs participants' perceptions of non-disclosure practices amongst their wider family relationships. My finding was a recognition of varied family involvement that included difficult disclosures which do not always secure the emotional support but, for those participants, reflected historical patterns of families 'we live with' and family life (Gillis, 1996; Morgan, 1996; 2011).

Those couples able to finance their IVF from their own resources did not need to involve families for funding reasons. However, in such circumstances broader support provided by other family members was valued in doing family life for example, sibling support in the decision of whether to fund endless IVF treatment. Sibling relationships that provided this type of support helped participants as decision makers. Furthermore, sibling relationships are often overlooked by family sociologists as significant to navigating family dynamics in doing family life (May and Lahad, 2019). In this case, family involvement through disclosure to Neil's brother and sister-in-law led to Beth and Neil's decision to end IVF:

> Beth*: "We told Neil's youngest brother and his partner, who was working at the time in this area. We told them as doctors don't understand how anyone could want to bail out of what they're offering. And we knew from Neil's brother that it could turn into years, and thousands, and mortgages and loans. And we're not short of money."*
>
> Neil*: "My brother who worked in IVF and my sister-in-law both work for the HFEA at the time as quality control analysts and my brother said you do realise that those are the odds every time and going more often doesn't make it more likely to happen. As a mathematician I understood that profoundly, I certainly realised through this support, and I followed it by saying that I'd rather put that money into raising a*

> *child rather than … put money on IVF because I got the Consultant to admit that the odds are always 5:1 regardless of how many times you do IVF."*

My data showed that couples did not simply rely on financial support from parents but instead carefully considered ongoing IVF funding decisions. Family support, following disclosure about whether or not to continue IVF, was valued.

Yet other participants who valued emotional family support recognised that this is not always possible within some family dynamics. James and Hannah's experience showed the tension in family dynamics in which his parents were unable to help fund IVF. James had previously helped his sister financially and emotionally through IVF, which ended in failure. This challenging history informed James' decision not to disclose their situation to his parents:

> James*: "*there's no way I am going there with my parents, like any family difficulties, we were the point of contact where I'm supporting my sister financially.*"*

This 'avoidance' echoes the secrecy examined through chapter 5 about IVF conceptions. My analyses highlighted how simultaneous processes across family networks developed in terms of 'acknowledgement' and 'avoidance' as themes at play in various forms of family involvement in disclosure and non-disclosure decisions. These themes of 'acknowledgement' and 'avoidance' help to make sense across the data set of couples' experiences of decision-making about involving their family networks. My analyses developed these themes (see section 6.3.2) in 'reframed stories' in relation to disclosure practices about making families. However, avoidance in family dynamics has an impact. James' parents perceived that their son and his wife had achieved their family with ease. This wider family perception was precisely because they had not been involved with the tough experiences of the in/fertility journey. The complexity of this situation was evident in James' narrative:

> James*: "To this day my parents don't know. my dad just thinks we have got everything in our life really easily - they have not got a clue and the really tough times in having our family.*

Family involvement is a complex key theme which this chapter examines as an important part of family life recognising the impact it has on support, both emotional and material, during in/fertility journeys. Moreover, the life course approach taken in my research enabled my data to show how the principle of linked lives shaped the family dynamics and also how these 'links' change over time rather than can be taken for granted (Neale, 2019; Nico et al., 2021). James's account for example, demonstrated that his relationship with his sister became financially supportive but his relationship with his parents became more distant during his in/fertility journey. This illustrated how linked lives vary in character and quality in each set of relationships. Thus, experiences of IVC and in/fertility journeys were significant, regardless of different trajectories and decision-making, which may change the character of such 'links' and shaped the dynamics of family involvement particularly in funding IVF. Next, involvement of family members as adoption referees will be examined as another type of family involvement.

6.2.3 Adoption referees and training

Adoption and IVF processes in many ways, are socially constructed around two entirely different systems. However, both systems are similar to one another in helping to establish new families. My study found that all participants who intended to adopt involved their families from an early stage. The requirement to identify referees about a couple's suitability in the adoption process was also the catalyst to invite family participation. Family involvement was a part of the adoption policy and practice, to gather evidence that prospective adopters were ready to adopt in the light of their characteristics, history and circumstances (The Adoption Act, 2002; DfE, 2013 Adoption statutory guidance). This is in stark contrast to natural conceptions which typically are much easier by comparison, in the sense that usually there is no family involvement or potential scrutiny or interference. This interference underlines the challenges adoptive families highlighted in chapter 5, in terms of negotiating their adoption intentions within their family network.

Across the adoptive families in my sample who had experienced IVF prior to adoption, some of them had disclosed their fertility challenges (see section 6.2.1) or involved families to help fund IVF (see section 6.2.2). However, several participants only disclosed and involved their families about their intentions to adopt. Rachel and Evan's response was typical in those cases:

> Rachel:: "*on the adoption course they'd talked about who you'd want to tell and who's in your network and again we didn't have that advice for IVF… there's us pitching up saying we can't have children and we're going to adopt!"*
>
> Evan: *"my mum and dad they would never have said I'm not going to support that!"*
>
> Rachel: *"I think it was easier for my parents as they had a lot of grandchildren and were heading towards great grandchildren. Whereas your parents had one other grandchild."*

The 'adoption referee' as a sub theme in my analysis reflected a type of petition necessary in ongoing in/fertility journeys. My participants in these specific circumstances needed the family members involved to provide a positive reference about them as a couple, to show their suitability as adopters. This included characteristics about the couple's relationship, the extended family relationships, couple's work life and social activities to help the social worker create a profile about them.

In reality, some couples had to work hard to support their families before contact with the social worker to overcome concerns about the adoption process, rather than be supported themselves. In requiring relatives to be actively involved my finding, based on links to the analyses in the previous chapter, demonstrated a degree of effort and emotional labour that was not expected and may have no precedents in families. Therefore, this new way of 'making' and doing families in adoption permeates boundaries between couples and their extended families. Whereby, couples actively supported prospective grandparents to be referees and navigate the adoption system to help them establish their own families. William and Vicky reported:

> William *"And that were just constant, instead of support it was like when you explain the process to them "what are you having to do that for? And we'd say you need to do that!"*
>
> Vicky: *"They can't understand why you've got to go through all of that! but they couldn't get it into their heads why all that information about ourselves is needed!" They kept saying this is ridiculous why do we have to tell them that and give them all this information?"*

Amongst most of the adoptive families in this sample it was common practice for family members to act as adoption referees. Participants had vivid recollections of selecting family members to be involved as Vanessa highlights:

> Vanessa: *"And so both sides of our family were involved. We had Simon's mum and stepdad were interviewed as referees."*

However, several participations like Vanessa had questioned whether their families were capable of understanding this involvement, due to their inexperience of adoption. However, unlike in Vicky and William's family networks, both sides of their families' participation were supportive:

> Vanessa: *"but I'm not sure that they understand or that they would have fully understood the issues umm but yeah they were very supporting."*

There were similarities in narratives of adoptive experiences concerning participants' perceptions about the risk of wider family involvement through the social worker interviews. This involvement, together with the scrutiny in general from the adoption system, contributed to participants' perceptions of jeopardy, as Helen highlighted:

> Helen: *"with such a big decision in life to have to kind of just hand that over to other people"*

The jeopardy of the family involvement as referees was particularly evident when this included an ex-partner. The adoption review considers prospective adopters' family circumstances which can necessitate "seeking references from ex-partners" (Department for Education 2013, p. 67). This created

another stressful and uncertain phase for one couple as a character reference threatened to delay their adoption process. This was atypical, but shows the common perceptions of jeopardy underlining wider family network involvement when challenging family relationships can play out, as Peter and Joanne recalled:

> Peter: *"I think the biggest obstacle was my ex!" (laughs)*
>
> Joanne: *"Well we don't know what she said!"*
>
> Peter: *"With part of the process they have to get in touch with the ex and stuff like that and I forewarned them in fact I think I told them verbatim what was going to happen ... she had sent an email to the social worker but because she had sent this email, they had to investigate it."*
>
> Joanne: *"So our social worker had to do a lot more work and she had to go back to the references to counteract what was deemed as a malicious allegation rather than accept it as a fact that had taken place. But because she did that response we ended getting bounced back to a later panel."*

Nevertheless, my study participants reported active family involvements not only as referees but in other supportive ways through the adoption process, such as around the timings of adoption matching and approval. It was evident that family helped through practical ways in providing support at the short notice required through the adoption system to prepare everything for the arrival day, as Beth highlighted:

> Beth: "*And on the Friday because the matching panel recommend the match, we had a baby coming to live with us and he's nearly 8 months old! We had borrowed a cot and then my mum came up to help on the Friday with my sister's buggy and borrowed her travel contraption! (laughs) but in the end we (the couple and parent) didn't dare set anything up because it was as if it was all still a dream, and it could all be snapped away!*"

My participants' perceptions of family support through adoption experiences were variable but increased around the arrival day. This finding contrasted with initial family responses over adoption intention as explored through chapter 5. My findings of a change in family dynamics towards more

supportive family involvement during this ongoing phase of in/fertility journeys concur with previous adoption studies that show more family support following adoptions (Goldberg 2012; Ward and Smeeton 2015). My findings demonstrated how participants who adopted perceived this wider family support to be significant through unfamiliar settings. In adoption, this unfamiliar setting included meeting the new family member with social workers and a foster family, but this was a significant element of new family history which was retold and relished by the wider family. Beth's account was common:

> Beth: *"It was heart melting for the family to hear about how we went to the foster mum's and there was our social worker, Elliot's two social workers, the foster mum, me and Neil. So we went up to see him and there was this little boy looking up at us! Such an emotional moment and she said you can pick him up he's yours now! He was just adorable."*

Likewise, Helen's account emphasised how wider family were involved in active celebrations during the adoption approval process, which was typical:

> *Helen: "We involved family who we celebrated with … and were part of that journey with us laughing and crying as we told them about how Ben just came running into the foster mum's lounge beaming threw himself around me saying forever mummy and the foster mum kind of stopped him and said and forever daddy (laughing)."*

Adoptive families' histories showed how they worked hard over time to involve and build supportive wider family involvement, beyond the challenges of earlier disclosures of adoption intentions, where wider family members felt threatened and unsure about the change to their family dynamics. This change in family dynamics showed in the 'doing' of family life that became important as Morgan (1999) says, families 'are' what families 'do'.

The adoption reforms and shift in adoption policy and practice have underpinned some local authorities' recent attempts to represent adoption in a more positive light (DfE, *Adoption a Vision for Change* 2016; DfE, 2019). Initiatives have sought to address any misunderstandings by involving

extended families in the adoption training (One Adoption Agency West Yorkshire, 2019). Joanne and Peter's adoption benefited from the wider family involvement arising from these initiatives, compared to other couples in the study. Family participation through organized social network events involving prospective grandparents and other family members helped understand more about adoption as a way to make 'new' families. This training helped not only validate these family relationships but also see their involvement as important in relating to and supporting adoptive families and adopted children. Joanne and Peter highlighted the impact of the recent practice to support wider family members' understanding of adoption:

> Joanne*: "it's a new programme it's a chance for them to meet other people, ask questions and understand more themselves as grandparents so it's not just us telling them it will be alright it's for them to know and to ask any questions that they have got… so it could be grandparents, aunties, anyone who was going to be significant in an adoptive child's life."*
>
> Peter*: "Yeah so they can voice any concerns they may have without having to worry about our reaction to it". (laughs)*
>
> Joanne*: "So she was a lot better after that wasn't she?"*

Most adoptive families in my study had managed their parents' and siblings' concerns themselves. Several participants often managed this situation by drawing upon their own adoption training. This preparation helped them to manage their own families' expectations of childbearing, which took time to change. Evan's account demonstrated this typical experience:

> Evan*: "I remember the guy at the adoption day saying there will be all these people telling you how to become pregnant … and my mum saying: well it will just happen you will be fine you don't need to go for that (adoption)."*

Likewise, most other participants as prospective adopters worked hard to prepare and involve their wider family in listening to their concerns about adoption and challenging any misunderstandings.

6.3 Ongoing journeys without an end

A striking core theme of my analysis was that in/fertility journeys remain without an end. The temporal nature of journeys was ongoing in family life as a continuous process. This is shown in the data in the experiences that unfolded which included, decisions post IVF and adoption. This finding is significant because it adds a perspective to the reality of ongoing decision-making in both IVF and adoption, which is sparse in the literature. In my analysis two sub themes contributed to the core theme of 'journeys without end'. One sub theme 'ongoing decisions post IVF and adoption' was about surplus frozen embryos and other siblings subsequently offered in the adoption system, both of which create an ongoing journey in family-building decision-making. A second sub theme highlights reframed stories. These sub themes together point towards my conceptual understanding of in/fertility journeys as ongoing (see appendix E, Figure 5: conceptual diagram).

The core theme 'ongoing journeys without end' highlighted an important temporal perspective to my study, adding to a conceptual understanding about participants' experiences relative to others (Chamberlayne et al., 2000; Neale, 2019) and the dynamics of the in/fertility journeys. The fluidity here of 'ongoing journeys without end' challenges the idea of any linear or clear order in the end stage of the journey (Bynner, 2007). In contrast, other scholars frame the idea of infertility experiences as moving towards a resolution or tangible end point in terms of an IVF pregnancy or achieving parenthood through adoption, as developed in the theory of 'mazing' to achieve parenthood (Sandleowski et al., 1989) or as IVF failure ending in couples' pursuit of adoption (Daniluk, 2001). Yet, the striking feature in my study is the pattern of how these in/fertility journeys unfold and converge in this 'ongoing' sense regardless of whether IVF or adoptive families are produced through these journeys. Tim's response amongst IVF families was common:

> Tim: "*because it's something that never goes away!"*

Similarly in adoptive families this was a common theme, as Helen's response highlighted:

Helen: "*It feels like you're always just living with it in the present*!"

This was also common amongst those who combined IVF and adoption, as Evan and Rachel's responses show:

Evan: *"And it's because you have got to make those decisions let's be honest it would be easier not to make many decisions and become pregnant for most people or for some it's an accident and no decision at all. Whereas our set of decisions is quite massive."*

Rachel: *"Yes, and its years of decisions*"

Evan: "*I mean even now, it doesn't stop!"*

The ongoing nature of in/fertility journeys is a key finding which is explored in this chapter. My finding highlights that the social experience of the in/fertility journey remained rather than diminished in the lives of those couples affected by infertility experiences. This concurred with other infertility literatures predominantly about women's experiences regardless of whether IVF families were achieved or not (Sandleowski et al., 1990; Hjelmstedt et al., 2004). Moreover, my study features the men as well as women who identified with and shared this sense of ongoing journeys across diverse IVF and adoption trajectories, regardless of the families that were produced (see analysis grid appendix D). This temporal insight helped in my analysis, to provide the context to understand further ongoing decision-making linked with in/fertility journeys which reflected the life course approach taken in my thesis. This is captured in Joanne's response:

Joanne*: "I never thought that my life would go down these paths that it has done but it's just the route to get there has just been a bit different than most people! And I have got to here."*

Peter: "*yes and we were actually talking about that the other day and whether we adopt again*."

These ongoing decisions post IVF and adoption will be considered in terms of dilemmas about surplus frozen embryos and decisions about other siblings offered in the adoption system.

6.3.1 Family-building decisions post IVF and into adoption

My participants perceived that there was a lack of expertise, little understanding, and a need for signposting and a joined-up approach to family-building decisions. In practice and policy, it is evident that perceptions of different ways to establish families were not linked together, which was most obvious in post IVF decisions and on into adoption. Balen (2013) says that there is an absence of any partnership links between infertility care and ongoing decisions in adoption through adoption agencies. The separateness of the service provision in IVF and adoption was apparent in couples' experiences. Rachel and Evan's response was common:

> Rachel*: "so there was no signposting*"
>
> Evan: *"Lots of people know the word adoption but not many people know what that actually means beyond spelling it! It's just the level of expertise I think is missing."*

My study findings acknowledged ongoing decisions in moving from IVF to adoption as a different approach to assisted family-building. This finding linked with recent adoption research which recommends that a narrative about family-formation linked to infertility and adoption needs more recognition as a way to establish families in practice (Ward and Smeeton, 2015). Instead, participants' experiences were often misunderstood. Beth and Neil's response was typical:

> Beth: "*For us it has been a combined journey of IVF and adoption but I think it's very much the idea that anyone could bail, they couldn't fathom that what we had already decided was what we wanted to do was … to have a family!"*
>
> Neil: "*I said we're going to adopt!"*
>
> Beth: "*On a professional level they just couldn't get it that we were not going to keep on going to pursue IVF."*

My study found that the availability of more IVF treatment options was a pattern only in those with sufficient socio-economic circumstances. However, open-ended decisions were more specific in terms of IVF treatments producing surplus frozen embryos. The frozen embryos contributed to the

sense of a continual journey in the commitment felt also towards those embryos. My findings concurred with previous research that note that decisions towards surplus IVF embryos are difficult and stressful (Nachtigall et al., 2009; Provoost et al., 2009). My participants often lived with this dilemma with decisions deferred over several years since their last IVF treatment, which is also common in other studies (Provoost and Pennings, 2014).

Yet, my study also found that adoptive families showed a similar pattern of ongoing dilemmas post adoption in terms of the birth of siblings newly in the care of social services. Thus, a sub theme of ongoing decisions was evident in a range of in/fertility journeys spanning decisions about the future use of frozen embryos to adoption decisions based on new sibling circumstances. My analysis shows that making families through assisted conception and adoption takes couples on a journey through completely new ways of decision-making with ongoing challenges. Jill and David's narrative highlighted the sense that IVF families had more decisions to make whilst living family life.

> Jill: *"Well with one IVF baby I think we were already thinking ahead with the frozen embryo decision before we got pregnant this time. So now we have got a different decision to face: when do we? because I can't leave frozen embryos in the freezer*!"
>
> David: *"I mean one of my concerns was if we did another round of IVF and it worked then we could potentially have some more frozen embryos (laughs) which is kind of where we are at now!! (both laughing) I wasn't sure whether we should do another round actually!"*

Participants explained that it was the embryo freezing technology in IVF, being suspended in animation, that gave participants a perpetual sense of endless opportunities from having frozen embryos or frozen gametes. This was expressed through different experiences of relatedness with ongoing journeys that resonate with other literature (Konrad, 2005; Provoost and Pennings, 2014; Freeman et al., 2014). My findings echoed particularly what Konrad (2005) says as freezing gametes has the potential to create dilemmas as well as disrupt the chronology of kinship relationships. Becky's perception of possibilities remained in her narrative, with open-ended decisions as a mum of two children about IVF's freezing options. At the time

of my fieldwork the ongoing nature of Becky's narrative illustrated how she had contemplated another child several years after the death of her husband Paul. This finding revealed the meaning attached to this different experience of relatedness, at the centre of which was the ongoing genetic connection between her late husband Paul to any future children produced using his frozen sperm. As Becky explained:

> Becky*: "So it's still half of his sample is frozen. There is always that possibility that I could have another baby if I want to have another of Paul's babies … have become more open to the possibilities of the future... And Paul he produced that sample as he just wanted to keep all the options open for me!"*

The open-ended temporal perspective also produced a complexity in participants' accounts as they contemplated future relatedness within their families over what they would say to their children a finding which resonated with Provoost et al.'s (2010) work. This theme of intentions about what to say to children was a recurrent theme across IVF and adoption in/fertility journeys which will be explored in this chapter (section 6.3).

> Jill: *"it's kind of bizarre because if they do work it will be an interesting conversation saying you were conceived at the same time but well, they're in suspended animation right?"*
>
> David: *"Yes, you are two years older but well it's a popular sci-fi theme (laughs) not really a new idea. It was even in Star Wars – it's a cool conception story line*!"

Adoptive families experienced similar ongoing journeys to post-IVF families concerning open-ended decisions about relatedness. Social workers offered more siblings born to birth-parents to several of my adoptive families which added ongoing decisions to in/fertility journeys. Family life involved telling children that a new sibling had been born or discussing decision-making as to where their new sibling will live. This openness reflect decisions of disclosure about relatedness which require ongoing explanations. It reinforced the implications of infertility and 'making families' through adoption that extend well beyond the individual couple and involve wider relationships with other adoptive families. Hudson and Culley (2014) recognise this implication but in terms of debates over openness in families created through donor conception shared with wider family and community

networks. In my study these circumstances involved social activities that could be done with that whole family. Rachel and Evan's experience was common amongst adoptive families:

> Rachel: *"only recently this was all kicked off in our girls heads I think because their nephew was born to their older sibling, and he was taken into care. The obvious question was can he just come and live with us?"*
>
> Evan: *"It was in their mind that it was obvious what should happen! And there's another one who is like us and who is like me – how lovely would that be!"*
>
> Rachel: *"but it's more complicated than that!"*
>
> Evan: *"I still do think would I adopt another one? Yes!"*

Likewise, Vanessa and Simon still had an ongoing decision about the circumstances surrounding the birth of their girls' younger brother.

> Vanessa: *"In the back of my mind, we do have to make a decision in the future about their younger brother and the girls have said to me and I have said I'm not sure that that is best for you both as you two both need a lot from us and I don't know that we've got enough to give him as well. So, we meet up four times a year."*

Yet, Sarah and Phil still anticipated adopting another sibling for their son in this way but so far this had not happened. Nevertheless, as a family they regularly met up with another adoptive family for their son to see his older brothers, as Sarah and Phil's narrative showed:

> Sarah: *"but the social workers did say that if the birth mother ever got pregnant again that we would get asked first if we wanted to but nothing's happened!"*
>
> Phil*: "Oh yeah it still could"*
>
> *Sarah: "Sam had got two older brothers so we still see them. Funnily enough their mum since adopting the boys tells me things about what their sons do and I can't believe how Sam does exactly the same thing living in different families."*

Moreover, two adoptive families who took part in my study kept up with one another for this reason although living in different parts of the country:

> Beth: *"Elliot, he's got 2 older brothers already placed for adoption with another family. I mean that really couldn't be more fortuitous we got on very well with these parents and Elliot gets on well with his brothers."*

It is helpful to understand the nature of participants' experiences in both IVF and adoption journeys involving ongoing decision-making about diverse experiences of relatedness that were openly disclosed within family life. Experiences are expressed as situation-specific circumstances which unfold, often involving negotiating ongoing kinship relationships within participants' familial and other kinship networks.

6.3.2 Reframed stories

Several IVF families in my study were unsure how to reframe family stories in what to tell children about their IVF conception. By contrast most adoptive families in my research read a life story book with their children, created during the adoption process, to retell the story of how they became a new family. The uncertainty about what to say to children following assisted conceptions including donor conceptions echo previous studies findings (McWhinnie, 1996; Kirkman, 2003; Nordqvist and Smart, 2014; Nordqvist, 2021). Uncertainty over what to say and how to tell their story within the family added to participants' perceptions of dilemmas in their ongoing disclosure practice.

My data analysis supported themes including recognition about families' reframed stories, the intentions to acknowledge or to avoid disclosing the circumstances surrounding in/fertility journeys. Adoption and IVF donor conceptions practice and policy (Blyth 1999; HFEA 2004; Howell, 2009; First4Adoption, 2022) recommend an openness within families which professionals advocate as an approach from the beginning. This approach has been based on the rationale that time in early childhood helps families develop their story with their child around the child's need to know about their origins. Yet some adoption, IVF and donor conception families

expressed the ongoing nature of how to talk about this issue in daily family life. My findings highlighted that this involved never ending decisions about what to say and how to reframe stories of the nuanced circumstances around establishing families.

6.3.2.1 Families' reframed stories

My study findings highlighted that most participants perceived, no matter how families were established, that every family has a story but there was variation in terms of active intentions to acknowledge reframed family stories. Nonetheless, my self-reflexivity field notes observed that frequently when timeline mapping was completed, towards the end of interviews, that many couples' narratives reflected upon their specific circumstances and their own family story. This finding illustrated common perceptions shared amongst several participants about their own family histories and reframed stories were common, as Amy and Euan noted:

> Amy: *"Yes it's interesting because everyone has a story!"*
>
> Euan: *"Yeah it is interesting isn't it and I think I'm of the generation where it was very unusual IVF and I can remember seeing it on the news in the 70s about the first test tube baby! And I think for me well it is really common IVF now isn't it but for me it still is something slightly unusual really!"*

This family story was acknowledged to reflect not only their unique circumstances but a story which had changed over time from being unusual to more common for their generation. However, some IVF families still perceived assisted conception as challenging, to not only make sense of it, but as a novel part of a reframed family story to tell. Amy and Euan's account demonstrated how participants disclosed their reframed family story as part of family life:

> Amy: "*I've had a bit of a chat before now with Thomas*!"
>
> Euan*: "it has come up before. But it came up because we were doing this! And he was asking this evening so because you are being interviewed are you going to be on TV? (laughing)! So it eased onto a conversation about what was it about. And so I said it's about the fact that the way we had you was we had some difficulties so we had*

something called IVF! And so then he starts asking about it so yeah we had a conversation."

Several participants highlighted that their intention to acknowledge IVF stories was helped through their own growing awareness of other people's family stories about difficulties with fertility challenges. This perception added to participants' own experience and understanding. Jill and David's responses were common:

Jill: "*But maybe it is more common than we realise this experience*."

David: *"Yes and when you've got about 2% of children who are IVF"*

Jill*: "*You just see all these families, but you do not always know their story about how those families came into being! *it's something that I know now that lots of people have troubles*."

Amongst a few IVF families there was an active appreciation about telling this specific story amongst those family members who knew about the IVF to not only acknowledge it, but to make sense of becoming a family. In these specific circumstances, IVF success was followed by a spontaneous conception, as Hannah and James explained:

Hannah: *"It's a mystery isn't it and yet also it is a common story where you don't respond well to fertility treatment and then amazingly have a baby through IVF and then a second child naturally!"*

James: *"Now I can't believe it's as though Toby has always been here!"*

Hannah: *"We have become this family of four. My mum said what if Toby was always going to come as it is Jack who helped him come into being like pieces in a jigsaw – who knows!"*

It was striking in participants' accounts that their variable fertility circumstances were difficult to fully understand but had been reframed through family involvement into a broader understanding of 'making families'. Two families in my study had natural conceptions following IVF which produced siblings in their families. David and Jill shared this similar story that also acknowledged these background circumstances - with one child who

was conceived through IVF and the second child conceived without assistance:

> David: *"We got an IVF baby and another one on the way."*
>
> Jill: "*Yes a spontaneous conception!"*
>
> David: *"she deserves to know her story … rather than it being up to us to decide whether or not!"*

My finding reinforced the use in my conceptual framework of using 'in/fertility' to reflect the dynamic nature of these journeys over time. The acknowledgement of these specific background circumstances were perceived by my participants as significant, not only as part of their ongoing journeys but also to disclose as stories to their children. My findings echo Golombok's (2020) work on the importance of disclosure to children within supportive family approaches to acknowledge family diversity. My study offers a sociological perspective on nuanced circumstances over time that add stories about diversity in families.

Several participants highlighted that openness as a wider family dynamic contributed to their own family story. In addition, participants appreciated the various stories of difficulties in conception talked about by other wider family members. The quest for a family had been navigated in different ways, but reframed family stories showed how their own family was established. Conversations in the wider family not only offered support but showed understanding about the range of circumstances in their family story, as Beth acknowledged:

> Beth: *"I had grown up with the fact that my grandparents had difficulties conceiving my mum. And in fact my Granny was 41 when mum was born. so my Grandfather was really lovely when we did adopt because they were about to adopt a baby and then Granny fell pregnant. And so he was really there for me in our situation."*

Some participants talked more openly about their stories to extended members of the family including aunts and cousins, who then opened up about their own circumstances in the difficulties of conception. This was common as David's account noted:

> David: "*Probably because of being open that people know that they can talk to us about it"*

Likewise, Beth's account showed:

> Beth: *"Talking to my Dad's sister my aunt had her son at 47. And he's donor egg IVF. And they had been going through it for a number of years before my cousin was born."*

Involvement of wider family, disclosing their experiences of fertility challenges, illustrated that doing family life included sharing reframed stories. My finding of reframed family stories also ties into May and Lahad's (2019) family sociology research on aunthood that highlights how aunts can navigate permeable boundaries in family life between couples as a family unit and extended families in family dynamics.

6.3.2.2 Acknowledgement

A theme of acknowledgment about their own family story played a big part in how my study participants were 'doing' family life, that asserted family in other ways. In everyday life the impact of in/fertility journeys were ongoing which participants negotiated in different ways. My analysis found that one approach that participants have used was to acknowledge their reframed family story was through telling their children. Yet my participants had to continually negotiate this in context of questions raised by children no matter whether they had experienced IVF or adoption. Openness involved recognition of the unique family story reframed from a traditional baby conception story, which resonated with extant adoption literature (Haimes, 1988; Grotevant, 2007). This was a common approach taken amongst adoptive families. Evan's response of using a life story reading book was typical:

> Evan*: "Steps towards it, reading about it, starting with day 1 of the life story book."*

Open family conversations were typical as well as reading the life story book in adoptive families in answering children's questions and talking together

about circumstances. Sarah and Phil's accounts of openly explaining circumstances during family life were common:

> Sarah*: "Sam knows that he's adopted and he's questioned the word adoption. We try to explain it. Sam is not quite understanding about it all yet because I think there was this programme on the telly"*
>
> Phil*: "And I weren't there."*
>
> Sarah*: "And I'd wanted us to be together to talk about it. and we'll explain it all to you when Daddy's home."*
>
> *Phil: "So we talked about it"*

My participants' approach to adoption stories was ongoing through childhood rather than acknowledged just once it was revisited during family life. This was because the circumstances surrounding adoption were complex but gradually understood more fully over time. My finding resonated with other adoption research in terms of ongoing openness as a complicated but necessary process (Ward and Smeeton, 2015). Evan explained the intricate nature of openness in this process during family life, which was common:

> Evan*: "We have tried to be honest but kind. And if there is ever a time when we think you know no you are not ready for that, then I have tried to say I can't explain that fully right now, this is the only way I can summarise it. Or I think this is it but I wasn't there. it is a bit of tight rope."*

Participants demonstrated an ongoing openness in a flexible approach to respond to questions or issues during family life, such as through stories on TV. This approach helped express their own reframed family stories with their nuanced circumstances about how their family established. Beth and Neil's account amongst adoptive families was common:

> Beth: "*Baby P was a turning point in our relationship with Elliot in what we had to explain to him because he saw the pictures on Newsround*."
>
> Neil: "*He still remembers it you know*."
>
> Beth: "*Because we had to explain that some people get a different mummy and daddy because they have a mummy and a daddy who can't look after them! Not that they don't love them but they can't look*

> *after them! And I think that has really been a theme with us, as a family with love is sometimes not enough. And the life story book which we have has all of that in.*"

All the adoptive families in my sample acknowledged their family story with their children, although participants found this challenging but important as an ongoing process. Nevertheless, in family life participants referred to how these family stories were celebrated as a way that acknowledged and involved the wider family in celebrating the adoption date anniversary. Vicky's account was common:

> Vicky: "*we have a special day where we celebrate and you get a present and a card."*

In many adoptive families this anniversary celebration was known as 'family day'. Evan's account was typical:

> Evan*: "Which is an extra party day so you get Christmas day and forever family day."*

All the adoptive families in my sample valued this family practice and celebrated in different ways even as the children became older this was still an ongoing part of family life. Helen's account was common in most adoptive families:

> Helen: *"So we still celebrate our adoption day and we usually do that by just going out for a meal together and stuff like that. The boys know and it's on the calendar and we'll always go out and toast it and raise a glass!"*

This open acknowledgement concurs with other adoption studies that shed light on the positive value associated with adoption in family life (Jennings et al., 2014). This practice was embedded as a value in family life as well as celebrated in this way as a day every year as part of 'doing' family (Morgan, 1996). This open acknowledgement contrasts to the secrecy and stigma through history of adoption in families (Smart 2010; Letherby,2010). Rachel and Evan's narrative emphasises how by 'doing' this as a family it

demonstrated an openness in how their family story is retold, valued and ongoing.

> Rachel*: "it is a really special event and meaningful"*
>
> Evan*: "A celebration … it's the most open absence of hiding you can do I think!"*

By contrast, there was more variation in reframed family stories expressed within families about IVF conceptions. Several participants expressed an intention to acknowledge the story. However, only a few families had told their children about IVF, as participants perceived that their children were still very young. However, the few participants who had acknowledged the story valued having an open and honest approach through ongoing conversations with their children about IVF. This was a similar approach to that taken by my study participants whose family stories were about adoption. My finding echoes current studies that openness in talking about how and why families were established matters within supportive families (Golombok, 2020). Cathy and Tim's narrative was less typical amongst IVF families in explaining to their daughter about IVF including the process of freezing embryos:

> Cathy*: "We told her when she was quite young. I didn't want to make a mystery of it in any way."*
>
> Tim*: "we told her and she knows she was from a frozen cycle. So there are two embryos in the photograph one of which is her and the other is the twin of her that never was or however you say (laughs) we just wanted to be open and honest with her. Cos it has hardly got to the stage yet where we have talked about sex and stuff."*
>
> Cathy*: "She must have been about four or five, because she asked a lot of questions."*
>
> Tim*: "So it was when she started being curious about where do babies come from?"*

Likewise, Nicky and John told both their young children openly about their donor egg conception stories. This finding about disclosure practice with young children concurs with other studies about the significance of openness and yet building understanding of meanings within families created through donor eggs or sperm is something that only a few parents

manage (Readings et al., 2011; Golombok, 2015b). These circumstances were acknowledged in a straightforward way but Nicky recognised the need to explore their understanding and meaning.

> Nicky*: "They know that mummy didn't have any eggs left, but a lovely lady gave us her eggs, put it with daddy's seed and they know that babies grow and are born but I don't think that they understand what that means yet but they will when they get older."*

Other participants with young children had the intention to be open about IVF circumstances during family life. Jill's intention was less common amongst IVF families:

> Jill: *"We will still tell her, of how she was made (laughs). I mean we have always been quite open about it and I don't think that there will be a stigma about it because it is much more common*."

By contrast a posthumous conception, due to a participant's changed circumstances with her husband's death, was atypical. Yet, Becky's narrative also highlighted how their family story was reframed and openly acknowledged during family life:

> Becky*: "Jonathan was about 6 years old when I started doing the IVF and so I told him that the hospital had daddy's seed and that they were going to put it together with my egg. And I don't know why I chose to do it like that but that's what I did anyway … And for Daniel (turns to Daniel). Daniel where is your daddy?"*
>
> Daniel aged 2 years: "*At heaven*"
>
> Becky: "*And so we will just talk about him and it will be something which is part of our family life and it's something he's always known and I talk about."*

Acknowledgement of these specific circumstances through disclosure practices was part of 'doing' family life. This case of acknowledgement highlighted the changed chronology of kinship that Konrad (2005) notes in relation to frozen gametes but in these specific circumstances, following a family bereavement of a parent, the arrival several years later of another

child and a sibling. Becky's narrative highlighted this unique aspect in their day to day family life:

> Becky: " *And our little family for him having a pregnant mum I think helped his other relationships because his other friends were having baby brothers and sisters although he was the only one with a dead dad it was a kind of a positive for him. I've found Jonathan's idea of playing with Daniel is to wrestle with him but he needs that because he hadn't got Daddy to do rough and tumble with*!"

My research study featured a range of families that disclosed their reframed family story as part of everyday family life (Morgan, 1996; Gillis, 1996; Morgan, 2011). This finding showed the way that several participants across diverse families acknowledged the specific circumstances in 'making' families through in/fertility journeys. These findings coincide with recent research which concludes, contrary to common assumptions, that family structure makes little difference to children's day to day experiences of life (Golombok, 2015b). The openness in conversations concurred with other studies about family diversity (Hudson, 2017; Golombok, 2020).

6.3.2.3 Avoidance

Several participants in my study were still contemplating what to do in terms of acknowledging the story to their child who had not asked questions or been curious about this subject. This finding amongst some IVF families was in contrast to the participants of adoptive families who had actively sought to tell their family story rather than hide their circumstances. My findings resonated with previous studies that considered how assisted conception can learn from adoption disclosure (Haimes, 1988; Golombok, 2020). However, amongst some couples, their participation in my study was a catalyst that prompted them to think about acknowledging the story with their child. Juliette's account was fairly common:

> Juliette: "*because I was thinking about it the other day as I knew I was going to be talking to you. Of course we haven't told Rebecca*"

Similarly, Karen and Brian had recently discussed whether to avoid telling their reframed family story:

> Brian: "*Well I have to admit that recently we talked about whether we would ever tell him!"*

Yet, several participants were still thinking about acknowledging the story but did not know what to do:

> Brian: "*But I can't imagine when we would communicate that to him and how we would do it?"*
>
> Karen: *"It might be something that you wait until he is an adult? Almost .. I don't know."*
>
> Brian "*because I would be sad if he never knew his story."*
>
> Karen: "*Mmm*"

Those participants who had never told their story perceived that it was perhaps too late to say anything.

> Juliette: "*it has never been discussed with Rebecca and I don't know what to do now! It's gone so long!"*

Several participants were still reluctant in family life to say anything. This finding concurred with other research on families' non-disclosure of assisted conceptions involving donors (Daniels, 1994; Daniels and Haimes, 1998; Golombok et al., 2006; Machin, 2007; Golombok, 2011; Nordqvist and Smart, 2014; Frith et al., 2018). Alice and Robert discussed this common situation:

> Robert*: "when we had counselling they suggested that various children's books in order to bring it up with Elliot didn't they?"*
>
> Alice*: "Yes it's whatever it's called the infertility support group that have done books …*
>
> Robert: "*I'm at head in the sand at the moment when to raise it, how to raise it."*
>
> Alice*: "And the counselling did say early and often but actually that's not …"*
>
> Robert*: "We haven't."*

However, in family life even when the general subject arose a few participants in my study were unable to raise it in a conversation. Participants knew about the recommended approach of 'early and often' in practice, but procrastination was evident. My findings revealed the ongoing nature of opportunities to tell family stories but the ongoing dilemmas when there is no agreement between couples over when to share the story.

> Juliette: *"It just seems one of those things that has gone too far now (laughs) especially as now there is a girl she goes to school with and from day one this friend has said oh I'm an IVF baby and my twin sisters are IVF babies (laughs). I just remember thinking oh perhaps I should tell her now! (laughs) but of course Harry wasn't there and I felt I couldn't tell her without talking to Harry first! So it's hard. The moment has gone and I didn't and now I don't know how to raise it again! (laugh)"*

Even though couples had disclosed the circumstances with immediate family about their IVF conception from frozen embryos, over time family members held misunderstandings over the specific details. This shows the ongoing activity of retelling family stories. However, some misinformation was not always addressed between family members, but avoided, to ensure harmonious family dynamics. Karen described this avoidance in an account about her mother-in-law:

> Karen: "*Your mum bless her, had cut out from the paper an article of these children born from frozen eggs and there was only a small number of them like a handful in the world. And she said look Karen this article just shows how amazing your little boy is and (laughs) I didn't have the heart to say actually he was an embryo frozen not from an egg frozen but I though wow yeah he is amazing (laughing)"*

Similarly, other participants avoided challenging conversations over certain family member's misinformation about IVF. James' account of his sister's IVF highlighted this situation:

> James: "*But you know my dad just thinks that you take a pill for IVF and you become pregnant*!"

Moreover, there were many reasons why the subject was avoided beyond not knowing what to say. The specific circumstances surrounding the IVF was a factor influencing why the subject was avoided. As Juliette remarks:

> Juliette*: "I suppose I remember a friend saying to me well does she need to know? And I said I suppose you could say that it is a bit like what you tell an adoptive child that you are very much wanted that message you know and there was a lot of effort going on to have you! … But of course we haven't (laughs)"*

However, an ongoing agreement about what circumstances will be retold in the family story was part of the negotiations between a few participants. Karen and Brian's narrative demonstrated this ongoing issue in reframing the family story:

> Brian: "*the funny thing is that we'll have to think of some answers to these questions because he'll pick us off … and I won't know how you'll answer and you won't know how I'll answer."*
>
> Karen: "*I have never thought of that … I definitely got round to thinking that with life going the way it had gone that I had reconciled myself to that (childlessness) so our son is just an amazing miracle…"*

My findings showed why family stories were not acknowledged amongst some of my participants, as they had not discussed what their answers might entail. My findings also suggested that their family story was avoided simply because the circumstances were perceived to be too hard for a child to understand. Brian and Karen's narrative highlighted this dilemma:

> Brian*: "every child is a miracle, we do feel incredibly fortunate to have our son, but the fact that he, embryos, were frozen for a few years and that sort of thing … I mean it's not the story you want to have."*
>
> Karen: "*It's such a weird concept to get your head around as basic cells in a petri dish in a lab for three years it's just a bit weird*."

Nevertheless, an agreement over what to say was difficult when the couple's relationship breakdown was related to their in/fertility journey. This showed the ongoing impact of in/fertility journeys as Juliette's account demonstrated:

> Juliette*: "I wouldn't ever want her to know as a result of it that her mum and dad separated! And there were other reasons why we separated, but it was pivotal in terms of the deterioration of the relationship and I wouldn't ever want Rebecca to know that."*

Yet, participants' accounts showed other family responses which selected some but avoided other aspects of the circumstances in how to reframe and tell the story to children. Accounts demonstrated that both participants and family members assumed in family life which parts of the story would want to be known by children. Karen's narrative illustrated these assumptions and dilemma:

> Karen: "*Yeah because I'd always assumed that it would be brilliant to tell him because it will just be so amazing and wow and then you think (pause) I remember chatting to my parents about it and my sister as well and she just said you know I don't know that I'd want to know that! I remember my dad saying just tell him he's special in terms of how he came about, in terms of me being ill as I don't know that I would want to know …"*

My findings resonated with historians and social scientists who noted that the silence over reproductive knowledge transmission expressed in families was to protect idealized 'childhood innocence' (Szreter and Fisher, 2010). In contrast, my other findings showed an openness in participants' intentions or approaches about telling children early and often. This variation in my findings about acknowledged circumstances concurs with other social science research about general reproductive knowledge expressed in families, shown to be avoided when challenging or embarrassing, but also talked about through family life in a range of approaches (Walker, 2001). Moreover, a reluctance to tell children about perplexing experiences of family-building in IVF were interpreted further through Gillis' (1996) work about the tension between family life as kin and the idealized types of families we live 'by'.

A few participants justified their reluctance or avoidance in talking about the broad circumstances of a family story, to protect an idealised version of what is expected to happen in the types of families we live by, as shown in Gillis' (1996) interpretation of maintaining idealized harmonious families. This was

in contrast to telling the version which is least expected or easy to explain. Although these families hide some aspects of the realities of their lived experiences over whether to tell their child(ren), an impact of this in participants' ongoing narratives perpetuated dilemmas in family life as the empirical evidence demonstrated.

6.4 Conclusion

My findings illustrate the shift towards family involvement through participants' disclosures is of sociological importance, as this emphasises that in/fertility journeys do not necessarily end in parenthood through IVF, adoption or IVC. Rather these journeys were dynamic endless processes that remained to some extent in family life. Social contexts and specific circumstances that my findings illuminated are overlooked in the sociological literature, which instead often focuses on the couple's relationship during infertility experiences in IVF and adoption. However, my analyses of participants' negotiating in/fertility journeys, engaged with a life course perspective, showed that family involvement and the ongoing nature of these experiences in family life were key factors. My findings contrast to previous sociological literature that suggests an end through a resolution of achieving parenthood or not, through IVF and adoption.

This chapter has explored a key finding that in/fertility journeys remain ongoing rather than ending, no matter what families are produced through these experiences. In this chapter my findings suggest that couples' disclosures, in terms of the circumstances surrounding in/fertility journeys, change the boundaries around the couple's relationship in the dynamic context of family involvement. This is shown through participants' perceptions of increased family involvement and awareness of their circumstances. For instance, through financial and emotional support in IVF, and participation in adoption interviews and character references. Disclosure linked to these specific circumstances of ongoing experiences is in contrast to the non-disclosure and secrecy explored in chapter 5 that limited family involvement.

Moreover, my findings highlighted how participants perceived their nuanced circumstances in a family context as reframed family stories. Disclosure of these nuanced stories about ‘making families’ were found to be both acknowledged or avoided in family contexts. Overall, my findings in this chapter add to our sociological understanding of family life, in terms of family ideals ‘we live by’ that play out (Gillis, 1996), to recognize the strain on wider family dynamics and the support family involvement provided through ongoing in/fertility journeys.

A conclusion drawn is that in/fertility journeys do not end, but that most are ongoing post IVF and post adoption. This finding includes the dynamics of family involvement that play out through participants’ disclosures of these nuanced circumstances that reframed their own family stories. These findings add to the conceptual underpinning developed in my thesis of ‘making families’ through in/fertility journeys negotiating circumstances over time. These findings feed into the debate that family support, openness and involvement are essential to remove both the taboo of silence and misunderstandings in family life concerning diverse family-formation through donor IVF conception, adoption or other circumstances about IVF assisted conceptions.

Chapter 7: Conclusion

7.1 The importance of making families within in/fertility decision-making research: revisited

Research about the nature of decision-making around infertility often assumes that it is based on an individual choice and clear-cut decision to pursue IVF rather than processes of inter-dependency between couples, embedded in their own experience, family contexts and histories. In the UK demand for IVF is growing with more heterosexual couples using routine IVF as well as exploring a range of infertility treatments, including donor conceptions. The rapid development of ARTs, including IVF, has encouraged the idea that infertility experiences can be overcome by seeking IVF treatment. Women, who are more often studied than men about their infertility and IVF experiences, are portrayed as rational decision makers using agency in their individual reproductive choices. IVF is positioned as the mainstream treatment of choice to assist conception. However, the nature of decision-making is assumed.

I suggest that decision-making over infertility as an ongoing process is not fully understood, given the uncertainty that remains about the possibilities, the timings and the circumstances of future family-formation. In contrast, rational choices are said to have been made, to justify that couples have tried everything possible to have a biological baby. Although choice may have a certain part to play, in the context of IVF and adoption, it brings with it inherent problems, as does rational choice theory in an overall ability to explain infertility decisions. The main thread in literature concerning infertility decisions also assumes that micro-level decisions about infertility and IVF choice are guided by macro norms of practice. These may have a certain part to play but lack a full appreciation of the circumstances, timings and social contexts influencing decisions.

My research about IVC and infertility experiences has found that decisions were diverse and based on a range of specific circumstances. IVF failure is a common experience and often leads to more decision-making: namely, to end routine IVF treatment, to remain without children, or pursue adoption, donor conception or other pathways. Thus, infertility experiences which disrupt the life course may not only be about considering IVF as a choice, but also open up a range of decisions about how to produce families.

A ‘disrupted life course’ perspective shines a light on the various decision-making processes and on diverse family-formation, with IVF as one way of family-formation, though this may be overstated in the literature. Infertility experiences are often understood and researched separately around assisted conception and adoption. The separate literatures on assisted reproductive technologies, adoption, families and personal relationships reflect this. It is important to consider the construction of ‘infertility’, producing ‘families’ and IVC, as they all impact on the way that we research infertility and IVC and what such studies can uncover.

To rule-out understanding infertility decisions only in terms of an individual choice between IVF or adoption, I argued for a detailed exploration and analysis of infertility amongst heterosexual couples desiring to establish families. I used a life-course approach to infertility and IVC in IVF and adoption decision-making. There is sparse research with a diversity of families who have experienced infertility and a dearth of literature concerning decision-making processes, including socio-economic circumstances, that are jointly navigated between women and men. With this current lack of knowledge of families established through infertility experiences, my thesis intended to explore processes of decision-making between couples in both IVF and adoption over time, and across a range of socio-economic circumstances and family contexts.

In examining families who have experienced infertility and who negotiated circumstances in IVF and adoption over a period of time, a total of 20 families participated in the study. These families were living in East and West Yorkshire, London, Oxford, Southampton and Wiltshire. A diversity of family types were included, for example, lone parent, nuclear and blended families. They were also diverse in terms of their infertility experiences,

establishing families through IVF, donor conception using donor eggs or sperm, posthumous conception, adoption and remaining childless. It is important to note that participants in my study who had remained childless after IVF failure considered themselves to be families rather than a couple without children. Families were also diverse in their socio-economic circumstances, education levels and careers. At first time parenthood, women were aged 33-42, men were aged 32-63 with a range of timespans across infertility journeys from 2 to 13 years.

Women and men were interviewed together in 15 families. Individual interviews were also undertaken with 5 women who were separated, divorced, widowed or whose partners were working away. Study design and methodology enabled speaking with men as well as women, in order to uncover accounts of making families through infertility experiences from both gender perspectives, and in terms of the contexts and decision-making practice over a range of circumstances. Moreover, speaking to women and men together about their in/fertility journeys can give insights into their imagined families compared to the actual families produced over time. It can also shed light on their meanings of families within their own original family contexts and how these meanings may have altered through their decision-making.

My empirical data included similar accounts of disrupted expectations, unexpected decisions, ongoing uncertainty and effort and negotiation, as well as differences in decisions over the meaning of making families that involved change, loss, threat or stigma. These differences were uncovered through disclosure practices. My findings not only challenge existing literature but offer new insights into micro-level decision-making in family-building through infertility experiences. Couples' accounts held new ways of decision-making built on valuing family-formation based on their own experiences, family contexts and histories. This can be seen in my empirical study through decision-making contexts and practice, reconfigured meanings of families and disclosure practices within families through ongoing in/fertility journeys.

7.2 Research Findings – in/fertility journeys: decision-making in disrupted contexts and practice

With regards to decision-making in disrupted contexts and practices (chapter 4) there were some similarities with past studies concerning the emotional turmoil negotiated. Yet, my study differs from most earlier work, which took place in fertility clinics and which was focused on women leading decisions in terms of their reproductive choice. Women and men negotiated a shared sense of emotional turmoil and experienced common disrupted expectations. Only a few men held different expectations, for example prioritising career rather than establishing families, which contributed to their relationship breakdown. A metaphor of 'in/fertility journeys' helped to understand the range of experiences, as it was used by couples to describe the emotional challenges over an extended period of time and the changing nature of decision-making.

The value placed on this interdependency between individuals as a shared endeavour, surrounding the difficulties and uncertainties of family-building, was shown through the context of decision-making prior to seeking IVF. The value given to this new norm of decision-making appears to come from mutual expectations about the idea of parenthood. From a male perspective, this reflects the contemporary practice of involved fatherhood, albeit before becoming a father. The intense emotional experience of trying to become parents overlaps with a new field of parenting studies and contemporary parenting ideologies but relates more fully to family studies and the sociology of families. This was seen through the range of in/fertility journeys, which shared the similar aspect of negotiating what to do next about family-formation in rethinking their futures. This related to existing literature which highlights from a life course perspective the idea of a trajectory and future orientation, which were drawn upon to explore couples' initial phase of in/fertility journeys prior to IVF. This perspective helped to answer part of my first research question in term of how infertile heterosexual adults in Britain perceived their experiences.

However, this context of decision-making was hidden from close family members and friends in their social networks. Most early decisions between women and men involved deciding not to disclose their experience to others

to preserve a boundary around the couple's relationships, in order to protect themselves in their emotional vulnerability. Deciding whether to disclose, who to tell or what to say, was a significant thread running through most in/fertility journeys. Indeed, it is important to recognise this hidden context to decision-making prior to IVF, as many women and men perceived that social isolation was an initial part of their infertility experiences. Past studies also underlined this issue but only in relation to IVF treatment provision. Yet, it is important that this type of social isolation experienced by men and women is acknowledged.

Despite the importance placed in the literature on IVF choice, my findings critically suggest that the option of IVF, while an important decision, is not the only focus of every infertility experience or necessarily a clear-cut decision. Such an overemphasis can overlook decision-making contexts in complex social situations and the emotional turmoil found which shaped couples' dyadic decisions in practice. The significance of timings shaped how women and some men understood their infertility experiences through perceptions of their biological clock and of the pressure in daily life from social networks. Combined together these pressures of time contributed to the contexts of decision-making as well as the type of decisions which followed. These perceptions helped to further answer my first research question in relation to the main factors that were shaping the perception of infertility experiences.

Decision-making in practice is often nuanced in terms not only of time pressure but also around women and men's circumstances, which were negotiated between couples and by speaking to fertility specialists. An understanding of these contextual factors within decision-making practice enabled me to address my second research question and see differences in the early stages of in/fertility journeys concerning the different options taken. In practice, structural determinants enabled or restricted IVF opportunities amongst men and women from diverse socio-economic circumstances, which were shown through a few decisions to adopt from an early stage of in/fertility journeys. This contrasts with other couples who financed IVF treatment to establish families. These findings move beyond substantial individualistic characteristics. These aspects are important to incorporate into practice and policy to challenge current assumptions about linear decision-making and to consider how to support couples. They suggest that

there are limitations with individual choice shaping current policy for assisting conceptions. Moreover, such a one-dimensional view will not necessarily help to explain why some couples pursue IVF and others do not, or the reasons why some couples with infertility adopt.

More importantly, in my study there were strong differences with past literature on adoption preference as a second choice, and strong similarities to more recent adoption studies amongst those men and women who decided to adopt following initial IVF consultations. Specifically, most adoptive families in my study considered that adoption decision-making did not represent a second choice to IVF, but rather one that opened up future possibilities of family-formation. For instance, adoptive families perceived that their decision-making created a positive trajectory in contrast to IVF, which may have extended their emotional turmoil and uncertainty.

The disrupted life course was a valuable approach to draw upon to help understand experiences of disrupted reproduction. It also gives a breadth of perspective which alters the way we understand infertility as a social experience and its related decision-making. This adds sociological and some temporal insight into the significant emotional challenges at play during in/fertility journeys identified across a diverse dataset. A sociological account of this early phase of journeys involved negotiations of couples' situations to manage disrupted expectations, emotional turmoil, relationships, the significance of timing and socio-economic circumstances. These together build a platform for understanding a range of couples' experiences.

7.3 Research Findings – Reconfigured meanings of families

Integral in chapter 5, to the way that infertility journeys were explored, was an understanding that families are actively both 'doing' and 'being' during their ongoing processes of formation. Men and women's perception and experience of these active processes were vital to help navigate establishing a family using IVF, donor conceptions or adoption. My findings are consistent with the literature which cautions against assuming that families are naturally made cogent entities that form without negotiation or effort

(Morgan, 1996). My findings show a shift in the meaning of families during in/fertility journeys that is of sociological importance as it emphasises that such meanings are diverse: not static but an active process shaped by effort and negotiations. Significantly, involuntarily childless couples showed that their experience is one in which their idea of family is embedded in their own experience, family contexts and histories. In other words, these families' histories were 'making families' during in/fertility journeys, not in one specific way but through a range of decisions concerning IVF, donor conceptions, adoption and remaining childless families.

In addition, most men and women's experiences revealed the families that they had imagined rather than the families produced over time. This contrast was explored with reference to the sociology of families in Gillis' (1996) work as the families 'we live by' and the families 'we live with'. For instance, many men and women imagined families with one or more children, but the reality was often unexpected and different. It is significant to explore imagined families as this opens sociological insight into the hidden context of decision-making in journeys and also helps to demonstrate how family meanings and what is valued are reconfigured and change over time (Gillis, 1996).

The empirical evidence suggests that these meanings change over time because couples must rethink and renegotiate their understanding of families through unexpected, challenging and ongoing processes in their quest for a family. At the outset, these meanings were shown to move away from being aligned only to valuing genetic ties through IVF. These meanings reconfigured to increasingly implicate a broader range of genetic, biological and other family connections including resemblances in the 'making' and 'doing' of families through IVF and adoption. This understanding particularly addressed my study's third research question as the extent of rewriting ideas about families is evident in terms of meanings of experiences, which adds a depth to understanding the effort and negotiations involved (Morgan, 1996).

Although this shift in the meaning of families during in/fertility is often unexpected, couples' similarities were revealed between adoption, IVF and donor families in valuing connections branching from resemblances in family life. Resemblances were important to decisions from the outset of in/fertility journeys and continued to be significant, and were commonly found across

different families in the data set. For instance, family members drew attention to resemblances between parents and children not only through their similar physical characteristics but in other ways through speaking or acting or accomplishing tasks. This evidence corresponds with other findings, such as Mason's (2008) research on kinship and resemblances which suggested that for many of us the way we live out certain relationships with others in family life is through diverse sets of interpersonal dynamics that are exclusive to that relationship and person.

Key differences were demonstrated in this study in the practices of secrecy and disclosure and of women and men's values about what matters as families, which was illustrated in their decision-making. Importantly, men and women's accounts of secrecy or disclosure revealed their imagined sense of family as a significant network of connections that needs to be protected. Findings showed that secrecy was evident in men and women's accounts as a way of asserting boundaries between themselves as a couple and their family, or to protect their families from emotional distress, change and loss. In contrast, disclosure to family members is used to enable couples to shape their family's understanding of adoption. However, within family contexts disclosures of adoption, intentions were found to be challenging, posing a threat and revealing of stigma. This is because the value and meaning of families is not only complex but closely bound up with the primacy of ideas about genetic ties.

Disclosure practices within families during in/fertility journeys in IVF and adoption uncovered some significant ideas about families that women and men imagined in response to loss, threat, stigma and change. Disclosures of adoption intentions revealed that some imagined responses reflected their families' reactions. My findings demonstrated that these meanings through in/fertility journeys were distinctive, revealing how they evolve, change and reconfigure, producing families with different meanings. Yet my findings also showed that women and men's negotiations around the 'meaning' and 'doing' of families illustrated that family-formation involves active ongoing processes, which coincide with Morgan's (1996) work, looking at how families are created and lived through their family practices.

The meanings ascribed to family during in/fertility journeys are important to understand sociologically in order to better support involuntarily childless couples by recognising a broader understanding of the meanings of families. This shared sociological understanding values resemblance as a significant connection across a range of genetic, biological and social ties. Notions of family meaning in my study show variation with practices of secrecy and disclosure linked to in/fertility journeys in IVF and adoption.

7.4 Research Findings - Disclosure practices within families through ongoing in/fertility journeys

In chapter 6, disclosure practices within families were discussed in terms of ongoing in/fertility journeys. Disclosure was understood in terms of family practices in 'doing' families, which were active decisions to involve familial networks (Morgan, 1996; Morgan, 2011). Specifically, the increase in disclosure over time was shown through circumstances in relation to their ongoing in/fertility journeys that involved family members. This stands in contrast to the non-disclosure and secrecy (chapter 5) and the hidden context of decision-making (chapter 4) that limited family involvement. There were in practice certain circumstances associated with IVF and adoption processes that were found to prompt disclosures and that involved wider family. For instance, family involvement included emotional support, help to fund ongoing IVF, and participation through social worker led interviews and adoption references. However, findings show that decisions to involve wider family through disclosure illustrated that this required effort to manage. This effort was evident in women and men's accounts as a way of managing boundaries that had been extended between themselves as a couple and their wider families. Such effort is in line with the negotiation of relationships and boundaries in 'doing' family life (Morgan, 2014). The dynamics of family life were explored through these specific circumstances which exemplify the family relationships at play during some in/fertility journeys.

Research has often cited that infertility experiences end in a resolution of achieving parenthood through IVF or adoption (Sandleowski et al. 1989; Daniluk 2001). In contrast, many women's and men's perceptions of in/fertility journeys suggested that these experiences, no matter what

families were produced, remained ongoing rather than finalised. These in/fertility journeys were found amongst many families to be dynamic processes that remained ongoing, not only in terms of their own perceptions of their circumstances but also about their decision to disclose their circumstances to their children. These disclosures remained an ongoing concern in family life for both men and women over expressing reframed stories about how they became families. Such concerns are in line with contemporary literature that suggest that family support, openness and involvement are essential to remove the taboo around diverse family-formation, whether through donor conception, adoption or circumstances around assisted conceptions (Golombok, 2020).

Some families in the sample either intended to or had disclosed their circumstances to their children including stories about adoption, IVF, frozen embryos, gametes and donors. These disclosures were ongoing and revisited depending on the child's age and understanding. In contrast, other families encountered difficulties, unsure about what to say, and avoided reframed stories in family contexts. Those families who encountered difficulties were concerned about upsetting their children over the circumstances or unsettling their relationship with their child. This finding reinforced the hidden context of decision-making of in/fertility journeys that remains ongoing, creating secrecy within some families. In contrast, disclosures about circumstances surrounding adoption stories were ongoing with children amongst all the adoptive families. Overall, families in my sample were found to both acknowledge and avoid their reframed stories about 'making families' through in/fertility journeys. My empirical study adds new understanding to the sociology of families regarding the ongoing nature of in/fertility journeys through disclosure practices about making families.

7.5 Research contribution to sociological knowledge and theory

My study contributes new sociological knowledge that suggests couples' IVC experiences were distinctive in revealing how meanings of families evolve and change through in/fertility journeys, which were also exemplary of 'making' and 'doing' families. Current sociological knowledge about infertility

and different pathways to family-formation tends to be siloed into IVF, adoption or remaining childless as separate domains with conventional accounts of couples opting for IVF foregrounded by individual choice and clear-cut decision-making. By taking a disrupted life course perspective to IVC and family-building my study adds sociological knowledge that suggests ongoing processes rather than linear decision-making, active processes shaped by effort, negotiations and independencies. Moreover, IVC couples' ideas about families were embedded in their own experiences, histories and family contexts. My empirical study offers micro-level sociological insights in terms of decision-making contexts, circumstances in decision-making practice, reconfigured meanings of establishing families, and disclosure practices in families. I suggest a conceptual framework that together these aspects should be understood as 'in/fertility journeys'.

I contribute social theory to the sociology of families which suggests that when fertility is disrupted the idea of families holds meaning over time and significantly, the meanings of families evolve and shift during in/fertility journeys. My conceptual framework built around in/fertility journeys coincides with Morgan's (1996; 2011) sociological thinking about how families are created and lived through their family practices. My theoretical contribution, underpinning in/fertility journeys, develops Morgan's focus on family as practices with additional attention given to Gillis' (1996) ideological dimensions of family life. I suggest that Gillis' (1996) conceptual ideals about families 'we live by' and families 'we live with' play out during in/fertility journeys through couple's imaginations and their everyday lives. These conceptual ideals included reconfiguring meanings of 'making families' which were worked out between couples themselves and through disclosure practices in family life with family networks.

My empirical study specifically contributes insight into the 'making' and 'doing' of families through couples' continual efforts and interdependencies in family life in producing and shaping families 'we live by' both in material and interpretive terms. The disrupted life course perspective taken in my in/fertility journey conceptual framework provides sociologists with a more integrated family-formation approach to the infertility and fertility research agenda. Moreover, my empirical study illuminates in/fertility journeys in material terms for example, socioeconomic circumstances as enablers or constraints which adds this particular aspect to sociological reproductive

justice scholarship. My study's sociological insights suggest that couple's interpretations of family-building through IVC and infertility experiences contribute a broader diversity around the meanings of families either imagined or established in family life. This added sociological understanding that couples in my study not only value genetic ties in the meanings of families but also a range of connections also including biological, social and resemblances which all attributed ongoing value to certain relationships in family life.

7.6 Research Implications: Future Studies

From my research findings, the similarities and contrasts with the extant literature add towards a fuller understanding about the challenges of establishing diverse families through infertility experiences. From an academic perspective, the body of literature on families established through men and women's in/fertility journeys in IVF and adoption is currently incomplete. My research therefore, has provided more knowledge and understanding of these new ways of decision-making in family life. Future research studies could investigate further aspects of IVC and infertility within families and family life to uncover the complex nature of in/fertility journeys themselves, looking at disclosure practices such as openness with children or within wider families.

My study dealt with diverse trajectories of establishing families using IVF, donor conception or adoption. I suggest there are more areas of future research around other trajectories in IVF. For example, looking at couples using embryo sharing schemes in IVF compared to couples establishing adoptive families. Given the range of diversity in families produced through in/fertility journeys, it would be valuable to include more families established through donor egg or sperm conception, to further understand disclosure in family life and the meanings of families, associated with relatedness. This is significant for future studies given the greater use of donors to assist conception (HFEA, 2019).

Another feature of the diverse trajectories of establishing families in my study included different socio-economic circumstances which I would suggest future studies also incorporate into their research design. It may be fruitful to examine in more detail the variation between socio-economic constraints and enablers that highlight familiar inequalities in the families produced through infertility experiences. This could be achieved by speaking to more adoptive families with histories of infertility in future studies.

With regard to meanings of families that were reconfigured during in/fertility journeys, my findings identified a number of significant ideas about families that participants imagined in response to threat, stigma, loss and change. As my participants show how their ideas of what matters in families altered, comparisons and possible differences amongst other extended family members could also reveal any changes and altered meanings experienced. Aside from different meanings of families as a focus within the sociology of families, sibling issues may also be of important interest. My findings highlighted the strain and support of family involvement during in/fertility journeys. Any future studies exploring IVC and infertility would benefit from considering speaking to siblings to understand their perceptions of the impact of infertility within the extended family dynamics, indicating their intragenerational perspective. In addition, further studies investigating children's perceptions of different histories in families, for example, IVF, adoption and spontaneous conception.

My findings in chapter five pointed to the potential future research area of navigating in/fertility journeys within workplace settings in relation to non-disclosure and disclosure practices. This area was beyond the scope of my study, but It would be interesting for future studies to explore this important subject that encompass adoption and assisted conceptions, to help inform practice and policy. Alternative voices from men and women through a future study could explore how decision-making processes in IVF and adoption are navigated with work commitments. As suggested earlier decisions were often least expected and were navigated within participants' socio-economic circumstances.

Regarding my findings about the inter-dependent and the hidden context of shared decision-making found in in/fertility journeys (chapter 4) it was noted

that both men and women were open about the boundaries necessary around their relationship, due to their emotional distress, to protect themselves. Further in/fertility studies could explore the 'therapeutic benefit' of taking part in research. This is of interest because my study found that couples who did take part identified the unexpected benefit of talking together and to me, which helped them to make sense of their experiences in a more holistic way. Future researchers therefore, need sensitivity regarding infertility as well as an awareness from the outset that access and recruitment is a challenging process within itself.

Future studies could add greater depth of understanding about gender similarities and differences in heterosexual couples in decision-making over time, concerning the question of the meanings of families. In addition, more comparative studies between same sex couples and heterosexual couples in IVF and adoption decision-making would further build the evidence base. This question is explored in relation to the significance of genetic and biological connection in chapter 5 where some gender difference is found, but perhaps there are more differences to uncover.

Involving other families who have experienced IVF conceptions through freezing embryos or gametes could also give a fuller account and alternative voices about decision-making in relation to family meanings. This would also contribute to a better understanding of the complexity of circumstances in early decision-making around consent prior to couples embarking on IVF treatment. Any future work in this area could usefully build on Provoost and Pennings' (2014) ideas of frozen symbols of relatedness.

Further qualitative research replicating my study, drawing upon qualitative longitudinal methods would be a beneficial methodological approach to generate in-depth data that captures processes, meanings of experiences and practices in family life. Timeline mapping as an analytical tool is useful to replicate if future researchers hope to understand more women and men's experiences of in/fertility journeys exploring decision-making, meanings of families and disclosure practices. I recommend that future researchers replicate the method of sending questions ahead of interviews given the sensitive and complex nature of this type of study. This research technique may be useful for understanding embryo donation decision-making to

subsidize IVF treatment. Future research around the implications of informed consent in IVF about future family-formation, given the rapid number of decisions required, is a vital area for future research.

Alternatively, a qualitative longitudinal approach could be undertaken in future research to explore infertility decision-making. This could involve follow up interviews over time, interviewing men and women together as well as separately to gain more temporal perspectives, insights into relational processes, and the multidimensional experience of families within these types of journeys.

7.7 Implications: The missing links in practice and policy

Decision-making processes in IVF and adoption do not follow a simplistic ranked order of individual preferences about having a child as the literature suggests. Policy and practice need to dispel the myth of aspiring preferences for a biological child. Instead, policy and practice need to acknowledge the reality that, in many cases, couples' circumstances and infertility dilemmas result in couples achieving families in a range of ways that are least expected at the start of their decision-making. NHS and private fertility service providers and adoption services, both local authority and third sector agencies, need to avoid assumptions about preferences linked with individual decision-making. Instead, a diversity of family-formation should be emphasised and inter-dependency supported between individuals through their decision-making.

The lengthy period of time invested in family-formation is an important factor which influences decisions as couples anticipate their future. However, in practice IVF requires many rapid decisions for example to complete consent forms at the start of treatment which need to be more explicit about the implications for future family-formation. Ideally, more time and support needs to be given to this type of decision-making as various services intersect in these processes, so that people become proficient in navigating services themselves whilst also managing wider family involvement. An implication includes recognition that in/fertility journeys provoke new dialogue and

behaviours across family networks around ‘becoming’ and ‘doing’ families. Implications for policies in social services and health care should include acknowledging this intersection, lengthy time investment and implement procedures that enable processes and maintain quality.

Commissioners of services need to promote equality of opportunity across the country, not only addressing geographical differences but also linking fertility treatment with adoption, viewing both IVF and adoption as valued ways to establish families. Policy and practice need to recognise these factors rather than promote unrealistic expectations about IVF treatment, given the cost implications for couples over possibly extended time periods. Moreover, fertility clinics need to support emotionally exhausted couples during the infertility treadmill to enable them to establish the families they desire through adoption (Balen 2013; Smeeton and Ward 2017).

The Health and Care Act (2022) establishes new partnership arrangements between NHS providers and local authorities, the purposes of which will include enhancing broader health outcomes, acknowledging inequalities in outcomes and improving experience and access. It will be the responsibility of the new Integrated Care Boards to commission NHS funded fertility treatment within their areas. The new formal partnership arrangements between the NHS and local authorities offer an opportunity for more joined-up thinking, in terms of infertility experiences and the links with social care. The study findings uncovered that there was no signposting to adoption from the fertility clinics. There is a need to address this missing link in practice between health and social care organisations.

Couples hide the huge amount of effort invested in decision-making and negotiating circumstances in IVF and adoption. This effort is often invisible in practice to employers or health and social care planners. Couples who have navigated IVF and adoption after years of decision-making could make a significant contribution to planning infertility service provision as service user champions. In addition, as part of their workplace wellbeing, employers should ideally support men and women going through infertility related family-formation, similar to those families formed through spontaneous conception. This recommendation could build on recent Government

measures aiming to support women in the workplace with reproductive health issues (DHSC, 2022).

My study participants recommended that both fertility clinics and adoption services should encourage from the outset men and women experiencing in/fertility journeys to identify a support network. This strategy could encourage disclosure within family and social networks, to help reduce the social isolation of infertility experiences and prevent relationship break down.

Health professionals, particularly in primary care and in fertility services, need training to understand service users' situations to help them step back from their own cultural assumptions about having a child and how to establish families. Training needs, as Ettorre (2008) says, involve medical and health practitioners listening and paying attention to every couple's journey. This includes practitioners acknowledging that women and men together are decision makers, that they both may experience emotional turmoil and may need support with thinking over the implications of family-formation through their decision-making.

There is an over emphasis on individual choice that does not acknowledge various situations, including socio-economic circumstances in which there is no choice. Such a one-dimensional view will not necessarily help to explain why some couples pursue IVF, and others do not, or the reasons that some couples with infertility adopt. Policy and practice need to reflect the diversity of families established through in/fertility journeys. Moreover, the Secondary Personal Social, Health and Economic (PSHE) education curriculum needs to consider the different ways that families establish and the issue of gender related fertility challenges, within wider relationship education (Gillespie, 2001; Goundry et al., 2013; Harper et al., 2021). This could contribute to cultural change in the way that families are understood in the context of infertility, as Letherby (2010) suggests, and help to strengthen an alternative discourse.

7.8 Final Conclusion

This qualitative study finds new and emergent thinking about how infertility shaped people's understanding of IVC, how these experiences were lived through in/fertility journeys, and given meaning as families were established through IVF and adoption. My study found that heterosexual couples' decision-making in IVF and adoption was challenging and contingent, not only on navigating infertility and disrupted life circumstances, but also being inter-dependent between themselves as individuals through ongoing processes of negotiation and effort. My findings not only challenge existing literature but offer insights into decision-making patterns and practices, as women and men's accounts held new ways of decision-making. This concerned the value of family-building based on their experiences, family contexts and histories concerning meanings of establishing families.

However, contrary to the assertions of extant literature over individual choice my study found that most couples' infertility decision-making was experienced and perceived to be based around three main factors. These factors were: decision-making contexts and practice; reconfigured meanings of families; and disclosure practices within families through ongoing in/fertility journeys. For many couples, infertility experiences were perceived as difficult in the context of decision-making. Social situations to navigate included disrupted expectations, emotional turmoil, and the significance of timing in relation to their age. These circumstances built a hidden context to their decision-making which was not shared with others.

Individual choice alone is not sufficient in explaining infertility decisions in IVF and adoption, as this study found that many couples' decisions in practice involved structural determinants which enabled or restricted IVF opportunities. Restricted opportunities were shown by those adoptive families who for financial reasons decided to adopt instead of pursuing IVF. This contrasts with other couples who financed IVF treatment to establish families, and the adoptive families who were able to resource IVF but which failed. Decision-making in relation to IVF was often perceived in practice to be time pressured. Although choice may have a certain part to play, there were limits to its overall ability to explain infertility decisions. Instead,

decision-making was perceived to open up a range of decisions about how to produce families.

My thesis suggests that IVC couples' in/fertility journeys were exemplary of the negotiations in family life around the meanings of 'making' and 'doing' families, and also distinctive in revealing how these meanings evolve and change. Findings show a shift in the meaning of families during in/fertility journeys that is of sociological importance. It emphasises that meanings of families are diverse, not static but active processes shaped by effort and negotiations. My findings concur with the work of Morgan (1996), who looked at how families are created and lived through their family practices, and also with Gillis' (1996) conceptual ideals about families which play out in everyday lives. These findings add to the sociology of families in the rethinking of family practices to also include involuntarily childless couples' experiences and histories in family contexts, and to value reconfigured meaning of families through IVF and adoption.

The meanings ascribed to family during in/fertility journeys are important to understand sociologically in order to better support involuntarily childless couples by recognising a broader understanding of diversity in the meaning of families. This shared sociological understanding values resemblance as a significant connection across a range of genetic, biological and social ties. The significance of resemblances corresponds with other findings, such as Mason's (2008) research on resemblance in attributing ongoing value to certain relationships in family life. Family life and its social practices should therefore be seen as diverse and ongoing in its formation, according to the experiences of couples, involving changes over time and reconfigured meanings of families. As a result, families produced through this type of decision-making are argued to be 'what we do' rather than 'what we are' (Morgan, 1996).

Notions of family meanings in my study also showed variation with practices of secrecy and disclosure linked to in/fertility journeys. My study suggested that disclosure practices within families during in/fertility journeys in IVF and adoption uncovered some significant ideas about families that couples imagined in response to loss, threat, stigma and change. For most couples, disclosure practices remain ongoing, deciding whether to acknowledge or to

avoid with their children their reframed stories about how in/fertility journeys established their families.

In a context of diversity in family-formation in a rapidly changing Britain, it is no longer appropriate that stories about families that have experienced infertility through their family-building remain hidden. Importantly, those who have experienced IVF and adoption decision-making need to be heard, recognised and appreciated in contributing diversity within families and to be celebrated in society. With this in mind, it is hoped that this thesis has contributed to a greater depth of understanding about in/fertility journeys within families whilst also inspiring many more future studies.

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Glossary of Terms

These relevant terms are complex but will give a better understanding of the framework to decision-making in IVF and adoption linked with disrupted fertility experiences and family-formation.

Adoption is the legal process by which a child, or a group of siblings, become full, permanent members of their new family because they cannot be brought up within their birth family (Adoption UK, 2019).

Adopters are adults aged over 21 who become a child's legal parent and family with all the same rights and responsibilities as if the child were born to them. For example, the child will take on the adopter's last name and will inherit from them as if they were birth family. (Adoption UK, 2019)

Assisted Reproductive Technology (ARTs) – is a term which characterises a range of conception technologies, which use specific techniques engineered through medical treatments to significantly modify human reproduction (Courduriès and Herbrand, 2014). An impact of ARTs has been to alter the meaning of family, parents, mother, father and infertility (Strathern 1992l; Franklin, 2013).

Disrupted reproduction –"The standard linear narrative of conception, birth, and the progress of the next generation is, in some way interrupted." (Inhorn, 2007, ix). This concept looks at what happens in the everyday experiences of both men and women when reproduction is disrupted, how these dilemmas are navigated, and what this implies about the nuances of social, culture and material structures in everyday life.

Donor – A person who consents to allow their gametes or embryos to be used in the treatment of others or for research purposes.

Donor conception – a conception achieved through artificial insemination using donated sperm.

Early menopause – the cessation of menstruation which usually happens around the age of 50. However, the menopause is said to be early when it occurs in a woman aged under 35.

Egg collection – An assisted conception procedure where the eggs are aspirated from the stimulated ovary. Also known as egg retrieval.

Egg donation – A woman consents to make available one or several eggs for assisted reproduction or research. The eggs provided are then fertilised in vitro and then implanted into the recipient. Egg donation makes motherhood possible for a few particularly older women whereas historically their reproductive assisted journey would end at the point when their egg reserve diminishes (Konrad, 2005).

Embryo – An early stage of development of a baby in the womb.

Embryo transfer – The stage of the assisted conception procedure when fertilised eggs are placed back inside the womb. An embryologist selects the best embryos for the embryo transfer - referred to as 'grading the embryos'. The number of embryos transferred is usually one or two due to the risk of multiple pregnancy.

Families – An understanding of families in this thesis is that families 'are' what families 'do' instead of depending on an institutional definition (Morgan, 1996; Smart and Silva, 1999, p.11).

Family diversity – is understood in terms of the "*fluid webs of relationships and practices through which we define our personal, familial and kinship ties.*" Neale (2000, p.1).

Family life is understood to be less concerned about fixed understandings of blood ties and more significance is on the meaning and emotions people attach to those relationships defined as kin or relatives (Finch and Mason, 2000).

Fertility – in both women and men there is an inherent biological variability in fertility. As "there is a lack of a distinction between infertility and fertility in the one condition becoming the other as … circumstances change over time." (Sandleowski et al., 1990, p. 478).

Fresh IVF cycles – In most cases of IVF, the eggs collected are mixed with her partner's fresh sperm to produce embryos during a few days. Fresh embryos are then transferred back into the lining of the womb.

Frozen embryo produced from a frozen IVF cycle – Where the body is not ready to receive the embryos or where a surplus of embryos is available, these embryos may be cryogenically frozen for future use. Once thawed they can be transferred back into the womb.

Gamete – The male sperm or the female egg

Intracytoplasmic Sperm Injection (ICSI) – an additional procedure used in IVF where a single sperm is directly injected into the egg by a fertility practitioner. Commonly used when there is a low sperm count or motility.

In Vitro – A procedure performed outside of the body often in a laboratory where an egg is fertilised by a sperm

In Vitro Fertilisation (IVF) – Drugs are used to stimulate the ovaries produce more eggs, then eggs are collected guided by ultrasound. They are then placed for fertilisation with a prepared sample from the partner or a donor. The developing embryos are then transferred a few days later by embryo transfer for them to implant and develop.

Infertility – The definition of infertility that is widely used in the study of reproduction is “not conceiving a pregnancy after regular attempts of unprotected sex for over one to two years.’ (NICE, 2013, p.18). Although medical definitions of infertility are often used there are also social definitions that reflect life circumstances at specific times and social contexts. For example, a definition of infertility in relation to failed IVF attempts is perceived as “The active but frustrated desire for a biologically related child.” (Throsby 2004, p.14).

In/fertility journeys – my study participant’s experiences during their life course were often unsure whether they were infertile or not. My participants’ experiences reflected the variable nature of both fertility and infertility, thus ‘in/fertility’ as a dynamic term captured these life experiences. For example, cases of IVF success were followed by the spontaneous conception of a second child. In contrast, other couples had already had a child without any difficulties but on trying to achieve a second pregnancy encountered challenges (see definition of secondary infertility). Many couples have unexplained infertility which makes it difficult to be sure whether they are infertile.

Kinship - a term used to mean the relationships between members of the same family, which traditionally has been defined in terms of lineal generational relationships, based on genetic heritage and marriage (Strathern and Edwards, 2000). A breath of kinship relationships reflects the ideas of inclusivity and social legitimacy in building relationships within families based on decisions rather than family tradition and heritage which is debated in changing contexts – see Bornat et al. (1999).

Open adoption is a broad term that concerns an adoptive child’s birth family staying in touch with them. It covers a range of potential arrangements.

Open adoption is not defined in law, birth parents do not have a right to contact following adoption, nor do the wider birth family. During the adoption process the adoption agency and the court usually consider whether continuing contact is in the child's best interests. In practice, the court is unlikely to order that contact should continue unless the adoptive parents agree (Family Rights Group, 2022)

Posthumous conception – conceiving with someone's sperm, egg or embryo after they have died. When someone consents to their egg, sperm or embryo being stored, they are asked to decide whether they consent to their use if they die. A posthumous assisted conception is permitted in the UK only at the request of the surviving spouse when the deceased left written consent.

Primary infertility – Where a couple who has never conceived a child in the past has difficulties conceiving.

Secondary infertility – Where a person who in the past has had children, but is finding it difficult to conceive again.

Appendix A

Research objectives, key research questions, sub-questions, and thematic life history scheduled questions

Table 3: Research objectives, key research questions, sub-questions, and thematic life history scheduled questions

RESEARCH OBJECTIVES	KEY RESEARCH QUESTIONS	SUBQUESTIONS	LIFE HISTORY INTERVIEW SCHEDULE OF FLEXIBLE QUESTIONS AND PROBES
1. To identify what factors are shaping involuntary childlessness and infertility experiences.	1. How do infertile heterosexual adults in Britain perceive their experiences and what factors shape these perceptions?	To what extent is IVC and infertility apparent in people's social life? Why are children desired? How are future children anticipated? To what extent do perceptions of timing shape this experience?	**Check in:** How have you felt knowing that you would be talking about your past experiences? 1. Could you talk me through your experiences and decision-making around wanting to start a family? [General opening question, inviting couples "**to tell their own story**" and see what is important to them on their terms.] 2. Did you always want children?

		What are the difficulties in decision-making to be overcome when children are desired? How is infertility and IVC acknowledged or dismissed by others e.g. partner, family, friends, health professionals, colleagues?	(Probe: Have you thought about why you wanted children?) In what context? (Probe: What decisions had you made about timing of children?) 3. When did it become really important? (Probe: How did it influence your life?) Context? (Probe: What decisions did you make then? or had you made before then?) 4. How did you tend to make decisions? ((Probe: What sorts of ways? 5. How did you realise that having children was going to be difficult? (Probe: When did this happen?) (Probe: Why did you realise, do you think, at this point in time?) (Probe: what was the 'turning point' that made you realise having children may be difficult?) 6. Who did you talk to about your situation? (Probe: partner / health professionals / family / friends/ work colleagues)

RESEARCH OBJECTIVES	KEY RESEARCH QUESTIONS	SUBQUESTIONS	INTERVIEW SCHEDULE OF QUESTIONS
2. To identify the decisions involuntary childless heterosexual adults make and the implications for practice and policy.	2. What decisions do involuntary childless heterosexual adults make about receiving IVF treatment and alternative options including donor conceptions, adoption or remaining childless? What are the main contextual influences on such decisions?	What is the nature of the decision- making? How do people perceive their options and why? How are decisions made i.e. what to do, when, how and why? How are obstacles overcome in decision-making? Why are some types of decisions deferred or avoided? Why are some contextual influences more important than others in shaping decisions? What are the implications that will inform future practice to help timings and decision-making process in assisted conception or adoption?	7. How did you make decisions before, during and after your treatment? (Probe: What types of decisions were made? (Probe: How were decisions easier or harder than others? Negotiated? Deferred? Avoided?) 8. What influenced your decision-making to have treatment or find another way to have children? (Probe: Why did you perceive these decisions in this way?) Context? 9. How did your circumstances influence your decision-making? (Probe: What resources (financial/ social/ cultural) did you have that helped? (Probe: What limited your decision-making?) (Probe: What obstacles have you overcome in your desire to have children? Why? Fostering/ Adoption/ remaining childless?) Probe: What other decisions did you make that now were not as important as they seemed then?)

RESEARCH OBJECTIVES	**KEY RESEARCH QUESTIONS**	**SUBQUESTIONS**	**INTERVIEW SCHEDULE OF QUESTIONS**
3. To explore the meaning of establishing families, including temporal aspects, of the experience of involuntary childlessness and infertility decision-making.	3. What are the key influences that shape the meanings of establishing families amongst infertile couples? How do temporal perspectives influence their understanding of these meanings?	Do experiences of IVC and infertility change over time, if so how and why? What perceptions about establishing families are changing and why? What are people's perceptions of natural / biological and social connections in families? Do these change? How is time experienced when living with involuntary childlessness? How do perceptions of time change over the childbearing years? Can you describe whether any of your decisions were	10. How did you see your future at this point either with children or without children? Why? (Probe: What were your circumstances at this time? (Probe: How did this change over time?) 11. How did you decide what to do? (Probe: What influenced your decision-making at this stage? (Probe: Why did you make those decisions? (Probe: What social, cultural, economic factors influenced your decision-making?) 12. How did any perceptions of time influence your decisions through 'the ideal childbearing years'? (Probe: How did perceptions of time influence the decision-making process?) (Probe: How was your decision-making process time conscious? Or not time conscious?) 13. How did you understand what influenced your decision-making?

		time conscious?	(Probe: How did questions of a future with or without children work out in your experience during these years?) 14. Looking back what changed if anything in your situation over time? And what remained constant? What have you 'become'? (Probe: how did what was really important to you about having children change or not over time? (Probe: How timings were experienced in relation to their issue of involuntary childlessness?) (Probe: future what have you 'become') **Check out:** How has it been talking about your past experiences?

Appendix B

Ethics Approval

Performance, Governance and Operations
Research & Innovation Service
Charles Thackrah Building
101 Clarendon Road
Leeds LS2 9LJ Tel: 0113 343 4873
Email: ResearchEthics@leeds.ac.uk

UNIVERSITY OF LEEDS

Joy Walker
School of Sociology and Social Policy
University of Leeds
Leeds, LS2 9JT

ESSL, Environment and LUBS (AREA) Faculty Research Ethics Committee
University of Leeds

26/06/2015

Dear Joy

Title of study: **Decision-making, contexts and time in assisted conception and adoption**
Ethics reference: **AREA 14-151**

I am pleased to inform you that the above research application has been reviewed by the ESSL, Environment and LUBS (AREA) Faculty Research Ethics Committee and following receipt of your response to the Committee's initial comments, I can confirm a favourable ethical opinion as of the date of this letter. The following documentation was considered:

Document	Version	Date
AREA 14-151 Committee Provisional.doc	1	26/06/15
AREA 14-151 June amendments Ethical Review Form V3 Joy Walker.doc	2	26/06/15
AREA 14-151 Amended Supporting Documents Appendicies A B C D.docx	2	26/06/15
AREA 14-151 Risk Assessmnet Fieldwork RA form Joy Walker.doc	2	26/06/15

Please notify the committee if you intend to make any amendments to the original research as submitted at date of this approval, including changes to recruitment methodology. All changes must receive ethical approval prior to implementation. The amendment form is available at http://ris.leeds.ac.uk/EthicsAmendment.

Please note: You are expected to keep a record of all your approved documentation, as well as documents such as sample consent forms, and other documents relating to the study. This should be kept in your study file, which should be readily available for audit purposes. You will be given a two week notice period if your project is to be audited. There is a checklist listing examples of documents to be kept which is available at http://ris.leeds.ac.uk/EthicsAudits.

Yours sincerely

On behalf of Dr Andrew Evans, Chair, AREA Faculty Research Ethics Committee

Recruitment Email

Re: Decision-making in IVF and adoption study

Dear

As you know I've been studying for a PhD at the University of Leeds. You may have already spoken with me or been recommended by a friend or colleague to participate. My research project is asking couples to look back after having IVF treatment, at least 6 months to 10 years ago, at their decision-making through assisted conception or decision-making to adopt.

You may have had either unsuccessful or successful IVF treatment – I'm interested in both of these experiences. Also this study hopes to recruit couples who do not have children as well as couples who have become parents through adoption or IVF. Interviews will ask couples jointly about their experiences and perceptions of navigating IVF and / or adoption. This will include the circumstances influencing your decision-making, the types of decisions you made, whether time featured in decision-making and how you decided various aspects of the process.

I have attached the questions that I will ask with this email for you to read. I'm very happy to answer any questions you may have about what's involved in taking part or further details about the study. This study has ethical approval.

If you would be willing to be part of this study, please let me know by email or text me. I really appreciate your time and look forward to hearing from you.

Thank you.

Best wishes

Joy Walker

PhD student
School of Sociology and Social Policy
University of Leeds
PhD student Email: J.L.Walker06@leeds.ac.uk or
Work Email:
Mobile:

Appendix C

Interviewee profiles

Occupations, IVF and adoption history and number of children

Key: DC - Donor Conception; SC - Spontaneous Conception PC -Posthumous Conception

Int No.	Pseudonym	No. of children	Occupation	Employed/ self employed	No. IVFs Adoptions
1	Karen Brian	1 son IVF	Photographer Company Director	S/E E	1 IVF
2	Cathy Tim	1 daughter IVF	Teacher Statistical analyst	E E	9 IVFs
3	Jill David	1 daughter IVF + pregnant SC	Lecturer Statistical analyst	E E	3 IVFs
4	Rachel Evan	2 Twins Adoption	HR Freelance GP	S/E E	3 IVFs 1 Adoption
5	Juliette Harry (divorced)	1 daughter IVF	Lecturer	E	1 IVF Funded
6	Suzanne Ryan (separated)	1 daughter SC	Health worker	E	No IVF/Adp
7	Joanne Peter	1 daughter Adoption 1 daughter from a previous relationship	HR Manager Freelance Adviser	E S/E	No IVF 1 Adoption
8	Hannah James	2 sons IVF + SC	Business Manager Business Manager	E E	2 IVFs
9	Amy Euan	1 son IVF	Doctor Nurse	E E	4 IVFs
10	Abi Ben	 Failed IVF	Freelance journalist Civil Servant	S/E E	2 IVFs
11	Heather Reece	2 Twins IVF	Librarian Lecturer	E E	4 IVFs
12	Sarah Phil	1 son Adoption	Receptionist Lorry Driver	S/E E	1 IVF Funded
13	Becky Paul (died)	2 sons 1 SC 1 IVF PC	Police	E	2 IVFs
14	Vicky William	2 daughters Adoptions	Hospitality Catering	S/E S/E	No IVF 2 Adoptions
15	Alice Robert	1 son IVF DC - sperm	Teacher Retired teacher	E	2 IVFs DC
16	Beth Neil	1 son Adoption	Solicitor IT Analyst	E E	2 IVFs 1 Adoption

17	Nicky John (working)	2 IVF DC - egg	Public Relations Company Director	E E	7 IVFs DC
18	Vanessa Simon (working)	2 daughters Adoption	Health worker Freelance	E S/E	No IVF 1 Adoption
19	Helen Mike	2 sons Adoption	Catering Manager Plumber	S/E S/E	No IVF 1 Adoption
20	Fliss Hugh	 Failed IVF	Nurse Trader	E S/E	6 IVFs

Those who did not take part

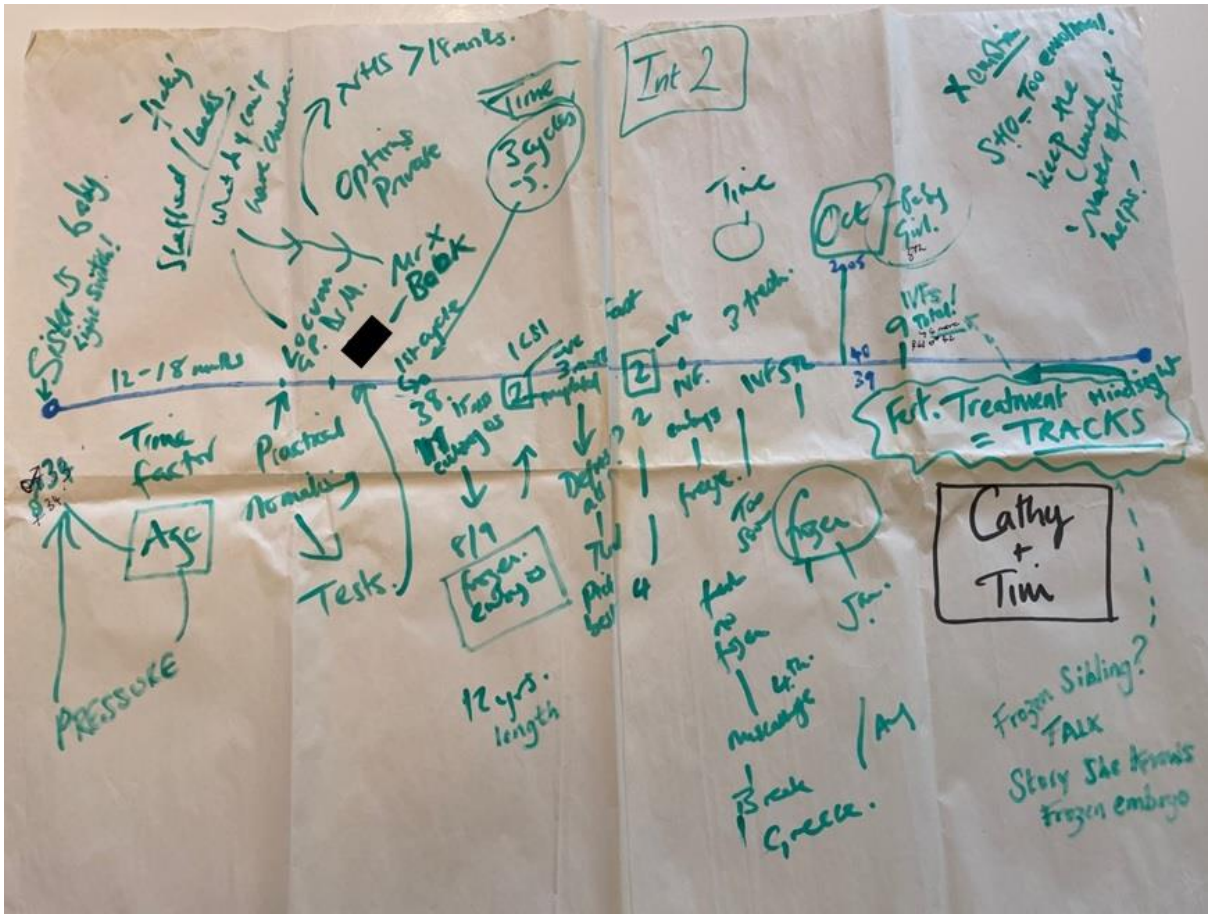
In	Pseudonyms	Reason	Outcome after IVF/Adoption
5	Harry	Divorced Too painful & difficult	IVF daughter
6	Ryan	Separated Too difficult	No IVF no adoption Daughter spontaneous conception
13	Paul – died	Died	Sons x2 (posthumous conception X1)
17	John	Working	IVF egg donors – daughter & son
18	Simon	Working	Adoption – two daughters

Also approached – Declined

Reason: Declined To take part	Outcome after IVF/Adoption
Too painful to talk	Couple secondary infertility after 1st son adopted 2nd son
Partner uncomfortable sharing situation or his partner taking part in the study	Couple ended IVF failure
Too painful to talk	Couple ended IVF failure
Too difficult to talk	Couple ended IVF failure

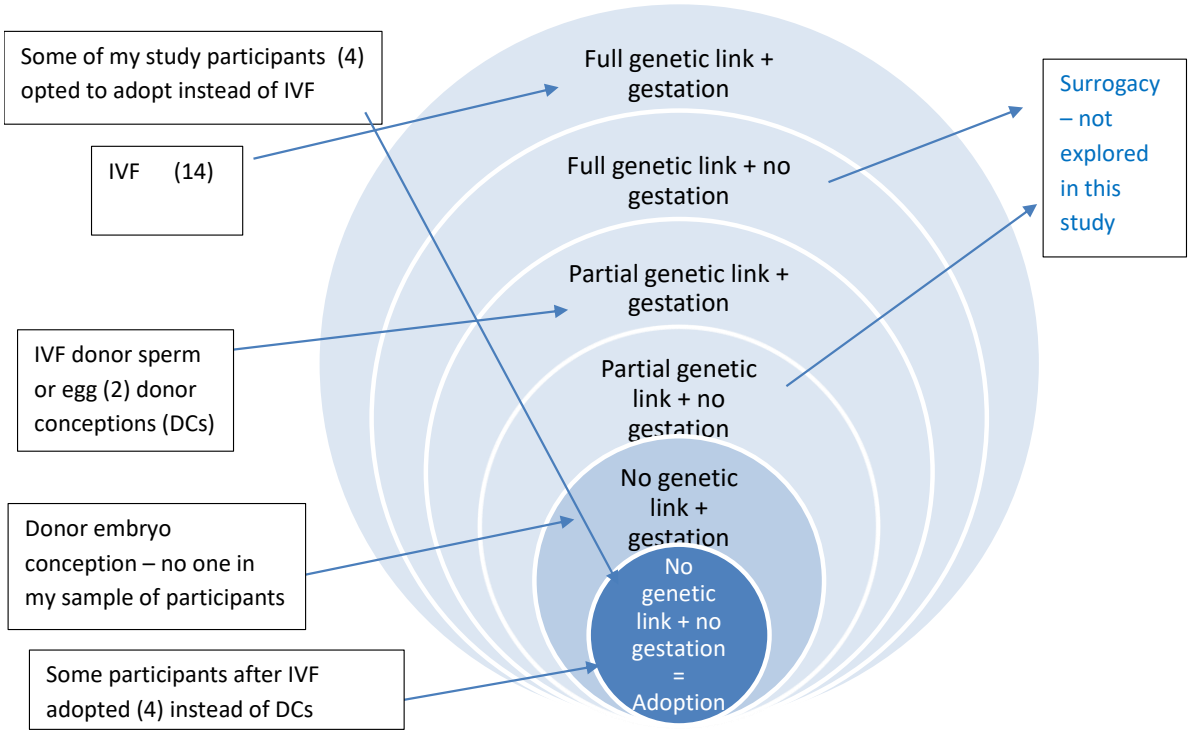
Please note to protect participant's confidentiality fuller pen portraits of family profiles have not been included.

Exemplar timeline map



Reconfigured meanings rather than spiralling preferences

My study findings suggest rather than spiralling of preferences that reconfigured meanings in families are produced in IVF and adoption decision-making - see text boxes for options taken.



Source: Spiralling of preferences of genetic, gestational and social links between parent and child – adapted from Van den Akker (2010, p 165).

Figure 2: Reconfigured meanings rather than spiralling preferences

Appendix D

Thematic coding framework

1. **Disruption**
    - No pregnancy
    - Halts expected life stage – loss/failure/disrupted futures
    - Dislocation from pregnant peers (Excluded)
    - Conflict
    - Biological time frame upset/ future uncertainty
    - Preoccupation with timings
    - Pregnancy not easy but difficult
    - Grief
    - Imposed decision

2. **Infertility Circumstances**
    - Unexplained
    - Primary infertility
    - Secondary infertility – early menopause
    - Age factor
    - Combined couple factors
    - Pregnancy risks to health (female) / Life threatening disease (male)
    - Others mistake circumstances (childfree)
    - Counselling re circumstances particularly donor conceptions

3. **Expectation/ Life perspective**
    - Have a family – once career established
    - Pregnancy assumed
    - Transition to parenthood
    - Baby focus
    - Expect a child in life
    - Family life

4. **Resources / Contextual factors**
    - Own knowledge and information finding – negotiate referral
    - Questioned the statistics
    - Timings in decisions
    - Finance
    - Locality – access NHS IVF/private
    - Social networks

- Other people's past experiences IVF/ Adoption

5. **Social relationships**
    - Closeness in couples' communication
    - Concealment/ telling certain people
    - Prospective grandparents aware/unaware
    - Tension/misunderstanding with siblings/ peers
    - Other couples' babies withdraw/embrace
    - GP & investigative professional encounters

6. **Timings**
    - Timings with peers/siblings (off time with friends, sibling cohort)
    - Timings anxiety/ pressure – get referral in early
    - Out of time/ biological time reserves low
    - Conflict / timings other life goals (career)
    - Hope it will just happen/ Put off IVF

7. **Decision context**
    - A question of IVF?/ wait keep trying?/ Hidden from others
    - IVF as effort/ work/ rapid decisions based on circumstances/ constraints
    - Negotiating many complex IVF decisions/ end/ IVF repeat IVF fail/ uncertainty
    - Consent about the future - posthumous conception - never expected
    - Donor conception - biological connection important/ less important
    - A question of adoption? Connections that matter rather than biological
    - Adoption as effort/work/negotiating complex adoption decisions/ matches

8. **Negotiations in practice**
    - Time pressure, emotional turmoil, loss of imagined family
    - Baby focus in IVF onto IVF baby success - families genetic biological related
    - Adopt rather than IVF after fertility specialist appointment/ circumstances
    - Financial circumstances, unable to do IVF, ongoing IVF funding, parents help
    - Family focus in IVF failure onto donor conception - families with a mixture of genetic, biological and social connection negotiated

- Family focus in IVF failure onto living without children in families – Family is sustaining our relationship.
- Family focus of siblings – try IVF again after one success but repeated failures
- Family focus in IVF to posthumous conception with a genetic connection after death of one parent
- Family focus in IVF failure to child adoption - focus forever families

9. Imagined Family through the journey

- Telling parents announcing a pregnancy
- Vision of family life doing life together
- Close family relationships
- Resemblances – looking like one of us
- Our own family
- Child of our own, our DNA
- Children – several kids as a big family
- Siblings, so one child is not alone

10. Family Meanings

- Family relatedness, genetic biological family important IVF
- Perceptions alter - own experience, histories, family context
- family life doing life together
- Family relatedness what's important to us (donor conception)
- Forever family close social connections, celebrate (adoption)
- Looking like each other, acting like each, being, doing
- Resemblances – adoption selection, Donor conception selection, Family life
- We are family the two of us – family focus IVF fail

11. No Disclosure

- Concealing evidence of IVF treatment/ appointments/hiding drugs in the fridge
- Not telling close friends or family about IVF
- Protect family emotional distress
- Couples close relationship/protect boundary, decide to tell nobody at the start
- Secrecy – not telling parents or wider family about donor conception or IVF
- Keeping up appearances to others
- Avoidance – story how became a family – unsure how to, unsettle relationship

- Avoid - Not the story you want - upset child

12. Disclosure

- Imagine disclosure – loss, change
- Imagine disclosure - past circumstances family too complicated, threat, stigma
- Circumstances disclosure, emotional support,
- practical IVF help,
- Financial support fund IVF
- Adoption intention/family response – threat, terrified, stigma, dynamics change
- Manage family disclosure dynamics think who to tell/not to tell
- Openness donor egg conception Acknowledge to children, frozen embryo
- Acknowledge – retell story to children

13. Ongoing

- Decisions about frozen embryos, use, destroy, donate
- Other siblings born waiting for adoption
- Connections with other adoptive siblings
- Decisions about this never end/ long journeys
- Negotiations with wider family
- Experience it’s always there
- Effort and negotiation wider family
- What do we say to our children

Thematic analysis grid

Family imagined & produced, Disclosure practices & Family Involvement

Key: D = Disclosure ND = Non-disclosure (secrecy) circs = circumstances

FI = Family Involvement NFI = No Family involvement

Int No.	Pseudonyms	Family imagined	D/ ND	Family produced D /ND & FI	Socio-economic circs	Length of Journey
1	Karen Brian	Family of siblings - more than one child.	**D**	IVF Family son (IVF frozen embryo cycle) **D & FI**	High	4
2	Tim Cathy	Biogenetic family of siblings.	**D circs**	IVF family daughter (IVF frozen embryo cycle) **D & FI**	Middle	9
3	Jill David	Biogenetic family siblings	**D**	IVF family daughter (frozen embryos) spontaneous conception daughter **D & FI**	Middle	6+ Ongoing
4	Rachel Evan	Vision of family with wide meaning	**ND**	Adopted siblings **D & FI – circs**	Middle	5 Ongoing
5	Juliette	Genetic biological family	**ND**	Single parent IVF family daughter **D & FI – circs**	Middle	2
6	Suzanne	Family with more than one child - siblings	**D**	Single parent family + daughter **D FI** – circs (Secondary infertility early menopause, adoption attempt)	Low No IVF	4

7	Joanne Peter	Family blended with Peter's daughter	**D circs**	Adoptive family daughter + sister **D & FI – circs**	Middle No IVF	4+ Ongoing
8	Hannah James	Genetic resemblance	**ND**	Family IVF Son Spontaneous conception **D & FI – circs**	Middle	7
9	Amy Euan	Big family genetic biological	**D circs**	Family IVF Son **D & FI**	Middle	7
10	Abi Ben	Family connected together resemblances	**ND**	IVC family **D & FI**	Middle	7 Ongoing
11	Heather Reece	Vision of family looking like each other	**D circs**	IVF Family Twins **D & FI circs**	Middle	4 Ongoing
12	Sarah Phil	Our own child	**D circs**	Adoptive family son **ND**	Low No IVF	12 Ongoing
13	Becky Paul	Big biological family	**ND**	IVF posthumous conception x1 2 x sons **D & FI – circs**	High	6 Ongoing
14	William Vicky	Own family	**ND**	Adoptive family daughters **D & FI – circs**	Low No IVF	13 Ongoing
15	Alice Robert	Own family	**ND**	IVF Family donor conception son Donor sperm **ND NFI**	Middle	10 Ongoing
16	Beth Neil	Genetic biological family	**D circs**	Adoptive Family Son **D & FI – circs**	High	4 Ongoing

17	Nicky John	Big biological family with genetic relationships	**D circs**	IVF Family daughter and son Donor eggs X2 donors **D & FI – circs**	High	6
18	Vanessa Simon	Own family	**D circs**	Adoptive family daughters **D & FI – circs**	Low No IVF	5 Ongoing
19	Helen Mike	Own biological genetic Family	**D circs**	Adoptive family sons **D & FI – circs**	Low No IVF	6 Ongoing
20	Fliss Hugh	Own genetic biological family	**ND**	IVC family **D & FI**	High	11

Appendix E

A conceptual diagram of early In/fertility Journeys

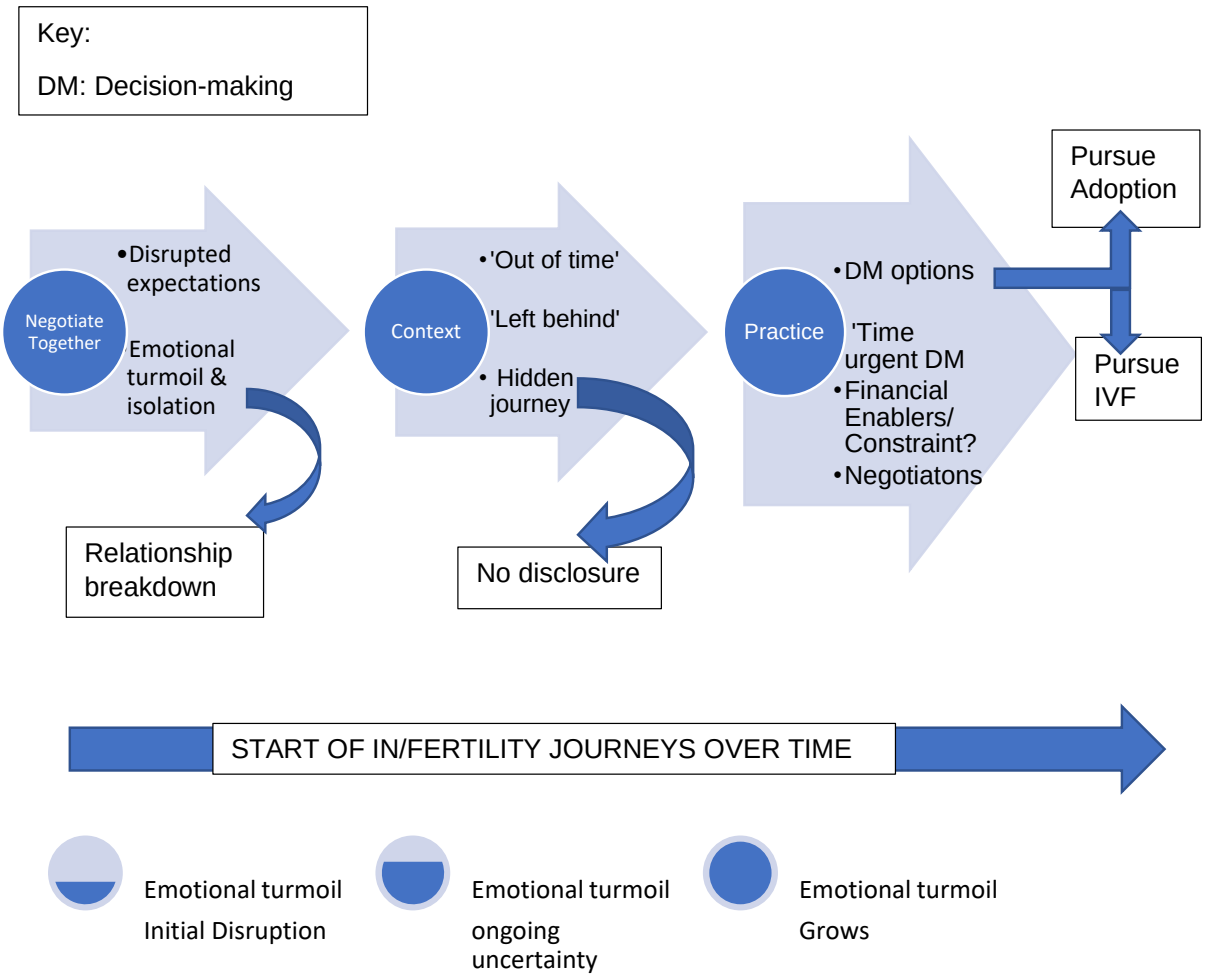


Figure 3: A conceptual diagram of early In/fertility Journeys

A conceptual diagram reconfiguring meanings of families

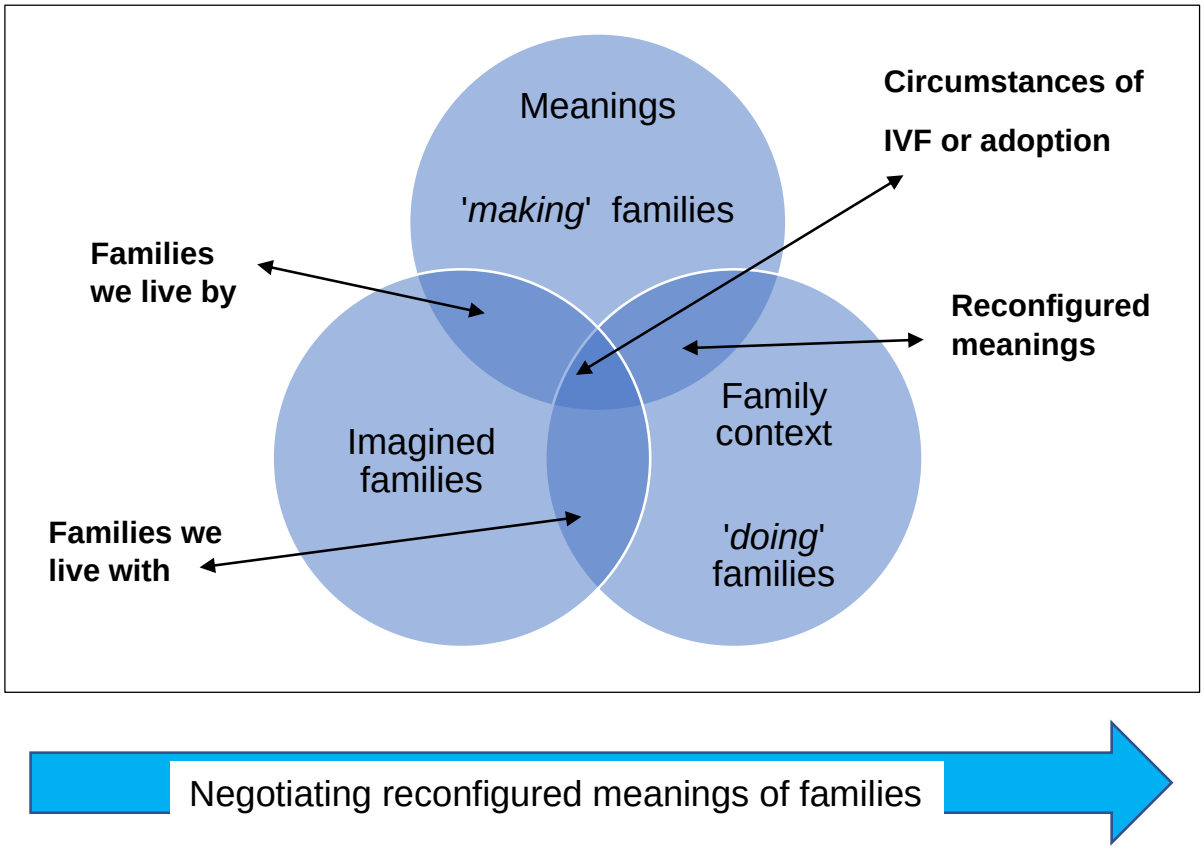


Figure 4: A conceptual diagram reconfiguring meanings of families

A conceptual diagram of disclosure practices 'doing' families

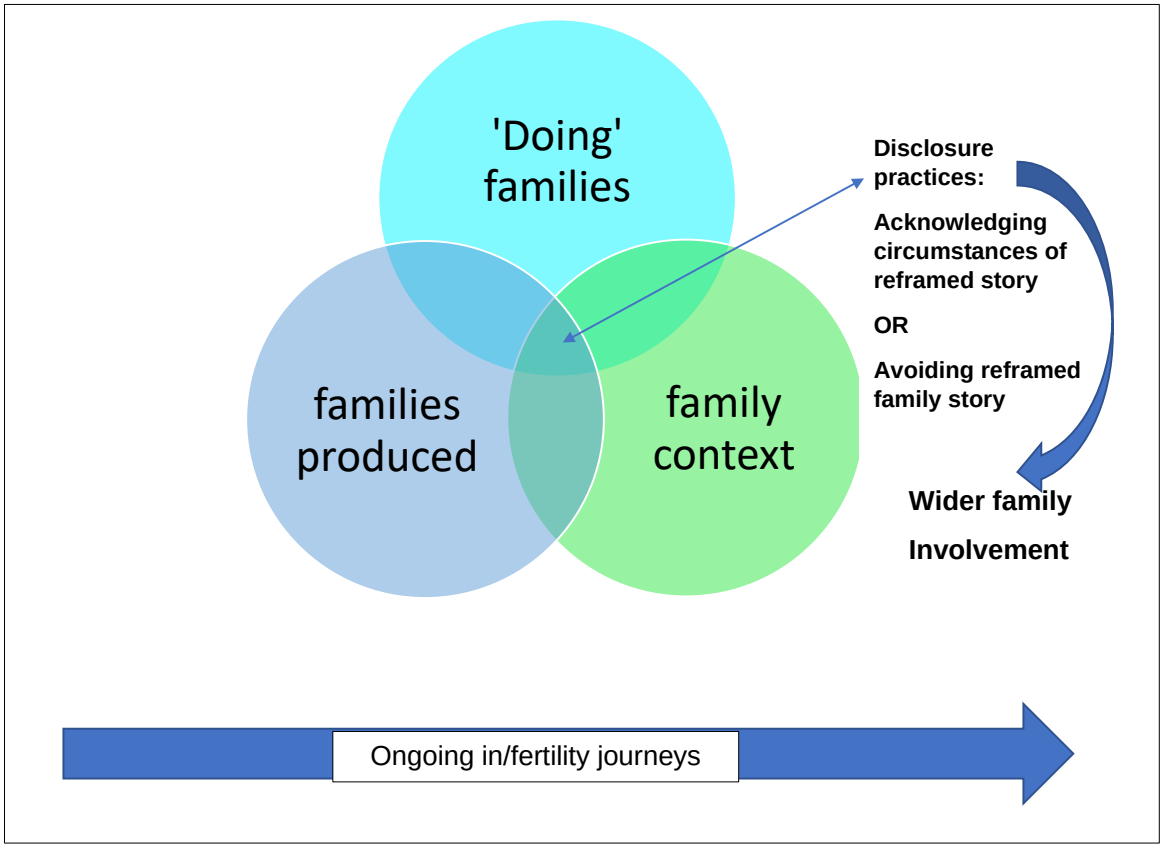


Figure 5: A conceptual diagram of disclosure practices 'doing' families