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PLASS TIL ALLE: *INTIMACY, BIOLOGICAL RELATION, AND NATION IN NORWAY*

A dissertation submitted in partial satisfaction
of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

ANTHROPOLOGY
with an emphasis in FEMINIST STUDIES

by

Suraiya Anita Salim Amirali Jetha

June 2021

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Abstract

Plass til Alle: Intimacy, Biological Relation, and Nation in Norway

Suraiya Anita Salim Amirali Jetha

Origin stories of the Norwegian social democracy tell a story of the modern state's triumph over biological based kinship as a source of social organization. By these accounts, throughout the twentieth century, bureaucracies intervened in the nuclear household to ensure that the tyranny of patriarchy would not impede women's and children's status as equal citizens to their fathers, brothers, and husbands. However, these origin stories do not account for the emergence of Norwegian biotechnology legislation which, in regulating reproductive technologies, actually intensified the role of biological substance in defining family relationships and personhood in the late twentieth century and early twenty first century.

This dissertation examines the apparent ambivalence towards biological based kinship in Norway: at once, antithetical to modern society and yet indispensable in the modern state's administration of Norwegian citizens. Drawing on sixteen months of ethnographic research in Norway, Denmark, and Sweden, Jetha's research analyzes the kinship practices of users of reproductive technology and gamete donation ("donor mothers"), in particular queer mothers: women who reproduce without men. Analyzing interview data, Norwegian media and literature, and Norwegian legislation, Jetha argues that donor mothers regard biological relation in ways that lawmakers and fertility industry executives do not anticipate. Donor mothers draw subtle distinctions between the significance of "blood" and "genetics," the former signaling a substance that creates relations between "donor siblings" (children with a sperm donor in common) and the latter a source of knowledge about oneself or one's child. Although Norwegian lawmakers have, for the last forty years, attempted to legislate sperm donors' significance to the families conceived with their assistance, Norwegian donor mothers show little interest in relating to their children's genetic connections to their donors; if anything, donor mothers show more interest in using blood relations to cultivate donor sibling ties. Jetha further argues that race and nation circumscribe how one's use of biological substance is recognized by the Norwegian state. Analyzing disputes between the Norwegian state and couples of Asian and African descent trying to use donor insemination to conceive, Jetha shows how the Norwegian state's attempts to effect equality actually result in the production of inequality.

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My *lola*, Teresita Panganiban Nepomuceno, died in 2019. In 2018, a month before her death, she told me that after finishing a bachelor's degree in chemistry, she was shortlisted to enroll in a PhD program at the University of the Philippines. The dean told her he would not admit her to the program because he could not hire her to teach; she was too soft spoken and too small in stature to control a lecture class of undergraduate students. I was stunned when she told me this - such a meek version of my grandmother was unimaginable. To me, she emanated power, not a power over others but a power to make things happen in the world. When I enrolled at UCSC, she wrote that she and Lolo hoped they would be around to see me become a "special *doktora*." At times I feel regret that I did not finish before she passed, but multiple times in the final weeks of dissertation revisions, I felt her presence in and around me. I dedicate this to her, and I hope to celebrate with her in my dreams very soon.

Introduction

On the evening of January 1, 2019, the Norwegian Broadcasting Corporation (NRK) aired the Conservative Party Prime Minister Erna Solberg's annual New Year's Address to the Norwegian nation.[1] As she did in previous years' addresses, Solberg stood before a sleek three-sided fireplace in a sitting room decorated with a Christmas tree, pine boughs, and candles.[2] In contrast to many of her predecessors[3] who, like newscasters, spoke from large desks in front of plain walls, Solberg appeared to address the citizens of the nation from her home to theirs.

In her 2019 address, Solberg focused on childhood and children. Opening with platitudes about youth, she described the idylls of a good childhood which, she stated, was the basis of a good life and therefore, the foundation of a good society. Among the challenges children faced, Solberg intoned, was poverty. Most low-income families, she claimed, were of immigrant background; she pledged that her government would support a new initiative for an "integration boost" (*integreringsløft*) to help immigrant parents find work.

In an abrupt change of subject, Solberg turned to aging and the family form. The family, she insisted, was the most important community one had, and in "earlier

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[1] A recording and transcript of the address are available at https://www.regjeringen.no/no/aktuelt/statsministerens-nyttarstale-2019/id2623249/ .

[2] The speech is delivered at Parkveien 45, one of the buildings that houses the Prime Minister's office

[3] Solberg's immediate predecessor, Jens Stoltenberg, began delivering the New Year's address from the same sitting room used by Solberg. However, Stoltenberg remained seated at a large desk, like his own predecessors. See https://tv.nrk.no/serie/statsministerens-nyttaarstale for recordings.

times," the family was the source of support for the elderly. Although the local governments and the healthcare system now managed elder care in state-funded nursing homes, Solberg insisted that the "solidarity between generations" remained unchanged. "Our society," Solberg stated, "functions because parents care for their children. And employable people care for the elderly." This model, Solberg continued, would become problematic in the coming decades due to Norway's declining birthrate. Solberg paused, smiled wrily, then said, "Norway needs more children! I do not think I need to explain how this is done."

Within days of the airing of the address, popular news outlets criticized Solberg's speech as political opportunism, an attempt to bolster her party's shaky alliance with the Christian Democratic Party (*Kristelig Folkeparti*, or KrF). Solberg's New Year's Address aired the day before her party, the Conservative Party (*Høyre*, H), would begin negotiations with the Progress Party (*Fremskritsspartiet*, FrP) and KrF leadership on new terms for their coalition (Ruud 2019). Solberg's critics concluded that her address was "shamelessly" tailored to please KrF leadership and members (Strand 2019). NRK, the same national media company that aired her speech, noted later in the day that her address "oddly resembled" speeches given at KrF's national meeting the previous November ("*Lag flere barn*" 2019).

In addition to accusations that her speech was mere pandering to the party responsible for keeping her in power, Solberg's address was met with "little enthusiasm" by people beyond the KrF and H-coalition camps (Skårderud and Gullestad 2019). Newspapers published interviews and op-eds in which people argued that the government's own policies created the demographic problem that Solberg described. The spokesperson for the political party Feminist Initiative[4] (*Feministisk Initiativ,* or FI), Cathrine Linn Kristiansen, rejected the idea that low birth rates were a problem for the welfare state at all; Kristiansen insisted that the government's restrictive immigration and aggressive deportation policies contributed to Norway's demographic problems. "If the government thinks there are too few children, they could start by keeping the ones we have rather than deporting young people to Kabul," Kristiansen stated, referencing Solberg's aggressive deportation of Afghan refugees and asylum seekers.

The political drama surrounding Solberg's speech and the concomitant criticism of Solberg highlighted a perennial dispute in Norwegian politics: should Norway's need for population growth be met by increased immigration or a more robust birthrate? Underscoring this question is a deeper anxiety about Norway's national identity: what becomes of the national family when its newcomers are from outside rather than grown from within? The production of the Norwegian nation lies in the staging of these questions rather than in any proposed solution. The questions imply that a bounded Norway exists, defined by its timeless interior, and the debates inspired by the question give rise to the opportunity to define Norway's national identity as a beneficent "humanitarian superpower" or as a community built through

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[4] Norway's Feminist Initiative is a political party with a self-identified feminist platform. The party was formed in 2015, modeled after Sweden's Feminist Initiative (FI) party formed in 2005. Sweden's FI garnered national media attention for its platform, which included a proposal to expand civil unions such that they included all voluntary forms of cohabitation.

contribution to a social democratic state.

Solberg's address relies on a specific invocation of heterosexual biological reproduction as the preferred means to grow a nation, consistent with Norway's pronatalist social policies. However, biological relations, the product of heterosexual biological reproduction, have a fraught relationship with broader notions about what biology does as a substance of social collectives and relations. In the 1980's, origin stories of Norwegian social democratic state emerged that framed biologically-based relations as a threat to equality (Jacobsen 2018). Per these narratives, the state's intervention in the nuclear household ensured that biological differences between men, women, and children did not give rise to unequal power relations between husbands and wives or fathers and children (Melby et al. 2001). This conceptualization of state and society, "statist individualism," frames the state as the liberator of the individual from social, cultural, and religious powers and dependencies; gender equality, sought through men's and women's equal division of paid and unpaid domestic work, was subsumed within the promotion of autonomy championed by state individualism (Jacobsen 2018:313, 316). Through material support and liberalizing the terms of divorce, lawmakers intended for the Nordic model to overcome biological difference such that women, as mothers, and children could avail themselves of state support directly (See Trägårdh 2007). By this logic, a direct link to the state made women and children equal to rather than dependent upon their fathers, husbands, and brothers. Women and children did not owe any allegiance to familial patriarchs; the Norwegian social democratic state supplanted biologically based relations as the source of social and political order, a progress narrative which resonated with early- and mid-twentieth century anthropologists' assessments of the relationship between state and kinship (Kuper 1988; Povinelli 2002). Solberg draws on such origin stories in her reference to the "earlier times" when elder care was managed within families rather than by state healthcare systems and local governments, but notably, the work of conceiving, gestating, and raising new citizens for the nation falls to "families," or more specifically women. Although growing a nation from within necessitates biological reproduction, in keeping with broader Norwegian public discourse, Solberg eschews reference to the role of biology in defining a nation. These conceptualizations of the Nordic state model's inception naturalize the heterosexual nuclear family form and biological reproduction even as they frame biological relation as antithetical to modern social order and egalitarianism.

In her invocation of biological reproduction and the household, Solberg's speech excluded queer subjectivities and intimacies from the national family. Implicit within Norwegian formulations of equality that undergird the welfare state is the assumption that inequality was caused by the terms of heterosexual marriage and co-parenting; gender equality, then, was imagined through the figure of the heterosexual woman as a mother, partnered and parenting with a man. Norwegian gender studies scholar Christine Jacobsen has argued that tolerance for non-heteronormative sexuality has, along with gender equality, become a means to draw a border between an implicit white Norwegian "us" and immigrants of non-Nordic descent (2018:314).

But in spite of Norway's championing of "homotolerance," as Jacobsen calls it, as a national value, Norwegian state policy and bureaucratic processes remain structured by the heterosexual nuclear family form. Since 1987, Norwegian lawmakers have restricted access to reproductive technologies and donor insemination to married couples; until gender neutral marriage legislation was introduced in 2009, only women married to or cohabiting with men could access donor insemination and other fertility treatments. In spite of the gender neutrality of marriage law and biotechnology legislation, the bureaucratic process to become a legal parent differs greatly if the non-gestational parent is a woman instead of a man. The Norwegian population register (*folkeregisteret*) records the personal data that nearly all other ministries use as a reference point for Norwegian residents' information;[5] its information confers "paternity and parental responsibility" and parental rights, such as parental leave after a child's birth or family leave if a child or spouse is sick. When a child is born, the register automatically lists the mother's husband as the father; male cohabitants must sign a declaration after the child's birth to confirm acceptance of paternity (Melhuus 2012:72). In contrast, a woman married to a pregnant woman must file a request for "co-motherhood" (*medmorskap*) soon after conception; the request must include documentation from a medical professional that an "open" sperm donor was used in conception, that is, a donor whose identity is available to his donor-conceived progeny upon age eighteen. Upon a child's birth, a non-gestational

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[5] See https://www.skatteetaten.no/en/person/national-registry/about/this-is-the-national-registry/

mother's rights as a parent are not recognized unless this request is approved.[6] The justification for this documentation is that children have a legal right to know their "genetic heritage," but this documentation is not required for heterosexual couples who have used donor insemination. Although biological relation is an inappropriate basis for social organization, biotechnology law enshrines the inheritance of biological substance as a non-negotiable part of a person's identity, thus mandating the presence of a male-bodied genitor in reproduction. As Ulrika Dahl has noted in Sweden, motherhood is only "conditionally extended to lesbians" provided they do not stray too far afield of normative notions of kinship (2018:1033).

Solberg's speech proffered an image of Norway that was not only heteronormative but also white. Most immigrants to Norway are citizens of Nordic countries who seek the higher pay offered in Norway,[7] but Solberg's linking of "immigration" with "unemployment" references immigration from non-Nordic countries without explicitly naming markers of difference like race or religion race or religion. Solberg implicitly championed the biological continuity of a white Norway while suggesting that immigration from non-Nordic countries threatened cultural rupture coded in her speech as unemployment. Solberg's equation of immigration to unemployment gestured towards notions of belonging based on contribution (*bidrag*) to the labor market and the social democracy more broadly (McKowen 2020). Though Solberg proposes that Norwegians make more children, in referencing the

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[6] See https://www.skatteetaten.no/person/folkeregister/fodsel-og-navnevalg/soknad-om-medmorskap/

[7] See https://www.ssb.no/en/befolkning/statistikker/innvgrunn

need for an “integration boost” and more support for the children of immigrants, her address foreclosed the possibility that one with roots elsewhere could contribute to the nation and fully become a child of Norway. Attempting to increase the population by grafting newcomers from outside, Solberg suggested, would draw rather than contribute further resources from the Norwegian system. The non-belonging of immigrants and their children, per Solberg’s address, is not a result of a biological difference, but of a social problem. Though Solberg naturalizes biological reproduction as a means to populate the nation, she frames belonging in the social democracy in terms of voluntary participation: “immigrants” are not a part of the nation because of their unwillingness to participate, not because of their lack of biological connection to the national family.

The denial of biology’s relationship to social exclusion is linked to broader reluctance to name “race” in Norway due to long held beliefs that race is a social category defined by biology; like biologically based kinship relations, race science is regarded as a relic of the past. In interviews, staff from anti-racist organizations described how Norwegian public discourse stalled in the 1990’s. Amidst the revelation of Scandinavian mid-century eugenics programs, race was defined as biological difference in contrast to ethnicity as cultural or social difference (Broberg and Roll Hansen 2005). Race as a form of difference was intimately attached to notions of Nazi race science such that when race science was rejected as a way of understanding human behavior and sociality, “race” was also rejected rather than distinguished as a social and historical phenomenon with material effects in the world. Norwegian scholarly inquiry reflects this reluctance to analyze race. In their analysis of citizenship and kinship in Norway, anthropologists Signe Howell and Marit Melhuus argue against the notion that biology determines belonging in Norway, emphasizing that being born to (white) Norwegian parents is not a determinant of belonging (2007). By comparing donor insemination, immigration, and transnational adoption, Howell and Melhuus conclude that "kinning," or the creation of kin ties, to a (white) Norwegian family confers full Norwegian citizenship to transnational adoptees, but that immigrants' "refusal to become as-if Norwegian" by adopting Norwegian social conventions hampers their ability to become fully Norwegian. In arguing against biological determinism as a source of belonging, Howell and Melhuus' argument eschew any consideration of race. They insist that transnational adoptees' "physiognomy" is ignored after they are successfully kinned into a Norwegian family, and they emphasize that although transnational adoptees and immigrants are immediately "recognizably different," immigrants' refusal to adopt Norwegian social conventions or kinship practices impede (white) Norwegians' ability to "include [immigrants] in their imagined moral community" (2007:60, 65-66). In contrast, transnational adoptees' kinning to white Norwegian parents distinguishes them from the children of immigrants whose parents are not white and Norwegian. The subtext of their analysis is that race, coded as visible difference or physiognomy, does not influence belonging to or exclusion from the Norwegian national family and that the Norwegian national family is not closed off to people without connection to (white) Norwegian families. Howell and Melhuus manage to justify the timeless continuity of Norway that Solberg's speech gestures towards but without the implicit reliance on biological determinism or whiteness as requirements to being Norwegian.[8]

This dissertation examines the production of the Norwegian nation and citizenship through the apparent ambivalence towards biology as a kinship substance: the preferred mode of populating Norway's future and yet an antiquated relic, antithetical to modern life. My analysis investigates biological reproduction and kinship practices amongst queer mothers, that is, women who reproduce without men. My use of "queer" draws on the use of Nordic organizers I interviewed and feminist scholars who attend to the queering of reproduction made possible by the availability of reproductive technologies and gamete donation (Andreassen 2018; Dahl 2018b). Despite Norwegian biotechnology law's restrictions on access to fertility treatments mentioned above, private clinics in nearby countries allow broader access to donor insemination as well as fertility treatments such as IVF; regardless of partnership status, a Norwegian person with a uterus can use donor insemination in Denmark, Finland, or Russia provided they meet other age- and weight-based criteria.[9]

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[8] Scholarship on transnational adoption in Sweden and Denmark has analyzed the experiences of adoptees themselves, highlighting how Howell and Melhuus' research centers the experiences of adoptive parents. Tobias Hübinette's (2009) and Lene Myong's (2021) research directly contradict the notion that Swedish and Danish adoptees' race or visible difference from their parents is "ignored."

[9] Age and weight restrictions vary by country and by clinic. In Denmark, for example, the national cut off for fertility treatment is 40, whereas private clinics treat people up to age 46. (https://www.vivaneo.dk/en/your-circumstances/woman-at-40-years/). In interviews conducted in 2012, staff in different Danish clinics mentioned weight restrictions that depended on the clinic's discretion. Staff justified restrictions by citing the link between weight, age, and high-risk pregnancy.

Since before clinical donor insemination was widely available, Norwegians have reproduced queerly, for example, making co-parenting arrangements between gay and lesbian couples or using donor insemination at home with a friend or acquaintance who has no interest in co-parenting. But these arrangements differ from clinical donor insemination; without a sperm bank intermediary, co-parenting and known donor arrangements can still produce the appearance of a heterosexual two-parent family constellation recognizable to the welfare state bureaucracy.[10] In contrast, because sperm donors' identities are not available to parents until they are available to children (at age 18), the availability of donor insemination has created the opportunity to reproduce in the absence of paternity, a family constellation that is out of joint with Norwegian bureaucratic processes and social convention. My research focuses on motherhood and reproduction in the absence of paternity, attending to the ways that anxieties about the family form, identity, and citizenship naturalize biological substance. The kinship practices of single women and lesbian couples who try to conceive or successfully conceive without men work across purposes of the Norwegian social democracy, and queer mothers' encounters with the state

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[10] Co-parenting arrangements are still precarious. In constellations with more than two parents, the parents who do not appear on the birth certificate have no legal claim to custody or guardianship in the event of other parents' death or the dissolution of a relationship. Further, without legal recognition as a child's parent, one cannot avail oneself of leave benefits that were established in the name of parental and gender equality (leave to care for a sick child or even parental leave to bond with a new child). Because of this precarity, people I interviewed in Norway believed that co-parenting between two couples was a better option for people who had a high level of financial security. Known donors who do not wish to co-parent, on the other hand, can appear on birth certificates and then relinquish their parental rights such that the non-gestational parent can legally adopt the child.

demonstrate how heterosexual partnership is deeply ingrained in both Norwegian notions of motherhood and ideas of the nation itself. In spite of Solberg's coy demurral about the facts of life ("I don't think I need to explain how this is done"), making more children for Norway is a difficult task that Norwegian legislation and medical infrastructure has made all the more complicated. In addition to the reduction of maternity care due to sweeping budget under Solberg's administration (Skåderud and Gullestad 2019), access to fertility treatments and recognition as a legal parent in Norway are modeled on the heterosexual two-parent nuclear family form. The movement of queer mothers and women trying to conceive instantiate and traverse the borders of the nation, borders which have been far more mutable and permeable than Solberg's address would suggest. Although origin stories of the social democracy proffer fantasies of a future comprised wholly of altruistic relations untethered from biology's burden, encounters with the state and queer mothers in Norway, and in Scandinavia more broadly, demonstrate that the intensification, not lessening, of biology's importance in legislation on kinship becomes a means to police queer family formations.

Queer Motherhood in Scandinavia: Making Kin, Making Nation

My dissertation joins a growing corpus in critical kinship studies on queer motherhood, reproductive technologies, and the Nordic welfare state. Normative accounts of the Nordic model frame gender equality as the cornerstone of the social democratic state. Political scientists and popular accounts narrate the social democratic state's emergence through intervention in women's lives and the household. Generous parental leave and accessible childcare made it possible for women to participate in the labor market and to have children, and divorce policy and a robust social safety net allowed for women to leave unhappy marriages (Melby et al. 2001). Swedish political scientist Lars Trädgårdh has called this model of state and society "state individualism," where women and children have a direct material link to the state, protecting them from the potential tyranny of the patriarchal family form (Trägårdh 2007).

Gender studies scholars of Scandinavia have identified how this conceptualization of the welfare state and gender equality is premised on heteronormative constructions of motherhood and womanhood. Danish gender studies scholar Mette Bryld argues that Danish political discourse in the late-twentieth century produced "the lesbian" as a problem for the state not in parliamentary debates about sexuality and same-sex marriage but rather in legislative discussion about reproductive technologies; politicians constructed lesbians and single women as "inappropriate women" because of the access to motherhood that donor insemination afforded (Bryld 2001:300). As unfit mothers, lesbians and single women became legible as threats to, rather than stewards of, the future of the welfare state.

Over the course of a few decades, Denmark, Norway, and Sweden have broadened access to fertility treatment. As of 2016, when I conducted fieldwork, donor insemination was available to lesbian couples through the national healthcare systems, and Norway was the only Scandinavian country that still barred single women access to donor insemination. During this time, white middle-class lesbian motherhood became a feature of Scandinavian homonationalism and progress narratives about the acceptance of queer families in spite of scholarship documenting the pressure exerted by heternormative notions of kinship (Dahl 2018b). In Sweden, the growing acceptance of lesbian motherhood did not supplant the figure of the monstrous lesbian mother, but rather emerged in opposition to it. Debates about lesbian motherhood produced the notion of "responsible" mothers who tried to include "something like a father" in their children's lives in contrast to mothers who refused to have a male-bodied genitor or father figure present (Lykke 2000 in Dahl 2018b:1033). Media studies scholar Rikke Andreassen has noted how Danish public discourse increasingly favored open sperm donation, the practice of releasing donors' identities to their respective donor progeny at age 18, precisely because of concerns about the lack of fathers in families headed by lesbian couples and solo mothers (Andreassen 2018:74). Norwegian laws mandating open sperm donation preceded the gender neutral marriage legislation which gave lesbian couples access to reproductive technologies and recognized nongestational mothers as legal parents by virtue of their partnership with gestational mothers.[11] Nonetheless, resonating with Dahl's and Andreassen's insights about Sweden and Denmark, lesbian motherhood in Norway has been legally "allowed" provided queer family forms do not diverge too dramatically from heteronormative two-parent kinship models. This scholarship

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[11] Norwegian lawmakers mandated open sperm donation in its healthcare system in 2005 before lesbian couples were given access to donor insemination by virtue of gender-neutral marriage legislation that took effect in 2009 (Melhuus 2012).

further highlights how biological knowledge of the self, particularly through knowing one's "genetic heritage," has been central to policing queer motherhood.

However, ethnographic research in multiple contexts has long demonstrated that families headed by lesbian couples still incorporate biological processes in their kinship practices, but ways that do not wholly conform to state prescriptions of kinship and biology. American anthropologist Cori Hayden's 1995 essay on queer kinship highlighted her interlocutors' creative reformulation of biology; the non-gestational mother inserting donor semen into the gestational mother's vagina constituted a meaningful act in the process of conception (42). More recently, British sociologist Petra Nordqvist has identified lesbian couples' attempts to choose a sperm donor who can "match" the appearance of the nongestational mother such that the resulting child might resemble both mothers (Nordqvist 2010). For Nordqvist's interlocutors, resemblance can affirm the connectedness of family members, and the lack of resemblance can create distance between family, particularly in the eyes of people beyond the nuclear family, from strangers to the parents' extended kin networks (2010:1135). Thus, like heterosexual couples using donor insemination, lesbian mothers aim to "match" the donor's appearance to the non-gestational parent in spite of the fact that a "successful" match cannot fully mask the participation of a sperm donor in family making. The retooling of biological substance that Hayden and Nordqvist have described is characteristic of queer kinship's relationship to normative kinship practices. American sociologist Laura Mamo has argued that queer motherhood is neither totally subversive nor totally conformist; instead, it is both

(Mamo 2007). Likewise, in her analysis of biology and motherhood, Swedish gender studies scholar Jenny Gunnarsson Payne proffers the notion of “kinship grammars,” suggesting that “rule following” is not “a straightforward procedure” but rather one that ”necessarily entails an element of subversion of the very rule it seeks to apply” (2016:484).

My dissertation builds on this scholarship, attending to queer motherhood in Norway and the friction created by solo mothers’ border crossing, lesbian mothers’ import of donor sperm, and the Norwegian welfare state’s concerns around nation and paternity. I intervene in the scholarship discussed above by demonstrating that the subversion and conformity of queer families creates a ripple effect that impacts the production of the nation itself. My interlocutors’ kinship practices signal the continuity and change of not only the family form but also the national family.

Blood and Genetics: Making Substance and Nation

My dissertation also joins scholarship on the distinction between blood and genetics as kinship substances. The apparent fungibility of blood with genetics as kinship substances has become a productive site of inquiry for feminist science studies scholars analyzing kinship and knowledge production. These insights emerged in response to the initial overestimation of genomics’ potential impacts. Early popular and scholarly accounts of the “new genetics” heralded genomics as the modern incarnation of blood (Nordqvist and Smart 2014:147). By these accounts, genetics promised a more precise reading of one’s identity than blood, which required kin relations for accurate interpretation. Genetics supposedly offered the science behind blood's significance, as if an empirical corrective to folk theories and cultural convention (Franklin 2013:292). These proclamations about genetics' relationship to blood created a progress narrative out of their relationship such that the novelty of genomics research relegated blood to a newly constructed past, analogous to how the labeling of reproductive technologies as "new" produced a notion of "old" or traditional kinship (Strathern 1992).

My research joins and intervenes in scholarship that goes against the grain of such progress narratives about blood and genetics, instead investigating genetics and blood as overlapping products of co-eval knowledge processes. Feminist scholars in have argued that the similarities between blood and genetics are not a result of one evolving from the other. Instead, the apparently isomorphic relationship between blood and genetics is owed primarily to the fact that they both emerge from a cultural context in which kinship and reproduction are construed bilaterally, or through two parent lines (Franklin 2013; Strathern 1995). The inheritance of blood results from reproduction just as genetic inheritance results from the joining of sex cells which contain one half of each parents' DNA. Knowledge about genes "can appear to be about 'kinship', while kinship reckoning can similarly be understood to be 'about genes'" (Franklin 2013:292). Blood and genes, then, are produced by two overlapping albeit separate epistemes (Franklin 2013:294).

My solo mother interlocutors draw on both epistemes in crafting their children's kinship networks and creating archives of documents about their children's donors. Their interest in their children's donor siblings represents their attempt to create bilateral kinship networks characteristic of Norwegian social convention; their children's ties to their donor sibling, as relational ties, are "blood." In contrast, their interest in their respective sperm donors is limited to knowing their genetic substance, or data that may provide the "scripts" of their children's identities (Nordqvist and Smart 2014:149), but by contrast, they have little interest in creating relations out of these shared links.

My research intervenes in scholarship on blood and genetic substance by investigating the implications of progress narratives about blood and genetics as kinship substances. In exploring how people draw on the logics of blood and genetics to create kin relations, anthropologists and gender studies scholars have not fully explored how access to reproductive technologies, as a form of genetic kinship practice, is circumscribed by race.

In her analysis of biologically based kinship and chosen kin in Australia, Elizabeth Povinelli argues that the state idealized gay marriage and family of choice for white settler Australians while simultaneously only recognizing Aboriginal people's land claims when they were backed with biologically based genealogies. In spite of the fact that Povinelli's interlocutors kinship networks were sutured together by both chosen kin and biologically based kin, the Australian state only recognized the kin links that were biologically based, thus relegating Aboriginal people to the "savage slot" of non-modern kinship that, by comparison, distinguished white settler kinship as modern (Povinelli 2002). Though Povinelli's analysis focuses on the contrast between biologically based and chosen kin, her argument emphasizes that within a single national context, the state's administration of kinship differs along lines of race. Further, conceptions of what constitutes non-modern kin are intimately intertwined with old anthropological projects that framed African and Asian kinship as the biologically based source of political order. By Povinelli's account, Australian state property law implicitly reproduces the association between non-modern kinship, biologically based kinship, and the non-Western Other.

While conducting fieldwork in Norway in 2016, I found that Norwegian authorities relied on similar colonial narratives about societal evolution and kinship in determining which kinds of kinship relations are recognized amongst Norwegians of Asian and African descent. For example, immigration based on family reunification recognized only marital or biogenetic ties, and yet, in news media and public discourse, Somali women were criticized for not socializing beyond their extended kin networks. The Norwegian state constrained the recognition of African- and Asian-descended Norwegians' kinship to biological links while simultaneously attributing those kinship practices to the same peoples' alleged non-participation in Norwegian society at large.

With regard to sperm donation and donor insemination, Norwegian citizens of Asian- or African-descent encounter similar attitudes from medical personnel in the Norwegian national healthcare system. In Chapter 4, I describe disputes between a Norwegian hospital's sperm bank and couples who seek donor sperm from Asian- or African- descended donors as stand-ins for the non-gestational partner. Due to the low number of sperm donors of African or Asian descent in the Norwegian national healthcare system's sperm bank, couples with one or both partners of Asian or African descent must choose between using sperm from a white Norwegian donor or bearing the cost to import donor sperm from foreign banks. In addressing a discrimination complaint filed by a woman of West Asian descent, the Norwegian healthcare system established the state's authority to determine the "best interest of the child." Implicitly, a couple's use of a non-white donor whose appearance and race approximated that of the non-gestational parent was, by the state's assessment, an inappropriate attempt to establish parental authority over their future children. This tension between the state and the parents mimics attitudes towards immigrant families from Asia and Africa; parental authority or filial loyalty is a hindrance to a child's or young person's allegiance to the Norwegian social democracy (See Wikan 1995 cited in Gullestad 2002:52; Melhuus and Howell 2007:65-66). My analysis of donor choice and race intervenes in scholarship on genetics and blood by emphasizing that using genetic substance as a kinship practice is circumscribed by race and nation. The progress narratives attached to blood and genetics, like the progress narratives attached to biology and choice, are foisted on to Norwegian families of Asian and African descent who, in spite of having been raised in Norway, experience prejudices similar to those that their parents' generation experienced. Anthropology historically regarded African and Asian people as the objects of scientific research, and my research demonstrates how this legacy in Norway influences African- and Asian-descended people's access to gamete donation and reproductive technologies, limiting their ability to become stewards of scientific knowledge like their white Norwegian counterparts.

Guide to the Dissertation: Methods and Chapter Outline

In 2012 and 2013, I conducted preliminary fieldwork in Sweden and Denmark and intended to conduct a year of fieldwork in Sweden on donor siblingship, intimacy, and biological substance. My attention turned to Norway when I found a statement published in the fall of 2013 by the Norwegian Bioethics Council (*Bioteknologirådet*) requesting that Parliament approve the creation of a donor sibling registry for people conceived with donor insemination in Norway before 2005, when biotechnology law mandated the anonymity of all sperm donors. That donor siblingship had garnered the attention of an advisory body piqued my interest: how did donor siblingship register at this level in Norway when, per my preliminary findings in 2012, it had not done so in Swedish or Danish governmental organizations?

While conducting fieldwork in Oslo in 2016, I structured my primary research activities around learning about the fertility industry with attention to the perspectives of people who are trying to conceive or who had conceived with donor insemination. I aimed to understand the full landscape of donor insemination and fertility treatment in Norway. This landscape, initially, included the bioethics council, legislation, and public discourse on donor siblingship and donor insemination in Norway. I quickly learned, however, that donor insemination and donor siblingship did not comprise a singular landscape, nor even a singular phenomenon. I knew that many donor mothers, women who had used donor insemination, had traveled abroad to conceive, but I was surprised at the gulf between what people, particularly those who had never used donor insemination nor had any contact with people who had used donor insemination, thought donor insemination was and what donor insemination actually entailed according to the people I spoke to whose identities and intimate relations were shaped by donor insemination—people who were trying to conceive, who had conceived with donor insemination, or who worked in some technical aspect of sperm donation and insemination (for example, doctors, nurses, or sperm bank personnel). Further, public discourse and legislation seemed dominated by the anxieties of people who had very little to do with donor insemination, and often only referenced donor conceived people who were conceived in the Norwegian system before 2005 when sperm donors were by law anonymous. The flattening of donor insemination as a singular practice made it possible for people to make claims about donor assisted conception in 2016 based on the experiences of people conceived in 1989. However, because the "public" life of donor insemination influenced not only public discourse but also legislation, the experiences of people who were trying to conceive with donor insemination in Norway and abroad were shaped by the assumptions made by people about donor insemination. In spite of the gap in understanding about donor insemination, legal and clinical practices were structured by what people assumed about donor insemination and, therefore, influenced what people could do with donor insemination.

Rather than focus heavily on the public conversations about donor insemination, my primary research activities centered the lives and experiences of people who were trying to conceive or who had conceived with donor insemination. Focusing on different moments in the process of conception helped me understand which concerns or questions become more or less pressing depending on where one was in the process of trying to conceive, gestating, or raising a child. Following these concerns helped me understand donor mothers' navigation of legal and bureaucratic processes, donor insemination-related organizations, and kinship practices more generally. In speaking with these interlocutors, I tracked when people brought up different life experiences in discussing decisions they made around fertility and donor insemination.

I sought interlocutors primarily through donor insemination-related online forums hosted on Facebook or through independent networks. The most visible networks and forums serve solo mothers (or single women trying to conceive) or donor conceived families looking for their children's donor siblings. Regional or national identities were also the basis for forming some organizations; for example, one Swedish-based organization sought to help families find donor siblings whose common donors were from Danish sperm banks. These networks were sometimes organized enough to have leadership roles, including press contacts who interfaced with journalists and researchers. In addition to interviewing these press contacts in their capacities as organization leadership and as donor mothers themselves, I would request their help in posting calls for participants to their respective forums. Most of my interlocutors contacted me after seeing these calls. About one quarter of my donor insemination-related interlocutors were referred to me through personal relationships.

When I attended public speaking events (see below) or social events, I would often meet new people and end up explaining my research to them. Because many of my networks included people in their mid-thirties, inevitably, someone would mention that they had a friend or friends who were trying to conceive or who had conceived with donor insemination. After receiving initial contact from potential interlocutors, I would give them the option to conduct a single semi-structured interview or a longer life history interview. People who were trying to conceive chose life histories more frequently than solo mothers did, but all of the solo mothers who selected single interviews readily offered follow up interviews. As it turned out, organizing around donor siblingship in Norway was primarily the purview of solo mothers, women who had conceived abroad with donor insemination while single. For nearly all the women I met, conceiving without a partner was a last resort, a decision made when one felt one could not wait to find a partner before having children. In seeking to understand donor siblingship relations in Norway, my research turned more broadly to the fact that, overwhelmingly, a specific family formation was seeking donor siblings: solo mothers who had conceived using clinical donor insemination outside Norway.

During my fieldwork year in 2016, I attempted to build on my preliminary research with medical personnel and fertility clinic staff to better understand the technical aspects of donor insemination that might structure kinship practices of families using donor insemination. However, in the short time between my preliminary research and my dissertation fieldwork, the attention Danish fertility clinics garnered from foreign researchers changed which sites were accessible. In

2012, I visited five Danish midwife-run fertility clinics to learn more about clinic staff perspectives on people traveling from abroad to conceive. At one clinic, the clinic owner was very welcoming, inviting me to take pictures of the clinic spaces, and “ask anything”; I left with the distinct impression that she hoped my research would bring more clientele to her clinic. By 2016, my requests for interviews at Danish clinics which I had not visited prior were declined. Firmly but politely, personnel at two clinics explained that their staff were unable to meet with researchers; one clinic, almost apologetically, referenced their clinic message board as evidence of how many researchers had taken interest in their clinic and clientele. Because these clinics served people traveling for fertility treatments, they were approached by researchers who were interested not only in the Danish system of donor insemination but also the clients from specific countries who traveled to these clinics. As a result, my research focuses heavily on the time before and after clinical encounters rather than the clinical encounters themselves.

Although my research centered on users of donor insemination, I still sought to understand the “public life” of donor insemination and reproductive technologies. In addition to meeting with staff from the Bioethics Council, I attended public panel events on reproductive technologies and gamete donation. These events were debate-style panels with journalists, physicians, and academics (usually philosophers or historians), and the hosts of such events included the Norwegian Bioethics Council, a civil society organization with an explicitly Christian mission, and publishing house promoting a book by a religious studies scholar on reproduction. The attendees, as well as the speakers, at these events were also overwhelmingly white. I was sometimes the only non-white person in the room. In contrast to the mothers I spoke to about donor insemination, the speakers (and attendees) at these events seemed to have a technophobic approach to reproductive technologies, as if taking for granted that they were automatically an imminent threat.

Attending public events in Oslo, I noticed patterns in how I was received as an anthropologist of reproductive technologies and gamete donation. Ethnographic research on white Norwegians has historically been conducted by white Norwegians (see Howell 2006, Melhuus 2012, Gullestad 1985). Occasionally, I met people who immediately understood why I was attending such events, but more often, people seemed puzzled as to why I was there. In some ways this puzzlement was expressed like a performance of humility for the benefit of an American: "What could you possibly learn from us?" A few people seemed to think I was in the wrong place altogether. One man, the father of a woman I had been speaking to at an event, interrupted me after I introduced myself as an anthropologist studying sperm donation, saying, "You know, in some countries, they force girls as young as twelve to get married." He said it firmly and defensively, as if my research were an indictment of Norwegian society because of its use of sperm donation, and his reference to forced child marriage seemed to suggest that I, presumably as a representative of "some countries," was a party to something worse ("worse") than donor insemination and that my relationship to science and technology was inherently an antagonistic one. (His daughter, a social worker, was visibly abashed and changed the subject.) This was an extreme example of more gentle suggestions about what I should "really" have studied. On another occasion, a man proposed that I change my topic to the Saami reindeer herders who did not seem to trust Norwegian anthropologists; he thought, perhaps, that as an outsider in my own home country, I would be more welcomed by them than a white Norwegian person would be. Being told what one should study by near strangers is an experience I share with many other researchers, but in these cases, people's assertions about what specifically I should study revealed commonsense ideas of what research did and who was "allowed" to *do* research or *be* researched.. The subtext of these comments seemed to be that I, a brown person, should not be studying white Norwegians and their engagements with scientific knowledge and technology and that as an anthropologist, I was better off studying Norway's internal others than turning the ethnographic gaze on white Norwegians. The anthropology of Norway, apparently, was the purview of Norwegians.

Alongside my research on the fertility industry and donor insemination, I threw myself into habits and popular hobbies that would help me think about the embodiment of Norwegian daily life. When I first arrived in Oslo in 2016, I took two months of intensive language training, and throughout the year, I practiced Norwegian by speaking with as many people as I could, listening to the radio, and watching Norwegian television. In the winter, I learned to walk holding my body weight forwards so I could crouch easily if I slipped on the ice. In the summer, I got a subscription to the local city bike sharing program. Year round, at the behest of my roommate, I took a morning spoonful of cod liver oil before breakfast. I undertook activities that people described as “typically Norwegian”: cross country skiing, knitting, singing in a choir, and swimming in the fjord in summer and winter. This was less a search for the essence of Norwegianness and more an attempt at thinking through the kinds of sociality that these activities enable or foreclose.

In the early months of my field research, I thought of this as an endeavor to test assertions that being Norwegian and belonging in Norway were contingent on adopting Norwegian social conventions, becoming “as-if” Norwegians (Howell and Melhuus 2007:67-68). But I found quickly that, as anthropologist Signe Howell has demonstrated, belonging in Norway is also a matter of being “kinned” to a family, and by extension, the nation (Howell 2006). Even with a handful of white Norwegian friends made through my housing situation and my university affiliation, I found that my access to the everyday social life was limited mainly to gatherings of friends or siblings. I rarely had access to gatherings of family members that encompassed more than one generation, and when I did, it was because I was explicitly introduced as an anthropologist who was learning about Norwegian ways of life. Participating in holidays such as Easter or Christmas was difficult without already having a connection to a Norwegian family, and making connections with Norwegian families (rather than Norwegian individuals) seemed equally elusive. In one case, I was uninvited to a trip to accompany a friend, P, to his ancestral home where his grandmother still lived. P’s mother insisted that the presence of an outsider (me) would be too stressful for P’s grandmother, a woman whom P had previously described as a sturdy, independent nonagenarian who chopped her own firewood and insisted on living alone. P was clearly embarrassed when withdrawing his invitation and mentioned vaguely that his mother objected to him indulging in a passing flirtation (me) at the expense of his grandmother's well-being. Though I could not clarify with his mother whether her objection was the presence of a non-Norwegian or a non-white non-Norwegian, her characterization of the relationship between me and P (a "flirtation") as fleeting and superficial rendered it insignificant enough that rescinding my invitation was within the realm of acceptable, albeit impolite, social action. The subtle sexualization of his interest in me, although both of us were in long-term relationships, made it difficult not to think of this exchange as implicitly racialized. Friendship was neither lasting nor definitive enough a relationship to merit belonging to a kin group or, by extension, the nation in spite of its symbolic significance as the ultimate altruistic relation.

My early attempts at embodying Norwegian daily life were also undermined by the constant reminders that my race made it impossible for me to "pass" as Norwegian in the same way a white American might. No matter how much cod liver oil I drank or how well I spoke Norwegian, the intimate intertwining of race and nation marked me as an immigrant that Norway did not want. My experience of being a brown woman in Norway was, of course, tempered by the fact that my stay was temporary and that I never expected to feel fully at home in Oslo. In contrast, the people I met who were of African and Asian descent had often been born or at least lived most of their lives in Norway, and yet they were still treated, at best, as newcomers, but at times as unwelcome guests. Many of my close friends, whom I met through my roommate, were African- and Asian-descended Muslim Norwegian women who happily introduced me to their city: the most scenic route from my neighborhood to the city center, the quiet beauty of Oslo during Easter weekend when many residents leave to celebrate in the countryside, and the best places with a view of the city. Our outings, both in the city and on trips to the country, were punctuated by the reminders of how we were received by white Norwegians and the seeming impossibility of being an ordinary group of people: a man congratulating us for being at a bar, or the stranger on the subway scolding one of our group, a Somali Norwegian woman, for having her son out of the house after nine at night.

Conducting fieldwork in the fertility industry, where many of the professionals, doctors, and donor mothers were white, while spending my "down time" with people of African and Asian descent, my research seemed bifurcated two kinds of data: what white Norwegians said constituted Norway, and how white Norwegians policed the boundaries of Norway. My dissertation organization reflects this bifurcation by moving through the technical and legal apparatuses of donor insemination in Norway and Denmark which universalize whiteness, then exploring the family forms that these systems make possible or foreclose. My presentation of these family forms is not intended to be a comparison of the two kinds of experiences or households, but rather an investigation of how the nation form is reproduced and contested through encounters between the welfare state and queer mothers.

Chapter 1, "Going to Denmark," examines the landscape of the Danish fertility industry from the perspectives of Norwegian women trying to conceive without partners. The commodification of sperm requires the severing of connections between the sperm donor and donor sperm. This process, I argue, produces knowledge about the sperm donor and about biogenetic substance. Sperm bank practices often limit the information produced about donors in hopes that their attempts to protect the privacy of donors will help encourage the enrollment of new donors. In spite of this, mothers of donor-conceived children use the limited knowledge available to build kin networks.

Chapter 2, "Seminal Infrastructures" analyzes Norwegian biotechnology legislation and a statement on sperm donor siblingship published by the Norwegian Bioethics Council. In its statement, the Bioethics Council uses a popular narrative about sperm donor secrecy and openness to argue that the government should create a donor sibling registry for Norwegians. The Council narrative, shared by people I encountered in Norway, frames the history of sperm donor secrecy in a linear fashion, as if Norwegian society developed organically to realize that openness around sperm donation is more ethical than anonymous sperm donation. I offer a retelling of biotechnology legislation changes, highlighting how the 1987 and 2003 laws made different claims about the meaning of biological substance and the family form. I argue that the advent of "new" reproductive technologies produced the modern nuclear family, bonded by love and biogenetic substance, while simultaneously marking that family as traditional.

In Chapter 3, "Not Quite Norway's Child: Solo Motherhood, Autonomy, and the Patriarchal State," I analyze the kinship practices of Norwegian "solo mothers," women who conceive abroad without partners. Banned from access to donor insemination in Norway because they do not have partners, solo mothers have circumvented Norwegian legislation to conceive abroad, effectively "stepping out" on the Norwegian patriarchal state. I argue that Norwegian solo mothers work to suture their children's and their own relationships to the Norwegian patriarchal state. In attempting to fulfill ethical norms of Norwegian parenting, solo mothers build donor sibling networks to "give" their children siblings and collect as much information as possible about their children's donors. Although these actions appear to center the donor, none of my interlocutors expressed interest in meeting or introducing their children to their respective donors. I argue that their interest is in connecting with the Norwegian patriarchal state rather than the Danish sperm donor as a father figure.

Chapter 4, "Plass til Alle," examines the lack of sperm donors of African or Asian descent in the Norwegian national sperm bank. Drawing on interviews with a couple trying to conceive and with sperm bank staff, I analyze a public complaint and a debate in news media about who is responsible for the cost of importing sperm donors of non-Nordic descent. The complaint, filed by "A" a woman of West Asian descent, argues that the state hospital has discriminated against A and her white wife in not providing a sperm donor of the same race as A. A's complaint and the hospital's rebuttal each make claims about what constitutes equal treatment by the social democratic state. A argues that she and her wife should not have to pay more money than another couple to conceive a child because A is not white. The hospital argues that if the hospital were to import donor sperm for couples with a nongestational partner of Asian or African descent, there would be less funding for other fertility treatments and white couples would experience longer wait times than other couples for donor insemination. The Discrimination and Equality Ombuds decided in favor of the hospital, implying that A is less of a citizen. I argue that Norwegian conceptions of equality and egalitarianism ultimately produce inequality along racialized lines.

Chapter 5, "Nora, Noora, and the Nation," compares Henrik Ibsen's iconic character Nora Helmer of *A Doll's House* with Noora, a main character of *SKAM,* a television series aired in 2016. Analyzing scholarly and popular comparisons of Nora and Noora, I argue that the distinction between the two characters casts the social democratic state in a favorable light as the "savior" of women. *SKAM's* portrayal of Noora frames homosocial friendship as the ideal relation of nation, and in doing so, demonstrates how the social democratic state is productive of straight, white womanhood. I further argue that *SKAM,* as a modern re-telling of *A Doll's House*, is less about the differences between Nora and Noora, but rather about the transformation of Thorvald Helmer, Nora's boorish husband, and William, Noora's boyfriend. *SKAM* proffers an imagination of "the most wonderful thing" that would make Nora and her husband equals, carving out a symbolic space for white men in the welfare state.

The concluding chapter revisits the arguments of each chapter and provides a brief summary of recent changes in Norwegian biotechnology law, suggesting future directions for research on kinship, gamete donation, and citizenship in Norway.

Chapter 1
Going to Denmark

Introduction: "Just Go to Denmark!"

Linnéa began trying to conceive when she was thirty-nine, following her mother's death. Linnéa's then-boyfriend, Ole, had been reluctant to have a child with her, mainly because he had a child from a previous relationship and was uncertain he could financially support another. Ole and Linnéa's relationship had been rocky for some years, and after her mother's death, Linnéa realized that she did not want to wait and hope that Ole would change his mind. She ended their relationship, and she decided to have a child on her own. She described this decision as freeing: she made it on her own terms without having to cajole a reluctant partner.

While conducting fieldwork in 2016, at social gatherings I would occasionally meet single women in their thirties who, after learning about my research, would reveal that they themselves were considering "going to Denmark," a popular euphemistic phrase for traveling abroad to access donor insemination. Sometimes these revelations would be matter-of-fact punchlines punctuating stories about dating woes ("Who cares about dating, I'll just go to Denmark!"), and other times, they would be intimated quietly, in the corner of a crowded living room, under the protective shield of a loud party ("I've actually been thinking of going to Denmark myself"). Some women pondered traveling for donor insemination for years before making a decision, and other women I met made the decision almost as soon as receiving test results that predicted impending declines in their fertility. Linnéa's feeling of freedom resonates with yet another narrative I often heard in the field from single women who had used donor insemination: in deciding to conceive without a partner, they were taking control of their lives rather than getting stuck between the pressure to have a child (from society, their families, or themselves) and the absence of a romantic partner also willing to co-parent. As freeing as the decision was for Linnéa and others, for some women it was rather fraught. Evi, a woman living in a city on the western coast of Norway, experienced a deep depression after using donor insemination to conceive at age thirty-five. Since she was relatively young for a solo mother, Evi felt that her decision to conceive foreclosed the possibility that she would ever meet a partner. She knew she could have waited around five more years before trying to conceive, but she made what she now regards as a calculated risk to conceive with fewer complications but to forego a romantic partnership. Amongst my interlocutors who conceived with donor insemination while single, there was a variety of experiences.

However, popular opinion about donor insemination in Scandinavia did not reflect the diversity of lived experiences, particularly in relation to single women. During my time in the field, I met people—often politicians or journalists—who talked about travel for donor insemination and other fertility treatments as if they were easy options. In Oslo, single women using donor insemination abroad seemed to be an open secret; in spite of legislation barring women without partners from using donor insemination, people I met often worked with someone, lived near someone, or knew someone who had used donor insemination while single. Some people even insisted that donor insemination was not available in Norway at all, asserting that only Denmark, because it was more liberal than Norway, had sperm banks. More often than not, those with no experience conceiving, gestating, or using donor insemination seemed to regard going to Denmark as a simple back up plan or expedient; in the absence of a partner, *just go to Denmark!*

The ease of this phrase ("just go") seemed to perform the implicit assumption within Scandinavian fertility travel that Denmark and Norway are "like enough" to the extent that the transnational-ness of Norwegian travel to Denmark seemed wholly obscured. In other words, the simplicity of the phrase "just go to Denmark" not only makes conception sound like an easy task, it reproduces notions of Norway and Denmark as sibling nations, racially and linguistically "close" in contrast to the migration of people from outside the EU's Schengen area.

For my interlocutors, the process of conception with transnational donor insemination was complex and difficult to navigate. Many women began by choosing a fertility clinic whose staff would advise them about the process of purchasing and shipping donor sperm; after the first few visits with intrauterine insemination (IUI), some would learn they needed more complicated treatment like in-vitro fertilization (IVF) or preimplantation genetic diagnosis (PGD), both of which are subject to different regulations than donor insemination. One also had to find a local obstetrician who was willing to treat a patient who, essentially circumvented Norwegian law.

Amidst all this, one had to cultivate a new relationship to one's body: tracking one's menstrual cycle to find the ten-day window in which ovulation may occur, then, within that window using an ovulation test kit every day. Some women also monitored their cervical mucus and basal body temperature daily to predict ovulation. And on the day that at-home test kits (and other metrics like cervical mucus consistency and body temperature fluctuations) indicated that ovulation was imminent, one had to book travel and accommodation, then call their clinic to schedule insemination for the following day. Without access to local fertility treatments, one had to dedicate a tremendous amount of time, energy, and money to conceive. "Going to Denmark" was neither a straightforward decision nor a simple process for anyone I met. Likewise, the Danish fertility industry and its ability to make sperm alienable as "donor sperm" required a complex legal and technical apparatus.

In this chapter, I describe the material networks that make the commodification of sperm possible. The movement of sperm is made possible by the production of knowledge about sperm and about sperm donors themselves. First, I detail the balance that sperm banks attempt to strike between protecting donors' identities and releasing strategic information about donors to potential clients. Then, I discuss how the development of the private Danish fertility clinics and their "patient-centric" treatment models have created the conditions in which donor mothers use the same information provided by sperm banks to create kin relations.

Sperm and its liquid vehicle semen are not intrinsically valuable, nor meaningful, nor magical. This assertion may seem counter-intuitive: if there is nothing special about sperm, why are so many people creating social networks around its use? Sperm is one of many elements in human biological reproduction, but its attachment to masculinity, paternity, and patriarchal social order takes a tremendous amount of work (Mohr 2018; Martin 1991; Strathern 1992). In addition to describing the process Norwegian people undertake to conceive in Denmark, I detail the work involved in making donor sperm: the social actors, the institutions, and the technical apparatuses that comprise the commodification of donor sperm .

The study of donor sperm's commodification has relied analytically on the distinction between commodities and gifts, from the gendered dimensions of sperm donation as "work" in contrast to egg donation as a gift (Almeling 2011) to sperm banks' self-conscious use of the language of intimacy to mask the commercial dimensions of gamete donation (Ikemoto 2010). My analysis departs from this scholarship, drawing inspiration from Anna Tsing's research on the role of assessment in commodity chains (2013). In contrast to Appadurai's (2012) and Kopytoff (1986)'s assertion that all exchanged objects are commodities, Tsing regards all objects of exchange first as gifts that must be made into commodities (2013). The work of commodification, for Tsing, entails "taking the gift out" of objects by severing the social relations inhering in gift exchanges (2013:22). Here, I argue the same: the work undertaken by sperm banks is the strategic severing of ties between sperm and its respective sperm donors. In the case of donor sperm, I argue that the sorting and assessment of sperm to sever its ties to donors are practices that produce knowledge about donor sperm and sperm donors. The knowledge produced by the commodification of donor sperm then becomes a resource for donor-conceived people and their parents to create kinship ties. Knowledge production contributes both to the alienation of sperm from sperm donors and to the animation of donor sperm as a kin-making substance.

Commodifying Sperm: Openness and Secrecy

In November 2016, I attended a course in Lund for PhD students on biobanking hosted by a research center at the local university. As a partnership between private industry, healthcare, and research, the course aimed to pique graduate students' interest in the three industries' intersections in biobanking. The course included a tour of European Sperm Bank (ESB), a major sperm bank in Copenhagen, as an example of a "different" kind of biobank. Whereas biobanks are, traditionally, repositories for human tissue for the purpose of therapeutic or research use, the visit to ESB was intended to show graduate students an example of how a biobank could be used in private industry. Though the biobanking course itself was informative, my initial interest in the course was the guided tour of ESB. On my previous fieldwork trips to Scandinavia in 2012 and 2013, ESB staff had not replied to my requests for interviews or meetings; I was told by another PhD student that this was fairly normal for ESB. I saw the tour as a chance to learn how the bank presented itself to students with an interest in biobanking, and, if possible, another chance to secure a meeting with bank staff.[12] On the tour, the ESB staff and offices seemed like a different company altogether than the one I had learned about through other researchers and

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[12] It turned out that a former staff member of a Copenhagen fertility clinic had recently begun working at ESB. I met her in 2012, and she connected me to staff in charge of compliance and distribution.

through the scant media coverage of ESB. The tour group was encouraged to mill around each of the areas we visited, and the very structure of the offices—its open plan and glass walls—seemed to message openness in its design.

The ESB tour was led by one of the bank's executives. After greeting us and showing us a wardrobe where we could leave our coats and backpacks, she told us cheerily to keep our phones with us, "in case you want to take pictures!" She walked us through the chic administrative offices of the bank, an area with high ceilings and light hardwood floors. The office area more or less had an open floor plan, with the exception of a few offices and meeting rooms separated by glass walls. Next, we visited the lab: a medium sized room with a few cabinets, computers, and workstations with lab paraphernalia (pipettes, petri dishes, and microscopes). Standing at one of the microscopes was a young lab tech wearing a grey T-shirts with the bank's slogan printed around a line drawing of a spermatozoon.

The lab manager showed us around, and like the executive, he was enthusiastic about us taking pictures. The lab tech stepped aside from the microscope obligingly to let us look at the sample she was viewing. Her job was to manage the samples after collection, centrifuging them to separate out the fluids in the semen and then "wash" the seminal fluid from the sperm. Once the sperm was deposited in a special medium, it was stored in thin straws, labeled, and then slipped into liquid nitrogen to freeze.

The lab was one of the most important rooms at the bank: if the wrong sperm donor number ended up on a straw or if a pipette was not properly cleaned, ESB would not know for more than a year and a half, but the results could potentially ruin ESB. And yet the lab manager enthusiastically waved us in, even exhorted the lab tech to help us focus our phones' cameras properly so we could take photos through the microscope eyepiece and go home with photos of real, live sperm.

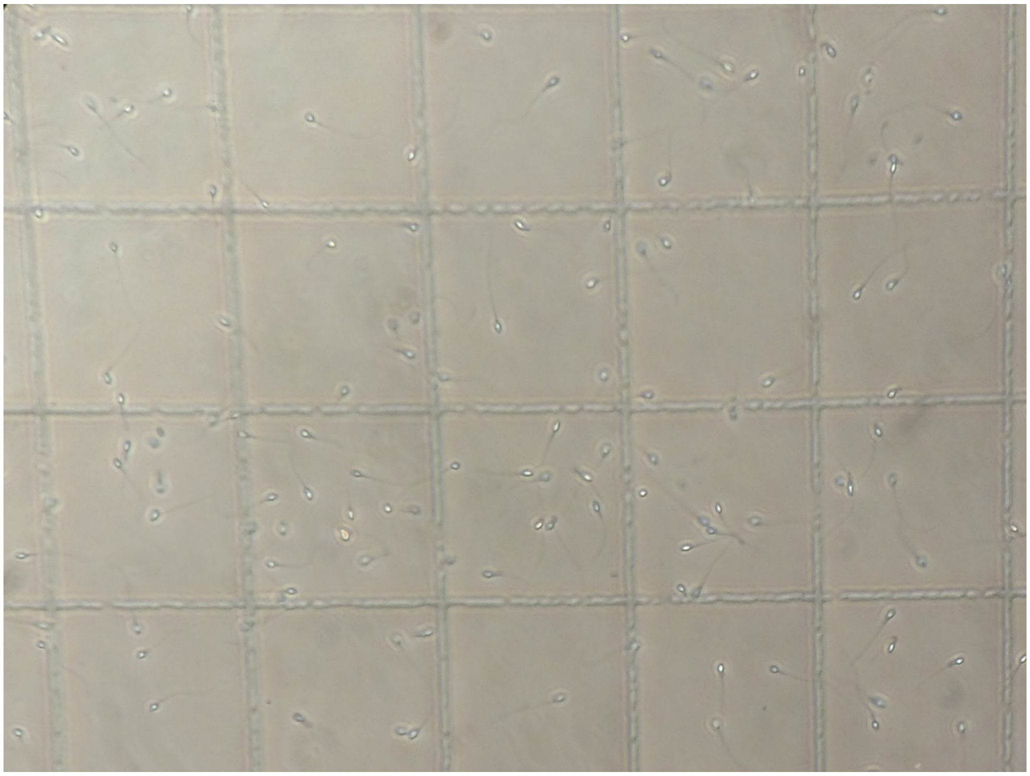

Figure 1: Sperm cells after being "washed" of semen, seen through a microscope at ESB. (Photo by Suraiya Jetha)

We left the office/clinic area and crossed the elevator foyer to the shipping room. The floors were the same natural hardwood color, light and new. With lots of natural light, the room stretched on maybe one hundred feet by forty feet. The columns were the same color as the hardwood, simple cubic beams. At the far end of the shipping room, a geometric mural in bright colors adorned a large wall. It was as if this whole office is made to be seen. All along the floor of the shipping room were large, stout canisters of liquid nitrogen storing the active samples of donor semen.

The manager of the shipping room was as friendly as the lab manager and the executive. He and another shipping room staff member wore zip-up jackets with sperm bank's logo and the same slogan. The shipping manager waved us into the shipping room, and the first stop is his desk, where the computer monitor of the computer displays his calendar of shipments with the names and addresses of the recipients. He seemed to have no problem with us seeing the monitor, and I was stunned at the manager's apparent lack of concern for client privacy.

The staff let us mill about between the rows and rows of canisters storing sperm in liquid nitrogen. Some were in special quarantined canisters (not to be shipped because of West Nile). There were canisters that look fairly new, some half the size of others, and then some that were a bit damaged. The damaged-looking canisters were for shipping the straws, while the others store straws ready for shipping. The shipping manager opened a storage canister, lifting the lid which has a sort of rack attached to its bottom. As he lifted the lid, he warned us not to touch the rack holding the straws because of the risk of getting burned by the liquid nitrogen. After donning thick gloves, he picked up a straw, and held it out for us to see. It seemed hard to believe this is the same sperm bank that other researchers and I had trouble contacting, or even that, nearly five years before, this sperm bank was embroiled in a scandal.

Performing Openness, Keeping Secrets

Scholarship on sperm donation and sperm banks examined the commodification of sperm: anxieties about eugenics and the classification of donor sperm (Melhuus 2012); sperm banks' valuation of specific traits over others (Almeling 2012); or the commodification of whiteness in marketing sperm (Andreassen 2018). This scholarship highlights how commodification necessitates the classification of sperm donor physical attributes. However, I found that the banks' ability to produce particular kinds of knowledge and curtail the production of other information was central to their functioning.

For example, except when mandated by law, Danish banks did not maintain statistics about where their donor sperm was sold or how many successful pregnancies resulted from their donor sperm. According to some of the donor mother group leadership I spoke to, sperm banks were rather antagonistic towards donor mother groups, particularly when mothers showed an interest in finding their children's donor siblings. Any organizing around the donor risked the donor's privacy being violated, and, thereby, risked a bank's ability to convince future donors that their privacy would be protected. Banks needed to be appropriately secretive (to appeal to donors) but also reasonably transparent (to gain the trust of governments and potential patients).

To this end, both Cryos and ESB seem to have carefully curated their media presence and respective images. Interviews with Cryos' founder Ole Schou emphasize his interest in helping people have children rather than selling donor sperm (See Kale 2015; Manzoor 2012). Whereas Schou has managed Cryos' public image through careful engagement with media outlets, European Sperm Bank founder Peter Bower has taken a different approach; Bower has been far less visible and difficult to contact. In 2012, on my first preliminary research trip, other researchers I met in Denmark described Bower as elusive and reassured me that I was not alone in not having a difficult time making contact with him.

In 2012, ESB (then named Nordic Cryobank) was accused of selling sperm from a donor that they knew carried a rare inheritable disease (Beck and Svendsen 2012). After the scandal, bank founder Peter Bower retained his majority share in the business but resigned from his post as managing director. This change in leadership was accompanied by an apparent overhaul of ESB's image after the NF1 scandal.

Denmark is home to two of the world's largest sperm banks, Cryos International and the European Sperm Bank (ESB), formerly known as the Nordic Cryobank. In the last ten years, donor insemination practices have shifted in Denmark and in many of the countries that ESB and Cryos export to; whether mandated by legislation or preferred by patients, the use of "open" donor sperm, sperm collected from donors who agree to release their identities to their donor progeny, has become more popular (Adrian 2015). Further, clinical practice in Denmark has shifted such that patients, not clinicians, choose their sperm donor. Donor sperm, once collected, is cryo-preserved and labeled with a corresponding set of data. In the last ten years, this data has changed: whereas Danish medical personnel once selected sperm donors on behalf of their patients, private clinical practice has shifted to accommodate patients' selection of donors. For an added fee, patients can purchase information about potential donors—including handwriting samples, voice recordings, and baby photos—from Cryos or ESB.

In 2012, I corresponded with the Århus-based Cryos staff via email, and in 2016, I visited European Sperm Bank's main office in Copenhagen and interviewed staff there. Cryos' founder, Ole Schou, has been very vocal in Danish and international media about Cryos and the fertility industry in general. Across Schou's correspondence with me, scholarly texts (Adrian 2015, Mohr 2014), and media pieces (Manzoor 2012), Cryos' origin story has remained consistent: while enrolled in business school in 1981, Schou had a dream about an "icy blue sea" and its waves carrying hundreds of frozen sperm (Manzoor 2012). Over the next ten years, Schou learned more about biobanking and made a few failed attempts at other sperm-related enterprises. In one such attempt, Schou tried marketing biobanking to men about to undergo vasectomies; he incorrectly assumed men would anticipate regretting sterilization and want future access to their own semen. Eventually, he began recruiting donors and selling donor sperm to local clinics. In 1991, Cryos reported its first successful pregnancy resulting from one of its donors (email correspondence, 2012). Though Cryos' origin story features Schou as the visionary entrepreneur who pioneered sperm banking in Denmark, Stine Willum Adrian emphasizes that Cryos' foundation and success was enabled by reliable and affordable delivery infrastructure and adequate advancements in cryopreservation (2015:188).

Norway's public hospitals were among the first of Cryos' major clients

(Adrian 2015). In the early- and mid-1990's, Norway's national sperm bank did not have enough sperm donors. Because Norway mandated anonymous sperm donation, hospital officials regarded Cryos' growing corps of anonymous donors as an ideal alternative to recruiting Norwegian sperm donors. In an interview, the head of reproductive medicine at Oslo University Hospital said that the Danish donors were "like enough" to Norwegians. In 2005, when new legislation went into effect, imposing strict rules on importing sperm and banning donor anonymity, importing from Denmark became too expensive for the Norwegian system. The Danish sperm donors that would be compliant with Norwegian biotechnology law, "open" donors, were significantly more expensive than anonymous donors. Open donors agree to the release of their identities to their donor progeny at age eighteen; across the fertility industry, sperm banks charge a higher fee to cover administrative costs associated with the management and storage of donor data. Thus in 2005, Norway stopped importing from Cryos and began recruiting locally.

My interlocutors interfaced with both sperm banks primarily through online catalogues of donor profiles on the banks' websites. Through these catalogues, potential clients can browse and purchase donor sperm. As media scholar Rikke Andreassen has noted, the ability to shop online for donor semen is a development of the last decade; prior to that, clinics chose and purchased sperm directly from banks on behalf of their patients (Andreassen 2018:130). Currently, single Norwegian women planning to travel for donor insemination can purchase straws online and request their shipment to their preferred clinic in Denmark. Couples in Norway can purchase online and import to their clinics in Norway provided their doctors' clinics are approved by the Norwegian Ministry of Health (*Helsedirektoratet*) to import sperm from foreign sperm banks.[13] My interlocutors who purchased sperm from Danish banks mirrored Norwegian authorities' attitude that Norway and Denmark were "like enough," minimizing the distinction between the two countries and the fact that the two are separated by an international border.

Gifting Sperm: Choosing a Donor, Creating Kin

After she made her decision to have a child without Ole, Linnéa sold the house that she, as an only child, inherited from her mother, and she sold the summer cabin she inherited from her mother's parents. She bought a modest studio in Sagene, an Oslo neighborhood popular with young parents, and with the remaining money, she budgeted funds for fertility treatment in Denmark on the assumption that she would use intra-uterine insemination (IUI) with donor sperm.

Even before doing any research into international options, Linnéa preferred donor insemination to adoption. She regarded adoption as inherently uncertain. She worried that she would not have access to a child's full medical or psychological history, and without knowing a child's past, she worried that she would be ill-equipped to raise a child with psychological trauma or with an unknown medical history. She elided the unknown ("you don't know what you're getting…") with the certainty that an adoptee would require more parental resources than a child she

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[13] Private citizens in Norway cannot legally receive shipments of frozen sperm.

herself had gestated.

Linnéa's feelings about adoption and biological inheritance were deeply inflected by her personal experience. When Linnéa was around thirty-three, the man she knew as her father, Jan, sued her and her mother, Ann-Karin, for a paternity test; if Linnéa was not Jan's biological child, Jan was entitled to reimbursement of the child support he had paid to Ann-Karin after their divorce when Linnéa was five years old. After Linnéa took the paternity test and found that Jan was indeed not her biological father, Ann-Karin confessed to Linnéa that she had had an affair with a co-worker named Per, a married man who met Linnéa shortly after her birth when he and Ann-Karin met for coffee, but who had not seen Linnéa since. When Ann-Karin refused to tell Linnéa more about him, Linnéa hired a private investigator who discovered that Per had died five years before, when Linnéa was in her late twenties, but his widow Hanne still lived in the family's house on the posh westside of Oslo. Linnéa met Hanne and Isak, Hanne's son and Linnéa's half-brother, and learned that like Per and even Per's father Gunnar, Isak was a doctor.

Around the same time Jan had sued her, Linnéa had been considering a career change. She was a fairly successful dancer and choreographer, but because her income relied on contracts lasting up to two years at most, she considered enrolling for a degree in biology, a field she enjoyed studying in high school, so that she could pursue a career with the potential for more stable income. Once she learned that an aptitude for science ran in her biological father's family, she felt more certain about studying biology. She had always been a strong student in both science and the arts, she explained, and after meeting Hanne and Isak, her interest in biology "made sense." I met Linnéa in 2016, three years after she met Hanne and Isak; at this point, she was nearly finished with a bachelor's degree in biology. For Linnéa, the narrative of her life now had a causal link between the biogenetic substance she shared with Per, Gunnar, and Isak and her once-dormant interest in studying the sciences; biogenetic substance featured heavily in her decision to use donor insemination and in her choice of a particular sperm donor.

Unlike adoption, with sperm donation, she reasoned, one could collect information and make an informed choice. When she looked for a donor, she focused on the donor's education level—she wanted someone highly educated in science or engineering, even though she knew education level was not something that one could inherit. An inclination or aptitude towards the sciences, she thought, would be well-balanced with her training in the arts. Once she narrowed down a shortlist of potential donors, she purchased her first choice's "extended profile," a package which included his baby photos, handwritten letters to potential parents, and recordings of him answering questions about himself and his thoughts on being a sperm donor.

She aimed to pick a donor who might have things in common with her. She wanted to make sure that she and her child could have things in common so they wouldn't be strangers or alienated from each other, perhaps in the way she felt alienated from Jan. The deciding factor in selecting her sperm donor was his voice recording. "He sounded like someone I could be friends with," she explained, "and I thought that this might mean my child and I could be friends too." She knew full well that there were no guarantees that her future child would inherit any of the features or traits she hoped the donor would pass down, but in spite of her training in biology, she had an almost alchemical belief in biological substance's ability to confer intimacy or affection through shared interest. Notably, she was less preoccupied with "chasing the blood tie" for the sake of having a biogenetic relation to her child (Ragoné 1996); instead, for Linnéa, knowing the donor through his profile became a means for her to get to know her future child. Biogenetic substance, for her, was a source of intimacy in that it was a source of knowing and being familiar with her child.

Linnéa's story is somewhat unique, but other people trying to conceive said similar things. One wanted a donor who would be interested in music like her; another chose a sociology doctoral student because she was interested in social issues and politics. A mother in Denmark told me that she knew she found her sperm donor when she read his extended profile and found that he was a mechanic with a passion for motorcycles. Her whole family loved motorcycles, she explained, and sure enough, when she walked me to the bus stop with her toddler son, a motorcycle drove by as we walked down her street. Her son leaned out of the pram, twisting his body and craning his neck to watch the motorcycle's progress down the street. "See?" she asked me with a wry smile.

In a later interview, Linnéa told me quietly that the donor who originally best suited what she was looking for was a person of Indian descent, a graduate student in engineering. But she knew that racism could be bad in Norway, and that she would not know how to parent a non-white child. Further, as the child of a solo mother, her child would be very different; it would be even harder for her child if he or she were not white. Like other solo mothers I spoke to, Linnéa had anxieties about her future child being angry with her for conceiving without a partner, thereby depriving the child of "half" a family. However, Linnéa was the only mother who openly admitted that she made a conscious decision to use a white donor. This admission came after we had built a rapport over multiple meetings and many hours of interviews; I believe her telling me this was more a result of her trusting me rather than her being the only woman I spoke to who had such thoughts about the race of their donor. As much as likeness and commonality with the donor gave Linnéa confidence that she would "get along" with her child, racial difference was potentially a source of discord, whether between her future child and other Norwegians or between her child and herself.

Linnéa's attitude towards donor insemination seems to embody conservative Norwegian fears about reproduction, technology, and market exchange. Her ability to choose a donor based on height, hair color, and eye color animate fears of "designer babies" and dystopic visions of bioengineering run amok. Linnéa's ability to exchange money for sperm further animates anxieties around bodily commodification and the contamination of intimate relations with market exchange. However, Linnéa's end goal—intimacy with her child—is less dependent on notions of genetic superiority than it is on her certainty that familiarity and likeness confers intimacy. Folded into her preferences for someone with whom she could be friends is the subtle coding of class and race; this attachment to likeness and this intimacy, far from embodying dystopic Norwegian fantasies, manifests inherently exclusive Norwegian notions of nation and belonging. Linnéa's choice of donor is not a portent of dark futures to come; instead, it is evidence of how ideals of intimacy and kinship make exclusionary logics of belonging and likeness appear innocent. Like other women trying to conceive with donor insemination, Linnéa was reproducing a particular idea of Norway; even though she did not want it to be so, she regarded Norway as a racially homogenous place.

In our conversations about her fertility treatments, Linnéa often used "knowing" and "knowledge" in describing how she made decisions about conception. Knowledge about a particular donor's interests and aptitudes, or later on after she found out she needed to use IVF, knowledge about an embryo's chromosomal make up gave her confidence about the possibility of successfully conceiving a child and of being able to make that child kin through knowing him or her.

Going Rogue: Midwifery Clinics in Denmark

According to the Danish Health Data Agency's 2017 report on assisted reproduction,[14] Denmark has twenty registered fertility clinics: eight publicly funded, and twelve privately run. These privately-run clinics are the cornerstone of the Danish transnational fertility industry; unlike publicly funded clinics, the privately-run clinics are allowed to treat women regardless of whether they are covered by the Danish healthcare system.[15] Many of these clinics were founded and run by Danish

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[14] The most recent report available reflects data from 2018; however, the 2018 report does not list the number of registered clinics.

[15] Access to treatment through the Danish system comes with registry in the

midwives. Traditionally, midwifery has been a key facet of obstetric care within the Danish healthcare system. Midwives provided "the first line" of care to pregnant people, and in some cases, midwives traveled to provide care to people living in rural areas with limited hospital coverage (McKay 1993). In 1999, midwife Nina Stork founded the Stork Clinic (*Storkklinikken*), perhaps one of the most famous of Denmark's private fertility clinics.

Stork had been working as a midwife for around ten years when Danish Parliament passed a law in 1997 stating that only women with male spouses or domestic partners could undergo fertility treatments "performed by or supervised by physicians" (Nordic Council of Ministers 2006:59; Green 2017). Stork's partner, Inger, managed to get pregnant with donor insemination before the law took effect, but miscarried. A retrospective describes Stork's resentment at working as a midwife with straight couples when the state deemed her and Inger "unfit" to parent; this resentment gave rise to an idea. After consulting with the Judicial Policy Committee of the Danish National Association for Gay and Lesbians (*Landsforeningen for Bøsser og Lesbiske*), Stork confirmed that the wording of the law only limited physicians. As a midwife, she was trained to perform intra-uterine insemination (IUI), and the law did not restrict the actions of midwives. Stork contacted a local sperm bank, whose staff confirmed they would sell donor sperm to her, and in October of 1999, she opened a small private clinic with the express purpose of serving lesbian

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Danish Civil Registration System or *Det Central Personregister;* once registered, one is assigned a *personnummer* or *CPR-nummer*. Non-citizen residents are included in the register.

couples and single women, people who were excluded from access to fertility treatment through the public healthcare system (Mohr and Koch 2016). Whereas midwives had been employed within the publicly funded Danish healthcare system to serve patients who were geographically beyond the reach of hospital maternity wards, Stork's establishment of the Stork Clinic served patients who were barred from care by law rather than by geography.

Stork Clinic was originally housed in a basement office in Copenhagen, and its design incorporated the ideals of Stork's "activist" medical persona by anticipating the needs and comfort of the clinics clientele (Mohr and Koch 2016). Rather than using traditional medical examination bed, Stork outfitted the clinic with a wide examination beds that were designed to accommodate the patient's comfort rather than the clinician's convenience. The bed itself was wide enough to accommodate a partner, and rather than metal stirrups for the patient's feet, the foot of the bed had a half moon shaped cutout for medical personnel to sit between the legs of the patient (Adrian 2015:191).

The conditions under which a fertility clinic patient could choose their own donor are a result of private Danish fertility clinics' patient-centric practices. As mentioned above, private Danish clinics originally bought donor sperm directly from sperm banks and choose donors on behalf of their patients(Andreassen 2018:130; Adrian 2010; Kroløkke 2009). In publicly funded clinics in Norway as well as Denmark, medical staff choose sperm donors for their patients by law; patients' preferences are considered only at the discretion of clinic staff. In contrast, Stork and other clinics diverged from this practice, allowing patients to interface with banks to choose their own donors. Banks, too, made public-facing online databases for potential patients to peruse, a practice which Rikke Andreassen has likened to online shopping (Andreassen 2018).

After a change in legislation took effect in January 2007, Danish single women and lesbian couples were granted permission to receive donor insemination in publicly funded clinics. Stork Clinic and other midwife-run clinics continued providing services for foreign women, many of whom were still denied access to donor insemination in their home countries. Though Stork Clinic's founding was a subversive act (Adrian 2015), the patient-centric model of the clinic dovetailed with political discourse that glorifies the privatization of healthcare; in Norway, privatization of medical care has mobilized around "patient choice" of treatment site. The hominess of Stork Clinic persisted and became a hallmark of other midwife-led fertility clinics that were established in the wake of Nina Stork's (Andreassen 2017); waiting rooms and exam rooms of fertility clinics I visited during fieldwork were furnished like chic but comfortable living rooms, drawing heavily on Scandinavian design aesthetics and resembling very little from the hospital-based public fertility clinic I visited in Oslo.

In addition to appealing to patients' experiences and allowing patients to choose their donors, Stork Clinic began hosting an annual "Stork Get-Together" in 2006. Each summer, Stork Clinic invites families with donor-conceived children to a gathering. The “Get-Together” includes activities for children one might expect at a summer festival, but with a twist. During story time, a volunteer reads a book to children about a donor-conceived child; in addition to roasted marshmallows, children have the opportunity to see spermatozoa under a microscope. There are also scheduled opportunities for families looking for donor siblings to mingle with one another. One of my interlocutors mentioned that she and her fellow solo mothers planned to attend together in lieu of organizing their own private reunion in case other families who had used the same donor showed up. Part funfair, part family reunion, Stork Clinic’s annual Get-Together has become part of some families’ kinship practices, facilitating donor sibling relations. These meetings between donor siblings represent one of many activities of parents of donor-conceived children to make kin based on their use of shared donor.   Stork Clinic’s patient-centric practices, especially patients’ choice of donor, have become standard at private Danish clinics that operate independently of the Danish publicly funded healthcare system. These practices make it possible for families of donor-conceived children to organize and meet, whether at events like the Stork Get-Together, or through volunteer-led organizations online.

Nearly all of my interlocutors were people I met through posting requests for interviews on donor insemination-related groups. Primarily hosted on Facebook, these organizations provided spaces where people trying to conceive with donor insemination shared practical information about the fertility industry or medical treatment. There were also organizations for parents whose children were conceived with donor insemination.

Women engaged with groups like these when they were trying to conceive or even after their children were born. These groups' activities fall beyond the sperm bank, and particularly in the case of donor sibling organizations, sperm bank staff are reluctant to endorse the cultivation of donor sibling relations because staff see such relations as a potential threat to donor anonymity and the terms of open donor contracts. As difficult as sperm donor recruitment already is, trying to recruit people to be sperm donors if they know that their eldest donor-progeny could reveal their identity to donor progeny of all other ages could make recruitment even more difficult.

Although donor mother Facebook groups are beyond the purview of the sperm bank and even of the clinic, these groups are also sites of knowledge production. Deborah Heath, Rayna Rapp, and Karen-Sue Taussig have argued that knowledge production about DNA is "multi-directional"; rather than being produced and disseminated "top-down" from labs to publics, knowledge is co-productive of new kinds of publics (2008). These publics, blurring boundaries between private and public spheres, then have the grounds to petition states for rights; Heath, Rapp, and Taussig draw on examples such as the lobbying efforts of families with children carrying rare genetic diseases (2008). Tamarkin draws on Heath, Rapp, and Taussig's formulation of "genetic citizenship" and offers instead the notion of "genetic diaspora" with reference to a public which, unlike genetic citizens, has no recourse to state or citizenship claims yet mobilizes around the production of genetic knowledge

(Tamarkin 2020). Donor mother groups have little recourse for material support through Norwegian state channels, and likewise, their children have no claim to citizenship from the Danish state. Further, group membership is not based on one's inheritance of a particular gene or genetic condition, but rather the conditions of one's (or one's child's) genetic inheritance. More specifically, through creating donor sibling relations, donor mothers put the information they have about their donors to uses that diverge from what sperm banks intend; through mothers' organizing, described below, knowledge about sperm donors becomes a central key to the production of kinship and intimacy with other donor families, but, notably, not the donor himself.[16]

My Norwegian interlocutors were particularly active on secret and private Facebook groups. Such groups are not visible at all to nonmembers; their member lists, group information, and discussion threads are visible only to current members. In addition to helping donor-conceived people and their parents connect to one another, many of these groups had designated press contacts and public-facing Facebook pages or websites in addition to their private members-only forums. These press contacts, often long-time members with some professional experience, would coordinate with journalists and researchers who wanted to get in touch with group members. I was never privy to any of the members-only conversations and posts on the Facebook groups, but my interlocutors described what kinds of conversations they

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[16] In Chapter 3, I discuss donor mothers' interest in finding their children's donor siblings and their concomitant lack of interest in finding their children's donors.

had with other group members.

Local to Norway, FEMA or *Frivillig Enslige Mødre ved Assistert Befruktning*[17] (literally "Voluntary Single Mothers by Assisted Conception," equivalent to the US "single mother by choice") is an organization consisting of a network of Facebook groups that connect single women who are trying to conceive or who have conceived using donor insemination outside Norway. FEMA has a Facebook group visible to nonmembers and has multiple secret Facebook subgroups that members can opt into. For example, the *prøvegruppe* (literally "trial group") is for women trying to conceive outside Norway. When I conducted fieldwork in 2016, the *prøvegruppe* usually had around twenty members, but at other times, its membership climbed to as many as forty or fifty people.

In the *prøvegruppe*, women shared a range of information about conceiving abroad, particularly for women who needed services that were not provided in Denmark. For example, Jenny was trying to conceive while single in 2011 and knew she wanted an open donor who her future child could learn about at age 18. After a few attempts in Denmark, she learned she would need in-vitro fertilization (IVF), and because Danish clinics only offered IVF with anonymous donors at that time, she had to find another country that would perform IVF on a single woman using open donor insemination. Through the *prøvegruppe*, she was able to learn which countries she could consider, and, further, which clinics other members had had good experiences

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[17] The phrase "*frivillig enslige mødre*" (single mother by choice) was contested by some mothers who preferred to identify as "*solo mødre*" (solo mothers). I discuss this in Chapter 3.

in. According to my interlocutors, women in the *prøvegruppe* also shared updates on their attempts to conceive and provided moral support for one another.

Once a *prøvegruppe* member conceived, a group administrator moved her into another subgroup based on the year that she would give birth. Jenny, for example, was in the "2012 group." These subgroups mimicked the *barselgruppe,* a small support group organized by local health authorities for new mothers living in the same area. The FEMA subgroups, in contrast, included women from all over Norway and stayed in communication longer than most *barselgruppe* groups. When Jenny's child was around five years old, members of her subgroup sent her ski equipment that their children had outgrown; paying only for shipping, Jenny was able to cobble together a hand-me-down set of skis and boots from mothers in other parts of the country.

The umbrella FEMA group functioned as a forum for women to discuss general questions about raising a donor-conceived child and update one another on recent news, for example, potential changes in sperm donation and donor insemination legislation. Occasionally, a topic would become controversial. For example, in separate interviews, Tuva and Elsa told me about the same Facebook post and comment thread about how to tell a child's teachers and daycare workers about their use of donor conception while single. Tuva felt her family form was nothing extraordinary ("all families are different") while Elsa wanted the teachers to be aware of and, when discussing families with children, include mention of families that used donor insemination. Similarly, the question of siblingship and whether one should seek their child's donor siblings was often controversial. The FEMA Facebook group was a site for women to discuss these topics pertaining to their children's upbringing; while there were spaces like *barselgruppe* to meet other mothers, the Facebook groups provided a space specifically for mothers of donor-conceived children.

Beyond Norway, some of my interlocutors were also members of Danish-, Swedish-, and American-based Facebook groups and registries for families who had used donor insemination. Danish-based Facebook groups, often run by volunteer administrators, attract non-Danish members due to the popularity of travel to Danish fertility clinics and exports from Danish sperm banks. Some groups are specific to solo mothers, while others are open in general to donor-conceived people, their parents, and donors. One such general group even offers a "matching" program run by a young Danish donor-conceived woman. Families who join the group can provide any information they have about their donor (including their donor's identification number); if two families have matching information, the volunteer administrator contacts the families to find out whether they are interested in meeting.

Some of my interlocutors were also paying members of donor sibling registries, namely the Swedish-based organization Scandinavian Seed Siblings (SeSi) and the US-based Donor Sibling Registry (DSR). Scandinavian Seed Siblings managed a website and forum for families that had used donor sperm from a Danish bank or had conceived in a Nordic clinic and sought other people who had used or been conceived with a particular donor. According to their founder, Maria Hasselblad, Seed Siblings' members were mainly Scandinavian or German, but also included a handful of Americans. The Donor Sibling Registry, the largest donor sibling registry in the world, boasts nearly 70,000 members including donor-conceived people, donors, or parents of donor-conceived children; to date, their website claims to have facilitated over 18,000 matches. In spite of the high membership and matching rates, the DSR was an unattractive option for my interlocutors because DSR's matching system is unmediated and membership enrollment has little vetting process. Matching requires posting one's donor information on the forum such that anyone could reply claiming to have the same donor. One of my interlocutors, Elsa, joined the DSR to find her son's donor siblings and quit soon after making contact with a DSR member that she now believes was the donor posing as a pregnant woman who had conceived with the same donor as Elsa. The matching processes on SeSi's forum and on some of the Facebook groups are mediated by an administrator such that people seeking matches cannot see others' donor information. In contrast to the DSR's monthly membership charge, SeSi charges a one-time enrollment fee and the Facebook groups are free to join.

While conducting fieldwork, I found that many of these groups had small rivalries, their leadership and members describing their groups' benefits to their members without mentioning other groups explicitly by name. The DSR founder told me that region-based groups that drew membership away from DSR's larger pool, thereby lowering the chances of matching. SeSi's founder explained the importance of affordable enrollment and the ease of meeting one's matches in the same region. Norwegian members of the Facebook groups explained how important it was to raise awareness about sperm donor-conceived children and solo mothers, or how important it was not to treat donor conception as any different from any other family form.[18] These rivalries represent further claims about intimacy and donor assisted conception. Through arguments that group leaders and members recounted to me, the importance of shared language or region contributed to ideas that Norway and Denmark, in contrast to other countries represented on the DSR, were “like enough.”

Conclusion

In this chapter, I have analyzed the commodification of donor sperm through the production of knowledge production. The deidentification and classification of sperm make it possible for sperm banks to commodify sperm as ”donor sperm.” These processes sever ties between the person who provides the sperm and the sperm itself, making sperm fungible. Sperm banks’ functioning relies on their ability to appear transparent. To sperm donors, banks must appear secure enough to have the ability to protect their privacy and identities. However, to the people who are considering using donor insemination, banks must also appear transparent enough for their information about their donors, and their donors themselves, to be reliable. The security and transparency demands of sperm banks emerged out of the Danish fertility industry’s increasing “patient centric” care models; midwife-run fertility clinics diverged from state-run clinic and hospital protocol by allowing patients to choose their own sperm donors. Rather than interface solely with clinic and hospital staff, sperm banks organized their operations to allow for patient-facing website sales,

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[18] I discuss this further in Chapter 3.

mimicking online shopping portals.

Drawing on interviews, I show how people trying to conceive use the information provided by sperm banks in unexpected ways. Though classification and de-identification of donor sperm is intended to make donor sperm into a commodity, donor mothers “re-gift” donor sperm not by creating relations with the sperm donor, but by using information like donor identification numbers as a potential resource for intimate relations. For people trying to conceive, knowledge about a donor becomes elided with knowing a person; the desire to know one’s future child becomes contingent upon knowing about one’s donor. The relationship between knowledge and intimacy also made possible the linking of intimacy and likeness; for my interlocutors, likeness, understanding one another, could more easily beget intimacy. The link between knowledge and intimacy also influenced donor mothers’ interactions with each other on online platforms. The lack of information provided by one donor mother might result in the lack of trust in another. The link between intimacy, knowledge, and likeness was also productive of notions of Norway as a racially homogeneous nation. In the next chapter, I analyze Norwegian legislation on donor insemination, tracking how figures of the family form transformed alongside the emergence of notions of secrecy and openness. Lawmakers’ notions of intimacy and the significance of genetic knowledge work across purposes of donor mothers’ interests; as I will show, the significance of knowing one’s genetic heritage was attached specifically to the primacy of knowing one’s donor.

Chapter 2
Seminal Infrastructures

Introduction

In 2013, the *Bioteknologinemnda*, an advisory council to the Norwegian legislature, published a statement recommending the creation of a national donor sibling registry. The statement identified people conceived with donor insemination within the Norwegian system before 2005 as the potential members of such a registry. People conceived with donor insemination in Norway after 2005 are entered into a national registry which they can consult at age 18 to learn the identities of their respective sperm donors, but, as the 2013 statement explained, people conceived before 2005 had no such recourse to learn their sperm donors' identities. Sperm donors' identities before 2005 were, by law, kept secret (*hemmelig*) by medical personnel; in some cases, clinics went so far as destroying medical records potentially linking sperm donors to their respective donor-conceived people. To remedy this, the 2013 *Bioteknologinemnda* statement suggested helping donor-conceived people find a second-best solution to learning their donors' identities: their donor siblings. The 2013 statement supported its argument for the creation of a donor sibling registry by championing openness (*åpenhet*) and its promise of a happier family life for donor-conceived children. The 2013 statement presents the history of sperm donation in Norway as a narrative driven by the revelation that secrecy in family life causes harm; in addition to being morally superior, openness represented the enlightenment of contemporary Norway, supported by empirical research.

While conducting fieldwork in 2016, I encountered the same evolutionary narrative proffered by the 2013 statement. At a book launch for a book on reproduction and Christianity in Norway, I spoke to a retired doctor who had been head of the sperm donation clinic in the 1990's. The book launch featured him, two journalists, and a performance artist in debate on reproduction, and after the debate I introduced myself. He seemed, understandably, tired, and as we exchanged contact information, he sighed that "no one" was really comfortable with sperm donor secrecy in spite of the law. His assessment of the 2003 law was not only that open sperm donation was morally better than sperm donor secrecy, but also that it was practically inevitable for the law to change in this way. By his account, as the use of sperm donation became more normalized and accepted in Norwegian society, the law changed to reflect the development of the Norwegian people's will. Many people I talked to about Norwegian sperm donation legislation— mothers who had used sperm donation, medical personnel at the national sperm bank in Oslo, academics, and doctors—narrated the law in terms of a natural progression, as if open donation were morally better and as if Norwegian society developed organically to realize this.

The progress narrative about open sperm donation obscures an apparent paradox about modern life and biogenetic-based kinship. Origin stories about the Norwegian social democracy frame the emergence of the modern welfare state in opposition to social and political orders structured by biogenetic-based kinship. Equality, the goal of the social democratic state, was only attainable through intervention in the patriarchal household; protecting women and children from their husbands and fathers necessitated the welfare state's intervention in the household.

Rather than a determinant of social relations, blood-based relations presented a threat to modern social order. Per this origin story, kinship based on blood relation presented a threat not only to egalitarianism, but to modern social order itself. How, then, did a government advisory council like the *Bioteknologinemnda* come to endorse the creation of kin relations based on biogenetic substance?

Below, I analyze the 2013 statement on donor siblingship and the biotechnology legislation that shaped sperm donation practice in Norway from 1987 onwards. I track the emergence of openness in sperm donation legislation and its role in distinguishing genetic substance from blood; this distinction between blood and genetic substance, I argue, has created the conditions from which donor siblingship has emerged. The donor sibling relation is not a reinscription of biological substance into kin relations, but rather the production of a new kin relation by virtue of a relatively new form of knowledge and kinship substance: genetics. The "biological" as a category of kinship relations is not monolithic; within "biogenetic," the descriptor used by kinship scholars in anthropology, there is a distinction between the "bio-" and the "-genetic."

A Note on Motherhood

Throughout the legislative changes discussed in this chapter, egg donation was categorically banned: an ovum fertilized outside the body had to be returned to the womb of the person who created the ovum. The ban on egg donation represented an attempt to maintain a universal definition of motherhood wherein the gestater, the ovum provider, and the person legally recognized as the child's mother were the same person. As a result of the ban on ovum donation, the following laws focus heavily on the rights of the child and the definition of paternity. Ironically, due to the tight regulation of motherhood, the figure of the mother is virtually invisible in these laws.

The 2013 Statement on Donor Siblingship

In June of 2013, the *Bioteknologinemnda* met to discuss concerns about children conceived in Norway with anonymous sperm donors; after this meeting, the council issued a statement to various government ministries recommending the creation of a publicly funded donor sibling registry for people conceived with anonymous donor sperm. Entitled "Children Conceived with Donor Semen: Biological and Social Belonging" (*"Barn unnfanget med donorsæd: Biologisk og sosial tilhørighet*"), the statement reiterates, per the UN Convention on Children's Rights (OHCRC), children's rights to know their "parents" and suggests that a donor sibling registry would help children conceived in Norway when donor anonymity was the legally mandated to find one another. For the statement's authors, the donor sibling relation represents an ideal compromise between the secrecy promised to sperm donors of the past and the openness to which donor conceived people, like all other Norwegian children, are entitled.

The statement emphasizes how openness (*åpenhet*) creates "safer and more stable families than secrecy does" and contextualizes its recommendations in Norway's history of sperm donation and in donor insemination practices employed by other countries (Bioteknologinemnda 2013). Explaining the legislative history which ended sperm donor anonymity in 2005, the statement affirms that Norwegian people conceived with anonymous donor insemination are a heterogeneous group and have learned about their conception in different ways. For some, disclosure of their conception leads to a strain on their relationships with their “social fathers”; for others, the revelation of their conception can lead to the feeling of being lied to. The statement then concedes that for others it may be a relief to have an explanation for why one felt different from one’s family. None of this is necessarily false, but the statement details the heterogeneity of donor-conceived people in service of emphasizing the importance of openness for *all*. Per the statement’s assertion, openness, as the disclosure of donor conception to a donor-conceived person, is necessary for all. Further, the statement draws upon research in psychology from the United States and Great Britain to suggest that openness in donor insemination is an ideal that transcends cultural difference or national context. Openness, per the statement’s description, is a universal quality, not only across different national contexts but also across different family forms.

The donor-conceived people whom the statement refers to are, notably, only those conceived through the Norwegian healthcare system during the period when sperm donors’ identities were secret by law. Due to further legislative restrictions (see below), the parents of all such people were, at the time of conception, heterosexual couples; the donor-conceived people in question all have “social fathers.” The statement presents this as a matter of legislative timing because lesbian couples were not allowed to access donor insemination until marriage law changed in 2009. Implicitly, the statement is concerned with paternity, and in discussing openness, produces a distinction between “genetic” and “social” paternity. The cohort of people conceived with anonymous donor insemination have grown up in families with fathers who could “pass” as their biological fathers. The statement champions openness in donor insemination by arguing that donor conceived people’s right to know their “parents.” In making this argument, the statement produces the notion that donor conceived people have two fathers: their legal social fathers, and their biological “donor fathers.” Per the statement’s account, the conditions of donor insemination prior to 2005 have shrouded their latter fathers in secrecy either because their parents did not disclose their use of donor insemination or because the Norwegian state mandated donor secrecy.

The statement describes some of secrecy’s effects. Donor conceived people could randomly meet and becoming romantically involved with their donor siblings, or donor-conceived people might use “all available methods” to find their donor kin and are at risk of releasing their genetic information on the internet in hope of finding their “genetic kin.” The weight of secrecy could strain donor-conceived people’s relationships with their social families. The statement suggests that because Norwegian authorities cannot release information to donor conceived people about their sperm donors, donor siblingship offers a convenient alternative.

In addition to producing an idea of a spectral donor father and donor siblings, the statement produces a normative notion of unqualified family. In marking donor insemination and resultant relations like “social father” and “donor father,” the statement implies that there are simply “families” for whom the social and biological fathers are the same person and for whom openness, or even the absence of secrets, is a given. Implicit in the 2013 statement is the certainty that openness is morally good and that Norwegian legislation experienced a natural progression from secrecy to openness. The focus on openness as the natural outcome of the passage of time obscures the specific concerns of previous legislation in the institution of donor secrecy. In the next section, I analyze the language of the 1987 Act on Artificial Fertilization and the conditions which mandated donor secrecy.

The Act of 1987: Reproduction Outside the Body

The 1987 Act on Artificial Fertilization (*Lov om kunstig befruktning*) was the first legislation to regulate reproductive technologies. Although the law was passed in the wake of the world's first successful in-vitro fertilization (IVF) procedure, the Act did not name specific technologies or medical procedures. Instead, the 1987 Act regulated "artificial insemination" and insemination "outside the body" (*utenfor kroppen*), imposing restrictions animated by anxieties about reproduction without heterosexual partnership.

The Act established the Norwegian Ministry of Social Affairs (*Sosialdepartementet*) as the authority on "artificial fertilization," the phrase that the Act used to refer to artificial insemination and insemination outside the body. Per the Act, only institutions approved by the Ministry of Social Affairs could perform artificial fertilization or freeze semen or fertilized embryos, and only doctors could approve and perform fertility treatments. With regard to gamete donation, the Act mandated that medical personnel kept sperm donors' identities secret (*hemmelig*) and forbade sperm donors from receiving information about the families who used their sperm (referred to as “the couple” and “the child”). The Act did not permit egg donation. Rather than explicitly forbidding it, the Act stated that fertilized eggs (embryos) could only be implanted in the body of the woman who had provided the egg. The Act also stated that artificial fertilization could only be performed on married women[19] and that institutions had to obtain written consent from women and their husbands before performing treatment. Only married heterosexual couples could undergo procedures that would result in conception “by a method other than sexual intercourse”; effectively, the only people who could use donor insemination or in-vitro fertilization were those whose households could appear as if neither procedure had occurred.

The act stages the use of IVF and donor insemination as “interventions,” implying that some form of undisturbed conception preceded the advent of the legislation. However, this legislation is less a reinforcement of a pre-existing nuclear family form, and more a claim that produces a notion of a family form wherein the genitor and the father are the same person, resulting in a shared biological connection between fathers and their children. Feminist scholarship on reproductive technologies examined the co-production of “nature” and “culture” in legislation and medical practice following the advent of IVF (Strathern 1992; Franklin 2002; Rapp 2001). The presumption that “nature,” often feminized, was given, timeless, and immutable was deployed in service of disciplining women (Cannell 1990; Martin

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[19] In 1991, this was amended to include women cohabiting with men.

1991). In this vein, Marilyn Strathern questions the use of “new” in the phrase “new reproductive technologies” and “assisted” in “assisted reproduction” (1992). The use of each, she argues, too easily produces ideas of “old” family forms or kinship practices preceding the development of technologies like in-vitro fertilization that are presumably not assisted. The availability of procedures like IVF and donor insemination did not mark a cataclysmic moment in which reproduction, uncoupled from sexual intercourse, was fundamentally changed. Instead, these medical practices became the site of political anxieties about the family form. Particularly in Norway, regulating access to gamete donation and IVF was a means to more tightly define fatherhood, motherhood, and proper kinship, arguably the very building blocks of the social democratic state.

The passage of the 1987 Act on Artificial Fertilization, thus, was a moment in which modernist notions of the family unit became the “old” kinship in contrast to the “new” reproductive technologies. This family form was bonded by love and blood, united through the symbol of sexual intercourse reminiscent of Schneider’s analysis of American beliefs about kinship (1968): children represented the erotic intimacy of their parents’ union, and couples materialized their marriages through their respective biological connections to their shared children. The 1987 Act regulated fertility treatments such that the gestational parent was always the mother and the genitor was, other than cases of clinical sperm donation, the father. In regulating “new” reproductive technologies, the 1987 Act simultaneously produced the heterosexual nuclear family form *and* marked it as “old.”

More specific to sperm donation, the act also produced the notion of the sperm donor, a figure that had not previously been named in legislation yet rendered his participation in conception as invisible as possible. The legislation states that doctors, not patients, were responsible for choosing “appropriate” (*egnet*) sperm donors; the scant information available about a given sperm donor (hair and eye color) was intended to help doctors approximate the physical appearance of the patient’s spouse.[20] The legislation also mandated that sperm donors not receive information on the identities of the couple receiving his sample nor any resulting children, and 2) medical personnel keep sperm donors’ identities “secret” (*hemmelig*). Thus, the law effectively severed any interaction between donors and families. Rather than a reinforcement or protection of the biogenetic link between a father and child, the stipulations about sperm donation produced a new definition of fatherhood as a matter of biogenetic substance. In identifying the social father as the “real” father, the law makes a claim about Norwegian notions of family: that fatherhood is defined by one’s social role, and yet the legislation of fatherhood subtly implies that paternity is inherently a matter of biogenetic substance.

The 1987 Act’s regulation of reproduction remained consistent until 2003, and the tension between biogenetic and social paternity outlined in it, I argue, is a precursor to the 2013 *Bioteknologinemnda* statement. However, the primary focus of the 1987 Act was restricting the use of donor insemination to the people whose partnership rendered the donor’s participation invisible: heterosexual couples.

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[20] I will discuss sperm donor appearance and family resemblance in Chapter 4.

Parenthood without biogenetic connection was only a secondary concern. In 2003, Norwegian legislators passed a new law banning sperm donor anonymity.

The Biotechnology Act of 2003

The 2003 Act on Biotechnology has had, thus far, the greatest impact on sperm donation practices in Norway. Passed under a conservative coalition government after the Norwegian Labor party was ousted for the first time in decades (Spilker 2016), the 2003 Act banned sperm donor secrecy by giving donor-conceived people, identified as "children," the legal right at age 18 to learn their sperm donors' identities. The Act, which went into effect in 2005, included a new clause to facilitate the release of donors' identities. Sperm donors had to provide written consent that their semen would be used for insemination and that their identities would be added to the national donor registry. These changes were perhaps the most dramatic of the new biotechnology law, and together with more subtle changes to the law, they signaled a sea change in Norwegian sperm donation legislation. Specifically, they produced a new subject: the donor-conceived child, a rights-bearing individual independent of his or her parents.

The 2003 law included a phrase previously absent from biotechnology legislation: "best interest of the child." This phrase appeared in a clause referring to the physician's discretion in treating couples for infertility. According to the clause, physicians were tasked with assessing the medical and psychological fitness of fitness of the couple receiving treatment with special emphasis on the couple's "caring ability" and the "best interest of the child." The phrase "the best interest of the child" (*barnets beste*) and the inspiration for the use of open donation was drawn from the United Nations Convention on the Rights of the Child (UNCRC), which Norway ratified in 1990. Article 3 affirms the importance of the best interest of the child "in all actions concerning children"; Article 7 states that "children, so long as it is possible, have the right to know their parents."

Norway's invocation of the UNCRC in biotechnology law is rife with contradiction. Firstly, Norway's Children's Law (*Lov om barn og foreldre* 2019), which legally defines paternity, states explicitly that a sperm donor cannot be legally adjudged a father, yet the documents informing the 2003 Biotechnology Act explicitly invoke the UNCRC's assertion of children's rights to know their "parents" (Spilker 2016). Legally, a Norwegian child must have two parents, and, at the time of the 2003 Act, patients conceiving with donor insemination had to be partnered. Thus, a donor is a parent, but neither a father nor a legal parent. The inconsistency between Child's Law and the Biotechnology Act implies that biogenetic parentage exists independently of legal parentage yet is still significant to the rights-bearing child described in the Act. Moreover, the 2003 law stipulates that one has the right to know one's sperm donor no earlier than age 18, at which point one is no longer legally a child. Although the law is written in terms of the child's rights, children cannot legally find out their donor's information. Further, the restrictions on access based on intended parents' marital status and much of the record-keeping necessary to register donors and corresponding live births all occur before conception. The law disciplines couples trying to conceive, many of whom do not already have children; the "best interest of the child" invokes the interest of a person who does not yet exist. Technically, the law serves the interest of children who have yet to be born or people who are no longer children. The overall effect of the law establishes the state's role in guarding the well-being of unborn children from unfit parents, thus implicitly making the use of reproductive technology not only a matter of making children, but of making Norway's children.

Donor Secrecy as a History of Openness

Accounts of the 1987 Act's passage characterize it as "conservative" out of an abundance of caution about introducing new technologies not only to Norwegian clinics but also to Norwegian society. Anthropologist Marit Melhuus has noted the caution which characterizes Norwegian biotechnology legislation, describing it as "better safe than sorry" (Melhuus 2012). The 1991 report "Humans and Biotechnology" notes the government's obligation to educate the public to mitigate misunderstanding and even fear of new technologies (NOU 1991). By these accounts, Norwegian legislation mandated sperm donor secrecy until the Norwegian people realized that secrecy was a disservice to donor-conceived people; with the change of popular opinion, the law was revised such that the Norwegian government became responsible for managing a registry for donor-conceived people to know their donors' identities. This is as an inherently modernist story, one that assumes that the passage of time and social progress are linked and that interprets events of the past in service of the present. Such a narrative arc casts the past—in this case, the 1987 legislation—and the social actors involved as ignorant or unknowing, thus making it possible to imagine the present moment as enlightened or otherwise superior in comparison. This narrative further frames sperm donor insemination and reproductive technologies as inherently disruptive of the family form, obscuring the fact that Norwegian biotechnology legislation produced the nuclear family form that it claimed to protect. My interpretation of this modernist narrative of sperm donation legislation is shaped by Foucault's essay "Nietzsche, Genealogy, History," in which Foucault argues for a method of historiography that does not report the past in service of the present, but analyzes the emergence of the present from a series of past contingencies, moments which contained the possibility for multiple futures (1977). Drawing on Foucault's insights, I have analyzed each piece of biotechnology legislation in terms of its contemporaneous moment.

The evolutionary narrative about openness and biotechnology obscures an apparent paradox in the 2013 *Bioteknologinemnda* statement on donor siblingship. Modernization narratives in Scandinavia as well as Europe more broadly frame the development of the bureaucratized state as an improvement on social and political orders based on biogenetic kinship (Povinelli 2002). Specific to narratives about Norway, blood-based kinship and the patriarchal household presented a threat to egalitarianism whereas the social democratic state offered a support network to all citizens regardless of gender or age; women and children were not subject to the whims of their fathers or husbands. The *Bioteknologinemnda*'s statement, in light of the role of biogenetic substance, paternity, and the social democratic state, appears contradictory in championing biogenetic substance and urging government ministries to facilitate the production of biogenetic-based kin beyond the household.

The 1987 and 2003 Acts are productive of new family forms and new notions of biogenetic substance itself. The importance of one's genitor is not a matter of blood and social order, but rather individual identity and genetic substance. The 1987 Act defines the nuclear family unit and paternity not through substantive ties, but through social relations. Though a sperm donor provides biogenetic material to conceive a child, the father of the child is the partner of the child's mother. The family form produced by the 1987 Act is the ideal of modernization narratives discussed above wherein the bureaucratic state renders biogenetic kin networks unnecessary; the nuclear family household, as a relic of biogenetic-based kinship, is necessary for the continuation of biological reproduction but bound by love rather than obligation (Povinelli 2002). The secrecy of sperm donors was an expedient to producing the appearance of a family built on ties of blood and love. However, in establishing the primacy of the "social" father over the sperm donor in the family form, the 1987 Act made a subtle claim about biogenetic substance and paternity; without the law's intervention, a sperm donor would be a natural father. In denying the importance of the sperm donor in the nuclear family, the 1987 Act produced and implicitly undermined the notion of the "social" father.

In banning sperm donor anonymity, the 2003 Act builds on the 1987 Act rather than reversing it. The 2003 Act does not privilege the sperm donor over the social father, but rather produces what the 2013 *Bioteknologinemnda* statement would later call a "genetic father": the person whom a donor-conceived person derives their genetic heritage, but who does not have a legally recognized relationship to a donor-conceived person's mother. Openness in the 2003 Act is not the opposite of secrecy, but rather an incitement to produce a new relation by distinguishing between blood and genetics as relational substance. Openness purifies blood of its burdens as a vector of obligatory kinship. Donor-conceived people have no obligation to their "genetic fathers," but have rights to them nonetheless. Instead, one's sperm donor is a source of information about oneself, a repository of genetic code that contributes to one's identity as an atomized individual. In promoting donor siblingship, the 2013 statement from the *Bioteknologinemnda* makes further claims about genetic substance by implying that, in addition to a genetic father, donor-conceived people in Norway have genetic sibling networks.

Conclusion

In this chapter, I have tracked the production and transformation of the family form in Norwegian biotechnology legislation and *Bioteknologinemnda*'s 2013 statement on donor siblingship. The 2013 statement exhorts Norwegian lawmakers to help foster donor sibling relations through the creation of a donor sibling registry. In support of its recommendation, the statement proffers a linear narrative as the history of sperm donor secrecy in Norway; per this narrative, "openness" and open donation were the morally superior methods of managing donor insemination. However, a close reading of the 1987 legislation shows that the central concern about donor insemination was the preservation of the family form and the two-parent household. The 1987 law produced a new definition of the nuclear family that previously did not exist in legislation: a family with two parents wherein each parent had a biological link to their child or children. Prior to this legislation, paternity was defined in relation to a child's mother: a child's father was the mother's husband or domestic partner. The definition of the family produced by the 1987 law troubles the notion of paternity; in stating that a sperm donor cannot be adjudged as a father, it implies that the biological substance shared between a sperm donor and his donor progeny are somehow part of what, in all other cases, constitutes paternity.

The 2003 law banned donor anonymity, seemingly overturning clauses in the 1987 law. Invoking the United Nation's Convention on the Rights of the Child (UNCRC), the 2003 law affirmed the child's right to know their parents. Passed by a conservative legislature, this law's invocation of the UNCRC contradicted much of Norwegian legislation on donor insemination and paternity. Although a sperm donor, by Norway's Child's Law, could not be adjudged a father, the 2003 law's assertion that a donor-conceived person has the right to know their "parents" implies that a sperm donor is some kind of parent. The 2013 statement appears to draw on the force of this law. Because people conceived with donor insemination in Norway before 2005 did not have access to their donors' identities, the 2013 statement suggests the cultivation of donor sibling relations as a second-best alternative to knowing the identity of one's sperm donor. Thus, the shift from anonymous to open sperm donation was not a result of the Norwegian public's collective realization that openness in sperm donation was morally good. Instead, the change in biotechnology legislation, as I have argued, resulted from a shift in the meaning of biogenetic substance in the family form.

In the next chapter, I discuss the efforts of solo mothers trying to find their children's donor siblings, not as a second-best to the meeting one's child's sperm donor, but as a preferred relation that fulfills mothers' interpretations of "openness." These mothers' kinship practices underscore how Norwegian legislation on donor insemination has centered on anxieties about paternity. Mothers' attempts to seek their children's donor siblings alongside their specific desires about how to relate to their children's donors (if at all) highlight the distinction between blood and genetics as kinship substances.

Chapter 3
Not Quite Norway's Child:
Solo Motherhood, Autonomy, and the Patriarchal State

Introduction: You're Looking for This!

I met Jenny by chance on a wintery afternoon at her workplace. My friend Eirik, who I met through mutual friends, had invited me to lunch at his office cafeteria, and while I talked to him about my research, Jenny, one of Eirik's co-workers, joined us. To my surprise, Jenny joined me in answering some of the Eirik's questions about the differences in Norwegian and Danish donor insemination laws. I soon deferred to her when the conversation turned to Finnish and Russian legislation and clinics, sites that I hadn't yet engaged with through my interlocutors. Jenny asked how we had begun talking about this, and I explained that I was doing research on sperm donor siblings. Before I could define the phrase "sperm donor sibling," Jenny exclaimed, "Ah! You're looking for this." With a smile, she pulled her cell phone from her jacket pocket and showed us the picture on her lock screen—two toddlers standing near a Little Tykes slide in a fenced backyard on an overcast summer day. Both with straight blond hair and rosy cheeks, both looking solemnly over their shoulders at the camera as if they had been interrupted mid-play. Jenny explained that this was her daughter, conceived with a Danish sperm donor's assistance in a Finnish clinic, and her daughter's donor sister who also lived in Oslo.

Meeting Jenny was one of many serendipitous encounters I had with single women in Oslo who had used sperm donation abroad, many of whom self-identified on internet forums as "solo mothers" or "donor mothers." Many such women who I met were somewhat forward about their use of sperm donation; like Jenny, there were some who had no problem with telling co-workers that they had used sperm donation. Perhaps because many of my social circles included women in their mid- to late-thirties, I often met people at parties who were considering "going to Denmark," a popular euphemism for fertility travel regardless of the destination. The topic of donor insemination abroad seemed ubiquitous and almost normalized in Oslo.

However, as I learned quickly, donor mothers and their children were in a more precarious position in relation to the Norwegian state than women who were single mothers in a more conventional sense (through past relationships or bereavement). Jenny and other Norwegian solo mothers who have used donor insemination abroad engage in a careful dance with the patriarchal welfare state, both undercutting and reinforcing norms about the Norwegian nation and the family form. Having conceived abroad without partners, my solo mother interlocutors sought to mitigate the ways their family form was illegible to the Norwegian welfare state's bureaucracy. More specifically, my interlocutors emphasized the importance of openness and collecting information about their children's donors and, in some cases, even went so far as to find their children's donor siblings to build kin networks for their children that went beyond their own networks. Their attempts draw on interpretations Norwegian social conventions and legal mandates that emphasize the "best interest of the child" (*barnets beste*), but at times, these attempts have contradictory effects, further problematizing solo mothers' predicament in relation to the Norwegian state. In this chapter, I detail the relationship between single motherhood and the Norwegian social democratic state, and I recount a case wherein a state agency withheld support for a donor-conceived child whose solo mother had died. This case compelled mothers like Jenny to conceive and parent in compliance with Norwegian ethical mandates on the use of biotechnology, but ironically, as I demonstrate below, adhering to these ideals risked attenuating their families' ties to the Norwegian social democracy.

Solo Mothers: Mothers In Spite of Being Single

On my behalf, Jenny posted a call for interviews about donor siblingship to online forums affiliated with donor insemination-related organizations. The respondents to these calls were nearly always the mothers of sperm donor-conceived children, and all but a handful of these mothers had conceived while single. Through Danish sperm bank directors, I had learned that single women are the fastest growing demographic among the Scandinavian fertility industry's clientele; a popular shorthand for such women was "single mothers by choice."

The phrase "single mother by choice" was coined in the early 1980's by a nurse in the United States where women who used donor insemination while single sought to distinguish themselves from "conventional" single mothers (Hertz 2006). This distinction also implicitly marked differences in class and race from U.S. stereotypes of single motherhood. Like their Norwegian counterparts, U.S. American single women who conceive with donor insemination are often older than national averages at the time of conception and have the financial means to pay for the high costs of fertility treatments (Hertz 2006). Some of my interlocutors sold their homes in order to afford trips to Denmark, Finland, or Russia; though fertility treatments took their toll financially, my interlocutors had resources that many other Norwegians did not. However, my Scandinavian interlocutors took issue with the language of choice in "single mothers by choice."

Although Scandinavian sperm banks and fertility clinics seemed to use the label "single mother by choice" with relative ease, many of my interlocutors were uncomfortable with the phrase. Evi, whose daughter Lotte was conceived with a Danish sperm donor, explained that she went through a period of mourning after deciding to conceive. For Evi, and for some of the other women I interviewed, conceiving with donor insemination and dating were mutually exclusive activities. Dating in hopes of conceiving with an eventual partner narrowed the window of time in which she could conceive at all if a relationship did not work out, but having a child while single foreclosed the possibility of dating because of the amount of time and energy that childrearing entailed.

At age thirty-five, Evi ended a relationship and decided to undergo donor insemination. She subsequently experienced a mild depression. In describing the depression, she problematized the language of choice in the "single mother by choice" label. Though she had chosen to become a mother, she emphatically stated that she didn't choose to be single, nor did she choose to be a single parent. Particularly because she chose to conceive at thirty-five, relatively young by donor mother standards, Evi described the stress of doubting her decision, the possibility that she could have continued dating and waited five years before seeking fertility treatments, her "Plan B."

> I think maybe if you wait longer, you really have the sense, "if I don't do it now, I won't have a child." For me, I wasn't really there yet, I still really wanted to meet someone. It was more of a, "if I don't do it now, my fertility might go down, then I might have problems getting pregnant"… some women wait even longer [past age thirty-five] and then, "okay I don't have another choice. If I want to have a child then I'm going to do it now."

Still recovering from this depression, Evi rejected the "single mother by choice" label entirely: "I chose to be a mom in spite of being single, I didn't choose to be a single mother." She, like other mothers I met, preferred the phrase "*solomor*" or "solo mother" (plural, *solo-mødre*) in distinction from "*alenemor*" (literally, "alone mother"), a term for a single mother who conceived with a then-partner.

Evi's feelings of failure were further compounded by apprehension that there was "no reason not to" conceive. Though she had lived in Bergen, a city on the western coast of Norway, for over fifteen years, she was originally from a smaller Western European country which offered state-funded fertility treatments to single women. Evi describes this possibility as an option to conceive "without too much of a hassle" compared to the conditions in other countries. This phrase—"no reason not to"—was a phrase I heard from many other women living in Norway about becoming a mother regardless of their relationship status or their use of donor insemination. With state-funded childcare, generous parental leave, and robust pre- and post-natal support for gestating parents, there was "no reason not to" have a child because it was relatively easier than in other countries. Implicit in these conversations was the rarely discussed possibility of not having children at all. The dilemma Evi described to me—whether to continue dating or to conceive while single—is made possible by the assumption that being voluntarily childless is not an option. Evi never explicitly identified the intense normative pressure to have children, a pressure perhaps more pervasive given Norway's strong pronatalist policies and its self-professed "child-centric" social organization[21], but it was one that undergirded all of the conversations I had with people about reproduction. Further, the foundation of pronatalist state policies featured heavily in origin stories of the social democratic state itself.

Single Motherhood and the Social Democratic State

Academic and popular narratives have long framed gender equality as a cornerstone of the Nordic model (see Melby et al. 2001; Trädgårdh 2007). The production of the Nordic welfare state was co-constitutive of the production of womanhood; women, construed mainly in their capacity to gestate, were the primary intended recipients of the social democratic state's care, often as if variations on the plight of Henrik Ibsen's character Nora in *A Doll's House* (*Et dukkehjem*) (2005). Perhaps best remembered for leaving her husband and children at the play's end, Nora was beset by the status of women in her time. Unable to borrow money or work outside the home, Nora committed forgery to take out a loan in her deceased father's name; this loan allowed her and her husband to travel abroad so that he could recover from persistent illness. Nora attempts to conceal this forgery from her husband, and in doing so, she consistently lies to her husband and nearly submits to blackmail. She eventually confesses to her husband and states that she cannot fulfill her "sacred

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[21] The figure of the child in Norway and the place of women as mothers are both central in the welfare state's foundational narratives. I discuss this in more detail in the Introduction.

duties" (*hellige pligter*) as wife and mother without fulfilling her most sacred duties, her duties to herself ("*pligterne imod mig selv*") (Ibsen 2005). Declaring her intention to leave her husband's home thereby severing his obligation to her, Nora states that she could only return as his wife if "the most wonderful thing" happened ("*det vidunderligste ske*"): if he regarded her not as a possession (a "doll-wife") but as his equal (Ibsen 2005). Critically, Nora's departure is not a total rejection of her roles as wife and mother; instead, Nora recognizes that her duplicity and secrecy have rendered her an unfit mother. Fulfilling her duties to herself are a means to becoming an equal to her husband and a good mother.[22]

Generalized versions of Nora's story feature in narratives about the foundation of the social democratic welfare state. These narratives identify the patriarchal family form as a site of tyranny and the source of social inequality (see Melby et al. 2001). The social welfare state, in contrast to the nuclear household, offers material support and protection to women and children from their respective fathers, brothers, and husbands (Melby et al. 2001). From recognizing housework as labor equal to employment outside the household to expanding access to divorce, the Council of Nordic ministers established the social democratic welfare state through policies targeting women's lives in the early twentieth century.

In *Belonging in an Adopted World*, Barbara Yngvesson describes how Nordic social policy in the mid-twentieth century made it relatively easier for women to

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[22] When her husband tries to convince her not to leave, Nora asks, "how am I fit to raise the children?" (*hvorledes er jeg forberedt til at opdrage børnene?*) (Ibsen

leave unhappy marriages and domestic partnerships. According to Yngvesson's account, the acceptance of unmarried motherhood transformed the landscape of adoption and reproduction in Scandinavia. In the earliest days of the social democracy, unmarried women were often compelled to get married or to give their children up for adoption because of the social stigma of single motherhood, but because of the desire to prevent single pregnant women from feeling forced into marriage, support for single mothers was significantly expanded.

In spite of this, single motherhood in Norway is not wholly accepted nor regarded as equal to a two-parent household. Although being a single mother does not seem to be moralized, Norwegian public discourse still traffics in stereotypes about the effects of single motherhood on children. Media coverage of Anders Behring Breivik's trial obsessed over Breivik's upbringing and relationship to his single mother in his early childhood and in the years before July 22, 2011, when he committed the deadliest attack in Norway since the Second World War.[23] As the public waited for Breivik's trial, media narratives focused on his psychiatric state, as if proving him to be a "lone madman" would "symbolically purge" him from Norway; these narratives placed blame on Breivik's upbringing and mental state, describing his attack on Norway itself as an isolated incident rather than a product of Norway's growing xenophobic right-wing populism (Shatz 2014). Prison psychiatric evaluations found no evidence of psychosis or schizophrenia and deemed Breivik

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[23] Åge Borchgrevink claims Breivik idolized and longed for his father, Jens Breivik, a diplomat who moved to France shortly after separating from Anders' mother (2013).

criminally liable for his actions. Nonetheless, popular discourse in Norway was preoccupied with connecting Breivik's radicalization to his childhood and home life (Shatz 2014).

Wenche Behring, Breivik's mother, featured heavily in explanations of Breivik's attacks. Psychiatrists highlighted her own experience of childhood abuse; after her father died, eight-year-old Wenche became the primary caregiver to her emotionally abusive mother who was paralyzed by polio from the waist down. After Breivik's 2011 attacks, psychiatrists speculated that Wenche's own mother, also a single mother, had been schizophrenic (Olsen 2016). Leaked psychiatric reports from 1983 described Wenche as a mother, her "profoundly pathological" relationship to her young son Anders, and her projection of "her own primitive, aggressive and sexual fantasies" onto her son, "all the qualities in men that she regard[ed] as dangerous and aggressive" (Olsen 2016). The treatment and incidents linked to these reports nearly resulted in Behring losing custody of her children, but the intervention of social workers and Behring's own lawyer prevented Breivik and his siblings from becoming wards of the Norwegian state (Olsen 2016).

These accounts imply that Behring's abuse of Anders Breivik and the failure of the Norwegian authorities to effectively intervene resulted in Breivik's radicalization.[24] Compared to the scrutiny of Wenche Behring, very little was said

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[24] Sindre Bangstad's *Anders Breivik and the Rise of Islamophobia* (2014) is a notable exception to these narratives. Bangstad rejects the idea that Breivik's childhood launched his animosity towards Muslims. Instead, Bangstad argues that "it is entirely possible to be a lone madman, yet act out ideological fantasies of purity and existential danger which are, in fact, more mainstream" (2014).

about Breivik's father. Novelist Åge Borchgrevink's account of Breivik's past mentioned how Breivik longed for a closer relationship to his father Jens, a diplomat who lived abroad after separating from Breivik's mother, but Jens' absence from Anders' life was not a central part of popular narratives about Breivik's childhood (Borchgrevink 2012; Shatz 2014).

The focus on Wenche Behring in narratives about Breivik highlights Norwegian attitudes towards single motherhood. Behring's household was framed as a site of critical intervention in preventing a monstrous attack on the nation. Behring's sexuality as a single woman became pathologized, bleeding into speculation that she had sexually abused Breivik; that Breivik lived with his mother at the time of the 2011 attacks became further evidence of their family form's deviance. Jens Breivik's apparent absence from his son's life did not feature in these narratives; rather, these narratives scrutinized state psychiatrists' and social workers' failure to effectively intervene in Behring's household in the early 1980's. In keeping with origin stories of the social democracy, the popular solution to the problem of Behring as a single parent was, retrospectively, state intervention. This attitude about single motherhood is as persistent as it is foundational: if the single mother household were not in need, the symbolic value of the benevolent social democratic welfare state would be lost.

Thus although single motherhood is not unusual in Norway, the "conventional" single mother household in Norway is figured as a site in need of support, as if the welfare state itself could stand in for a father figure in the absence of a husband or domestic partner who would otherwise provide the material and emotional support outlined by civil law. The primacy of a two-parent household is apparent even in laws regulating the use of donor insemination; as discussed in Chapter 2, the earliest legislation on donor insemination limited its use to women who were married or cohabiting with a male partner. In 2005, married women, regardless of their spouses' gender, were permitted access to donor insemination and fertility treatment. By 2016, when I conducted field research, women without partners were still not allowed access to donor insemination in Norway; categorically, single women were unfit to receive fertility treatment and become mothers. In seeking donor insemination outside of Norway, the *solomødre* I interviewed were not only conceiving without the involvement of partners, they were conceiving without the blessing of the Norwegian state.

The lack of approval from the Norwegian state materializes in different ways and at different times for solo mothers. The most immediate and apparent is the lack of financial support to conceive. If a Norwegian woman is partnered with someone who cannot produce sperm, the Norwegian healthcare system covers a portion of the donor sperm and the insemination procedure costs, and per EU directives, anyone eligible for treatment in Norway can be reimbursed for identical treatment received in other EU countries. Single women traveling abroad to conceive with donor insemination are not eligible for reimbursement, and therefore, pay with their own funds to receive donor insemination and other fertility treatments. After conceiving, solo mothers can receive prenatal care in Norway covered by the national insurance system. However, the threat of lost material support from the welfare state still looms beyond the fertility clinic.

Not Norway's Child

When we met for coffee a few weeks after our first meeting, Jenny told me about a controversial case involving the Norwegian Labor and Welfare Administration (*Nye arbeids- og velferdsetaten,* or NAV) and a solo mother who died when her daughter, Maia, was fourteen years old. Because the woman had conceived using anonymous donor insemination without a partner in Denmark, the Norwegian population registry had no father on record for Maia; after the woman's death, Maia received a reduced "child pension" (*barnepensjon*), 40% of the full rate for a parentless child because, per NAV's reasoning, she only had one deceased parent (Haakaas 2013). NAV's policies for child support are premised on the assumption that all children must have two parents, and because Maia was conceived with an anonymous donor, she was not entitled to a full child pension.

In a statement issued to *Aftenposten*, one of Norway's largest newspapers, NAV's directorate clarified that, per Norwegian law, a sperm donor is not a father, and there was no second parent from whom a child such as Maia could claim child support. Therefore, there was no person who the welfare state would act as a substitute (Haakaas 2013). This statement hinged specifically on Maia's donor-conceived status; if Maia were not donor-conceived and her paternity was unknown, NAV's officials conceded that authorities would have opened an investigation to find her biological father (de Rosa and Haakaas 2014). In the absence of a biological father, NAV would financially support Maia. However, because the NAV authorities knew that Maia was conceived with a sperm donor[25] and because she had no registered second parent, Maia was not eligible for the same level of support that a child with two deceased parents would have. Maia's lawyer, Tone Skalpe Bjørnli, compared Maia's situation to a pregnancy resulting from a "random one-night stand," in which case, such a child would be eligible for a full child's pension (de Rosa and Haakaas 2014). However, a court of appeals emphasized that Maia's mother *chose* to conceive abroad with donor assistance, an argument which Skalpe Bjørnli regarded as "unexpectedly moralizing" (de Rosa and Haakaas 2014). After much publicity in Norwegian media and four years of petitioning, Maia was granted an exception and recognized as a "full" orphan, entitled to state support until age 20 (Haakaas 2013).

In withholding material support for Maia, Norwegian authorities ostensibly punish Maia for her mother's violation of Norwegian ethical mandates about who can be a parent. By circumventing Norwegian restrictions on donor insemination for single women, Maia's mother conceived while single without the approval of the Norwegian state; therefore, state authorities asserted, the agreed upon terms of single motherhood in Norway did not apply to Maia's mother. Through the decision to withhold funding from Maia, the Norwegian state ended up embodying the

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[25] The use of anonymous sperm donors has been banned in Norway since 2005. As a result, the use of sperm from anonymous donors abroad is categorically out of joint with Norwegian family law. If a solo mother finds a partner who wants to adopt her donor-conceived child, that adoption is impossible without proof that an open donor was used regardless of the country where the child was conceived.

patriarchal societal culture that Norwegian national identity and the social democratic welfare state has claimed to work against.

My argument draws on Mayanthi Fernando's scholarship on the policing of binational marriages in France (2020). Fernando draws on Sara Farris' notion of "femonationalism" to highlight how sexual liberty has become a defining feature of French national identity and how this permutation of nationalism resonates with classical liberal nationalism that center the marriage and romance (Fernando 2020). However, as Fernando argues, the French state attempts to crackdown on fraudulent marriages, and in doing so, mirrors the Muslim patriarch that it claims to combat.

Norway's social democracy was developed in explicit distinction to classical liberalism theories of society, individualism, and the family form that have informed French political life (See Trädgårdh 2007). Marriage, sex, and romance were central to foundational forms French nationalism and helped give rise to the specific instantiation of femo-nationalism Fernando discusses (Fernando 2020:83); in contrast, political life in Norway sought to achieve gender equality through autonomy from the nuclear household (Jacobsen 2018). More specifically, social democratic policies aimed to give women and children financial independence from their husbands, fathers, or brothers (Melby et al. 2001).

Discourses about autonomy in Norwegian politics transformed in the 1990's when Norwegian politicians began articulating their vision for a multicultural Norway. Individual autonomy was repurposed as autonomy from cultural constraint (Jacobsen 2018: 316). Public campaigns on forced marriage, female circumcision, and female seclusion depicted Muslim and immigrant women as the victims of patriarchal cultural tradition and religion. Within these campaigns, the state became a “liberator of the individual from ties of dependency within civil society” (Jacobsen 2018:316). The autonomy championed in such campaigns had limitation which, as Marianne Gullestad has argued, only become apparent in their violation; a woman’s decision to wear a *hijab*, for example, could not be recognized as a form of autonomy (Gullestad 2002 cited in Jacobsen 2018). In spite of the distinctions between social democratic and liberal theories of society, Norwegian ideas of autonomy, choice, and modern subjectivity have taken on strikingly similar forms to those described in France. Whereas the French state, per Fernando’s argument, mirrors the Muslim patriarch it claims to fight against, the Norwegian state embodies the repressive society from which it attempts to liberate women.

In Maia’s case, an appeals court used the language of choice in supporting NAV’s refusal to give Maia the full child pension: “when the woman *chooses* to carry out assisted reproduction in a way that is not permitted in Norway, it is not unpredictable that this will have consequences for the child’s social security and/or pension rights” (de Rosa and Haakaas 2014; my emphasis). Here, solo mothers’ refusal to identify as “single mothers by choice” is critical. The court language implies that Maia’s mother chose single motherhood amidst options that include parenting with a partner. In contrast, Evi’s definition of solo motherhood described above emphasizes that one has chosen to be a mother in spite of being single; one’s status as single is a circumstance rather than a preference. In traveling abroad to conceive, solo mothers act independently of a legal and social system at home which constrains their reproductive autonomy and deems them unfit to parent unless they have partners. By NAV's account, solo mothers' autonomy amounts to a rejection of Norwegian ethical ideals of parenthood rather than an attempt to assert one's reproductive autonomy independent of a pronatalist state that privileges heterosexual partnership.

In denying Maia support, NAV sent a message to other solo mothers and women considering using donor insemination while single: if one does not reproduce with the blessing of the Norwegian system, one's child will not wholly be the responsibility of the Norwegian social democracy. Implicitly, Maia is not fully Norway's child. In asserting this, the state mimics the oppressive society from which the Norwegian social democratic state is predicated saving women.

Maia's story and its resolution concerned Jenny because a policy exception for one child did not set a precedent the way a legal decision would have if the case had escalated to national courts; Jenny worried that if something happened to her, her own child would face the same harrowing process of proving herself fully parent-less. Many of Jenny's decisions about using donor insemination — which kind of donor to choose, which country to conceive in, and whether to find and meet her child's donor siblings — were based on anticipating the worst-case scenario: Jenny's death, and the subsequent abandonment of her child by the social welfare state. As a precaution, Jenny did her utmost to comply with Norwegian donor insemination guidelines and laws when she traveled abroad to conceive, and in some cases, her interpretation of the underlying ethos of Norwegian biotechnology laws went beyond the what the Norwegian system regarded as the rights of donor-conceived people. In spite of the fact that she, as a single person seeking donor insemination, was not in compliance with Norwegian biotechnology law, she attempted to ensure that her child would not feel the effects of her decision to conceive beyond Norway.

Parenting Norwegianly: Openness and Donor Siblingship

Jenny chose an open donor when she decide to travel abroad to conceive, thus complying with Norwegian laws banning the use of anonymous donor even though she was circumventing Norwegian bans on donor insemination of women without partners. By using an open donor, Jenny hoped to simplify any future complications in her child's support; for example, with proof that she used an open donor, a future partner might be able to adopt her child.[26] Jenny also decided to find her daughter's donor siblings and cultivate relations with them and their families. Though these relations were not recognized by Norwegian family law, finding these families and building relationships with them made Jenny feel more secure. If Jenny died, she reasoned, then her daughter would not be "totally alone in the world"; her daughter would be part of a cohort similarly positioned in relation to the Norwegian welfare state and to their common Danish donor. More than a practical strategy, Jenny's

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[26] The use of an anonymous donor abroad can hamper stepparent adoption or application for *medmor* ("co-mother") status. Because donor anonymity is not recognized in Norway, the legal documentation severing an anonymous donor's connection to their donor progeny is not recognized.
In order for a child to be adopted, their biological parents must agree to relinquish their claim as legal parents. I discuss this further in Chapter 4.

decisions to use an open donor and to find her child's donor siblings were part of a broader ethos of openness that I heard from many solo mothers. In speaking about when or how to tell their children about sperm donation or even whether to disclose their use of donor insemination to their family members, their children's schoolteachers, or even their co-workers, my solo mother interlocutors often referenced their desire to "be open," even though their definitions of openness varied widely. Many solo mothers' interpretations of "openness" included the desire to disclose their children's status as donor-conceived or even to acknowledge their children's Danish inheritance. Across multiple interviews, solo mothers expressed the importance of "not hiding": Elsa insisted her son should "be proud" of his Danish roots; Tuva asserted that she had "nothing to hide" from her son; Marte affirmed that she did not want her daughter to feel ashamed of having a solo mother. Implicitly, the alternative to openness for solo mothers was shame, secrecy, or subterfuge. Hiding one's use of donor insemination, whether from one's child or from one's social networks, was not an ethical option.

Openness was widely accepted as a condition of ethical use of donor insemination and a central component of being a Norwegian parent, but for solo mothers, being open about one's use of donor insemination while single potentially undermining one's child's connection to the welfare state and to a national cohort of Norwegian children. Openly acknowledging and identifying oneself publicly as a solo mother or one's child as a donor-conceived child risked the punitive withholding of entitlements from agencies like NAV. Further, emphasizing a child's Danish roots in service of being “open” about their biological inheritance implicitly highlights their foreign descent.

In discussing her decisions to use an open donor and to find her child’s donor siblings, Jenny described her desire to be as “open as possible,” insisting that she had nothing to hide from her child. Jenny’s concern with being open was one shared by other mothers I interviewed. Although there were many polarizing topics about how to parent as a solo mother, all mothers I interviewed were adamant about the importance of being open; however, what openness meant to each of them varied widely.

Solo mothers’ concerns with openness resonate strongly with Norwegian mandates about biotechnology and the family. The 2003 Act on Biotechnology enshrined “the best interest of the child” (*barnets beste*) as the ethical anchor of all reproductive technology use and legislation alongside the removal of a clause mandating that sperm donor’s identities be kept secret (*hemmelig*); instead, people conceived with donor assistance after the law’s enactment have the right at age 18 to access their donors’ identities, a practice often referred to as open sperm donation. In conversation with medical professionals, solo mothers, and sperm bank staff, I often heard people espouse the importance of “being open” with donor-conceived children. In Norwegian legal terms, being “open” entails using an open donor and, in the case of heterosexual couples, disclosing the participation of a sperm donor to donor-conceived children.

My solo mother interlocutors seemed to internalize and amplify the concern with using donor insemination openly and the imperative in the best interest of the child. Some mothers I spoke with expressed concern that by conceiving without a partner, they had harmed their children. These fears were part of normative Norwegian expectations that drove the original legal restrictions on which people could undergo donor insemination. Solo mothers knew that in traveling abroad to conceive they were bypassing Norwegian law, and many of my solo mother interlocutors regarded this circumvention as a potential risk to their child, whether because their children risked loss of support from the welfare state or because their inherently smaller kin networks and family forms would negatively impact their children's quality of life. Conceiving and parenting openly, then, were solo mothers' attempts to buttress their relationships to their children, a means to ensure that their children did not feel wronged for having solo mothers. Further, for solo mothers, openness was a means of conceiving and parenting as Norewgianly as possible in spite of their conception abroad with non-Norwegian sperm donors. The desire to act in the best interest of their children was certainly a genuine one. However, it was also a means to demonstrate that in spite of their noncompliance with Norwegian biotechnology legislation, solo mothers were legitimate Norwegian parents, recognizably members of a national cohort of their mother-peers.

For Jenny, openness meant that beyond choosing an open donor, she had to collect as much information as she could about her child's donor. To her, being open meant doing everything in her power not only to tell her child about her use of donor insemination, but to have as much information as possible about her child's donor at hand. She acknowledged that her child might not care about this information, but her own mortality—the fear that "something would happen" to her, potentially leaving her daughter, Thea, without a stepparent and without grandparents—spurred her on to make sure she had collected and protected as much information as possible.

Jenny went to great lengths to secure information that she believed would satisfy Thea's future curiosity or need for connection to other people. Jenny originally planned to conceive in a Danish clinic, but she soon learned that she needed in-vitro fertilization. Though she could undergo IVF in Denmark, per Danish law, the procedure would be performed by a doctor, not a midwife, and at the time, Danish law forbade doctors from conducting any kind of donor insemination—whether intra-uterine insemination (IUI) or IVF—using open donors.[27] To conceive with IVF *and* an open sperm donor, Jenny had to travel to Finland, where legislation allowed for this constellation of treatment. Further, many Finnish clinics rely on imported donor sperm from Danish banks because of low local donor recruitment, so Jenny opted to use a donor from a Danish bank, thinking when her child met her donor, there would be less of linguistic barrier from Norwegian to Danish than Norwegian to Finnish.[28]

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[27] As discussed in Chapter 1, Danish law legislated which procedures doctors could perform on which patients. When Jenny was trying to conceive, doctors could perform IVF on single women and lesbian couples, but doctors were only permitted to use anonymous sperm donors. However, because Danish laws on gamete donation or reproductive technologies did not mention midwives, midwives began offering IUI using both anonymous and open donors (Adrian 2015; Mohr and Koch 2016).

[28] Jenny assumed that using a donor provided with a Danish bank meant that her donor was Danish. Though this could be true, anyone registered with a Danish social security number (*personnummer)* is eligible to become a sperm donor. I discuss this

However, Finland has more restrictive laws than Denmark's about parental access to donor information. Finnish clinics can release donor information to donor-conceived people at age eighteen, but unlike other countries with similar practices, Finnish law prohibits the release of any information to parents beyond height, "ethnic origin," and hair, eye, and skin color.[29] Per Finnish law, Jenny was not allowed to know her donor's sperm bank-assigned identification number which, if she had conceived in Denmark, she would been allowed to know. Thus, although she conceived in a Finnish clinic, Jenny had a donor supplied by a Danish bank, but because of Finnish law, she did not have her donor's identification number.

Assigned by the sperm bank, the donor identification number can be useful for a donor mother or donor-conceived person: with a donor number, one can find donor siblings or at the very least, other mothers who have access to a donor's extended profiles[30]. Without a donor number, Jenny would have a much more difficult time finding information on her daughter's donor; she explained that her daughter's baby photo would have been the only resource to find donor siblings. On donor sibling-specific forums, some mothers do compare their children's baby photos hoping that some resemblance would be evidence of a donor sibling relation. But

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further in Chapter 1.

[29] From the Finnish "Fertility Treatment Act" (*Laki hedelmöityshoidoista*), 22.12.2006/1237. https://www.finlex.fi/fi/laki/ajantasa/2006/20061237

[30] The donor "extended profile" includes full medical history, hand-written questionnaires, voice recordings, and baby pictures of the donor. A full extended profile can fill an entire 1" binder. If allowed by law, most sperm banks offer this for an added fee for both open and anonymous donors. One mother I spoke to emphasized that even though she had chosen an anonymous donor, she had more information on him than many other people have on their co-parents or partners.

seeking resemblance in photographs was not enough to ease Jenny’s concerns. Although her daughter would be allowed access to her donor’s number after she turned eighteen, Jenny had doubts about the clinic’s longevity and whether the use of an open donor would mean anything if “something happened“ to the clinic. “What if it goes out of business or burns down before my daughter is old enough to learn who her donor is?” she asked rhetorically.

With little trust that her Finnish fertility clinic archives would survive until Thea’s eighteenth birthday, Jenny used what she called a “back door” to access Thea’s donor number. Jenny contacted a Danish clinic and told them that she wanted to try to conceive a sibling for her child using intra-uterine insemination (IUI), and that she wanted to use the same sperm donor that she had used in Finland. She then contacted the Finnish clinic and informed them that she was going to try to conceive in Denmark using the same donor so her children would be “full” siblings. The Finnish clinic released the donor information to the clinic in Denmark, where clinic personnel could legally release the donor identification number to Jenny; upon receiving her donor’s number, Jenny cancelled the fertility treatments scheduled with the Danish clinic.

For Jenny, finding her child’s donor number was a part of her ethical obligation to obtain as much information about her child as possible and through finding Thea’s donor siblings, to ensure that Thea wouldn’t be “alone in the world.” Jenny counted herself lucky that her child had a donor sibling in the same city and that the parents of her child’s donor sibling were willing to have playdates with Jenny and her daughter. In many ways, Jenny's definition of ethical donor insemination went far beyond what biotechnology law mandated. For Jenny, parenting ethically meant not only using an open donor, but also finding her child's donor siblings and creating their own archive about Thea's donor to help facilitate the eventual reveal of her donor's identity. But Jenny's efforts to create relations from her donor's information also animated Norwegian social conventions about knowledge, secrecy, and kinship that shaped biotechnology law in 2003. More specifically, as much as Jenny wanted her daughter to have a robust support network in the face of possible abandonment by the welfare state, Jenny also strove to comply with Norwegian notions of ethical parenting by collecting and sharing as much information as possible; as much as the fear of the absent welfare state animated her, Jenny was driven by the desire to be as "open" as possible and the fear of being a secretive mother.

Some mothers I met shared Jenny's belief that ethical donor insemination entailed using an open donor, but not all solo mothers I met defined ethical donor insemination in this way. For Ida, another solo mother I met who had conceived in Denmark, being open about donor insemination entailed telling her son early in life that he was donor-conceived and sharing his extended donor profile with him, but not using an open donor. Ida used an anonymous donor, a sperm donor who did not agree to release his identity to his donor progeny. For Ida, this form of anonymity was ideal because it afforded her and her son a clear boundary, a safe distance from the donor. A solo mother in Sweden had bought the extended profile of the donor Ida had used and shared it with her and other donor mothers for free; Ida felt that this information—including the donor's baby pictures, voice recordings, information forms, and letters handwritten by the donor about himself and his wishes for donor families—was plenty of information for her son to know his "genetic heritage[31]." Showing me the 1-inch binder of information about her son's donor, Ida exclaimed, "I know more about him than most people know about their partners!" Though she had not used an open donor, she was still parenting openly in collecting information about her son's donor; knowing *about* his donor was sufficient for Ida.

Ida felt secure in having this information about the donor, and also in knowing that her son's relationship to his donor would be clearly defined. If she used an open donor, she worried that her child would spend years wondering what would result from the release of the donor's information: would the donor like to meet his donor-progeny? Would he have changed his mind and regretted not donating anonymously? How could Ida, as a parent, prepare her child for that? Instead, Ida regarded her use of donor sperm from an anonymous donor as a clear boundary that she could teach her child to respect.

Having followed the highly publicized story of a Danish teen, Mette, seeking her sperm donor, Ida was uncomfortable with the idea that a young person would try to seek out a donor who did not want to be found. Ida explained that Mette, conceived

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[31] Norwegian biotechnology law bans anonymous sperm donation based on a specific interpretation of a clause in the UN Convention on the Human Rights of the Child. This clause states that children have the right to know their biological parents; the Norwegian legal interpretation of this clause gives children the right to know their genetic heritage. I discuss this at length in Chapter 2.

with an anonymous donor, had been trying to find her donor for a few years through public appeals in national media. In a chat thread on Facebook, Ida asked Mette whether she had considered the possibility that her donor, having donated sperm anonymously, didn't want to be found: what if Mette met her donor and he was "pissed off" that she found him? Ida imagined worse-case scenarios, "how is she going to react when she finds him and he says, 'what the fuck? What are you doing here? Get out!' how hurt would [Mette] be?" Ida acknowledged that her concern for Mette's scenario was influenced heavily by her uncertainty about her son's situation. With little empirical research on the encounters between open donors and their donor-progeny in Scandinavia, Ida was reluctant to be amongst the first cohorts of women conceiving with open sperm donors, particularly considering the possibility that an open donor's willingness to meet his donor-kin may ebb and flow over time. During our conversation, roughly six months after her son's birth, Ida stood by her decision: with the increase in number of *solomor* families, she knew how to talk to her son about having a sperm donor and no father, but as a parent, she felt ill-equipped to prepare her son for the possibility of disappointment or even rejection if he, like some children, grew up hoping to meet his donor.

For mothers like Jenny and Ida, openness in donor insemination encompassed more than what kind of donor one used; it also entailed creating an archive of information about one's donor for the child's future reference about their genetic heritage. Jenny and Ida, like other mothers, were also concerned with biogenetic substance as a relational material. In addition to collecting information about donors, Jenny, Ida, and others were interested in finding the “second half” of their children’s families: other people conceived with the same donor, or their “donor siblings.” Donor sibling relationships offered solutions to two persistent concerns of that solo mothers I met: 1) the “missing half” of a child’s family; and 2) the problem of being an *enebarn*, or only child.

Some mothers described their apprehensions during pregnancy that conceiving with sperm donors and without partners was an irredeemable wrong against their children. The fear of their unborn children’s future anger manifested in nightmares or waking preoccupations; as Ida put it, what if her son never forgave her for robbing him of a second parent, thereby robbing him of a second half of a family tree? “I did this to my child,” Ida explained emphatically. She imagined that her child had two branches to his family tree: one branch that linked to her and her kinship network, and another phantom branch that linked to the donor and his other donor progeny. Here, the ethical challenges posed by solo motherhood could be mitigated by finding one’s child’s donor siblings, the phantom branch waiting to be revealed. Ida’s understanding of the “second half” of her son’s family framed the biogenetic links between donor siblings were something that one had to seek and unearth, not relations that had to be made and maintained.

Some mothers, like Elsa, imagined their children’s potential “loss” of family through their own experience. Elsa’s mother and father had five and seven siblings respectively, and Elsa’s childhood was shaped by massive family gatherings and a seemingly endless stream of visiting cousin-playmates. Before her son’s birth, Elsa decided to find her son's donor siblings because she worried that "he would feel he missed his family." Elsa explained that it was physically unlikely that she would be able to gestate again because of complications in her pregnancy with her son; by the time he was born, she knew that she would not have more than one child. Though her six siblings had multiple children each, she felt her child would have only half the abundance of family that she grew up with and none of the sibling relationships that shaped her childhood and adult life.

Elsa's concern about her child not having siblings, I found, was a common one in Norway. In addition to the tremendous pressure to have children, Norwegian women I spoke with stated that they also felt pressure to have multiple children rather than a single *enebarn*, which many people translated to English literally as "lonely child." In addition to asking women who had used donor insemination, I asked other people I met about this pressure, including staff of local organizations pertaining to gender equality and family life, people I met through local hobby groups, and even neighbors, friends, and their family members. For those who admitted feeling pressure to have multiple children, the pressure was often internalized as received wisdom about a child's need to have playmates. This pressure was also very specific: one ought to have multiple children, but not *too many* children.

Some of my *solomødre* interlocutors, including Elsa, regarded the donor sibling relation as a means to connecting their children to the "other halves" of their families *and* to giving their children siblings. Elsa knew that she did not have the resources to gestate and raise a second child, but because she believed sperm donor siblingship was practically equivalent to conventional siblingship, Elsa regarded the time and effort put into finding her son's donor siblings as another kind of work that gave her son siblings through dispersing the labor of conceiving and gestating across multiple households.

Elsa was emphatic that her son Marcus was not an only child; she considered his donor siblings Anton and Edvard his brothers, "just like any other brothers." After meeting Marcus' siblings and their mothers in Copenhagen, Elsa sent photos of the boys to me via text message with a brief note: "Now you can see we're just like a normal family; we're just like everyone else!" However, in spite of her insistence that her son and his donor siblings were like all other families, Elsa also asserted that there was something special about their relationship; the odds that they would find each other were so slim that she believed their meeting was practically a miracle. To Elsa, it was extraordinarily lucky that other women who had used the same donor were also interested in finding their children's donor siblings and that these women had enough information to find one another.

Elsa's search for her son's donor siblings took nearly a year and multiple attempts on different digital platforms. While pregnant, she signed up for the U.S.-based Donor Sibling Registry (DSR), uploading a profile about herself that included her donor's identification number; there, she hoped to find women who had used the same donor. After her son's birth, a woman in Italy, Maria, contacted her. Maria mentioned that she had found families in Finland and the Netherlands who had used the same donor but did not want to meet in person. Maria herself was reluctant to meet Elsa but was still keen to see photos of Elsa's newborn son. Maria's request was not unusual amongst families seeking their children's donor siblings; donor mothers do share photos of their children with one another. For women who don't have access to their donor identification numbers, comparing baby photos for physical resemblance is one means of finding donor siblings (however imprecise), and other mothers are sometimes just curious to see which traits their child may have picked up from the donor. However, Elsa began to feel uncomfortable about Maria and her requests for a photo of Marcus. Maria's DSR profile had no photos or personal information about Maria and was linked to a new Facebook account with a fake name. Further, because Maria was still pregnant and could not reciprocate by sending her own child's photo, Elsa began to suspect that Maria was actually the donor posing as a donor mother.

My interlocutors who had used or considered using the DSR regarded a situation like Elsa's as a risk of using unmediated forums like the DSR. Once a person joins the registry, they can search for profiles linked to a particular donor number and contact members who have used a particular donor. However, there is no process to vet members or verify their claims. Elsa turned down Maria's request for a photo, and eventually left the Donor Sibling Registry.

Through another solo mother, Elsa learned about a secret Facebook group administered by two Danish women, one donor-conceived herself and the other, a mother of a donor-conceived child. The Danish women mediated the group, saving members' donor information privately and then informing group members directly if they matched with other members. Elsa felt more comfortable with this group for a number of reasons: other members' Facebook pages were their real pages, and mediation by a third party gave members relative privacy.

Through this group, Elsa found two Danish women whose sons were both conceived with the same donor as her own son. Just before her son's first birthday, she traveled to Copenhagen to meet them, an event that she described as one of the most important moments of her life. After her return, she sent me photos of her son and his donor brothers and of her with her fellow solo mothers and their sons, and when we speak on the phone about the photos, she pointed out the physical similarities between the toddlers, roughly triangulating which features must have come from their shared donor. She was so effusive that she sounded breathless, "Now you can see, they're just like any other brothers!" She told me about her hopes for her son's future with this donor siblings. She and the other mothers had tentative plans to go on vacation the following year to one of the mother's family vacation homes in Sweden; it would be good, she explained, because if they travel together then they can all help one another with the children.

Elsa's dream of vacationing with her son's donor siblings and their mothers signals a broader pattern in the kinship structures produced by the work of solo mothers. For Elsa and for other mothers I met, the relationships between donor siblings was co-productive of a bond between the mothers themselves. Solo mothers who were drawn together by their children's shared biogenetic link were also compelled to build relationships together in service of their children's connections.

Even in the absence of the genitor, the common source of the children's shared genetic substance, Elsa regarded her fellow solo mothers as her family even though, during their first meeting, she felt that had their sons not shared a donor, the mothers would not have had much in common. Media scholar Rikke Andreasen's Danish interlocutors had similar feelings about their relationships to other donor mothers: they did not always get along, but they took their differences in stride because "that's what family do" (Andreassen 2018).

Elsa's dreams for her son's relationships with his donor brothers both rely on and reinforce notions of kinship as likeness. Beyond the shared experience of being donor-conceived, Elsa's son and his donor siblings would share a deeper connection, "how it is to be a donor child with a special donor, not just any donor." In our conversations, Elsa frequently expressed this connection through the commonalities between the Norwegian and Danish languages. In addition to spending summer holidays together, Elsa mused that in the more distant future, her son would attend college with his brothers, either in Denmark or in Norway. She explained that her son would probably learn Danish easily: "He'll pick it up quickly; it's in his blood."

Elsa's initial communication with the other mothers was primarily written over text messages, but when she visited Copenhagen, she spoke to the other mothers in Norwegian while they answered in Danish. When she told me this, I expressed surprise. I had studied Danish in college, and though it helped me learn Norwegian grammar and vocabulary in my graduate studies, Danish pronunciation was not at all transferable to Norwegian. In expressing my surprise to Elsa, I mentioned that my

Norwegian friend Ine had recently visited Copenhagen on a weekend trip and returned to Oslo annoyed that no one understood her when she spoke Norwegian in restaurants or stores. Elsa replied that "these people are my family, so it's a bit different from someone you meet in a shop."

Though written Danish and Norwegian are fairly close, the distinction between Norwegian and Danish has been a site of contention due to Denmark's rule over Norway from 1536 to 1814. From 1814 through the twentieth century, linguistic movements attempted to unify Norway through production of a single standardized language while also differentiating Norwegian languages from Danish (Venås 1998). "*Nynorsk"* ("New Norwegian"), the product of Norwegian nationalist movements, is popularly considered a purer form of Norwegian whereas *bokmål* ("book language"), spoken in Oslo and the south-east of Norway, is derived from Danish.[32] Elsa's insistence that Danish and Norwegian were like enough is striking given this well-known history.

For Elsa, a kinship bond conferred mutual intelligibility; intimacy was enough to overcome national linguistic differences between Danish and Norwegian. This

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[32] During my fieldwork in 2016, the politics of *nynorsk* and *bokmål* were not particularly contentious, but I learned that each language was not only associated with regions in Norway but also internal borders around belonging. The alleged purity of *nynorsk* was evident in *bokmål's* association with new Norwegian speakers and people of Asian and African descent across Norway. For example, an acquaintance working as a high school Norwegian teacher on the west coast described her co-workers' attitudes towards the *nynorsk* and *bokmål* classes; she described how *bokmål* classes, regarded as more remedial. She did not name race in explaining this, but instead coded difference in difficulties with student misbehavior (*bokmål* students) and in the ease of teaching students who spoke the language (*nynorsk* students).

belief resonated with opinions of Norwegian women who were choosing sperm donors or who were seeking donor siblings; both groups gravitated towards Danish donors or Scandinavian families because they believed that the linguistic similarity between Danish, Swedish, and Norwegian would foster intimacy more readily than with donors or donor families from countries beyond Scandinavia such as Finland or Russia. In addition to marking other countries and their citizens as "too different" to be intimate with, the flattening of difference between Norway and Denmark reproduces ideas of Scandinavian relatedness that naturalize the kinship between Norwegian and Danish donor siblings: just as Norwegian and Danish are sibling languages, so Elsa's son and his Danish counterparts are siblings.

Notably, Elsa, like other mothers, flattened the difference between Norway and Denmark while simultaneously emphasizing her child's inheritance of Danishness. In another interview, Elsa insisted that she wanted her son to know he was conceived with a Danish donor and that she wanted him to be proud of being Danish. The desire to mark her son's Danish inheritance while also downplaying the difference between Norway and Denmark seems contradictory: if Norway and Denmark are not so different, why would Elsa need to announce her son's Danishness at all?

Elsa was not alone in acknowledging her son's Danishness. Amongst the women I met who were against donor siblingship or any kind of interaction with the donor, there were small gestures to their children's Danishness. For example, a Norwegian mother kept a small Danish flag in the corner of her kitchen; she explained that she put the flag next to her daughter's birthday cake each year in keeping with a Danish birthday tradition. Gestures such as these suggest that although mothers did not believe biogenetic substance conferred relations, biogenetic substance was nevertheless significant as a "building block" of their children's identities, regardless of whether they had a relation with the individual from whom they inherited such biological material. Ironically, acknowledging their children's Danish roots, whether in relation to donor siblings or as a part of one's genetic heritage, was a part of mothers' efforts to parent Norwegianly by providing siblings and being open about their children's descent.

Conclusion

Amongst my interlocutors, the donor sibling relation offered a means for solo mothers to build robust peer and kin networks for their children and themselves as if to render their foreign sperm donor's participation less visible yet not wholly invisible. At first glance, it may seem that *solomødre* who seek their children's donor siblings are foisting heteronormative ideas of biogenetic substance and the family form upon their own households. Rather than reinscribing biological substance into their family forms, solo mothers created a new type of relation altogether that is both acquired through mothers' efforts and inherited through their children's common donor. Further, this relation is predicated on the condition of donor-conception; conspicuously absent from mothers' efforts to find the "missing halves" of their children's families were their sperm donors or their donors' legally recognized children. Though some mothers I met talked about their hopes to find a partner, none of the mothers I spoke with mentioned any concern about their children growing up without a father-figure in their household nor did they express any interest in a donor fulfilling a father-like role.

Although my interlocutors regarded their work as a matter of revealing the spectral branches of their children's family trees, solo mothers' efforts to find their children's donor siblings comprised the work of creating new kinds of relations; rather than finding kin based on the stable fact of biogenetic substance, solo mothers actively made kinship, drawing on biogenetic substance as one of many resources like language, nation, and race to create links to other solo mother families. My interlocutors' desires to find the "missing halves" of their children's families were not driven by the absence of a father or by the desire to mimic the nuclear family form. Instead, the solo mothers whom I interviewed sought their children's donor siblings in attempts to remain faithful to Norwegian conventions of ethical parenting even though they had ostensibly been unfaithful to the Norwegian welfare state by conceiving with sperm donor insemination abroad, beyond the auspices of the welfare state.

Some solo mothers, like Jenny, felt the pressure to ensure that their children and their family forms would be legible to the bureaucracies undergirding social support from the welfare state. Because the conditions of her daughter's conception already put her daughter at risk of abandonment by the social welfare state, Jenny took pains to fulfill all other ethical mandates regarding donor insemination in Norway. However, as I have discussed above, solo mothers' interpretations of the “best interest of the child” actually put their families in more precarious positions vis a vis the Norwegian state: being “open” about their children’s status as donor-conceived made solo mother households more vulnerable to losing material benefits, and openness about their children’s “genetic heritage” necessitated highlighting that their children are actually of foreign descent.

Chapter 4
Plass til Alle:
Equality, Race, and Reproduction in the Norwegian Social Democracy

> The purpose of this law is to ensure that medical use of biotechnology is utilized for the benefit of people in a society where there is room for all ["*plass til alle*"]. This shall be done in accordance with principles of respect for human dignity, human rights and personal integrity, and without discrimination on the basis of heredity based on the ethical norms enshrined in our Western cultural heritage.
>
> —Norwegian Law on Medical Use of Biotechnology, LOV-1994-08-05-56 (1994)

> 'Immigrants' and the 'immigration problem' have virtually become synonymous with Muslims.
>
> Why?
>
> Let me state immediately: I do not think that this is due to 'racism'.
>
> When so many Norwegians—including myself—regard Muslims as a problem, there is a reason for this: Muslims in Norway are problematic in many ways; one has the impression that they distance themselves further from basic Norwegian values than do other groups. Many practise segregation. Many oppose their children having Norwegian friends. This does not apply to all, but it applies to far too many.
>
> Every choice has its price, and the price for living in Norway is that one must accept that one's children become Norwegian—if they themselves so wish. For no one 'owns' his or her children… for me it is also unacceptable that people who have come here and benefitted from Norwegian possibilities, such as freedom and material welfare, so readily denounce aspects of the 'culture' we have built up, and that provides the basis for the welfare which immigrants take advantage of. The majority of immigrants to Norway have had a choice— they were not among the worst off in their home country…They have also had the possibility to return: to go back home. The choice they have made bears its obligations.
>
> —Unni Wikan, *Mot ny norsk underklasse* (1995)[33]

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[33] This translation was published in Marianne Gullestad's 2002 article, "Invisible Fences"; other than this passage translated by Gullestad, all other translations are my own.

Introduction

Mona and Tine like to joke that their second date was at a fertility clinic. They met at a party in Helsinki in 2012, where Tine had been living for a couple years, while Mona was visiting Tine's roommate, Katrine. After downing a shot of Jägermeister together, they kissed. "The rest is history," says Mona wryly, as Tine adds, "it all began with a shot of Jäger." Within a few weeks, Mona had returned to Helsinki for the sole purpose of seeing Tine, who, at the time was writing a piece for a local newspaper on sperm donor choice in Finland. A prominent politician had accused women using donor insemination of trying to make "designer babies," a popular conservative anxiety about sperm donation. Tine wanted to argue that there was little difference between women sifting through catalogues of sperm donors and women dating men with the intention of having children. But to write the piece, she told Mona, she'd have to visit a fertility clinic to learn more about the experience of choosing a donor and trying to conceive.

In 2016, sitting in the living room of their new apartment in Oslo, they laugh and describe how they prepared to pose as a couple trying to conceive. They came up with a backstory — the number of years they had been dating, where they met, why they decided to have children. Aside from jokes about fertility clinic hijinks, the possibility of having children was a central facet of Mona and Tine's relationship almost immediately. Mona's previous relationship had ended because her then-partner, Solveig, did not want to have children with her. When she began dating Tine, Mona did not want to build a relationship with someone who saw their partnership as temporary, so shortly after their fertility clinic “date,” Mona told Tine that she planned to have children within two or three years. Tine had moved from Helsinki back to Oslo not long after they started dating, and by the time I interviewed them, a year had passed since they were married in a trendy Oslo bar overlooking the Akerselva River. Even though Mona talked openly about wanting to have children soon, they did not begin discussing plans to conceive until Tine’s mother nearly died due to a massive stroke, nearly a year after their wedding.

“It’s the ‘circle of life’ thing, you know?” Tine told me, somewhat drily, about her impetus to conceive. Many of my other Norwegian interlocutors who used donor insemination, like Tine, self-consciously begin their stories about conception with a crisis of mortality, either their own or a parent’s. After Tine’s mother was out of the hospital and recovering, Tine felt more urgently that it was time to have a child. “We can’t put it off any longer,” she told Mona. And something clicked, as if the time before that moment was qualitatively different, somewhere between posing as a couple trying to conceive and becoming a couple trying to conceive. They agreed that at the end of summer 2016 they would begin the process of getting pregnant with donor insemination.

Mona and Tine used biological substance to map out their future family; like many other queer couples conceiving through the national healthcare system, they planned to request a sperm donor whose appearance resembled the non-gestational mother, Mona. But because Mona is of Iranian descent, the national sperm bank’s lack of Asian- and African-descended donors presented a problem for Mona and

Tine. This chapter analyzes the attempts to conceive made by couples like Mona and Tine, wherein one partner is white Norwegian and the other is Norwegian of Asian or African descent, and the institutional practices which interrupt the creative use of biological substance to forge kin ties. By detailing couples' desires to make families and the challenges posed to realizing those desires, I investigate how colorblind Norwegian state discourses of equality produce inequality on the basis of race.

My analysis explores the tension between Norwegian biotechnology law's lofty promise to foster a society with "room for all" (*plass til alle*) and anthropologist Unni Wikan's assertion that there is no place for difference in Norway. These seemingly disparate sentiments are undergirded by *likhet*, the Norwegian notion of equality premised on sameness, which also serves as the guiding ethos of decisions made by hospital staff and by the Gender Equality and Anti-Discrimination Ombud (*Likestillings- og diskrimineringsombudet,* or LDO). These agencies work to ensure that the resources of the Norwegian social democratic state are distributed equally amongst Norwegians, but, as I will discuss below, the increasing privatization of Norwegian healthcare has created the conditions in which hospital staff can deny serves to Norwegian citizens, effectively drawing a boundary around whose reproductive health is a matter of national concern.

In what follows, I discuss how Mona and Tine chose a sperm donor and how they reconciled their disparate notions of belonging and biological substance. I then draw on media analysis and the documentation of an official complaint filed to with the LDO to follow the institutional hurdles that couples face when they require a sperm donor of Asian- or African-descent. Debates arising from each of these scenarios ultimately focus on what constitutes equal treatment and highlight how Norwegian notions of equality, ironically, reproduce inequality.

Background: Public Health, Private Choice

In Norway, local access to fertility treatment has been heavily shaped by increasing privatization of healthcare. Effective as of 2015, legislative reforms to healthcare were the product of a conservative party coalition whose campaigns in the 2013 elections promised to increase patients' rights; after their electoral success, these parties drafted legislation to target long wait times for medical treatment (Ringard et al. 2016). The coalition proposed changes that would give patients more options from private and public providers for healthcare paid for by public funds from the National Insurance Scheme (*folketrygden*). Prior to 2015 under what was known as the "Free Hospital Choice" scheme, a general physician would refer a patient to specialist treatment, and the patient would be able to choose their treatment site from public hospitals. Upon intake at the hospital, the hospital would issue an estimate of the patient's wait time; if the wait time exceeded this estimate, a patient would then be eligible for referral to a private hospital or clinic with Ministry of Health approval. Under this system, a patient could choose treatment at a private clinic at any time after referral, but without first waiting for treatment at a public hospital, he or she would have to pay privately without coverage or reimbursement from public funds. After 2015, reforms to the Free Hospital Choice scheme allowed a patient referred for further care to choose between being treated at a public hospital with a low deductible payment or paying for treatment at a private hospital or clinic and applying for reimbursement from public funds afterwards (Ringard et al. 2016; "Betaling på sykehus"). The reforms also relaxed regulations on which private clinics and hospitals from which one could receive reimbursement-eligible treatment.

The new scheme was based heavily in abstract market logics and was characteristic of Norwegian social support's increasing privatization in the last two decades. Though some patient representatives on public hospital boards believed this scheme would make access to private healthcare more equitable, groups like the Norwegian Nurses' Union, the Norwegian Cancer Society, and Regional Health Authorities had concerns about loss of public hospital workforce to private hospitals, private hospital "cherry picking" easy-to-treat conditions, and increased administrative costs in implementing the new system (Ringard et. Al 2016). Political opposition to the 2015 reform emphasized the importance of public control over private healthcare providers; the Labor Party, for example, favors the abolition of the free treatment choice system and healthcare privatization altogether ("Sykehus: Sterk offentlige sykehus"). In spite of these reservations, the legislation passed and has been in effect since 2015.

With regard to fertility treatments and donor insemination, the 2015 healthcare reform ostensibly gave patients an alternative to the long wait time for a donor to become available. At public hospitals, the National Insurance Scheme partially covers fertility treatments for up to three attempts for every live birth;

couples are responsible for paying a hefty deductible.[34] Wait times for donor insemination can last up to eighteen months depending on donor availability, but if they can afford it, a couple can pay in full at a private clinic for treatment[35]. So long as they would have been eligible for treatment at a public hospital, the couple can then apply for reimbursement for any expenses that would have been covered at a public hospital (See "Ufrivillig barnløshet"). Effectively, the ability to pay in full at a private clinic and await reimbursement gives patients the ability to skip the waiting line. However, because the Norwegian national sperm bank services only public hospitals, private clinics must import donor sperm for their patients who require donor insemination. Because imported donor sperm is not offered at public hospitals, couples are responsible for the additional fees incurred to import donor sperm at a private clinic: the cost of shipping, cryogenic storage for donor sperm, and administrative fees from the sperm bank to ensure compliance with Norwegian law (*barnrett*). At minimum, these expenses can reach at least €1000[36] if a couple imports from Denmark, but if a couple wants to use the same donor for multiple pregnancies, these expenses increase dramatically.

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[34] As of 2020, the deductible is 18,000 kr, approximately 1,965 USD, per § 5-22 of National Health Insurance Act ("Rundskriv til Folketrygdloven").

[35] The websites for many of these clinics include all-caps banners announcing, "NO WAIT TIMES!"

[36] Shipping costs (€ 295), cryo-preservation storage costs at the clinic (€ 160 per year), VAT (€ 175, or 25% of the cost of the donor sperm) and the *barnrett* fee for every child they planned to conceive (€ 500). Based on Livio Clinic's price list (https://livio.no/priser/prisliste-pricelist-pdf/) and European Sperm Bank's pricing (https://www.europeanspermbank.com/en-int/ordering/donor-sperm-prices)

At first glance, the privatization of Norwegian specialist services seems to exacerbate social inequalities by giving priority access to those who can afford it; indeed, an analyst at the Norwegian School of Economics (NHH) found that even before the 2015 reform, decentralization of hospital care disproportionately benefitted men and people with higher education, highlighting gender and class distinctions (Ervik 2014). But the option to avail oneself of private clinic treatment has become a means for the public system to deny fertility treatments to people of Asian and African descent. The expansion of privately paid fertility offerings has justified public hospitals' withholding of public funding for imported donor sperm, even when the national sperm bank's only available donors are white Norwegians. By refusing to spend public funds on the import of donor sperm for patients of Asian and African descent, the public hospital system offers two options to Asian and African descended Norwegians who are trying to conceive with donor sperm: use a white Nordic sperm donor or pay hefty expenses out of pocket to import donor sperm. These options systematically deny African and Asian descended Norwegians access to donor insemination and frame the choice of a white Nordic donor as preferable to donor sperm procured from beyond Norway's borders, thus reinforcing the pervasive notion of the white sperm donor's universal utility and naturalizing whiteness (Andreassen 2019).

Regardless of whether one is treated at a public hospital or a private clinic, Norwegian biotechnology legislation closely regulates the use of fertility treatments and limits which people have access to treatments. Lawmakers sought to ensure that the use of in-vitro fertilization (IVF), intra-uterine insemination (IUI), or any future reproductive technological advancements would not impact the lives of the children resulting from such technological intervention; the guiding ethos of Norwegian biotechnology law is “best interest of the child” (*barnets beste*) (Melhuus 2012). Though legislators believed they were preserving the nuclear family, biotechnology law, in fact, produced a new definition of the nuclear family that naturalized biological links between parents and their children (Strathern 1992).

Since its first iteration was passed in 1987, biotechnology law has restricted the use of fertility treatments and gamete donation to married women or women in registered domestic partnerships; this effectively restricted access to heterosexual couples until 2009 when gender-neutral marriage legislation was passed.[37] The law further requires doctors to evaluate the stability of their patients’ relationships and general health before treating them with IUI or IVF. The use of donor sperm whether with IVF or IUI are both permitted with one’s partner’s sperm or with donor sperm. Since 2005, all donor insemination in Norway is, by law, “open” donation: a donor must agree to release his identity to any donor progeny age eighteen or older, and all sperm donors, whether their sperm is imported or collected within Norway, must be added to a national registry. Sperm donors must remain anonymous to the parents of their donor progeny.

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[37] Surrogacy is forbidden by law, thus categorically restricting gay male couples from becoming parents together through the healthcare system.

It is possible to receive treatment outside the public hospital system per the free choice legislation discussed above and per the EU "Patients' Rights Directive," legislation allowing citizens of member states to access healthcare in other EU countries. However, to be reimbursed for treatment, Norwegian health authorities require that the treating doctor, whether in Norway or in the EU, fill out a form answering questions about the treatment to verify that the couple's treatment adheres to Norwegian law. Thus, availing oneself of public funding to conceive abroad or at home still entails extensive evaluation to prove one's intimate life is compliant with biotechnology law.

The language of biotechnology law does not distinguish between lesbian couples and straight couples in terms of access and usage of fertility treatments and gamete donation. However, the National Population Register requires additional paperwork for the legal recognition of nongestational mothers (sg. *medmor,* pl. *medmødre*). A nongestational mother must file an application for "co-mother" status, and in order to appear on the child's birth certificate at birth, one must submit the application as soon as possible after conception. The application requires supporting documentation verifying that the nongestational mother agreed to her partner's conception and that an open donor was used. Norwegian law does not recognize anonymous sperm donation; if a couple cannot prove that they used an open donor, the gestational mother would appear as a "single mother" on the child's birth certificate. In order to add the nongestational mother as the child's second parent, the couple would have to find the "biological father" such that he could relinquish his parental rights and the nongestational mother could then adopt the child. In contrast, legal paternity is established automatically for heterosexual married couples or by declaration for unmarried couples; no biological testing is required. Thus, both the eligibility for reimbursement and for legal *medmorskap* ("co-motherhood") discipline lesbian couples disproportionately in comparison to heterosexual couples. Thus, although biotechnology law does not distinguish between heterosexual and lesbian couples, the broader Norwegian bureaucratic apparatus requires that lesbian couples submit to additional documentary processes to become legible, literally, as a parents on their children's birth certificates.

The Fight: Rethinking Queer Kinship and Biological Substance

Biological substance was a central part of Tine and Mona's family planning. Tine and Mona decided that they would have two children and "take turns" gestating such that each would share biogenetic substance with one child. They explicitly agreed they would regard both children as belonging to both of them: "There wouldn't be this 'your child' and 'my child'," Tine said. Mona added, half-joking, "unless one of them misbehaves, then it's 'your child', but that's different." Since Tine and Mona were married, each would be the legal mother to the child she gestated and the legal "*med-mor*" or "co-mother" to the child she did not gestate. But their explicit statement that they would both be parents to both children suggested that they felt the pressure of Norwegian social conventions about biological relatedness and gestation as the "real" kinship ties in contrast to affective bonds. Even so, they used biogenetic substance strategically to map out their future family: they planned to use the same sperm donor such that their children would be biological half-siblings.

I asked whether they considered alternatives to clinical donor insemination, such as asking one another's brothers to be sperm donors such that they'd each share some genetic substance with both children. They both cringed. Mona elaborated that knowing Tine's brother's sperm was "inside" her, "it would just feel weird!" Tine interpreted "feel" literally and laughed, "you don't really *feel* it in there, inside you, you know?" But nonetheless, neither woman could dissociate erotic intimacy from reproduction, and to some degree, the possibility of a brother-in-law as a genitor seemed to present the problem of distinguishing sibling intimacy, erotic intimacy, and reproduction. Tine mused, "wouldn't it be incestuous?" Even using one another's brothers as donors seemed too "close," and the possibility that their future children could share genetic substance with them both did not outweigh or overshadow their discomfort.

They did consider using known donors and co-parenting with a man or a gay couple, a common queer kinship constellation in Norway. Sharing the labor of raising children appealed to them, but ultimately, they decided against it. "It will be difficult enough balancing our own differences about how to raise a child," Tine said, "and we live together!" Donor insemination, then, was an appealing option because it gave them some autonomy as parents; though they knew that parenting together would present its own challenges, using a donor meant that, ideally, they would not have to juggle a relationship to another household parenting their child.

One day, the topic of sperm donor choice arose in conversation, revealing a central assumption they had both made. Mona, born in Iran and raised from infancy in Norway, had always assumed they would try to find an Iranian donor, or at least someone from a country near Iran, a “brown” (*brun*) donor, as she puts it. Although Tine, who is white Norwegian, had made the same assumption, she—as a thought experiment, she said—thought it was worth questioning this assumption: “Do we need a brown donor? What if we used a white donor?” Tine meant to question the normative assumption that the members of their nuclear family must resemble one another such that the appearance of biological relation would be maintained even in the absence of shared biogenetic substance. Was it necessary for their family to approximate biological relatedness and further reinforce the heteronormative template for the family in their own household? Mona reacted strongly and, as the non-gestational mother of their first child, asked whether it would be such a bad thing for their children to look like her. Was Mona’s appearance so undesirable?

When I interviewed them separately in the following weeks, Tine and Mona both referred to this conversation as “The Fight” and elaborated on it to explain the significance of having children in the broader scheme of their social worlds in Norway. For Mona, a *brun* donor was tied to her understanding of belonging. Belonging was “everything,” she insisted, “I’ve been looking for belonging, seeking it out, my whole life.” Having a child, she explained, was a way of creating one’s own belonging. Her understanding of belonging was deeply inflected by race—not to be the *same* race, but to be different in the same way.

When she was an infant, Mona's family moved from Iran to an isolated town in a region north of Oslo. One of her earliest memories was crying in preschool because she realized she wanted to have blue eyes and blonde hair. She was quick to add that no one had ever explicitly stated that having black hair and brown eyes was bad, but incidents punctuated her childhood and teenaged years that sedimented the idea that she and her family were different from other Norwegians: the letters "KKK" spray painted on their house, threats shouted at her while she walked down the street, and, on a smaller scale, the open and seemingly inexplicable rudeness from total strangers. To Mona, these were constant reminders that she was not white and that if she were white, she would be treated differently. She would have the luxury of not being judged by strangers, of not feeling misunderstood. It took a long time, she explained, to grow out of that "insecure little girl."

For Mona, belonging in Norway was tied to a common experience of difference. As an adult living in Oslo, Mona built a local kin network of other Norwegian people of Asian or African descent, some queer and some straight, with whom she felt she shared the common experience of being different in Norway. Mona's kin network mirrored those of Dahl's queer interlocutors of color in Sweden who preferred making community with other queer people of color for whom "affirming racial and cultural difference [was] as important as LGBTQ awareness" (Dahl 2018:204). In planning to become a parent with Tine, Mona had assumed that they would use a donor whose appearance would approximate hers and her network's: if not an Iranian donor, then one of South Asian or Arab descent.

In contrast, belonging for Tine was not a horizon but a constraint. Tine moved away from her childhood neighborhood to go to college, and a few years later, she began dating women. In our interview, she explained that moving away from home was a critical part of her being able to come out to herself as queer and acknowledge her feelings for the woman who became her first girlfriend. If she had stayed in the same neighborhood, she mused, too many people knew her as straight for her to know herself as anything else. The anonymity of a new city gave her the social freedom to "become herself," and the neighborhood and the people with whom she felt she belonged were, in retrospect, necessary for her to leave behind.

Tine and Mona's fight and their divergent notions of belonging illuminate the tension between the bodily materiality of race and modes of kin making that reject biology's primacy (Dahl 2018:205). Tine's questioning whether the donor's race mattered drew from queer kinship traditions premised upon the social construction of kin, but in the predominantly white context of Norway, Tine's suggestion that the donor's biological race did not matter unwittingly animates discourses of colorblindness that are further reinforced in common assumptions that white sperm donors are racially unmarked (Andreassen 2019:20). However, as Mona's desire to find a *brun* donor demonstrates, the construction of race relies on "material bodily signs" like skin or hair color, hair texture, or facial features (Andreassen 2019:129); racial difference, in its corporeality, is ineluctably tied to the biological inheritance. In spite of Mona's expansive understanding of belonging through difference, Tine's suggestion effectively flattened Mona's desire to a biological one. Tine's proposition that she and Mona not trouble themselves to find a brown donor echoes Swedish gender studies scholar Ulrika Dahl's assertion that queer kinship, "despite all its utopian fantasies, can work as a reproductive technology for whiteness" (2018:205).

In the next section, I discuss parents who were featured in a major Norwegian newspaper. Like Mona and Tine, they chose not to use a white Norwegian sperm donor, and because of legal mandates and institutional recruitment practices, they were forced to pay exorbitant costs to import donor sperm.

Rett og Slett Bullshit: Donor Recruitment and Designer Babies

On June 26, 2018, *Dagsavisen* published an article about a couple, Nadette and Ingrid Narum, and their seven-month-old daughter, Karla (Urbye 2018a). Before they conceived Karla, Nadette and Ingrid met with staff at the Oslo University Hospital Department of Reproductive Medicine about using donor insemination. Because Nadette was unable to gestate, they planned that Ingrid would gestate and provide the egg for their child. And because Ingrid is white Norwegian and Nadette is Norwegian of Cameroonian descent, they requested a donor of African descent. At the hospital fertility clinic, clinic staff informed them that there were currently no donors of African descent, but staff annotated the Narum's a request for a donor with "black hair, brown eyes" so that the clinic could contact them if a new donor with that description enrolled. Ten months later, the hospital clinic updated them: there were still no donors of African descent, but a donor described as Asian was available.

The *Dagsavisen* article emphasizes how Nadette and Ingrid tried to recruit a sperm donor themselves from men they knew to men they met in public (Urbye

2018a). After the hospital advised them that any sperm donor must be anonymous to them (as intended parents), Nadette and Ingrid sought treatment at a private clinic that could assist them with importing sperm from a foreign bank. As a married couple, Nadette and Ingrid could be reimbursed by the government for any for procedures undertaken at the private clinic that were otherwise available at publicly-funded clinics like the one at Oslo University Hospital. This meant that they would be reimbursed for the cost of the donor sperm itself and for the intra-uterine insemination (IUI) procedure. However, Norwegian public fertility clinics do not import donor sperm[38]; patients importing donor sperm through private clinics are therefore responsible for paying shipping costs, cryo-preservation storage costs at the clinic, value-added tax (25% of the cost of the donor sperm), and a sperm bank-imposed administrative fee (*barnrett*) for every child they planned to conceive. For the Narums, these costs totaled an additional 40,000-50,000 Norwegian kroner[39] to conceive with assistance from a donor of African descent, an amount that "an ethnic [white] Norwegian couple would not have had to pay."

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[38] This will be discussed below in Oslo University Hospital's rebuttal to A.

[39] Roughly US$5000-6000 at time of the article's publication.

Figure 2: Feature photo from *Dagsavisen*'s article of Nadette, Karla, and Ingrid Narum (l-r), describing Karla's "dark curls" (sorte krøller) that Nadette and Ingrid "paid dearly for." (https://www.dagsavisen.no/nyheter/innenriks/2018/06/26/onsket-afrikansk-donor-tilbudt-asiatisk/)

One section of the article, titled "Not About Vanity," describes the Narums' motivations behind their choice of donor. The article emphasizes that they would feel the same way about Karla regardless of her hair and eye color, but that, in the past, they insisted they wanted a child with "African genes" (*afrikanske gener*). The article then quotes Ingrid remarking on how she and Nadette look so different, but that Karla would still be able to recognize herself (*kjenner seg*) in both of her parents. Ingrid continues, stating that when either Nadette or Ingrid is alone with Karla in public, people say the same thing ("how sweet a daughter you have!"), and that "no one can say 'she's not your mum, is she?'" (Urbye 2018a).

At first glance, the Narums' insistence that they would love Karla no matter her appearance may seem an unnecessary, but this assertion rebuts common

Norwegian criticisms of sperm donation as a means to create a “designer baby.” In public discourse, anxieties around genetic engineering, reproductive technologies, and gamete donation congeal into narratives about parents obsessed with manipulating genetic inheritance in order to create the perfect child (See Vebenstad 2014). In Norway, the “designer baby” scenario is reprehensible not only because it implies that parents are practicing eugenics but also because it suggests that parents’ desires for a specific kind of child is a violation of the guiding ethos of Norwegian reproductive legislation and practice, the “best interest of the child.”

Nadette and Ingrid Narum’s insistence that they’d love Karla regardless of her appearance defends them from accusations of putting their desires above their child’s well-being and is a pre-emptive defense I heard from my interlocutors with non-normative family forms. Demonstrating that they had the “best interest of the child” in mind was a necessary part of being an appropriate parent. For the Narums, denying any possibility that they wanted a “designer baby” allows them to frame their donor preference in terms of a common Scandinavian ideal: parental equality. Foundational policies of the social democratic welfare state targeted gender equality through the household and, more specifically, through the labor of parenting (Melby et al. 2001). Throughout the twentieth-century, generous parental leave policies ensured that gestational parents would not be professionally penalized for gestating and that non-gestational parents would have the opportunity to bond with their child. These laws were based on the heterosexual family form, wherein each parent provides a different gamete and the ovum-producing parent is also the gestational parent. More specific to

Norway, the success of a long campaign to legalize egg donation relied on principles of gender equality and parenthood: if men who cannot produce gametes can become fathers with the help of donor sperm, women who cannot produce ova ought to have the opportunity to become mothers using donated ova. Thus, Ingrid and Nadette's desire for Karla to be able to "recognize herself" in *both* her parents appeals to Norwegian notions of parental equality.

The coverage of the Narums' story included comment from the head of the Reproductive Medicine department at Oslo University Hospital, Dr. Peter Fedorcsak (Urbye 2018a). In the article about the Narums, Fedorcsak asserts that the law gives doctors, not patients, the responsibility to decide the donor and that the ethnicity of the parents and child do not have a bearing on the "best interest of the child." Rather defensively, he lists the regions from which the bank has sperm donors ("Europe, Southeast Asia, the Far East [*det fjerne østen*]") and remarks that there is someone with "African appearance" who has applied to become a donor (Urbye 2018a). Mentioning that they recruit from blood donors, Fedorcsak insists that the sperm bank does not discriminate, but that but that it is difficult to reach men with "certain ethnic backgrounds." He elaborates that some cultures have "different views on sperm donation," unlike Norway, "where the vast majority have no qualms about [sperm donation]." This assertion is rather odd. Norway's intensive regulation of sperm donation and donor insemination, the concern with "the best interest of the child," and a chronic shortage of donor semen suggest that many Norwegians have, at least, *some* qualms sperm donation. But the rhetorical force of this statement lies in the contrast between “certain ethnic backgrounds” and Norway; per Fedorcsak’s reasoning, people descended from West Asia and Africa, the regions missing from the national sperm bank, are too different from Norwegians to want to enroll as sperm donors. In contrasting them to Norway, Fedorcsak glosses over the heterogeneity of regions like West Asia and Africa, and through this comparison, he repeats a common refrain in Norway about immigrants and their Norwegian-born children: Norwegian society (and the national sperm bank) does not discriminate against them, they simple choose not to participate.

Fedorcsak’s comments sparked a quick response from Akhenaton de Leon, the manager of the Organization Against Public Discrimination (OMOD, *Organisasjon mot Offentlig Diskriminering*)[40], who was featured in an interview published by *Dagsavisen* four days after the original article. In the interview, de Leon argues that cases like the Narums’ constitute discrimination: people with an “African appearance” pay as much in taxes as everyone else, but receive fewer healthcare benefits. Referencing the numerous hits that a search for sperm donation in Ghana or South Africa return, de Leon states that using “African culture” as an excuse for the lack of sperm donors of African descent is “simply bullshit” (*rett og slett bullshit*) (Urbye 2018b).

De Leon insists that Oslo University Hospital needs more robust recruiting measures. Referencing the previous article’s mention that Oslo University Hospital

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[40] OMOD helps people file discrimination complaints against public agencies and works extensively with people of immigrant or minority background.

recruits through blood banks[41], de Leon points out that Norwegian blood banks do not accept donations from people who have lived in sub-Saharan Africa for more than five years.[42] If the national sperm bank recruits among active blood donors, de Leon reasons the sperm bank would remain "free of African genes" (*"fri for afrikanske gener*"). He further asserts that he personally knows people of African descent who doubt whether they are allowed to become sperm donors because of the restrictions on blood donation (Urbye 2018b). De Leon proposes that Oslo University Hospital undertake a targeted education campaign to specifically reach the groups that the sperm bank is missing. He names other public agencies that have actively reached out to "minority groups" (*minoritetsgrupper*) that took measures to reach out to minority groups through changing their hiring practices, translating informational leaflets into different languages, or even canvassing at festivals and public events. De Leon suggests that Oslo University Hospital reach out through radio stations with immigrant audiences, and when asked by the journalist whether his organization would help Oslo University Hospital, he confirms that OMOD would (Urbye 2018b).

The article then reports Oslo University Hospital's reply: an email both declining to comment yet emphasizing that the hospital never said that Africans were less willing than others "but that there are religious communities and ethnicities where sperm donation is less used" (Urbye 2018b). Without providing more specific

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[41] When I interviewed them, the staff at the sperm bank mentioned that they try recruiting through the blood bank because they guessed that people donating one substance (blood) would be willing to donate another (semen).

[42] https://www.rodekors.no/gi-blod/informasjon/hvem-kan-ikke-gi-blod/

information or evidence of this claim, Oslo University Hospital does not comment on its recruiting practices.

Across both articles, Fedorcsak makes rather vague references to culture, ethnicity, and religion, reminiscent of my conversations with him and other Oslo University Hospital staff in 2016. In interviews, both Fedorcsak and a nurse in charge of the sperm bank insisted effusively that they did not discriminate, but because of their religion, some people were just not willing to become sperm donors. Such assertions create causal links between low donor numbers and the communities whose members that might otherwise provide help; in situating the blame within these communities' social conventions, Fedorcsak is able to attribute the lack of biological material in the bank to cultural difference. Fedorcsak's argument echoes broader scholarly and popular sentiment that differential treatment of minority populations in Norway results from Asian and African immigrants' and their Norwegian-born children's refusal to set aside the traditions or values of their home countries in favor of adopting those of Norway. This reasoning blames people for their own exclusion, leaving institutions like Oslo University Hospital unexamined and blameless.

In contrast, de Leon identifies Oslo University Hospital's recruitment policies as a systemic factor contributing to the lack of Asian and African descended sperm donors. He couches this within the broader context of Nadette and Ingrid's status as tax paying members of the Norwegian welfare state: though the Narums pay the same taxes as other Norwegians, they do not receive the same benefits. But beyond the economic injustice of this is the symbolic dimension of the social democratic state's denial of material support. Although Nadette and Ingrid have made a contribution (*bidrag*) to the social democracy by paying taxes, their work to "build up" the nation of Norway, to borrow Unni Wikan's terms in this chapter's epigraph, is not reciprocated. The healthcare system, supported by the state apparatus, will not help them build up their family. The Narums' situation is a problem of equality and citizenship; in the hospital's refusal to facilitate the recruitment of an African-descended sperm donor, Nadette and Ingrid are not treated the same as their peers.

The Narum's conundrum was not the first time the Oslo University Hospital was scrutinized for its management of donor insemination and recruitment of African- and Asian-descended donors. Two years before the *Dagsavisen* articles, a woman filed a discrimination complaint against Fedorcsak's department for its lack of Asian-descended sperm donors. In the next section, I analyze the documentation of the complaint and its appeal.

The Discrimination Case: Equality and The Price of Belonging

In 2016, a woman filed a grievance with the Gender Equality and Anti-Discrimination Ombud (*Likestillings- og diskrimineringsombudet,* or LDO*)* on behalf of herself and her wife. The woman, called "A" in public documents, was Norwegian-born of West Asian descent. She and her wife, a woman of white Norwegian descent, visited Oslo University Hospital's fertility clinic so that A's wife could conceive with donor-assisted insemination. At the clinic, they requested a sperm donor of West Asian descent, hoping that such a donor would approximate A's appearance. Clinic staff at the hospital informed them that the only donors available were of white

Nordic descent and that A and her wife were welcome to consult with clinic personnel about choosing an appropriate donor from those available. Rather than use a white Nordic donor, A and her wife visited a private clinic in Oslo which had approval from the Ministry of Health (*Helsedirektoratet*) to import donor sperm from foreign sperm banks[43].

A filed a complaint with the Gender Equality and Anti-Discrimination Ombud (LDO), arguing that because Oslo University Hospital's sperm bank lacked non-Nordic donors, the hospital's fertility treatments indirectly discriminated against couples where one or both of the partners was of non-Nordic descent. In her statement to the LDO, A introduces her claim by stating that it is important for the parents and child that a child be as similar as possible to his or her parents, and that the "starting point" or basis of choosing a donor is the parents' physical appearance. In offering only Nordic sperm donors, the hospital sperm bank forecloses the intended parents' ability to choose a donor based on their physical characteristics. A states that if she and her wife were to choose a white donor, their child would lack an "affiliation" to his or her parents' "ethnic background," and for the duration of his or her life, would have to explain why he or she has a parent with a different appearance. The hospital, A argues, has a responsibility to ensure that the population of Norway is reflected in the sperm bank's offering. A states that the hospital clinic has chosen not

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[43] Though the brief does not identify which foreign banks or which countries A intends to import from, it is likely they refer to Danish banks. The approval to import sperm is given to clinics for specific banks. Danish sperm banks are among the largest exporters in the world, and because of more robust recruiting campaigns, tend to have higher numbers of Asian and African sperm donors.

(*har valgt ikke*) to apply for government approval to import from foreign sperm banks. She concludes that costs should not be the justification for differential treatment (*forskjellsbehandlingen*).

A states her case through drawing on language and sensibilities with traction in the broader scheme of debates on biotechnology and difference in Norway. For example, since 2003, Norwegian laws on the use of technology to conceive have emphasized the “best interest of the child” and shaped the use of reproductive technology claiming to defend the well-being of unconceived children. Instead of arguing that she has a right to a child that resembles her, A frames her argument around how her child would be impacted by the use of a white sperm donor. In this hypothetical future, A’s status as a parent to a white child is not figured as the problem; instead, A’s argument problematizes the hypothetical child’s experience of having to explain A’s difference from the rest of her family unit. In doing so, A implicitly appeals to the guiding ethos of Norwegian biotechnology law. The interest of their child becomes A’s foundation for her argument that she and her wife are treated differently in that they are not given the same opportunity as other couples to choose a donor based on shared physical characteristics. Though historically “the best interest of the child“ has been deployed in Norway to constrain access to fertility treatments, A’s argument draws on its rhetorical force to support her claim.

In addition to highlighting the child’s perspective, A uses the language of choice to highlight the hospital’s culpability in its lack of Asian and African sperm donors. A emphasizes that the Oslo University Hospital has had the opportunity to apply for permission to import donor semen from abroad, but that the hospital clinic has *chosen* not to do so (*har valgt ikke a gjøre dette*). A's attention to the hospital's choice is a subtle inversion of common Norwegian assertions about which choice and difference. Scholarly and public discourse on immigration and belonging in Norway have attributed social exclusion to immigrants' and their Norwegian-born children's unwillingness to set aside the social conventions of their home countries and "choose" Norwegian ways of living (see Wikan 2000, 2008; Howell 2006:128). Here, A's argument emphasizes that the sperm bank's failure to reflect the demographics of Norway's national population are because of the hospital's choice; her conundrum results from the hospital's choice, not her own refusal to use a white Norwegian donor.

The hospital's response to A's complaint relies heavily on bureaucratic authority, explicitly stating that donor assisted insemination is a medical treatment and that use of donor sperm is regulated by Norwegian law. The hospital's statement then cites literature from the Ministry of Health on the interpretation of biotechnology law. The statement emphasizes that the treating physician, not the couple, chooses the sperm donor, and that the physician interfaces with the sperm bank to find which donors are available. If the bank cannot provide a donor that "matches" the non-gestational parent, the couple decides in collaboration with the physician which characteristics of the available data[44] ought to be the basis for choosing a donor. After

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[44] According to the hospital's statement, hair color, eye color, "skin color and ethnic background," height, and weight are listed on the donor registry.

citing legal and bureaucratic directives on donor insemination practices, the hospital states that the provisions for choosing a foreign donor are the same; the treating physician chooses the donor and interfaces with the sperm bank.

The hospital statement then describes the structural and practical challenges of meeting the Ministry of Health's directives; these challenges constrain treating physicians. Because of the low number of donors and the fluctuations in donor availability[45], the hospital states that it cannot offer treatment from a specific donor. The hospital states that if a family requires a non-Nordic sperm donor and one is not available, the physician chooses based on the hair and eye color of the non-gestational parent; this practice, the statement affirms, is "medically sound."

The hospital's statement emphasizes that the practical challenges of maintaining a national sperm bank by explaining why so few donors of any ethnicity are available at any given time. A change in legislation, the case argues, affected the national sperm bank's available donors. After legislation passed in 2005 banned anonymous sperm donation, donor enrollment dropped because men were less willing to donate sperm if they could not remain anonymous. With a chronic problem of low supply, the hospital clinic has a long waitlist for all potential patients, regardless of ethnicity.

Further, the hospital does not offer imported donor sperm because of the special approval required from the Ministry of Health, but, the statement notes,

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[45] Donors are taken out of circulation after eight births resulting from their donation, after death, or upon the donor's decision to withdraw from the program.

patients can access imported donor sperm through a private health practice (the "free choice treatment scheme") or by traveling to another EU country and applying to the Norwegian authorities for reimbursement. The statement closes with a note on the availability of Asian donors eligible for Norwegian import from the Danish sperm banks Cryos (two donors from unspecified Asian countries) and European Sperm Bank (five donors, but none from Q, the country A's parents are from).

The hospital's reply to A's complaint justifies the hospital's practices by citing legal language, bureaucratic directives, and medical knowledge. In describing the full system of the sperm bank, generalizes A's complaint into a problem that all patients experience. A's complaint about the lack of sperm donors, then, is a problem for all, and her desire for a *specific type* of sperm donor becomes a problem that, per the hospital's statement, can be remedied by visiting a private clinic that imports donor sperm or traveling to another EU country.

The Ombud decided that Oslo University Hospital's treatment of A was not in violation of the ban on ethnic discrimination. She supports her decision by explaining the implications if she were to rule that Oslo University Hospital discriminated against A. She concedes that having a child of a different ethnicity than oneself can lead to "questions from outsiders about the child's origin" and that in such a context, people with "ethnicity other than Norwegian/Nordic" would, indeed, be at a disadvantage. She then states that her decision must account for "all consequences" of a ruling in A's favor. If she were to declare A's complaint an example of discrimination, such a decision would implicitly mean that "having a child with different skin color than oneself is negative, and that one is discriminated against as a result." The Ombud concludes that this would be ethically problematic and could conflict with the original intention behind the ban on discrimination.

Like the hospital's reasoning, the Ombud emphasizes the importance of her decision's impact for all people ("all consequences"). After she admits that people with an "ethnicity other than Norwegian/Nordic" would be disadvantaged in being questioned about their children's origins, the Ombud states that she must consider "all consequences," implicitly widening the scope of A's complaint to consider the consequences of her decision in (hypothetical) cases where white Norwegian parents could not find a sperm donor whose ethnicity matched theirs. The outcome of this situation would be one in which white Norwegian parents would have a non-white child, a common scenario in Norway, and Scandinavia at large, through transnational adoption from Southeast Asia, South Asia, and East Africa (Yngvesson 2010, Hübinette and Tigervall 2009, Howell 2006). If the Ombud decided in favor of A's complaint, white Norwegian parents with Asian- and African-born children would then also be experiencing discrimination by virtue of having children who look differently from them. Such a decision would be contradictory to the kinship logics of Scandinavian transnational adoption wherein parents downplay or even deny their children's visible difference (Hübinette and Tigervall 2009; see Howell 2006).

After the Ombud's decision, A escalated her complaint and appealed to the LDO's Tribunal. In her appeal documents, A expands her claim by problematizing the broader implications of the hospital's refusal to provide an appropriate donor or provide funds to support couples like A and her wife. After stating that, per its previous statement, the hospital apparently had no interest in recruiting donors of minority background or in importing donor sperm, A argues that it was unreasonable that the public (*det offentlige*) did not cover expenses for importing a donor when the hospital's offerings were deficient. A closes her appeal by stating that even though donor insemination was not a "required medical treatment" (as the hospital and Ombud noted), "as long as the treatment is available, it should be the same for anyone who meets the conditions for assisted reproduction. That the problem does not include many should not make it less unjust." A's argument defines what, in her view, would constitute equal treatment: having the same ease of access to a sperm donor of her ethnic background as a white Norwegian person would. Her appeal holds the public (*det offentlige*) responsible for facilitating this equal treatment by offering more funding to cover import-related costs in light of the hospital's refusal to act. More broadly, A's claim asserts that her family's reproduction is as much a public matter (*offentlig sak*) as a white Norwegian couple's and is entitled to support from public funds.

In response to A's appeal, Oslo University Hospital's Department of Reproductive Medicine submitted a new statement defending its refusal to import sperm from abroad. The statement reiterates legal guidelines about donor insemination, emphasizing that the "best interest of the child" shapes the hospital's clinical practices and that donor choice ultimately lies with the treating physician. An appropriate donor, per the hospital's statement, is "healthy, unselfishly motivated, is willing to disclose his identity to the future children, has appropriate sperm quality, and is not the carrier of hereditary or sexually transmitted disease." The best interest of the child, the statement continues, depends on parental care and social environment, not just "simple physical traits inherited from the sperm donor… the child cannot be created to meet the adult's expectations of appearance."

This section of the statement establishes the hospital's medical and bureaucratic authority through making a very specific claim about inherited genetic substance. Genetic inheritance is significant insofar as one must know the genitor or the specific individual from whom one inherits, but to engineer inheritance — to create a designer child — is inappropriate. The hospital statement does not even entertain the possibility that one's genetic inheritance or appearance could be a part of belonging to a broader group or claiming an identity; it reduces A's complaint to a superficial concern about appearance. Without explicitly referencing "race" or "ethnicity," it emphasizes the importance of social environment. This argument is reminiscent of Norwegian attitudes towards difference: "race" refers to biological difference, but, per 1990's era public discourse on race, such biological differences are not "real" and ought not have a bearing on social relations (Stolcke 1995). The child's appearance, then, is of little importance with regard to their connection to their parents' ethnic backgrounds because social and ethnic conventions are learned and cultivated rather than innate.

The hospital statement then rebuts A's assertion that the hospital, as a public agency, should offer imported donor sperm. After detailing how donor availability works at the hospital's fertility clinic, the statement emphasizes the long wait time for donor insemination. Because of the long wait time, the hospital states that a blended system of import and local recruitment—importing donor sperm for patients who require a donor of a locally unavailable ethnicity while continuing to offer donor sperm from Norwegian donors—would result in a system wherein patients using "Norwegian" donor sperm would experience longer waiting times than patients of "non-Nordic" background. While imported sperm would be available as needed, shortages of local donor sperm, presumably coming mostly from white Norwegian donors, would persist.[46] The hospital's statement then explains that Oslo University Hospital must offer only imported donor sperm *or* only donor sperm from local Norwegian donors (as is the current practice) such that waiting times for treatment are as equitable as possible. Using the previous year's patient statistics, the hospital then estimates that the cost of importing all donor sperm from a Danish bank. For 279 patients undertaking donor insemination, the cost for importing donor sperm would range from 2.7-7.4 million Norwegian kroner depending on the quality of the semen; the department's budget for all services in the previous year, including the 1678 patients who, using IUI or IVF, were inseminated "with partner semen," was 5.6 million Norwegian kroner. Thus, if the hospital were to end its local donor program and offer imported donor sperm to all patients, the cost of importing would reduce the availability of funding for fertility treatments other than donor insemination.

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[46] The hospital continues to assume that recruiting donors of African and Asian descent locally is an impossibility

Overall, the hospital statement characterizes A's complaint as an individual request for a specific type of donor in contrast to the needs of all patients at the Department of Reproductive Medicine. The statement emphasizes that A has access to imported donor sperm through the Free Hospital Choice Scheme, and that if A and her wife travel somewhere to the EU for treatments, they could be reimbursed the cost of treatment. The hospital statement refrains from mentioning the costs that are ineligible for reimbursement—expenses to ship and store donor sperm at sub-zero temperatures, *barnrett* administrative fees, or, in the case of travel to the EU, airfare and accommodation—but instead estimates what its own expenses would be. Per the hospital's case, the "differential treatment" (*forskjellsbehandlingen*) that A and her wife experience is not actually discriminatory in that the needs of many more patients are fulfilled under the current system of donor insemination, and giving A and her wife special treatment would mean disadvantaging couples who need a Nordic donor or who do not need donor sperm at all. A and her wife are excluded from the collective body of citizens whose needs *are* the concern of the welfare state, and according to the hospital, their demand for equal treatment is an insistence on exceptional status. Thus, their claim to equal citizenship becomes the grounds for denying their equal treatment.

The Tribunal decided in agreement with the Ombud that the hospital did not discriminate against A and her wife. In their decision, the Tribunal supported the hospital's assertion that A and her wife were not disadvantaged because of how the hospital treated them, so long as their wish for a child had been fulfilled "regardless of the child's appearance." Further, the board stated that it was in agreement with the hospital that the child was not disadvantaged if the "biological father" had a different ethnicity than the "legal father or *medmor*." The Tribunal's decision also emphasized the hospital's points that the cost of importing donor sperm would limit the available funds for other fertility treatments and that people using sperm from Norwegian donors would experience longer wait times than patients using imported donor sperm.

In denying A's appeal, the Tribunal's decision implicitly defines equal treatment in terms of the majority's needs, stating it was necessary for the hospital not to import donor sperm. The Tribunal was the last bureaucratic body that A could appeal to in this process; ultimately, her appeal was rejected because the Tribunal supported the hospital's refusal to import donor sperm.

Analysis: The LDO Decisions

In these documents, the central question at stake is whether A's reproduction is a private concern (*privatsak*) that A and her wife should fund or a public matter (*offentlig sak*) that Norwegian healthcare infrastructure and funding should facilitate. A's complaint repeatedly emphasizes that she and her wife should have the same access to a sperm donor that a white Norwegian couple would have, and that the extra expense to the hospital should not be the basis for her or anyone to be treated differently. She further asserts that her status as a minority does not excuse this treatment. The hospital, in contrast, argues that importing sperm for A and other couples of Asian and African background would disadvantage patients who could use white donors or who need treatments other than donor insemination.

The crux of the hospital’s position is its particular framing of genetic substance and inheritance. At first glance, the hospital’s claims about genetic substance seem to be contradictory: the donor and any “simple physical traits” inherited from him are unimportant in comparison to the social environment a child is raised in, yet the release of the donor’s identity to his donor progeny is central to the hospital’s definition of an appropriate donor. Per the hospital’s statement, the donor’s appearance and its inheritance by the child are incidental to the making of a family, yet the child’s access to his identity is a critical part of ethical sperm donation. One cannot request a specific donor, yet the donor is not just an anonymous nonentity.

Undergirding this tension within legal and medical discourse is a particular idea about what kinds of subjects and relations are produced by shared genetic substance. Implicitly, the hospital’s statement makes a claim about genetic knowledge and the appropriate use of shared substance. The shared genetic substance between the donor and the donor-conceived person is significant in that, per Biotechnology Law, the donor-conceived person is a subject bearing the right to knowledge about his or her genetic substance, and the donor, in sharing that substance, is a source of that knowledge. Shared genetic substance, here, does not confer membership in a group or a relationship. This understanding of genetic substance is co-productive of the donor-conceived person as a liberal rights-bearing individual. Per this logic, A’s request for a donor of specific background is an attempt to engineer a “designer baby” with a particular appearance.

A's complaint proffers a different reading of what shared genetic substance confers: physical traits that correspond to a shared social identity. Her child's inheritance of genetic substance and physical traits of a West Asian donor are, to A and her wife, important as signifiers of their child's relation to both of her parents. Shared genetic substance is relational not in that it confers a relationship to the donor, but in that it signals A's relation to her child. In A's complaint, A specifically states the importance of her relationship to her child being recognizable to strangers, but she also mentions in passing the importance of her child's affiliation to A's ethnicity. For A and her wife, their child's genetic substance and, by extension, physical appearance is a part of their child's link to broader kin- and non-kin social identities. In contrast, the hospital, the Ombud, and the tribunal refrain from referring to identification with a group, whether it be a group based on ethnicity, race, or national descent. The only social collective their statements concern is the Norwegian nation. The medical and legal authorities responding to A regard genetic substance in relation to a liberal rights-bearing individuals, and in imposing their definition of genetic substance upon A's complaint, they are able to argue that her complaint is a request for a "specific donor," an inappropriate use of gamete donation, and a request for special treatment at the expense of other Norwegian citizens.

In rejecting A's complaint and request for support from public funds, the hospital's, Ombud's, and Tribunal's statements draw a border around the welfare state more broadly. The authorities' statements insist that A and her wife are not discriminated against because they can find a West Asian donor at a private clinic or in another EU country altogether. They do not mention the additional non-reimbursable expenses that either option incurs, but their statements are clear that neither the hospital, nor the Ombud, nor the Tribunal supports the use of public funds for A's choice of donor. The board repeatedly slips between using "Norwegian descent" and "Norwegian" to describe the donors available through the national sperm bank such that "Norwegian" is equated to "white."

The statements in response to A's complaint are eerily similar to this chapter's epigraph, Unni Wikan's 1995 writing on immigration in Norway:

> 'Immigrants' and the 'immigration problem' have virtually become synonymous with Muslims.
>
> Why?
>
> Let me state immediately: I do not think that this is due to 'racism'. When so many Norwegians—including myself—regard Muslims as a problem, there is a reason for this: Muslims in Norway are problematic in many ways; one has the impression that they distance themselves further from basic Norwegian values than do other groups. Many practise segregation. Many oppose their children having Norwegian friends. This does not apply to all, but it applies to far too many.
>
> Every choice has its price, and the price for living in Norway is that one must accept that one's children become Norwegian — if they themselves so wish. For no one 'owns' his or her children… for me it is also unacceptable that people who have come here and benefitted from Norwegian possibilities, such as freedom and material welfare, so readily denounce aspects of the 'culture' we have built up, and that provides the basis for the welfare which immigrants take advantage of. The majority of immigrants to Norway have had a choice--they were not among the worst off in their home country… They have also had the possibility to return: to go back home. The choice they have made bears its obligations (Wikan 1995a, 1995b; cited in Gullestad 2002:52)

Although Wikan names “Muslims,” her remarks perform a common elision in Norway between race and religion. Wikan’s use of “Muslim” allows her to deny that racism has a role in her observations about Norwegian society, but many of Norway’s Muslim citizens are descended from Africa and Asia. As Gullestad has emphasized, Wikan produces another more subtle elision in her invocation of “we” who “have built up” the culture in which the social democratic state is founded (Gullestad 2002:52). Wikan’s “we” includes young white Norwegians who were born well after the welfare state’s founding and therefore did not technically participate in the foundation of the social democracy that Wikan describes.

Although A’s religion is not mentioned in the official documentation of her complaint, the underlying message from the authorities rejecting her complaint resonates with Wikan’s writing even a generation after Wikan’s original publication. If A wants to be fully Norwegian and avail herself of the Norwegian welfare state’s material support, she must accept that her children will be Norwegian, not only in the language they may speak, the people with whom they may socialize, but in their very genetic substance. A’s refusal of the donors available at the Norwegian sperm bank is a rejection not only of white Norwegian genetic substance but of the Norwegian nation and welfare state itself. The hospital, the Ombud, and the Tribunal drew borders around access to material support from the Norwegian public, which like Wikan’s “we,” excluded families like A’s.

Conclusion

In this chapter, I have detailed how race interrupts the logics of queer kinship and state discourses of equality in Norway. Though race is historically and socially constituted, its corporeality and signification in bodily markers is intimately intertwined with the inheritance of biological substance. I have shown that the kinship practices that rely on such biological substance do not replicate simplistic configurations of family, nation, and race, but instead can be harnessed by couples like the Narums, Mona and Tine, or A and her wife to create family in a pronatalist country where the ubiquity of whiteness renders it nearly invisible. Couples' encounters with the state healthcare system make apparent that Norway's homogeneity is systematically underpinned; hospital staff's reluctance to change their recruiting methods or import donor semen for patients of African or Asian descent creates the conditions in which patients must choose between whitening their families or paying the equivalent of thousands of US dollars to conceive. The couples I discuss here re-tool Norwegian notions of equality, sameness, and the best interest of the child to justify their decision of sperm donor choice. Ultimately, hospital staff and the LDO interpret equality in terms of the needs of many. A's discrimination complaint makes a claim that she, too, is a Norwegian citizen and deserves equal treatment, but because it is interpreted as a request for special treatment, ironically her claim undermines its own legitimacy.

Chapter 5
No(o)ra and the Nation

Introduction: *SKAM*-Fever

In previous chapters, I have analyzed donor insemination practices and legislation to analyze the relationship between biology, kinship, and nation. A central theme cutting across each chapter is the status of biology as the basis for social organization. I have argued that progress narratives about the social democratic state frame biologically based kinship as antithetical to social order despite the continuing centrality of biology in, for example, the relationship between biological substance and paternity. In this chapter, I discuss the portrayal of friendship as the ideal relation of the Norwegian nation in order to demonstrate biologically-based kinship's other. If blood-based kinship is antithetical to Norwegian conceptions of social order, this chapter addresses the relations that are framed as the ideal relations of the Norwegian social democratic state.

Drawing on Henrik Ibsen's classic play *A Doll's House* and *SKAM*, a popular television show, this chapter analyzes gender, intimacy, and the welfare state. I argue that *SKAM* portrays homosocial friendship, not family, as the ideal relation of the nation and that this portrayal demonstrates how idealized narratives of the social democratic state triangulate heterosexual white womanhood as the ideal subject of the nation. Though comparisons of Nora and Noora, the main characters of *A Doll's House* and *SKAM*, respectively, have been popular since *SKAM*'s second season aired in 2016, I argue that the second season's final resolution focuses on the problem of masculinity and the welfare state.

SKAM's first season aired in 2015 via Norway's national broadcasting network, NRK,[47] every Friday and via a blog[48]. While the Friday television airing was a week's episode in its entirety, the blog posted the episode scene by scene, releasing clips as they occurred in the universe of *SKAM*. For example, if a scene features the main characters at school on a Monday morning, the clip would be posted on the blog on the exact day and time that the scene took place. Full episodes were also posted on NRK's streaming website, NRK TV, after airing on Friday nights.

SKAM quickly broke NRK and Norway's records for television streaming, becoming wildly popular in Norway and beyond. By the end of the first season in December 2015, the first episode of the series was one of the most streamed episodes of all time on NRK TV (Aldridge 2016). Each successive season's viewership broke the show's own records (Madshus 2016; Myrvang 2017). After NRK "geo-blocked" streaming access to viewers with Norwegian IP addresses,[49] *SKAM* was licensed to air in Sweden and Denmark, where it broke local streaming records (Pettersen 2017; Ingebrethsen 2017). Its success garnered multiple awards including many categories of Norwegian TV industry's *Gullruten* ("Golden Screen") awards in 2016, the Peer Gynt Prize in 2017 for *SKAM*'s cultural significance locally and abroad, and the Nordic Association's Nordic Language Prize in 2016. In 2017, the social media

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[47] *Norsk rikskringkasting* or the Norwegian Broadcasting Corporation

[48] skam.p3.no

[49] NRK only had permission to use many of the soundtrack's songs within Norway. Because NRK lacked rights to the music internationally, the Norwegian music industry requested that NRK restrict access to viewers with Norwegian IP addresses (Myrvang 2017).

platform Tumblr reported that *SKAM* was the “most talked about show” across Tumblr’s international user audience, beating American shows *Game of Thrones, Stranger Things,* and *The Walking Dead* (Bartleet 2017). After the fourth and final season, *SKAM* showrunner Julie Andem oversaw spin-offs in France, Germany, Italy, the US, Spain, the Netherlands, and Belgium.

During my fieldwork year in 2016, *SKAM*’s popularity made it a handy conversation starter. Whenever I met someone new, I asked their thoughts on the show: whether they followed the blog, whether they had seen the latest clip, or what their thoughts were on the latest episode. Nearly everyone I met had some opinion about the show, and some people even invited me to discuss the show on other platforms. I was invited to a Facebook fan group populated mostly by teenagers, and a medical student invited me to a group chat of young professionals in their late twenties who were also fans. Across these conversations, episodes were often taken up as departure points for discussion about Norwegian ethics and morals; I would often find myself in conversation with someone about what a character should have done (or not done) and what they should (or should not) do in a future episode. After Noora, a main character, confronted someone harassing her, a viewer in her late twenties working for an international NGO told me that she was “very proud” of Noora and that she set a good example for other Norwegian girls. The fact that *SKAM* was aired and publicly funded through NRK added to her feeling that *SKAM’s* showrunners had a responsibility to the Norwegian public to function in a didactic capacity. Her feeling, that *SKAM* was a tool to teach young people how to comport themselves, was shared widely. A researcher explained that she watched the show with her ten-year-old child and used its plot as examples to teach her child about drinking culture, consent, and sexuality. On a larger scale, *Kripos,* Norway's National Criminal Investigation Service praised *SKAM* on social media for its depiction of the characters' responses to sexual assault, in particular one character's advice to her friend to see a doctor immediately to gather evidence (Leth-Olsen 2016). A researcher in education even suggested teachers use *SKAM* as a pedagogical tool; in years following *SKAM*'s airing, secondary school exams included essay questions about the comparison between *SKAM*'s Noora and Ibsen's Nora (Oxfeldt 2017; Skarstein 2017). *SKAM* gave Norwegians an object through which they could discuss ethical action. In didactic significance drew not only on its version of realism, but also on Norwegian ritual and literary history. In what follows, I describe the context which *SKAM'*s universe draws upon and its connection to Ibsen's *A Doll's House*.

Russetida and the Nation

SKAM's second season takes place during *russetida,* a three-week period of celebrations for young people finishing secondary school. Depending on the municipality, *russetida* begins in late April or early May and runs until Norwegian Constitution Day, May 17. First celebrated in 1905, *russ* was originally limited to those secondary school students who were matriculating to university; these students participated in a small parade procession in their municipalities (Haugsvær 2016). In spite of Norwegian national ideals of a classless society, participation in *russetida* marked a class distinction by celebrating students who continued their studies rather than entering a vocation. Today, over one hundred years after the first *russ* celebrations, the subtle class distinctions persist. *Russefeiring* marks not only a teenager's transition into university, but also one's course of study. For the entirety of *russetida*, all *russ* wear *russebukser*, a jumpsuit or overalls depending on one's preference. Most *russetida* participants wear red jumpsuits (*russebukser*), signaling that they will undertake general studies, but there are also blue, white, and black *russ* suits that indicate business school, healthcare professions, or vocational training respectively.

Regardless of which color one identifies with, students organize into *russ* buses or gangs (*russebusser* or *gjenger*), friend groups who commits to raising money, planning parties and bus themes, and eventually celebrating *russetida* together. The main characters of *SKAM*, for example, are five first-year students who create a bus together because they are either new to the school or have been expelled from other friend groups. In chatting up people about *SKAM*, I learned that starting a *russ* bus in first year is regarded as rather extreme, but that many students on the posh west side (*vestkanten*) of Oslo are notorious for extravagant *russ* celebrations which necessitate two to three years of planning and fundraising. Some buses spend as much as US$350,000 on a luxury coach party bus, customizing it with new seats and decor, and hiring a professional bus driver to drive around the city late at night while the students drink and dance in the back.[50] Some *russ* buses manage to secure sponsorship from local businesses to fund their buses or parties, but even in addition

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[50] https://russehjelpen.no/russebil

to sponsorship, *russ* buses form in their first year to begin raising money as early as possible. Nearly everyone I spoke to asserted that young people raise funds for their buses themselves, regardless of how wealthy their families are. In spite of this, *russ* buses still perpetuate class distinctions; the ability to dedicate all of one's job earnings to a party is a luxury. During *russetida* in my fieldwork year*,* I approached *russ* participants in the city center to ask questions about what they were doing (see below) and whether they had bought or rented a bus. None of the *russebusser* that I met actually bought a bus, but nearly all of them shrugged it off as an extreme only accessible to students from wealthy families. Colleagues at the university, some of whom lived or grew up on the west side of Oslo, mentioned their children's plans to do "green" *russebusser:* instead of buses or vans, they opted to decorate their bikes and ride around the city together.

In addition to throwing parties during *russetida, russ* participants performed a variety of stunts and tasks to earn knots (*russknuter*) or trinkets to attach to their *russ* hats. *Russ* stunts are decided by municipal *russ*-council comprised of *russ* from multiple schools and are presented as "knot rules" (*knuteregler*)*,* tasks that entail breaking social conventions in public: teaching children in primary school (without permission) about sex, kissing a policeman, or drinking one beer per hour for twenty-four hours (Sande 2002). In early May 2016, I encountered a small group of *russ* playing musical instruments badly outside Oslo's City Hall. A mixed gender group from the local performing arts magnet high school, they explained they were completing a task: to play an instrument in a public place that one did not know how to play for at least ten minutes. On Snapchat, friends from choir posted videos and photos of *russ* pranks they saw around the city; one widely circulated video showed a boy in *russebukser* sitting in a crosswalk in front of a stopped tram, waiting for the tram to honk three times (before the third honk, a man in a suit crossing the street picked up the boy by the underarms and dragged him off the road to the sidewalk).

Figure 3: Three russ participants posing as mannequins in the window of a clothing store in Oslo's city center. (Photo by Warsan Ismail)

Russetida has also been criticized because of the spike in alcohol poisoning, the increase in reports of sexual assault, and, one year, a massive chlamydia outbreak amongst teenagers (Haugsvær 2016). A graduate student friend complained that when she taught high school, she actually wished *russetida* would be banned because it was such a hassle for teachers and non-*russ* students. The heavy drinking, the public stunts, and the party buses zipping through the city in the middle of the night blasting party music were all tremendously disruptive.

In spite of the complaints about its interruption of daily public life, the conclusion of *russetida* occurs on Norwegian Constitution Day, May 17th (*17. mai* or *syttende mai*) celebrated with the *russ* “parade” (*russetog*) on the heels of the traditional Children’s Parade (*barnetog*). Commemorating the signing of the Norwegian Constitution, *syttende mai* is perhaps one of the largest public celebrations in Norway each year. The Children’s Parade, the main feature of *syttende mai*, began in the nineteenth century as a conscious contrast to other countries’ national day military parades; rather than a show of force, the *barnetog* made children the national symbol of Norway as a relatively new nation: innocent, peace-loving, and future-oriented (Gullestad 1997, 2002). In Oslo, the hours-long *barnetog* procession passes below the main balconies of the royal castle in the city center. From this balcony, the royal family waves to the *barnetog*, greeting the nation’s children who pause to salute the king before continuing through the city center (Gullestad 2002). Historically, the *barnetog* is followed by the *russetog.*[51] In contrast to the Children’s Parade wherein most children dressed formally or in their regional variation of national dress (*bunader*), the *russetog* participants wear the same unwashed jumpsuits (*russebukser*) and caps they wear for the entirety of *russetida*, and many *russ* carry shoddy handmade signs with jokes or political statements. The *russetog* marks the end of *russetida*, one’s final participation in the procession of children who symbolize the nation and its future.

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[51] In 2010, Oslo authorities cancelled the *russetog*. Oslo police had instituted stricter rules about *russetog* participation, which was met with decreased participation. See https://www.aktivioslo.no/guide/17-mai/russetoget/.

Figure 4: A group of red *russ* celebrating the end of *russetida* on Constitution Day. (Photo by Suraiya Jetha)

Anthropologist Allen Sande has analyzed *russefeiring* as a rite of passage, a liminal state between childhood and adulthood (Sande 2002). Per Sande, *russefeiring* constitutes a "'time out' from reality" wherein individuals transition between social categories (Sande 2002:280). *Russetida* allows for the creation of a cohort, uniformly dressed and intoxicated, following the same extra-legal code of "rules-to-break-the-rules" (*knuteregler*) which, Sande states, to some degree are ignored by police and other authorities (Sande 2002:296-7). Inherent in Sande's reading of *russefeiring* is the idealization of friendship and nation. Upon *russetida*'s conclusion at the *russetog*, *russ* students re-enter society, subject once again to the rules and mores like their fellow citizens.

I argue below that one of *SKAM's* central themes regards gender and relation to the social democratic state. *SKAM* draws on Henrik Ibsen's classic play, *A Doll's House,* effectively imagining what would have become of the play's main character, Nora, if the social safety net of the welfare state existed in her time. However, rather than portraying Nora as a married mother of two children, *SKAM*'s reimagination of *A Doll's House* focuses on the lives of teenagers as they form buses and prepare for *russetida*. The second season features a main character named Noora, an independent first year student who, contrary to the principles she espouses, begins dating William, a "proper fuckboy," in secret. Noora's and William's stories, I argue, draw directly on Ibsen's characters Nora and Thorvald Helmer. In setting the second season during *russetida*, *SKAM*'s showrunners tell a story about the lives of teenagers, their transitions into adult citizens of the nation, and their eventual embrace of the social democratic state through *russetida*, and, further, they depict the modernization of Thorvald.

Ibsen's Nora

In Ibsen's controversial play, the impending revelation of a long held secret torments the main character, Nora Helmer (Ibsen 2019). Years before the events in the play, Nora borrowed money to fund a long vacation in Italy in hopes that her ailing husband, Thorvald Helmer, would recuperate. As a woman, Nora could not legally take out a loan herself, but instead forged her father's signature on loan documents mere days after his death. Until his death, Nora conceals from her father the truth of how sick Helmer is, and after her father's death, she tells Helmer that the money funding their trip is from her father. Nora conceals her forgery from everyone in her life until years later when Helmer is promoted to the head of the bank where he works. Nils Krogstad, the lawyer from whom Nora borrowed money, also works at Helmer's bank in a junior position. Early in the play, Krogstad informs Nora that he plans to write to Helmer and threaten him with the revelation of Nora's forgery unless Helmer promotes Krogstad at the bank. Nora is plagued by the Krogstad's threat, not only because it would result in a very public scandal but also because she fears Helmer casting her out of their home once he finds out her crime. Nora's torment goes largely unnoticed by the boorish Helmer, who repeatedly refers to her as a "little song-bird" and assumes her angst is merely anxiety about performing a dance at their friends' party.

The play follows Nora's gradual realization of her autonomy's limits; Nora has never formed her own opinions or tastes because she has been but a doll in her father's and husband's care. Further, her financial security and comfort are pinned to her intimate relationships. Her interactions with two other characters, Mrs. Linde and Dr. Rank, make her particularly aware of the inequitable dynamics of her marriage.

In the first act, Mrs. Linde, an old friend of Nora's, visits Nora after a long absence from their hometown. Years before, Mrs. Linde had married a wealthy man for the benefit of her parents and siblings rather than marrying Nils Krogstad, with whom she was in love and formerly engaged. When her husband died, Mrs. Linde was freed from a loveless marriage, but in building a life for herself after inheriting nothing from her husband, Mrs. Linde has had a difficult life. Mrs. Linde explains to Nora that she has aged while toiling to support herself in the three years since she was widowed, and she notes that Nora still looks as young as she did ten years before. Nora somewhat boastfully counters that she has worked hard too: she secured a loan to support herself and Helmer when he was ill, and she continues to do small odd jobs to raise money to pay it back. Mrs. Linde expresses her surprise that Nora has kept this a secret from Helmer, but Nora explains that she will tell him in the future when her dancing and dressing up no longer amuse Helmer. Unwittingly, Nora minimizes her support for her family as an act on par with her small performances to amuse her husband.

In the third act, Mrs. Linde approaches Krogstad on Nora's behalf, ostensibly to convince him not to threaten Helmer. Instead she reveals that she returned to their hometown to seek out Krogstad because she is still in love with him. Krogstad questions whether Mrs. Linde's interest in him is genuine or a plot to save her friend. Mrs. Linde declares that she has sold herself in marriage for money once before, and she could never do it again. Krogstad has already left a letter for Helmer describing Nora's crime, but buoyed by his love for Mrs. Linde, he leaves a note for Nora withdrawing his threat. Krogstad includes the bond from Nora's loan, thus releasing her from his debt and relinquishing the physical evidence of her forgery.

Reading Krogstad's letter, Helmer is devastated that his marriage is built upon a lie and horrified that he is at Krogstad's mercy because of Nora's past. Helmer, panicked, plans for the future, intending to appease Krogstad and worrying aloud about what people would think if Krogstad revealed Nora's forgery. Helmer decides Nora will stay at home for appearance's sake, but he will not allow her to raise their children. Rather than their family's happiness, his primary concern, he declares, is clinging to appearances. While Helmer laments his ruination, Krogstad's second letter arrives. Although it is addressed to Nora, Helmer insists on opening it; he is overjoyed to learn that their problem has resolved itself. However, Nora does not share his elation. Nora is surprised by Helmer's willingness to bend to Krogstad's blackmailing attempt and by Helmer's concern for their reputation as a household. Upon receiving Krogstad's second letter, Helmer is happy for their lives to return to normal as if Nora's forgery had never happened at all. Helmer's reactions clarify Nora's understanding of her actual desires: rather than erasing or obscuring her past crime, she wished that Helmer would have the integrity to stand up to Krogstad and to publicly defend Nora as an equal. Nora explains to Helmer that for her whole life, she has been a doll either to her father or to her husband, and that her "most sacred duty" is to herself. Until "the most wonderful thing" happens and Helmer accepts her as an equal, their marriage will never be a true partnership, and she cannot fulfill her duties as mother. At the end of the play, Nora leaves Helmer and her children to find her own way in life.

Ibsen's portrayal of Nora's departure hinges not only on Nora's autonomy from the men in her life, but also on a moral claim about intimate partnership and economic exchange. In contrast to Nora's marriage, Mrs. Linde's partnership with Krogstad is free of self-interest in spite of the struggle she has endured as a widowed woman. Krogstad's employment and reputation are more unstable than when Mrs. Linde ended their engagement years before, but their mutual affection, Mrs. Linde professes, will sustain them better than any material wealth could. In the second act, Nora approaches Dr. Rank, a close friend of her husband's, to ask for money so that she can pay off her debt to Krogstad. She regards her relationship to Dr. Rank as similar to her relationship to her late father and flirts innocently with him before asking for a favor. However, when Dr. Rank confesses that he is in love with her, she stops short of asking for money. She realizes that she has no qualms about asking for money from a father figure, but that she would be uncomfortable taking money from a lover. She recognizes that her relationship to her husband and their exchange of money is characterized by a power dynamic similar to that between her and her late father. Nora becomes aware of her marriage's uneven terms when Dr. Rank professes his love for her and his desire to do anything for her. Nora feels uncomfortable at the prospect of being financially indebted to a lover, and amidst this discomfort, she recognizes the dynamic of her marriage to Helmer. Her desire for independence and equality is undergirded by a notion of intimacy which is sequestered from financial exchange; implicitly, intimacy and equality are impossible to achieve under the conditions in which Nora lives.

Amongst Nordic literary critics, Nora's slamming the door on Helmer has become a narrative about modernity and the nuclear family. By these accounts, *A Doll House* portrays Nora's "painful entrance into modernity" and her transformation from "generic family member (wife, daughter, mother) to individual (Nora)" (Moi 2006:258; Carbone 2020:103). Here, Nora as a gendered modern subject is defined in opposition to a family unit. This logic resonates with the evolutionary trajectory imagined by early- and mid-twentieth century anthropologists who regarded individualism, friendship, and the redundancy of kinship as metrics of modernity (Kuper 1988; See Norbeck and Befu 1958). Both notions of modernity presume some form of non-modern or pre-modern society wherein the intimate relations of kinship and the household are not yet purified of economic exchange. For literary critics, Nora's departure marks the final step in her becoming a modern subject and Ibsen's commentary on the constraints upon a woman in a male-dominated society (Carbone 2020:102). Whereas Helmer is preoccupied with his reputation and the appearance of their family's respectability, Nora's only concern is her own integrity and character; her social relations within and beyond their household are secondary to her own estimation of herself. Until she lives a life for herself as an individual, she cannot fulfill her duties as a bad mother and risks corrupting her children.

I read these accounts by Nordic literary critics as part of the discursive production of Norwegian modernity. Like the normative historical narratives of the Scandinavian welfare state, these analyses of Nora presume that Ibsen had prescient knowledge of what would constitute modernity. Ibsen was a critical figure in what was known contemporaneously as "The Modern Breakthrough" (*Det moderne gennembrud*), a literary movement which spanned 1870-1890, around the same period of time that social democratic movement emerged in Scandinavia. The Modern Breakthrough resulted from Danish literary critic Georg Brandes' provocation that the Nordic countries had not produced enough "socially involved literature" as had British, French, and German literary traditions (Carbone 2020:102). Ibsen wrote that his aim in writing *A Doll's House* was to show the limits of a woman's ability to "be herself" in a male-dominated society (Carbone 2020: 102), but that gender equality would later become a cornerstone of Nordic modernity, or even what "modernity" could mean, was not necessarily within the purview of his writing. Such accounts narrate gender equality in Norway as a cohesive struggle fueled by organic social evolution rather than a series of debates over what constitutes gender or gender equality at all (Jacobsen 2018). Ibsen never named "the most wonderful thing" that would enable Nora and Helmer's marriage to be a union of equals, but resonating with this scholarship, *SKAM*'s modern interpretation of Nora suggests that the most wonderful thing is the social democratic state and its promise of equality. In the next section, I compare Ibsen's Nora to *SKAM*'s Noora, arguing that the social democratic state is portrayed as the most wonderful thing. I further examine William, a character in *SKAM*, as a modern version of Helmer and argue that *SKAM*'s second season touches on contemporary anxieties about masculinity, sociality, and the modern state.

Nora and Noora: Gendering the Nation

The second season of *SKAM* features Noora's budding romantic relationship with William. Publicly denouncing him as a "proper fuckboy" (*skikkelig fuckboi*), Noora dates William in secret in spite of her persistent doubts about his sincerity. Noora's own doll house is not an unequal marriage, but a secret relationship that contradicts the feminist ideals she espouses and encourages her friends to embody. In the eighth of Season Two's twelve episodes, Noora visits William's apartment hoping to make up with him after a fight. His brother, Niko, answers the door, and, sensing

Noora's insecurity about whether she would be welcomed at William's, Niko tells Noora that William is away for the evening, hinting heavily that he is on a date and will not return until the morning. Niko invites the distraught Noora into the apartment, where a small party of college students are drinking. Noora binge drinks with them and wakes up the next morning naked in William's bed with Niko and Mari, a friend of William and Niko's. With no memory of the previous night, Noora flees before the other two awake, and on her way home, she receives text messages from William that he was in Lillehammer for a *russ* event and lost his phone. At home, she receives text messages from Niko with a naked photo of her asleep in William's bed and taunts about her behavior during the previous night. Uncertain about what actually happened and terrified of how William will react, Noora isolates herself at home, neither eating nor sleeping until William visits her. William assumes Noora's angst stems from school-related stress and convinces her to rest. The next day, the Seventeenth of May, William encourages Noora to attend a celebratory brunch at her friend's house. As if she is a doll, he chooses a dress for her, pins a ribbon in the Norwegian flag's colors on her shoulder, and leaves her on her friend's doorstep.

At her friend's house, Noora confesses to her friends that she suspects that she was assaulted, and although they are shocked, Noora's friends spring into action, insisting that she see a doctor. The following scene shows the girls walking in a row into the hospital waiting room, a scene mimicking an image from a previous episode depicting the girls walking to a party in slow motion.

Figure 5: A scene from NRK's *SKAM.* Noora, escorted by her friends, enters the hospital.

At the hospital, Noora is shown surrounded by her friends while she speaks to the doctor; instead of dialogue, the only audio is Norway's unofficial national anthem, *"Ja, vi elsker dette landet.*" In the following episode, Noora confronts Niko. Reminding him that she is younger than eighteen years old, she cites Norwegian child pornography laws about the potential fines and prison sentence that Niko would face if he circulated the naked photo of her.

Noora's story arc mimics the plight of Ibsen's Nora. Nora's dollhouse is the household in which she was an ornament rather than an equal partner; her efforts to secure her family's future and well-being when Helmer was ill are not only unrecognized, but also illegal. When Krogstad blackmails her, she has no legal recourse and hopes that Helmer will support her publicly if Krogstad reveals her secret. The society in which Nora lives creates the conditions for her unequal partnership with Helmer. As a woman, she could not borrow money without her father's or her husband's written consent; her moral action constitutes a criminal act (Oxfeldt 2017). The only way she could live according to her principles was to leave Helmer and their children.

The comparison between Nora and Noora is less about the women themselves than it is about the conditions in which each woman is constituted as a subject. Rather than highlight the differences between the characters, I read *SKAM* as an imagination of Ibsen's Nora under different conditions: Noora is the actualized version of Nora who, thanks to the support of the social welfare state, is capable of living a life for herself. Before age 16, Noora moves to Spain on exchange to study in Madrid, and at the opening of the series, she lives in Oslo with two college students. Apparently emancipated from her parents, two psychologists who, in her words, care more about their sex lives than her, Noora appears to be the most mature of the main friend group, above the fray of school popularity contests. When her character is introduced in the first season, Noora appears a paragon rather than a victim of her time and an archetype of Norwegianness (Oxfeldt 2017). Rather than a subject whose principles put her at odds with her society's mores, Noora is a modern subject with whom Norwegian society has "caught up." This is particularly evident in the story line about Niko blackmailing Noora. When threatened with blackmail, Noora, unlike Nora, does not need to hope for the beneficence of her partner or for his loyalty in standing alongside her publicly; instead, the social democratic state provides the legal and medical infrastructure to protect Noora independently of William. The "most wonderful thing" is, apparently, the social democratic state manifested in its carceral power.

In further contrast to Nora, the story of Noora's blackmailing, arguably, is not about her relationship to her partner, but rather her relationship to the social democratic state and the nation at large. *SKAM*'s portrayal of Noora and the nation is particularly potent considering the scene was aired online and took place on the Seventeenth of May, Norwegian Constitution Day. While children across the nation marched through major municipal centers as symbols of the nation's future, *SKAM* aired scenes of a young girl in distress as the social democracy's *raison d'être,* as if animating historical narratives of Norwegian gender equality as a cohesive struggle fueled by societal evolution rather than a series of debates over what constitutes gender or equality (Jacobsen 2018).

Further, this episode depicts homosocial friendship between girls as the ideal relation and the figure of the white girl child as its ideal citizen. Noora's connection to the state and society materializes through her intimacy with her friends. For Ibsen's Nora, friendship between characters serves the literary device of a character foil; Christine Linde's hard won autonomy contrast how material comforts cost Nora her independence. Though *SKAM* characters also serve as foils for one another, the intimacy between the girls makes it possible for Noora to confess her fears to her friends and ask for help when she could not do so with William. This intimacy, therefore, enables her relation to the state. My conceptualization of this link draws on historian Carol Smith Rosenberg's argument that homosocial intimacy between women in nineteenth century America scaffolded other kinship relations, including heterosexual marriage within the nuclear household (Smith-Rosenberg 1975). However, rather than enable a relationship to a male partner, the intimacy Noora shares with her friends scaffolds her relation to the social democratic state.

SKAM proffers a reimagination of Nora's set against the social conditions buttressed by the Norwegian social democratic state. The distinctions between Nora's and Noora's stories are largely due to the existence of a bureaucratized state which essentially "rescues" Noora from Niko with the threat of imprisonment. *SKAM*'s portrayal of Noora animates the notion that the modern social democratic state exists to protect women and children; as a white teenaged girl, Noora is the state's ideal citizen. However, the drama between Noora and Niko parallels only one thread of *A Doll's House,* Krogstad's blackmailing of Nora; in focusing on Noora and William, the final four episodes of the second season of *SKAM* parallel Nora's relationship with her husband Helmer. I argue below that this story line in *SKAM* is less about the nation, Noora, and her friends than it is about William and the nation.

Whither Helmer? Masculinity, Solitude, and the Social Democratic State

Ibsen's Nora was faced with a seemingly impossible choice: to live according to her principles and leave the comfort of her home, or to fulfill societal expectations of her as a wife and mother. Before leaving Helmer, she declares that "the most wonderful thing" would have to happen for her to return and for their marriage to be a true partnership of equals. *SKAM*'s Noora is portrayed as a young woman whose principles are supported and shared by the policies of the social democratic state;

above, I have argued that the “most wonderful thing” in *SKAM*’s reimagination of Nora is the emergence of the social democratic state. State law protects Noora from Niko; in its absence, Nora is left vulnerable to Krogstad. The final episodes of *SKAM*’s second season, I argue below, imagines what becomes of Nora and Helmer’s relationship. Although the second season centers on the drama of Noora’s relationship with William and her friendships, her character’s development through these trials is rather minimal. Arguably, although Noora is the second season’s main character, William, as the counterpart to Ibsen’s Helmer, undergoes a greater transformation than Noora, but at Noora’s expense.

The central tension in William’s story line surfaces earlier in the season in an argument between William and Noora over William’s involvement in a fight with a rival *russ* gang, the Yakuza-*gutter* (“Yakuza-boys”), from another Oslo-area school. After the Yakuza-*gutter* beat up several younger boys from Nissen, William and his *russebus* lure the Yakuza-*gutter* into a fight. Noora and her friends witness the confrontation between the gangs, and from afar, Noora watches in horror as William initiates the fight by breaking a wine bottle over the head of another boy.

The following day, Noora and William meet in a park.[52] Noora questions William’s motives, asking why he resorted to violence rather than report the Yakuza-*gutter* to the police for attacking boys from Nissen. William justifies his actions by accusing Noora trusting authorities:

> Violence solves things every single day. The world is driven forward

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[52] Full episode with English subtitles available here: https://www.dailymotion.com/video/x6gxk37

> by violence and war. How do you think Norway became a free and democratic country? By having a nice chat over coffee and cake? No. People fought for it. Using violence. How do you think we would defend ourselves if someone tried to take our freedom? We would use violence.

William's speech ends when the background music, a patriotic march, increases in volume and drowns out his voice; he turns around and waits as a small marching band practicing for the Constitution Day parade passes.

At a political event in Oslo in May of 2016, I asked a group of young professionals I met about this episode. They mocked William's belief in vigilante justice as a teen boy's mischaracterization of the world, particularly considering Norway's independence and political system was not won through war. For one woman, William's worldview proved that William was "creepy" and even dangerous. She referenced scenes from the previous season when William seduced Vilde, Noora's friend, then publicly ridiculed her afterwards, or earlier in the second season when, in spite of Noora's consistent rejection of his attentions, William manipulated Noora by promising to be kinder to Vilde in return for going on a date. Her opinion about William was shared by others in Norwegian public discourse. A month earlier, shortly after the second season's fifth episode in which Noora and William first kiss, a flurry of newspaper articles were published decrying William and Noora's relationship. Norway's largest circulating newspaper, *Aftenposten*, published an op-ed by an anonymous sixteen-year-old who lamented the portrayal of a boy pressuring a girl to date him in a television show whose target audience included impressionable youth: "Is the message to such a young audience that it's okay to manipulate a boy or girl as William does? Can one not take a no for a no?" ("Skuffet" 2016). Others wrote about their disappointment that Noora's character, originally introduced as a principled young woman, seemed fully aware that William had been manipulative and selfish but still "fell" for him and that other viewers and *SKAM* characters were too quick to make excuses for William because he had a "bad childhood" (Altunøz 2016; Kleve 2016).

The criticism that viewers and *SKAM* characters were too quick to excuse a "bad childhood" was one of many subtle resonances between the portrayal of and public response to William and media coverage of Anders Behring Breivik, the Norwegian mass murderer who killed 77 people on July 22, 2011. William lives on the westside of Oslo, the same area that Breivik was raised and lived in at the time of the attacks. Like Breivik's father, William's father lives abroad and is largely absent from his life. Though his mother does not live with him, he vaguely mentions that she has a new partner and has little to do with William.

William's defense of his actions also mirror Breivik's statement in the first day of his 2012 trial. In his argument with Noora, William insists that the fight with the Yakuza-*gutter* was necessary to defend himself and his friends from ongoing assaults; William rejects the Norwegian justice system, asserting that violence was the only way to resolve the situation. William's argument mirrors Breivik's own assertions during his trial. Breivik claimed that he acted in self-defense, attacking the Labour party for allowing a Muslim invasion under the guise of immigration; Breivik further rejected the authority of the court by asserting that he acted according to "emergency law" to defend "ethnic Norwegians" from the Labour party (Cowell and

Lewis 2012).[53] Though William does not make claims about immigration and Norway at large, his defense of his school friends and classmates from students from another school draws on nationalist logics writ small. Though he was not assaulted, the attacks on his friends and other students from Nissen were enough to demand his involvement as a fellow student. The name "Yakuza-*gutter*" borrows from Japanese, further reinforcing both the notion that William is fighting a threat from outside and the fact that William and his friends are operating outside the boundaries of the law by tussling with, rather than reporting, a gang that styles itself after an organized crime group.

Though William is popular at school and wealthy in contrast to descriptions of Breivik as a working-class loner, viewers' questions about whether a bad childhood excused violent behavior linked William to Breivik and to broader questions about masculinity and sociality in Norway. While conducting fieldwork in 2016, I often heard references to men living in isolation as a social problem. After hearing that I was interviewing single women who used donor insemination, a conservative journalist mentioned men living in the countryside who, because they could not find Norwegian wives, "imported mail order brides" from Southeast Asia. This was a problem, he explained, because the women did not speak Norwegian or "assimilate" properly into Norwegian society. He seemed to suggest that the male equivalent to solo mothers (single women who conceive beyond the borders of Norway) was men

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[53] Breivik's speech is archived here: https://web.archive.org/web/20130429122825/http://virksommeord.uib.no/taler?id=5461.

who married women from other countries; each relationship a porous border of the Norwegian nation. He did not consider what an anti-racist activist, on a different occasion, told me: that a white man living alone in remote fjords only accessible by boat were less integrated in Norwegian society than a Somali Norwegian woman living on the east side of Oslo with robust Somali Norwegian social networks. Although I heard these two examples, and others, from people with very different political beliefs, the figure of the lone Norwegian as a social problem seemed deeply gendered. The problem of men living in solitude, and the association of this isolation with violent behavior seemed to be one of the less-discussed facets of the social democratic state's championing of white heterosexual womanhood. If Nora and Noora are the figures which the social democratic state materializes to rescue, what is the symbolic purchase of white masculinity in narratives about the social democratic state, and what are white boys' and men's symbolic connection to Norwegian society? William's story suggests what would become of boorish and shallow Helmer with the emergence of the social democratic state.

William and Noora's argument about the gang fight precedes Noora's encounter with Niko. After Noora confronts Niko about the naked photos he took of her, Niko tells William that Noora cheated on him. William refuses to speak to Noora and withdraws from school, leaving Noora to find out through mutual friends that he plans to move to London to live with his dad. Noora eventually convinces him to meet her before he leaves for London. Outside her apartment, where William has stopped on his way to the airport, Noora delivers an impassioned speech, at first scolding William then asking him to stay with her:

> I always wondered how a smart guy like you can justify your asshole behavior to yourself. You just tell yourself that's how you are? Is it because your mom is a cunt? Because you had a *tragic* childhood? Is that what you're telling yourself? You feel so sorry for yourself that you can't help behaving like that? Anyway, it's not true. People experience horrible things every day, and they still manage to be nice to others. Being an asshole isn't something you're born with, or something you just become. It's a choice…What's the plan? Are you just going to hang out in London being an asshole, because your brother is so mean? Because your girlfriend lied to you? Are you never getting close with anyone again, because you might get hurt? Believe me: you don't want that. It's damn lonely. [Pauses] Because people need people.[54]

Noora's speech frames Williams behavior as a rational choice. A bad childhood, she argues, is no excuse for treating people badly, and living a life as an "asshole" without intimate relationships is a decision he can make. After Noora says this, William gets into his friend's car and appears to leave, but after a few seconds, his friend's car returns and William runs to hug Noora.

If *SKAM* is a retelling of Ibsen's Nora and Helmer, this scene apparently corresponds to Nora slamming the door on Helmer and on their life together, a doll's house. In this iteration, however, the roles are not only reversed, Noora/Nora convinces Helmer/William to stay with her. Whereas Nora left Helmer because their life and society together stifled her personhood, Noora urges William not to leave, but to change the choices he makes. Their relationship and society are not problems for William; the problem is William's decisions to withdraw from Noora and, in moving to London, from Norway altogether. Though William and Noora's reunion appears to

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[54] Posted on the *SKAM* blog (https://skam.p3.no/2016/05/27/fredag-klokken-17/) and with English subtitles (https://www.dailymotion.com/video/x6gjtjt)

be the resolution of the series' main conflict, this scene—Noora professing her love for William and convincing him that "people need people"—is not actually "the most wonderful thing" that Ibsen's Nora predicted would make Nora and Helmer equals. Instead, William's relationship to the social democratic state and his submission to its authority is what makes him and Noora equals.

The final episode of the season returns to an earlier conflict in the series: the consequences of William breaking a bottle on another boy's head. The day after their reunion, William and Noora return to William's apartment to find Niko has returned to college in Stockholm and William has received a summons from the police to be questioned about his role in the fight with the Yakuza-*gutter*. At school the next day, Noora learns that her friends have also been summoned by the police who found a cellphone video of the fight posted online by one of the Yakuza-*gutter*. The girls explain that the police want to know who smashed the bottle on someone else's head, but the quality of the video is not clear enough to identify who did it. Noora defends William, explaining that he does not trust the authorities because of his troubled childhood, that he is very loyal to the people he loves, and that he has a bad temper. Fearing the possibility that William would go to prison, Noora's friends agree not to name William when questioned by the police. Knowing that their friends would not name William either, they decide to get in touch with the Yakuza-*gutter* to ask them to do the same.

In the following scene titled "A Doll's House" on the *SKAM* blog,[55] William

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[55] https://skam.p3.no/2016/06/02/et-dukkehjem/

and Noora talk at her apartment after school they day before William's interview with the police. As William tinkers with objects on Noora's bookshelf, Noora receives a text from her friend Vilde who tracked down a phone number of one of the Yakuza-*gutter*. When Noora suggests William call him to ask him not to say anything to the police, William refuses, telling her to forget it. Noora texts with Vilde who asks, "Why does he have to be so proud? We're talking about six months in prison." Vilde suggests Noora call on William's behalf, and attempting to distract her, William hands her the copy of *A Doll's House* and asks her to read it to him: "I'm excited to hear Ibsen's story."

In the comments posted on the *SKAM* blog responding to Noora's conversation with her friends[56] and "A Doll's House,"[57] viewers reacted strongly to Noora and her friends' attempts to subvert the justice system, commenting about what the girls did wrong and what the girls should have done. A viewer posting under the name "Karine" wrote that "William needs to learn that the law should be equal for all" and stated that it was wrong for the girls not to tell the truth to the police. Some viewers regarded this scene as an interesting dilemma, pointing out that the main characters and they themselves (as viewers) trusted the justice system when Niko blackmailed Noora, but that they did not trust the authorities to fairly sentence William.

Viewers also speculated wildly about what the reference to Ibsen could mean.

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[56] https://skam.p3.no/2016/05/30/politiet/

[57] https://skam.p3.no/2016/06/02/et-dukkehjem/

Some commentators guessed that it was William's attempt to stop Noora from encouraging others to cover for William. Replying to a comment posted by "Henrik I," a user suggested William was telling Noora indirectly that "if she goes behind his back, nothing good will come of it… as if 'see what she did in the book and do not do it'." Other viewers expressed fears that it foreshadowed the end of Noora and William's relationship. One user commented their hopes that Noora would "choose a different path than the relatively tragic and obvious one" hinted at in the scene: "Stand by your man, Noora, and let us have a happy ending here! Trust love and the justice system!"

On the day of William's interview with the police, Noora sits on a bench outside the police station. She sends a text to the anonymous Yakuza-*gutte* telling him that none of her friends will say anything to the police and asking him to promise the same, and almost immediately, he replies that he and his friends will not say anything. William exits the police station, and Noora asks him what happened and why he was questioned for four hours. William admits to her that he confessed because of what Noora said, "that we should believe in and trust that we have a fair justice system. I choose to trust that." He explains that he has a court date in a few weeks and may have to go to prison. Later that day, at a party Noora and William throw to "reclaim" William's apartment from his brother, Noora and William have sex for the first time.

William's confession represents his submission to the carceral state, and as such, it is another iteration of the most wonderful thing. As the modern incarnation of

Helmer, William does not evade the authorities that were also responsible for Noora's protection; beyond what Karine the viewer suggested, he does not learn but rather *chooses* to believe that the law is equal for all. He sets aside his convictions about the role of violence in social order, and his choice to trust the system mirrors his choice to stay together with Noora. His choice is *SKAM*'s version of Ibsen's most wonderful thing in that his relationship to the state makes him Noora's equal; he is also subject to the laws which protect Noora. Ibsen's Nora slammed the door on the dollhouse that she lived in with Helmer, but *SKAM*'s William, as a modern incarnation of Helmer, destroys the dollhouse of his relationship to Noora not by ending their relationship, but by submitting to a higher authority.

SKAM's portrayal of William elides living alone with withdrawal from society and its system of laws. It frames this kind of solitude as not only masculine but as a choice. William, reminiscent of descriptions of Breivik, had a troubled childhood, an absent father, and a negligent mother. His relationships to his male friends, whom he describes as his "real" family, are apparently insufficient to socialize him properly; his loyalty to them leads him to participate in and escalate the scuffles between the Yakuza-*gutter* and his *russebuss*. In contrast, his relationship with Noora allows him to understand the necessity of respecting the law and being with others. His intimate knowledge of her encounters with Niko informs his decision to allow the authorities to deal with Niko after Noora reports him rather than to confront Niko himself. Knowing that Niko must face legal consequences for his actions, William chooses to accept that he must also be held responsible his role in the fights with the Yakuza-

gutter. This portrayal implicitly rebuts narratives that frame extremism like Breivik's as the result of a bad childhood and social alienation. As if a fable about Norwegian modern subjectivity, *SKAM*'s underlying message is not only that people need people, but that this interdependence is a conscious choice. This message is also deeply gendered and couched in heteronormative intimacy: Noora needed people and society at large out of necessity to protect her from Niko's abuse whereas William's choice was, in part, in service of the system that protected Noora.

Conclusion

SKAM's retelling of Ibsen, thus, shows not only the life that the modern state makes possible for Nora, but also the conditions under which Helmer makes his "painful entrance into modernity" (Moi 2006:258). This modern version of *A Doll's House* frames the social democracy as the mysterious "most wonderful thing" that enables Nora and Helmer to be together as equals. *SKAM* frames this equality not as a distant future, but attainable in the present so long as one participates in the social democratic state. Through the justice system, the social democracy provides protection to Noora/Nora. *SKAM*'s Noora contrasts starkly with the celebrated independence of Ibsen's Nora, for whom solitude was a means to fulfill her duty to herself. With the support of the social democratic state, *SKAM*'s Noora was an actualized version of Nora who, having lived independently, realizes that "people need people." Ironically, in modernizing Ibsen, the radical purchase of Nora's refusal of society is lost. *SKAM*'s portrayal of William suggests that Helmer's modern counterpart must accept the social democratic state not only in its mandate to protect

Noora but also in its capacity to discipline him. The show's subtle parallels between William and Anders Breivik suggest that the solitude of men is not only a social problem, but also conscious decision one makes. Whereas Ibsen's Nora chose to live alone in service of her "most sacred duties," *SKAM*'s interpretation of Nora and Helmer's story suggests that to sequester oneself and live apart from society is to live in a doll's house.

Conclusion
The Unusual Way Forward

In this dissertation, I have investigated the relationship between biology, intimacy, and nation in Norway by analyzing queer motherhood and donor insemination. Origin stories of the Norwegian state rely on progress narratives about biologically based kinship relations and modernity. Per these stories, social organization based on biological kinship is antithetical to the egalitarian ideals of modern Norway. And yet, as I have shown, legislation on donor insemination intensifies rather than diminishes the importance of biological substance in the family form and in personal identity. This intensification is directly linked to anxieties around paternity. In its clauses on sperm donation, Norwegian biotechnology legislation passed in 1987 and in 2003 produced a notion of fatherhood which presumed that biology was, in part, a prerequisite of normative, non-donor-insemination-related fatherhood. Ironically, Norwegian law had historically defined fatherhood in terms of one's relationship to a child's mother, the *appearance* of a biological link to a child rather than an *actual* biological link to a child. Further, the 2003 biotechnology legislation gave donor conceived people the right to know the identities of their donors, but biotechnology legislation justified this right using logic that contradicted Norwegian Child's Law.

In spite of the welfare state's interpretation of the sperm donor's significance to their donor progeny, queer mothers who have used donor insemination and women who are trying to conceive interpret biological substance creatively. Solo mothers who seek their children's donor siblings do so to create a second branch of their children's family trees. Although these trees mimic Norwegian conventions of bilateral kinship deriving from two parents, my solo mother interlocutors showed little to no interest in including their children's sperm donors as parts of these networks. Instead, mothers regarded the link to the donor as a genetic link, a source of information about who their children might become, in contrast to the blood link their children shared with their donor siblings. Mothers regarded the biological substance inherited from the donor differently: when linking the donor to one's child, the substance was "just genetic," but when linking donor siblings together, the substance was blood. Donor sibling relations, for mothers, provided a means to fulfill their obligation to parent "openly" in keeping with Norwegian donor insemination ethics and, further, gave mothers a measure of comfort about their own mortality. Cultivating donor sibling relations was a means to ensuring their children would not be "totally alone" in the world.

In addition to investigating the travel of women abroad to conceive with donor insemination, my dissertation attends to women's attempts to import donor sperm from abroad in the absence of non-white donors at the Norwegian national sperm bank. I detail the desires of women like Mona, who, after moving to Norway from Iran, hoped that she would share a specific kind of alterity with her child. In choosing a sperm donor for her wife to use, Mona hoped to find a *brun* donor not so that she could reproduce the Iranian nation in diaspora but so that she and her child could share the experience of being different in the same way. I detail the stories of other women of African and Asian descent who, like Mona, hope to find African- and

Asian-descended sperm donors such that their white wives conceive with someone whose appearance may approximate their own. But such cases are flattened by state hospital staff who regard these desires as simply matters physical appearance or attempts to create "designer babies." Mothers like Nadette and Ingrid Narum deploy the language of the "best interest of the child" and notions of equality that are integral to the constitution of the Norwegian welfare state, but their claims for equal treatment are undermined by the very fact that they make these claims.

In spite of Norwegian origin stories that regard biologically-based kinship as antithetical to modern social order, my dissertation has explored the welfare state's intensification of biology substance as a marker of appropriate kinship and modern subjectivity. Ironically, in mandating particular interpretations of biological substance amongst users of donor insemination, the Norwegian welfare state embodies the tyrannical patriarch it claims to fight against. The policies and institutions founded in the spirit of supporting single mothers end up disproportionately scrutinizing and penalizing solo mothers who have used donor insemination, and the deployment of discourses on equality end up reproducing inequality, denying mothers like Nadette Narum or A the full benefits of Norwegian citizenship.

In Chapters 1 and 2, I detail the technical and legal apparatuses that structure how donor sperm moves in Norway. Social actors like sperm bank directors in Denmark or bioethicists in Norway draw heavily on discourses of openness and secrecy in deciding how to sell donor sperm or how to use it ethically. In Chapter 1, I describe how the production of knowledge about sperm and about sperm donors becomes a means to commodify sperm by alienating it from the donor so that it can be sold. The knowledge produced in classifying donor sperm based on donor hair color, height, weight and eye color is intended to make the donor sperm valuable; as Rikke Andreassen has argued, the Scandinavian fertility industry traffics in whiteness, commodifying fantasies of Viking genealogies (2018). Sperm bank directors are careful about what kinds of information can be produced about sperm donors: voice recordings, hand-written essays, and baby photos of donors can be sold along with donor sperm, but the release of too much information and the potential revelation of a donor's identity threaten sperm banks' capacity to recruit and earn the trust of potential donors. In spite of the need for donor secrecy, sperm banks perform openness in media appearances and in their public-facing offices so that they can garner the trust of the public and future customers. For sperm banks, information produced about biological substance is a means to exchange donor sperm for money, to move it through other institutions like private Danish fertility clinics or public hospitals and clinics in other countries.

However, as I have shown in Chapter 1, mothers who conceive with donor insemination and donor-conceived people use the scant information intended to alienate donor sperm from donors as a relational substance. Bank-assigned donor identification numbers, as evidence of shared substance, become a resource for donor-conceived people to draw on and create kin relations. Ironically, the knowledge produced to alienate donor sperm from donors is the evidence that mothers and donor-conceived people use to create kin relations, not with the donor, but with other families created from encounters with sperm banks, fertility clinics, and specific donors. I also detail how women trying to conceive, sperm banks, and health authorities minimize differences between Norway and Denmark, claiming that the two countries are “like enough.” This minimization of difference effectively obscures the fact that “going to Denmark” constitutes transnational fertility travel and produces Norway and Denmark as linguistically and racially similar sibling nations.

In Chapter 2, I analyze narratives about sperm donation that frame transformations in biotechnology legislation as an organic progression. A 2013 statement published by the Norwegian Bioethics Council uses one such narrative to advocate for the creation of a national donor sibling registry. By the statement’s account, laws on sperm donation mandated donor secrecy until Norwegian society evolved to realize the best interest of the donor-conceived child. Out of society’s enlightenment, sperm donation regulations became more open—advocating for the parents’ disclosure of donor conception to the donor-conceived child and ensuring the release of the donor’s identity to the donor-conceived child. The 2013 statement suggests the creation of a donor sibling registry for the people conceived with anonymous donor insemination; here, learning one’s donor siblings’ identities is a convenient second-best solution to learning one’s donor’s identity.

I analyze the biotechnology legislation preceding the ban on anonymous donor insemination as a means to read the history of the Norwegian legislation and the family form not as a narrative in service of the present, but in terms of the central anxieties and aims of each piece of legislation. A 1987 law mandating donor secrecy did so in service of defining the heterosexual nuclear family form. This new definition of the family became the “traditional” family form that legislation claimed to protect from the incursion of new reproductive technologies. Further, this family form became the template for families using donor-conception. In mandating donor secrecy and restricting access to donor insemination to married women, the law sought to render the sperm donor’s participation in conception invisible, yet in naming the sperm donor and mandating his erasure from the family form, the 1987 law naturalized the notion of biological paternity while legislating the importance of the “social” father. I contrast this law to a law passed in 2003 which banned donor anonymity. Citing the “best interest of the child,” this law gave donor-conceived people the right at age eighteen to access their donors’ identities. Though the law reinforced the fact that a sperm donor cannot be adjudged a father, it produced the notion of a “genetic father” as a source of biological knowledge and knowledge about oneself. I argue that the 2013 law, then, reproduced this notion of the genetic father in conjunction with the notion of donor siblings as “genetic siblings” and the notion of biological belonging.

In Chapters 3 and 4, I analyze people’s encounters with the legal and technical apparatuses discussed above, detailing how people using donor insemination draw on and challenge institutional claims about the meaning of shared biological substance. In Chapter 3, I focus on Norwegian women who have traveled abroad to conceive because as single women, they were barred from accessing donor insemination in Norway. Though the social democratic state provides robust support for single mothers, solo mothers, or women who travel abroad to access donor insemination while single, conceive without the blessing of the social democratic state. In "stepping out" on the Norwegian state, solo mothers and their children are in a more precarious position in relation to the nation than conventional single mothers. I recount the story of Maia, a young woman whose mother conceived her with donor assistance in Denmark. When Maia's mother died, Maia and her family fought for four years for Maia to be recognized as a "full" orphan and receive the full orphan pension, rather than a reduced pension for children with one deceased parent. Arguing that there was no father, absentee or deceased, for whom the social democratic state would substitute, the social welfare authority repeatedly denied Maia's claim until finally granting her an exception. I demonstrate how Maia's story influenced how Jenny, a solo mother, approached conception and parenting, and how many of my solo mother interlocutors sought to fulfill Norwegian ethical mandates about parenting.

My interlocutors tried to parent openly through using an open sperm donor whose identity could be released to their children at age eighteen, through telling people in their social networks that they had used donor insemination, through collecting information about their children's donors, or even through celebrating their children's Danishness with visits to Copenhagen and Danish flags in the home. Some of the solo mothers I met also sought their children's donor siblings in an effort to ensure that their children, per Norwegian social conventions, had siblings. In some cases, these donor siblings lived in other countries, but nonetheless, mothers I met worked to build relationships with their children’s donor siblings and their respective mothers. Ironically, in trying to parent Norwegianly, solo mothers risked attenuating their children’s ties and their own ties to Norway. Not hiding one’s use of donor sperm abroad makes one vulnerable to a situation like Maia’s, wherein the authorities punitively withhold material support. In being open with their children by teaching them about their genetic heritage or cultivating sibling relations with families abroad, solo mothers actually emphasize their children’s Danishness in attempts to parent Norwegianly.

In Chapter 4, I analyze how debates about the Norwegian sperm bank’s lack of sperm donors of Asian and African descent draw on Norwegian ideals of equality and tensions between parental and state authority. Couples who have or are trying to conceive argue that, other than wait for a new donor to be recruited in the Norwegian system, their only option is to travel abroad or import donor sperm if they are to conceive with a donor who could approximate the race or appearance of the non-gestational parent. The National Insurance Scheme does not cover costs incurred from shipping and storing donor sperm or from traveling for fertility treatments. Ultimately, the cost of having a brown or black baby with donor insemination is far higher for couples of Asian or African descent. In a public complaint and in a news article, couples argue that this cost is unfair; particularly as interracial couples, their children’s resemblance to each of them impacts their equality as parents. Further, they argue that the healthcare system’s inability to provide sperm donors of Asian and African descent and the added cost of privately importing such donors constitutes unfair treatment; they are not treated equally to their fellow citizens.

In both the public complaint and the article, staff from the Oslo University Hospital Department of Reproductive Medicine reply, defending the national sperm bank's offerings. The staff argues that sperm donors are in short supply across the board and make vague references to religion as a barrier to sperm donation. In the public complaint rebuttal, the hospital details their budget, stating that importing donor sperm (from private Danish sperm banks) in the absence of donors of Asian and African descent would take funds available for other treatments. Further, the hospital argues that the wait times for donor insemination for a couple importing sperm would be significantly shorter than a couple using a donor from the Norwegian sperm bank. With regard to cost and wait time, importing donor sperm from abroad would constitute preferential treatment. The hospital states that the implications of couples having to import using their own money is negligible in comparison to the impact hospital-funded imports would have. The hospital claims to act for the majority, drawing on notions of egalitarianism that define equality in terms of sameness. The hospital's position reformulates Unni Wikan's assertion that the price of immigrating to Norway and benefitting from the social welfare state is that one's children become Norwegian: linguistically and culturally, they belong to Norway. Though the couples in the news article and the public complaint are Norwegian citizens, hospital's position implies that if couples want to avail themselves of the national healthcare system, they must accept that biologically, their children belong to Norway.

Whereas the first four chapters of the dissertation examine claims about biology, nation, and kinship, Chapter 5 engages in representations of nation and kinship that rely on friendship and choice. Comparing the plot of a popular television show, *SKAM*, to Henrik Ibsen's *A Doll's House*, I examine how *SKAM* proffers a reimagination of Ibsen's classic play. Set in a secondary school before and during a ritual celebration for school leavers, *SKAM* features Noora, a modern version of Ibsen's Nora who, with the help of the social democratic state, has been able to live a life for herself by studying abroad in Madrid and living in Oslo independently of her parents. I argue that *SKAM* portrays Noora's friendships as the ideal relation of the nation. After blacking out at a party, Noora isolates herself, anxious that she has been assaulted by her boyfriend's brother Niko. In scenes that the Norwegian police publicly praised for their didactic potential, Noora's friends convince her to seek help, thus connecting her to the authorities employed by the welfare state to protect her from Niko. I argue that *SKAM* suggests the welfare state, manifested in its carceral power and its ability to discipline Niko, represents what Ibsen's Nora called "the most wonderful thing," that which would create the conditions for Nora and her husband Thorvald Helmer to be true equals. I then argue that the final episodes of *SKAM*'s second season imagine what becomes of Helmer with the emergence of the social democratic state. I link William to Norwegian social anxieties about white men who fail to integrate into the welfare state, arguing that William's submission to the carceral state makes him a true equal of Noora.

Future Research: The Biotechnology Settlement of 2020

The biotechnology laws of Norway which structured the research in this dissertation changed dramatically in 2020. On May 7, the Storting, Norway's parliamentary house, passed the Biotechnology Settlement (*Bioteknologiforliket*) of 2020. A coalition between the Labour Party, the Socialist Left, the Communist Party, and the Progress Party voted in favor of reforming biotechnology law for the first time in sixteen years. The new changes in legislation legalized egg donation, sperm donor insemination for women without partners, and non-invasive prenatal testing (NIPT) at any stage of pregnancy. The bill also legalized embryo research, but maintained the ban on surrogacy.

The coalition that proposed and passed the bill was atypical in terms of Norwegian party politics. The major platforms of the Progress Party (*Fremskrittspartiet*, or FrP) are at odds with both the Labour Party (*Arbeiderpartiet*, or Ap) Norway's social democratic party and the Socialist Left (*Sosialistisk venstreparti*, or SV). Identified as Norway's extreme right wing, FrP was founded in 1973 on an anti-taxation platform.[58] Since 1989, FrP's main political issue has focused on opposing "the Muslim immigrant" and Muslim "cultural behavior" as a threat to Norwegian ideals (Fangen and Vaage 2018). The policies of SV and Ap, in contrast, have advocated for increased state support for immigrants and less restrictive asylum policies, though through different policies. Even aside from their respective immigration policies, FrP continues to advocate for lowered tax rates and

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[58] Its original name was "Anders Lange's Party for a Drastic Reduction in Taxes, Fees and Public Intervention" (Fangen and Vaage 2018).

reduction of the state right to intervene in Norwegian's private lives whereas SV and Ap are founded on socialist and social democratic values. FrP's vision for Norway's future is seemingly diametrically opposed to SV's and Ap's. Thus, commentators and critics of the Biotechnology Settlement of 2020 have called SV, Ap, and FrP's collaboration the "unusual way forward" (Ødegaard 2020).

In a press release, Åshild Bruun-Gundersen, the health policy spokesperson for FrP called the passage of the Biotechnology Settlement "a historic day," describing the legal change as the result of social evolution (*Fremskrittspartiet* 2020). Noting that the last changes in biotechnology legislation took effect in 2004, Bruun-Gundersen emphasized the need for new legislation suitable for 2020 technologies. Bruun-Gundersen drew a crude analogy between communications technology and biotechnology, pointing out that in 2004, Gmail was new and mobile phones could hold only six songs; because technology changed, Bruun-Gundersen stated, the law needed to change with it (*Fremskrittspartiet* 2020). The FrP press release draws on progress narratives similar to the one detailed in Chapter 2 on donor siblingship, but instead of focusing on the evolution from secrecy to openness, Bruun-Gundersen's account of the legal change is a historic advancement in gender equality.

Bruun-Gundersen, as well as other media coverage of the Biotechnology Settlement, frames the legal reform as a matter of gender equality. Per these accounts, legalizing egg donation, one of the most controversial changes in the law, removes a legal barrier that disadvantaged women. Prior to the new law, men who could not produce sperm could become fathers whereas women who could not produce eggs could not become mothers. In removing the requirement that defined a mother as the source of a child's biological origins, the law has produced a new definition of motherhood that privileges gestational labor as the determinant of maternity. The primacy of gestation in defining motherhood means that the law implicitly bans surrogacy, and the definition of unqualified motherhood is still exclusive of "co-mothers" (*medmødre*), or non-gestational mothers.

Gender equality featured so heavily in narratives about the Biotechnology Settlement that other forms of difference were, by comparison, obscured or ignored. In media coverage of the Settlement, only a few sources mentioned that the import of donated eggs would only be permitted from Nordic countries (see Hellesnes and Krüger 2020, Skårdalsmo 2020). Though there was no restriction on whether egg donors themselves must be of Nordic descent, the recent debate highlighting the lack of sperm donors of Asian and African descent suggests that there may be a similar problem in finding egg donors of non-Nordic descent. This regulation appears as if it is in keeping with FrP's platform on immigration, limiting not only the people crossing borders, but their gametes as well. However, the Socialist Left (SV) advocated for this restriction out of concern that the commercialization of gamete donation would create the conditions for egg donor exploitation in countries that do not regulate gamete donation. Although it is in the spirit of international solidarity, SV's restriction on donor egg imports could restrict the availability of ova from donors of non-Nordic descent, thus leaving Norwegians of African and Asian descent in a position where the only available donor ova are from white donors. Whereas

Unni Wikan argued that immigrants must accept that their children, linguistically and culturally, belong to Norway, the future of egg donation suggests that women of Asian and African descent must accept that their children belong biologically to Norway as well (Wikan 1995a). In spite of SV's "immigrant friendly" platforms, the fear of body commodification and the distrust of foreign markets in practice manifests in egg donation import policy that seems to dovetail with FrP's position on immigration.

Future research could explore the production of gender and nation in ovum donation and the import of ova. Legally, motherhood in Norway has been defined by gestation, and prior restrictions on ovum donation and surrogacy meant that gestation was coterminous with a biological link to the fetus. The narrow definition of motherhood was, according to Marit Melhuus, due to the belief that one's origins must be unambiguous (Melhuus 2012). How might the legal shift in defining motherhood unsettle broader notions of nation and origins, and how might the administration of ovum donation instantiate new borders and new notions of equality and citizenship? The unusual way forward is led by political parties that apparently hold opposing viewpoints about what the social democracy should be and what the demographics of the future nation could look like, yet are agreed upon a legal change that would transform motherhood, gender, and citizenship, the building blocks of both Norwegian notions of personhood and the nation's identity.

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