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Older Motherhood and the Changing Life Course in the Era of Assisted Reproductive Technologies

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Abstract

Midlife, once a focus of particular interest to gerontologists because of its implications for later life, has recently received little attention. But as new reproductive technologies have expanded in the United States, motherhood is occurring at older ages. While older motherhood is not a new social practice, what is unique is that an increasing number of women are becoming pregnant through technological means, often for the first time, at the end of their reproductive cycle. These women can be understood as part of a new middle age, engaging in new life course possibilities that respond to changing social, cultural, physical, and economic realities, and potentially extending much later in the life course. Drawing on interviews with 79 couples, we utilize symbolic interactionist conceptualizations of identity and stigma to consider how women negotiate the shifting social identities associated with older motherhood. We conclude that older motherhood will be one phenomenon contributing to an enduring change in views of what constitutes old age, and that it will be seen as occurring much later in the life course.

Introduction

The original emphasis in social gerontology that encompassed the entire life course as well as old age appears to have been forgotten in recent years despite considerable attention by the media to differences between baby-boomers, who will be the next cohort to enter old age, and current cohorts of old people. Midlife, once a focus of particular interest to gerontologists because of its implications for later life (Fiske 1979; Meyer 1986), has received little attention, in particular. This shift in emphasis, from studying various phases of the adult life course to studying old age almost exclusively, has a potentially negative effect on advances in social gerontology: it means that we may be ill-prepared to address the differences in new cohorts of old people as they make the transition from midlife to old age. Indeed, these cohort differences raise questions about whether old age itself is going to begin at a different time of life, as the question increasingly arises as to what constitutes “old” in a time of changing age norms.

One arena in which to investigate these questions is late motherhood, which has been facilitated by the burgeoning of new reproductive technologies globally. As assisted reproductive technologies such as in vitro fertilization and donor egg have expanded in the United States, motherhood is occurring at older ages, as women bear children in their forties, fifties, and even sixties. While older motherhood is not a new social practice, what is unique about the current socio-historical moment is that an increasing number of women are becoming pregnant through technological means, often for the first time at the very end of their reproductive cycle and beyond. Julia Berry (1991) notes that older motherhood is a relatively recent social construction in Euro-American culture. During the 1920s in the United States, the average age at which a woman would have her last child was 42, an age that was increasingly deemed "too old" across the twentieth century and in the context of medical discourses on risks associated with older women's pregnancies (Neugarten 1972 in Berry 1991). Across the twentieth century, older motherhood came to increasingly be defined as a medical problem through the argument that older maternal age poses risks to unborn fetuses (Berry 1991; Phoenix and Woollett 1991; Hanson 2003).

The current potential for women to bear children beyond menopause indicates that cultural ideas about aging and the course of life will inevitably change (Becker, 2000). The course of life has been theorized as a cultural unit and a powerful collective symbol (Fry and Keith 1982; Fry 1990; Meyer 1988; Rubinstein 1990). Over the past thirty years expectations for the course of adult life have become less fixed at the same time that notions about a normative life course have increasingly been challenged (Hanson 2003; Featherstone and Hepworth 1991; Hepworth and Featherstone 1982). Although the contemporary Western conception of the life course as predictable, knowable, and continuous is a relatively recent phenomenon, during the late twentieth century the course of life became increasingly characterized by considerable shifts, primarily extensions and overlaps of various phases of life (Becker, 1997). Featherstone and Hepworth (1991) have argued that in post-modernity the life course is de-institutionalized and de-differentiated, resulting in a blurring of what had previously been considered clearly differentiated life stages. They have argued that the baby boom generation is forging a "new middle age," rejoicing in the fragmentation of social expectations associated with aging (Hepworth and Featherstone 1982; Beyene *et. al.*n.d.).

Older mothers can be understood as part of this new middle age, engaging in new life course possibilities that respond to changing social, cultural, physical, and economic realities. The donor egg technology alters women's potential in concrete ways. Even if only a small proportion of women use a reproductive option such as donor egg, societal awareness of such options will likely affect women's roles in later life, extending the period of midlife and deferring what people think of as old age into the eighties and beyond, potentially refashioning adulthood and tearing down stereotypes about women and age in the process (Becker 2000).

Delayed childbearing is part of the profile of a new middle age. More and more people in the United States have been delaying parenthood (Morgan 1996; Wu and MacNeill 2002). While delayed parenthood is a vast demographic trend that both women and men participate in due to social pressures, women are often deemed the source for this social change. Specifically, it is assumed that women's increasing role in paid labor, increased educational attainments, and increased ability to control when they will become pregnant all underpin this social change (Wu and MacNeill 2002). The current trend toward delayed childbearing in the United States appears to represent an enduring shift in the predominant pattern of white, middle-class, adult life; moreover, the long-term effects of delayed childbearing are potentially far-reaching because of increasing childlessness, changes in social and economic conditions in U.S. society, and advances in reproductive technologies that extend the childbearing years potentially into the sixties and the child-rearing years beyond that (Becker, 2000).

Fully 10% of recent IVF cycles have been performed using eggs donated by younger to older women in an effort to circumvent the decline in fertility experienced by women as they age (Wright *et. al.*2003). Discussions about the use of reproductive technologies by older women have become a site for reiterating the risks associated with maternal aging and pregnancy (e.g. Caplan 2005) as well as the notion that a biological a priori necessitates that women have children earlier in life (e.g. *An Act Concerning Health Insurance Coverage for Infertility Treatment and Procedures* 2005). However, research regarding the health outcomes of children born to older women who used donor eggs also represents a fissure in some long-standing beliefs about older motherhood. For example, one study recently found that rates of infant morbidity and mortality associated with maternal age increased in the sample only among the women who used their own eggs and not among those who used a donor egg (Porreco *et. al.* 2005).

In this article we draw on symbolic interactionist conceptualizations of identity and stigma to consider older motherhood as a social and personal identity. Symbolic interactionist perspectives emphasize the multiple, ever-changing, and emergent facets of identity. Here, identity is constantly being created in and through social interactions, providing important insights into the ways in which identities change over time (Mead 1934; Strauss [1959] 1969). Drawing on interactionist developments, in this paper we distinguish between personal identities – or how one identifies oneself - and social identities. With social identity we refer to those identities that one does not necessarily take up oneself, but rather experiences as imputed by others on the basis of appearance and/or behavior (Snow and Anderson 1994). Social identities are multiply experienced as sources of pride, shame or ambivalence. Nonetheless, social identities, as they are experienced in and through social interaction, are in turn productive forces in constituting personal identities (Snow and Anderson 1994; Goffman 1963).

Importantly, symbolic interactionism has simultaneously also drawn analytic attention to the contingencies of identities by linking the interactional to organizational, institutional, and historical processes (Strauss [1959] 1969; Goffman 1963). We examine how age, social class, and gender intersect in the social identities of older mothers who used donor eggs and in vitro fertilization to achieve pregnancy. We explore how women experience and negotiate this social identity in the context of unevenly shifting meanings about gender, family, work, and a normative life course. What we find is that women experience the social identities of older mothers at the crossroads of changing socio-cultural landscapes that bring together delayed parenting, infertility, and older motherhood into particularly kinds of relations in this particular socio-historical moment. All of these identities can be experienced as stigmatized and/or stigmatizing, disqualifying women from social acceptance as a “mother” (Goffman 1963). More and more, older motherhood is becoming a proxy for the use of infertility treatments due to delayed parenting itself.

Methods

Respondents were recruited through 11 medical infertility practices and one sperm bank in four counties in Northern California to participate in a study addressing the disclosure decision, i.e., how parents of children conceived with donor gametes decided whether or not to tell their children of the true genetic origins. Practitioners sent letters to couples who had conceived using donor gametes alerting their former patients to the study, and those interested sent a postcard to the investigators stating their willingness to consider participation in the study. The criteria for entry into the study were the presence of one or more living children who had been conceived with the use of a gamete donor, heterosexual, and in a marital relationship at the time of the child’s conception. Data collection is complete.

In most cases initial couple interviews were followed by solo interviews with each partner approximately three months later. The purpose of doing both types of interviews was to collect data on how couples jointly perceived the process as well as to allow individuals to discuss differences or conflicts without their partners present. Occasionally solo interviews preceded couple interviews. If one but not both members of a couple agreed to be interviewed, those respondents were also interviewed. One- to two-hour long interviews were semi-structured with many open-ended questions that focused on how the couple decided on whether or not to tell the child about the use of a donor. Related topics included philosophy of family, family relationships, feelings about having used a donor, and approaches taken to telling children and others. Questions about age were not on the interview schedule but age inevitably arose in the course of many couples' discussions about their experiences with infertility, parenthood, and disclosure. This was particularly true among couples who used donor egg to conceive their child(ren). Although interviewers did not probe about age systematically, interviewers did pursue questions about age when participants raised related concerns. Interviews were tape recorded and transcribed verbatim.

Data were divided by whether the child(ren) were conceived by using donor eggs or donor sperm. A specific procedure was followed to further develop the data analysis: core categories that repeatedly reappeared in the data were identified and compared with other emergent categories, a process that emerges out of ongoing reading and analysis of transcripts by the entire team. Out of these preliminary core categories generated from meanings in the data, an in-depth process of code development was followed. Codes are highly discrete categories. Each code is a very specific topic that appears in the data. Sections of interview text are analyzed using all codes so that the multiple meanings of a portion of text can be considered. Successive phases of trial coding were conducted until pairs of coders reached a level of agreement of 95 percent or more. The entire data set was then coded using QSR Nud*ist, a data-sorting software program, resulting in over 100 discrete codes, of which age [of parent], was one code. The definition of the "age" code was broadly construed: "discussion of age of wife and/or husband, as factor in decisions, attitudes." This article is based on an analysis of this code in the donor egg sub-group. Age was a more common feature in the narratives of couples who used donor egg and was rare in the narratives of couples who used donor sperm. As part of the analysis, the code was cross-checked by reading transcripts from which excerpts had been identified to ascertain that excerpts were not misinterpreted by being read out of context. This allowed for an assessment of how age figured into the narratives that women told about infertility and parenting as well as how cultural discourses on age informed their experiences. The quotations in the findings section were taken from this code print-out, which encapsulate commonly held themes across this particular data set. This approach enabled us to scrutinize all the data on age at the same time rather than focusing only on certain cases, as well as to analyze the data within its broader context.

Findings

Findings are based on interviews with 79 couples who used a donor egg to conceive at least one living child. This is a sub-set of a larger sample of 148 heterosexual couples who used a donor gamete to conceive at least one living child. The average age of women at the time of the first interview was 45.8 (range 35 – 59) with 89% of the women being age 39 or older at the time of the first interview. The average age of men was 47.5 (range 32–64). The average age of women at birth of first donor egg child was 42.2 (range 32 – 54) and the average age of men at birth of first donor child was 44.1 (range 30 – 62). The average age of the first child conceived through donor egg was 3.5. Of the 79 couples, 29 couples (37%) had more than one child conceived by donor eggs. Thirty-three couples (42%) had one or more child(ren) conceived without using donor eggs. Average annual household income for this sub-sample was $185,069, indicating the relatively high socio-economic status of in vitro fertilization and

donor egg users in most parts of the United States, where these services are often not covered by insurance (see Thompson, 2005).

Personal and social identities of older mothers and fathers

Both women and men experienced being older parents as important personal identities that deeply shaped their personal and familial lives. They discussed how their physical experiences of an aging body shaped both their family planning decision-making as well as the day-to-day dynamics of family life. However, men almost exclusively discussed older fatherhood as a personal identity, or an identity that was self-ascribed to describe their sense of self in relationship to their familial lives. Women, alternatively, also talked about the ways in which their age, gender and class intersected to display a particular kind of social identity that was ascribed upon them by others. This social identity was often stigmatizing and distinct from the ways in which they conceptualized themselves. Because this social identity was stigmatizing for both women and their families, the identity of an "older mother" required management.

Being diagnosed with infertility and undergoing time-consuming treatment protocols caused all study participants to become parents at an older age than they had initially anticipated. One woman stated in the interview:

> I don't know if I would've started this process, being 47 when I got pregnant. Would I have said: 'Now I'm gonna get pregnant, this month, and I'm gonna get a donor.'? But I started five years before that and the energy level changed for me, too. My mom said that's she's seeing a change in me from doing this - that it definitely changed my energy and that it took a lot out of me.

Couples discussed how becoming parents at an older age than they had originally expected caused them to rethink certain decisions and make life changes. For example, many noted that they would have had more children, but they decided that their ages precluded them from this option. In addition, couples would use the interview to talk about what one woman called the "real life concerns of older parents." Often, these "real life" concerns centered on feeling responsible to their children to stay healthy and live at least until their child was in adulthood. Some stated that they regretted that they may miss important events in their child's life, like marriage or grandchildren. Some study participants were concerned that their child(ren) will be embarrassed by having older parents during their teenage years.

In addition to discussing experiences with the personal identity of an older parent, women often discussed their experiences of having the social identity of an older mother. Study participants often noted that the age of the mother worked to mark the family as being different from others. One man in our study stated: "I don't think that me or my wife think of ourselves as having a different kind of family from anybody else [because we used donor egg]. Except in the sense that my wife is older than most of the parents, most of the mothers." This difference was often experienced as a site of stigmatization and women frequently discussed the ways in which they managed this social identity to protect the family as a whole. One woman stated: "I don't like, for my children's sake, to be referred to as their grandparents. I think it's a way to impact my children. I don't think it's fair to them to have assumptions made about anything." So while most women in our study defined themselves as older mothers, they needed to manage the ways in which this personal identity would be taken up in social interactions that may work to stigmatize not only the woman herself, but her family as well.

Sites of stigma

Women discussed the social identity of older mothers by recounting what were often experienced as stigmatizing social interactions. These stigmatizing social interactions were largely discussed as occurring in parent-child spaces such as the playground or school and

public spaces such as restaurants where they interacted with strangers. Across these sites, physical appearance as an older woman became the basis of the interaction through which one's status as an older mother was experienced as stigmatized. At times, the appearance of an older mother created uncomfortable social interactions because expectations about the life course were being disrupted. Women experienced their bodies and/or their abilities to parent as being called into question by someone else. Women also described social interactions in which their appearance as an older mother worked to nonverbally disclose that a donor egg was used, something that may be experienced as stigmatizing for various reasons. Here, older motherhood was not in and of itself stigmatizing but was rather a physical marking of the stigma of infertility and the use of donor egg. Age made the invisible characteristic of having used donor egg perceptible to those who were able to recognize its symbolic value. Hence, women negotiated varying kinds of possibly stigmatizing interactions because of the divergent stereotypes that "older motherhood" has become associated with.

Parent-child spaces

Some women reported feeling out of place in social spaces where mothers interacted with other mothers and their children, such as the playground or school functions. By feeling out of place in these social spaces, older mothers found it difficult to enter the community of mothers around them and thereby experienced their social status as a mother as marginal. The importance of being accepted by other mothers was noted by one woman:

> I notice that when I travel home, I'm almost like a grandmother because there everybody has kids at 19. And here, I'm more of the norm. And that's what – I always think it's cute when somebody asks 'Are you gonna have another child?' Cause I'm 43 years old. 'Guys, come on, this is the time to shut the water off.' And yet, it makes me feel really good that people are inclusive in that way. And like I say, you go back to that, being part of the group.

This woman's statement highlights how becoming a new mother is often accompanied by a series of social encounters. Questions such as, "Are you planning on having another child?", work to include new mothers into a social group. While this question seemed somewhat inappropriate to this woman on a surface level, she appreciated it when people asked because of the kinds of social relationships the question brought about. Specifically, the interaction positioned this woman within a group of new mothers, despite the ways in which her age set her apart. This woman noted, like many other women, that it was easier for her to be made a part of the social group of mothers in her current place of residence where older parenting was becoming more normal. However, her status risked being called into question when she returned to her hometown for visits. She pointed to the uneven processes of normalization surrounding older motherhood and thereby the importance of geopolitics in constituting the social meanings that older motherhood holds.

Some women noted that their status as both "older" and as a "new mother" created uneasiness in forging certain kinds of social relationships that, in turn, created self-doubt among women regarding their abilities to parent. One woman noted: "Being 40 can be a very intimidating experience because you're doing it with a lot of women who are a lot younger than you and who seem so much more adept!" This woman went on to note in the interview that working through her uneasiness allowed her to learn from younger women. She stated: "The day care center that we had our son in until he started kindergarten was just wonderful. The women who worked there collectively had so many more years of parenting than I did, it could have been a very intimidating experience. But, in fact, it was a very nurturing experience. I learned a lot from all of them." This woman was thereby able to join in with the social groups that coalesce around new motherhood, despite her difficult entry because of her status as older, and in turn was able to have her abilities as a mother legitimated.

On the other hand, some women discussed how their physical appearance as older was a basis for which people would openly ask if donor egg was used. Given that they were in a social space defined by motherhood and that a growing number of parents in their communities were becoming aware of assisted reproductive technologies, age at times signified the use of donor egg. One woman recounted: "When my kids were probably four, someone came up to me in a park and said 'So, did you know your donor?' [I responded] 'No, but I don't know you, either.' It kind of shocked me because it was somebody that I hadn't met before. So the assumption that I had used a donor was clear." Here, age became a visible manifestation of infertility and the ruptured genetic connection, a "stigma symbol" (Goffman 1963) for that which some women wished to keep invisible. This was made clear in the following woman's statement:

> I wonder if they're gonna learn my secret [that a donor egg was used]. A lot of people have been really pushy about it, one or two people. [They ask] 'Really? You didn't? You didn't use fertility drugs?' They've asked me two or three times: 'Really? Are you sure?' And I just say: 'Honestly, it's none of your damned business.' And if I told them that the first time, they might ask me two more times.

Public spaces

The physical appearance of an older mother created social situations in public spaces with strangers that risked delegitimizing the familial unit. This occurred when strangers would use the name "grandmother" or "grandchild" as a reference, thereby delegitimizing the identity of older mothers and calling the familial unity into question. One woman stated: "In my hometown – I was there with my sister and her girls, my nieces [who] are in their 20s. So it was myself, my nieces, and my two kids. And everyone just looked at us and assumed it was my grandchildren and her children." Another woman similarly stated: "I know I've embarrassed people. Like if they say, 'Does your granddaughter want' something or other and I say 'my daughter.' But I say it tough. I was probably more sensitive to that when my kids were younger and more willing to educate people rather than embarrass them. But I don't feel as though I owe explanations in all circumstances."

Managing stigma

Managing stigma around older motherhood was a prominent site of identity work for women, both during and after pregnancy. Women frequently discussed managing stigma surrounding older motherhood in two different ways. One the one hand, women would attempt to "normalize" older motherhood at the individual or social level. Drawing on the work of Erving Goffman and Michel Foucault, Charis Thompons (2005: 80) develops the notion of normalization as a process whereby new elements are incorporated into preexisting procedures. We use normalization to refer to the ways in which stigma is managed by incorporating the newly possible older mother identity into preexisting notions regarding motherhood. This is done at the individual level by trying to "pass" (Goffman 1963) as a younger mother or at the social level by trying to link older motherhood up with longstanding discourses regarding "good" mothering practices. Alternatively, some women positioned themselves as not only different, but extraordinary. Here, women transformed potentially stigmatizing interactions into valorizing interactions. Rather than normalizing older motherhood, these women would assert their exceptional status and thereby transcend stigma. Both of these means of stigma management allowed women to maintain the legitimacy of their identities as "mothers" as well as that of the familial unit (Becker *et. al.* 2005) by destigmatizing themselves in constituting an older mother self (Travers 1994).

Normalizing older motherhood

Many women countered stigmatizing interactions by discussing how older motherhood was being normalized both individually and socially. They discussed changing their bodies so they looked younger, which can be viewed as a means to "pass" (Goffman 1963) as a younger mother. Here, the stigma surrounding older motherhood is not negated but rather the position of particular women in that category itself. The goal here was normalization at the individual level. But women would also point to the increasing trend in delayed parenting and used the interview to note the benefits of older parenting that they felt were often eclipsed. Here, women would seek to negate the stigmatization surrounding older motherhood in order to normalize the social practice of mothering later in life. These can be viewed as strategies for "normalizing" older motherhood.

One of the predominant ways in which women managed stigma surrounding older motherhood was by changing their physical appearance so that they would look like a younger mother. The centrality of appearance in generating and deflecting stigma surrounding older motherhood is made evident in one man's statement that: "My wife looks younger than she is, so it isn't, it doesn't come up in the sense of people looking at my wife and saying, 'Oh, you're so old. How could you have children?' But I think some people, when they're forty-six, do look sort of too old to be new mothers." What this man emphasized was that the appropriateness of a woman's status as a mother in part depended on how young or old she looked. Put differently, the stigma of being an older mother could be mitigated by changing one's body to look younger. One woman stated: "I started bleaching my hair when I was pregnant with the twins. I saw a picture of myself and thought: 'Oh my God. When I'm holding these babies, and they see pictures of me in their infancy, I don't want to look like their grandmother." Similarly, others discussed how they kept fit, exercised, ate healthy, and dressed well so that they could continue to assert that they look and act like parents instead of grandparents.

Many women commented that older motherhood and the use of reproductive technologies were becoming increasingly normalized, at least in the geographical location of the study. On the one hand, this gave women a sense of community because they saw themselves as fitting in with other parents. In addition, this sense of community was viewed as diminishing any negative experiences their children may have. For example, some parents pointed out that their children might be embarrassed by them when the child was in high school. At the same time, many noted that their child(ren) would be among many other children who also were conceived using donor gametes and had older parents. One woman stated: "I think one of the advantages in growing up in a diverse community such as this is that we're not freaks. We're not freaks as older parents. We're not freaks of alternative conception methods."

Many women in our study also used the interview to assert their status as responsible and "good" parents. These women highlighted the aspects of older motherhood that fit within larger cultural discourses surrounding good mothers. Women noted that they were married, more financially secure, confident, experienced, and patient as older mothers. These components of their life were not achieved when they were younger and women thereby argued that they are better mothers now, even if they were older. Some constructed this argument by contrasting their younger self to their current, older self. Others demonstrated these same points by contrasting themselves to the younger mothers they encountered, often stigmatizing other women's reproductive practices as they sought to defend the rightness of their own. One woman stated:

> I go to the playground, and I see these 20- and 30-something moms, and they're sitting there talking about getting their nails done and they'll do their shopping at Nordstrom's or whatever. And I'm usually sitting on the slide or the sandpit with the kids. It's a total difference of priorities. I've lived enough life that I can make my kids

my priority and not think twice about it, where they still need more time for them. It's more a tug of war. So I think if many people in society would actually stop and think about it, it's not as bad as they think.

The extraordinary older mother

While many of the women managed their identity as older mothers through normalization, a small but significant portion of the sample alternatively positioned themselves as extraordinary older mothers. These women expressed their unique social status as an older mother with a sense of personal pride. Rather than emphasizing the ways in which older motherhood was becoming normalized, these women contended that their age certainly did work to set them apart from other mothers. One woman stated: "I may be the oldest woman ever who delivered."

Despite the ways in which the confluence of these women's ages and lifestyles worked to set them apart from other mothers of young children as well as their friends whose children were grown, these women commonly discussed their status as "different" with a sense of pride. One woman stated: "I was kind of proud of being his [Ob/Gyn] oldest patient." Her husband responded: "Yeah, you were getting strokes for having the uterus of a 30-year-old, right?" Similarly, another woman noted that she felt a sense of pride in her accomplishments as a parent when people would comment to her that they couldn't imagine parenting a young child at her age. In response to her husband's statement that most people exclaim that they didn't know women his wife's age could get pregnant, she stated: "And that just feels – it makes me feel so good. And I go, 'This is hard.' You know, this is hard because you're 48 in a lot of ways." By positioning herself as extraordinary, this woman was able to negate the stigmatizing component that others may have interpreted from this interaction and reformulate the interaction to imply how extraordinary she was as a 48-year-old-mother to a young child.

Discussion

New reproductive technologies have extended the potential for motherhood much later into the life course, a practice that reshapes ideas and expectations about the limitations of age for motherhood. Older mothers represent the fallacy of the view of a normative life course that has discrete, deeply gendered, age-defined stages of life. This view was particularly applied historically to white, middle class populations in the U.S. This normative view of the life course intersects with long-standing and divisive contestations over the roles of women in the paid work place and in the family. New reproductive technologies have facilitated the ability to uncover age stereotypes associated with women. Because donor egg technology makes conception and motherhood possible at later ages, it contributes to a broader societal process of rethinking women by making former biological markers such as menopause and age less relevant social markers (Becker 2000).

Older motherhood can be seen specifically as a personal and a social identity. Women in our research understood themselves as older mothers. However, this personal identity was often understood as distinct from the social identities of older mothers that women experienced when interacting with others. While the women in our study did not necessarily experience the social identity of older mother as entirely imputed by others, they did manage and renegotiate what older motherhood meant in interactions with others. Through this process, women would either seek to mitigate the stigma surrounding older motherhood through processes of normalization or by reconfiguring what it means to be a mother in a manner.

The social identity of older mothers is currently shifting. The identity of older mothers continues to incorporate notions about the medical risks of older women's pregnancies as well as notions about the gendered, biologized, and normative life course. In becoming older mothers in the age of assisted reproductive technologies, women negotiated different kinds of

social identities associated with being an older mother, including putting fetuses at risk through later life pregnancies, being too old to fit within the social status of mother, and being a woman who used donor eggs. Each of these social identities can be stigmatizing in certain interactions. In the current socio-historical moment, the social identities of older mothers are positioned at the crossroads of various cultural discourses. Women must manage the different social identities of the older motherhood in order to sustain the legitimacy of their status as mother as well as the legitimacy of their family.

The literature on impression management and stigma has particularly drawn attention to what happens when social identities are experienced as alien from one's self-definition (Goffman 1963; Snow and Anderson 1994; Miall and Herman 1994). Goffman (1963) defined stigma as a social process wherein one is discredited due to one's body, character, race, nation or religion. Symbolic interactionists have argued that because stigma represents a kind of discrepancy, individuals try to manage information so that they may "pass" and thereby avoid being stigmatized (Goffman 1963; Miall and Herman 1994). The stigma of being an older mother is linked to the ways in which this identity is connected to the use of reproductive technologies. Here, age is the visible symbol of the invisible but stigmatizing characteristic of infertility. An older mother can make the use of donor gametes visible, which can work to delegitimize the familial unit on the basis of genetic rupture. This kind of non-verbal disclosure of the use of donor gametes was of concern for parents who both had and had not told their children about the use of donor gametes because it allowed strangers to make this facet of the child's personhood meaningful in uncontrollable ways.

Appearance is one sign of social identity that older mothers must manage to avoid stigmatizing effects. Anselm Strauss ([1959] 1969: 128–29) observes, "There is always the potential problem of legitimizing one's right to enter a phase that is not clearly institutionalized, for the signs adduced them for placement of self can be debated." When the legitimacy of their family was called into question because of women's appearance, women managed these situations so as to reaffirm their legitimacy and that of their family. Women worked to look like mothers, not grandmothers, but they also challenged those who questioned their status.

It should be noted, however, that women and men also refuted stigma associated with being older parents by using in vitro fertilization and donor egg in order to have a child later in life. While the sociology literature tends to emphasize the social management of stigma, less attention has been given to the ways in which people disavow stigma. By proceeding to use a donor egg at older ages despite the potential for negative responses from others, women and their partners refute age stereotypes through their actions. Collectively refusing to let the potential for stigma dictate one's actions is one important enabler of social change (Becker and Arnold, 1986). Women who use a donor egg are well aware of age stereotypes about older motherhood but that does not stop them from having children. They are bolstered by the knowledge that the number of older women who bear children is growing steadily and the likelihood that older mothers will become even more commonplace in the future.

In conclusion, assisted reproductive technologies such as donor egg are altering the landscape of motherhood, greatly extending this period much later into the life course. In doing so, stereotypes about women and age are being dismantled, and the life course is being viewed in much more flexible ways. Women who elect to use a donor egg to conceive are at the forefront of this major shift in how society views women and their roles. Although it is currently necessary for these women to exert energy in the management of their social identities, it is likely that if more women continue to use donor eggs, older mothers may become less conspicuous and that the stigma associated with older motherhood may disappear. Eventually the older mother, as a marker of social change in age norms, is likely to fade from notice as she becomes an everyday phenomenon. We conclude that older motherhood will be one

phenomenon contributing to an enduring change in views of what constitutes old age, and that it will be seen as occurring much later in the life course.

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