IMPOSSIBLE MOTHERHOOD: FROM THE *DESIRE FOR MOTHERHOOD* TO NON-MOTHERHOOD[1]

MATERNIDAD IMPOSIBLE: DEL *DESEO DE MATERNIDAD* A LA NO-MATERNIDAD

MERCEDES BOGINO LARRAMBEBERE

Author / Autora:
Mercedes Bogino Larrambebere
Public University of Navarre
Pamplona/Iruñea, Spain
metxi.bogino@unavarra.es
https://orcid.org/0000-0002-7888-9562

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Abstract

This article proposes to explore the biographic accounts and everyday experiences of cisgender women who, for various reasons and biopsychosocial conditions, are not mothers. From a feminist focus and using a qualitative methodology, it looks at the complex nature of the experience for women who felt the desire to be mothers and started out on a quest for motherhood. As a result of the thematic analysis of their accounts, we find that some women have undergone miscarriages and repetition miscarriages, facing infertility problems (structural, relational and social) and medicalisation of their bodies using assisted reproduction technology (ART). It has been seen how biomedicine and reproductive biotechnology boost the search for biological (and medical) solutions to social problems

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related to structural infertility. Furthermore, the importance given to experiencing 'grief for non-motherhood', is emphasised, composed of different processes that are socially denied or disenfranchised —such as gestational grief, genetic grief or institutional grief— and performing small rituals to say goodbye. It is demonstrated that, following a process of acceptance of the non-motherhood and self-knowledge, the women in question redefine their identity in new projects. Finally, the relevance of mutual support groups (MSG) is demonstrated as a way of sharing frames of reference, forging empathy relationships and reciprocity networks. The conclusions highlight how the journey from 'impossible motherhood' to non-motherhood is a subjective process, involving reflection and a physical and emotional life lesson, that makes it possible to challenge, rethink and overthrow the hegemonic representations of motherhood generating new meanings and social practices bound to non-motherhood.

Keywords: Motherhood; miscarriage; gestational grief; structural infertility; non-motherhoods; grief for non-motherhood.

Resumen

Este artículo explora los relatos biográficos de mujeres cisgénero que, por distintas motivaciones y condicionantes biopsicosociales, no son madres. Desde una mirada feminista y a partir de una metodología cualitativa, trata de aproximarse a la complejidad de la experiencia de mujeres que han sentido el deseo de ser madres e inician la búsqueda de la maternidad. Como resultado del análisis temático de sus relatos, encontramos que algunas mujeres han vivido abortos espontáneos y abortos de repetición, enfrentándose a problemas de infertilidad (estructural, relacional y social), así como a la medicalización del cuerpo a través de las tecnologías de reproducción humana asistida (TRHA). Se constata cómo la biomedicina y la biotecnología reproductiva alientan la búsqueda de soluciones biológicas (y médicas) a problemas sociales que se relacionan con la infertilidad estructural. Además, se enfatiza la importancia dada a vivir el «duelo de la no-maternidad» compuesto por distintos procesos que son socialmente denegados o desautorizados —como el duelo gestacional, el duelo genético o el duelo institucional— y realizar pequeños rituales de despedida. Se evidencia que, tras un proceso de aceptación de la no-maternidad y autoconocimiento, las protagonistas redefinen su identidad materializada en nuevos proyectos. Finalmente, se pone de manifiesto la relevancia que adquieren los grupos de ayuda mutua (GAM) para compartir marcos de referencia, forjar relaciones de empatía y redes de reciprocidad. En las conclusiones se destaca cómo el tránsito de la «maternidad imposible» a la no-maternidad es un proceso subjetivo, de reflexión y vivencia corporal y emocional, que permite desafiar, repensar y subvertir las representaciones de la maternidad hegemónica generando nuevas significaciones y prácticas sociales vinculadas a la no-maternidad.

Palabras clave: Maternidad; aborto espontáneo: duelo gestacional; infertilidad estructural; no-maternidades; duelo de la no-maternidad.

1. INTRODUCTION

Since the 2010s, there has clearly been intense research, writing, editing and outreach work, both in social sciences and in literature, on topics associated with denaturalising or (re)naturalising motherhood in modern societies. In addition to valuable original papers (Álvarez, 2018; Fernández-Pujana, 2014; Imaz, 2010; Llopis, 2015; López-Trujillo, 2019; López-Varela, 2019; Massó, 2015; Merino, 2017; Nanclares, 2017; Olmo, 2013; Trujillo & Abril, 2020; Vivas, 2019), some classic American feminist works have been reprinted such as *Of Woman Born* (Rich, 2019) or the first Spanish translation of *The Mother Knot* (Lazarre, 2018).

All these articles have helped detect how the field of reproduction has been considerably transformed since the late 20th century and particularly in Spain. This has been a process of political and demographic transition, that has taken us from the *baby boom* of 1950-1970 to a 'structural infertility' scenario since 1990 (Álvarez & Marre, 2021). During Franco's rule (1939-1975), this period's discourse on domesticity and the exaltation of motherhood is underpinned by the idea that women are not complete without motherhood (Nash, 1991). In this socio-political context, women were understood as «a one-dimensional being whose essential role was motherhood and who were only acknowledged for their biological aspect» (Roca, 1996, p. 226); «Only motherhood allowed them to reach their real compulsory life purpose and their true status as a person» (Dios Fernández, 2014, p. 37). These ideas demonstrate the cultural pressure on women regarding biological motherhood, which is key to understand lingering representations in hegemonic motherhood. With the arrival of democracy, new horizons opened up in Spain to build on women's reproductive autonomy: contraceptives were legalised in 1978 followed by divorce in 1981, abortion was decriminalised in 1985 and the first laws were approved to regulate adopted and assisted reproduction techniques in 1987 and 1988 (Marre, 2009; San Román, 2020).

Against this backdrop, this paper addresses *impossible motherhood* that begins with the *desire for motherhood* as a key element of *filiation*[2] in modern Euro-American kinship. This chosen and planned filiation not only implies transmitting bodily substances such as gametes, genes and blood, but also passing on memories, relationships with a place and other elements that make up a person's identity (Bestard, 2009). From an anthropological perspective, it is considered relevant to understand biographical accounts from non-mothers in their multiple dimensions: 1) biological dimension: related to the body and (non) reproduction; 2) subjective dimension: associated with emotions and their experience; 3) social dimension: subject to the construction, redefinition and resignification of identity; 4) symbolic dimension: set of ideas, images or metaphors that represent hegemonic motherhood and non-motherhoods; 5) political dimension: public policies focussed on strengthening women's reproductive autonomy (free access to contraceptives, right to an abortion in the public health system, access to human reproduction biotechnologies, adoption process and foster families).

The text is structured into four sections. Firstly, a set of conceptual categories and social metaphors is presented for discussion on hegemonic motherhood and non-motherhoods. Subsequently, quantitative data is provided that indicates the process of demographic change that goes from *exaltation of motherhood* to structural infertility. Thirdly, the qualitative methodology is described, revealing an interpretative reflection. Finally, empirical results are provided, derived from analysing the biographical accounts of the transit process for these women from *desire for motherhood* to non-motherhood.

2. METAPHORS FOR MOTHERHOOD AND NON-MOTHERHOODS

Feminist criticism allows us to approach the social metaphors that have historically permeated daily life (Lakoff & Johnson, 1980) and this research focuses on metaphors built around both women who are mothers and women who are not. As mentioned by Díez Mintegui (2000), motherhood remains a metaphor that organises our society, although women's responses differ. It is consequently possible to identify different experiences of hegemonic

2. Bestard (2009, p. 89) defines *filiation* as the process of transmitting material or immaterial substances between people who are mutually dependent on each other.

motherhood, other motherhoods and non-motherhoods (Bogino, 2020) that help us to understand the social reality from a more complex perspective.

In Western culture, the social worth of motherhood is balanced against panic concerning sterility or infertility: hegemonic discourse still tends to represent fertile women as at-one with nature and, specifically associated with productive soil; while sterile or infertile women represent drought, barren land or death. Different anthropological investigations have revealed that most cultures consider sterility or infertility to be a curse, a punishment or a tragedy. These interpretations penalise the women's body, perceived as a fault, the no-being or the vacuum compared to the unquestionable fulfilment (Tubert, 1991) or the naturalised and untouchable idea of motherhood (Esteban, 2000).

Some metaphors of motherhood fit the simple woman-mother binomial that is culturally constructed as natural and yet, as we know, is pitted with ideologies and power relations (Ávila, 2004). In this context, infertile women are portrayed as going against nature and the exception to the rule; while motherhood symbolises fertility, normality and tradition. In this way, if motherhood is socially constructed as the norm, women who are not mothers are daubed as transgressors, questioning anything that regulates gender relations and the hierarchical order (Tubert, 2010).

Other metaphors reflect moral connotations of non-motherhood, interpreted as the object of suspicion and disdain (Rich, 2019), that is demonstrated in language and the social imaginary referring to these women as unfortunate, failed or deviant (Gillespie, 2003). In patriarchal mythology, they are usually described as exceptional beings —such as the goddesses Athena or Artemis— or as selfish with no desire to fulfil their natural feminine role. In turn, witches might represent this version of *childless women* (Moreno, 2009).

In this case, according to feminist literature, this is an endeavour to recover the non-motherhoods category, in the plural, to address the diversity of experiences and reflections that range from impossible motherhood or unexpected infertility to redefining non-motherhood. In this text, we aim to appropriate the concept of motherhood, due to its symbolic weighting, with the intention of reconceptualising it (Green, 2015).

Letherby and Williams (1999), from an autosociobiographical approach, explore the complex experience of ambivalence and the stereotyped image of *childless* women as desperate and *childfree* women as selfish and liberated. This stereotyped description only represents one caricature of women who experience *unexpected infertility* or *non-motherhood by choice* in modern societies. So then, it is fundamental to distinguish between the biological dimension of infertility and the symbolic dimension of non-motherhood (Letherby, 2002). Insofar as, subtly «we are told that life has no meaning if we are not mothers» (Donath, 2019, p. 29), women who have no desire for motherhood or no capability to have children are considered problematic, not very feminine or unnatural (Letherby, 2002). The social stereotype of a woman who takes on the status of an adult person as a mother remains in force in the hegemonic discourse of medicine and psychology. In this respect, «feminine identity is made to depend on the capacity or desire for fertility» (Moreno & Soto, 1994, p. 107).

In turn, Mexican anthropologist, María Eugenia Olavarría states that infertility has a differential effect depending on the dominant gender construction: masculinity infertility is associated with lack of virility and sexual impotence, while female infertility represents an obstacle to fulfilling their natural vocation of being mothers, setting diagnosed bodies on the lowest rung of the *male/female hierarchy* (Olavarría, 2021, p. 117).

Comparing two ethnographic scenarios, England and Qatar, Kilshaw (2020) analyses the cultural distinctions between infertility and miscarriages in relation to the social, religious and political beliefs in each country. The author identified that, in both ethnographic contexts, women experience suffering and sadness after miscarriages. However, she also detected some differences, such as: in Qatar, the large family model is promoted and, after marrying in young heterosexual couples, women are encouraged to have children throughout their reproductive life. Motherhood is highly valued in Islam, and in this ideological context, women normalise their miscarriage experience as evidence of fertility and health, one possible occurrence among several reproductive difficulties. Furthermore, there are cultural reference frameworks which report knowledge on other experiences by women who have miscarried –alluding to mothers, sisters, sisters-in-law or girlfriends– as a *normal* reproduction process.

On the other hand, in England, *stratified reproduction* is encouraged (Colen, 1995). At the peak of this structure, there are people who are seen as valued, healthy and suitable, depending on their gender, sexual orientation, ethnicity and social class, to reproduce *ideal citizens* (Ginsburg & Rapp, 1995). In this neoliberal context, reproduction is perceived in terms of success or failure, and in most miscarriages, the causes remain medically unknown. In general, women reject the normalisation of miscarriages by focussing on individual suffering; they experience it as a muted event and some of them commemorate it through personalised rituals or tattoos on their body. Their narrations demonstrate feelings of responsibility and guilt. However, over the last few years, changing practices have been observed that no longer consider miscarriages as something individual, breaking the silence through public acts to consider them as something more social and normalised (Kilshaw, 2020).

In Spain, reproductive difficulties in the search for motherhood can become an unexpected experience and, in turn, common among women who decide to «wait» to be mothers in their late thirties or after turning 40 (San Román, 2020). The discourse from these women highlights the feeling of guilt and shock on finding they are infertile that they express as reproductive disappointments (Bennett & de Kok, 2018) because it is impossible to pass on their family line which, according to the classic Euro-American paradigm, is related to genetics[3]. On the other hand, women allude to lack of knowledge regarding fertility issues that worsen as the years go by. Information on infertility and age has appeared recently in Spain in media that advertise a new service: vitrification of oocytes and freezing of ovules. Furthermore, after waiting for motherhood as a rational choice, most of these women do not have access to assisted reproduction technology (ART) because it is too expensive. Their narratives are dominated by the feeling of emptiness or the perception of being incomplete women that is interpreted as an invisible disability (San Román, 2020).

3. The concept of *reproductive disappointments* includes the meanings that people attribute to their experiences related to the biological dimension due to failing to conceive (primary and secondary infertility), miscarriage, still-birth, neonatal death and the social dimension in failed adoption processes (Bennett & de Kok, 2018).

3. FROM *EXALTATION OF MOTHERHOOD* TO STRUCTURAL INFERTILITY

From a demographic perspective, a chronological process can be highlighted for the journey from the *baby boom*, in a socio-political context of *exaltation of motherhood*, to a *structural infertility* scenario (Álvarez & Marre, 2021). Currently, Spain has one of the lowest fertility levels in Europe and the world, dropping from 2.8 children per woman in 1975 to 2.1 in 1981, progressively falling since to 1.19 in 2020 (Castro-Martín et al., 2021). In turn, this drop in fertility is related to delays in young people becoming financially independent and being able to leave the family home and to the dynamics of couples' relationships that condition the milestone of a first child (Nishikido et al., 2022). Due to a high level of education among women, their growing participation in the job market, and their *wish to travel* or *enjoy life*, reproductive decisions are postponed to a later age (Álvarez, 2018; Hernández, 2016; San Román, 2020). From 1980 to 2019, the average age for women to have their first baby rose from 25 to 31 years old. In this respect, the transition to motherhood is taking place at an increasingly *later* age from what is considered *ideal* with an average delay of 5 years. In 2019, 32% of first-time births in Spain corresponded to women aged 35 and over and 8% to women aged 40 and over. However, this trend is not only a *women's issue* as the same process is demonstrated in the case of men. Between 1980 and 2018, the average age for first-time fatherhood rose from 30 to 34 years old. In 2019, 49% of first-time fathers were aged 35 years old or more and 19% were over 40 (Castro-Martín et al., 2021).

As we will see, this generalised trend in modern societies eats into fertile years and affects the quality of eggs and sperm (Álvarez, 2008). Preferences for the heterosexual family and two offspring remain the majority among the Spanish population, although the gap between desires and realities reveals the influence of the work market and gender relationships in reproductive decisions (Álvarez, 2018; Castro-Martín et al., 2020). In the last few decades, it has been possible to identify some of the causes that prevent the *desire for motherhood* from happening: 1) lack or discontinuity of the relationship in a couple; 2) costs in terms of money, time and opportunities implied by bringing up children; 3) difficulties to conciliate personal and professional

lives; 4) job insecurity and instability; 5) difficulties to gain access to proper housing; 6) scarce institutional support for child-raising and childcare, and 7) gender inequality in the home (Castro-Martín, 2019; González & Jurado, 2006; Nishikido et al., 2022).

From another perspective, San Román (2020) argues that many women *wait* to become mothers, not due to material limitations but for personal reasons, and when they consider that it is the *right time* for motherhood, they might find that their opportunities for *natural* reproduction have decreased. Consequently, various events help promote the reproductive markets in Spain, which represent a thriving business opportunity, and are mainly boosted by the trend to delay motherhood, the limited cover in the public health system and the flexibility of the legal framework (Rivas & Álvarez, 2020). In 2017, 9% of births were due to ARTs, making demand in Spain one of the highest in Europe. In turn, national or international adoption processes are still difficult to access for people who wish to become mothers or fathers. Over the last few years, there has been a decreasing trend in the number of adoptions, dropping from 6,369 in 2004 to 1,083 in 2018 (Castro-Martín et al., 2021).

In addition, the increase in the proportion of women who end their fertile period with no children is associated with putting off reproductive decisions, another important component which characterises the low (and late) fertility in Spain. The statistical data show that the proportion of women with no children has risen from 13% among women born in the 1940s to 23% for those born in the early 1970s. In this respect, Spain is among the European countries with the highest levels of infertility, alongside Germany, Austria and Switzerland. In the 2018 Fertility Survey, 14% of women between 20 and 40 years old have declared a non-desire for offspring (and 20% of men), while the 2006 Fertility Survey reported only 6% of women. This increase represents a significant change, although the dividing line between voluntary and involuntary infertility is often blurred (Castro-Martín et al., 2021).

It is probable that some women have had to face *unexpected infertility* problems, derived from biological difficulties to conceive or see a pregnancy to term from the age of 35 onwards. Another key factor that emerges when analysing why Spanish women might declare that they do not intend

to be mothers is the perception that motherhood is not compatible with a career (Seiz, 2013). These situations can be framed within what is known as *structural infertility* (Marre, 2009) which is caused by changing working conditions since 1990, accentuated by the economic crisis in 2008 and, even more so today, when we are still feeling the post-pandemic consequences of COVID-19, that has generated more uncertainties in our lives. This concept of *structural infertility* is valid to define infertility which originated in various political, social and economic contexts that constrict and limit a person's decisions and reproductive options. As this type of infertility has no biological basis, similarities can be drawn to the cases of single people or homosexual couples who might require assistance to reproduce. Furthermore, infertility is a *relational* concept that depends on multiple factors such as procreating age, sexual orientation and the absence-presence of a partner (Olavarría, 2018). Finally, this infertility can also be considered *social* which allows us to think that infertility is a matter of political relevance and access to reproductive rights (Bestard et al., 2003). Consequently, we can state that *structural*, *relational* and *social infertility* problems very obviously condition women's reproductive autonomy in Spain.

4. METHODOLOGY

This research was based on a qualitative method used to approach an interpretative reflection and we have used various techniques to collect qualitative data such as biographical accounts (Roca & Martínez, 2006), autosociobiographical novels (Lammers & Twellmann, 2021) and virtual ethnography (Hine, 2004).

Firstly, we selected biographical accounts by Nuria and Maite, who provide us with a set of events and personal experiences on their search for motherhood such as miscarriages and repeated miscarriages, the shame and guilt concerning a pregnancy that they do not see to term, the suspension of suitability for motherhood by single-parent adoption and the toll of grief. As mentioned by Scott (2001), the respondents' experience is always an interpretation and requires an interpretation of what we want to explain,

questioning the processes for producing and reconfiguring the subjects and their identities.

Secondly, considering the possible epistemological articulation between social sciences and literature to be relevant, we have chosen to include accounts by Ana and Silvia, the main characters of two auto-sociobiographical novels[4] who illustrate their desire to be mothers, the routine of programmed sex, the quest for motherhood through ART, the waiting time, criticism of biomedical expert discourse, the fear of not being a mother and channelling this pain into new projects (Nanclares, 2017; Pardo, 2019).

Thirdly, given the relevance of the Internet and social media in current society, we considered it opportune to study digital contexts, carrying out a *virtual ethnography* (Hine, 2004). We identified several proposals from Mutual Support Groups (MSG) that encourage the respondents to generate spaces for communication, information exchanges and virtual communities.

Finally, the qualitative data were interpreted following a coding process and thematic analysis that makes it possible to identify emerging topics from reading and re-reading the information compiled. The thematic analysis might infer results that bring about appropriate comprehension of the study object (Braun & Clarke, 2006).

5. ACCOUNTS OF IMPOSSIBLE MOTHERHOOD

An analysis is presented below of biographical accounts from cisgender women[5] who felt the desire to be mothers and began their quest for motherhood. Some experience miscarriages, repeated miscarriages and disenfranchised grief. After a process of acceptance and self-knowledge, the women in question redefine their identity in new projects.

4. The term *autosociobiographical* was coined by Annie Ernaux to designate a way of writing that stresses the social and political dimension of intimacy. In this respect, the author argues that her personal life, as the central topic of writing, only interests her to the extent that it is closely linked to the world of others (Lammers & Twellmann, 2021).

5. *Cisgender women* refers to women who use the gender assigned to them at birth by the sex/gender system, meaning the set of arrangements by which a society transforms biological sexuality into products of human activity (Sattel & Reiter, 1976).

5.1. Desire for motherhood and miscarriages

Nuria understands that *fertility does not last forever* and, after the age of 35 she wanted to become a mother, so she confessed her *maternal desires* to her heterosexual partner. She became pregnant shortly afterwards and had a miscarriage. In gestation processes, the experience of bleeding can be interpreted —from the emotional dimension— as fear of loss and uncertainty regarding whether this experience is normal or pathological (Canguilhem, 1986). In medicine, a miscarriage is the name given to the involuntary loss of an embryo or foetus weighing less than 500 g and up to 22 weeks of pregnancy[6]. Epidemiological data show that between 10 and 30% of confirmed pregnancies end in miscarriage, although the variability of these figures is due to the high percentage of preclinical miscarriages before women are aware that they are pregnant (around 60%). It is also due to recording these episodes under a wide variety of diagnostic sub-labels such as inevitable miscarriage, missed miscarriage, haemorrhage or curettage (Martínez-Manrique, 2021).

The first loss happened to Nuria in the eighth week of pregnancy –before completing the first trimester– and, in these cases, medicine does not usually study «the cause for the loss due to technical difficulties and for profitability reasons» (Martínez-Manrique, 2021, p. 68). On her quest to become a mother, after two miscarriages, she turned to various assisted reproductive technologies (ART) understanding that «the body as a place of gestation is medicalized» (Tubert, 2001, p. 280). Nuria managed to get pregnant again via artificial insemination but was surprised by another miscarriage that she remembered experiencing alone.

From biomedical discourse, the main causes for miscarriage include genetic anomalies in the foetus, maternal hormonal factors, immunological, infectious or uterine factors. Risk factors include the age of the women, unhealthy lifestyle –obesity, smoking or alcohol– and lack of emotional well-being in the initial phases of pregnancy. Medical care for miscarriages usually combines three modes of intervention: 1) the expectant attitude,

6. The concepts of *abortion/miscarriage* are easy to distinguish in the English language, showing the difference between the voluntary and involuntary termination of a pregnancy (Martínez-Manrique, 2021).

referring to the waiting time to allow the body to expel the content of the uterus naturally; 2) medical management, that consists of applying a pharmacological treatment (generally misoprostol in the vagina or taken orally) that induces uterine contractions and dilation of the uterus neck to help expel the 'foetal remains'; and 3) surgical treatment or curettage, that consists of using instruments to empty the uterine cavity. In this respect, the medicalization of miscarriage has implications in both the biological and emotional dimensions for women, and it might become a more or less traumatic experience depending on the type of medical treatment received and the type of relationship established between healthcare professionals and patients (Martínez-Manrique, 2021, p. 69).

Regarding frustrated attempts to get pregnant, the body itself is described as an obstacle. It seems that the fusion of body and desire fades and, in these cases, the body is opposed to the *desire for motherhood*[7]. This unexpected (and astonishing) experience is evoked by another informer: «The losses were dreadful, and the first miscarriage was the worst. […] Nobody prepares you for something like that and I went to A&E» (Maite, 42 years old).

Medicalization of the body —both in miscarriages and in fertility treatments— generates feelings of unease, strangeness and anxiety in women, that imply a desubjectivation process. From this perspective, women rid themselves of any subjective interpretation where only biomedical knowledge can decipher or resolve the enigma, even though the expected *product* is often not obtained (Tubert, 2001). As Nuria explains, after an egg donation as a final attempt, she managed to get pregnant easily and yet she went through the same process of pregnancy loss, a fourth miscarriage that was very frustrating. In these situations, where at least two consecutive miscarriages have occurred or more than two alternately, the term *recurrent miscarriage* is applied (Vidal, 2001, p. 97). Recurrent miscarriages cause changes to the body, while future hopes and expectations must be reset.

7. Imaz (2010) inspired by Tubert (1991) reinterprets the *desire for motherhood* category and understands a blurred desire, not objectified, variable and bound to social imaginaries, that does not necessarily seek to be fulfilled (Imaz, 2010, p. 118).

In this respect, motherhood is understood as a *quest process* that, at the same time, represents the search to form a family and the search for social integration. Family still prevails as the axis of integration in society and cultural relations model, that the ART demonstrate (Bestard et al., 2003). As mentioned by Ana, who weeps for all the years she spent on this unfruitful search and lost pregnancies. In some way, she justifies her feelings of anger, misfortune and sadness because she cannot be a mother or give her partner a child, or her parents and mother-in-law a grandchild, a god-child to her friend, a niece to her sisters or a cousin to her nieces and nephews. This means that the desire for motherhood goes beyond the social aspect and in turn, hides «the duty to procreate» (Scheper-Hughes, 1997) or the «duty to provide offspring» (Héritier, 1985) that is inscribed both in parenting relations and in each woman's subjectivity. In this respect, Ana feels the obligation to give a life to the others and, as a consequence, the feeling of anxiety grows more because she cannot pin down her *desire for motherhood* than because she is not following a rule or a gender mandate.

From the biomedical discourse, miscarriage becomes a paradoxical reality, a matter of life and death, considering pregnancy to be a social success and loss to be a personal failure. Therefore, death might be understood by biomedicine as a *system failure* while births represent a social happening, the triumph of life and the continuity of the family tree.

In this context, infertile women enter *endless liminality* via the fertility treatments that make them redefine their roles and their pace of life. So then, the start of a new routine and the disciplining of the body in assisted reproduction processes cause Nuria great «physical, emotional and economic wear and tear». Meanwhile, Ana does not trust medical care because she considers this process too impersonal and distant: «They refer to us as *girls*. We are all *girls*, we are a uterus, a protocol number, that does not feel, or think, nothing!» (Ana, 49 years old). Maite did not feel particularly well-cared for either by healthcare professionals: «You need empathetic people, and I did not get that. I practically lost it all in the hospital bathroom. I had the feeling that I had gone through something really dreadful, and they didn't seem to care» (Maite, 42 years old).

5.2. Disenfranchised grief and the acceptance process

In modern Western societies, it has been estimated that there has been a considerable rise in miscarriages due to the progressive delay in the age of women to become mothers and, in fact, due to an increase in the assisted reproduction treatments. Concerning infertility issues, there has been an outstanding boom in the reproductive industry and the development of biotechnology in expanding and diversifying the chances offered to people with difficulties in their search for motherhood and fatherhood (Lafuente-Funes, 2019; Rivas & Álvarez, 2020). One of the consequences of *delaying first babies* in Spain would therefore be the increase in the need to resort to reproductive technology (Hernández, 2016). We should not forget that the success rate of these techniques also drops considerably with age. In 2019, women without a partner or lesbian couples recovered the right to receive these treatments in the public health system (this right had been restricted in 2013). However, long waiting lists and limitations (maximum age of 40 and 3 *in vitro* fertility cycles) meant that many women pay for this treatment themselves in the private sector (Castro-Martín et al., 2020).

In this reproductive context, miscarriage can be classified as an ambiguous loss, as this is not a loss of a tangible or socially recognised being. In other words, these perceptions make it difficult to acknowledge the death and so also the grief. Along this line, *grief* is understood to be a complex process of sorrow that appears after the experience of real or perceived loss of something or someone, awarding different meanings, emotions and practices for saying goodbye.

From this perspective, *gestational grief* is conceived as a little understood and invisible grief because it is implied that without life there can be no death and nor does it lead to rituals and, consequently, it is a *forgotten grief* (Kirkley-Best & Kellner, 1982, as cited in López, 2011, p. 59) or a socially *disenfranchised grief* (Doka, 1989, as cited in Martínez-Manrique, 2021, p. 83). When miscarriages occur in the first trimester of pregnancy, women experience feelings of guilt and failure, considering themselves responsible for this loss. This is how Maite remembers it: «The first years, I didn't expect the shame. […] As if I were guilty of it». This is a tale of shame and guilt, taking responsibility for the loss, that can be linked to different practices

of daily life (actions or omissions) related to food, leisure or working life. Furthermore, certain thoughts emerge, as Nuria says: «Of course, I thought that I had miscarried because my relationship was unstable». These interpretations can often lead women to doubt their own body and their capability to have children, thus affecting their self-esteem: «I felt bad because I was the only woman in my circle who could not get pregnant. […] Sometimes, I had even thought: Maybe I don't want it enough? What if I really don't want to become a mother?» (Maite, 42 years old).

Despite the disenfranchisement, the silence and the constriction of social space to express the gestational grief (Cassidy, 2021), women deal with it and allow themselves to carry out small farewell rituals. The importance is highlighted of using the chosen name, because naming leads to recognition of its existence and opens up the possibility of talking about it in public (Felitti & Irrazábal, 2018). Consequently, artist Paula Bonet wrote a journal of two miscarriages and illustrated a book of animals for her daughter Julia who was not born, feeling like she is orphaned from a daughter (2018). She questions the social lack of information, guilty feelings, not knowing your own body and the lack of tools to manage this pain. Furthermore, her drawings claim the right to mourn a pregnancy.

Some women even also go through another type of grief, *genetic grief* that refers to *moral grief* or sadness felt by the impossibility of passing on your genes in egg donation processes, meaning *in vitro fertility* (IVF) with egg donations in *good condition*. Currently, genetic material cannot only be considered important —in the biological sense— due to the continuity of the genealogical chain, but also due to the representation —in the social sense— of genes as the new icons of kinship that are beginning to replace the symbolism of blood (Bestard et al., 2003). Women who attempt biological motherhood, receiving *other eggs* with no genetic relation, experience a loss of identity that makes them feel strange. This loss of identity is demonstrated when transmission of the phenotypic similarity is infeasible and genetic inheritance is thereby broken. Although there is still a genetic relationship with the egg donor —*anonymous* and hidden– protected by Law 14/2006 in Spain[8].

8. Law 14/2006, of 26 May, on assisted reproduction techniques (BOE-A-2006-9292).

«Failure» with an egg donation was a milestone in Maite's life, after living with infertility for eight years and four lost pregnancies, she considered it relevant to «set a limit» because «society spurs you on» to continue the search: «You'll see, it'll happen next time. Faced with this perceived social pressure, you have to ask yourself: How long should I carry on trying?» However, the day that she decided with her partner to «stop trying», she felt release: «I had done all I could, and my body could take no more, I had to accept it» (Maite, 42 years old).

In addition, Nuria remembers the miscarriages and the assisted reproduction treatments as a very «tough» time and, when a final attempt using an egg donation failed, she felt «crushed». These women's stories show us that «infertility causes great suffering to women and it is an experience of solitude, lack of understanding and loss of identity» (Fitó, 2010, p. 113).

In the same way, the search for motherhood through single-parent adoption, in Nuria's account, became a path strewn with obstacles, legal uncertainties and certain conjectures from the administration, which denied her suitability to become a mother. In these cases, when there is a break-up before the adoption is legalised, this is known as *disruption* (Barth & Berry, 1988, as cited in García & Grau, 2016), in other words, the bureaucratic process is interrupted and, at that point, Nuria experienced another type of grief, *institutional grief*. She breaks down in tears when she remembers the moment when she was told she was no longer considered suitable. She thinks it is unfair for an expert to classify her as *unsuitable* and she was hurt: «I could have fought it and sued them, taken them to court». However, the shock of the negative assessment led Nuria to decide not to be a mother: «Because I only wanted to be a mother, I don't want a fight» (Nuria, 51 years old).

Ana also understood that her plans for motherhood might not come true and finally she said: «Enough, enough of feeling guilty, to subjecting myself to abuse and pressure, of wanting what I can't have and it's obviously not for me, enough already». In this way, by closing the door to motherhood, she discovered new opportunities that she had never imagined and, little by little, she understood that her worth did not depend on being a mother. However, at times of anxiety, she had her doubts, although she faced the truth: «Even though I'm not a mother, I'm no less of a woman, or human being». Helped

by various therapies, Ana discovered herself: «As a complete woman, perfect in my imperfection». In this way, she managed to set herself free from gender mandates, ideals of motherhood and the obligations of kinship.

In short, in this section, we have analysed the uncertain search for motherhood, pregnancy losses and the transit of denied grief —such as gestational grief, genetic grief or institutional grief— that, finally, became the *grief for non-motherhood*. During the grief and acceptance process, the chances of talking and being listened to, and acknowledgement of the losses have important implications, because the absence of social support is one of the triggers for complications in grief and mental health issues (Cassidy, 2021).

5.3. Redefining identity and new projects

In this section, we will see how the *desire for motherhood* is transformed and new projects appear. As previously mentioned, in Western culture, women's subjectivity and supposed guarantee of mental health largely revolves around their desire to be a mother. However, this desire is often questioned by subjecting it to rigorous reflection to allow other desires. This happens, for example, at times of life crisis. In this respect, emergence of the hostile desire, described as a differentiating desire, allows gestation of new desires and an extension of subjectivity (Burin et al., 2000).

In the biographical accounts, we find that, beyond the desire to be a mother, after denied grief and the acceptance process, new concerns arise such as self-knowledge, writing about or socialising the experience. Furthermore, it can be seen that the *desire for motherhood* changes throughout a woman's life and it is affected by biological, emotional and material conditions such as age, socio-affective relationships and different socio-economic resources.

When Nuria was young, her priorities included the importance of «studying» because «it opens up opportunities» and as stated by San Román (2020), she made a rational choice to wait for motherhood. However, as the years went by, when she «wanted to be a mother» she came up against the difficulties of unexpected infertility. After searching for unattainable biological motherhood and, simultaneously, motherhood by single-parent adoption, the respondent talks about frustration as a feeling of dissatisfaction that she

has worked on in therapy. Despite having desired motherhood and attempted various alternatives with ARTs and adoption processes, she accepts that «I couldn't do it, it wasn't for me». Although this was never an obstacle in her life. On the contrary, she considers that it was a wake-up call: «Fine, now you pick yourself up and carry on with his burden. Let it be a lesson for other women, who decide to be mothers later on or not at all. They shouldn't have to sit and cry and feel like their lives are over» (Nuria, 51 years old).

In this respect, the respondent thinks that many women might be «traumatised» because she considers that it is still «taboo, really taboo. In today's society, it's taboo that there are women who have not been able to have children, poor things. Isn't it?» (Nuria, 51 years). So, in the case studies analysed here, it can be seen that sadness is the pain produced or the scar left by absence. However, each woman gives a singular meaning to these losses: loss of pregnancies, lack of control over their ability to reproduce and the biomedical process, loss of self-esteem and redefinition of identity.

In this transit from *impossible motherhood* to non-motherhood, we can see how confusion, fear of the future and uncertainty become an obsession for some women. Silvia understands the biological difficulties to get pregnant, but she needed the certainty, she wanted to know if she could be a mother or not. Her narration highlights significant learning: «Medicine, far from an exact science, is the science of ruling things out» (Silvia, 41 years old).

Despite the frustrated desire for motherhood, new projects are highlighted that are bound to *being your own person* that shape the women's subjectivity. In this process of reinventing desires and reformulating projects, we can see how Mutual Support Groups (MSG) gain special value by providing face-to-face contact with other women who have gone through the same experience. From 2020 onwards, with the unexpected COVID-19 pandemic, virtual encounters have also taken off. In this respect, encounters usually take place informally or organised as mutual support groups among peers. These interactions make it possible to recognise the intersubjectivity and the individuality of the experience, as well as sharing closer frames of reference that normalise their perceptions and help to forge networks of reciprocity. Furthermore, the MSG have an additional value: 1) creating intimate spaces to express emotions; 2) avoiding social isolation; and 3) constructing

empathy relationships and 4) sharing their experience to alleviate physical and emotional pain. In this respect, «coming across so many similar cases reduces the feeling of individual loneliness, guilt, or bad luck» (Martínez-Manrique, 2021, p. 85).

In 2016, a group therapy emerged in Madrid called *Ser mujer y no ser madre* (Being a woman and not a mother) (by Emi de la Llave) in Madrid. This was a place for meeting and exchanging knowledge for women who are not mothers. This space provides a workshop type dynamic through methodologies that connect the body and the personal experience for women who feel pain and conflict because they are not mothers. The idea is to put into words what they are feeling in solitude and begin to focus on the issue, destructure it and take a fresh approach[9]. In Barcelona, *La vida sin hijos* (Life without kids) also emerged (by Gloria Labay) in 2018. This was a place to meet other women who have gone through the same life process and it claims to create a support network, *a tribe* where women feel cared for and understood, to face daily life. This MSG proposes to create meeting forums to freely express all the emotions and feelings aroused by not being able to be a mother[10]. 2020 saw the start of the *Otras Leonas* (Other Lionesses) project (by Betina Wlasiczuk), a space for connection for women without children due to circumstances, that follows the premise of caring for personal histories, respecting intimacy, and the desire to find yourself. In addition, it represents a space for creation and reflection that seeks to strengthen the resources for each woman to travel down the path to non-motherhood and transmute that painful territory[11]. In 2022, a new idea called *Círculos femeninos* (Feminine circles) (by Miriam Aguilar) emerged to support women on a quest for motherhood or in the process of accepting non-motherhood. These are practical and experience-based workshops for women who are trying to get pregnant or who have decided to stop trying, key moments in redefining identity and resignifying motherhood or non-motherhood[12].

9. In: https://nosoymadre.com
10. In: https://lavidasinhijos.com
11. In: https://m.facebook.com/pg/mujersinhijosporcircunstancias/posts/
12. In: https://www.miraguilar.com

6. CONCLUSIONS

This paper has explored accounts by cisgender women who are not mothers due to structural infertility, relational and social problems. As discussed by other authors, the experience of motherhood and non-motherhood makes a significant difference in women's lives. Motherhood symbolises fertility and normality. In turn, tradition is appreciated rhetorically although the cultural, political and material acknowledgement is vague in modern societies. Instead, non-motherhood represents barrenness, emptiness and betraying a tradition and in this respect, they see themselves as socially poorer for declining the rules of gender and kinship (Letherby, 2002; Tubert, 1991).

In the biographical accounts, we can appreciate a profound *desire for motherhood* when the respondents, from a certain age considered *late*, amass the affective, emotional and material conditions, meaning the optimal conditions to be a mother. In this sociocultural context, the quest for motherhood becomes a path littered with obstacles: the experience of miscarriages and recurrent miscarriages trigger unease among the women, they feel peculiar and anxious, implying a process of desubjectivation. In their biological haste, they turn to assisted reproduction technology. In this way, the body as a place of gestation is medicalized, caused physical and emotional changes that affect social and kinship relations.

We considered it relevant to address pain management and developing disenfranchised grief. We believe that *grief for non-motherhood* is composed of different griefs that the respondents have been through such as gestational grief, genetic grief or institutional grief, an intense process of affliction that is lacking social and healthcare recognition, and likely to potentially be treated iatrogenically (Martínez-Manrique, 2021). In this respect, biomedicine and reproductive biotechnology encourage the search for biological (and medical) solutions for social problems that, as we mentioned, are related to structural infertility, relational and social issues. So then, uncertainty in the quest for motherhood causes a certain obsession and, in these situations of *endless liminality*, infertility is experienced as something undefined, as it has ambiguous status in western societies and this dislocation or destructuring generates unease among women (Bestard et al., 2003; Burin et al., 2000).

Therefore, *impossible motherhood* is understood as the frustrated desire or the disappointment of not fitting into a hegemonic motherhood model, that is characterised mainly by the reproductive capability of women, in a heterosexual couple and within the institution of marriage, meaning by the compliance embraced with a cultural mandate that thereby ensures legitimate offspring and the continuity of the family (Bogino, 2016).

Following the line of argument of the narratives, after disenfranchised grief, when the women decide to call time on the reproductive biotechnology, they face a process of acceptance and redefinition of their identity. In their accounts, we found that, beyond the desire for motherhood, new concerns are raised related to writing, ways of communicating and socialising their own experience, and the gestation of other desires or yearnings linked to *being your own person*: self-knowledge, self-care and autonomy. In this destructuring and reflection process, the respondents set themselves new projects and mutual support groups become important, allowing them to share frames of reference and forge empathy relationships and networks of reciprocity. In short, the path from *impossible motherhood* to non-motherhood is a subjective process, involving reflection and bodily and emotional experience, that makes it possible to challenge, rethink and subvert the representations of hegemonic motherhood by generating new meanings and social practices bound to non-motherhood.

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