



New normativity and reproductive choice: an attempt at comprehension

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Abstract

The article discusses two “special types” of reproductive choices – combating infertility through assisted reproductive technologies and voluntary childlessness. Particular attention is paid to the phenomenon of voluntary childlessness. Basing on the analysis of public opinion polls, reconstruction of historical realities of the second half of XX century, normogenesis studies, new psychodynamic theories of transgenerational transmission of traumatic experience, and philosophical ideas of intentionality of acceptance and hospitality, the author analyzes the existing reproductive practices in their connection with procreative norms. The reasons for the increasing spread of voluntary childlessness, according to the author of the article, are largely connected to the transgenerational transmission of experience of violence. The author’s hypothesis is based on psychodynamic ideas about transgenerational trauma and perverse maternal attitude and is that the spread of the voluntary childlessness in the generation of the 1990s may be caused by the impossibility of hospitality, acceptance, and vulnerability due to the lack of failure of the maternal functionary as a container and the lack of introjects of loving and guiding parent figures (“empty superego”). Thus, the new “shapeless” normativity, creating the illusion of “freedom to be oneself”, may prove to be a projection of a split, lifeless and empty collective unconscious superego, generated by a culture of violence that requires moral content, which has been abolished.

Keywords

assisted reproductive technologies; hospitality; voluntary childlessness; perverse motherhood; normogenesis; procreation; reproductive choice; transgenerational trauma; transfer of intergenerational experience and knowledge

JEL codes: I0, J13

The socio-demographic process, which is called *the second demographic transition*, not only raises the issue of individual reproductive opportunities implementation, but also gives special drive to the questions of reproductive choice.

The second demographic transition refers to fundamental shifts in the life cycle of modern people. This is believed to be due to a dramatic decrease in the State’s control over pro-

creative processes (Klupt 2015), which has led to dramatic changes in the very foundations of marriage and family planning: freedom to choose a partner (for marriage, cohabitation, or other partnership options) and reproductive choice. This indirectly points to an increased individual ability to manage their personal demographic path (Zakharov 2012).

In turn, the State's decline in control of individual choices (including reproductive) may indicate a decisive change in what are called *institutional matrices* (Alexandrov and Kirdina 2012). The *X-matrix*, which is dominant in Russia, Asia, and Latin America, implying the priority of collective interests over individual ones and centralization of management and redistribution of resources, fundamentally differs from the *Y-matrix*, dominant in Europe and North America. The latter is based on the priority of "I" over "We"; its essence is priority of personality, one's rights and freedoms in relation to the values of the community and the group.

The consequences of the second demographic transition and the course to replace the dominant institutional matrix were not only a decline in fertility but also a change in important parameters of reproductive behaviour, which could be referred to as the "new reproductive choice".

A fundamental characteristic of reproductive attitudes (and reproductive choices) is the issue of the desired number of children, which implies the desire for a certain number of children in a given individual in ideal conditions.

Two special and, at first glance, very different phenomena of the "new reproductive choice" are the fight against subfertility (infertility) through assisted reproductive technologies (ART) and the voluntary childlessness, and they are of great interest to researchers.

Less than half a century ago those unable to have their own children (and in fact technological assistance in reproduction has only been available for a mere 25 years) had to face their pain alone; we know little about the fate of those (most often, women) who "wanted so much" (Isupova 2011), but had never had their children. Currently, contrary to the cautious and often neglectful attitude of a large part of society, the desire to become genetic parents in some cases (however, not in every one) can be implemented thanks to the development of the ART.

Moreover, in times of fundamental transformations of the second demographic transition and, as a result, the decline in fertility and depopulation, there are often high expectations put on the ART. However, the share of the ART births in Russia does not exceed 0.5% at the possible maximum of 5% today (Denmark) (Rusanova 2011), and this number is unlikely to grow: assisted reproductive technologies, which usually require from a couple huge emotional, temporal, and often material costs (much more from the woman even in the case of male infertility factor), and imply a "strong desire" (Isupova 2011). Surprisingly, the new normativity, characterized by blurring, bordering on anomie in matters of reproduction and gender, with regard to the strong desire of a born genetic child (we now consciously omit more complex and rare conflicts associated with the donation of eggs, sperm or embryos), shows quite unusual conservatism, relying on "humanism in relation to abandoned children", i.e., offering adoption instead of fighting for birth.

The phenomenon of voluntary childlessness has a much greater impact on fertility than the development and accessibility of reproductive technologies. Well-known demographers keep talking about the reduction of the need for children (Antonov 2009; Borisov 2009) and the need to "form a socio-psychological need in the third and fourth child" (Antonov 2009). However, we seem to be entering such a time when the birth of at least one child in a large proportion of those who are entering the prime of reproductive potential will be-

come a great achievement. Thus, from the generation born in the 1990s, according to the results of research, at least 15% will not have even one child (Zakharov 2012). The latest Levada-Center survey on the desired and expected number of children among the population of reproductive age has shown that 9% of respondents chose childlessness (according to the FOM data of 2008 – 4%, but note that those born in the 1990s had not yet participated in this survey) (Lomakin 2019; Isupova 2010; Vovk 2008; The Desired and Expected... 2019). In general, judging by the results of opinion polls, today in our country (and in many other European countries, as well as in the USA and Canada) voluntary childlessness at the level of values is recognized as a legitimate (normative) reproductive choice.

In this regard, the author believes it is necessary to make a brief overview of the ideas about the formation of norms in society in order to better understand the nature of the new normativity.

The process of moral norms formation is generally called *normalization*. The concept of normalization can be considered as a category associated in meaning with the concepts of *socialization*, *moral progress*, and *normogenesis*. The establishment of what should be considered acceptable in social practice and what will in future become a social norm (behavioural, communicative, legal) is preceded by the process of normalization, i.e., the conversion of moral assessment to the status of the formalized norm. One can bring up levels of normativity, into which the normalization and norm that contradict each other are divided: normalization – normative – norm (Sandakova 2015).

The transformation of norms is subordinated to the natural sociocultural order of emergence, adaptation and recognition of the new and begins with the analysis of the existing normative order, which can be called normalization. Normalization means discursive residence of variants of what is normal, i.e., pronouncement and consolidation in language: concept or idea, when getting a name and gradually becoming less “foreign”, increasingly accepted, “own”, ceases to cause rejection. The final stage is the formalization and the establishment of the norm in an appropriate institutional manner.

Since procreative norms are a variety of cultural norms, they are closely related to moral values, denote boundaries and a measure of transformation of various elements of human reproduction exactly as moral values (Sidorova 2007; Sidorova 2016). In women’s procreative behaviour, moral norms serve as the basis for a decision on the desirability of pregnancy and the birth of a child.

It should be noted that the adopted norms are oriented towards the unity of society and only become such when supported by a considerable part of it. The fact that the new normativity tends to support reluctance (to have children) but is suspicious of a strong desire to have them, without looking back at the circumstances of almost irresistible force, also draws attention to itself. Thus, a survey conducted by the FOM in 2008 showed that only 27% condemn voluntary childlessness (Vovk 2008).

The history of the study of voluntary childlessness, the emergence of national organizations for “non-parents” and the use of the term *childfree* (which, as Ilya Lomakin rightly observed in his study, is not the same) originates in the United States in the 1970s and is widely used there: in samples of informants from the United States of the 1970-80s almost 58% fit in the group, while from Europe – only 19% (Lomakin 2019), which is generally explained by “attempting to challenge pronatalist pressure in American society” (Barnett 1986). However, the author tends to think that such an explanation oversimplifies things too much and conceals a more complex problem: “non-aspiration” for procreativity, which can only exist with desire to give away.

It is noted that the birth of a new normativity in the issues of gender and reproductive choice, the protection of the right to voluntary childlessness and “fluidity of gender choice” originated in the USA exactly at that the time when the children of the survivors of the Shoah and those fleeing from the pain-stricken post-war Europe to the United States and South America entered the arena of adulthood. They brought to society a gap in what is referred to as passion, the desire to be with another, to give life and proclaim the primacy of rationality, which gradually gained more and more of the right to recognition as normal. Henry Crystal, while conducting a longitudinal study of the pathology of affects in descendants of the victims of the Holocaust during the same period of time, noted the limited ability of such subjects to play a defending, approving and guiding parental role towards oneself (and their children); the infants of such mothers catastrophically fail in what is referred to as the “maternal functionary as a container” to avoid traumatic flooding by affective experiences (Crystal 2016; Bion 2008; McDougall 2002).

The earliest external reality for an infant is, of course, the physical presence of the mother, but, above all, the powerful impact of the maternal unconscious woven from her own infancy experience; failure of the experience of infant happiness causes impairment of mental functioning, not necessarily manifested by mental illness, but almost always damaging the ability to empathize and to sense the “fullness of being”. Such a negative experience of the physical contact with the mother would affect the fantasies and desire for the birth of life in one’s own body, the idea of hospitality in the future (Aristarkhova 2017), as well as the idea of susceptibility and care (Levinas 2000). If a girl brings bodily satisfaction to her mother and receives it from her, then she introjects the experience of being content with life, otherwise, the experience of desire and satisfaction remains inaccessible for her (Pines 1997).

In addition, satisfying relationships with parental figures allow to form the ideas of what is “normal” and to fill one’s superego with introjects of early objects, caring, guiding, and having fantasies about the future independent life of the child (“child of desire”, according to Nancy McDougall). However, those whose freedom of choice has been severely restricted as a result of any catastrophe (war, persecution, genocide, residence under fascist or dictatorial regimes, etc.) tend to send signals (most often, not entirely conscious) to their children that they should live a life that they (their parents) never had, i.e., live instead of them (Kellermann 2001; Bergmann 1987).

Nancy McWilliams states: “The message that ‘unlike me, you can have everything’ is particularly destructive, as no one can have everything; each generation will face its own limitations; the interest of such an unrealistic goal cripples the sense of self-respect”¹ (McWilliams 1998: 231). It is curious that the same thought was expressed by Valery Radayev about the parents of millennials and the consequences of such rhetoric for Russian “children of the 1990s” (Radayev 2020).

Children of traumatized parents are known to grow up with confused identities (don’t quite know who they are) and a sense of vague shame. Henry Crystal noted that such adults also expressed inability to desire and experience satisfaction and pleasure, which he called “affects of well-being”, and the impossibility to experience them has long been known to mental health professionals as anhedonia (Crystal 2016). A consequence of anhedonia is the all-consuming envy of others, who seem to be capable of experiencing strong feelings, desire and enjoyment; such subjects are cautious of being “used”; anything related in the slightest

¹ The citation translated from a Russian edition of the text.

way to “giving” is for them linked to feeling “treacherous robbery”; for such women, the idea of procreativity poses a threat to their narcissistic fragility.

Around the same time (the 1960s–70s), mental health professionals began to observe a sharp increase in the special type of patients who complained about internal emptiness, a deprived of a sense of “inner guidance” and reliable guiding values; they approached psychotherapists and psychologists in search for the meaning of life (McWilliams 1998). Psychoanalysts described such patients as those who, despite external self-confidence, pressure and desire to look successful, found themselves with closer communication (in contact with a psychoanalyst) in a constant search for proof of need for themselves and were characterized by extreme instability of self-esteem (McWilliams 1998; McDougall 2002). Such patients, the numbers of which are increasing each decade, experience what may be called “mismatch anxiety”; they are constantly concerned not to find themselves at any time “ordinary, average”, they should be “special” (Pines 2005).

Many researchers of personality and social processes also note in such subjects what has been labelled by Valery Radayev “the burden of choice” (Radaev 2020). Choice always implies loss of other opportunities, but for those who feel lost as it is and, most importantly, empty, any loss is unbearable and, as a result, choice (including the conscious reproductive choice, and partner choice) becomes a serious problem, an almost impossible task, especially with regard to “choices that are forever” – of a spouse, child, or even gender. Perhaps within this lies in the phenomenon of “blurred” normativity, easily allowing (in fantasy) everything to change at any moment, fueling protective omnipotence.

Without dwelling in this article on psychodynamic views on the nature of a “strong desire”, the author would like to note two aspects which are, in her opinion, of importance. Modern psychoanalytic theories try not to appeal to the idea of disease (symptom) as the “voice of the body”, because they see this as too strong a simplification and “flattening” of the extremely complex relationship between psyche and body. But psychoanalysts have for the past 50 years sounded the alarm about what in different hypostases manifests itself as “non-emotionality”: those who have achieved a robotic adaptation to the requirements of external reality, these individuals do not experience any feelings at all and often seek psychological help, having once, usually suddenly, felt themselves unwanted. It is such patients that Joyce McDougall called “normopaths”; they usually make no complaints other than a vague sense of insolvency in something very understandable and authentic to those around them (McDougall 2002). Psychodynamic theories speak of this as a failure of the mother’s alpha function, which is absolutely necessary to ensure that affective storms of early infancy do not cause annihilation anxiety (Bion 2008). Normopathic mothers (who due to traumatic experience do not perform such a function for their child) are usually “too good” and super-caring in simple everyday care, but are completely deaf to what might be called the emotional state of the child. In this regard, I would like to recall the phenomenon of “intensive motherhood” (Isupova 2018), which gives the impression of disturbing “doing” instead of love. Donald Winnicott writes on this occasion: “Learning motherhood is impossible, and anxiety cannot serve as a substitute for a very simple love of almost physical property”¹ (Winnicott 2007: 17).

All of the above-mentioned refers, first of all, to what is in special literature called transgenerational transmission of traumatic experience, but it seems more appropriate for us to call this phenomenon intergenerational transfer of traumatic knowledge and, above all,

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the transfer of traumatic experience, usually via unconscious intra-family intergenerational interaction. One of the founders of contextual family therapy, Ivan Buzormenyi-Nagy (Boszormenyi-Nagy 1973) introduced four dimensions of human relationships – facts, individual psychology, systemic transactions, and relational ethics. It is the ethical dimension that is the most important because it implies trust, justice, loyalty and law (within the family system). Thus, relationships within the family are determined by existential ethical dynamics (Franke 2010), which lead to the repetition of certain patterns in the relationship, whereby the subject carries elements of the unconscious Other (usually parents) within itself. The “culture of violence”, still predominant in the ideologies of the post-Soviet space, leads to blurring of boundaries between generations, intertwining of relations and unconscious identification with experiences of ancestors (Faimberg 2005; Hirsch 2012; Hanelia 2019), which is known as *postmemory*.

One of the main causes of deviant motherhood, or rather a factor that has been called “potential maternal deviation” (Malkova and Zhedunova 2011), or perverse motherhood (Weldon 2016), is an adverse communicative infant experience (with the mother). According to Anne Adelman (Adelman 1995), traumatic memories lead to changes in “I”, which leads to further transgenerational transmission of traumatic experience. One of the fundamental reasons for such transmission, among other things, could be the abolition of the principle of causality (after all, the events occurring around could not be understood even by adults who had similar experiences, much less by a child who they tried to shield from “unnecessary knowledge”, and catastrophic events, most often, remained a family secret). Next, Adelman suggests that the characteristics of the affective sphere and sphere of representation of parents (mothers) influence the ability of children (daughters) to integrate traumatic experiences. Maternal communication levels affect the affective functioning and area of representation of daughters. The ability of a daughter to express her experience with verbal means, conceptualize it (symbolization function) is directly dependent on the mother’s ability to withstand the affective conditions of her daughter. It seems that the traumatized experience of several generations of women in our country has never been translated into the internal mental and, consequently, intra-family space. We tend to view voluntary childlessness as a special type of resistance to motherhood, a variant of a distorted maternal relationship associated with the fantasy of controlling life itself (and one’s own immortality). The essence of perversion and its only purpose – the invention of a method to survive after traumatic experience, search for “temporary mental asylum” until help comes (Weldon 2016; Stoller 2016; McDougall 2002).

The parameters that determine the probability of perverse motherhood are multiple abortions in the generation of progenitors, anxiety and depressive disorders in the family, as well as experience of violence among women of previous generations. “Abortion culture” (Radzinski 2011), which can be called noncontraception (when contraception is available) is a special phenomenon in Russian mentality. Contrary to the optimism of some researchers of reproductive behaviour regarding the decline in the number of abortions in the Russian Federation over the last 20 years, multiple abortions (repeatedly recurring with a short time interval and being a conscious reproductive choice instead of contraception) reflect a special type of internal mental regulation, a way to cope with “flooding aggression” (Weldon 2016; Pines 1997; Agarkov 2014).

In this regard, the author would like to return to the concept of hospitality, rooted in the Kantian “right of every stranger (*Alien*) to the person in whose country he arrived not treating him like an enemy” (Kant 2002). Irina Aristarkhova adds to this: “accepting the

presence of a stranger in her own territory (we would notice – in her body)” (Aristarkhova 2017). Hospitality, according to Emmanuel Levinas, is about *susceptibility* and *vulnerability*; susceptibility is what is learned through the experience of *invitation*, *being accepted*, which precedes language communication (Levinas 2000; Aristarkhova 2017).

Over 25 years ago, Nancy Fraser wrote about the unfinished / blocked gender revolution – that it remains unfinished precisely because men have not yet become who most women are today, namely, “workers and providers of care” (Fraser 1994). A quarter of a century later, however, there is an impression that it is concern, acceptance and hospitality that have fallen victim to the struggle for the “I”, as if “I”, above all, needed special care for oneself.

Returning to the topic of voluntary childlessness, I would like to turn to a few very detailed and interesting studies of this topic by domestic sociologists (Isupova 2010; Lomakin 2019; Chernova 2019), which leave numerous questions both about voluntariness in the decision not to have children, and doubts about the informed or unintentional distortion of information by respondents (which is often associated with a lack of knowledge in reproductive health issues). In other words, could it be that in this voluntariness there is a large proportion of impossibility associated both with causes of physical nature (a disease concealed from the researcher or not diagnosed due to avoidance of seeking medical care) and socially disapproved ones, and therefore usually carefully sheltered due to fear of irreparable suffering, “deterioration” because of pregnancy and childbirth. It is impossible to overlook such an important social phenomenon as difficulties with finding a partner (even if not for the creation of a family union or joint residence, but at least for quite safe and reliable relationships for the implementation of reproductive desires). The realities of the Russian demographics with predominance of female population among those aged 30 years or over, together with a patriarchal order in society, misogyny, and ageist attitudes give rise to fear of loneliness familiar to most Russian women and, as a result, high competition in the marriage market (Shadrina 2014). Shame over the failure of the “family project” associated with unclaimed brides or subfertility may also cause significant distortions in the work with informants in such an intimate area as female attractiveness and procreation.

The definition of childfree and voluntary childlessness given by Olga Isupova (people who are married and living a full sex life, but purposefully taking measures to ensure that they do not have children) is very true in essence, but cannot help but cause questions about material derived from the informants. For example, the concept of “full sex life” is highly subjective and usually “closed” for discussion; the situation when the interviewer talks exactly about marital experience, which is known to be understood in different ways as well, is unclear. Working with informants cannot give an answer to questions about psycho-emotional aspects of individual experience (and actually does not pursue such goals).

Those who call themselves voluntarily childless, explaining their reproductive choices, usually appeal to ideas of “overpopulation of our planet”, “fear for the future of children,” “environmental catastrophe” or “fear of having a sick child.” The author wonders whether this voluntariness is not the impossibility of hospitality, lack of experience of being accepted and whether there is no intergenerational female experience in the transfer of lacuna, the absence of what Levinas calls the experience of Home, Female, that is, sensitive, accepting and giving, leaving “a memory of serendipity, bringing the pleasure of vulnerability” (Levinas 2000). On the contrary, the new normativity is the normativity of irreconcilable conflict with the prevailing system (management systems) (Golyenko-Wolfson 2009). The new “shapeless” normativity, creating the illusion of the *freedom to be oneself*, may turn out to be a splintered collective unconscious superego, lifeless and empty, broken by the culture

of violence and demanding moral content, which turned out to have been abolished (Zuboff 2019). Thus formed a vicious circle of anomies of a generation of confused lovers devoid of loving introjects, or guiding parental figures, who wander in the chaos of normativity and probably experiencing acute need in guidance.

It seems that the descendants of the 20th century, not only the Age of the Crowd (Moscovici 2011) but the Age of Two World Wars, Catastrophe and GULAG, are in constant search of opinion leaders. Science is notoriously not normatively neutral, as it creates notions of what is normal. Serge Moskovichi in the fundamental work on the psychology of the masses *The Age of the Crowd* draws attention to the fact that the art of government is now no longer the art of seduction, but the art (or science?) of communication (Moskovichi 2011). Perhaps, the role of social sciences is the transfer of scientific knowledge to society, which implies not only the study and description of social phenomena, but also the formation of authoritative opinion.

This paper was conceived as the beginning of interdisciplinary interaction, an attempt to consider reproductive choice and, in particular, voluntary childlessness, in the context of human reproduction issues, i.e., it is essentially a prolegomenon, or preliminary discussion, and it requires continuation. The author hopes that it will contribute to the development of a productive social and humanitarian dialogue on issues of procreative practices.

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