

Thárros and Hýbris: the Different Faces of Motherhood in Assisted Reproduction

Debora Viviani^a

Abstract

This paper aims to explore, within the social imagination, the emotions experienced by a woman who turns to assisted reproductive technologies due to infertility or for professional reasons—that is, a woman who decides to conceive a child for a commissioning couple.

This analysis focuses on several questions included in a broader study conducted between December 2024 and January 2025, titled “Medically Assisted Reproduction, Surrogacy, and Artificial Wombs: New Ethical and Sociocultural Challenges” (PRIN2022).

For data collection, 890 questionnaires were administered using the CAWI method to a sample of individuals residing in Italy who were over 25 years of age.

The results reveal a social perception of women and men. While men attribute to women who turn to reproductive technologies emotional drives linked to the sphere of the self, in the female imagination, recognised emotions fall within the spheres of relationships and the social. These are emotional drives of a social and relational nature that are shaped within the framework of socially recognised expectations and norms.

Keywords: Emotions, social imaginary, motherhood, Assisted Reproduction

1. Introduction. Emotions and the Social Imaginary: An Evocative Function

Long absent from sociological discourse, with the emergence of consumer dynamics and the commodification of immaterial needs (Cabanas & Illouz,

^a Department of Human Sciences, University of Verona, Italy

Corresponding author:
Debora Viviani
E-mail: debora.viviani@univr.it

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2019; Engdahl, 2020; Illouz 2007, 2024; Lacroix 2001), the rise of the service sector, and the decline of the rational logic of the Fordist system, emotions have reemerged on the scene, including in Italian sociology (Bevilacqua, Longo & Jacobsen, 2025; Cerulo & Scribano, 2021; Turnaturi, 1995).

In 1677, Spinoza, in “*Ethica more geometrico demonstrata*,” was the first to separate emotions from sin and passions, assigning them intellectual and cognitive value.

Over time, a cultural landscape has emerged in which emotions are viewed as immediate reactions to the world rather than as uncontrolled outbursts that disrupt rational behaviour (Le Breton, 2011). Emotional movements respond to cognitive logic and are expressed through a cultural grammar. They are no longer mere biological manifestations, but rather the means by which the subject expresses themselves and understands others (Elias, 2001; McQueen, 2023).

While emotions have a biological basis, they are also moments in which individuals process fundamental social dynamics (such as power, affection, distress, and inequality).

Emotions have, for this reason, also become a subject of study in sociology, which has characterised them as cultural elements (Cerulo & Scribano, 2021; Hochschild, 1975, 1983a, 1983b). It suffices to consider that our relationships are formed and shaped, in part, by the emotions we feel, and those others feel. As forces that manifest and move outward, the emotions we feel are expressed through nonverbal language (gestures, facial expressions) and regulate interactions, depending on the context and situations in which we find ourselves (Elias, 2001; Le Breton, 2011; Nussbaum, 2001; Sabido Ramos, 2023).

Emotions must therefore be considered from a perspective that goes beyond a simple biological interpretation. Since they combine biological, psychological, and sociological aspects that are closely intertwined, they describe the individual and their experience, reveal their social relationships, and define their lived experience and the social fabric in which they live.

For this reason, emotions have become an important tool for micro- and macrosociological analysis (Hochschild, 1975, 1983a, 1983b; Illouz, 2024; Nussbaum, 2001).

Recognising, interpreting, and understanding the emotional experience that an individual undergoes in a particular context and/or at a specific moment allows us to situate the subject within their experience, their relationships, and their imaginary. Emotions are an expression of the way in which the subject orders phenomena, social objects, and their own relationships. They are a system through which each of us organises the world, creating a conceptual hierarchy.

Through emotions, we internalise the external world and modify our social imaginary to express our inner world differently, in a process that never ceases (Illouz, 2024).

Martha Nussbaum (2001) argues that emotions always involve thinking about an object, associated with the object's relevance or importance. In fact, Nussbaum develops a cognitive theory of emotions, relating to the reception and processing of information.

She believes, in fact, that emotions, in addition to always being related to an object, are tied to a value, and for this reason, the intensity of the emotion experienced varies. Faced with identical situations, an individual may experience different emotions or varying intensities of emotion.

For this reason, interpreting social phenomena and behaviours through an emotional lens allows us to understand the value and meaning of social situations and positions, as well as individual and collective choices. Since emotions involve beliefs (Nussbaum, 2001), the object appears in the emotion as the subject sees, perceives, or interprets it. Emotional interpretation allows us to understand the subject's point of view.

The interpretation and contextualisation of emotions felt and expressed by the subject within a semantic and meaningful framework make emotions social products and objects of sociological analysis (Hochschild, 1975, 1983b). Since their manifestation is directly dependent on the social context in which one is a part and the rules it conveys, they become lenses through which to observe social dynamics. They allow us to describe social action, which results from choices shaped by the knowledge, ideologies, and shared understandings that make up the social imaginary.

In this sense, studying and understanding an individual's emotional experience opens the door to understanding their social imaginary. Emotions become tools for analysing society and observing social dynamics, within which the individual constructs their own beliefs and practices. Emotions thus contribute to the construction of the social imaginary (Durand, 1996; Taylor, 2003).

According to Taylor (2003), the social imaginary is the set of ideologies, knowledge, and shared understanding that enables individuals to understand themselves and situate themselves within society. It is that complex of knowledge and understanding, the result of a process of reflective reconstruction that reorients and/or modifies the subject's actions. Through a circular relationship between practices and background knowledge, the social imaginary allows the subject to understand and situate themselves within the social context.

Thus, if the social imaginary is the set of worldviews, ideas, and the emotional and unconscious substrate that gives form and meaning to reality,

and emotions, as cultural components, create values, beliefs, and behaviours, modify common sense, and reinforce the sense of belonging to a group, there is clearly a very close correlation between the two dimensions that determines a mutual influence.

Emotions have an evocative function, bringing concepts, values, ideas, and images to mind.

In this paper, the social imaginary is examined in relation to the emotional dimension and specific health practices: Assisted Reproductive Technology and surrogacy.

2. The study

2.1. Research question

This session will present the results of a portion of the research project “Medically Assisted Reproduction, Surrogacy, and Artificial Wombs: New Ethical and Sociocultural Challenges”. The study is part of the PRIN 2022 project (Research Projects of Significant National Interest) “Genetic identity and the child’s status in the era of medically assisted procreation,” which involved three Italian universities: the University of Verona, the University of Cassino and Lazio Meridionale, and the University of Napoli Federico II.

Specifically, the team from the local unit at the University of Verona consisted of me, Giorgia Anna Parini (Principal Investigator, Department of Legal Sciences), Alessandra Cordiano (Department of Legal Sciences), and Alberto Turco (Department of Neuroscience, Biomedicine, and Movement). The quantitative survey was conducted in collaboration with Paola Di Nicola (University of Verona).

Without claiming to resolve or answer all the questions raised by assisted reproductive technologies or ectogenesis, this study was designed to investigate the social perceptions of Italians regarding these issues. The survey aimed to identify the new cultural perspectives on motherhood, fatherhood, parenthood, and the body that reproductive technologies are generating (both concretely and potentially). The overall aim of the research was to understand what social narratives are emerging around these reproductive technologies and concepts such as motherhood, parenthood, and filiation.

A small section of the questionnaire aimed to capture social perceptions by analysing the emotional dimension.

Specifically, some questionnaire questions explored the emotions study participants attributed to a woman who used reproductive technologies for health or professional reasons (Fielding-Singh & Cooper, 2024).

Specifically, the research questions in this part of the questionnaire were: in the social imaginary, what emotions does a woman experience who, due to infertility or for professional reasons, decides to turn to assisted reproductive technologies? What emotions might a surrogate mother experience when she decides to conceive a child for a commissioning couple?

3. Methods

3.1. Recruitment and sampling

The study involved administering 890 questionnaires via the CAWI (Computer-Assisted Web Interviewing) method to a sample of individuals aged 25 or older residing in Italy. The sample is random and non-representative (selected by geographic area). The questionnaires were administered by Adacta International Consumer & Sensory Science between December 2024 and January 2025.

The inclusion criteria were:

1. Understanding the Italian language;
2. Being Italian by birth;
3. Residing in Italy;
4. Being over the age of 25.

Due to potential language barriers and cultural considerations, foreign nationals residing in Italy were excluded from the study.

Access to assisted reproductive technologies was not included among the inclusion criteria. Assisted reproductive technologies are frequently discussed in the media, not only in scientific publications but also in popular media (print, web, etc.). The objective of the study was to investigate and understand the social perceptions surrounding these technologies - the reservoir of meaning that participants have constructed around these procedures, even without having personally experienced them.

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3.2. Research Tool

The questionnaire included the following three questions:

1. Think of a woman who, due to health issues, cannot have children because she is infertile and turns to medically assisted reproduction techniques. In your opinion, how does she feel?;
2. Think of a woman who, due to professional commitments, does not want to have children so as not to interrupt her career and turns to a surrogate mother. In your opinion, how does she feel?;
3. A surrogate mother who decides to make her body available to bear a child for a couple who cannot have children - how do you think she feels?

To answer each question, respondents could choose from a list of characteristics and emotional dimensions they believed applied to the three types of women.

Below is a list of the 12 emotional traits and emotions included:

1. Courage;
2. Selfishness;
3. Narcissism;
4. Frustration;
5. Embarrassment;
6. Shame;
7. Anxiety;
8. Fear;
9. Dominance;
10. Ambition;
11. Loneliness;
12. Arrogance.

For each question, respondents could select up to three answer options.

4. Data Analysis

The 12 emotional elements included as response options, which shared a fundamental similarity in meaning or expression, were grouped into six categories to facilitate data analysis.

1. *Area of suffering: frustration and loneliness.* This category includes emotions that, in different ways and to varying degrees, reflect different levels of negative emotional intensity. Frustration is the emotional state that arises when, despite one's best efforts, one is unable to achieve a goal, fulfil a desire, or express one's feelings. It is a natural response to external obstacles (such as illness) or internal

ones (such as insecurity). Loneliness, understood as both a feeling and a human condition, can be linked to loss, rejection, or isolation. At the same time, loneliness can represent the serenity of being at one with oneself. Loneliness has been included in the area of suffering because it is understood exclusively in its sense as an emotional dimension linked to loss and isolation.

2. *Area of inadequacy: embarrassment and shame.* The realm of inadequacy encompasses embarrassment and shame. It is the realm associated with “not feeling good enough.” This realm includes both embarrassment and shame, which are both social emotions. Embarrassment and shame are two very similar emotions, but they manifest with different intensities. While embarrassment is temporary and closely linked to specific events, shame is more intense and enduring. Embarrassment disrupts the flow of thoughts and speech. It is interpreted as a process that arises following the violation of a rule or social norm in the presence of others. Shame, from the Latin *verecundia*, derived from the verb *vereri* (to fear, to respect, to have reverential fear), indicates a state of discomfort arising from the fear of others’ judgment (Turnaturi, 2012). Shame is a sense of unworthiness that drives one to hide because one cannot meet others’ expectations.

3. *Area of fear: anxiety and fear.* The possibility of a painful or harmful event occurring can trigger anxiety and fear. While anxiety is an emotion that, in the face of danger or risk, paralyses or can trigger defence mechanisms, fear causes a reaction that can determine the individual’s survival. While anxiety lacks an object and can be long-lasting, fear almost always has an object and is transient. The central aspect of anxiety is the undefined threat and the resulting uncertainty and anticipation. Fear is an alarm system. Fear makes the body an incessant, unpleasant presence and overwhelms the individual with awareness of their own vulnerability. Fear has a primal nature because it manifests when our physical or social existence is in danger.

4. *Performance area: courage and ambition.* The principle of performance is based on a perpetually competitive self that drives it to work continuously toward predetermined goals (Marcuse, 1964, 1987). The realm of performance encompasses those emotional elements that drive the individual to action (Hoksivk, 2020). Courage implies difficulty and presupposes a choice aimed at achieving a goal. Courage is a centrifugal force that enables one to move forward. The moment of courage is a reaction to fear; it is an achievement and coincides with the transition to action. Ambition is the strong and determined desire to achieve an important goal. It is the inner drive that leads a person to improve, grow, and overcome their own limits. This ambition translates into a desire for achievement, growth, and improvement.

5. *Area of Power: Arrogance and Domination.* This area characterises the performance-oriented society because, unlike the performance area, it aims not

only to achieve a goal but also to exert total control over the situation, anticipating unforeseen events. It encompasses arrogance and emotional dominance. Arrogance is an excess of self-confidence. Arrogance has its roots in the deepest core of human nature, which is always striving to seek and assert its identity (Galimberti, 2015). In extreme cases, arrogance can lead to megalomania. Arrogance and the thirst for control transform the subject into an individual who can and believes they can do anything. The subject's will and actions seem to rest on an excess of self-confidence. These are emotional elements that drive a desire for domination and total control over the unexpected, suffering, and limitations.

6. *The Self: Selfishness and Narcissism*. The pressure to self-love (Illouz, 2008) that characterises today's society drives individuals to emulate others and to seek material possessions. Selfishness leads individuals to prioritise their own needs, desires, and interests over those of others, often without regard for the consequences. This attitude of self-love can transform into a passion for the self, into vanity, or into a craving for approval. Selfishness translates into narcissism, with a social invasion of the self (Lasch, 2018). Narcissism is living for the present, not for predecessors or posterity, but for oneself.

These emotional domains serve as a framework for analysis, highlighting different aspects of individual feelings and behaviour. Clearly, this division serves a purely methodological purpose, since the emotions, feelings, and emotional characteristics under consideration are interrelated and cannot be treated as isolated entities.

The collected data were analysed in relation to certain independent variables, represented as follows within the sample:

- Gender: 49.5% men, 50.1% women;
- Age: 25–30 years (5.3%), 31–40 years (16.7%), 41–50 years (27.6%), 51–60 years (27.3%), and 61 years and older (23.2%);
- Parenting experience: presence of children in the family (62.5%), no children in the family (37.5%).

To streamline the presentation of the results, only the most significant percentages will be reported, including those relevant to correlations (Ratner, 2009).

IBM SPSS Statistics, version 30, was used for data analysis.

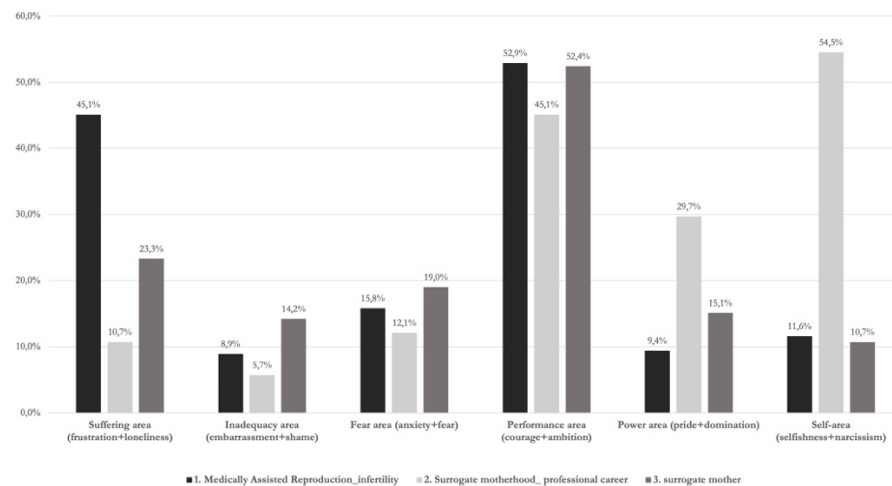
5. Results

When we compare the emotional areas, the following picture emerges (Figure 1)

Thárros and Hýbris: the Different Faces of Motherhood in Assisted Reproduction

Debora Viviani

Fig. 1 – The emotional areas / three questions



The data show that, in the public imaginary, a woman who uses assisted reproductive technologies experiences emotions or emotional drives that, in all three cases, fall within the “achievement” category (which includes courage and ambition). In fact, the data reveal the following percentages for each of the three questions:

1. Think of a woman who, due to health issues, cannot have children because she is infertile and turns to medically assisted reproduction techniques. In your opinion, how does she feel?: 52,9% (Medically Assisted Reproduction_infertility);
2. Think of a woman who, due to professional commitments, does not want to have children so as not to interrupt her career and turns to a surrogate mother. In your opinion, how does she feel?: 45,1% (Surrogate Motherhood_Professional Career);
3. A surrogate mother who decides to make her body available to bear a child for a couple who cannot have children - how do you think she feels?: 52,4 % (Surrogate Mother).

In addition to the clinical aspect, the data show that, in the social imaginary, an infertile woman who turns to ART and a surrogate mother experiences the same emotions. Both, in fact, find themselves in a state of emotional distress (frustration and loneliness) and fear (anxiety and dread).

45.1% believe that the emotional experience of a mother who turns to ART because she is infertile falls within the realm of suffering, while 15.8% believe it falls within the realm of fear.

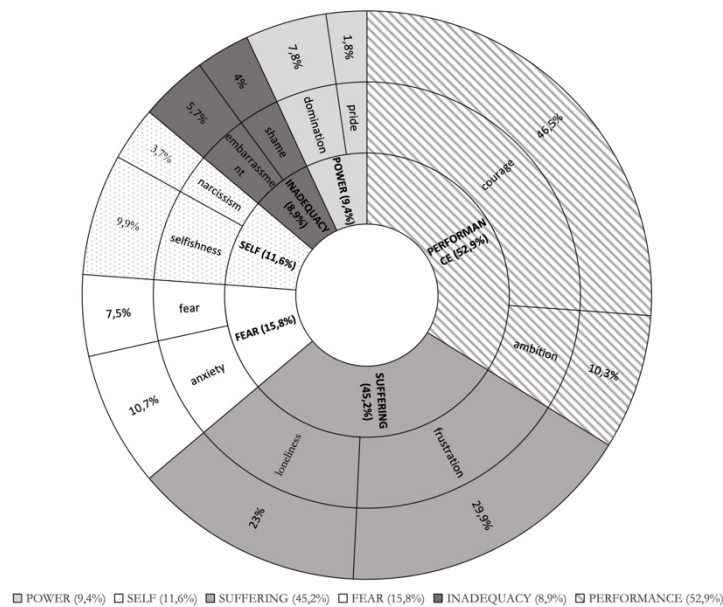
About the emotions experienced by the surrogate mother, 23.3% of respondents believe that she is driven by emotions related to suffering, while 19% believe they are related to fear.

In addition to emotional drives falling within the realm of performance, the study participants attribute emotions and emotional characteristics related to the self (selfishness and narcissism) (54.5%) and to the realm of power (domination and arrogance) (29.7%) to a woman who turns to surrogacy to avoid interrupting her professional career.

Let us now analyse in detail the data collected for each question in the questionnaire.

a. Think of a woman who, due to health issues, cannot have children because she is infertile and turns to medically assisted reproduction techniques. In your opinion, how does she feel?

The data collected show this distribution in the responses (Figure 2).



Performance Area: 52,9% (courage 46,5%; ambition 10,3%);
Area of suffering: 45,2% (frustration 29,9%; loneliness 23%);
Area of fear: 15,8% (anxiety 10,7%; fear 7,5%);
The Self: 11,6% (selfishness 9,9%, narcissism 3,7%);
Area of inadequacy: 8,9% (embarrassment 5,7%, shame 4%);
Area of power: 9,4% (domination 7,8%, arrogance 1,8%).

The “performance” category (52.9%) is chosen by younger respondents (aged 25–30)², women (55.8%), and those with children (52.3%). When it comes to the emotions included in the performance category (courage 46.5% and ambition 10.3%), 51.1% of women, 68.1% of those aged 25–30³, and 46.4% of those without children choose courage.

Within the category of suffering (45.2%)—which includes frustration (29.9%) and loneliness (23%) - while men tend to cite loneliness (23.8%), women cite frustration (30.3%). The area of suffering is most frequently cited by older adults (61 years and older) (51.5%), who primarily cite loneliness (31.1%)⁴. Frustration is cited by those aged 31–40 (31.8%), while younger adults (25–30 years) choose loneliness (21.3%).

As for the category of fear (15.8%) (anxiety 10.7% and fear 7.5%), 9.4% of women chose fear, and 12.1% chose anxiety. This emotional dimension is also indicated by those without children (17.7%): 8.4% of those without children chose fear, and 12% chose anxiety. In terms of age, the fear category is most common among younger people: those aged 25–30 (23.4%) and 31–40 (20.3%).

Within the “self” category (13.6%) (selfishness 9.9% and narcissism 3.7%), selfishness is chosen primarily by men (10.4%).

The “inadequacy” category shows lower percentages (9.7%): embarrassment 5.7% and shame 4%. By gender, this category is most frequently cited by men (11.1%) and by those without children (10.8%). These findings are also confirmed by analysing the percentages of those who selected shame (men 5% and those without children 4.5%) and embarrassment (men 7.2% and those without children 6.9%) within this dimension.

Men (14.7%) are more likely than women (10.1%) to choose emotional drives related to power (9.6%), specifically dominance (7.8%) and arrogance (1.8%). Specifically, 2.7% of those without children choose arrogance. 9.5% of men indicate emotional dominance and control.

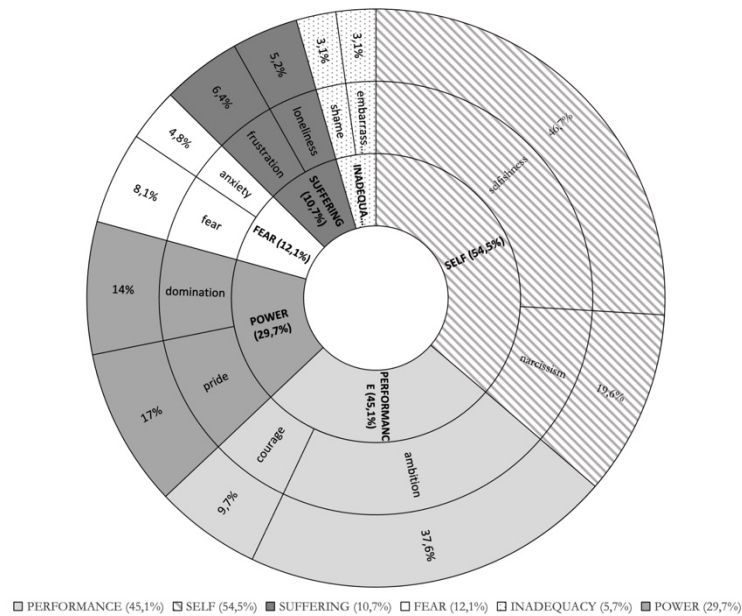
² 0,05 < p < 0,01.

³ 0,05 < p < 0,01.

⁴ 0,05 < p < 0,01.

b. Think of a woman who, due to professional commitments, does not want to have children so as not to interrupt her career and turns to a surrogate mother. In your opinion, how does she feel?

The response rates of the respondents are shown in Figure 3.



The Self: 54,5% (selfishness 46,7%, narcissism 19,6%);
 Performance Area: 45,1% (ambition 37,6%; courage 9,7%);
 Area of power: 29,7% (arrogance 17%; domination 14%);
 Area of fear: 12,1% (fear 8,1%, anxiety 4,8%);
 Area of suffering: 10,7% (frustration 6,4%, loneliness 5,2%);
 Area of inadequacy: 5,7% (embarrassment 3,1%, shame 3,1%).

More than half of the respondents (54.5%) cited emotional drives related to the self (selfishness: 46.7%; narcissism: 19.6%). 55% of men, 60.9% of respondents aged 51–60⁵, and 48.2% of those without children cited emotional drives that characterise this dimension. When analysing the data specifically

⁵ $p > 0,001$.

regarding the emotions that make up this area, 51.9% of those aged 51–60 and 60.7% of those aged 61 and older chose selfishness.

When it comes to narcissism, men believe that a woman who uses surrogacy for professional reasons is driven by narcissism (20.4%). This sentiment is also shared by those aged 31–40 (27%) and by those without children (20.1%).

When analysing the components of the achievement category (45.1%)—ambition (37.6%) and courage (9.7%)—39.2% of women choose ambition, and 11.7% choose courage. Among those without children, 14.4% choose courage.

Specifically regarding the dimension of power (29.7%) (arrogance 17% and dominance 14%), men believe that a woman who uses GPA for professional reasons is driven by arrogance (17.6%). In contrast, the women interviewed highlight dominance as a component (17.3%)⁶. Here too, the experience of parenthood creates differences in the respondents' positions. 15.9% of those without children cite dominance, while 17.6% of those with children cite arrogance.

The fear category (12.1%) (fear 8.1% and anxiety 4.8%) is chosen more by men (13.8%) than by women. 5.9% of men cite anxiety, and 8.8% cite fear. Regarding the experience of parenthood, those without children (13.8%) report emotions in the fear category. Specifically, 6.3% cite anxiety and 8.7% cite fear.

The category of suffering (10.7%) (frustration 6.4% and loneliness 5.2%) is more prevalent among men's choices (13.1%), who cite frustration (8.4%) and loneliness (23.8%). Regarding the choice of individual emotions and the experience of parenthood, those without children most frequently report frustration (11.4%), while those with children most frequently report loneliness (23.9%).

It is primarily women (6.5%) who choose the emotional category of inadequacy (5.7%) (embarrassment 3.1% and shame 3.1%).

⁶ $0,05 < p < 0,01$.

c. *A surrogate mother who decides to make her body available to bear a child for a couple who cannot have children—how do you think she feels?*

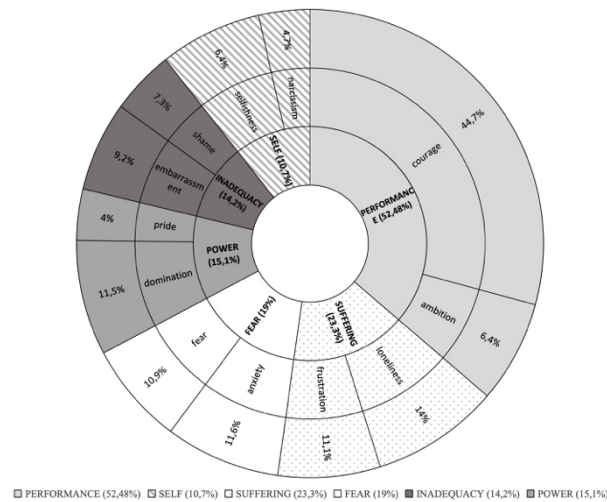


Figure 4 shows the percentages of the emotional experiences a surrogate mother feels when she conceives a child for an intended couple, according to the respondents:

- Performance Area: 52,4% (courage 44,7%, ambition 10,1%);
- Area of suffering: 23,3% (loneliness 14%, frustration 11,1%);
- Area of fear: 19% (anxiety 11,6%, fear 10,9%);
- Area of power: 15,1% (domination 11,5%, arrogance 4%);
- Area of inadequacy: 14,2% (embarrassment 9,2%, shame 7,3%);
- The Self: 10,7% (selfishness 6,4%; narcissism 4,7%).

The “achievement” category (52.4%) (courage 44.7%, ambition 10.1%) is chosen primarily by women (57.4%), younger people (ages 25–30) (68.1%), and those without children (53.9%). Specifically regarding the emotional components that make up this area, 49.6% of women choose courage⁷. Regarding parenting experience, 49.1% of those who have not experienced parenthood choose courage, while 11.3% of those with children choose ambition.

⁷ 0,05 < p < 0,01.

While the “suffering” category (23.3%) - comprising loneliness (14%) and frustration (11.1%) - is chosen more often by those with children (24.5%), an analysis of the individual emotional components reveals that those without children most frequently select loneliness (14.7%). In contrast, those with children indicate frustration (12.4%). Furthermore, men are the ones who most frequently select this area (23.8%), as well as its emotional dimensions: loneliness (14.7%) and frustration (11.8%).

The data regarding the fear domain (19%) (anxiety 11.6%, fear 10.9%) show that it is primarily those without children who report this dimension (20.1%) and its emotional components: anxiety (14.1%) and fear (13.2%). Furthermore, women also indicate fear (12.6%) and anxiety (11.9%).

Regarding the area of power (15.1%) (dominance 11.5%, arrogance 4%), the data reveal a correlation with gender⁸. Specifically, 16.1% of men report emotional components in this area. Looking at the specific data, 11.8% of men indicate dominance⁹, and 4.8% indicate arrogance. 4% of those without children report feeling arrogant.

When analysing the data on the “inadequacy” category (14.2%), specifically embarrassment (9.2%) and shame (7.3%), it becomes clear that this dimension is also linked to gender. Specifically, 18.1% of men identify with this emotional area, specifically: embarrassment (13.1%)¹⁰ and shame (8.1%). At the same time, embarrassment is most commonly reported by those with children (10.4%), while 15.3% of those who have experienced parenthood report feeling shame.

Regarding the self-dimension (10.7%) (selfishness 6.4%; narcissism 4.7%), in relation to gender, 7% of men indicate selfishness and 5.4% indicate narcissism. Furthermore, narcissism is indicated primarily by those without children (6.3%).

6. Discussion

Reproductive technologies serve as a useful tool for achieving a personal goal; they address a limitation or help overcome an obstacle in a woman’s life (Di Nicola, 2021), whether in the realm of health or life choices. In this sense, technology is recognised as capable of transforming human nature (Habermas, 2003; Hoksivk, 2020; Teman, 2001, 2003; Viviani, 2021, 2025).

⁸ $p > 0,001$.

⁹ $p > 0,001$.

¹⁰ $p > 0,001$.

The data highlight that the approach to reproductive technologies involves, regardless of the woman's circumstances, drives and emotional experiences that, in the social imaginary, fall within the realm of performance (Marcuse, 1964, 1987). In the social imaginary, regardless of motivations, a woman's choice to turn to reproductive technologies confirms the neoliberal intent to work on one's own body, considered central to the process of constructing one's identity (Söderström-Anttila, 2016). The technology becomes the environment in which this woman can work to fulfil her desires, overcome her limitations, or enhance her nature. Conceiving a child for oneself or for others (Bos & van Balen, 2010), even in accordance with one's professional needs, are choices that, in the collective imaginary, places the self, one's ambition, and the courage to attempt to achieve one's goals at the centre, going beyond one's natural condition (Teman, 2003, 2011).

From an emotional standpoint, however, this is not the only way to interpret the situation.

Social perceptions, in fact, acknowledge an emotional complexity underlying these choices that warrants exploration. Indeed, in addition to the drive for personal fulfilment, the various reasons a woman turns to these techniques reveal different emotional scenarios.

First of all, a woman experiencing infertility or a surrogate mother who decides to offer her body to help a couple conceive a child are images of women acting out of courage. Courage can be interpreted as a reaction to fear. Courage is activated to overcome a difficult situation and drives one to action. In fact, especially in the female imaginary, the infertile woman experiences frustration, a condition she courageously seeks to overcome through Medically Assisted Reproduction.

In the social imaginary, the surrogate mother, too, makes a choice driven by courage, yet at its core lies a condition of loneliness. Viewing loneliness as an emotional state in which meaningful relationships and emotional bonds are absent may be the key to understanding the surrogate mother's decision to conceive a child, only to then entrust it to an intended couple and not be involved in its upbringing.

In general, social perceptions differ by gender.

Women believe that a woman who turns to assisted reproductive technologies is courageous, that she feels fear and anxiety about the choices she must face, but that a sense of inadequacy and frustration drives her. The female perspective opens up reflection on the context in which a woman lives. Frustration, embarrassment, and shame are emotions and states of mind that have a social and relational origin, and are therefore also linked to social expectations that, evidently, hold significance for women.

Men, on the other hand, perceive in women who, for various reasons, choose assisted reproductive technologies to conceive a child, emotional motivations related to the self and to control over their own bodies and nature. In the male imaginary, a woman's choice to conceive - beyond her natural condition (infertility or surrogacy) or beyond the limits of her life circumstances (professional situation) - is dictated by her own ego. In the male imaginary, a woman is driven by the desire to transcend her circumstances and achieve her goals, regardless of everything else.

To achieve her performance goal, in the male imaginary, this woman is driven by an attitude that not only places the self at the centre but also pays no attention to the other individuals involved in the process. Interpreting this condition through the lens of selfishness means assuming that a woman who makes this choice does so primarily to fulfil her own desires, regardless of the possible consequences for others.

6. Conclusions

In an attempt at extreme conciseness, two key elements emerge from the data analysis.

First, the male and female perceptions associated with assisted reproductive technologies differ in terms of the emotions considered and acknowledged. Men and women attribute different emotions to mothers who, for various reasons, become mothers.

The female perspective interprets and understands a woman's decision to pursue assisted reproductive technologies as the result of a mechanism rooted in the social context. The emotional motivations attributed to these women are, in fact, relational. Specifically, frustration and shame are emotions that arise and are defined through relationships with others and the social norms of the context. If shame is the relational emotion *par excellence* (Turnaturi, 2012)—because it arises from the fear and awareness of being judged by others for our failures—frustration arises from the gap between what we want and what reality allows us to achieve, in a dynamic of constant comparison.

Conversely, in the male imagination, women who turn to assisted reproductive technologies are driven by the self. According to men, the focal point that emotionally drives these women is the personal sphere. In fact, men attribute to these women emotions centred on fulfilling their own desires and/or goals. Courage and ambition, among the primary emotions recognised by men, stem from a self-assessment of one's abilities and are focused on personal growth. In the male imagination, conceiving a child is therefore always

and in every case a woman's choice, viewed through the lens of personal fulfilment.

Secondly, the male imagination attributes to these women emotional drives that evoke power and control. These emotional drives alter their self-perception, transforming effectiveness and the achievement of personal goals into a sense of absolute superiority. The image of a woman emerges in which narcissism and arrogance take the ego to the extreme. In the social imaginary, the idea emerges of a woman who decides, according to her own needs, when to give life and when to conceive, a scenario that transforms her into an all-powerful superego.

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