



## Two little hearts on my wrist: Dialogues on tattooing, infertility, and potentially good mothers

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### ABSTRACT

In this article I explore the role of tattooing practices in how women with experience of infertility navigate the pronatalist 'motherhood mandate' which dictates their value in relation to successful childbearing. I present an analytic autoethnography which places my own experiences of tattooing after infertility and pregnancy loss in dialogue with those of seven other women with whom I conducted interviews. I show that tattooing practices after infertility, for women positioned as 'potentially good mothers', represent a desire to claim feelings of control and catharsis after a period of uncertainty and trauma. Yet at the same time, the desire for control often stems from feelings of failure, and moments of catharsis are enacted within a framework of 'good femininity' linked to caring and, in particular, mothering. Drawing on these findings, I argue that tattooing after infertility is 'double-deviance', simultaneously subverting and reinforcing pronatalist norms of femininity.

### Introduction

On an unusually humid Friday morning in early September 2021, I went to a local tattoo parlour and had two little hearts tattooed on my inner wrist. I confided in the tattoo artist that I had one other tattoo, the result of a spur-of-the-moment decision nearly twenty years previously. 'Why have you decided to do this now?' she asked. I paused. 'It's for my children'. The truth, however, was far more complicated. This tattoo represented not only my two adopted children but also my three-year struggle with infertility and pregnancy loss.

In this article I explore these experiences through an analytic autoethnography, placing my own story in dialogue with those of seven other women with whom I conducted interviews. In doing so, I bring together the literature on tattooing and trauma (Jeffreys, 2000; Pitts, 1998, 2003) with that on the autoethnographic study of infertility (Chester, 2003; Lahman, 2021; Willer, 2021) and tattooing and motherhood (Dann & Callaghan, 2019). I aim specifically to explore the ways in which women who have experienced infertility, through tattooing practices, navigate the so-called 'motherhood mandate' (Gotlib, 2016), a set of pronatalist norms which dictate their value in relation to childbearing and construct gestational motherhood as the norm (Greil, McQuillan, & Slauson-Blevins, 2011; Lowe, 2016; Petropanagos, 2017).

In the article I show that tattooing practices after<sup>1</sup> infertility represent a desire to claim feelings of control and catharsis after a period of uncertainty and trauma. Yet at the same time, the desire for control can stem from feelings of failure, and the desire for catharsis is enacted within a framework of 'good femininity'. Drawing on these findings, I argue that tattooing after infertility is 'double-deviance', simultaneously subverting and reinforcing pronatalist norms of femininity.

After first defining infertility as a socially constructed diagnosis related to pronatalist norms, and discussing it in relation to the existing literature in this field and with regards to relevant studies of tattooing, I then detail my analytic autoethnographic research design and the methods involved in the study. I then present the findings of my research before offering a discussion of its contribution to the literature as well as its limitations, and some concluding remarks.

### Infertility and the potentially good mother

As a medical diagnosis, infertility is defined as an inability to conceive after one year of regular unprotected sex (Greil et al., 2011). Yet while this medical model of infertility has a near hegemonic hold in western, affluent countries like the UK, with access to assisted reproductive technologies such as in-vitro fertilisation (IVF) growing

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<sup>1</sup> The idea of there being a period 'after infertility' is subjective. For example, a woman may fit the medical definition of infertility and may indeed continue to identify herself as an 'infertile woman' all her life. Noting this, my use of 'after' in the present context is short-hand for the period following a difficult or unsuccessful attempt to have a baby – a time within which a woman has experienced her infertility as a particularly acute problem.

exponentially in recent decades (Faddy, Godsen, & Godsen, 2018), infertility is a socially constructed condition. People without children may be voluntarily childfree, in which case they do not view their lack of children as a problem, or involuntarily childless, in which case they may come to view this as a problem and seek medical intervention (see also Gotlib, 2016). As such, infertility can be understood as '...a socially constructed process whereby individuals come to view their inability to have children as a problem, to define the nature of that problem, and to construct an appropriate course of action' (Greil et al., 2011: 737).

While some people remain largely ambivalent about their childless status (Letherby, 2002; Lowe, 2016), for many the experience of infertility can be devastating (Mounce, Allan, & Carey, 2022; Wirtberg, Moller, Hogstrom, Tronstad, & Lalos, 2007). The effects are often particularly pronounced for women, who may experience poor mental health including anxiety and depression as a result (Hoyle, Davisson, & Novice, 2022; Thompson, 2002). A critical reason for this is that women's experiences of infertility are contextualised within 'pronatalist' norms of gestational motherhood. Pronatalism can be defined as a 'social bias in favour of motherhood' which defines women in relation to their ability to reproduce and constructs gestational motherhood as 'symbolic of normalcy and womanhood' (Petropanagos, 2017: 124; see also Wells & Heinsch, 2020). This means that, regardless of the cause of infertility, it tends to be the woman's body that is 'subjected to the medical gaze' (Greil, 2002: 101).

In affluent, liberal, western countries motherhood has become more of a choice for many than in countries where infertility is socially unacceptable and can result in exclusion and abandonment (Benjymini, Gozlan, & Weissman, 2017; Roberts, Renati, Solomon, & Montgomery, 2020). However, while women may experience less stigma in countries where childfree status is becoming more acceptable, it does still remain the case that motherhood is viewed as a woman's primary social role across North America and Europe, the context for the research presented in this article (Letherby, 2002; Parry, 2005). Women in such contexts continue to experience significant stigma and exclusion as a result (Turnbull, Graham, & Taket, 2016). Here culturally embedded pronatalist norms dictate that "...a woman's social worth is inextricably linked to her ability to 'achieve' biological motherhood" (Parry, 2005: 337).

These norms are stratified in relation to identity issues such as race, class, gender and age. While White, cis, heterosexual, middle class women in their late 20s and 30s are viewed as 'potentially good mothers' and therefore experience significant pressure to bear children, working class women of colour, and in particular teenagers, experience pressure to control their fertility due to assumptions that they are sexually irresponsible (Lowe, 2016; see also Gotlib, 2016; Greil et al., 2011; Stabile, 2016). It is within this context of stratified pronatalist norms that women navigate experiences of infertility, and where for those '...positioned as potentially good mothers, non-conception can be seen as a potentially discrediting identity' (Lowe, 2016: 80; see also Wells & Heinsch, 2020).

## Infertility and tattooing

Attitudes towards tattoos in western countries have shifted considerably over time, from an involuntary marker of state ownership to a popular cultural practice, from a marker of perceived deviance to a mainstream market commodity (Lane, 2014; see also Craighead, 2011), and from being denounced as a practice of 'primitive' racialised groups to being embraced by the White middle classes and celebrity culture (Hill, 2020; Kosut, 2020). It was a 'tattoo renaissance' in the 1970s which fundamentally shifted tattooing into a 'respectable' art form, often undertaken by highly trained artists for a middle class clientele attempting to redefine the practice beyond its associations with gang culture and the working class (DeMello, 2000; Lane, 2014).

While for many tattooing has been 'co-opted by consumerism and fetishised by fashion' through this evolution into the mainstream (Leader, 2015: 442; see also Woodstock, 2011), being tattooed is also

recognised as a means through which individuals navigate and make meaning from traumatic experiences (Crompton, Plotkin Amrami, Tsur, & Solomon, 2021). Psychological studies initially associated tattooing with poor mental health, but it is now recognised that tattoos are themselves mechanisms for coping with ill health and trauma (Hill, 2020). Here tattoos are understood as a means of reclaiming the body to aid in self-healing (Wohlrab, Stahl, & Kappeler, 2007) – particularly for women (Atkinson, 2002; Pitts, 1998). Tattoos may provide the individual with the opportunity to 'incorporate' loss, while enabling a feeling of empowerment (Sarnecki, 2001: 26), with suffering shifted into a new narrative rooted in a regained sense of ownership of the body (Crompton et al., 2021).

Although tattooing has entered mainstream culture, tattooed women continue to be viewed as deviant – in contrast to tattooed men – because tattoos are not associated with codes of good femininity (Dann & Callaghan, 2019; Hill, 2020). Tattooing can be a form of resistance and a means of politicising the body in order to challenge these dominant ideas of femininity (Atkinson, 2002; Pitts, 2003), but it can also re-assert traditional notions of good femininity. For example, women may choose images traditionally associated with femininity such as flowers and hearts, or personal images of caregiving including those related to motherhood. The inclusion of such images means that women's tattooed bodies are more likely to be viewed as acceptable (Bell, 2004; Dann & Callaghan, 2019).

Practices of tattooing among women who have experienced infertility have not been studied extensively. Yet tattoos are recognised as playing a part in many traumatic life events and grieving processes (Buckle & Corbin Dwyer, 2021; Crompton et al., 2021) – including pregnancy loss (Letherby & Davidson, 2015; McNiven, 2016) – and they are increasingly recognised as a 'conceptual latchkey' through which to unlock the relationship between body, identity and society (Bell, 2004). In the remainder of this article I use tattooing after infertility as a conceptual latchkey through which to explore how women affected by infertility navigate pronatalist norms associated with the 'potentially good mother'.

## Analytic autoethnographic research

Autoethnography is '...an approach to research and writing that seeks to describe and systematically analyse personal experience in order to understand cultural experience' (Ellis, Adams, & Bochner, 2011: 271). It developed out of the increasingly reflexive character of ethnographic research, alongside an affective turn in the social sciences which placed more attention on emotion in social research, and alongside critiques of the notion that research findings could be generalisable beyond subjective experience (Anderson, 2006). The approach involves conducting research which is grounded in the personal experience of the researcher, and is thus guided by self-reflection and openness concerning the researcher's positionality vis-à-vis the research topic (Stephens-Griffin & Griffin, 2019; see also Ellis et al., 2011). Autoethnographic accounts of infertility have proliferated in recent years, as a means of accessing the subjective experience of a highly intimate subject matter (Carroll, 2013; Chaudhary, 2019; Chester, 2003; Johnson, 2016; Lahman, 2021; Smith-Tran, 2018; Willer, 2021).

Autoethnography '...involves the back-and-forth movement between experiencing and examining the vulnerable self and observing and revealing the broad context of that experience' (Ellis, 2007: 14). The methods through which this back-and-forth is developed have in the literature been divided between two approaches: evocative and analytic. Evocative autoethnography, on the one hand, is centred solely on the researcher's personal narrative, and involves writing rich descriptive texts – often in the form of stories or other creative narrative devices – about these experiences in order to gain greater understanding of the subjective experience of a given phenomenon (Bochner & Ellis, 2016). Analytic autoethnography, on the other hand, places the personal reflections of the researcher in dialogue with other data such as literature,

interviews and/or artifacts. It involves '...self-conscious introspection guided by a desire to better understand both self and others through examining one's actions and perceptions in reference to and dialogue with others' (Anderson, 2006: 382).

My autoethnographic approach was analytic in character. It combined the development of an autoethnographic account with interview data, in order to develop an approach which could advance understanding of the tattooing practices of women with experience of infertility beyond my own story. My approach involved reflexive journaling concerning my experiences of infertility and tattooing in order to develop an autoethnographic narrative. This journaling practice was informed by my memories of these experiences (see also Wall, 2008 on 'headnotes' as a data source), alongside images of tattoos shared with me, and dyadic interviews. Dyadic interviewing embraces the interdependent character of researcher and participant in the interview process, with the aim of developing 'interactively produced meanings' (Ellis et al., 2011: 278), and thus was well-suited to facilitating autoethnographic reflexivity by placing the experiences of the participants in dialogue with my own. The interviews also offered the opportunity to place the experiences of participants in dialogue with one another, as I was able to raise points from other interviews conducted up to the point of the interview in question, with moments of resonance and discord also then informing my analysis.

The autoethnographic character of my research placed me as an insider in the dyadic interviewing data collection – meaning I am a part of the community that I was studying as a woman who has experienced tattooing after infertility and pregnancy loss. This insider status impacted on the power dynamics of the interviews (see also Wilkinson & Kitzinger, 2013). For example, I was clear with all of the participants from the start that I had personal experience of the subject matter and this is likely to have impacted on their willingness to talk about their experiences (see also Dwyer & Buckle, 2009). It also meant that the interviews took on a more conversational style than I have experienced in other qualitative projects where I have not been an insider, because of our shared personal knowledge of the subject matter (see also Cooper & Rogers, 2015). My insider status will also have shaped my analysis of the data, because my own experience will have affected how I have understood the women's narratives. That being said, I make no claims here to objectivity, as the purpose of this research was explicitly to place my own situated experience in dialogue with that of others. I hope that through my reflexive practice of autoethnographic journaling, I have been able to engage in the ongoing back-and-forth between my roles as participant and researcher in this project.

As a result of this need for a back-and-forth between interviews and autoethnographic journaling, the timeline of my research was not particularly linear. I wanted the interviews to be a part of the autoethnographic process, and as such they did not precede, or follow neatly on from, the preparation of my autoethnographic account. Rather, they were interweaved through the autoethnographic process over a period of six months. I found participants for the interviews via social media. I advertised the opportunity to participate in the research on Instagram and Twitter,<sup>2</sup> using hashtags #infertility, #pregnancyloss and #tattoo, but also included #adoption on the basis that many people who struggle with infertility go on to adopt their children and so this was a potential route through which to reach them. Through this approach I conducted interviews with seven women, all of whom lived in the UK. Based on my understanding of infertility as socially constructed I did not adopt medical criteria for inclusion in the study. Rather, the women self-selected. While the majority of women in the study had experienced infertility, I did also interview two women who had experienced pregnancy loss. I chose to include these women because I, like many women diagnosed with infertility, had experienced it in conjunction with

<sup>2</sup> I advertised the research publicly on social media, rather than specifically to family and friends.

pregnancy loss, and as my autoethnographic research progressed I was keen to examine this element of my account through dialogue with others in isolation from wider discussions on infertility. As such, the women in my study had experienced various forms of infertility and/or pregnancy loss, and had at least one tattoo since these experiences.

Details about the women's experiences are set out in Table 1. As previously noted, mainly women with certain characteristics are targeted by pronatalist messaging. As a White, cis, heterosexual, middle-class woman in my late 30s I hold these characteristics and I sought to speak to women similarly positioned. All of the women in the study were White, cis, heterosexual, of a comfortable level of affluence, and had experienced infertility in their late 20s and 30s. I have not included biographical information specific to each participant because later in the article I will describe their tattoos and providing biographical information could compromise their anonymity. The interviews lasted between 40 min and 1 h, and were conducted online via Zoom. The timing of the research project during the COVID-19 pandemic meant that online interviewing offered a safer option for both researcher and participants, all of whom had become confident in the use of this technology as a result of these circumstances.

The interviews were largely unstructured. I encouraged participants to tell me about their tattoos and allowed them to take the lead in the conversations. I brought in my own experience where it offered useful points of comparison and contrast. This meant that I was able to bring autoethnographic exploration to the interviews, and I made notes in my journal following each interview. Transcripts of the interviews were analysed firstly as an individual story, and then thematically as a complete dataset. This enabled me to interrogate in more detail each of the interviews, reflecting on each story in relation to the personal narrative that I was constructing through my autoethnographic journal, before also drawing out themes cutting across the interviews as a whole for further reflection.

The research project received a favourable ethical opinion from Aston University College of Business and Social Sciences Research Ethics Committee. Informed consent was central to the project, and all participants were provided with an information sheet and consent form, which they were asked to sign prior to their interview. The data was transcribed and stored anonymously, and all names referred to in this article are pseudonyms. Given the sensitive nature of the research, participants were provided with follow-up information about relevant support organisations.<sup>3</sup> In addition, I considered the potential for harm

**Table 1**  
Participant profiles.

Pseudonym	Infertility/pregnancy loss experience	Motherhood route
Megan	Infertility without medical intervention Multiple first trimester miscarriages	Birth
Michelle	Infertility involving IVF Multiple first trimester miscarriages	Birth
Hannah	Infertility without medical intervention	Birth
Laura	Infertility involving IVF Multiple first trimester miscarriages	Adoption
Rachel	Second trimester miscarriage	Birth
Jenny	Infertility involving IVF	Adoption
Emma	Multiple first trimester miscarriages First trimester miscarriage	Birth

<sup>3</sup> The information sheet provided to the participants made it clear that they could pause or stop the interview at any time, and this was made clear verbally at the beginning of the interview as well. The information sheet also encouraged the participants to discuss their experiences of the interview with a trusted friend or family member, in case they found the process distressing. A follow-up support sheet, shared by email after the interview, contained contact details for organisations focused on infertility and those providing mental health support.

to come to myself in the course of the autoethnographic research (see also Stephens-Griffin & Griffin, 2019), and ensured that I had an appropriate support network in place. I also took into account the potential for friends and family members to be identifiable in my autoethnographic account, and where relevant asked them to sign a consent form. This form acknowledged that they would be anonymous, but still may be identifiable through their relationship to me, in written publication. I allowed these individuals to read and respond to the draft article prior to submitting it for publication (see also Ellis, 2007; Ellis et al., 2011; Wall, 2008).

## Two little hearts on my wrist

In June 2015, I miscarried at 12 weeks into pregnancy following our first and only round of IVF treatment. This miscarriage was the culmination of a three-year struggle with infertility, and marked the moment that we decided to end our attempt to become biological parents. 18 months later we adopted a little boy and then a couple of years on, a little girl. It was in September 2021 that I had two little hearts tattooed on my inner wrist, symbolising my children.

An autoethnography of adoption, kinship and tattooing is beyond the scope of this article. Rather, my main focus here is on the ways in which the tattoo was deeply embedded in my experiences of infertility. How have I, and others in my study, navigated the intersection of infertility and pronatalist norms through tattooing? I tackle this question in the following four sub-sections, each relating to the major themes emerging from the data.

### Control

*It was something that I could control. I couldn't control the IVF, I couldn't control the pregnancies, but I could control that.*

(Michelle)

When I spoke with my participants about their decision-making regarding tattooing after infertility, it did not come as a surprise that most of them foregrounded a desire for control. For example, Laura's experience of infertility included multiple rounds of IVF treatment and multiple miscarriages. She had an angel tattooed on her back at the time of her fertility treatment, a heart to mark her lost pregnancies, and a jigsaw piece to symbolise her relationship with her subsequently adopted child. She explicitly linked her tattoos with her feelings of a loss of control over her body resulting from infertility, commenting:

I had no control over what I needed to do with my body. And because my body could not work in the way that people expected it to work, I wanted to kind of have something on my body where it was like, actually I was in control of what got put there.

Similarly, Jenny had experienced extensive infertility investigations and treatments including IVF and multiple miscarriages, culminating in becoming an adoptive mother. Her tattoo of a compass represents this 'journey', and a desire for control is also foregrounded in her understanding of the relationship of her tattoo to these experiences:

I can't control all of this, so yeah, I'll get a tattoo. There's definitely a big element of that. I can make these choices. This choice I can make about my own body, maybe I can't make the choices about getting pregnant naturally or IVF working, but yes, this is something I can do.

These narratives were not surprising to me because they echoed closely my own experience. I, too, was impacted deeply by my perceived inability to control my body, an emotional experience Hannah aptly described as 'rage' but which I would supplement with shame, which I will return to shortly, and also a feeling of dissociation from my body. Infertility and miscarriage created a disjuncture between my body and my 'self', because I could not balance my desire for gestational

motherhood with my body's inability to become pregnant, and I sought to remove myself from my body as the uncontrollable. I felt personal responsibility myself for my body, and experienced infertility therefore as a distancing of myself from my body. The process of being tattooed was one, then, of reconciliation between body and identity, and it is unsurprising therefore that I related my choice to be tattooed to my earlier experience in fertility – I was able to make this decision about my body.

The personal responsibility that I felt for my body meant that I experienced infertility and pregnancy loss through a prism of shame and self-blame. These feelings of personal failure can be understood with reference to the construction of the potentially good mother as personally responsible for her health, with the need to make the right behaviour and lifestyle choices in order to maximise the prospect of pregnancy (Krolokke & Pant, 2012; see also Greil, 1991; Layne, 2002; McNiven, 2016). Megan talked about how she had questioned 'is my body failing me?', but for me the failure of my body was experienced as a personal failure, despite my attempts to distance myself from my body. In my autoethnographic journal I noted "people talked about 'my body has failed', but for me it was I who had failed". Similarly Emma, who miscarried at 10 weeks and has a tattoo of a phoenix feather, described this link between the failure of the body and the failure of the self:

It brought up and confirmed all these feelings of my body doesn't work. As a woman the purpose of my body... wasn't functioning properly, and I couldn't grow this child properly. It was all very much me and my body and my fault.

In my own case, echoing my participants, tattooing was a means of navigating these feelings of self-blame by reclaiming a positive relationship with my body as something over which I am able to exert at least some forms of control.

### Ownership

*I felt like I could own what happen to me, on my own terms.*

(autoethnographic journal)

Tattooing offered me, in addition to the feeling of regained control, a means of claiming ownership over my body and its experiences after a period of time in which it had felt like I was not able to control what happened to it, in particularly intimate ways. I was able to represent on my skin not only my relationship with my children but also all that had come before them.

Central to the experience of trauma is not being seen or heard (Vander Kolk, 2015). Not being seen or heard was central to my experience of going through fertility treatment. Throughout, we were a number. We waited for official letters, for a few minutes with a doctor or nurse, to get pregnant, for the next appointment, for our names to be called. When I talked about tracking my ovulation I was dismissed by the consultant. We were flippantly told by one doctor that we would have a baby – we didn't. When I miscarried I sent a form to the clinic, as requested, telling them how long the pregnancy had lasted. No one responded. In my autoethnographic journal I recalled our first appointment at the clinic:

We waited a few months for that first appointment and, when it rolled around, we were very eager to go. We waited in the beige waiting room for 45 minutes past our appointment time. The nurse was apologetic when she eventually able to see us. She took my measurements and told me not to gain any weight.

The focus on my weight is indicative of the ways in which those feelings of personal failure and self-blame are built through interactions at the fertility clinic. However, focusing now on the waiting and uncertainty which was built into our experiences at the fertility clinic, I am struck by the strength of my desire to reclaim a sense of ownership over my body and what happened to it, and when. Laura echoed a similar sentiment in my interview with her:

People seem to forget the sensitive nature that they're dealing with. You're probably the 30th person that they've seen that day but it's your journey to being a parent. That seems to get lost.

Laura felt lonely and isolated during her fertility investigations and treatment, and was offered no mental health support. She described getting a tattoo of an angel at this time, 'just so that it felt like somebody was watching over me going through everything'. Many of the participants reported feeling stigma associated with infertility, and how this had been something that they had discussed with very few people, leading to a lack of a support network (see also Greil et al., 2011).

The memories and experiences that I have described so far in this sub-section can be related to the limitations of the medical model of infertility which shapes the provision of fertility treatment. Treating infertility as a solely medical diagnosis means that much of the trauma experienced by women, exacerbated by perceived stigma, is overlooked, and communication regarding issues affecting women beyond their medical profile is insufficient (see also Mounce et al., 2022).

That this all relates to the conduct of very intimate procedures is also important to note. Laura continued, for example:

I wanted control back of my body [by having a tattoo]. Because I think the journey through the NHS<sup>4</sup> on infertility, you do become that piece of meat that those medical professionals are just used to seeing coming through the door every day... they were like, 'okay, in you come, knickers off, legs up'. And you're like, oh God, that's horrifying for me.

Similarly Emma related a traumatic experience of not being prepared appropriately for a transvaginal ultrasound:

So we went back in the morning and then they did the scan and the doctors who did the scan, their bedside manner was just terrible. I was expecting it to be a scan through my stomach, so was really unnerved when actually I had to get undressed and she had to do it that way.

Emma said that, since this experience, she has avoided cervical smear tests because she 'wouldn't want people to come near' her, but she contrasted this with her experience of being tattooed, where she had not considered 'the pain or intimacy of that' because of the choice and control that she felt able to exert over the process. Similarly I sought out specifically a woman tattoo artist, and this decision was bound up in feelings of vulnerability resulting from intimate procedures involved in fertility treatment.

### Catharsis

*I think it was almost like a cathartic experience for me...*

(Laura)

Some of the interview participants discussed wanting to exact revenge against their body for its failings as part of the tattooing process. For example, Michelle struggled for a long time to become pregnant, undergoing multiple rounds of IVF and multiple miscarriages. She had a small butterfly tattooed on her inner wrist to symbolise her losses, and a bird tattooed on her hip which she linked to the idea of wanting to be free. Describing the decision to have the tattoos, she commented:

I think it was a bit... almost a bit of a rebellion against my body... it was almost like I sort of enjoyed putting my body through that bit of pain, a bit of a back-at-you thing... I think yeah, it was just a bit of getting back at my body.

Michelle's desire for revenge was by no means isolated in the interviews. However, it does present an interesting point of contrast with

my own feelings after miscarriage. It was soon after that we decided that we would not pursue any further IVF treatment. We both felt that we didn't want to do it anymore, and I would associate the feelings that followed with *liberation*. This was liberation rooted in failure – it did feel like failure. In the time that we had been trying for a baby, some of my closest friends had become mothers. But there was a subversive pleasure to throwing in the towel, and to saying that I had failed, to giving up on how I imagined my life would be. Unlike Michelle I did not feel that desire for revenge against my body, but I did feel a similar sense of rebellion – a reclaiming of myself from the burden of reproductive expectation.

It was this feeling that I carried into my decision to have a tattoo, and as such this became part of the process of rebuilding my sense of self. That the tattoo related to my children, who I had not given birth to, felt like a statement of my identity as a mother, despite not being a gestational mother, and that itself felt subversive. Feelings of inauthenticity as a woman and mother had haunted my since my infertility treatment and pregnancy loss, particularly in interactions with women who had borne children (see also Loftus & Andriot, 2012).

Picking up on similar themes, Laura talked about her tattoos as an expression of her resilience:

I think it made me think about it, which I know sounds really weird, but it made me think actually yeah, I'm actually quite tough, I'm a tough person and I can get through a lot of things. I've been through that; I can get through worse.

In Laura's words and my reflections, there is a sense that tattooing marked a moment of catharsis, of coming to terms with and accepting infertility and pregnancy loss as part of a narrative of the self. Catharsis was also central to Emma's tattoo. She chose a phoenix feather for personal reasons and because it represented a sense of 'rising again' after a struggle. This desire to visibly claim an identity which includes infertility, or which subverts the ideal of gestational motherhood, links directly to Chester's notion of 'unmother' as an identity emerging from infertility (Chester, 2003), offering a means to '...make tangible a loss that seemed invisible to others' (Allison, 2013: 72). It is also suggestive of the role of tattooing in transition, where women find themselves caught between pronatalist expectations of gestational motherhood and alternative futures, and where tattooing practices can challenge '...the production of the normative gendered self' (Pitts, 1998: 80).

Tattooing also played a role in the grieving process for women who had experienced pregnancy loss. Rachel, for example, described the tattoo as one stage of the process of coming to terms with her second trimester miscarriage:

That was when we had the post-mortem and got the tattoo. But it was kind of like looking at it in stages. The next stage was right, get the post-mortem, then we'll get the tattoo and it's like, I suppose yeah, the steps to closure maybe.

In my autoethnographic journal I wrote of the aftermath of my miscarriage, 'I remember being totally lost in grief'. Although I don't see my own tattoo as a part of this immediate grieving process, similarly to Rachel it performed a kind of closure around all that had happened, made concrete in a symbolic bond with my adopted children. Similarly Emma described the relationship between her miscarriage and her tattoo as '...solidifying it and making it a permanent part of me', just as some women with infertility view themselves as being mothers to 'children who did not come' (Allison, 2013: 75). Tattoos are prominent tools in the navigation of personal relationships and in grieving the loss of these relationships (Hill, 2020; Kosut, 2020). Through these practices, the loss may remain present for the bereaved (Buckle & Corbin Dwyer, 2021; Letherby & Davidson, 2015).

Yet while tattooing after infertility and pregnancy loss may involve a sense of catharsis and even resistance, or at least acceptance and closure, this was often captured by narratives of the self as responsible and resilient – again, a construct of the potentially good mother (see also

<sup>4</sup> The National Health Service: the nationwide public health provider in the UK.

Dann & Callaghan, 2019; Woodstock, 2011). Many of the participant narratives were rooted, for example, in the idea that infertility is a 'journey' through which the individual has progressed. Imagery such as the compass, the bird and the missing jigsaw piece speak to this idea, as does this phoenix rising from the ashes. My own tattoo is symbolic of my children but, as discussed above, underlying that I view it as linked to my 'journey' through an infertility diagnosis to motherhood. With infertility constructed as a problem to be addressed, it then becomes incumbent on the woman to either become pregnant or to construct a narrative of resolution and hope, through which she is able to reposition herself as having 'come through the other side' (see also Becker, 1994; Leith, 2009). The often messy and emotionally traumatic experience of infertility is constituted as a personal problem to be resolved by the woman herself, and the wider norms which centre gestational motherhood in the construction of womanhood remain unchallenged.

There were mixed feelings among the interview participants about the placement of their tattoos, and whether they had chosen a visible position or if they wanted their tattoo to be only visible to them. Most had chosen at least a semi-visible position where they might choose whether or not to cover it with clothing, and interestingly the majority of participants had a tattoo in exactly the same place as mine – the inner wrist. I chose this position because when my children go to school and nursery we often draw little hearts on our wrists to feel connected when we are apart. For some of the participants, though, this semi-visible positioning spoke to a desire to talk about their experiences. This has, however, resulted in the reproduction of the stigma surrounding infertility and pregnancy loss that they had encountered previously. For example, at the tattoo parlour Rachel talked about the meaning behind her tattoo, but felt that the tattoo artist '...felt a bit awkward about it. He didn't really know what to say'. Similarly Laura, who openly tells people about the meaning of her tattoos, described how:

They're like, you can tell straight away people kind of get, oh God, I'm sorry. I'm like it's okay, I went through a lot of infertility struggles, I lost some children and it kind of moulds you into how you are today. But you can tell, you get people that kind of go okay, then back right off.

There is a clear desire on the part of these women to be able to talk more openly about their experiences without feeling discomfort, and thus to perform the role of the responsible, resilient subject. I would also extend this analysis to myself, given that I have chosen to write about my experiences in this article and have spoken about them at two conferences. However, I and my participants remain positioned as potentially good mothers, and as such continue to experience the discomfort of not fulfilling this role, and of encountering the often strict policing of grief related to miscarriage (see also Layne, 2002; McNiven, 2016). As such, seeking to reclaim oneself after infertility through tattooing is powerful for the individual, particularly where tattoos are visible and meanings are made clear, but these individuals are also relatively powerless to control the stigma attached to the subject matter which is made visible in this process (see also Pitts, 1998).

### Good femininity

*I guess my flower never dies, in that sense.*

(Megan)

While tattoos offer a space for reclamation, catharsis and acceptance following infertility and pregnancy loss, thus subverting pronatalist constructions of value, they can also themselves reinforce such norms and this is particularly evident in the choice of imagery to be used in the tattoos. My own choice of hearts, as discussed, embodies my bond with my adopted children. I described this in my autoethnographic journal:

My children have affected my body in multiple ways. The sensation of holding them to my chest. The sore back from carrying them. They

understand that they didn't grow in my body. Their birth is not something that I have the right to claim. But the tattoo is mine, a mark of our relationship and a visible articulation of the experience of adoptive mothering.

While, then, my tattoo subverts ideals of gestational motherhood, it also symbolises a caring role and does so through a symbol associated with traditional notions of femininity.

Similarly the other women in my study had uniformly adopted symbols of caring and femininity in their tattoos. This included flowers, butterflies, hearts, stars and birds. Even Hannah's feminist symbol contains flowers. One reason for this is fashion, as Hannah commented 'I think it's also a bit, just a tattoo trend to have flowers'. Yet the use of these images in the tattoos also speaks to their limitations as a form of resistance against pronatalist norms. The act of tattooing to remember pregnancy loss, in particular, speaks to the preservation and remembrance of a caring bond between mother and child, as Rachel reflected 'I think I knew I wanted to do it, because I wanted something, like a little bit of them with me'. Similarly Emma commented that her tattoo '... would be a way to keep that child, that fallen child as it were, as a presence in my life'.

By choosing traditional feminine symbols, tattoos are ameliorated into notions of good femininity associated with the potentially good mother, thus reducing their subversive quality. The decision to get a tattoo was, for me, quite drawn out. I waited over a year from the initial idea to the appointment. Part of the reason for this was that I was considering whether having a tattoo was something that I *should* do, and this reveals how normative expectations factored into my decision-making process. These excerpts from my autoethnographic journal provide further insight into my thinking:

People often ask me if I regret the tattoo that I have on my back from when I was a teenager, and the answer is no, because it is a reminder of that part of my life, like a scar from an exciting experience. My son has a small scar on his hand from when he was a toddler, and he loves to talk about this in the same way. But I am conscious that when people ask this they may think that they would regret something like that...

I didn't actively think that it was a bad idea to get a tattoo. I did wonder many times if I was too old. I was firmly told by a relative that, at under 40, this was rather ridiculous.

It is true that I don't regret the tattoo that I had when I was younger, but I remain acutely aware of other people's perceptions of it. When I had this earlier tattoo I was a teenager from an upper working class background, part of the first generation of my family to go to university. Its position on my lower back, which was very popular at the time, is often referred to as a 'tramp stamp', a term popular in western culture in the 1990s which is taken to mark working class women out as 'promiscuous and submissive' (Nash, 2018: 368). Making the decision to have a tattoo later on was then shaped by the stigma associated with that, and I had to navigate those feelings in order to process the idea that I could want my skin to be tattooed without, or in spite of, negative connotations.

Participants in my research talked about a similar process of navigating notions of good femininity in their decision-making. Jenny, for example, describes how she 'always wanted [a tattoo] but I think I was probably sensible enough not to do it at that stage because I knew that there would be a point where I'd regret my teenage choices'. Laura talked about the lack of understanding from other people with regards to her tattoos:

I don't know, they expect me to be robbing old grannies or something. (Laughter) I just sit on the sofa in my trackie bottoms and hope for something good on Netflix, that's generally what I do on a weekend. I think there was a lot, in the beginning, of people who

couldn't understand why I'd want a tattoo and why I'd want multiple tattoos.

Laura experienced a similar level of critique of her decisions as I felt I may receive. The reality is that no one has questioned my decision but, like Laura, in having this tattoo I have navigated these norms of good femininity associated with the potentially good mother. My tattoo as such both embodies and deviates from ideals of the good mother (see also [Dann & Callaghan, 2019](#)).

### Concluding remarks: tattooing as double-deviance

In this final section I consider the findings of my research in relation to the wider literature, offer some avenues for future research, and reflect on my experience of the autoethnographic research process.

In this article I have sought, through an analytic autoethnography, to examine the ways in which women with experience of infertility navigate pronatalist norms through tattooing. Pronatalist norms position women's value as rooted in gestational motherhood, and construct this form of motherhood as the norm for White, middle class women. Examining my own experiences in dialogue with those of seven other women, I sought to understand how, through tattooing, we navigated norms associated with the 'potentially good mother'.

My findings demonstrate that tattooing is a means of asserting a sense of control over the body after infertility, which can give rise to feelings of dissociation from the body exacerbated by the expectation of gestational motherhood. I showed this in particular with regards to the self-blame which I and the women in my study sought to shed by reclaiming the body through tattooing. Secondly, my findings show that tattoos play an important role in catharsis, or at least acceptance, after infertility and pregnancy loss. Here I identified subversive pleasure in shunning pronatalist norms, and also a role for tattooing in the grieving process. Yet implicit within this narrative of catharsis and acceptance was also the desire to perform the role of the responsible, resilient subject and to construct a narrative of recovery and hope where gestational motherhood was not possible. Visibly deviating from these norms gave rise to the experience of continuing stigma. Finally, I showed how subverting pronatalist norms was also delimited by expressions of good femininity and, in particular good mothering through tattooing practices.

The research presented in this article is contextualised within a wider literature on tattooing and trauma, particularly as it is experienced by women. The findings of the research support the key insights of this literature and extend them to the practice of tattooing after infertility. Firstly, the findings point to the role of tattooing in coming to terms with traumatic events related to infertility through a renewed sense of control and ownership over the body, and through feelings of empowerment. This reflects the emphasis placed in the wider literature on women's tattooing practices as a form of self-healing and – to some extent – as a politicisation of the body ([Atkinson, 2002](#); [Pitts, 1998](#); [Wohlrab et al., 2007](#)). On this latter point, however, the research highlights the complexities of this politicisation for tattoos related to infertility in a pronatalist context. On the one hand, the tattoo acts as visual signifier of the experience of infertility and so disrupts ideals of good femininity both in the existence of the tattoo itself and in its subversion of the silence and stigma surrounding infertility and pregnancy loss. On the other hand, the tattoos often reinforce ideals of good femininity and particularly of the good mother, rendering women's tattoos more acceptable. This echoes research on tattooed mothers, which suggests that while the figure of the tattooed mother is deviant from wider norms of femininity, their tattoos often still conform to these same norms ([Dann & Callaghan, 2019](#)).

The study has also brought these insights to bear specifically on the literature related to tattooing and pregnancy loss, through the addition of a focus on infertility. The findings reflect the emphasis placed in this literature on tattooing as a practice of commemoration and 'grief work'

([Davidson and Letherby, 2015](#); [McNiven, 2016](#)). However, while often experienced simultaneously infertility and pregnancy loss are separate phenomena. By focusing on infertility, this article has added new insights concerning how women use tattooing not only for commemoration, but also as a means of processing the sustained medical, bodily and psychological trauma of struggling or being unable to conceive. Tattooing represents deviance from ideals of good femininity, but in a pronatalist context infertile women's bodies are already constructed as deviant ([Wells & Heinsch, 2020](#)). As such, the practice of tattooing in my study seems to exist also as a mechanism through which to limit this deviance, through the presentation of images associated with good femininity – of good womanhood (the responsible, resilient subject) and of good motherhood (the caring mother). This is *double-deviance*, within which conformity to and resistance against the policing of femininity-as-motherhood co-exist.

There are inevitably some limitations to the present study, which highlight important avenues for future research on tattooing after infertility. Firstly, it is striking that everyone who came forward to be interviewed as part of this study is now a mother. This may be because women who have not gone on to become mothers<sup>5</sup> are less likely to want to commemorate their experiences through tattooing (many of the women in the study, including myself, positioned infertility as part of a 'journey' to motherhood), but it could also be because they are less inclined to talk about their experiences, or that they are less active in the social media spaces in which the study was advertised. A future project recruiting women who have *not* gone on to become mothers could extend and deepen the findings of the present study.

Secondly, in my research tattooing practices arose at different moments in time. For example, Laura got her angel tattoo during the course of her IVF treatment, while Rachel got her tattoo in the months following her miscarriage, and I did not get my tattoo until years after my experience of infertility and pregnancy loss. Further research could examine this, in order to expand understanding of the role of tattooing at various stages of the sense-making process. Allied to this, there could also be scope to bring more explicit consideration of the ongoing after-care of the tattoo, as a caring practice potentially aligned with norms of good femininity.

Methodologically, the present study has, in addition to its findings, made explicit a research method for talking about infertility trauma, a topic often shrouded in stigma and silence, and which brings up challenging emotions. There is not scope in the article to fully explore this method, but it offers a direction of travel in relation to 'tattoo talk' as a method for researching traumatic narratives associated with infertility and pregnancy loss, as well as other forms of highly personal trauma.

Reflecting on her landmark autoethnographic work, Carolyn Ellis talks of sociology as, among other things, emotional, personal and therapeutic ([Ellis, 1997: 120](#)). This research was my first foray into autoethnography, and I come away from it feeling much agreement with Ellis. This was a deeply personal project, and the process of completing it is a part of my infertility 'journey' to the extent that it has facilitated a form of therapeutic writing about these experiences. This is not to say, however, that the process is purely self-indulgent. In engaging with my own situated experience in dialogue with those of seven others, I hope to have brought situated knowledge, unique to first-hand experience, to bear on how we understand the gendered social structures surrounding infertility and tattooing.

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<sup>5</sup> Women who have not gone on to have children sometimes do still identify as mothers if they have experienced pregnancy loss ([Cassady, 2015](#); [Engel, 2020](#)), and this would need to be factored into such research.

pregnancy loss, and they did so with openness and generosity – thank you. I'm grateful also to the anonymous reviewers for their comments on my work. They were so thoughtful and insightful, and it was a real pleasure to be able to engage with them. An earlier version of this article was presented at the British Sociological Association Human Reproduction Study Group Conference in May 2022, and I'm grateful to participants on that occasion for insightful questions and comments. Finally, I'm very grateful to those who encouraged me to pursue this project – which is far from my usual area of research and methodological comfort zone – and commented on my work as it progressed: Victoria Browne, Pam Lowe, Aimee Middlemiss, Sarah-Jane Page, and Katy Pilcher.

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