



BARREN IN THE PROMISED LAND

CHILDLESS
AMERICANS
AND THE
PURSUIT OF
HAPPINESS



ELAINE
TYLER MAY

Barren in the Promised Land

Childless Americans and the
★☆☆ Pursuit of Happiness

ELAINE TYLER MAY

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CIP

In memory of my father
EDWARD TEITLEBAUM TYLER, M.D.

and for my mother
LILLIAN BASS TYLER, M.A.

*who dedicated their professional lives
to the cause of reproductive choice*

Preface



For as long as I can remember, people around me have been talking about childlessness. Although I am not childless myself, I grew up in a household where the subject was a central preoccupation. My father, an endocrinologist, devoted his medical practice to the study and treatment of infertility, prompted in large measure by the many years of childlessness he and my mother suffered before the first of their four children was born. From the 1940s until his death in 1975, he worked to advance reproductive medicine. He was among the clinical researchers who developed oral contraceptives as well as treatments for both male and female infertility. My mother, an art historian by training, forged a new career in partnership with my father, working in his clinic to counsel infertility patients through the emotional ups and downs of treatment and helping to establish free clinics in the Los Angeles area in which poor women and men could receive free reproductive health care. She became a major figure in her own right in the birth control movement.

Together, my parents dedicated their professional lives to the cause of reproductive choice. When I was still a young child, wondering what curing infertility had to do with birth control, they explained their philosophy to me: that every child should be a wanted child. It made perfect sense. Those who want children ought to be able to have them, and those who do not should be able to prevent having them. As I grew up, I traveled with them when they spoke at medical meetings, where dramatic new reproductive technologies were introduced. I worked in their clinics, typing and filing,

and watched the anxious faces of the patients who came and went. I remember the grateful parents who named their children after my father, crediting him with their miracles. I remember boasting to my college friends in the 1960s that my father was one of the developers of the Pill. When they beamed and thanked him, he cringed; he believed in family planning, not sex outside marriage. Nevertheless, he and my mother were among those responsible for major advances in the effectiveness and availability of contraceptives and infertility treatments, which greatly improved the potential for reproductive self-determination.

When I became a historian, I never thought that I would become involved in the work of my parents. But on some level, this book is part of their legacy. I would not have embarked upon this project had I not grown up with the subject matter. My mother has been a source of insight and good suggestions as I have worked on this book. I have often wished that my father were here to give me his advice, too. I am sure that we would have had some good arguments, since I inherited much of his stubbornness but not all of his opinions. Nevertheless, his wisdom would have greatly enhanced this book. I was gratified to come across his articles as I did my research and found that I was still learning about the work he did and why he did it. Although he died twenty years ago, his influence on this work is evident in the endnotes.

Many others contributed to this project as well. Friends, family members, and several institutions provided essential help and support. I am grateful to the American Council of Learned Societies for a fellowship that enabled me to spend a sabbatical year working on this project. A Radcliffe Research Scholarship funded my research in the archives at Radcliffe and Harvard. The University of Minnesota generously provided a Graduate School Grant-in-Aid of Research, a Bush Sabbatical Supplement, a McKnight Summer Research Award, and a McKnight Research Fellowship. I also want to thank Deans Fred Lukermann, Craig Swan, and Julia Davis for their support of my research during my tour of duty in the deans' office at the University of Minnesota's College of Liberal Arts, as well as my fellow associate deans, Rus Menard and Rick Asher.

Archivists and curators helped me immensely in the detective work that this project entailed. I want to thank David Klaassen of the Social Welfare History Archives at the University of Minnesota; Richard Wolfe of the Rare Books and Manuscripts Archives at the Countway Library of Medicine at Harvard; all the helpful staff of the Murray Research Center and the Schlesinger Library at Radcliffe, especially Marty Mauzy, Nancy Cressin, and

Leslie Nitabach; and Ann Petter and the staff of the national headquarters of Resolve in Arlington, Massachusetts. The physicians at the Tyler Clinic in Los Angeles granted me access to files there, and the staff graciously tolerated my rummaging through the clinic's archives.

I could never have done this work without the creative, efficient, and energetic help of a group of extraordinary research assistants. My warmest thanks to Joy Barbre, Jane Cunningham, Jennifer Delton, Ginny Jelatis, Julia Mickenberg, Mary Lou Nemanic, Dan Pinkerton, Cynthia Richter, Andrea Rogers, and Csaba Toth.

Friends and colleagues contributed in a number of important ways. Bill Tuttle encouraged me to attempt an author's query and sent me all of his sample letters and publication lists. Amy Kaminsky, Cheri Register, and Naomi Scheman provided critical feedback in the conceptual stages of the project. Molly Ladd-Taylor and Margaret Marsh shared their ideas and insights, as well as their unpublished work in progress on similar topics. Specific contributions of many others are noted in the endnotes.

I was fortunate to have the benefit of critical readings of the entire manuscript from a number of distinguished scholars. Victoria Bissell Brown, Sara Evans, Estelle Freedman, Linda Gordon, Judith Walzer Leavitt, Lary May, Riv-Ellen Prell, Judith Smith, and Rickie Solinger all took time from their extremely busy lives to provide me with thoughtful criticisms and suggestions. The flaws that remain are due to my inability to measure up to their high standards of excellence.

A few people deserve to be singled out for dedication beyond the call of duty. Estelle Freedman provided a long-distance lifeline, bouncing ideas and extending support through phone calls, e-mail, and visits. Sara Evans and Riv-Ellen Prell read draft after raw draft of each chapter, patiently helping me to shape the argument and make sense of the data. In our weekly get-togethers over morning coffee, they provided sharp criticism, solid suggestions, enormous moral support, and constant encouragement. I cannot imagine life without the blessing of their friendship.

My superb editor at Basic Books, Steve Fraser, collaborated on this project from the time it was nothing more than a vague idea right down to the final draft. He helped to conceptualize the book and shape it along the way. Without his encouragement to take on the entire scope of childlessness, this book would have turned out very differently, or more likely, not turned out at all. Sandra Dijkstra, agent extraordinaire, had faith in this project long before I did, and her enthusiasm never waned. I am grateful for all the help she provided at every stage along the way.

Last but not least, I want to thank my family. Lary May has kept me going not just during this project but for a quarter of a century of shared endeavors. I could not have done this book without his careful, critical readings of my manuscript, his unwavering support of my work, his sharing of all household and professional tasks, his passion for ideas and for life, and his irrepressible playfulness. Our children, Michael, Daniel, and Sarah, helped in many ways and tolerated this project with their usual good humor. Although I have experienced neither the anguish of infertility nor the freedom of the voluntarily childless, my kids have enabled me to have empathy for both.



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The Public and Private Stake in Reproduction



I was sterile, and sterile is a forever thing, with nothing to look forward to! . . . The hurt and the mind numbing pain . . . doesn't ever go away. . . . I felt guilty, because all our dreams for the future were gone. . . . I felt alienated from the rest of society. . . . I felt lost and knowing whatever I did it was never going to be ever good enough to replace the one thing I really wanted to be, a father to my own child!

—Dave Crenshaw, born 1941

We did not want to put up with a squalling brat all the time.

—Jason Domquist, born early 1940s

Being unable to conceive I think is the worst thing a woman can experience.

—Carol Hall, born 1955

Champagne, heady and sparkling, is how I describe my marriage without children.

—Lucy Bernard, born 1944

We are a nation obsessed with reproduction. From the media to the courtroom, from the clinic to the bedroom, Americans are preoccupied with their own and each other's procreative habits. The childless occupy the focus of much of this attention, for they inhabit a separate space on the margins of the mainstream. Yet there is no single experience of childlessness, as the foregoing statements by childless men and women suggest.

Rather, people reconcile their desires, felt needs, inclinations, and biology with social norms and pressures in a wide variety of ways. In a society that expects most adults to have children, their feelings about their status as parents or nonparents are uniquely their own.

Although procreation is a profoundly private experience, reproductive behavior takes place in a society that is deeply concerned about who becomes a parent and under what circumstances. This concern is not new, but the public's stake in who has children and who does not has changed over time. In the preindustrial era, the survival of the community and economic well-being depended upon high fertility. Today, children no longer offer demographic or economic advantages, yet the expectation that American adults will become parents remains strong. Furthermore, despite the shift in the negative stigma surrounding childlessness as reproduction has become an increasingly private matter, the society still has a powerful interest in personal procreative behavior. This book examines the history of childlessness to understand the changing public and private stakes in reproduction.

I began thinking about this project several years ago in the midst of the notoriety surrounding "Baby M," the infant born of a "surrogate mother" who was hired by an infertile couple to bear a child for them. After the child was born, the surrogate mother decided that she wanted to keep the child, and a huge public controversy erupted. Hundreds of stories and editorials appeared in daily newspapers and popular magazines, several books and theses appeared on the topic, a television docudrama retold the story, the clergy took up the matter in their sermons, and people across the country took sides and argued passionately. What struck me about the case was not that some people sided with the woman who gave birth and others with the infertile couple or that feminists were divided on the issue. What I found interesting was the massive attention the case received and the way the media framed the issues.¹

In the first place, the stories about Baby M suggested that surrogate motherhood was something new, a high-tech reproductive technology that emerged in recent years to solve a problem that also seemed to be newly discovered: infertility. But infertility is not new; it was around long before there were reproductive technologies to cure it. And it is not an ailment that primarily plagues career-oriented women who have delayed childbearing. Readers and viewers of the popular media would probably be surprised to know that for most of the twentieth century, the highest rate of infertility was among poor Blacks, not affluent Whites.² Nor is it true that surrogacy is a new or high-tech solution to childlessness. It is as old as biblical times, when

Sarah and Abraham turned to Hagar as a surrogate. The “new” innovation of using artificial insemination to achieve conception is at least a hundred years old. Nor is it a “medical technology,” since anyone with a turkey baster and a willing volunteer can do it.

What also struck me about the Baby M story was how unprepared we were as a society to deal with the consequences of the baby quest. Physicians, lawyers, judges, clergy, social workers, and the general public puzzled over the case, but there were no guidelines or precedents to handle it. What did it mean that we live in a society where any single child may have up to five “real” parents: a genetic father, a genetic mother, a gestational mother, a social mother, and a social father? The question at the center of the Baby M debate, like the controversies surrounding the many other children who are claimed by multiple sets of parents, was not only who were the “real” parents, but who were the most “worthy.” These public discussions reflect not so much a concern about children, but a preoccupation with parents: who should raise the nation’s future citizens.

The Baby M case was only one of many infertility stories to hit the news in recent years. But it caught my attention because at the time, I was just completing a book about the American family during the cold-war era, when the baby boom was in full swing. In those early post–World War II years, virtually everyone was having children. The childless faced both pity and scorn, taunted as immature at best and subversive at worst. Parenthood conferred not only full adult status, but also evidence of socially sanctioned heterosexuality and patriotic citizenship. When both the baby boom and the cold-war mentality began to wane, the birthrate dropped, and childlessness, along with singleness, became respectable choices with a measure of social acceptance. The powerful ideology of domesticity gave way to the “sexual revolution,” the new feminist movement, the gay and lesbian movements, and a range of domestic options—married, unmarried, same sex, opposite sex, childless, or with children—signaling a new emphasis on individual choice and a lessening of social pressures to conform to the ideal of the nuclear family comprised of breadwinner father, homemaker mother, and children.³ It seemed that the bad old days were over, and life with or without children ought to be perfectly acceptable. So why, I wondered, did there seem to be this lingering—even heightening—obsession with reproduction?

To be sure, every society on earth is vitally interested in the procreation of its people. But each culture has its own history, beliefs, traditions, and values that influence the public and private stakes in reproduction. This book examines the American context: the intersections between the most private

aspects of our lives—relationships with partners and kin, sexuality, and procreation—and the public life around us. It explores how the American preoccupation with reproduction emerged, what nourished its roots in our historical past, and what in the national culture promoted it. Much more than the majority who have children, the childless minority articulate the tensions surrounding reproduction in this society and in the lives of individual women and men. By examining their experiences, we can understand the changing culture of reproduction that permeates American Life. This study of childlessness, then, is a study of us all.

To discover how the personal dimension of childlessness evolved over time, I needed the voices of the childless themselves. I had no trouble finding commentary on the subject from physicians, lawyers, clergy, popular advice writers, social workers, and a wide range of other experts and professionals. It was much more difficult, however, to find out what childless individuals themselves thought, felt, and experienced. I decided to try an author's query, which I sent to hundreds of newspapers and journals across the country, asking childless people to write to me. I did not provide a questionnaire; I wanted people to relate their stories in their own words, with *their* concerns—not mine—at the center. I specifically asked for responses from a wide range of people: young, old, women, men, gay, straight, from all ethnic, racial, and religious groups. A Spanish version went to Spanish-language journals; I invited tapes instead of letters for those who preferred to speak instead of write; I sent letters specifically to local ethnic newspapers, to the gay and lesbian press, and to urban and rural publications all over the country. To my amazement, the response was overwhelming. More than five hundred people wrote to me, and many of them wrote twice or even three times. They ranged in age from twenty-two to ninety-nine and included men and women from many different ethnic and religious communities, from the arctic rim in Alaska to the tip of Florida, and from a wide range of personal situations: married, divorced, single, cohabiting, gay, lesbian, heterosexual, and celibate.⁴

The vast majority of the respondents were women. Like others who have studied childlessness, I found that women were more likely than men to express the pain and isolation of childlessness.⁵ The women wrote more letters, and generally longer letters, than did the men. Margaret Lewis was one of many wives who “wondered if this is purely a female experience. I am not an ardent feminist and actually think of myself as apolitical, but I do feel that it is much easier for a man to be who he is and show who he is through his work. A woman is expected to express herself through her reproductive

ability." Nevertheless, the men who wrote made it clear that the stigma of childlessness affected them deeply and that reproductive decisions and the desire to have children are not the sole preserve of women.

That the majority of respondents were women was no surprise. What was surprising was that many single people, as well as gay men and lesbians, wrote about their struggles over the issue.⁶ Not long ago, reproduction was so closely identified with marriage that those who had children outside wedlock faced automatic disgrace. For gay men and lesbians, until recently, coming out of the closet almost certainly ruled out parenthood unless they already had children. Since the 1960s, the tight connection between marriage and legitimate parenthood has weakened, partly because of the large number of single parents who have successfully raised children. But the weakening of this connection also reflects new attitudes about the family and about reproduction that have rendered parenthood an individual decision, regardless of marital status or sexual orientation.⁷

James Aronski felt this shift in his own life, and it affected his reproductive goals. When he divorced his wife, they had no children. At that time, he would have liked to be a father, but "children out of wedlock were out of the question." Later, as social mores began to shift, "my values changed. Children out of wedlock were an option." Although he has not remarried, he wrote, "I still harbor hopes of becoming a parent. . . . I am the last of my line. . . . Most importantly, I desire to be a parent. I want to teach and watch and perhaps influence in a small way the continuance of creation. . . . I would welcome the opportunity if it is God's will. And try not to feel empty if it isn't."

Many of the unmarried childless people who wrote to me decided that they wanted to have children only in a partnership. But the fact that they pondered the issue at all reflects a profound change in the cultural expectation of individual entitlement to parenthood. Rev. Joyce Fiedler is an ordained Episcopal minister who recently completed a four-year tour on active duty as a chaplain in the U.S. Navy. She considered but rejected single parenthood, not because she was opposed to the idea herself, but because it would have made it difficult for her to pursue her career. "Somewhere in the back of my mind, I always thought I could 'have it all,' but it has not worked that way. In order to function effectively in my stated profession, my life must be reflective of conventional morality—and the profession itself precluded having much of a social life." Carol Norton, who left her husband because he did not want children, was forty-nine and divorced by the time she discovered that she did not need a spouse to have a child. "I realize now that I could have had children, but did not make a decision to act. There was

plenty of sperm out there. I could have used it, but I never made the decision to take it."

At least for some people, being outside the marital norm as single, divorced, gay, or lesbian did not automatically rule out the possibility of deliberate and legitimate parenthood. One self-described "leftie feminist Jewish lesbian" joked about how her colleagues at a Catholic college might react when her donor-insemination pregnancy began to show: "I will just tell them that, hey, they're Catholic, they should know a miracle when they see it. . . ." ⁸ Don Drummond noted that "being gay does not necessarily mean that one cannot have children." Tom Cummings, who has been openly gay since his late teens, wrote that his homosexuality did not prevent him from considering parenthood: "The idea of having children interested me a lot between the ages of 22 and 30 but then dropped away." Now, he thinks that in some ways he is more isolated as a nonparent than as a gay man: "My childlessness sets up certain barriers and inequalities," especially within his family.

Among the more interesting variations on this theme were the reproductive goals of Mitchell Brand and Andrea Moray, who are married to each other. He wants a child, she does not; he is gay, she is straight. They are "best friends now," but have not lived together for five years. Currently, they both have boyfriends. Andrea never wanted to have children, but Mitchell and his partner "would like to and are currently exploring our options." Andrea wrote that "Mitchell may still get his wish," since a friend recently asked him if he would father a child for her. "The woman [who wants his baby] is legally married to his lover." Andrea quipped at the end of her letter, "I'll bet you could do a study simply based on that paragraph alone. Anyway, I love being childless. It's normal for me."

Another unexpected outcome of the author's query was the enormous response from the voluntarily childless. Given the media attention to infertility and the relative inattention to voluntary childlessness, I expected most of the respondents to be infertile. I was wrong. About 60 percent of the people who wrote to me were childless by choice. Among the younger letter writers, those under age thirty-five, the majority were infertile. Of those over age fifty-five, who were of childbearing age during the baby-boom years when it was virtually unthinkable to be childless by choice, most were infertile or single. The majority of those in the middle, the group I would identify as "baby boomers," were childless by choice. They answered my author's query to express their frustration at the negative connotations attached to their choice. I had previously assumed that in recent years, voluntary child-

lessness had become a fully accepted reproductive choice with little stigma attached to it. I was unprepared for the outpouring from men and women who experienced overt hostility because of their choice.

How was it possible that in the same society, at the same point in time, some Americans were sacrificing their health, financial security, and daily routines in a desperate medical quest to conceive babies, while others were so certain that they did not ever want children that they were trying to convince their physicians to sterilize them? Suzanna Drew, age twenty-two, wrote, "Sometimes I feel as though I am less of a woman—somehow not complete." Yet Karen Boncelli wrote just the opposite: "I feel complete and whole without a child." Vanessa Allan found these contradictions ironic. At age twenty-five and newly married, she and her husband had to persuade their physician "that we had given sufficient thought to our intentions" before he would agree to a tubal ligation. At the same time, her best friend also went through surgery on her fallopian tubes—to clear them so she might become pregnant. Commenting on their vastly different reproductive goals, Vanessa wrote, "We wished we could trade 'plumbing!'" What were the cultural, individual, and historical circumstances that might have given rise to both these impulses?

Although Vanessa did not want children and her best friend did, they shared certain assumptions. They both assumed that the decision was theirs to make and that medical experts would assist them in achieving their goals. At the same time, they realized that the professionals upon whom they depended also held certain assumptions about who should have children and who should not. Vanessa's physician was reluctant to render her sterile because he believed that she and her husband should be parents. Her infertile friend's physician, presumably, agreed to provide treatment because she met the appropriate criteria: She (or her medical insurance) could pay for the service, and she appeared to be worthy of parenthood. These providers of medical services, like others in the "helping professions," made judgments, based on prevailing ideas about parental worthiness, in keeping with criteria developed in clinics, adoption agencies, and legal institutions.

One of the fundamental paradoxes of reproductive culture in late-twentieth-century America is that powerful beliefs about reproductive choice and the right of every individual to make that choice go hand in hand with widely held and institutionalized beliefs about who should and who should not become a parent, and under what circumstances. As a result, heated controversies have erupted over such issues as compulsory sterilization, access to birth control, abortion, voluntary sterilization, reproductive