It's Her Fault: Science, Stigma, and Women's Infertility in U.S. History

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Social and medical understandings and misunderstandings of women have established a long-standing belief that women's primary responsibility is to produce children. As a result, women who are unable to conceive or carry a pregnancy to term bear the burden of shame and stigma. Even though several complicated factors can contribute to infertility, medicine and society have historically identified childless women as the primary cause. This paper will trace the historical trajectory of the stigmas women faced and still face as it relates to infertility. By examining this topic from Colonial America to present day, we can see how, despite advances in medical knowledge and technology, women remain the default explanation for infertility. The goal of this study is to use a variety of primary and secondary sources to uncover this history and raise awareness of unjustified blame placed on childless women.

Introduction

Women's infertility issues have long been accompanied by stigma. Although men and women can experience infertility, history shows us how society and medicine especially lay the blame on women. This paper will trace the historical trajectory of the stigmatization of infertility in United States history. Before the professionalization of medicine and modern, scientific understandings of anatomy and physiology, society relied on the baseless claims of male physicians. As medicine advanced around the mid to late-19th century, physicians blamed infertility on "abnormal" female anatomy while they paid little attention to the possibility of male infertility.

Significant shifts in obstetrics and gynecology during the mid to late-20th century led to the development of modern fertility medicine while the technological developments of the time offered infertile couples hope for viable solutions. By tracing the historical trajectory of infertility, one thing becomes undeniably clear: the understandings and misunderstandings of infertility, along with the political, and social pressure on women to be mothers, created and in many ways continues to create feelings of guilt and shame among women. In addition to the emotional stress it creates, infertility manifests itself as a burden because it creates an overwhelming amount of societal pressure and lasts for an indeterminable amount of time. All this stress is compounded by the long-standing idea that a woman's sole duty is to have children. If society and medicine want to eliminate the judgements placed on women in childless partnerships, it is important we

research how and why women remain at the center of the blame.[1]

By exploring medical journals, personal diaries, newspapers, and technological advancements, we can find what ideas, theories, and practices created and perpetuated these stigmas, how these stigmas impacted women, and instances where women pushed back. In order to trace the ebb and flow of American infertility, this paper will cover three moments in United States history: the late 17th and early 18th century, the professionalization of medicine at the turn of the 20th century, and the mid-late 20th century as fertility medicine became a field in its own right and the advancement in technology and treatment opened doors to some infertile couples that were previously closed. Although the medical understanding of infertility changed over time, the social pressure on women to fulfill their "purpose" as mothers remained consistent. These socially constructed expectations meant that infertile women were at the receiving end of guilt, shame, and stigma, coming from society, medicine, political leaders, and themselves.

Colonial America – 1865

In 1728, Anna Maria Boehm Miller sought a divorce from her husband of two years, George Miller. Anna wanted to have children, but George suffered from cryptorchidism, a condition that prevented testicular descent, leading to their inability to conceive. This, according to Anna, was grounds for separating from her husband. The court denied her request because even though his condition prevented them from having children, he was still able to produce an erection and ejaculation. Medicine was far from understanding the complexity of fertility, so the court ignorantly believed that because George could have intercourse with his wife, he could impregnate her. Although his condition was no secret, male infertility was not considered to be a factor for why they could not conceive. Instead, the court dismissed the case citing Anna's unlawful application for divorce. The case of the Millers is not an aberration. Even when medical evidence provided undeniable proof of male-caused infertility, women were left to deal with the burden and shame associated with childlessness.[2]

Before the Civil war, women relied on themselves for their then-modern understandings of gynecology. Without proper research and education, anyone's guess was as good as their own. To make matters worse, enslaved women were expected to practice motherhood not only because they were women, but because the reproduction of more enslaved labor meant more profits for enslavers. Enslaved women pushed back against this expectation by limiting their own reproduction. Nearly twenty percent of enslaved women did not have any children by the age of 39.[3] When enslaved black women needed medical services, they did not seek assistance from white doctors. This was to avoid potentially becoming surgical test subjects. Slaveholder's used black women's bodies to learn how to perform medical procedures for the treatment of white women's bodies. Enslaved midwives helped other enslaved women navigate their ailments and they guided women through the non-consensual experimentations performed by their white owners. It is also key to see that these experiments performed

[1] Whiteford Linda, and L. Gonzalez, "Stigma: The Hidden Burden of Infertility," National Library of Medicine, Elsevier Ltd., (January 1995): 27-36, Doi: 10.1016/0277-9536(94)00124-c.
[2] Marsh, M. S., & Ronner, W. *The Empty Cradle: Infertility in America from Colonial Times to the Present*. Johns Hopkins University Press (1996), 1-8.
[3] Butler, Abigail, "A Unique Type of Loneliness: Infertility in Nineteenth-Century America" (2020). *Theses and Dissertations from 2020*. 7. https://orc.library.atu.edu/etds_2020/7

contribute to the modern gynecological understandings we uphold today. The horrific medical experimentation on enslaved women led to the establishment of modern gynecology.[4]

1865 – 1920s

After the Civil War, the medical profession underwent significant changes. In an effort to bring legitimacy to medical practice, universities and licensing boards drove medicine to professionalize and raise its standards for practicing physicians. Initially, physicians needed extraordinarily little, if any, training to treat the public. It may seem like this would have been efficient, but it is not without drawbacks. The eight months of formal training doctors received in the 19th century was pitiful in comparison to the level of training that exists today. The 1847 establishment of the American Medical Association along with the 1893 opening of Johns Hopkins School of Medicine accelerated the process of professionalization. Johns Hopkins was the first medical school in the United States that required preliminary education and clinicals to receive a medical degree. With this, many other institutions began to adopt the standards of the Johns Hopkins School leading to increased prestige surrounding American medicine, and the alienation of uneducated, "quack" physicians who performed experimental and oftentimes unsafe treatments.[5]

At the turn of the 20th century, physicians and other medical personnel attempted to explain the cause of infertility at the fault of the woman. To do so, medical professionals started to pinpoint illegitimate and exclusively female diagnoses as potential causes. A prime example of an overly broad and preposterous diagnosis was that of hysteria. The understanding of hysteria is rooted in the concept that women who were fearful of their own sexual impulses channeled that energy into a form of mental illness. To fully understand the fluke that is hysteria, it is important to address its most common "symptom." The most common symptom of hysteria was said to be frigidity. This was a coined term for "sexual dysfunction." This dysfunction was primarily in reference to the ways in which a woman appropriately orgasmed, if at all. For now, it is important to know that frigidity and hysteria went hand in hand because women who were described as frigid, were also considered to be hysterical and vice versa. Hysteria was most diagnosed in women between the ages of 15 and 40 (during child-bearing years). One of the key and original symptoms of this disease was the hysterical fit. This symptom was said to mimic epileptic seizures and occur unexpectedly. Towards the end of the nineteenth century, the pool of symptoms which contributed to the diagnoses of hysteria had broadened so widely that nearly anything could have been identified as a cause for diagnosis of the disease. Hysteria not only consisted of physical but mental symptoms. A few examples of these newly classified physical symptoms of hysteria were any sort of physical pain, loss of taste, paralysis, and loss of sensation. Some examples of the newly classified mental symptoms included women with the following characteristics: impressionistic, narcissistic, and suggestible. Since these several ailments constituted hysterical diagnoses, it is only plausible to assume that stigma encompassed such a diagnosis.[6] "While the hysterical woman might appear to physicians and relatives as quite sexually aroused or attractive, she was, doctors cautioned, essentially asexual and not

[4] Owens, D. C. (2017). *Medical Bondage: Race, Gender, and the Origins of American Gynecology*. University of Georgia Press.
[5] Numbers Ronald L., (1985). "The Fall and Rise of the American Medical Profession." in *Sickness and Health in America: Readings in the History of Medicine and Public Health,* University of Wisconsin Press, chapter 14.
[6] Smith-Rosenberg, C., "The Hysterical Woman: Sex Roles and Role Conflict in 19th-Century America," *Social Research*, 39(4), 652-678.

uncommonly frigid."[7] We can see that male physicians and American society stigmatized women based on an assumption. There was no scientific evidence to confirm those claims. What is especially intriguing about this statement is the infertility stigmas derived from a fallacious physical and mental health diagnosis. There is no proof that women who were considered hysterical were truly exhibiting a disease, and there certainly was no evidence to support women having been frigid, or that one of these fallacies could attribute itself to the other.[8]

Hysteria was not the only medical misunderstanding attributed to infertility in the late 19th Century. Medical texts perpetuated the fallacy.[9] In her 2018 book, Maternal Bodies: Redefining Motherhood in Early America, historian Nora Doyle, highlights the ways in which medical illustrations of female anatomy were censored to deter sexual arousal of male gynecologists. As a result, many medical texts contained inaccurate depictions of female anatomy. Oftentimes, the depictions consisted of segments within the female reproductive system, or other misrepresentations of genitalia. Medical texts used animal-like depictions of female genitalia, including that of the vagina to prevent arousal in male physicians. Sketches of flowers over breasts were also made to appease social concerns over potential medical violations of female purity and morality. A sizable portion of these falsified depictions exist due to the moral consensus that women should remain modestly dressed. But more astonishingly, these misrepresentations contribute to a lack of humanity included throughout physicians' education.[10]

While women received most of the blame for infertility before the 20th century, medicine began to recognize male infertility. Epididymitis is a condition referring to inflammation of the tube that stores and carries sperm. This inflammation often results from a venereal disease case, such as that of Gonorrhea. "In 1902, Martin *et al*. studied azoospermic men who were suffering from obliterating epididymitis, and for the first time, he gave emphasis on the importance in investigating male sterility through the semen analysis."[11] This moment in history highlights the blame and stigma that was placed on women because the possibility of male sterility was not carefully considered until a fellow man pushed for its investigation.[12]

American politics in the early 20th century also contributed to the shame and guilt of childless women. The turn of the 20th century witnessed the emergence of progressive politics and eugenics.[13] Consisting of several reform initiatives, a key concept that surrounded this era was "The Family Ideal."[14] The family ideal supported concepts of pronatalism. American pronatalism encouraged the reproduction among "desirable" Americans with no regard to married couples' preferences or ability to procreate.

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[7] Ibid.

[8] Lewis, C. H. (2010). "Femininity, Frigidity, and Female Heterosexual Health" in *Prescription for Heterosexuality: Sexual Citizenship in the Cold War Era* (pp. 37–70). University of North Carolina Press.

[9] Smith-Rosenberg, C., & Rosenberg, C. (1973). "The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth-Century America." *The Journal of American History*, 60(2), 332–356.

[10] Doyle, N. (2018). "The Tyrannical Womb and the Disappearing Mother: The Maternal Body in Medical Literature," in *Maternal Bodies: Redefining Motherhood in Early America* (pp. 14–51). University of North Carolina Press.

[11] Martin E, Carnett JB, Levi JV, Pennington ME. "The surgical treatment of sterility due to obstruction at the epididymis; together with a study of the morphology of human spermatozoa." *University of PA Medical Bulletin*. 1902; 15:2–15.

[12] Andrade-Rocha F. T. (2017). "On the Origins of the Semen Analysis: A Close Relationship with the History of the Reproductive Medicine," *Journal of human reproductive sciences*, 10(4), 242–255.

[13] Lovett, L. L. (2007). "Nostalgia, Modernism, and the Family Ideal," in *Conceiving the Future: Pronatalism, Reproduction, and the Family in the United States, 1890-1938* (pp. 1–16). University of North Carolina Press.

[14] Ibid.

Pronatalism directly correlated with the American social consensus of infertility, allowing for judgement and hostility towards childless women.[15]

We see this enforcement of The Family Ideal in the context of eugenics. At the turn of the 20th century, eugenicists upheld an objective to encourage the reproduction of those with "desirable" characteristics. These efforts were aimed to discourage and oppress those whose characteristics society deemed unfavorable, many of whom were nonwhite members of the working class. The Family Ideal's alliance with eugenic beliefs excluded minority groups and individuals of lower economic class from the preferred reproductive pool. The implications of eugenic ideologies were therefore significant in enforcing inferiority as it related to infertility.

In 1905, President Theodore Roosevelt stated women who did not have children were "one of the most unpleasant and unwholesome features of modern life" and worthy of "contempt as hearty as any visited upon the soldier who runs away in battle."[16] His beliefs contained zero empathy towards couple's infertility or family planning preferences. It was one thing for medicine and society to misinterpret and shame childlessness, but for a president to wield the same misunderstandings meant there was little question in the minds of childless women.[17]

After examining the requirements for fertile conformity during the Progressive Era, it is important to acknowledge what is now at stake for infertile women. "Along with the post-Civil War period, experts in the post-World War I era suggested that a woman's rejection of her "appropriate feminine role" could render her infertile."[18] This statement provides that a woman who was infertile may have experienced infertility because she did not wish to fulfill her traditional gender role. Notice how this statement had no regard for women who actively attempted to fulfill their roles, but still experienced a state of infertility. This rejection of the "appropriate feminine role" furthers the unjustified stigma placed on women for childlessness.[19]

A pattern that we see regarding women's infertility is that sometimes childlessness was not a void that women were actively attempting to fulfill. In fact, many women during the depression were trying to (in a way) hinder their fertility. Advertisers would take advantage of women's ignorance and infiltrate their media with content that created an increasing fear of pregnancy for women. Because of the economic stress of the Great Depression, many women sought out methods to prevent pregnancy. 60% of women practiced fertility control to some degree by 1930, and oftentimes, it was practiced using the information received from advertised material.[20]

1930s – 1950s

One of the first articles to propose in vitro fertilization (IVF) as a treatment option for infertility was "Conception in a Watch Glass" published in a 1937 issue of the *New England Journal of Medicine.* The article led to a flurry of research and clinical trials seeking to find real medical solutions to infertility."[21]

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[15] Ibid.

[16] Quoted in Heffington, Peggy O'donnell. "Why Women Not Having Kids Became a Panic." *The New York Times*, May 6, 2023. https://www.nytimes.com/2023/05/06/opinion/women-without-children-history.html.

[17] Ibid.

[18] Lewis, Carolyn Herbst (2013). *Prescription for Heterosexuality: Sexual Citizenship in the Cold War Era*. University Of North Carolina Press.

[19] Ibid.

[20] Tone, A. (1996). "Contraceptive Consumers: Gender and the Political Economy of Birth Control in the 1930s." *Journal of Social History,* 29(3), 485–506.

[21] "Conception in a Watch Glass" (1937). *New England Journal of Medicine*, 217(17), 678.

Although a new and still developing solution, the proposal of in vitro fertilization was a critical leap in scientific advancement, providing many opportunities for women and a sense of hope.[22]

Advancements in fertility medicine began to accelerate after World War II. In the early 1940's we saw psychoanalysis as the primary means of treatment, as scientists continued to experiment with IVF.[23] Psychoanalysis was a special type of therapy used, but those psychoanalytical methods were often rooted in the fad understandings of female frigidity. Doctor's defined frigidity as a type of sexual dysfunction, but the connection was vague and stigmatizing. Physicians associated female sexual dysfunction with a woman's inability to achieve a vaginal orgasm in the bedroom during intercourse. This was an abrupt departure from past misunderstandings. Prior to the mid-20th century, many medical professionals saw female orgasms as an unnecessary component of contraception. Women who were not frigid were said to be mature, having shifted their focus to the vagina while succumbing to their physical and psychological expectations as a woman. Frigid women were recognized as immature. The inability to orgasm vaginally was said to be indicative that a woman was not completely aware of her vagina and had not taken the measures to shift her focus to it. The lack of progression in their mental states was then thought to have prevented them from not only achieving the vaginal orgasm, but from conceiving a child. Clitoral orgasms were also considered to signify immaturity and frigidity because it was said to be the focus of sexual behavior during childhood. With this, achieving the vaginal orgasm was a rite of passage in earning the status of a mentally and physically acceptable woman in American Society. By the mid-20th century, they believed the lack of a vaginal orgasm to be the culprit behind infertility.[24]

1960s - 1970s

As women developed increasingly effective ways to express their thoughts and feelings, different movements developed for women to seek community and convey their frustrations. While the First-Wave Feminist Movement took place in the late 19th and early 20th centuries, the Second - Wave Feminist Movement did not make its entrance until the 1960's. These two waves taking place 100 years apart does not indicate a pause in women's activism or that women gave up. They were merely times where we see the most significant impacts that allowed for the introducing of, or mass continuation towards societal feminist reform.

The Second-Wave Feminist Movement began after the publication of the *Feminine Mystique* written by Betty Friedan. The book contained oral histories documenting women's experiences in their traditional gender roles. The book brought attention to women's negative experiences and encouraged them to speak up about their wants, desires, and opinions. The effects desired by the publication of the *Feminine Mystique* were seen in the 1960's when groups of women, healthcare providers, and their allied counterparts organized to legalize abortion and raise awareness of other women's health concerns.[25]

One of the key turning points during the Second-Wave Feminist Movement was the acknowledgement of "The problem that has no name" coined by Betty

[22] Ibid.
[23] Epstein, R. H. (2003). "Emotions, Fertility, and the 1940s Woman." *Journal of Public Health Policy*, 24(2), 195–211.
[24] Lewis, Carolyn Herbst (2013). *Prescription for Heterosexuality: Sexual Citizenship in the Cold War Era*. University Of North Carolina Press.
[25] Norsigian J. (2019). "*Our Bodies Ourselves* and the Women's Health Movement in the United States: Some Reflections." *American Journal of Public Health.* 109(6):844-846.

Friedan in the *Feminine Mystique*. “The problem that has no name” may be described as a women’s lack of fulfillment whilst conducting traditionally feminine operations. Some of these operations included that of blissful motherhood, and being a happy housewife with a breadwinning husband as encompassed in the nuclear family construct. For some, this lifestyle was unpopular, but it is for the consensuses derived from the nuclear family social construct that pushed for the obligement of traditional gender roles, in fear of facing communist accusation.[26]

Writings from the *Feminine Mystique* expressed the pressures and stigmas women navigated whilst defying society’s accepted narrative of femininity. The taste of gender autonomy women experienced while men were away at war provided an alternative fulfillment to women with the inability to conceive. The challenging of the traditional feminine role suggests that there was more to life than motherhood while commiserating a lack of satisfaction when denied the challenge and enforcing stigma upon women who attempted to experience alternative lifestyles.[27]

When the Women’s Liberation Movement gained momentum in 1969, a group of women in Boston formed a workshop titled “Women and Their Bodies”. In this workshop, they expressed their frustrations and concerns to doctors regarding how little they knew about their bodies and how they worked. Together, they published a book with frank descriptions about topics including sexuality, access to abortion, and other fertility services. Some of the texts were there to solely provide innocent comfort to other women and validate their experiences.[28] As one woman recalled, "My husband loved my pregnancy. He'd want to play jazz to my belly and sing to my belly. He'd rub cream on the stretch marks and tell the baby the play-by-play of the baseball game. He and our cat both seemed more protective of me and I felt very loved by my little family of two.”[29] Despite the relevant and comforting efforts provided by the book, the publication of "Women and their Bodies” was controversial because the discussion of its contents was illegal. In 1971, the book was renamed to be titled “Our Bodies Ourselves,” marking a reclamation of women’s bodily autonomy.[30]

1970s - Present

With further innovations in medical technology, IVF which was once just a thought, had now become reality in the 1970’s. IVF achieved its first round of successful treatment in 1978 with the birth of Louise Brown.[31] This success was not without mixed feelings. Afterall it is said, "As the world’s first test-tube baby, Louise Joy Brown, celebrates her fifth birthday; the debate continues on the moral and ethical questions surrounding in-vitro fertilization.”[32] These ethical debates surrounding in-vitro fertilization have, and continue, to challenge women’s patience with infertility stigma. Advancements such as in-vitro fertilization brought a sense of relief for many from other kinds of fertility, and are now, unfortunately opening doors for new stigma to arise. Since 1978, the success of IVF has increased by over 50% making this option of infertility treatment one of the most medically valuable. However, in alignment with its medical value, this remarkable medical treatment did not come without a hefty monetary cost. In the early

[26] Friedan, B. (2013). *The Feminine Mystique* (A. Quindlen & G. Collins (Eds.); 50th anniversary edition.). W.W. Norton & Company.
[27] Ibid.
[28] “History & Legacy - *Our Bodies Ourselves* Today” (November 6, 2023). https://www.ourbodiesourselves.org/about-us/our-history/.
[29] *Our Bodies, Ourselves: Pregnancy Birth* (2008). Touchstone Book/Simon & Schuster, 8.
[30] Ibid.
[31] Dow K. (2019). “Looking into the Test Tube: The Birth of IVF on British Television.” *Medical History*, 63(2), 189–208.
[32] Mortin, Jenni, “Economic Recovery Not Reaching Welfare: Test-tube births.” *The Phoenix*, July 26, 1983.

to mid - 90's, when fertility treatment grew in popularity, the $6,000 price tag was unattainable for most American families.[33] During the 2000's the cost increased to nearly $40,000, with some treatments exceeding $60,000.[34] The current cost of IVF treatments continues to skyrocket and makes the monetary demand for infertile couples practically insurmountable.[35]

While this milestone of fertility treatment marks a tremendous achievement and step forward, it is not without stigma. Since IVF is only available to people who can afford it, socioeconomic stigmas add to the stress largely placed on the modern childless woman. Despite centuries of medical advancements, gaps and stigma remain in the discussions surrounding infertility.[36]

Conclusion

The origins of shame and stigma of childless women remain lockstep with similar conversations today. These stigmas are all shown to be rooted in class, race, economics, and the challenges of the traditional feminine roles. The persistent misunderstandings of infertility are rooted in social ignorance, making it important to assess the historical trajectory of the issue. By raising awareness and furthering society's education about infertility, we can foster a better and more informed compassion for childless women.

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