

CHILDLESSNESS

HOW NOT HAVING CHILDREN
PLAYS OUT OVER A LIFETIME



Jerome Levin PhD

Childlessness

**How Not Having Children Plays Out Over a
Lifetime**

By Jerome D. Levin

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Preface

This is a book primarily addressed to those who by choice or otherwise are without children. However, it has an important secondary audience: psychotherapists, social workers, psychologists and psychiatrists who must deal, as they inevitably do, with the issue of childlessness. And there are many friends, associates and relatives of those without children who would dearly love to have insight into the unique existential situation of those childless people they care about. This book serves their needs also.

Chapter 1: The Problem

He told me he was eighty—I would have guessed late sixties—and still practicing medicine as well as teaching at the university, and that he had come to me because of a sudden awareness that had eluded him for many years. That awareness was uniquely and singularly painful—namely, that never having become a father he felt radically, irredeemably cut off from the fullness of human experience. In short, he had lived only partially and now, nearing the end of his life, there was no possibility of it being otherwise. He went on to say that he had no idea what he expected from me except that he needed to speak to another human being of this hitherto never-experienced set of feelings so unforeseeably emerging late in life, and no one of his acquaintance—not family, not friends, not professional colleagues—fit the bill. So why not hire a professional listener? He went on to say that he felt ashamed and that this shame prevented his sharing his newly surfaced emotions with anyone he knew.

At first I thought of going for the shame that isolated him and cut him off from the possibility of human connection. But then I thought better of it, realizing that he was almost certainly ashamed of feeling shame, so instead I asked him to tell his story—explicitly the story of his relationship to parenting and the whys, insofar as he understood them, of the choices he had made. With this gentlest of nudges, which

evidently gave him a needed permission, he not only grappled with my question but poured forth a feeling-laden capsule autobiography over our next half-dozen sessions. I said little. Here in a compressed retelling is Dr. Richard Nolan's story.

I was born into a large family in the rural upper Midwest, one of six. I was the oldest and although somewhat exempt from childcare—my two next younger siblings were girls—I got stuck with enough of it to radically diminish any latent drive for children that I might have had. Of course I wasn't aware of that as a child or adolescent, but it must have been there. What I was aware of was resenting having to take care of my sisters and brother. We are not close to this day; three of them are dead. My father was a grain merchant. Later he had a general store in town, and we were relatively prosperous. The town could have inspired Sinclair Lewis's Gopher Prairie in his novel *Main Street*: pleasant, bland, narrow-minded, and with the exception of my parents, rigidly hierarchical.

My family didn't do much reproducing. My father was an only child—highly unusual in the time and place, and my mother had one sister who never married. My brother had one child and my sisters produced three among the four of them. Of late I wondered if there isn't something genetic in the very low priority having children has always had for me. At any rate, I certainly lacked models for enthusiastic parenting. Not that that was true of the larger environment. In my town, certainly by

high school, it was assumed that you would marry and have children. But that's very different from having lots of cousins with loving parents. Not that my parents weren't loving; they were. My mother was really involved with her children and she had aspirations for us. My dad, as was common then, was undemonstrative and seemed more involved with his business than with his family. Yet he was always there for us and in his quiet way cared for us. Besides business, his great love was bridge. He was very good at it. All the kids I knew got spanked when they were naughty. We almost never did. There were books in the house and both my parents read. My mother played the piano, mostly popular songs, but occasional classical pieces. She was quite good.

For a hick town the schools were good. I did well. But the joy in my life came from the woods and the fields. I was something of a loner from the start. I would wander alone for hours, entranced by the beauty of the plains. There was something mysterious about it that got inside me: the unexpected variety in what to the casual observer was monotonous uniformity. It wasn't. I knew every hillock and gulley, every stream and cave for miles around. I hunted and fished and camped out under the stars. I felt close to the wild animals that lived there and knew every edible plant. I was mostly self-taught. I had few friends, was never good at sports, was never "popular," the best thing one could be in my high school. I have lived in eastern cities most of my long life but a huge piece of me has never left the plains. All this is not tangential to my never having had children. In a strange way, the land, the beasts, the sagebrush, the berry bushes, the wind-deformed trees nurtured me—

almost like parents—and they felt like children nurtured by my presence. But most saliently, my adolescent experience of nature made me self-sufficient. I felt little need for people. I remember myself as being happy.

Academically I did well in a school with surprisingly high standards and some excellent teachers. The town was not without its cultured minority and had its share of community theater, poetry readings, and musical evenings. I didn't participate in any of it. To this day I couldn't tell you why I refused to go to college. It was certainly expected, both by my parents and by my teachers. I had a scholarship to the state university and could have gotten into more prestigious schools. I just wanted to go off by myself and see the world. And I did.

In the next three or maybe four years I bummed around, hitchhiking, working odd jobs, losing my virginity in a whorehouse, reading everything—science, philosophy, literature, what we would now call pornography, and poetry. I tried writing poetry but even I knew it was awful. Then one day, canning salmon in a British Columbia packing plant, I decided to go to college. I walked off the assembly line-style operation, got in my rattletrap car and drove home. What led me to do it was the realization that I could master literature and history on my own, but I couldn't learn science that way. Besides, I couldn't stand the smell of the fish or the blood on my boots any longer.

I enrolled in a school of agriculture, wanting to be an applied biology

researcher. After two years, I switched to the school of arts and I signed up for a biology-chemistry double major. I loved it. I probably could have been a productive researcher in some ag school, but by then my parents' circumstances had changed. The grain business was gone and the store was marginal. They weren't exactly poor, but they were no longer prosperous. I, on the other hand, was poor and I was tired of it. Up to then, I didn't care about money. Then something clicked and I discovered a new emotion—greed. I kind of enjoyed it. Years of impoverished grad study lost their appeal and what else could a bio-chem major do? Go to med school. I lucked out, won a scholarship to Hopkins and went east for the first time. It was an adjustment, but I survived and even flourished. The helping people part of medicine didn't do much for me but the science did. I discovered that I wasn't exactly the profile of a caring person. That matters when it comes to the kid thing. Never having been a primary nurturer is one of the things that bothers me. And medicine was never a sublimation of that need—if it be one—for me. Not that I wasn't a highly conscientious and highly skilled clinician. I was and am. But—not on a conscious level anyway—there was never a deep emotional component in it. Challenge, problem solving, comfort level remuneration—they are all important to me. I helped scores of patients over the years and that gives me satisfaction, but strong connection—NO.

Part of my realization that not having had children made me in some ways less than fully human is my growing conviction that the need to love is just as strong as the need to be loved. I've been loved—by my parents, by a variety of women, by

some patients and some students. I sucked it all up and still do. The other part—the loving—hasn't been easy for me. I assume, perhaps erroneously, that a child of my own would have elicited love from me. At least that kind of love—parental love—will forever remain foreign to me.

To return to my story. Med school was another success. The science deeply engaged me and I surprised myself by being really good on the clinical side. I had quite few sexual adventures in college and med school, but nothing deeply emotional. I stayed in Baltimore for my internship and then it happened. A real multidimensional affair with a nurse, Sandy. She got pregnant—damned if I ever figured out how—and neither of us wanted to have the baby. My mother, of all people, who I would have thought would have had a religious (not that she was very religious) objection, helped us pay for it. I don't think she liked Sandy or wanted me to marry her. I did, though. After the abortion. By this time I was a resident in internal medicine. The marriage just didn't work. Sandy never seemed like a peer, horrible as it is to say that. She was a deeply decent, bright and very sexy woman without interest in culture or nature. By the end of the year the passion was gone and we separated, later divorced. She remarried quickly and as far as I know has had a satisfying life.

I've thought a lot about the abortion, especially in recent years, and being as honest with myself as I could be didn't come up with a single feeling about it. If I should have had a child—and I'm far from believing that—it wasn't that one. Nor do

I think the abortion had anything to do with our failed marriage, nor can I make it link up with my feelings of incompleteness as a childless person. It was the right thing to do and I don't regret it. What I wonder is—is there something wrong with me that I have absolutely no feelings about it?

My last year in residency I fell in love—really in love for the first time. Rosalind was as unconventional as they come, what an earlier generation would have called a bohemian. She worked at whatever turned up when she needed money. Otherwise she lived as much as a free spirit as circumstances allowed. Her passions were the arts, particularly literature, and left-wing politics. She had ambitions as a writer, which remained largely unfulfilled, although she did publish an occasional very good short story and some criticism. During my two very boring years in the army we corresponded and made love whenever fate gave us the opportunity. When I left the service and came to New York as a fellow I took her with me. Two years later I joined the faculty and married her.

Rosalind didn't want children. She was estranged from her family and having had a troubled relationship with her mother feared she too would be a piss-poor parent. Additionally, all her energy went into writing and political action. She didn't want anything—certainly not a child—to get in her way. Rosalind was as much in love with me as I was with her, and she was afraid she would lose me over the reproductive issue. She needn't have worried. By now, in the second half of my thirties and just starting a career, I couldn't have cared less. If there's a biological

imperative to pass on our DNA I just didn't have it. If Rosalind had insisted on having children I might have acquiesced—I'm not sure—but it wasn't an issue and I was relieved.

Fifteen years passed happily. Then approaching fifty, we both had second thoughts. It was a sort of last chance realization. Now or never was the time to become parents and for a brief window parenthood seemed something we both wanted. Looking back, I think it was more about losing the possibility than it was about actually wanting children. For whatever reason, when I fantasized about being a father it was always the father of a little girl. By then it was too late biologically, but maybe we should adopt. I had sufficient money by then and as a practical matter it was certainly possible. Rosalind actually made contact with an adoption agency and we spoke of adopting a Chinese child. We had an appointment that we never kept. Rosalind was more ambivalent than I, and if she had wanted to go forward I think I would have, but in any event she didn't and I let the whole thing go. We were just too ambivalent. Witness the failed appointment with the adoption agency.

Over the next year or so I periodically wondered if we hadn't made the wrong decision. Yet there was no deep sense of regret or loss. Our lives continued on their busy and satisfying paths. By the second year I stopped thinking about the adoption that wasn't. I also decided that I was too narcissistic to be an adoptive parent. If I was to do it at all it would have to have been my kid.

Four years after the non-adoption, Rosalind was killed in a climbing accident. I was devastated. I grieved deeply and in that mourning I yearned for the child we had not adopted. To have had a child would have given my life meaning and a focus. These second thoughts—regrets—persisted for several years and then gradually dissipated. I no longer think we made a mistake.

I imagine that having and raising children helps you get out of yourself—forces you to mature out of your narcissism, although I know plenty of outrageously self-centered parents. Nevertheless, I haven't had that vehicle of growth available to me. If I have any regrets about not having children, that's the core of it. And paradoxically such concern is itself narcissistic. It's not about launching a life or providing for another; it's about me and my aspirations for myself. So be it. To look for ways not to be excessively self-centered is self-centered. This whole thing is baffling. Maybe that's why we didn't do it, didn't adopt, that is.

Back to my story. I started dating, met Jane and married her. It has been a very happy marriage, so why now this feeling of being radically incomplete, of not having fully participated in what it means to be human, of not knowing a vital part of what almost everyone knows, thereby being estranged from the bulk of humanity, leaving me with this feeling of hollowness and emptiness? Why now these thoughts of having cheated, these feelings of shame and guilt over not having undertaken one of the most difficult tasks of life? It doesn't make sense. It was never important to me to have children, and to tell the truth, I don't really regret not having them. What

I do wonder if there's something vital missing in me. I got a very late start in my professional life. When I finally entered it I was driven. But I know lots of driven people, women as well as men, who take joy in being parents. So what's missing—if anything? There's a price on everything and I know that. Perhaps what I'm feeling grows from the awareness of that price and a reluctance to pay it. Yet in other moods it seems a good trade-off, the right thing for me. What do you think? I want and need some feedback.

As a psychotherapist who has heard the anguished thoughts of scores of people, I know that Dr. Nolan is far from unique. What sets him apart is his unusual capacity for introspection and his articulateness. To find late in life that the road not taken would have been a journey to riches not found on the one taken is exquisitely painful. And if that road not taken passed through parenthood, the feelings of emptiness and estrangement Dr. Nolan shared with me are well nigh ubiquitous.

Childlessness seeks to explore all of the ramifications of not having children, either by choice or by necessity. What does it mean not having had children? How do you come to terms with the reality in such a way that the down side is not denied while the rightness of the choice for you is affirmed? These are questions that this book attempts to answer. I am going to look at the issue in the broadest possible manner.

Social Stigma

In an overpopulated world, the decision not to have children is an increasingly rational one. Nevertheless, the procreative drive is stamped in by evolution, a biological imperative, so to speak. It has even been said that all life is simply DNA's way of making more DNA. The biblical reproductive imperative, "be fruitful and multiply" receives powerful social support. This marginalizes the childless, who are often pressured by their families of origin, their peers and internalized voices of societal expectations to have children. Aside from questions of overpopulation, some people simply aren't cut out to be parents. Perhaps you are one of them. Others would probably do pretty well raising children, yet for a variety of reasons choose not to be parents. The social stigma they incur is powerful and painful.

Elaine, a 33-year-old accountant married to a successful engineer, worked for a small firm run by a man notorious for his intrusion into his employees' personal lives. He had a large family and assumed everyone wanted children; he also assumed his paternalistic style was welcome. One day he called Elaine into his office and to her complete surprise remarked that if she was having fertility problems the firm's health insurance would cover their remediation. When she blushinglly replied that she and her husband didn't suffer from infertility, that on the contrary they had decided against having a family, her boss stammered a sort of apology, "I just meant to be helpful," but thereafter, although he had, if anything, been too friendly, he became noticeably cold.

Elaine had grown accustomed to her mother's weekly phone inquiry, "When are you going to get pregnant?" But the boss's far from subtle disapproval was too much. She began to doubt herself and to wonder what was the matter with her. Why didn't she want to have children like "normal" people? By the time she came to therapy she was seriously depressed. Perhaps this is an all-too-easy identification for you.

Elaine's case is far from unique. To become a parent against one's wishes is a prescription for unhappiness, even tragedy. The child abuse statistics amply testify to this. Unlike Elaine, who was clear in her choice of childlessness until made to feel shame and guilt, there are many who consider parenthood and after much agonizing decide against it. Others lack the necessary emotional and/or material resources to give a child the love and care which is its birthright. Clearly not all should become parents. Expectations of love, intimacy, support, the enabling of emotional growth and self-sacrifice of middle-class parents these days is unique in history. What was once the prerogative of the elite, who had resources most of us lack for raising children, is now the demand on ordinary parents who are unbearably stretched to fulfill the inflated expectations of society. It is ironic that such unrealistic expectations of parenting and such idealization of the family have risen at a time when family stability is increasingly rare. It is not only that most of us lack the resources of the privileged; even worse, the support of extended family, which historically shared parenting, is pretty much gone. Hillary Clinton's "village" is nowhere in sight. Children are no longer needed as they once were, either to

populate the earth or to work the farm, and parenting for most is more difficult than ever. Yet the vast majority of people want or think they should want families.

Some are unable to have children for reasons ranging from inability to find partners, to sexual preference for the same sex (although adoption by homosexual couples is becoming increasingly possible and acceptable), to infertility, to emotional or physical disability. Many of those who desire but cannot have children experience a profound sense of loss. Others, like Elaine, who choose not to have children, suffer deeply from societal and familial disapproval. This disapproval frequently induces feelings of inadequacy, failure, inferiority and incompleteness. Still others who choose childlessness experience conflict and pain at more unconscious levels. Like any critical and fundamental life decision, the decision not to have children has deep consequences, both recognized and unrecognized.

I've treated many people who had profound conflicts over their childlessness, voluntary or involuntary. I've found that, roughly speaking, two kinds of difficulties surface over and over again among the childless: (1) anger, hurt, guilt, shame and resentment resulting from societal and familial criticism. This disapproval, sometimes intensely emotional, of the decision to remain childless or refusal to adopt if they are involuntarily childless, stings. If you are reading this book you almost certainly have some identification here. And (2) feelings or fears of loneliness, lack of support in later life, alienation, marginality, isolation, uniqueness, and incompleteness. An important maturational milestone has been missed, and the

childless struggle to find alternate ways to escape the trap of excessive self-involvement. The childless suffer feelings of lack of full participation in the life cycle, so clearly articulated by Dr. Nolan, and the feeling of not sharing in the common concerns of their contemporaries.

There is very little literature to which people who are childless can turn to for support. Defensive books with titles like *Child Free*, are the only ones readily available. They focus on ways to combat overt and covert criticism and disapproval of the childless lifestyle, while ignoring or denying the reality of the ineluctable consequences of choosing childlessness. These consequences are no less inevitable than those flowing from choosing parenthood.

Roughly speaking, coping with societal disapproval of childlessness involves getting mad, and becoming secure in a childless identity while dealing with the ineluctable inner conflict requires mourning for a potential not realized and sublimation, leading to self-acceptance. Militant defense of being “child free” without looking at the developmental and emotional issues of choosing childlessness simply doesn’t work.

A word about adoption. Many of the involuntarily childless do, of course, adopt, but many others do not, for a wide variety of reasons: wanting to have biological children exclusively, a desire that people are ashamed of and are reluctant to admit; not having the means or opportunity to adopt; or not having the resources

and support they need to raise a child. Both the voluntarily and involuntarily childless often feel pressured to adopt. The reasons for not bringing children into a frightening and overpopulated world do not, of course, apply to adoptions. So many children up for adoption face dismal futures at best. The humanitarian impetus for adopting these children may be strong indeed. Nevertheless, it is the wrong decision for many. Those who are pressured to adopt and do not are often made to feel selfish and find it hard to justify their decision. I've counseled more than a few people who are reaching the upper age limit of child raising who felt tremendously pressured by families and friends to adopt "before it's too late." Perhaps you are one of those being so pressured.

Of course, people, including you if you are in this situation, do need to consider their decision not to adopt very carefully. *Childlessness* affirms the right not to want non-biological children. It also speaks to the yawning gulf of emptiness that the middle-aged individuals and couples I've counseled who struggle with last-chance biological or adoptive parenthood and decide that they are against it have experienced. That closing door feels awfully final. Of course not all childless couples have such strong emotional responses to the closing door. Some are quite content with their childless state. If you are one of those, you probably aren't reading this book.

Nevertheless, in making a fundamental existential choice, we decide not only which of our potentials we will realize, we also decide which of them we will not

realize. The full recognition of all that will not be is awe inspiring. It may also be overwhelming. Generally speaking, those who choose childlessness need to experience and work through their shame, guilt and rage, feelings often induced by being pushed toward parenthood before dealing with the existential issues of the finality of their choice.

The constant litany of “family values” at political conventions, which has had even the TV commentators bilious, is illustrative of the enormous pressure to do the majority, normative thing and to have a family. To refute or at least not subscribe to “family values” is assuredly a grievous sin and one not easily forgiven. In the face of this onslaught of propaganda the childless need all the support they can get, support you will find in *Childlessness*.

Other Emotions

Let us look at the other side of the picture, the emotional concomitants of choosing not to have children. The pain I’ve suggested exists is indeed there. I know that from my clinical practice.

Bob, a successful stockbroker in his forties, came to therapy after receiving a DWI. He quickly came to terms with his drinking problem, opting for abstinence with few regrets. As treatment proceeded, it became clear he was seriously depressed. His drinking had served to anesthetize his depression. Spectacularly unfaithful to his second wife, his difficulties seemed unrelated to his childless state.

Having failed to score with a ballerina with whom he was infatuated, he thought his problem was lovesickness. That turned out to be an illusion.

Raised in a small New England town, he was deeply ashamed of his alcoholic father, who was the town “bum.” His mother was almost equally non-nurturing, a state dramatized when he went to jail for his youthful delinquencies. He told me, “I liked jail. The food was so much better than Mother’s.” Bob was so poorly parented that he couldn’t envision himself as a parent. In the course of therapy, he got in contact with his deep sorrow and even deeper feelings of inadequacy over his inability to even imagine himself as a father. Bob realized that his infidelities had served to protect him from the intimacy with his wife that might have led to family. A period of mourning followed and then Bob’s depression lifted. He once again decided that for him parenthood was wrong, but it was different this time. He didn’t have to drug and philander his unconscious pain and sense of loss away. He divorced his wife, who did want children, and remarried happily.

At thirty-eight, Karen was an artistically gifted, iconoclastic counterculture type who was deeply involved in ecological issues. Raising her own food, busily and happily engaged in crafts and the ecology movement, she gave little thought to having children. She had lately assumed that she would have them when she settled down. Then tragedy struck. She developed gynecological problems necessitating a hysterectomy. With brutal insensitivity on the part of her medical caretakers, she was put on the obstetrics floor for her surgery. When a woman she met in the hall asked,

“What did you have?” she wept. She was devastated. When I saw her four years later for depression, she still hadn’t come to terms with her loss. In the course of therapy we discussed adoption. She was amazed when she realized that it was *her* child and only her child that she wanted. Karen too went through a period of mourning, came out of it buoyant and content. She has since married a man with grown children who does not much share those children with her. This has not been an issue for her. She has found a successful sublimation in her new career as a teacher.

There are joys and advantages to not having children, such as the freedom it gives to pursue other life goals and to live alternative lifestyles. There are advantages in not “giving hostages to fate” (Francis Bacon’s description of children).

Freud wrote, “We must love or grow ill,” a sentiment with which I heartily agree. However, there are forms of love other than parental love, although that in no way denies the uniqueness of parental love. Our discussion of the complex ramifications of childlessness will be organized around the great psychologist Erik Erikson’s theory of the life cycle and the critical stages or developmental tasks we all face in living that cycle. Erikson developed this theory in his classic book *Childhood and Society*. His stages of identity, intimacy, generativity, and final integrity are particularly relevant to the state of childlessness. One of Erikson’s central notions is the necessity of renunciation in the service of growth as one realizes one’s transience and comes to see that one must transmit what one has learned and acquired to a new generation. Erikson calls this developmental task the

stage of “generativity.” He realizes that for most people, this is accomplished through biological parenthood. Yet it need not be. There are many other ways to successfully master the “crisis” of generativity. *Childlessness* explores alternatives to parenting that enable people to transcend and mature beyond infantile forms of narcissism, while agreeing with the Twelve Step program slogan that in some sense “you have to give it away to keep it.” *Childlessness* affirms that mature narcissism is a positive thing, an especially important affirmation because much of the societal disapproval of childlessness arises from a misunderstanding or denial of the positive aspects of narcissism. Although this book has a theoretical underpinning in Eriksonian developmental theory, it is in no way abstract or theoretical. On the contrary, the meat of this book is narrative—vignettes taken from my practice, enlivened by my own experience and informed by the experience of friends and acquaintances. In telling stories of those who struggle with issues of childlessness, stories of those such as Richard Nolan, I hope to help you resolve your conflicts and ambivalences over not having or not wanting children, and to come to a joyous acceptance of a unique way of living the life cycle.

Chapter 2: Erikson and the Life Cycle

There are many descriptions—literary, spiritual, anthropological, anecdotal, and scientific—of the life cycle. One of the most famous is the dyspeptic Jaques’ “seven ages of man” speech in Shakespeare’s *As You Like It*.

All the world’s a stage,
And all the men and women merely players;
They have their exits and their entrances,
And one man in his time plays many parts,
His acts being seven ages. At first the infant.
Mewling and puking in the nurse’s arms;
And then the whining schoolboy, with his satchel
And shining morning face, creeping like snail
Unwillingly to school. And then the lover,
Sighing like furnace, with a woeful ballad
Made to his mistress’ eyebrow. Then a soldier,
Full of strange oaths and bearded like the pard,
Jealous in honor, sudden and quick in quarrel,
Seeking the bubble reputation
Even in the cannon’s mouth. And then the justice
In fair round belly with good capon lined,
With eyes severe and beard of formal cut
Full of wise saws and modern instances;
And so he plays his part. The sixth stage shifts
Into the lean and slippered pantaloons,
With spectacles on nose and pouch on side;
His youthful hose, well saved, a world too wide
For his shrunk shank; and his big manly voice,
Turning again toward childish treble, pipes
And whistles in his sound. Last scene of all,
That ends this strange eventful history,

Is second childishness and mere oblivion,
Sans teeth, sans eyes, sans taste, sans everything.

Notable for its pessimism, however beautifully expressed, it is striking that parenthood makes no appearance among the seven stages. One wonders what about the relationship (if any) between the absence of even the mention of parenting and the generally bleak outlook of Jaques' tour of the human life cycle. Is it absent because of the bleakness or is the bleakness because of its absence? Or is there no relationship between the two? It is a question that can't be answered from the text. In any event, Erik Erikson makes no such omission. His life stages are dichotomous nodal points at which critical choices are made. It is important to note that although there is one side of each stage that should be predominant, some representation of the "shadow" side is also necessary. It is a schema that gives us a useful architecture to explore the ramifications of childlessness.

Erikson describes his developmental theory as "psychosocial," distinguishing it from Freud's more narrowly biological approach. The first stage or nodal point is basic trust versus mistrust. We develop trust or the lack of it at mother's breast. If we have a good experience, not only in terms of nurturance but in terms of love, we tend to view the world optimistically and enter into it trustingly. The stages are epigenetic, that is, each builds on and incorporates the earlier stages. Trouble early on makes successful negotiation of later stages more difficult, but not impossible. Of course the absence of the capacity for appropriate mistrust is nearly as disabling as the inability to trust.

“What does this have to do with childlessness?” you ask. Maybe more than first meets the eye. I expect people whose first experience of the world is disappointing are less likely to have children of their own, although there is no empirical evidence supporting this. More importantly, an infant’s innocent anticipation of love and care both models and elicits trust in us. As Freud put it in his description of the “oral stage,” “love and hunger meet at a woman’s breast.” I’ve had more than one mother say to me words to this effect: “I never really trusted anyone till I had a baby. In caring for the baby I came to trust myself and to experience my child as not only trusting, but as trustworthy.” Fathers are capable of similar reactions. There is something primeval in the nexus of trust and trusting here that is unique in human life. Not having had such an experience is one of the (rarely conscious) losses of childlessness. Something else to mourn, so to speak.

Erikson’s next stage, autonomy versus shame, is his psychosocial correlative of Freud’s anal stage. Achieving sphincter control and with it the choice of where and when to evacuate gives us feelings of autonomy, whereas lack of these produces shame. Here the connection to feelings about being childless is more inferential and tenuous. Paradoxically, deciding not to have children is an act of autonomy. Yet being or being made ashamed is a very conscious concomitant of childlessness. Often the shame is even stronger in cases of involuntary childlessness—of infertility. Does being able to assert one’s autonomy relatively unconflictedly in choosing not to have children correlate with potty experiences at age two? Maybe. But there’s no question but that shame and how one handles it is critical to being joyfully childless.

It is rare that the shame is not there. By making it conscious you are ahead of the game. One of the most painful manifestations of shame has been expressed by several of my Jewish patients, “I’m so ashamed of not having had Jewish children after the Holocaust.”

Erikson’s Stages Theory

Before going on to discuss Erikson’s other stages, let me elaborate his theory in a bit more detail. Although Erikson’s stages are dichotomous—trust versus mistrust; autonomy versus shame and doubt; initiative versus guilt; industry versus inferiority; identity versus identity confusion, sometimes called identity defusion; intimacy versus isolation; generativity versus stagnation; and integrity versus despair, with the first of each pair predominant in health—there is always an admixture of the “shadow” side of each stage. So in a sense they aren’t dichotomous at all. Rather they are polarities within an organic unity.

Erikson's Eight Stages

Stage 1	Trust	vs	Mistrust
Stage 2	Autonomy	vs	Shame and Doubt
Stage 3	Initiative	vs	Guilt
Stage 4	Industry	vs	Inferiority
Stage 5	Identity	vs	Identity Confusion
Stage 6	Intimacy	vs	Isolation
Stage 7	<u>Generativity</u>	vs	Stagnation
Stage 8	Integrity	vs	Despair

These stages are not static stages; they are dynamic nodal points that Erikson denotes as “crises.” Further, the presence and participation of the non-dominant potential is not only inescapable, it is a necessary capacity for both inward cohesion

and outward functioning. This is obvious in the cases of mistrust, shame and doubt, and guilt. Without them we would be vulnerable and rudderless. It is less obvious in the other cases. Yet without the capacity to feel inferior, we are easily grandiose. Without the potential for isolation we would lack the capacity to be alone. Without the capacity for stagnation, we would be too fluid and too other directed; and, perhaps less convincingly, without some capacity for despair we should be handicapped in letting go at the end of life. One could also argue that the pole of isolation is a necessary ingredient in the potential for creativity and that without the potential for identity confusion, we would be unable to re-create ourselves as external circumstances or internal complexity demands. Having said this, I wish to emphasize the importance of the predominance of the first of the pair in each of the stages for satisfaction and smooth functioning, indeed for mental health.

Erikson's stages are epigenetic, meaning that each succeeding stage enfolds all the previous ones, and that one's success or lack of it in dealing with each of the earlier developmental "crises" has enormous influence on the ease or difficulty one experiences in negotiating the present crisis in one's struggles to make the first of the pair of polarities dominant in this particular stage. Further, one relives and reaffirms both the struggle and the outcome of each earlier developmental nodal point. In the emotional life, no battles are won once and for all. Quite the contrary. Regression is a constant possibility. The good news is that Erikson believed that "catch-up" was possible. That is, although dominance of the second (less desirable) polarity in an earlier stage makes achieving a healthy negotiation of the present crisis more

difficult, sometimes extraordinarily difficult, it is not impossible. Development is forgiving and even offers an opportunity to repair earlier weaknesses, deficits, and imbalances. For example, achieving intimacy after having been unable to experience more trust than mistrust would require herculean effort, yet once achieved would permanently alter the trust/mistrust balance in favor of trust. That in turn would ease the struggles of generativity. Such “repairs” are not frequent, but they occur and they offer essential hope to those whose earlier years were radically suboptimal.

Dr. Nolan and Erikson’s Stages

I propose to follow Dr. Nolan, our paradigmatic, highly self-aware, childless person, through each of Erikson’s eight stages, observing how the outcome of his developmental “crises” influenced his decision not to have children, and how this decision influenced his experience of each of the subsequent stages. This dynamic, indeed dialectical, progression eventuates in Dr. Nolan’s facing Erikson’s final stage of integrity versus despair during which each of the resolutions he reached in the earlier stages will be replayed. Indeed, it was a struggle with this “crisis” that brought Dr. Nolan to therapy.

I have considerable identification with Dr. Nolan. I am a childless only child who has had little conflict over my choice (insofar as any of us has freedom of choice in this life) not to have children. I am more certain and more comfortable that I’ve chosen wisely (for me) than is Dr. Nolan. Though younger than the doctor, I too

am at an age when taking stock is well nigh inevitable. And I too have felt Dr. Nolan's intimation of meaninglessness, unmediated narcissism, incompleteness, radical disjunction from a near universal human experience, cut-offness, alienation, and fear of a terminal loneliness. These feelings, with all that they mean both practically and emotionally, impelled me to write this book, the composing of which has given me an opportunity to work through this concatenation of feelings.

Yet there are ways in which I am very different from Dr. Nolan. I've not achieved on the scale the doctor has. I am deeply content with my life, although like all human beings I have regrets (in fact, quite a few of them), but none of them is not having had children. Though I have experienced all the feelings enumerated above that Richard Nolan and I share, they're pretty peripheral in my psychic economy and they lack the persistent anguish they caused Poor Richard. Perhaps that will change as I age. I hope not.

So I both do and do not identify with Richard Nolan. My identification with him is valuable. He knows things I don't and through identification I can gain insight and perhaps more self-understanding. He is often more self-aware than I usually am, but that's okay—by both projecting onto him and introjecting him, I give myself an opportunity to face and deal with some potentially very painful, yet equally real issues. You, my readers, can do so too. Your process will be somewhat different than mine, but the result will be very similar. So I urge you to identify, not only with Dr. Nolan, but with all the struggling human beings you have met or will meet in this

book. The circumstances of my examples' lives may be irrelevant to you; their feelings are not. As they say in the Twelve Step Programs, "Identify, don't compare."

I want to be clear that in spite of the fact that the basic premise of this book is that childlessness, like any other existential choice, has profound consequences that reverberate throughout a lifetime (and they do), most of the people I know or have met in my practice who are childless are content, often happy and fulfilled. So I don't want to stir up trouble where there is none. Yet, although I can't quite endorse Socrates' suggestion that "the unexamined life isn't worth living," I do adhere to an attenuated version of it. The ostrich defense just doesn't work. It is better to know and experience the full range of your emotions around such essential issues as not having children than not to, leaving you vulnerable to unexplained anxiety, psychosomatic illness, and failure to take advantage of opportunities to sublimate at least some of the needs having children meets. The purpose of this book is to help you realize and feel all of the ramifications of the life you have chosen or has been imposed on you if you are involuntarily childless.

Initiative vs. Guilt

Returning to the doctor, now about five years old and struggling with the next developmental stage: initiative versus guilt. Erikson's initiative has something in common with Freud's phallic assertiveness and the developmental conflict at this

stage echoes Freud's oedipal drama. What does this actually mean? The healthy child for the first time asserts his or her claims on life, which to some extent have to be in conflict with the wishes of the parents. Sex and aggression become manifest and dramas of possession and defiance are common. At the end of the struggle the child modifies or relinquishes some of his or her claims and identifies with the parents, particularly the parent of the same sex. An important part of that identification is identification with the parent as parent. It may be the case that strong identification with parents as parents makes it more likely the child grown up will choose parenthood for him- or herself.

All of this emergent libidinal and aggressive energy brings with it a sense of guilt for trespassing on the parents' territory. Too much guilt stifles initiative, whereas the absence of a capacity for guilt leaves the child, and later the adult, rudderless.

This stage/age is predominantly one of triangular relationships, no longer primarily about relationships between mother and child, but rather about the dynamic set of interacting relationships of mother, father and child. Failure to master this complexity makes wanting to bring a child into a satisfying pairing off less likely. Or at least more problematic. This is not to say that all those who choose childlessness are fixated at Erikson's initiative versus guilt or Freud's oedipal conflict; they are not. Yet some residue of an unsatisfactory resolution of these developmental challenges may contribute to the conscious decision or unconscious

enactment of the desire not to have children.

What about Dr. Nolan and the initiative-guilt dynamic? From what we know of his life, this doesn't seem to have been a particularly difficult time for him and probably played little or no role in his not having children. Here is a man fully capable of initiative. On the other hand, at age eighty, he struggles with considerable guilt. Some of this guilt may well be a displaced residue of guilt originating in forbidden initiative.

Industry vs. Inferiority

Erikson's next nodal point takes place during the primary school years. This is the time when children acquire or fail to acquire the basic survival skills of their culture. In our world these are literacy, mathematical competency, and computer skills, along with the people skills one will need for the rest of one's life. Failure to do this successfully can be permanently disabling. Having deficits in the capacity for "industry" makes it hard to make a living and poorly prepares one for parenthood, all of which may eventuate in childlessness.

None of this seems to apply to Dr. Nolan. He has been intensely industrious, able to accomplish many things, and he has enough potential for tapping underlying feelings of inferiority to avoid being grandiose. Further, this potential has allowed him, however painfully, to reconsider and reevaluate his childless state. This reevaluation carries with it the potential for affirmation of an existentially central

choice.

Identity vs. Identity Confusion/Defusion

Erikson is best known for his discussion of identity and its shadow side, identity confusion, which he sometimes labels “identity defusion.” This is the task of adolescence: to arrive at a reasonably stable sense of self, a cohesive identity. Failure to do so makes functioning in the adult world extraordinarily difficult. At the extreme, it entails serious psychopathology.

It is hard to be a parent if at least the potential for parenthood isn’t part of one’s identity. I suspect that the basic choice of not having children, however subject to revision, is probably made at an unconscious level at this nodal point. Dr. Nolan is perfectly aware that taking care of children after having been a sort of junior parent against his will was not something he wanted and he knew this at an early age. Fatherhood was not part of his identity and he didn’t want it to be. When he came to me for psychotherapeutic help it was too late to expand his identity to encompass that possibility and in a sense we can regard his emotional upheaval in his late seventies as an identity crisis.

Yet Richard Nolan has had a loose enough sense of self to have played many roles, especially vocational ones, with ease. He has not had such a rigid identity to preclude growth, but his identity has been firm enough to give continuity and meaning to his life. All in all, pretty healthy stuff. Fatherhood was simply a role he

didn't incorporate into his identity.

People who use the defense of denial, “Oh, I never think about not having kids, never wanted any,” deprive themselves of an opportunity to integrate the consequences of their decision (or their fate) into their identity and to appropriately mourn, sublimate, and find alternate ways of fully participating in life and the life cycle. Denial doesn't permit the emotional work that eventuates in a joyous acceptance of childlessness, be that childlessness by choice or necessity.

What can be said for identity confusion or defusion? To be too confused as to who you are puts you uncomfortably close to madness, yet to prematurely coalesce an identity precludes metamorphosis with the concomitant spiritual adventures and exploration metamorphosis makes possible. In fact, writing in the sixties, Erikson suggested that a “moratorium” before identity consolidates was highly desirable and he was accused (unfairly) of advocating a perpetual adolescence.

I invite you, my reader, to contemplate what role your sense of self—your conscious identity—has played in your decision not to have children, or, if it be the case, your emotional reaction to not being able to have children. Have you had an identity crisis when you questioned your identity as a childless person like Richard Nolan? Such identity crises are profoundly disturbing.

Intimacy vs. Isolation

Which brings us to intimacy versus isolation. Obviously you can't be a parent without being intimate. And being an effective parent is impossible without the capacity for intimacy. If you chose not to have children because you recognized that your capacity for intimacy was limited, you chose wisely. In the playing out of this developmental crisis the epigenetic nature of the stages is particularly clear. If trust doesn't predominate over mistrust, intimacy cannot be achieved. Being overtaken by shame or guilt rather than being comfortably autonomous and capable of initiative are equally disabling if one is trying to achieve intimacy. Attempts to find one's identity in one's love partner is notoriously doomed to failure. You can't have a union of two unless you have two autonomous beings with firm identities who freely choose to merge those identities.

Parenthood is, among many other things, an opportunity for intimacy, in fact a state of being intimate that can serve as reparation for a weak or failed achievement of the capacity for intimacy. Yet, paradoxically, to become a parent with such limitation is risky business. Childlessness deprives a person of the chance to remediate deficits that themselves may make parenting problematic. This is a significant loss and yet another consequence of childlessness that needs to be mourned.

Our internist had serious problems with intimacy, especially early on. A loner for a long time who consciously strove for emotional distance from his patients, yet he did become capable of intimacy, manifested in two long, happy marriages. Did

his problems with intimacy contribute to his desire not to have children? I think so. Having finally become intimate, he was naturally reluctant to allow a tiny stranger to disrupt his late-blooming conjugal bliss.

What about isolation? Not having children clearly potentiates isolation, and if you have a strong need for aloneness, parenthood would not be for you. One of the greatest sacrifices parents make is giving up time for themselves. That is one reason highly creative people frequently choose not to have children. You may be such a person, and if you are, once again you have chosen wisely.

On the other hand, being unable to be alone comfortably is simply terrible. As with all of Erikson's stages, the shadow side needs to be in a dynamic, albeit subordinate, relationship to its dominant partner. Paradoxically, knowing that children are present in one's life may free one to be comfortably alone. Their absence may make the transformation of creative aloneness into painful isolation more probable. Dr. Nolan does not need children to be comfortably alone, so the motivation for having children derived from the fear of being alone is minimal in him. But it's there.

Generativity vs. Stagnation

That brings us to the crux of the matter: Erikson's nodal point of generativity versus stagnation. The primary way the vast majority of human beings achieve generativity is through procreation. If you are childless, by choice or circumstance,

by definition you cannot achieve generativity this way. Yet it is vital that you do achieve some form of generativity. Finding an alternate way to being generative is the key to acceptance of childlessness. This is true even if you are not childless by choice. And it is even more the case if you subscribe to W. C. Fields's infamous assertion that he couldn't stand children or dogs. In short, to be generative is an ineluctable prerequisite to full human maturity. What exactly does this mean?

It's been said that "to keep it, you must give it away." That is, somehow or other, through parenthood or otherwise, you need to pass on the accrued wisdom, experience, knowledge, and values of both your culture and your particular life to the next generation. It is about transmission. That transmission cannot be emotionally neutral; on the contrary, it needs to be loving. Generativity partakes of eros. *The Lion King* captures the cycle of life and the nature of generativity beautifully. And indeed, how can you let go at the end if you haven't left something of value behind? I have often wondered if having children lessens or alters in some other way fear of death. In my clinical and personal experience with people nearing the end, this does not seem to be so. But mine is a small sample and indeed such amelioration may be the case for those who have transferred their aspirations to their children. They go on through them, so to speak. The loss of this possibility is yet something else to be mourned by the childless.

To return to generativity, in Erikson's words, "generativity is primarily the concern for establishing and guiding the next generation." Evolution has made man a

teaching as well as a learning animal, for dependency and maturity are reciprocal: mature man needs to be needed, and maturity is guided by the nature of that which must be cared for. Generativity, then, is primarily the concern for establishing and guiding the next generation. Not all apply this drive to offspring of their own, but to other forms of altruistic concern and creativity through which many absorb their kind of parental drive. Indeed the concept of generativity is meant to include productivity and creativity. For the ability to lose oneself in the meeting of bodies and minds leads to gradual expansion of ego-interest and to libidinal investment in that which is being generated.

The human need to be generative, and it is a human need, can be fully met by many forms of altruistic concerns and creativity, any of which can be ego expanding, opening up too narrow a concern for self into investment in others and the future. Obvious alternate modes include teaching, mentoring, therapy, the helping professions in general, and identification with artistic, scientific, political or religious institutions of which one is a part as one contributes to their growth. The possibilities are legion. Such alternative life paths to generativity are not inferior to biological parenthood, albeit they are certainly not the same. Many of us, including most readers of this book, who do not want children but do want to be mature, generative adults, find that this is possible in one form or another.

Erikson points out that having brought children into the world is by no means synonymous with achieving generativity. Unfortunately, there are many parents who

are not generative.

To falter at this stage is to risk stagnation and become overinvolved with self and stuck in a narcissistic morass. Yet stagnation, as a minor chord, does have value. It prevents extreme deliquescence of self into endless rescue projects of others, a syndrome far from unknown to psychotherapists.

What about Dr. Nolan and generativity? He tells us in different language that he is experiencing a crisis of generativity and we have to take him at his word. He is indeed concerned that he has failed to expand his ego boundaries to encompass more of human experience, and to allow deeper concern for others. This is true. Yet it is only part of the truth. Dr. Nolan has indeed been generative in his teaching, in his mentoring residents and fellows, and in his care of his patients. He complains of stagnation, yet his life has clearly been anything but stagnant. He has simply followed another path and he needs to recognize that, as different as it has been from biological parenthood, it has been full, creative, and loving. Choices are also exclusions. Choosing childlessness does, as he so eloquently states, exclude one from some aspects of being human. I wonder if you identify with him here. In embracing the reality of what has not been (which I believe is necessary and healthy) have you ignored or minimized your own form of generativity? Take a look.

Integrity vs. Despair

Erikson's last stage, final integrity versus despair, is highly relevant to a

discussion of the meaning of childlessness. In his words, “Integrity is the ego’s accrued assurance of its proclivity for order and meaning—an emotional integration faithful to the past and ready to take, and eventually renounce, leadership in the present. *It is the acceptance of one’s one and only life cycle and of the people who have become significant to it as something that had to be and that, by necessity, permitted of no substitution...and an acceptance of the fact that one’s life is one’s own responsibility.*” The acceptance of the one and only life that has been possible, including in our case not having had children, is a tall order. For most it must be an ideal to be striven for more than a reality. Yet the striving is vital and acceptance is the key. Such acceptance necessarily entails mourning for what has not been possible, and emerging from that mourning free of the wish that it should have been different. This is a developmental “crisis” in which all of the earlier nodal points are reactivated and issues of trust, autonomy, identity and generativity in particular are reevaluated and once again worked through. Identity is reconfigured into the constellation that Erikson denoted as final integrity. The identity confusion concomitant with this working through can be terrifying. There is pain and anxiety in the process that hopefully leads to affirmation of “the one and only life that has been possible,” in our case, a life without children—and peace. The journey traverses that most powerful triad: mourning, acceptance, and affirmation to reach final integrity.

What about the contrapuntal despair? I think it’s always there. Time has run out in the sense that the road not taken will now never be taken. It cannot be. No children are now possible and that realization can be shattering. At the least it is

deeply disturbing. It was in just such crisis that Dr. Nolan consulted me. It was our job to work with the whole package, the doctor's strong sense of integrity—in Erikson's sense—and with his despair. It is your job too as you come to terms with being childless. If you deny none of your feelings you will eventually be able to embrace "the one and only life that has been possible."

Chapter 3: Choice and Necessity

In this chapter, I'd like to introduce you to some other folks who chose not to have children and to some who deeply wished to have them but for a variety of reasons could not. First, a final word about Richard Nolan and his integrity versus despair crises. Of all the earlier conflicts that got reactivated I have concentrated on the crisis of generativity. But trust and identity conflict play a huge role in the struggle for final integrity. Richard had seemingly successfully negotiated the first of Erikson's life crises, taking with him a strong sense of the basic trustworthiness of life. Trust in himself and trust in the world's potential to provide good things for him had become an intuitive and unquestioned substrate of his being. Yet in his final realization of how much his decision not to have children had cost him he lost trust in himself, in his judgment, and in his basic existential stance in life. To a lesser extent, he lost some of his trust in others and in the goodness of existence itself. A vital part of his ultimate reaffirmation of "the one and only life that has been possible" was a renewal, or better, reconstruction, of his capacity for trust, particularly of himself. The trust-mistrust issue will ineluctably raise its head as you examine your decision not to have children.

The same is true of identity. The core aspect of Richard's identity had been as non-parent, contented, even embracing his non-parenthood. Now in the upsurge of

doubt it brought him to me, being a non-parent, which had been a positive thing for him transmuted into being a “childless” person, a negative identity. The two are quite different. In working through his newly conscious complex feelings about not being a parent, he had to reconfigure this central aspect of his identity. Was he not fully the mature, fulfilled adult he had thought himself to be? If not, who was he? You too may be struggling with just such issues and not necessarily at age eighty as you think and feel your way through not being a parent.

It's time for a bit of balance. As just about everyone knows but generally doesn't believe, having children is not an unalloyed joy. They are noisy, dirty, demanding, prone to disease, vulnerable to all sorts of disaster, including their demise, and may even come to not only not love but hate you. Struggles and conflicts between parents and children are the stuff of much literature, particularly tragedy. Of course you may feel that you lost something valuable in not having engaged in these all-too-human struggles, conflicts, and losses. That is true. Yet that truth doesn't vitiate the reality of the emotional, not to say financial, cost of parenthood. It may be of some comfort to know that the road you have not taken is not without its bumps and ruts. I have to concede, in spite of my thesis being otherwise, that there are people without children, perhaps not a few of them, for whom this simply is not an issue.

Childlessness as a Choice

Cathy is a lesbian of a generation when adoption by two women, although not unknown, was rare and difficult. Brilliant and quirky, Cathy had more than her share of troubled relationships, few of which were enduring. A writer and university teacher, she has found ways to be generative, but has not found them to be fully satisfying. As an only child who suffered from loneliness, what she wanted was a family. She had had sexual relationships with men, but not since early adolescence has she had any serious doubts about her sexuality. She never seriously considered either natural or artificial insemination, not wanting the burden of being a single mother. At another level, the whole idea never had reality for her and was not an option. Speaking in later life, Cathy felt that this was generational. Had she been of a younger, freer generation, she might have chosen artificial insemination, but for her that had never been a possible choice.

Her partner in her longest and most stable relationship had no interest in acquiring children by any means, and certainly not by adoption. So that door was also closed to Cathy. The tension over this issue entered into, but was not determinative of, their breakup. Involved in many social and political causes, Cathy had continued to have many people in her life, just no kids. Her creative outlets as a writer, as a furniture maker, and as a potter, have also been highly gratifying sublimations. Yet however symbolically these represent children, they simply aren't kids. As she approached seventy, that door seemed tightly shut. Then Cathy found a way forward. She became intensely involved in the issue of female genital mutilation, moved to Ethiopia, and devoted her remaining life to helping young

women avoid that fate. Not exactly parenthood, but something akin to it. She died a happy woman.

John was an opera singer. Never a star, more like a journeyman, he worked more steadily than most of his peers. Now approaching forty, he was desperately unhappy with the growing knowledge that stardom was not to be his. Children had never been part of his worldview—not that he had anything against them, as long as they were someone else’s. He had had a longstanding problem with cocaine that doubtless, in spite of his denial, contributed to his failure to reach the top of his chosen profession. Apparently he was a first-rate tenor, but unfortunately just one among many. Although he minimized its effect on him, he bottomed out on the coke, which brought him to me for help and support with his newfound sobriety. He missed the coke, which took him away from his career disappointments however much it might have contributed to them. His feelings about his childlessness, whatever they might be, were nowhere to be seen or heard. His pattern of relationships with women was stable—serial monogamous affairs that lasted roughly a decade, punctuated by occasional visits to hookers to “spice up my life.” He told me that one of these women had broken off the affair because John had no interest in having children. He was about ready to let her go in any case, so that was just fine with him, perhaps another instance of his minimization of feelings. Be that as it may, that revelation gave me an opportunity to explore his decision to remain childless.

Our discussion didn't go very far. "Not interested, and never was. Needed freedom, especially freedom to travel, and to take economic risks that I would have lost if I'd had kids. No thanks." And that was the end of the discussion.

Several years later, now stably in recovery from his cocaine problem and missing it less and less, John unexpectedly brought up not having or wanting children. He went through a sort of minimal version of Dr. Nolan's crisis, now raising questions of identity and generativity. Having grown up with a chronically depressed mother and a remote, emotionally absent father, he had no models of effective parenting or adults who took visible interest in their being parents. That, plus his heavily narcissistic self-involvement with his career, had been determinative of his decision to remain childless. Nevertheless, John now realized that he hadn't shut that door nearly as firmly as he had thought. Younger than Richard Nolan, he was not yet struggling with reaching final integrity and he was young enough to have children if he chose to. I didn't think he would have had any trouble attracting a mate if he wanted one. Although we discussed possible parenthood for a considerable time and in considerable depth, John didn't change his mind. What did happen was that he gained wide insight into all the ramifications of being childless, which allowed him to reaffirm his decision in full consciousness of its meaning.

I believe that John gained much, particularly in the area of emotional maturity, by going through this rather painful process and I think he would agree. Interestingly, the one regret he expressed was a practical one: "If I never have kids

there won't be anyone there to take care of me in my old age. No free lunch, I guess, and I'm not going to pay the price, so that's okay—sort of.”

Sally Ann was fiftyish, a successful businesswoman involved in many community activities. She was on more boards and committees than I could keep track of. She had tendencies toward depression, and her somewhat manic, frenetic business and civic life served in part to ward off any underlying threat of that depression becoming manifest. She thoroughly enjoyed all of these activities and expressed satisfaction with her life. She came to me for vague feelings of disquietude and perhaps as a prophylactic against depression. Her childlessness early on became an issue in her therapy. Sally Ann's first husband had been disturbed, an unreliable heavy drinker who was probably severely mentally ill. Then in her middle thirties she had wanted a child. Her biological clock was running out. She had also wanted to go to business school to get an MBA. She needed it to advance from an irksomely limiting job. Her husband insisted she couldn't do both, among other reasons because they couldn't afford it. Without much conscious conflict, Sally Ann chose business school. A straight “A” student, she was able to make a spectacular career, advancing in a huge leap when she made a job switch at graduation. Shortly thereafter, her husband abandoned her for, of all things, a man, a predilection Sally Ann had never suspected. Abandonment was a major theme in our therapeutic work. A few years later she remarried—a definite step up—a decent, reliable loving guy.

The “kid issue,” as she called it, came up. Her new husband had no strong desire for children, although he was willing. By then she was running out of time and wanted to be a biological parent. Over the next year or two we explored every nook and cranny of having and not having children. In the end, Sally Ann decided that she liked her very involved life just the way it was, and with full knowledge of what she was doing moved on from possible motherhood. Increasingly successful professionally, Sally Ann is content, in fact more than content with the life that she has, childless as it is. Will she feel that way in ten or twenty years? Who knows?

Childlessness by Necessity

That brings us to the deep sadness of those who truly wish for children yet, for a variety of reasons, were not able to have them. This can cast a pall over their entire lives. Scott and Jennifer come to mind. Deeply in love with each other since college, theirs was that rare instance of love at first sight that endured. They were deliriously happy with each other and with their lives until their late twenties. Both successful as techies, they were waiting to accumulate a bit more of a nest egg before embarking on parenthood. But there was no question that that was what both wanted not too far in the future.

Then tragedy struck. Jennifer developed a rare neurological cancer that had a significant genetic loading. She underwent a series of devastating surgeries, leaving her with serious deficits in locomotion and vision. She recovered, and each of them

slowly came to terms with her disabilities. Their entire lifestyle changed and Jennifer's income was drastically reduced. For the first time, economic concerns factored into the decision of whether or not to have children. It was at this point that they came to me, both to deal with their reactive depressions and to figure out what to do about having a family. They still both wished for a child. As Scott put it, "What are we put here for if not to have children?" Clearly, parenthood was a core value. Yet there were two far more serious considerations than the economic one holding them back. The first was genetic. Although Jennifer's condition was not hereditary in any direct way, the vulnerability to it was. After much agonizing, they decided that this was not a risk they were willing to take. And then there was the risk of Jennifer's suffering a reoccurrence with possible further disability or even death. That made the possibility of adoption, which they seriously considered, problematic. Most adoption agencies would simply rule them out as potential adoptive parents. They themselves worried about—in fact, lived in terror of—a reoccurrence, not to mention the difficulty of raising a child while dealing with a serious disability. Sadly, infinitely sadly, Scott and Jennifer accepted that adoption caused too many problems and was not a viable option. That entailed mourning yet another loss after so many others. The process was torturous and prolonged, finally eventuating in an imperfect sense of peace. At times they revisit the possibility of adoption, only to let it go once again.

What has been helpful is a variety of substitutes and sublimations they have succeeded in making. Scott's work, which has a highly creative aspect to it, has

become an even deeper source of satisfaction, and Jennifer has reestablished her career, albeit at a lower level, which also gives her much satisfaction. Yet perhaps even more saliently, they've become enthusiastic and involved aunts and uncles as well as godparents to their relatives' and friends' children. All of this is both painful and fulfilling. However far from biological parenthood, their close, meaningful relationships with more than a dozen children has brought them some, in fact more than a little, recompense. And they are more in love with each other than ever.

Maureen and Harry have a rather different set of problems. Maureen has had a lifelong struggle with depression. I've known her for a long time and our work together, along with psychopharmacology, has helped but not cured. Maureen has had long periods of remission, yet what Winston Churchill called his depression, "black dog," always comes back. It has been like a wild animal stalking her. Maureen's depressions had been exacerbated by alcohol and drug abuse, but these problems had long since been laid to rest. What is germane to her decision not to have children is that alcoholism, as well as depression, runs in her family—father, mother, and siblings have been affected by one or both. But it is not only the genetics of depression that has inhibited Maureen from getting pregnant, it is depression itself. "How can I bring a child into the world knowing that there will be times when I can't take care of it?" Harry, who dotes on and worships Maureen, has no strong desire for paternity, although he would have gone along with a pregnancy

if Maureen had desired it. This is paradoxical since, by all reports, Harry is simply great with kids. Be that as it may, there was no pressure on Maureen from her husband to have children, although such a push may well have led her to decide otherwise. Harry also has a great deal of alcoholism in his family and likely undiagnosed depression as well, another factor mitigating against having children.

Maureen has suffered a great deal from feelings of exclusion from her female coworkers, who talk all the time about their children. It is not so much that they deliberately exclude her; she just doesn't feel part of their world or their concerns. As she has gotten older, talk of grandchildren has left her feeling just as alienated, just as apart, just as different, and just as excluded. An important aspect of life is foreign to her and this causes her sharp and enduring pain.

You may be thinking that Maureen did have a choice; she could have had children. But she would deny this. The way it feels from inside is that parenthood was simply not possible. As for adoption, who would give a baby to a woman who has been in therapy and on meds "forever," as she herself expresses it? Unfortunately, that is probably the reality.

To some extent Maureen has been depressed because she doesn't have children and didn't have children because she is prone to depression. Now in her sixties, retired so that the social pain of being childless is minimal, she has come to accept that having children was just not in the cards for her, and has sublimated a

good part of her drive to be a nurturer by rescuing and taking care of animals. She does have close and meaningful relationships with several nieces and nephews on her husband's side. She takes much satisfaction in the fact that her intervention in a niece's troubled adolescence has had a most happy outcome. For the moment—I hope many moments—she is not depressed.

Infertility and Adoption

I have not discussed here the most common reason people don't have children: namely infertility. The infertile, not having to struggle with the sort of problems the two couples you just met do, have the option of adopting. You, my reader, may very well be in this category of the childless as a consequence of irremediable infertility. Yet you have decided not to adopt and have all the conflicts over that decision that we have already discussed. There are very valid reasons not to go the adoption route. I don't know yours, but whatever they may be, it is important that you believe that they are sufficient and valid.

Embracing Your Childlessness

As I am sure you've noticed, I've made scant use of Erikson's developmental scheme discussing the childless men and women of this chapter. Yet it all applies—particularly the issues of trust, identity, intimacy, and generativity. You, my reader, can do your own Eriksonian analysis if you wish, or, if you prefer, simply identify

with the feelings and experiences of these childless people. Either way, you will get to know more about the whys and wherefores of your childlessness and of its meanings and ramifications. Then you can do whatever emotional work may be necessary to reaffirm your decision or accept your absence of choice as you find your own unique, joyful way of being generative.

About the Author

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