

Introduction

Bring the child forth and do it with all your might! If you die in the process, then pass on over, good for you! For you actually die in a noble work and in obedience to God.

—MARTIN LUTHER, 1522

During her campaign to become chancellor of Germany, Angela Merkel was accused of being an unfit representation of womanhood. Although married, Merkel was (and remains) childless, and in the context of running for public office, her apparent choice was interpreted as a calculated career move. One indiscreet insinuation in the media was that her lack of children demonstrated a deficiency of the kinds of natural instincts commonly found in women.¹ She was viewed with suspicion, and some questioned whether she adequately represented women or even human beings in general.²

The vilification of childless women is nothing new. While the texture and contours of the childless woman have been reshaped and the childless hag recast as the “career-driven professional,” social attitudes to childless couples are at best ambivalent. As the discourse of “having it all” continues to beat the tension between career and family into our cultural consciousness, it drowns

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out the fact that, for many, this choice is illusory and luxurious. What these characterizations obscure are the wide variety of experiences that lead a person or a couple to remain childless. Underneath the shrill rhetoric of culture wars fought over politicized families and concerns about overpopulation, underpopulation, consumption of global resources, and environmental ethics, there is little visibility for those who are biologically unable to reproduce.

CHILDLESSNESS AS DISEASE, DISABILITY, AND SOCIAL STIGMA

It might seem clear from the title that this book is about the physical inability to have children. Certainly this is true and represents the starting point from which this book was conceived. But this inability, and the lived experience that stems from it, is less easily defined than it might initially appear. In the modern world, “childlessness” denotes merely the absence of children. The term has intimations of loss and bereavement, but technically applies to anyone without children; whether this is by choice, by circumstance, or by biology is undetermined. Although the self-designation “child-free” implies resolute choice, the ambiguity surrounding childlessness arouses suspicion and sometimes judgment. Alternatively, the terms “barren” and “infertile” can be used to describe a biological state or condition. These terms are gendered and usually applied to women, are rooted in agricultural imagery, and presuppose a definite state. If we say that a person is “barren,” we assume that she is, as a fact of her very existence, unable to conceive children. The term “sterile” is more masculine but can also be used as a verb to denote the process by which a person—male or female—is rendered infertile. Sterilization might be forced on a person or it might be elective, but in either case it presumes a distinction between those who are made infertile and those who simply “are” infertile.

At the margins of all of these commonly used, sharply drawn medical categories are blurred boundaries. The distinction between sterility and contraception is obscured in contexts in which modern couples choose sterilization—tubal ligation or vasectomy—as a form of contraception. The difference between “abnormal” biological infertility and “natural” biological infertility is a matter of menopause. Even with menopause, the distinction between normal and abnormal is grounded in age. A woman who experiences menopause under the age of forty is medically different from a woman who goes through the same experience a few years later.

All of these categories are complicated by the social contexts that produce the diagnosis and label of infertility. In contemporary society, the identification of infertility belongs first and foremost to the medical world. But identifying a childless person as infertile involves cultural ideas that are not limited to the medical world. The process of formalizing medicalization relies upon both accurate diagnostic tools and procedures and the existence of medical treatments. In the majority of cases, a person is categorized as “infertile” only in the event that he or she is actively attempting to have children, has thus far proven unable, and, crucially, has consulted a doctor about his or her procreative abilities. This last step is further complicated by the fact that medical testing is religiously unacceptable to many. Thus a person or couple might be actively trying to conceive, be encountering difficulties, and yet be ineligible for formal diagnosis. They would instead inhabit a liminal space in which they hoped for children but had not yet had them.

This liminal position of trying unsuccessfully to have children without a medical diagnosis of infertility may sound marginal, but historically it is the experience of most couples. With the exception of those who never go through puberty, are rendered impotent or sterile through castration or other surgical intervention,

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or have other diagnosable impairments, all people are uncertain of their procreative status up until the point at which they conceive and then give birth.³ They may assume that they are fertile, but they cannot be sure until they are pregnant. Similarly they may suspect that they are infertile, but—divine intervention notwithstanding—the resolution of this suspicion comes only with menopause and advanced age. Men and women who have biological conditions that make it impossible for them to procreate but who never attempt to have children would never be diagnosed as infertile.⁴

All of this draws our attention to the recognition that infertility, even as a medical condition, is socially constructed from a wide variety of cultural ideas regarding religion, age, patriotism, biology, gender, and so on. Whatever biological impairments a person may or may not have, procreative abilities become relevant only in the event that he or she is trying to have children. Infertility is not the concern of the pediatrician. In those who are sexually active but trying to avoid conceiving, undiagnosed infertility might actually be an advantage. Only in the context of wanting to have children does childlessness evolve into infertility. The identification of childlessness as infertility involves much more than medicine.

In this regard infertility as a description of childlessness embodies perfectly the modern definition of a disability. One of the fundamental premises of critical disability theory is that what qualifies as a disability depends on the cultural ideas that we use to narrate and interpret physical, cognitive, and emotional differences. When we identify some of these differences as “disabilities,” we are usually describing more than just a medical diagnosis. We are also accounting for political, religious, sexual, and legal factors, among others, related to the social and environment context in which these differences present themselves. Moreover,

as we will discover through this book, discussions of disability can help us to express a variety of cultural ideas, including ideas about gender, divine activity, marriage, family, and the eschaton. Disability is a cultural product that involves ideas about a wide variety of social structures, institutions, and experiences.⁵

With respect to infertility, social context is especially important. Accessing the lived experiences of infertile couples, and thus quantifying the stigmatizing effects of being identified as or self-identifying as infertile, is fraught with difficulty. For a variety of reasons, including socioeconomic and religious considerations, only approximately half of infertile individuals worldwide seek treatment at all. Social-scientific studies of the experience of infertility are based exclusively on those couples actively seeking treatment. Many such studies have focused on psychological distress and thus narrowed the scope of their investigation to infertile couples or individuals actively in psychiatric care, a sample group that automatically limits itself to those experiencing distress.⁶

What this means for this project is that sociological studies of the experience of infertility underrepresent both those who are infertile by the medical definition but do not intend to have children,⁷ and those who do not seek treatment because they are unable to do so.⁸ Of this second group, individuals and couples who are opposed to reproductive technologies on religious grounds are especially underrepresented.⁹ We can empathize with the dilemma facing researchers: they can work only with the data available to them. All the same, the voices of those who are without children and hold religious views that prohibit them from seeking certain forms of medical treatment are muffled in the very studies designed to assist them.

To the broader and shifting bases for the stigmatization of infertile couples and individuals in the workplace and society in

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general we can add the pressure that infertile couples face from family members, whether their partner, in-laws, grandparents, or siblings. The dilemma is an ancient one: fifth-century bishop John Chrysostom wrote that a daughter is the source of many sleepless nights to her father, who lies awake worrying that she might be childless, past her prime and unmarried, or repulsive to her husband.¹⁰ This same sentiment is found at a remarkable distance of space and time: a Chinese proverb holds that “there are three ways one can dishonor one’s parents, with childlessness being the foremost.”¹¹ Modern studies of infertility reveal that, in societies that foster tight-knit extended families or permit polygamy, the social pressures applied to infertile wives are increased. Infertile women experience higher rates of alienation in social situations that place a higher premium on reproduction.

We should add that the distinction made by critical disability theorists between those stigmas based on various physical deformities, those associated with perceived blemishes of character, and those described as “tribal stigmas” (race, religion, nationhood) are broken down in religious contexts.¹² The assumption that “infertile women are stigmatized because of abnormal bodily function” is sometimes challenged in religious communities.¹³ This might be an adequate description of the stigmatization of the openly infertile, but it fails to address the social situation faced by the ambiguously childless.

By neglecting the complex forces that contribute to childlessness and by rehearsing a simple picture of (in)fertility, some religious groups only exacerbate the problem. In a sermon delivered in June 2014, for example, Pope Francis castigated those married couples “who don’t want children, who want to be without fruitfulness.”¹⁴ These couples, he went on to say, have been blinded by a “culture of well-being” into thinking that “it’s better not to have children. . . . That way you can see the world, be on vacation, you

can have a fancy home in the country, you'll be carefree." While he attempts to make a clear-cut distinction between childlessness by choice and infertility, he is oblivious to the complicated issues we have just described. Given that infertility is an "invisible disability," all childless couples, including the infertile, are socially disabled by his stigmatization of childlessness as selfish. Francis's default assumption seems to be that childless couples have simply made a lifestyle choice. The complexities of lived childlessness are obscured by the binary he reproduces. In religious communities opposed to the use of contraception but situated in larger communities in which contraception is widely available, this kind of deviant familial model is likely to be perceived as the result of an immoral lifestyle choice. A physical deformity is, in this context, read and understood as a blemish of character. The fact that diagnosis can elude members of certain religious denominations means that they are perpetually in limbo—or worse.

CHILDLESSNESS AND GENDER

The assessment of childlessness and responsibility is acutely gendered. While Merkel's candidacy was not affected by the speculation, childless women in modern society continue to be the subject of intense personal scrutiny. In 2014 Ayaka Shiomura, a Japanese politician, was heckled in parliament as she called for an increase in support for pregnant women. Leaders of the opposing majority party called out, "Get married!" and "Can't you have children?"¹⁵ The content of the comments was curious; paradoxically, her advocacy for pregnant women led her opponents to conclude that she is infertile. Womanhood continues to be associated with motherhood, and with the assumption that motherhood is the highest state of womanhood. Those women who

fail to meet these social expectations are subject to additional scrutiny. They are, even in the twenty-first century, characterized as “unmaternal,” as inadequate representations of women, as selfish, and as bitter.¹⁶ This characterization is, in some cultures, even embedded in the language: in Japan and Korea, the term for an infertile woman translates as “a woman made of stone.”¹⁷

For women in the workplace there is no socially acceptable family situation. While women of a childbearing age are treated as potential liabilities, childless women encounter their own problems. Sociologist Caroline Gatrell has remarked that employers see female employees who do not have children as “cold, odd and somehow emotionally deficient in an almost dangerous way that leads to them being excluded from promotions that would place them in charge of others.”¹⁸

To an extent, the presumption of guilt is typical of Christian—and more broadly cultural—norms that evaluate the kind of person a woman really is on the basis of external features. Like dress, hairstyle, and makeup choices, family life is taken as an indication of innate femininity and morality. Although similar prejudices exist in the evaluation of male family life and appearance, the crude hyperspeculation about morality related to childbearing, and the unstated assumption that childlessness is a matter of choice, continually and repeatedly lands squarely in the lap of the nonmother. Thus while successful childless women are assumed to be embittered, selfish, career-hungry feminists, similar accusations are not laid against childless men. More often than not, when men are childless it is assumed either that the man’s wife is just the kind of “cold” feminist described above or that the couple (again, probably the wife) is infertile.

Paradoxically, the stigmatization that women seek to avoid by openly self-identifying as infertile is only reinforced when women “out” themselves. An individual woman can choose to disclose her fertility status, but in doing so she unwittingly re-

inforces a system that judged her inadequate and potentially immoral.

POLITICS, PATRIOTISM, AND PRODUCTION

In a 1903 article titled “Barrenness: Its Cause, Curse, and Cure,” a certain Reverend James G. Evans remarked that barrenness “leads to immorality and domestic infertility . . . breeds brazenness; makes heartless; makes criminals and murderers . . . depopulates the state; retards the growth of the church; injures society.” The solution? According to Evans, it was to “give children a value, and recompense the woman who bears; encourage production.”¹⁹

Infertility is not a matter only of familial pressures, personal disappointments, and cultural stigmatization; it is subject to and shaped by legal and political pressures. Procreation and population growth are issues of state and national importance. The family is the unit by which society is built and nations prosper. Rev. Evans, in calling for infertility to be recognized not merely as a challenge for the individual but as a challenge to society at large, is not alone. The intermingling of the family and state has its own storied history.

Strategies of governmental population management vary. From China to Ceaușescu, intrusive policies that have destructive effects on citizens’ lives run the gamut from encouraging growth to limiting expansion. Selective programs of sterilization for the sake of the nation—targeting immigrants, epileptics, alcoholics, and those with low IQs, among others—are equally horrifying.

Even in the absence of overt public policy, state structures implicitly determine and respond to cultural conceptions of the “right kind” of family. Economic social structures place a premium on procreative abilities. The US tax code not only favors married couples, but also makes provisos for dependent children under the age of twenty-four and offers child credits, child care

tax credits, adoption credits, and earned income tax credit.²⁰ This is to say nothing of tax breaks for educational savings accounts, tuition programs, and higher education tuition deductions. While these programs are often adjusted by income, they are adjusted also by the number of children present in the household. These allowances encode the idea, normative to our society, that children are a social good.

Conversely, those who have trouble conceiving “naturally” face an onslaught of financial penalties. Reproductive technologies and testing often stand outside the realm of ordinary health care provisions. The situation can be more extreme when couples are seeking to adopt. While no one can doubt the good intentions behind those formal procedures by which adoptive families are evaluated and regularly checked on, adoptive parents are subjected to additional scrutiny by society as a whole. They are examined in ways that those who reproduce biologically are not. The process itself can be lengthy, and is one in which personal finances play a key role. Couples can increase their chances of adopting either by paying advertising costs and/or the cost of living expenses and medical fees for birth mothers, or by adopting privately abroad. While the system can be galling for any couple, it privileges conventional families and wealthy couples.

PROCREATION AND NATURE

The high value that modern societies place on fertility and reproduction has biological roots. But the language and ideas used to express the value of the family, and particular models of the family, are often religious. For individuals struggling with infertility, religious communities are often a natural place to turn for solace, validation, consolation, and meaning. This process is complicated by two factors: the politicization of the family and human sexuality over the past fifty years, and the deeply religious and biblically based commandments to reproduce.

Since the 1960s there has been a revolution in societal attitudes to sex, women's roles, and familial life. These social trends have been equated with developments in contraceptive technologies, feminism, relativism, and secularization and, as such, have been rejected as immoral by some religious groups. In pushing back against these wider social trends, some have seen the traditional model of the family as the last bastion of social values and morality.

When large families become a marker of morality and fidelity, childless families become associated with secularization and feminism. The subtle social stigma attached to women, in particular, for failing to procreate melds patriotism and procreation into one. It extends the biological shortcomings and perceived character flaws of infertile couples into moral and political subversion. Conversely, larger families are highly valued as traditional, principled, and religious.²¹

In the countercultural apologetics of large families and divine fecundity, pregnancy and childbirth are conceived of as preferable. Certain kinds of births, those that take place in the home rather than the hospital, for example, or that forgo pain-killers, are explicitly described as "natural." In a social context that interprets childbirth as natural, it is easy to take for granted the idea that childbearing is a simple human process rather than—as was the case until well into the twentieth century—a potentially deadly event in the life of a woman.

This depiction of pregnancy and childbirth as natural further exacerbates the characterization of infertile women as violators of the laws of nature. Procreation is, of course, a part of the natural order. It is a vital part of the survival of the species. This does not, however, necessarily mean that pregnancy is easy, safe, or good. The idea that natural is equivalent to good and healthy is misleading. Many things are natural and dangerous. Snakes are a natural part of creation, but they do not make good playmates or theological conversation partners.

Although this perspective is not always religious, it is fostered and fed by biblical understandings of childbirth and mothering. Tradition holds that the pain that women experience in childbirth is the result of the sinfulness of Eve in the Garden of Eden. In Christianity, the sin of Eve can be juxtaposed with visual images of Mary, the mother of Jesus. Since the Renaissance, the postpartum Mary has been depicted as placid, calm, and content. Medieval descriptions of her experience of conception, pregnancy, and childbirth describe it as pleasurable and at times even erotic. The subtle and deeply entrenched association of “natural childbirth” with moral superiority lingers in modern discourse of pregnancy. Against these idealized portraits of natural motherhood, the infertile woman or woman who experiences difficulties carrying to term appears unnatural, complaining, and self-absorbed.

READING INFERTILITY IN THE BIBLE

The Bible is read as an academic text, a work of literature, and a spiritual and theological handbook. When it comes to infertility, however, these disparate readings have coalesced around a single idea: that God instructed humanity to “be fruitful and multiply.” The simple association of fertility with divine blessing, both in the Bible and in its subsequent interpretation, led and leads to a master narrative of infertility as equally originating from the deity, often, if not always, as a form of curse or punishment.

The presence, and perhaps even dominance, of this sharp perspective in the Hebrew Bible is not in question. The traditionally most revered women from the Hebrew Bible are those whose fertility is specially marked by having overcome barrenness with divine assistance, the matriarchs of Genesis and Hannah, the mother of Samuel. Fertility is a near constant in the various divine and familial blessings in the text, beginning in Genesis 1 and appearing again in the divine promise to the patriarchs. The

Psalms equate a fertile wife and a large family with the very definition of happiness for those who follow the path of God (Ps 128:3). On the negative side, in the story of Hannah in 1 Samuel 1, both her rival wife Peninnah and the narrator declare that Yahweh had “closed her womb” (1 Sam 1:5–6). Although there is no explicit language of curse or punishment here, Peninnah levels the accusation against Hannah as a taunt: she implicitly creates a hierarchy of social acceptance in which the fertile woman outranks the infertile, a hierarchy in which Yahweh, by being named as agent, is implicated. The prophet Hosea calls for God to punish Ephraim with “a womb that miscarries” (Hos 9:14). The unproductive womb thus becomes a symbol and signal of divine wrath. On the male side, men who are reproductively disabled are prohibited in Deuteronomy 23:2 from participating in the cult, which in biblical terms at least means separation from the heart of Israelite society.

While miraculous births are rarer in the New Testament, the master narrative remains the same in the writings of the Jesus movement. Agricultural barrenness continues to be a metaphor for spiritual failure (Jas 2:20). In a clear allusion to the matriarchs of the Hebrew Bible, Elizabeth—the elderly and formerly “barren” mother of John the Baptist—conceives and gives birth late in life (Luke 1:36). The story might be read as suggesting that such miracles are available to followers of Jesus. Certainly the author of Hebrews read the birth of Isaac to the formerly infertile Rebekah as a prototype for faithfulness (Heb 11:11). But perhaps the most difficult teaching on fertility is found in 1 Timothy, in which the author writes that women “will be saved through childbearing, provided they continue in faith and love and holiness, with modesty” (1 Tim 2:15). While any number of scholarly and pastoral interpretations have tried to reinterpret 1 Timothy, the starkness of the language and imagery cannot be easily dismissed.²² The pseudo-Pauline association of women’s

salvation with childbearing or—as some have read the passage—child rearing, binds the fate of female followers of Jesus to their procreative and maternal abilities.

The association of divine blessing and fertility reverberates throughout the entire corpus. As part of the covenant, God promises Abraham offspring as numerous as the heavens. And, by the time we reach the theologically weighty question of salvation in the pastoral epistles, the vindication of women is explicitly tied to their ability to bear children. Taken together, these texts contribute to a master narrative running throughout the Bible in which fertility is a sign of divine blessing, procreation an obligation, and infertility a sign of divine judgment and moral failure.

Numerous spiritual and religious self-help books and manuals have been written to address the experience of alienation and failure experienced by those who are unable to reproduce biologically. Whereas in the past infertility was frequently linked to sin, the majority of these books direct their readers away from personal culpability toward a more general and cosmic sense of brokenness. Simultaneously, however, these books reinforce the biblical idea that personal transgression is the potential root of distress. To offer just one example, a book from 2005, *Infertility in the Bible*, offers the following statement: “We see that infertility can be a divine decree, a punishment for a specific philosophical error that caused you to make a mistake (i.e., a “sin”). That’s a possibility for any of us, and it pays to take it seriously. Happily, the constructive response to infertility is the same whether the infertility stems from divine punishment or whether it’s the result of the laws of nature: look for a character flaw in yourself related to having children, understand what mistake you’re making, and hope that your new insight will lead to divine intervention now that you are no longer blinded by goals that con-

tradict God's plan."²³ While it may not be the author's goal, the statement "infertility is not always punishment for sin" is immediately followed by instructions to the implied infertile reader to "look for a character flaw" in himself or herself. This sort of advice is found in many other similar publications, but religious manuals cannot shoulder the blame alone. Studies have demonstrated that, in the absence of diagnosis or cure, some infertile couples have interpreted their infertility as divine punishment for having had premarital sex.²⁴

When it comes to the evaluation of infertility in biblical texts, scholarly readings have not diverged sharply from conventional religious understandings. The basic premise that disability or disease is divine judgment from God for sin is as entrenched in the academy as it is in the pulpit.²⁵ This is what, in critical disability theory, has come to be known as the "religious model" of disability: the notion that disability is divine punishment. Yet this label, it should be noted, is misleading in certain ways. Certainly today it would be inaccurate to say that religious understandings of disability necessarily entail concepts of sin and punishment. More important for our purposes, the "religious model" suggests that as we look back in history we should *expect* to find that the more "religious" cultures of the past, particularly in the ancient world, held to this notion of disability as divine judgment. Yet this is prejudicial, and paints the diverse intellectual and religious sensibilities of the past with a single wide brush. A pointillist technique is more appropriate to the historical situation.

When it comes to infertility, the standard "religious model" is grounded in the assumption—derived from Genesis—that pregnancy, childbearing, and procreation are unequivocal goods, that childlessness that is chosen is intrinsically different from childlessness that results from biological impairment, and that women

are responsible for infertility and childlessness. While these assumptions might appear reasonable, and might even be generally true, they are in need of reassessment.

THE PURPOSE OF THE BOOK

This book is neither a synthesis of biblical views of fertility and family nor an overview of fertility in the ancient world. It is self-consciously selective. It does not treat every single mention of infertility in the Bible, nor every possible text or ancient analogue that might impinge on the topic. Nor does it deny the presence or even dominance in the biblical text of the master narrative of infertility described above. We are seeking not to supplant, but to add; not to contradict, but to contribute. This book rereads in a historically responsible way a multifaceted text, the Bible, that has been unilaterally interpreted as negatively assessing the experience of infertility.

We have chosen to focus our story on the canonical Bible because these are the texts that formed the bedrock for later Jewish and Christian thinking about infertility, and because these are the texts that have cultural, religious, and imaginative power for readers today. At the same time, the Bible was not created *ex nihilo* and is never read outside of time and space. In their canonical form the books of the Bible are literary snapshots of broader, sweeping, and sophisticated processes of reasoning. Cultural conversations about infertility preceded, followed, and surrounded the elegant frames in the modern biblical canon.

Part of the process of reading biblical stories about infertility is placing them into the ancient context in which they were written. This process involves engaging, where applicable, ancient religious, medical, political, and legal texts pertaining to pregnancy, childbirth, marriage, and inheritance. It also means broadening the scope of the project to include discussions of

adoption, constructions of the family and “fictive kinship” in the ancient world, and understandings of ideal bodies in relationship to the divine. Ancient Near Eastern, Egyptian, Greek, and Roman authors had a great deal to say about these issues and operated from assumptions very different from our own. In the history of scholarship, our understanding of this comparative material has been colored by traditional readings of the biblical material. Informed by recent critical biblical scholarship on disability, we seek to do the opposite. Our task is to read this contextual material afresh in order to disrupt the homogeneity present in modern assessments of the “biblical” or “ancient” view of fertility.

In some instances, especially in our treatment of the New Testament authors, this means turning to unexpected places: to stories and concepts that may not initially seem to be relevant to the question of infertility. The prevalence of adoption in the ancient world, negative understandings of pregnancy, and the development of Christian notions of nonbiological families allow us to see how infertility became a nonissue for some early Christians and why barrenness was on occasion even idealized. By situating conventional understandings of infertility in the context of these broader discourses relating to the family and childlessness we will catch glimpses of an imagined world predicated on family, but not on procreation.

What we hope to reveal is that, even in the Bible, childlessness need not be the hallmark of impiety, immorality, divine abandonment, or divine punishment. While it is largely presented as negative, it is on other occasions assumed or neutral. In some cases childlessness is a part of the divine plan, is embedded in creation, or serves as eschatological foreshadowing. There are junctures in the text where real thought is given to an alternative form of divinely authorized family. And by the time we reach Paul the celibate life seems actually to be preferred.

The organization of this book reflects our conviction—a conviction shared by the majority of biblical scholars—that the Bible is a collection of voices. It is an assortment of views assembled by fortune as well as tradition. Despite the fact that all of our authors are, so far as we know, educated men, they reflect the opinions of diverse groups and individuals whose lives were separated from one another by centuries, empires, social context, and fundamental spiritual convictions. Even within the “Old” and “New” Testaments there is disagreement and difference.

Depending on a scholar’s or reader’s own worldview, it is possible either to harmonize or to cacophonize these voices, to weave them together into an ornate tapestry or to expose the broken threads and unsightly hermeneutical knots that mar the canvas. Our intention is to do neither of our things but, rather, to highlight the diversity of voices about infertility in the biblical record. The impressive variety of these perspectives militates against any attempt to find any sustained argument running from Genesis through Revelation. We do not attempt to replace one dominant reading with another. To that end, the reader will notice that the arguments and claims made in one chapter of this book may be quite different from those made in another. These are case studies, and as each text or theme under discussion is distinct, so too are the potential ramifications to be drawn from it.

The resistance to harmonization and cacophonization is not only an attempt to do justice to the evidence and the historical circumstances in which the Bible was produced. It is also an effort to preserve, for those whose lives do not mirror the conventional religious narrative of fertility as God’s blessing, the conflicting, competing, and diverse emotions and reflections that they might have about and on these experiences.

In pushing back against the dominant narrative of fertility, this book runs the risk of inadvertently rehearsing some of the more problematic arguments of second-wave feminism. In dis-

rupting the idealization of women as mothers, feminism allowed for a woman's worth to be unshackled from her procreative capabilities. It created a structure in which biologically infertile women and women who choose to be infertile could be valued. It is worth pausing to acknowledge the enormity of this contribution. At the same time, the movement that sought to deconstruct a woman's desire to bear children, and treated that desire as the byproduct of patriarchal discourse, did not allow room for maternal desire or reproductive technologies.²⁶ The dominant narrative of women as defined by their procreative abilities (or, as 1 Timothy would state it, "saved through childbearing") was replaced with a new narrative in which maternal desire itself was rejected.

As third-wave feminists pointed out in their critiques of their predecessors, this new narrative did not allow space for women, or men for that matter, to feel conflicted or divided about their situation. The move to replace one strong monolithic view with another is replicated in other arenas in which marginalized or liminal identities are formed. In conversations surrounding deafness, for example, the deaf lobby is often criticized both for opposing the selective termination of deaf fetuses and for funding research into curing the conditions that lead to deafness. The accusation that is made is that the deaf lobby is "inconsistent" or, worse, "hypocritical." It is important to note that similar accusations are pointedly not made against those who fit into the culturally defined group of "normal" and (thus) dominant bodies. Our culture continues to identify emotions with women, but it is culturally acceptable for men to perform the roles of either the "sensitive modern man" and the "stoic male" without being subjected to high-brow accusations of hypocrisy. Consistency is evidently the hobgoblin only of marginalized minds.

The same breadth of expression, experience, and inner conflict permitted to the "normal" should be extended to the atypical. By illuminating the diversity of ancient opinions about

childlessness—recognizing the neutral and the positive alongside the conventionally negative—and by resisting the desire to set these opinions into a single monolithic narrative, we aim to supply resources for the wide varieties of life experiences that lead to childlessness and the wide variety of responses that even a single person might have to these circumstances. It is an effort to puncture the wall of the proscriptive and to allow for a multiplicity of interpretations that mirror the multiplicity of emotions and lives.

Even as this book is methodologically historical, it has in its sights the embodied experience of childlessness. The subject matter of this book is not a set of abstractions, and the book itself is not an academic thought experiment intent on dislodging truisms merely for the sake of doing so. Smoothing over biblical tensions either by elevating infertility over fertility or by presenting a singular counternarrative to the dominant narrative of fertility would do injustice both to the diverse experiences of childlessness today and to the biblical record. In this quest for polyphony, therefore, historical responsibility and embodied reality meet.

If a single word or thought can summarize the thrust of our argument, it is this: childlessness in the Bible is divinely sanctioned—insofar as the word “sanction” means both to endorse and prohibit. Social-scientific studies of infertility have suggested that women who are diagnosed as infertile are able to restructure their definition of family to include child-free lifestyles and adoption, and report that their lives are greatly improved on account of these changes.²⁷ The intent of this book is to broaden the conventional understanding of the biblical perspective in order to reveal the diversity of biblically endorsed notions of family, parenthood, and fertility.