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Chapter 1

THE FRANKENSTEIN METAPHOR

I doubted at first whether I should attempt the creation of a being like myself, or one of simpler organization; but my imagination was much too exalted . . . to permit me to doubt of my ability to give life to an animal as complex and wonderful as man . . . Nor could I consider the magnitude and complexity of my plan as any argument of its impracticability.

- Victor Frankenstein, in Mary Shelley's *Frankenstein*

Remember that I am thy creature; I ought to be thy Adam, but I am rather the fallen Angel whom thou drivest from joy for no misdeed.

- Frankenstein's creature, to his creator

THE FRUSTACIS

You may know of the renowned case of the Patti and Sam Frustaci family. In 1985, fertility doctor Jaroslav Marik treated Patti Frustaci at the Tyler Medical Clinic in Southern California, where Marik was a part owner. The Frustacis already had a healthy son. Dr. Marik treated Patti with the fertility drug Pergonal. Early in her pregnancy, the clinic staff determined that Patti was pregnant with seven fetuses.

Despite the counsel of her obstetrician that the fetuses had a slim chance of surviving until term, Patti refused to have a selective abortion by which a doctor would remove several of the fetuses in order that the remaining unborn offspring have a better chance of survival. Patti's decision to spurn abortion was at least partly based upon her Mormon faith. The children were born 12 weeks prematurely. Each of them weighed less than two pounds. One of the children was born dead. As the six remaining children clung to life amid a sea of tubes and ventilators, three of them died over a period of 19 days. The three surviving children, Patti, Richard and Stephen, are all severely impaired with the burdens of mental retardation and health problems, including cerebral palsy.

So who is at fault in this situation? The doctor did what fertility doctors do. Marik advised his patient. He monitored Patti's pregnancy. He administered a widely used drug.

Patti and Sam opted for fertility treatment even though they already had a healthy child. When Patti's obstetrician warned of the possible outcome, the Frustacis invoked God's teaching. And when the obstetrician's prognosis proved accurate, the Frustacis hired a lawyer. Since they followed their faith, it stands to reason that the outcome of the pregnancy was God's will. But since they could not sue God, the Frustacis went after the next best entities, the Taylor Clinic and Jaroslav Marik.

Dr. Marik was a pioneer in his field with a stellar reputation. Refusing to take the blame for the Frustacis' predicament and settle the case outside of court – which would have made things easy, and cheap, for his clinic's insurance company – Marik was determined to go to trial. His clinic's insurance company, however, decided to settle with the Frustacis.

The insurance company preferred to pay rather than risk the liability that the Frustacis would win the \$12 million to \$14 million they were seeking in damages. Their multi-million-dollar cash and annuity settlement would provide support for the three disabled children, as would the proceeds of an exclusive interview contract with *People* magazine.

Immediately after the announcement of the settlement, five-and-a-half years after the birth of the septuplets, the Frustacis' lawyer announced that Patti was once again pregnant – this time with twins – as the result of fertility treatments at another clinic.

This defines chutzpah. What would Patti have done had the latest round of treatments generated four, five or six embryos; subject these innocents to the risks of death, disability or dependency for the rest of *their* lives as well?

A recent study looked at babies conceived by means of in vitro fertilization (IVF) – where fertilization takes place outside of the mother's reproductive system, usually in a laboratory container – or by other “assisted reproductive technologies” (ART), like the one Patti and Sam Frustaci used. It found that ART-IVF newborns are much more likely to have birth defects than are naturally conceived babies. The study, conducted at the University of Ottawa, examined the health records of more than 61,000 deliveries in Ontario, Canada in 2005. It showed that ART-IVF babies had a 40 percent higher chance of being born with birth defects. Gastrointestinal abnormalities were most common, though the babies also had higher risks of bone, muscle and heart-related defects.¹

VICTOR FRANKENSTEIN

Defects in children can take many forms. In Mary Shelley's classic novel *Frankenstein* (you will have to remove any images of the cadaver-splicing movie

versions from your mind), the brilliant budding scientist, Victor Frankenstein, is convinced he can concoct a new human out of whole cloth. He gives little thought to the pitfalls, obligations and complications involved in bringing his new offspring into the world. He doesn't consider the consequences of creating a baby (although a very large one) who may be less than perfect.

When Frankenstein's grotesquerie first sees his creator, he is mortified by the look of horror on his "father's" face. Victor runs from the room and abandons his progeny. The emotional devastation is wrought. With a yet-unformed personality, without use of language or knowledge of social ways, the creature's personality begins to form. Frankenstein's vision of perfection soon disintegrates into a horrific morass. The metaphor is almost perfect, if somewhat exaggerated, for millions of American families.

Victor Frankenstein only jeopardized two lives directly. Patti and Sam Frustaci seemed to set their gambling sights much higher. The Frustacis are emblematic of the predominant, simplified, overarching reason people make kids: it is so they can *have* kids – preferably, of course, "normal" ones. Nevertheless, the risks be damned.

COMPASSION FOR CHILDREN

Both of the authors love animals. We don't shop at stores that sell fur – or whose parent companies own stores that sell fur. We don't eat meat. When we watch scenes on television showing newly caught fish gasping for breath, we see the helpless creature as being like a child dying for lack of air, suffocating and writhing in terror and desperation. We boycott merchandise from companies that develop commercial products by way of inhumane experiments. That means we check every package at the market to be sure we're not buying from a corporation that regards

animal suffering as incidental to the company's profits. We likewise try to avoid companies that are connected to human rights abuses. In other words, we feel compassion for all sentient beings, human or animal, child or adult.

That especially includes children. One of the great joys of life is seeing delight in the eyes of small children; the sense of discovery and accomplishment written across their faces. A child's giggle is all it takes to put a smile on any adult's face, even those who are indifferent to kids. And when we hear news stories describing missing, dead, or seriously ill children, we lament as well. When tragedies befall any children – or the adults they become – who can resist feeling empathy?

Around the world, hundreds of millions of children suffer. Birth defects, abusive or inadequate parenting, genetic predisposition, environmental pollution, poor nutrition, civil upheaval, and an almost endless litany of sources of suffering stand in the shadows waiting to inflict their misery on potential victims. When tragedy strikes and parents cry out, "Why did this happen to my child?" or, "Why did it happen to me?" the answer really begins with: "You gambled by creating a life." When people get involved in high-stakes gambling, huge losses sometimes ensue. All would-be parents are aware that their potential children may face all sorts of hazards as they make their way through life. At least they should be. How else would they be any different from Victor Frankenstein?

University of Pennsylvania Medical School psychologist Edward Monte raises a set of issues for couples who have reached their thirties– and presumably older – without having children, to consider. The issues are contained under the umbrella question: Are you emotionally prepared to have a child? The questions would-be moms and dads need to ask themselves are:

Am I ready as an adult?

Are we ready as a couple? (Monte wrote the article when coupledness was still a passively assumed prerequisite for reproduction.)

Have I resolved most of my childhood conflicts?

What is my image of my future family?

Do I *really* want a child? ²

The issues Monte raises are seldom considered by would-be parents. After all, how many parents ask themselves these questions before they decide to procreate?

Dr. Monte refines the questions. *Am I ready as an adult?* – Am I an adult? Am I parental material? Do I have my own independent thoughts and feelings? Can I love a child and still set boundaries?

Are we ready as a couple? – Do we have enough qualities and traits in common to parent successfully? How well do we resolve our differences? How do we go about integrating our values and our world views? Are we able to compromise when we disagree . . . *really* compromise?

Have I resolved most of my childhood conflicts? – As relates to my family when I was a child, are there issues I have not yet resolved that could affect my ability to parent? Am I truly finished with being a child myself? Am I compensating for something that was missing from my childhood?

What is my image of my future family? – Dr. Monte explains the meaning of this question:

A person's image of the family he/she would like to create is based on the family he came from . . . tempered by what he knows about the neighbors and the people on television and in other media.

As a result we end up with unrealistic fantasies. We either think that our future family is going to be great or that it's going to be a nightmare.³

It is Monte's contention that to some degree all parents mess up their kids, yet most children survive their upbringings. In a research study Monte conducted, the children who did not do well had parents who were distant because they were afraid they were going to mess up their kids. Other children who didn't do well had parents who were constantly measuring their babies against what they thought a child should be achieving.

Do I really *want* a child? Monte asserts that we live in a "society that doesn't ask *if* you want a child, it asks *when*." He points out that many people become parents regardless of true desire because they don't want to be known as "the sad, childless couple."

And so, many people become Frankensteinian parents: people who parent because the urge hits them, not because they have thought out the ramifications of their momentous choice.

Planned Parenthood, a nonprofit organization that provides reproductive health care, sex education, and information to millions of women, men, and young people worldwide, explains that there is a series of common myths that many take as truths. The organization raises issues akin to those of Edward Monte.

Being a good parent will come naturally to me.

Having a child will make everything in my life fall into place.

I will become a more patient person when I have a child.

Giving up some freedom in my life will be easy for me.

My child won't have problems if I love my child enough.

My child will give me all the love I need.

My child will be happy if I am a good parent and try my best to meet the needs of my child.

I won't need any help to take care of my child.

People with unrealistic expectations of parenthood may have a harder time adjusting to the demands of raising a child.⁴

If only Victor Frankenstein had given thought to these issues.

LIMITED PARENTAL SKILLS

And what of parents' skills in raising kids? Such skills are not functions of wealth and education. They are a huge consideration that few adults, in our experience, carefully consider, before deciding to produce offspring. How many would-be parents, like Victor Frankenstein, candidly examine their potential parenting abilities? As Madelyn Cain says in *The Childless Revolution*,

Parents teach children every day. Although parents prefer children follow the verbal lessons they offer, it is from example that we learn most. When messages are delivered by parents who are themselves damaged, the child becomes the unwitting recipient of injurious, and often life-altering, information.⁵

Such "damaged" parents can have a variety of characteristics, such as everyday neuroses or just bad instincts when it comes to dealing with children. But it could be worse. These parents may be drug abusers, victims of physical abuse, or they just might be mentally ill.

11-year-old Faith Charles is a victimizer. But she is also a victim. Cheryl knows Faith's story through her work as a county mental health administrator. At her

tender age, Faith engages in unsafe behaviors, such as cutting herself, in order to escape from intense emotions. Her behavior is frequently sexually inappropriate, using the Internet to present herself as older than she really is to male strangers. She has threatened to kill her grandmother and has been physically aggressive against her classmates.

It is no surprise that Faith's mother has a history of heroin abuse and is such an unhappy person that she often threatened suicide in Faith's presence. Faith reported to a counselor that she was terrified to go home from school because she didn't want to find her mother dead.

To top off this depressing tale, Faith's parents would fight to the point of physical violence, which left the young girl anxious beyond her ability to cope in any effective way with her daily life.

Jacob White, a 15-year-old who has severe anger management problems, is another case in point. His anger reveals itself in his defiance against his foster parents and running away from home. He acts out with aggression toward his peers. The local department of social services removed Jacob and his two sisters from their parental home several years ago, due to neglect. The social worker who rescued the kids with the help of the police reported that the home was filthy and that the parents appeared to be under the influence of drugs. While the court terminated parental rights, the damage had already been done to the three siblings.

Unhappy children span all strata of society – from the poor to the wealthy. In many cases the parents are good people with adequate skills for raising children, yet genetics is the culprit. Mental health professionals are aware of the numbers of young people diagnosed with such mental illnesses as bipolar disorder, mood disorders with psychotic features, eating disorders, alcohol and drug abuse, attention deficit hyperactivity disorder (ADHD) and more.

These severe mental problems lead children to act out a litany of dangerous behaviors: running away from home, lying, stealing, prostitution, cutting themselves, violent attacks toward peers and adults, suicidal thoughts, suicidal actions, and living on the street. Countless children self-medicate using alcohol and drugs to rid themselves of unbearable mental symptoms such as hallucinations or sudden, ferocious mood changes.

Harriet Lizar is an educated woman and a professional with a high profile in her community. She regards herself as a person with intensely moral religious values. Her husband, Fred, a successful attorney, has similar values. They have two sons and a daughter. When the kids entered school, Harriet left her position at work in order to provide her kids with the parenting they required.

Her husband Fred undoubtedly loves his children. But according to Harriet, Fred has emotional baggage that has done possibly irreparable damage not only to their sons, but to Harriet as well. Fred was abusive for years. She feels that Fred's inability to manage his anger had a profound effect on the boys. While Fred could be loving and forgiving at one moment, he was capable of vitriolic outbursts at any time. In spite of Fred's deep spiritual faith he was, according to Harriet, unable to mitigate his rage.

However, no manner or amount of well-intentioned parenting can guarantee kids will be insulated from outside influences and the potential neuroses that lurk in all of our lives. The Lizar kids are now in their late teens and early twenties. While the daughter is doing just fine in high school, the same cannot be said for her older brothers. A series of troubling adolescent episodes had curtailed their respective potentials.

Our Internet survey includes a space in which respondents can expand upon any of the questions they answered, as well as for voicing anything else they would

like to express. One anonymous respondent, whom we will refer to as Angie, illustrates eloquently how ill prepared for the demands of parenthood a potential mom can be.

I recently became a first time mother at age 44. Having lived most of my life single and childless, I was shocked to find that our society does not appear to be very baby/child friendly...much like [the] American[s With] Disabilities Act (ADA) provides for people with disabilities. I found it shocking that I could hardly ever find a place that I could change a baby diaper in public, or find a safe place for a toddler to play. I thought, Wow! Here I am struggling with one baby/toddler trying to make my way in the world, and a family-friendly restaurant does not even have a place to change a diaper, which is, for a few years VERY important to parents (especially if you don't have a huge SUV car, and have to change diapers in the trunk of your car in the rain).

While Angie may not be typical, even 44 years of life had done little to prepare this mom for the demands of child rearing. She equates child rearing with a disability for which society should be compensating. Changing baby diapers should be accommodated in public places and restaurants. Evidently, the task is too repulsive to allow her to perform it *inside* her vehicle.

Our hapless mom continues:

I've seen both sides, and I can say that people with children have NO leisure time at all (at least when the children are babies and toddlers). And to get any time off, you have to pay someone to watch your kids. People who don't have kids will NEVER fully understand what it's like to have children. It's essentially a 24/7 job with no breaks or time off. And I feel almost guilty that I

made assumptions about people with children in the past. I have respect for people who choose not to have kids. It is a VERY huge and serious commitment, and everyone is NOT meant to have kids.

Angie, like our anti-hero Victor, had no idea what she was getting into before she had children. To what other life-changing aspect of life do we jump feet first? Evidently Angie had never taken care of friends' or relatives' kids for a week. We wonder if she ever even spent a week with friends or relatives and their infants and/or toddlers so she could shadow them and get an idea of what she was getting into. In fact, we wonder if she ever watched an episode of the *Supernanny* show on the ABC network.

Angie's experience is consistent with Drs. Ranae Evenson's and Robin Simon's findings in their study of the relationship of parenthood to mental well-being.

People with minor children at home, noncustodial children, adult children at home, and nonresidential stepchildren all report significantly more symptoms of depression than nonparents when controlling for sociodemographic factors. In fact, there is *no* type of parent in this national sample that reports less symptoms of depression than nonparents.⁶

Angie's cry for understanding and compassion seems ill timed. What, we wonder, is the typical expectation like for would-be moms and dads, especially when you consider that most new parents have much less life experience than our beleaguered mother does? In fact, Angie's age brings in some new considerations. From time to time, the news media carry stories of new mothers of ever-more-advancing age. As parents grow older, their age presents new issues relating to the

increased likelihood of birth defects. In 2008, Senator John McCain chose Alaska governor Sarah Palin as his vice-presidential running mate. At the age of 44 Governor Palin gave birth to a son with Down syndrome. Despite already having four kids – ranging from late teens to toddler – she rolled the dice one more time. Palin opposes the notion that a pregnant woman has a right to decide whether to bring a disadvantaged child into the world. While the latter decision was one based on her faith, the former was high-stakes gamble.

Regardless of the risks, hundreds of women in their 50s give birth each year in the United States thanks to the medical creativity of obstetric science. This development does not even address the increased likelihood that their offspring might spend part of their upbringing as orphans. If a 54-year-old woman has a child, by the time the kid turns 16, her mother is already 70. As we age, the likelihood of death increases dramatically.

The Childless Revolution author Madelyn Cain, who is the mother of one, suggests that there is much to learn from both childfree women and mothers. She suggests that women without children should be encouraged to, not intimidated away from, expressing their feelings and experiences so that younger women can be exposed to greater understanding about the viable choices available to them.⁷

UNFORESEEN CONSEQUENCES

In sorrow thou shalt bring forth children.

--God to Eve, Genesis, 3:16

This is an essay written for *The Sun* magazine from heartbroken mother Erika Webb:

Right from the start I found it all too easy to accommodate my only son. He was well-behaved, got good grades, and smiled easily. I wanted him to be happy, no matter what it took. Even his *potential* pain was more than I could bear. (They really should come with instruction manuals).

Over the years I said yes a lot – to speed skates, BMX bikes, the latest shoes, and the smelly hair product that rendered his beautiful curly hair straight so it would match everyone else’s at school. When he asked for a Teenage Mutant Ninja Turtle birthday cake, I got out the green food coloring and used white Chiclets for the turtle’s teeth.

That little boy with the easy smile is all grown up now. Every Wednesday I wait for my phone to ring. The calls come from the state correctional facility surrounded by tall fences topped with razor wire. When the automated operator asks if I will accept the call, I press 1 to say yes.⁸

How many would-be parents, like Erika Webb, imagine that their own children, no matter how well-nurtured and loved, could possibly find themselves incarcerated?

What went on behind closed doors in Harriet and Fred Lizar’s household dramatically changed what appeared to be successful destinies for the kids and for the Lizar marriage. Both of the sons have drug problems, the eldest being given the opportunity to reevaluate his life while serving a prison sentence. “I must say parenting has been a difficult task,” Harriet reveals. “If someone had told me before I

had kids that two of them would be addicted to drugs and one would end up in jail at the age of 21, I never would have believed it. Yes . . . that's what I'm dealing with. One out of three is clean and sober at the moment. I will be writing my own book someday!"

Ill-fated lives can take many forms. Of the 307 million residents of the United States, 218 million are over age 18. Incredibly, America's jails and prisons house 2.3 million adults. This statistic does not merely indicate that one percent of all Americans will spend time incarcerated. That percentage is much higher. After all, the vast majority of prisoners do not spend most of their lives in the clink. Convicts rotate out and new prisoners come in. During the course of an average lifetime, millions more will spend time imprisoned.

At the end of 2006, there were approximately 4,237,000 men and women on probation; about half for felonies and half for misdemeanors. There were about 798,200 on parole. According to the Pew Center on the States, one in every 99 adults lives in prison or jail.⁹ (Our arithmetic says it's more like one in 95.)

Think about it. At any one time approximately one of every 27 American adults lives in jail, in prison, on parole or on probation. This is an indication of the state of American society, the problems inherent in our criminal justice systems, and the disappointments and misfortunes of bringing new lives into existence.

According to the U.S. Department of Justice, Bureau of Justice Statistics, if incarceration rates remain unchanged, an estimated one of every 15 persons (6.6 percent) will be incarcerated at some time during their lives. The lifetime chances of a person going to prison break down as follows:

men (11.3 percent) – women (1.8 percent)

blacks (18.6 percent) – Hispanics (10 percent) – whites (3.4 percent)

Based on current rates of first incarceration, an estimated 32 percent of black males will enter state or federal prison during their lifetime, compared to 17 percent of Hispanic males and almost six percent of white males.¹⁰ We wonder how these statistics compare to the expectations of their parents before the kids were born. Do any would-be parents anticipate that their yet-unborn children will spend time in the clink? We doubt that many parents ever anticipate the eventual incarceration of their children.

Are more people relatively happy than unhappy? That's difficult to determine at any one time. During the course of a life there are many ups and downs. And near the end of life, when many people are on their way off "this mortal coil," it is not quantitatively known how people look back on life's journey from a global retrospective. Yet it is true that many people live contented, if not happy, lives. They live in good health with good emotional support; have good children who go on to great success, and live without premature tragedy. What we are cautioning against here are the potential liabilities. In this chapter we are trying to encourage potential parents to consider many of life's contingencies.

Expectant parents anticipate, or at least hope, that their children will be born healthy and grow to be responsible, happy people who contribute to society, much as Victor Frankenstein anticipated with his creation. But what are the odds?

It occurred to us that we should inventory our life experiences to see how many contacts with disappointing and heartbreaking lives we ourselves have had. Here are some of the instances that came to mind immediately. Ellis's friend Vinny died at age 17 after an extended bout with bone cancer. Another friend, Marie, died in her early 30s from liver cancer. Ellis's brother Richard, very smart, with a graduate

degree, served two years probation for a federal drug possession offense. Already contending with a sexual addiction, a series of bad habits and having had an unsuccessful marriage in his early twenties, Richard remarried but died shortly thereafter at 41 from what was probably an aortic aneurism. Ellis's friend Dennis, an exceedingly bright and happy guy, was loved by virtually all who knew him. The father of three toddlers and adored by his family, he wasted away at 47 as melanoma took his body and enfeebled his once-brilliant mind. Another friend, Glenn, withered away at 50 from prostate cancer, leaving behind a wife and two kids with few financial resources.

Cheryl's brother Ken is learning-disabled, anxiety-ridden, unable to support himself, and struggles with Asperger's Syndrome. Overall, people with AS are capable of functioning in everyday life, but tend to be somewhat socially immature and may be seen by others as odd or eccentric. Other characteristics of AS include motor delays, clumsiness, limited interests, and peculiar preoccupations. Adults with AS have trouble demonstrating empathy for others, and social interactions continue to be difficult.

When Ken's parents brought him into the world, they had high hopes for their son. They could never have imagined that such an energetic and attractive little boy would – at the age of 60 – be living with his 95-year-old mother, totally dependent on her for financial support. He has never been able to hold a job for very long. He has virtually no friends and functions at the level of a 14-year-old. He is a good person. He wouldn't harm a fly. He reads voraciously and has considerable factual depth on a wide variety of subjects, but has little practical knowledge and few real-world coping skills.

Cheryl's family, in fact, is rife with members who have suffered from a variety of emotional disorders. On her father's side of the family, two aunts lived through

bouts of chronic depression, anxiety and assorted phobias. An uncle on her mother's side of the family suffered from bouts of depression and delusions that rendered him unable to care for his family. After a divorce, he lived from hand to mouth, helped by occasional meals and handouts from relatives.

We have several friends whose siblings' disabilities include schizophrenia, drug addiction, mental retardation, and learning disabilities.

Anecdotal incidents do not of themselves prove an argument. Perhaps the authors just know a lot of folks with bad luck. We don't think that's so. We invite our readers to search their own life experiences, relationships and acquaintances. Take your own inventory. You will probably begin to realize not only the dramatic tragedies among the people you know, and their children, but the instances of outright disappointment, unhappiness and misery in many lives as well.

Add to these perils the disappointments associated with childbirth:

In 2003, the maternal mortality rate was 12.1 deaths per 100,000 live births in the United States.¹¹

In 2004, the infant mortality rate per 1,000 live births was only 6.8 overall, approximately 5.7 per 1,000 for white and Hispanic infants and 13.6 for non-Hispanic black infants.¹²

For children older than one year, the overall decline in mortality during the 20th century has been spectacular. In 1900, more than thirty in 1,000 children died between their first and 20th birthday. In 2004, fewer than two in 1,000 die.¹³

But one alarming statistic persists: 28,000 infants die each year from disease, accidents, neglect and abuse.¹⁴

There were approximately 72 million children under the age of 18 in the United States in 2000.¹⁵ According to the Children's Defense Fund, each *day* in America:

4 children are killed by abuse or neglect.

5 children or teens commit suicide.

8 children or teens are killed by firearms.

32 children and teens die from accidents. **78 babies** die before their first birthdays.

155 children are arrested for violent crimes.

296 children are arrested for drug crimes.

1,154 babies are born to teen mothers.

928 babies are born at low birth weight.

2,421 children are confirmed as abused or neglected.

3,477 children are arrested

2,483 babies are born into poverty.

2,145 babies are born without health insurance

On each school day (Based on 180 school days per year):

2,467 high school students drop out.

1,511 public school students are corporally punished.

18,221 public school students are suspended.¹⁶

While there are few things that bring more delight to the hearts of parents, grandparents, uncles, aunts and godparents than the visage of a smiling or giggling baby, no one seems to talk about infant depression. A relatively high percentage of pregnant women suffer with depression, and research shows that depression can transfer onto the newborn.

Research done in the 1990s strongly suggests that young babies do indeed get depressed themselves and might actually be born depressed. *(Who can blame them, after having just been squeezed and yanked out of a warm, moist, soft environment into a cold world of noise and glaring lights?)* Brain

studies of neonates whose mothers are depressed show reduced activity in the area of the brain that mediates social behaviors and positive expression. Neonates with this brain activity variation may be predisposed to affective disorders later in life. At 14-15 months, babies with similar brain activity variation show less affection and touching, higher levels of negative affect, hostility, tantrums and aggression, and cognitive deficits – all recognized signs of depression.¹⁷

Author Sandra Smith goes on to explain that a mother communicates with her fetus by biochemical means. Her body can produce cortisol and other depressive hormones when she is stressed. Those hormones go to work on the unborn baby's brain and may cause depression in the fetus. In some cases, the mother's stress may lead her to smoke, drink alcohol or take inappropriate drugs.

In addition to a predisposition for depression, infant depression can come from the mother's being dysfunctional, possibly due to a neurological deficiency or the mother's stress-related hormones. Infant depression can also come from the mom's negative thoughts, behaviors and affect. A stressful life on the part of the mother may also transmit a depressive message to the baby.

While research on this issue is still in its infancy (yeah . . . we know) there are definite signs that newborns are subject to depression that can affect the rest of their lives. According to the same Sandra Smith article, some research shows that true depression is not likely to develop before 18-20 months. But that does not preclude the likelihood that various forms of sadness and withdrawal do occur earlier. In other words, untold numbers of babies suffer from a variety of emotional downturns.

True, early depression alone in infants does not make a significant case for precluding procreation. After all, if and when babies outgrow depression they will

almost surely lose any memory of it. Moreover, since science has not yet determined the lasting effects of such depression, it is hard to make a case for the negative significance of infantile depression. But this is another pitfall that would-be parents should consider when they make the decision to breed or not to breed.

The March of Dimes was organized during the FDR administration to rally Americans in support of research that would end the scourge of polio. That effort ultimately met with great success in the 1950s and 60s. The March of Dimes is now tackling myriad childhood diseases.

According to the March of Dimes:

About 120,000 babies (1 in 33) in the United States are born each year with birth defects. A birth defect is an abnormality of structure, function or body chemistry present at birth that results in physical or mental disabilities or death. Several thousand different birth defects have been identified. Birth defects are the leading cause of death in the first year of life. The causes of about 70 percent of birth defects are unknown.¹⁸

About 6,800 babies are born annually with cleft palate. Cleft palate is a deformity of the upper mouth and/or lip resulting in a fissure that causes problems with eating, speech and language. Some affected babies have a small cleft that can be corrected with one surgical procedure, while others have severe clefts and need multiple surgeries. It is a serious but not life-threatening condition.

Down syndrome, a form of mental retardation and exhibiting itself physically by slanting eyes, a broad, short skull and broad hands with short fingers, occurs in approximately 5,500 newborns each year.

Advances in surgery have dramatically improved the survivability of babies born with heart defects. Nevertheless, heart defects remain the leading cause of birth defect-related deaths. One of the most common heart defects is “transposition of the great arteries.” Of 35,000 babies born each year with heart defects, about 1,900 are born with that defect annually.

And the March of Dimes list of deformities and disabilities goes on.

Spina bifida (open spine) occurs in about 1,300 babies each year. Affected babies have varying degrees of paralysis and bladder and bowel problems. Both genetic and environmental factors (including insufficient amounts of a vitamin called folic acid) appear to play a role.¹⁹

Muscular, skeletal, limb, gastrointestinal (including esophagus, stomach, and intestines) and eye defects are also common and many of them have multiple symptoms and defects.

In 2002, about 3,000 babies were born with disorders affecting body chemistry (metabolic disorders). These disorders are not visible, but they can be harmful or even fatal.

Most disorders of body chemistry are recessive genetic diseases. These diseases result from the inability of cells to produce enzymes (proteins) needed to change certain chemicals into others, or to carry substances from one place to another.²⁰

Tay-Sachs Disease, which mostly affects Eastern Europeans, and Jews of Ashkenazi descent in particular, is an example of a body chemistry disease. Affected babies lack an enzyme needed to break down certain fatty substances in brain cells.

These substances build up and destroy brain cells, resulting in blindness, paralysis and death by age 5. It is no wonder the March of Dimes recommends all newborns be screened for 29 disorders (including hearing loss) for which effective treatment is available.

In 2007 the National Center for Health Statistics reported that for the first time since 1958 the infant mortality rate rose and most of that increase was due to an increase in the birth rate of premature and low birth weight babies. According to the March of Dimes the total national hospital bill for premature babies was \$15.5 billion in 2002. The financial burden of prematurity is expected to continue to worsen until prevention of preterm births is better understood and clinical interventions are developed.²¹

While research marches ahead with the expectation that birth defects will be substantially reduced, environmental factors now enter the picture. As our ecology changes, including thinning of the ozone layer, increased atmospheric carbon dioxide, pollutants – including traces of pharmaceuticals in our drinking water, HIV/AIDS, and a host of other environmental threats, the impending consequences are unknown. Therefore, while optimism dictates that research will reduce the incidence of birth defects and infant mortality, the jury is still out as to whether science will outstrip mankind's propensity to screw things up. We will be dealing with these issues in greater depth in Chapters 4 and 6.

MENTAL HEALTH

Among the many looming hazards would-be parents should consider are the threats to mental health in their various manifestations. Mental health issues appear as symptoms of either organic (either physical or hormonal) or purely emotional problems.*

Victor Frankenstein never thought about the mental health of the being he created. Likewise, few parents-to-be consider this issue at all. Newly pregnant women feel they have a glow about them; expectant fathers, a twinkle in their eyes. The romance of making a child overwhelms all trepidation. "Let's not go there," would-be parents say to themselves when they get close to thinking about their chronically depressed aunt or eccentric grandfather. "Everything will be fine in our new family." This is how couples close themselves off to examining the mental health of their family of origin and to, at least, consider if their yet unborn baby may be in jeopardy.

Family history counts when it comes to mental health. One example is bipolar, disorder formerly known as manic-depressive disorder. It causes sufferers to transition through extreme low and high moods. A manic mood can range from confident and very excited to confusion and rage. Some people with this illness can become psychotic, as is evidenced when they see and hear things that are not there. They may see themselves as being superhuman. Many break the barriers of reason by forming dangerous or highly unattainable plans. More prevalent are the long bouts of depression between manic episodes.

More than 2 million American adults endure bipolar disorder. According to one expert, incidence ranges from one in 50 Americans (six million) to one in 25 (12 million). It usually begins in early adulthood. Children and youth can and do develop the disease in more severe forms. People with the disorder have a high risk for alcoholism, and substance abuse and serious issues with work and/or family relationships. About one third attempt suicide with 15 percent of all sufferers actually committing suicide. Some studies indicate that bipolar disorder is inherited and occurs more frequently within families.²²

Another very frightening mental illness is schizophrenia, a psychotic disorder that leaves its victim out of touch with reality, therefore unable to live a safe and productive life. This mental illness is an incurable brain disorder and varies in severity. Some people with schizophrenia react well to modern medication and can lead somewhat normal lives when treated in conjunction with psychotherapy. Others do not respond to either medication or therapy.

In general, people with this disorder can experience delusions and hallucinations. Researchers have pinpointed some factors that may play a role in the development of schizophrenia:

Genetics: The disease tends to run in families. It could be passed on from parent to child.

* For a relatively concise and clear explanation of the types, extent and costs of mental illness in America, we recommend *Mental Health: A Report of the Surgeon General; Epidemiology of Mental Illness*, http://www.surgeongeneral.gov/library/mentalhealth/chapter2/sec2_1.html.

Brain abnormality: Recent research has found the brain structure of schizophrenics to be abnormal, but this does not appear in all schizophrenia.

Brain chemistry: People with this disease may have an imbalance in the brain.

The mental illness of schizophrenia is diagnosed in all races and cultures. It appears in the teens to 20s age group. It merits serious consideration for those would-be child bearers with family histories of this sad and serious disorder.²³

Because both the definition of, and the research on, developmental disabilities – including mental retardation – is so wide-ranging and varied, it is hard to determine what the prevalence is in the United States. A variety of web sites dealing with mental disabilities place the incidence of retardation, in its various forms, at between two-and-a-half and three percent of all Americans. That's at least 7.5 million people. The causes of retardation range from chromosomal damage to difficult births to early life trauma.

According to a survey published in 2007, 46 percent of American teens admit to cutting or burning their bodies, biting themselves, or picking at their skin to draw blood. According to the report, some movies, songs and web sites glorify self-injury. In addition, teens who perform self-mutilation say it gives them a sense of control over their lives, or that the physical pain distracts them from mental or emotional distress.²⁴

Approaching the other extreme of the average American's lifespan looms the menace of Alzheimer's disease and, more generally, dementia. Dementia is a slowly debilitating deterioration of the brain and its ability to function. Its sufferers – and the victims' families – must cope with the anticipation that they will gradually deteriorate into an infant-like state and eventually into total helplessness and lack of consciousness.

The Alzheimer's Association reports that more than 5 million Americans suffer with the debilitating disorder. But what is truly scary is that the association

estimates more than 12 million people will be living with the Alzheimer's in just another 40 years. So while the United States Census Bureau projects that approximately 13 percent of the U.S. population will be over age 65 in 2010, it estimates that about 21 percent of the population will be in that age group by 2050. By that time, the country's population will be 440 million. Imagine, 12-13 million U.S. residents live with various stages of Alzheimer's disease.

Of course, as with all diseases, there is the hope that science and medicine will be able to stop Alzheimer's in its tracks. But that is far from a certainty.

THE PRICE CHILDREN PAY

And what's a life? – a weary pilgrimage,
Whose glory in one day doth fill the stage
With childhood, manhood, and decrepit age.

-- Francis Quarles, *What is life?*

In *Frankenstein*, there are two primary victims of the protagonist's gall; both Victor and his creature suffer enormously. While it is rare for a "normal" parent to suffer to the extent that Victor does (after all, how many Charles Mansons and Jeffrey Dahmers are there?), research shows there is frequently an enormous price that parents and their children pay.

Think about this: When people are enslaved and subjected to lives of great suffering, deprivation, humiliation and early death, they continue to procreate. Most slave women in the United States had only a brief opportunity to raise their children, if they had a chance at all. Children of slavery old enough to perform any type of labor would be put to work. Even worse, mothers often saw their children sold off to

work on distant plantations. This happened quite frequently, as the slavery industry made an effort to break all family ties that may have existed between its victims. Still, adult slaves continued to indulge in voluntary sexual intercourse. Even those who copulated – as opposed to more commonly being raped – with their white owners and overseers, got no breaks.²⁵

Their “mixed blood” children, too, were destined for lives of subjugation. Why do people who have an expectation of misery for their offspring not resist the urge to merge with members of the opposite sex? While instinct may provide the motivation, should not the known risks to potential offspring induce adults to take precautions?

As we will discuss in detail later, India’s poverty is rampant. In a nation that is rapidly industrializing, with a huge population, the demand for pollution-generating raw materials and fuels is mushrooming. The caste system, though in a diminished capacity, still exists. The 48 contiguous United States are two-and-a-half times the size of India but India has four times America’s population. India is on the verge of passing China as the world’s most populous country. And poor people account for the vast majority of births. Why do they do it? The answers, as we demonstrate in Chapter 3, are neither simple nor objective. For instance, time and again we have heard that couples who choose not to have children are selfish. We argue the contrary.

WHY “NOT”?

We have often challenged friends to come up with a non-selfish reason for *making* children. To our way of thinking, no one has yet met us with a successful response. Typical reasons for reproducing include wanting to have a fuller life, to continue family lineage, and that procreating is the natural thing to do. In Chapter 2, *Why we Reproduce*, we will explore the reasons people give for having kids.

The contradictory arguments for *not* having kids are myriad. In addition to the Frankenstein metaphor they include geopolitical issues like environmental degradation, shortages of water that experts and planners anticipate will lead to wars all over the planet, depletion of fish species, fuel shortages, dependence for precious fuel on Islamist states that are either unstable or antagonist to the U.S., and innumerable other liabilities associated with overpopulation. In other words, it boils down to, “Why does the world need *my* kids?”

On an intimate and personal level, there is the Frankenstein metaphor: “What will I be creating?” Will my son or daughter be happy, healthy and a good person? After all, all other possible outcomes of procreation are just accessories. While would-be parents might very well create the next Mother Theresa, Jonas Salk or Louis Pasteur, they could instead be creating one of “Jerry’s Kids,” the children confined to wheelchairs for the duration of her short lives whose tiny ambassadors appear on the annual Muscular Dystrophy Labor Day Telethon. Or worse.

Jeffrey Dahmer’s parents could never have anticipated the monster they would spawn. He killed 17 men and boys, mutilated or dissected several of them, sexually assaulted some – dead or alive – and even cannibalized a few. As his father, Lionel Dahmer, pondered,

How could anyone believe that his son could do such things? I had been in the actual rooms and basements which at other moments, according to the police, had been nothing less than a slaughterhouse. How was it possible that all of this had been hidden from me – not only the horrible physical evidence of my son's crimes, but the dark nature of the man who had committed them, this child I had held in my arms a thousand times, and whose face, when I glimpsed it in the newspapers, looked like mine?²⁶

Jeffrey Dahmer's parents, as well as those of Adolf Hitler, Joseph Stalin, Charles Manson and Aileen Wuornos, the serial murderer depicted in the film *Monster*, could never have imagined that their seed would bloom into the epitome of evil. Remember, while there are about 600-thousand doctors in the United States, there are two million prisoners (and some of *them* are doctors as well).

In other words, having children is a crapshoot.

¹ "IVF increases the risk of birth defects," *New Scientist* magazine, Issue 2592, 24 February 2007, page 18.

² Edward P. Monte, "Children & Midlife," *Bottom Line Personal*, January 30, 1990, pp.11-12

³ Ibid.

⁴ "Is Parenting Right for Me?" *Planned Parenthood*, <http://www.plannedparenthood.org/health-topics/pregnancy/considering-pregnancy-4350.htm>.

⁵ Madelyn Cain, *The Childless Revolution*, Perseus Publishing, 2001, p. 87)

⁶ "Clarifying the Relationship Between Parenthood and Depression," *Journal of Health and Social Behavior* 46: pp. 341-358, December, 2005.

⁷ Cain, P. 146

⁸ Erika Webb, contributing writer, "Saying Yes," *The Sun*, January, 2009, used by permission of the author, http://www.thesunmagazine.org/issues/397/saying_yes

⁹ United States Department of Justice, Bureau of Statistics, Probation and Parole Statistics, quoted in The Pew Center on the States' http://www.pewcenteronthestates.org/news_room_detail.aspx?id=35912, February 28, 2008, *Pew Report Finds More than One in 100 Adults are Behind Bars*.

¹⁰ (U.S. Department of Justice – Bureau of Justice Statistics – Calculations as of May 6, 2008, www.ojp.usdoj.gov/bjs/crimoff.htm#lifetime).

¹¹ Donna L. Hoyert, "Maternal Mortality and Related Concepts," Centers For Disease Control, Vital and Health Statistics, Series 3, Number 33, p. 1.

¹² **Brady E. Hamilton, Arialdi M. Miniño, Joyce A. Martin, Kenneth D. Kochanek, , Donna M. Strobino, and Bernard Guyer, "Annual Summary of Vital Statistics: 2005,"** February 2, 2007, *Pediatrics – the Official Journal of the American Academy of Pediatrics*, pp. 345-360.

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- ¹³ http://search.marchofdimes.com/cgi-bin/MsmGo.exe?grab_id=0&page_id=3411&query=infant%20mortality%20rate&hiword=INFANCY%20INFANTS%20MORTALITYA%20RATED%20RATES%20infant%20mortality%20rate%20.
- ¹⁴ **Hamilton, Miniño, et al.**
- ¹⁵ United States Census Bureau, <http://www.census.gov/population/projections/PressTab5.xls>
- ¹⁶ "Each Day in America," Children's Defense Fund, March 2008, http://www.childrensdefense.org/site/PageServer?pagename=research_national_data_each_day.
- ¹⁷ "Can Young Babies be Depressed?" Sandra Smith, www.beginningsguides.net, vol. 3:3, March 2008.
- ¹⁸ "Quick References and Fact Sheets," Pregnancy and Newborn Health Education Center, March of Dimes, April 2006, http://www.marchofdimes.com/pnhec/4439_1206.asp.
- ¹⁹ Ibid.
- ²⁰ Ibid.
- ²¹ Ibid.
- ²² David J. Miklowitz, professor of psychiatry at UCLA Medical School, "The Bipolar Confusion: Many people have this disorder, but know they do," *Bottom Line Personal*, July 1, 2011, page 11.
- ²³ "Mental Health: Schizophrenia," WebMD, <http://www.webmd.com/schizophrenia/guide/mental-health-schizophrenia>.
- ²⁴ Elizabeth Lloyd-Richardson, et al, "Characteristics and functions of non-suicidal self-injury in a community sample of adolescents," published in *Psychological Medicine*, March 2007.
- ²⁵ *Slave Family Life*, "Digital History," http://www.digitalhistory2.uh.edu/disp_textbook.cfm?smtid=3&psid=458
- ²⁶ Lionel Dahmer, *A Father's Story*, Harper Collins, 1995, p. 26.