FAMILY HISTORY AND DEMOGRAPHIC TRANSITION

In recent years, the family has emerged as a major subject of historical inquiry. Numerous books and articles have appeared describing, among other things, the composition, kinship, and other interpersonal relationships, economic functions, and political importance of families. In addition, other works have dealt with values and attitudes toward the family and its members. Venturous scholars have even tried to relate family matters to such subjects as the Salem witchcraft trials, the development of a revolutionary milieu in eighteenth-century New England, and the nature of British politics in the seventeenth and eighteenth centuries, or in the case of the Annals school, to the total environment of a locality.

Characterized by a wide range of approaches, these efforts have produced an extraordinary number of interesting findings. However, on the surface at least, historical research on the family has lacked unity and a common sense of direction. Not only have individual scholars often pursued answers to their own idiosyncratic questions, using their own definitions, but the appearance of disunity also has been fostered by the wide temporal and geographic distribution of work on the family. Thus, while our knowledge about families in the past has been increasing rapidly, it has generally been difficult to relate the results of one investigation to conclusions reached in other studies.

Certainly this broad attack on the history of the family is to be encouraged. To study only one aspect of the family or families of only one time or place would be unnecessarily limiting. Furthermore, it is important to recognize that current methodologies available to historians of the family tend to focus on the details of the lives of relatively few persons. In such a situation generalization becomes possible only after a reasonably large number of similar studies have been done. Nonetheless, it seems desirable that historians of the family, of whatever persuasion, try to approach their work with at least some reference to a broader picture.

It is easy to call for some organizing theme to give unity and direction to work on families of the past; it is more difficult to suggest what such a theme should be. At the risk of being presumptuous, however, my purpose here is to do exactly that.

Perhaps the most popular theory among demographers today is the theory of Demographic Transition, which describes (and often attempts to explain) the historic decline of both death and birth rates in the industrialized nations of the world. However, in the light of recent work on the history of the
family, this theory (which we will consider in more detail shortly) needs to be recast if it is to make any sense. When I attempted to do this, it became apparent that not only could history help to reshape the theory of Demographic Transition, but that the altered version of the theory also gave coherence to many of the hitherto remotely connected studies in the history of the family.

Thus, the purpose of this paper is fourfold. First, I want to offer a critique of the theory of Demographic Transition as it currently stands. Second, I want to suggest in abstract how the theory might be reformulated to account for the historical evidence which challenges the current model. Third, by surveying families in American history, I will try to relate the revised theory to the facts of the past. I will conclude by indicating some areas of research in family history which appear to be worth further study. In so doing, I hope to show how closely integrated much of the research in family history has been in the past, and how unified it can be in the future.

Because my own special area of competence happens to be American history, I shall rely heavily on evidence from this country, especially in testing the revised hypothesis. However, I shall attempt to indicate how data from other countries also seem to fit the new model. If the evidence appears scattered sometimes, that is in part the result of my own knowledge (or lack thereof), but is more the result of the sizeable gaps in our knowledge of the relevant areas of history. In any case, it should be emphasized that I am putting forth this model of the Demographic Transition with the awareness that future research will probably revise it. My main concerns, then, involve both the accuracy of the theory as revised here and a hope that this paper will serve to give a greater sense of common purpose to students of family history.

The theory of Demographic Transition can be usefully divided into two parts for purposes of analysis and criticism. The first area which we will consider describes the general decline in birth and death rates in industrialized countries. The second part deals with attempts to explain why the change occurred.

In the past, according to Transition theory, all populations were characterized by birth and death rates which were much higher than those found in industrialized countries today. Although these rates might vary over the short term, over a long period of time they tended to be rather closely balanced, with the result that natural increase was small and population growth was slow. Starting in France, and possibly Scandinavia, in the late eighteenth and early nineteenth centuries the death rate began to decline noticeably. Since the birth rate did not fall until later, there was a transitional period (hence the name of the theory) of rapid population growth as births exceeded deaths by a considerable margin. However, in the long run the birth and death rates once again came into rather close balance, though at much lower levels than before, and rapid growth ceased. While France was the first nation to experience this transition, other nations (all industrialized) have followed much the same path, although the timing of the change, the rate of
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decline of fertility and mortality, and the extent to which the transition has been completed vary considerably from one nation to another. Much of the current interest in this theory stems from the fact that in many of the non-industrialized countries of the world, death rates have fallen remarkably since World War II, leading to rather rapid transitional growth at the present. Obviously, demographers are interested if and when fertility will fall in these parts of the world, slowing the growth rate and bringing the birth and death rates into balance at a relatively low level.

In the light of recent historical investigations, about the only parts of this theory which are clearly beyond question are that rapid growth occurred during the demographic transition, and that birth and death rates are now lower in some parts of the world than they ever have been for any extended period in the past. The assumption that relatively slow growth was universal before the transition began needs to be qualified in light of recent findings suggesting rather remarkable oscillations of population in Egypt between about 700 B.C. and the present, the depopulation of Europe during the plague of the fourteenth century and its ultimate recovery, and the rather remarkable short-term variations found in the populations of some British colonies in America around 1700.7

Interestingly, when most demographers and historians deal with the demographic transition, they make remarkably few clearcut statements about the cause of the change. Almost all demographers note carefully that the decline in mortality and fertility always is well under way wherever literacy is high, over half the labor force is employed in nonagricultural pursuits, and the majority of the people live in urban areas. Although few specify the exact relationships, it seems to be a common assumption that these trends (whether called development, industrialization, or modernization) have caused both mortality and fertility to decline.

The explanation for why death rates might have fallen in such a situation is quite plausible. It seems safe to say that the changes noted above were generally accompanied by better and more available medical aid. In addition, standards of living tended to improve as well, producing better diets and more healthful environments.

The reasons why the birth rate should have declined as well are less obvious. Perhaps the best summary of the possible causes behind falling fertility have been given by David Heer in his article, “Economic Development and the Fertility Transition.” Heer notes first that the decline in infant mortality accompanying rising living standards may reduce the need for parents to have large numbers of children in order to have a few reach maturity. The change from agriculture to industry, and from rural to urban, also may have led to reduced childbearing according to Heer, simply because children were no longer economically valuable in a new environment. Closely related to these factors was the emergence of governmental care for the aged, which meant that parents no longer needed children to care for them when they grew old. Finally, social attitudes stressing education and achievement in an industrial society and recognizing birth control as acceptable may also
have fostered decreased fertility. Put simply, Heer and others stress the fact that in an urban, industrial environment children are no longer benefits, but may actually be detrimental to parental aspirations, and hence fertility declines.

In spite of the plausibility of the theory, historical evidence suggests that these causal relationships may not have existed. One assumption which seems common to most advocates of Transition theory is that urbanization and industrialization occurred before fertility began to decline. Yet, we have evidence of family limitation being practiced by English and Genevans in the seventeenth century, and by some French, American, and Japanese people in the eighteenth and early nineteenth centuries.\(^{9}\) In every case, these fertility declines predated any significant industrial development. Ironically, in England and possibly elsewhere as well, the move to industry and the cities was associated with an increase in the birth rate, quite in contrast to what Transition theory would lead us to expect.\(^{9}\) Finally, the baby boom which followed World War II is an extraordinarily puzzling phenomena from the perspective of the theory of Demographic Transition. The explanations cited by Heer implicitly assume that once the birth rate declined it would probably stay low. Certainly it should not increase during times of rising prosperity and movement into cities. In fact, so inconsistent was behavior with theory that the prosperous United States had a much greater surge in fertility than did Europe, where war devastation might presumably have led to a reversion to early patterns of reproduction.

Two questions thus arise. The first is, why did fertility fall in the historical change known as the Demographic Transition? The second is, does any connection remain between this decline and the processes known as industrialization or modernization?

In order to answer these two questions we should look at four possible models which might explain a widespread decline in fertility. First of all, it is possible for birth rates to drop for unintended reasons. Changes in health, sexual customs, or marriage patterns all can depress fertility, even though reduced childbearing may not have been the purpose of the initial change. It is clear, however, that the demographic transition involved a deliberate reduction in fertility, and so we must concentrate on conscious efforts to reduce the birth rate. The second model (and first one positing a conscious effort to control reproduction) assumes that when the birth rate was high, there was neither the knowledge of how to limit families nor any desire to do so. Within this framework, the demographic transition is seen as the result of new environments which lead to pressures to control childbearing for the first time, as well as make available the knowledge which allows these desires to be put into effect. Once again, however, the historical evidence makes it difficult to accept this possibility. We noted above that several populations in various parts of the world seem to have practiced family limitation well before industrialization and urbanization introduced new life styles which might have altered the desires of parents to have children. In addition, this evidence
and the extraordinary study by Norman Himes on the *Medical History of Contraception* make it clear that knowledge that births could be limited was reasonably widespread before industrial societies began to emerge.\(^1\)

The third model of why fertility falls is a variation of the second. In this case, the assumption is that people wanted to limit their families, but could not because they did not know how to. The appeal of this explanation is that it offers some reason why the educated upper classes generally controlled their fertility before the less knowledgeable lower classes. Likewise, it would also seem to explain why highly literate nations generally have much lower fertility than nations where the educational level is low. However, the evidence suggests that this model too may be invalid. In England in the seventeenth century, both peers and the peasants of Colyton were limiting the size of their families.\(^2\) While their motives may have been different than those of the peers, the residents of Colyton did not have to wait until the industrial revolution to share in the knowledge that births could be limited. Furthermore, among the Colyton residents and the Quakers of the middle colonies whom I have studied, the onset of family limitation was rapid.\(^3\) The speed at which family size fell seems to preclude any slow spread of the knowledge of birth control. I have found no evidence suggesting that the Quakers either gradually or suddenly became aware of methods of limiting births. In fact, the only specific mention of family limitation I have found suggested the adoption of an old method of restricting births (nursing) to a woman who had had a difficult pregnancy and wanted to avoid another.\(^4\) Regardless of the effectiveness of nursing as a long-term means of family limitation, the important point is that, in this instance, it was motivation for and not knowledge about birth control which changed.

The fourth model is very closely connected to the experience of the Quaker wife cited above. It assumes that most populations have at least some notions of how to control fertility (if not by contraception, then certainly by practicing abortion, infanticide, or abstention). Thus, fertility declines occur primarily because the motivation is strong enough for a people to practice one or more of these methods, rather than because they suddenly learn some new technique. Given the rapidity of change in Colyton and among the Quakers, and the fact that major declines in fertility had occurred long before rubber condoms or diaphragms (let alone pills or IUDs) became available, there can be little doubt that at least the initial stages of the demographic transition occurred because people began frequent use of traditional forms of family limitation.\(^5\) It is of interest to note here, incidentally, that Kingsley Davis, a prominent demographer, has issued a telling criticism of current birth-control programs, stressing that they are failing not because of lack of knowledge or techniques, but rather because people see no reason to reduce their fertility.\(^6\)

Emphasizing the importance of motivation in the reduction of fertility is certainly not in conflict with the theory of Demographic Transition. Where this paper does differ from the theory is in the suggestion that motivation to
have few children did not result from the economic and social changes accompanying industrialization. Rather, I wish to hypothesize that fertility fell for reasons which also produced a decline in the death rate as well as changes in family structure and interpersonal relations and in economic development. Thus, industrialization and the demographic transition continue to be associated, but as two effects of the same cause, rather than one causing the other.

Central to this hypothesis is the assumption that human beings have sets of values which are generally well integrated. If this is true, then the demographic transition may be seen as only one manifestation of a major change in value orientation, a change which can conveniently be typified as the shift from a traditional to a modern world view.

The nature of this change in values has been portrayed effectively in an article by Laila El-Hamamsy entitled, "Belief Systems and Family Planning in Peasant Societies." In an analysis of peasant cultures in both Egypt and Latin America, El-Hamamsy found that persons in such societies were generally characterized by a sense of powerlessness over their own lives and over the world around them. Both nature and human affairs were seen as capricious, hard, and uncontrollable. God had ordered the world according to some mysterious laws, and it was not within the province of men to interfere. As a result, most peasants either do not think about the future or else feel that the future will be the same as the past. Fear, fatalism, and a sense that contentment with the status quo is desirable to avoid disappointed ambitions have led most peasants to conclude that they can do little to alter the course of their lives. Within this framework, there is no apparent reason why few children would be preferable to many (in fact, interfering with conception might anger God), just as there is no apparent reason for altering any other social or economic traditions.

These views are strikingly different from attitudes (which we shall call modern here) which have emerged in Western European society since the sixteenth century. According to E. A. Wrigley, the best way to sum up modern attitudes is with the concept of rationality. Wrigley defines a modern society as one in which recruitment to roles is done on the basis of achievement rather than birth, social roles are more clearly and narrowly defined, and where the rule of law is substituted for arbitrary and capricious behavior. Furthermore, self-interest (or, at most, interest in the nuclear family) is seen as replacing any willingness by individuals to submit to broader social or institutional needs. Thus, in contrast to the traditional view, persons with modern values believe not only that the world is knowable and controllable, but that it is also to an individual's advantage to plan his or her life and attend to the future, as well as to the present and past. To merely avoid trouble is no longer enough (as it was in traditional society) for the modern individual; such a person wants to advance, and often measures advancement in terms of his or her material well-being.
It is easy to see how at least some demographic patterns and forms of family structure might readily have been altered once modern attitudes began to prevail. The reduction of mortality, for example, may well have resulted from the emergence of attitudes that misery did not have to be accepted after all. Such notions would have been conducive to both medical experimentation and the acceptance of new techniques. Similarly, in situations where children came to be seen as burdens, modern values might permit and promote the use of family limitation to protect or enhance one’s position in the world. Likewise, the movement into cities, frequently seen as a cause of falling fertility, may actually only be another manifestation of modern attitudes. Urban immigrants may well have been those people who first came to believe that by individual actions (such as migration, or learning industrial skills) it was possible for a person to improve his lot. As we shall see shortly, attitudes toward both women and children changed during the course of the demographic transition, reflecting perhaps a modern emphasis on the worth of the individual and a denial of the unchangeable order of the world. Finally, industrialization and economic development may well be related to the demographic transition. But, instead of one causing the other, the habits of saving, investment, and experimentation and the adoption of new technology necessary to industrial society may have been a response to the sense that the future could be controlled, much as family limitation may have been a different reaction to the same concern for the future.

Certainly the relationships outlined here are plausible. The historical evidence that we have tends to support this line of argument. But before we turn to the data, one last point needs to be made. It is obvious that my argument rests on the assumption that values help to shape the decisions that individuals make. It is not, however, my contention that a shift in values alone will be sufficient to change behavior. Thus, while the hypothesis advanced here asserts that the demographic transition (and related phenomena) could only occur after modern attitudes appear, it does not imply that such changes would have been an automatic result of the adoption of new ideas.

Having put forth a new hypothesis, it is now necessary to begin to test its merits. I shall attempt to do this by drawing on historical evidence for families in America. As was noted earlier, this focus on America is primarily because my expertise lies there. However, as I shall indicate from time to time, evidence from other countries also appears to fit the hypothesis advanced above.

The obvious place to begin is to show that modern ideas were emerging in America before the demographic transition or any of its economic or social correlates were apparent. Although some would say that the emergence of modern attitudes began as early as the sixteenth century, it is clear that at least some of the first colonists had attitudes which were similar to those found in the peasant societies discussed earlier. Edmund Morgan has found a remarkable fatalism and willingness to accept misery among the early settlers.
of Virginia. The Puritans who settled in New England also shared many traditional attitudes. Nature was seen as mysterious and fearful. Any deviance from the proper path could bring God’s wrath upon individuals or a whole people. A theology which stressed predestination and order was certainly not conducive to notions of the individual improving himself. In fact, residents of Massachusetts Bay who were so bold as to advance ideas of human equality, the rule of the law, or the capacity of people to improve themselves were often accused of heresy and driven from the colony. To the extent that the early settlers worried about the future, they were concerned with the next world rather than this one. Life on earth was merely a brief prelude to an eternity in heaven or hell.

In some ways, the surprising thing about colonial society is how quickly modern attitudes began to appear. Richard Brown has recently shown that such values were clearly present in America by the end of the seventeenth century. By the time of the American Revolution, modern attitudes seem to have been quite prevalent in the colonies. According to E. A. Wrigley, “a government which . . . levies large extractions arbitrarily and without due notice . . . is incompatible” with modern, rational attitudes toward life. Thus, the American resistance to Parliamentary interference stands as partial proof of the presence of modern values in society. The colonists were asserting not only constitutional principles, but also an attitude that life was controllable and misfortune need not be passively accepted. Anyone who reads the biographies of the Hancock or Otis families in Massachusetts, the Browns of Providence, Rhode Island, or the Beekmans in New York will certainly be struck by the fact that these people were concerned with this world and with controlling as much of their lives as possible. A man like Benjamin Franklin may have expressed the new ideas better than most of his contemporaries, but the values he articulated were shared by many others.

According to the hypothesis advanced earlier, the emergence of new attitudes should have had an effect on population in general and on the family in particular. Perhaps the earliest evidence of modern ideas affecting population trends in America was the adoption of smallpox inoculation in Boston and elsewhere in the colonies during the eighteenth century. It is possible to debate at length the motives and scientific attitudes which led Dr. Boylston and Cotton Mather to introduce inoculation in Boston in 1721. Nonetheless, the careful tabulation of statistics regarding the effectiveness of the treatment and the wholehearted adoption of inoculation after 1750 seems to be indicative of an attitude that disease could be understood and controlled, and that death need not be always accepted passively. In fact, the last quarter of the eighteenth century saw considerable interest in the scientific study of the patterns and causes of death. Richard Shryock has shown how professionalism, education, and scientific attitudes began to characterize the medical profession by the late eighteenth century. Although these changes did not have a significant impact on health until the nineteenth century, when accurate findings finally began to accumulate, they too reflect a modern outlook on the world.
As with the death rate, the Americans' growing sense of an individual's worth and his influence over his life may have affected family size and structure well before industrialization and urbanization played a prominent role in our society. About the time of the American Revolution, at least some Quaker couples living in the middle colonies began to limit their families deliberately. Although we cannot be sure, it seems plausible that these Friends were responding to the dislocations of wartime by postponing some of the births they might otherwise have had. At present we do not know why individual Quaker couples decided to limit their childbearing. We can suggest, however, that the military campaigns in the middle colonies, the pressure of being pacifists in a time of conflict, severe inflation, and the withdrawal of Quakers from political affairs after 1750 may have made the future uncertain for many Friends. In such a milieu, a reduction of childbearing would make good sense. It is of interest to note here that times of severe crisis seem also to have produced a similar response in Colyton, England, in the 1640s, in France at the time of her Revolution, and in Japan following World War II. It would be wrong, however, to assume on the basis of this evidence that catastrophies generally lead to a durable reduction of fertility. Without modern attitudes to give people the feeling that they need not passively accept their fate, and without a clear sense that a smaller family would improve prospects for the future, such change would not be likely to occur.

While the American Revolution may have triggered the adoption of family limitation among the Quakers, a crisis which evolved more slowly may have led other parts of the American population to reduce their fertility. In the early years of settlement, land had been abundantly available. But, by the middle of the eighteenth century, at least some of the older settlements were beginning to feel the pressure of population on natural resources. As a result, fertility began to change. Kenneth Lockridge has shown that overpopulation was becoming a legitimate concern in New England by the second half of the eighteenth century. Thus, it is of considerable interest to find that the proportion of children in the total population in New England in 1790 was generally lower than in the other states. The age distribution indicates clearly that childbearing was lower there than in any of the other colonies.

Increasing population density and declining economic opportunities may have led to reduced fertility in New England first. But by the early nineteenth century, the same phenomenon was appearing elsewhere. A recent book by Colin Forster and G. S. L. Tucker, *Economic Opportunity and White American Fertility Ratios*, has shown that between 1800 and 1860 substantial reductions in fertility occurred wherever farmland became scarce. This was true from one section of the United States to another. It was also true as a given region became more densely populated over time. Yet density alone may not have produced the change. Evidence from the present indicates that population density does not necessarily cause a decline in the birth rate. Thus, if my hypothesis is correct, it was not only greater density which mattered, but also the perception that reduced fertility would aid individuals in either protecting or advancing their economic well-being.
The ways by which fertility was controlled, at least in these early stages of the transition from high to low birth rates, are not certain. We do know that deliberate family limitation was practiced by at least one part of the American population by 1800. There is no reason why other groups were not capable of the same behavior given proper motivation. There can be little doubt that family limitation within marriage became widespread during the nineteenth century, but it is also possible that part of the reduction in the birth rate from about 50 per 1,000 in 1800 to 28.5 per 1,000 in 1900 was the result of altered marriage patterns. Etienne van de Walle has shown that in nineteenth-century France, both late marriage and family limitation within marriage were used to control childbearing, though generally only one method or the other was used in a particular locality. Thus, it is plausible that both marriage patterns and marital fertility could have been altered by residents of the United States to ensure their future well-being by limiting births. Unfortunately, our knowledge of nineteenth-century marriage patterns does not allow us to determine which means of control was more prevalent at that time. Suffice it to say that both may be rational responses to a perceived problem and hence either means of control would fit the hypothesis as stated earlier.

The decline in the birth rate which began around 1800 (if not before) continued until 1933 when it leveled off. After several years of minor fluctuation, the birth rate began to climb slowly after 1938, and spurted upwards between 1940 and 1947. Had it not been for peculiarities in the age composition, the birth rate would have continued to climb until 1957, at which point it once again would have declined. This baby boom, which occurred primarily after World War II, has been extremely difficult for Transition theory to explain. At a time when America was more urbanized and industrialized than ever before, fertility should have decreased rather than risen. As the theory has been reformulated here, however, the baby boom makes more sense. Often reduced fertility involves the postponement of children who might be desired if circumstances permitted. In such a situation, any favorable change in the environment might lead to a sudden surge in fertility. As Richard Easterlin has suggested, this seems to be exactly what happened after World War II. For a variety of reasons, persons in the prime childbearing years were unusually prosperous. This alone might well have increased the birth rate, for the same reaction may have occurred in England in the late eighteenth and early nineteenth centuries as rising incomes were accompanied briefly by rising births, much to Malthus' dismay. However, the perception of well-being in post-World War II America must certainly have been accentuated by the contrast with the decade of the 1930s, a recent and vivid memory to those who had the boom babies. Why the boom came to an end is not clear, though we can surmise that a decade of high fertility was enough once again to emphasize the high costs of children, even in times of prosperity.

So far we have seen how the modified version of Transition theory can help to explain variations in fertility patterns in American history which were
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inconsistent with the earlier theory. It is now time to turn our attention to the way in which the hypothesis advanced above may help to connect demographic change with altered kinship relationships and attitudes toward women and children.

Recall that traditional societies place an emphasis on order and stability. Everyone has a place in society, and is expected to stay there until death. Human dignity and individual development are not considered important in such societies. In contrast, modern values place an emphasis on achievement (often monetary) and equality before the law. Although the evidence is scarce, it is possible to suggest that as modern values replaced traditional ones in America, attitudes toward family, women, and children altered significantly.

It is convenient to look first at the studies of colonial families in Andover and Dedham, Massachusetts done by Philip Greven and Kenneth Lockridge respectively. Both these works show that in the seventeenth century, families were well ordered and controlled. The ideals described by Edmund Morgan in The Puritan Family were being practiced there. Perhaps the most remarkable finding was the extraordinary authority exercised by parents over their older children. Of course, the desire to inherit the farm may have had some influence on keeping sons dutiful, but in a land of abundant acreage, it seems implausible that such control could have worked without a system of values which encouraged duty and suppressed any thoughts of individual advancement. Interestingly enough, in both Dedham and Andover control broke down in the eighteenth century, precisely the time when newer attitudes were emerging. John Demos’ study of Plymouth indicates a rather high degree of mobility there, suggesting that modern attitudes may have emerged slightly earlier among the Separatists than among the Puritans. However, even among the Plymouth inhabitants authority within the family was important.

I have argued elsewhere that attitudes regarding the family had changed noticeably by the time of the American Revolution. No longer were marriage and life in a family deemed necessary for all individuals. Alternative roles and alternative living arrangements became more acceptable by the end of the eighteenth century. By the nineteenth century, family ties seem to have loosened even further. Mobility was common as a series of recent community studies have shown. No longer did individuals wait at home to inherit the family farm. Rather, Americans set out to improve their lot. And, if the evidence is to be believed, they kept on moving until they established themselves economically. Clearly, attitudes by this time favored individual advancement rather than passive acceptance of fate – a plot made famous by Horatio Alger. One hardly need add that migration for personal betterment is still a prominent feature of American life.

When we look at the actual structure of families, the evidence appears somewhat confusing as to whether nuclear or extended families prevailed. On the one hand, we find nuclear families common before 1800; on the other hand, kinship ties today are still important to many groups in our society. In
the end, this debate over whether extended or nuclear families prevailed may miss the point. Instead of worrying over whether an individual had only immediate relatives or a large family to associate with, perhaps we should concern ourselves with the quality of those relationships. Michael Anderson has shown, for example, that in nineteenth-century Lancashire, extended families existed in towns, but on the basis of mutual aid and for calculated advantage. Families were to be used for protection and advancement. They were not designed to control an individual and keep him in his place. The kinship ties among various American ethnic groups seem remarkably similar to this pattern, encouraging rather than restricting individual advancement. However typical the Andover families of the seventeenth century may have been at that time, such relationships seem to have dissolved as modern values became more prevalent.

As traditional values gave way to modern, we might expect parental attitudes toward children to shift — and that they did. Studies of both Puritan and Quaker attitudes toward children show that before the middle of the eighteenth century, parents felt their main duties were controlling the child until he was responsible and trying to protect the state of his soul. Little emphasis was placed on the development of individuality; life after death was considered more important than life on earth. Gradually, these attitudes changed. Parents began to respect, rather than fear, the unique qualities of their children. Discipline remained important, but by the first half of the nineteenth century it was important to insure success in this world rather than the next. Parents came to feel that they had a significant role to play in shaping their children's future; not all had been predestined or would be decided by fate. The childrearing literature of the early twentieth century was much like that found a hundred years before, with one exception. In addition to being taught that they could influence a child's success, parents were told they could shape his health as well. In the 1830s death was still only partly predictable and controllable; by the 1930s disease was something to be prevented or cured, not endured. Thus, rather than viewing attitudes toward children as either cause or effect of variations in fertility or infant mortality, or as the result of an urban-industrial society, it seems more useful to see lower fertility, attempts to improve health, and notions of a child's unique qualities all as recognitions that the future on earth has some promise, especially if people work at improving it.

The role of women also seems to have evolved as modern values came to replace traditional attitudes. In the seventeenth century legal and social pressures combined to limit women's roles outside of marriage. By the time of the Revolution, however, legal changes began to indicate a recognition that women had equal rights before the law as property holders, an essential characteristic of modern society. Furthermore, attitudes toward marriage changed at the same time. No longer were unwed women oddities; those who married were able to choose a husband more on the basis of love, rather than for economic considerations. Individual happiness increasingly played a part in a woman's choices — in fact, women had choices by 1800 in a way they had not apparently had a century earlier.
The nineteenth century was a time of paradox for women in America. On the one hand, women joined in various reform movements as never before, expressing, it seems to me, the notion that the future could be improved. On the other hand, women were seen as the unchanging repositories of purity and virtue, who, among other things, suffered with great patience. This latter attitude sounds remarkably traditional, but given the extent of reform activity on the part of nineteenth-century women, it is hard to believe that they felt no chance to alter the future. Rather, I would suggest, many of the notions of purity and suffering were related to sex. Women were not supposed to enjoy sex, while at the same time they were to understand the animal drives of their husbands and sons, especially when they strayed to prostitutes. While these attitudes may seem strangely out of place today, they may have made good sense in the nineteenth century. At a time when people wanted to limit births but had only crude means available, it may have been useful to deny a woman's interest in sex. Coitus interruptus could not have been terribly satisfying to many women. Likewise, prostitution, whatever its evils, served as one means of reducing the risk of pregnancy for wives.

It is of interest to note that the admission that women, like men, have a sexual side corresponds nicely to the development of more efficient and less obtrusive forms of birth control. The twentieth century has seen a greater concern for the development of a woman's full personality than ever before. It may well be that this has happened not only as a result of modern attitudes, but also because more effective birth-control methods have allowed these attitudes to prevail, whereas in the nineteenth century the desire to control fertility worked at cross purposes to any tendency to liberate women.

One last point deserves mention, before we examine what future research on the family should entail. Not all parts of the American population have experienced changes in mortality and fertility at the same rate. Undoubtedly some of the variations can be explained by different preferences for the ideal family size, by different promises for the future, and by different access to the best birth-control methods. At the same time, at least parts of the population may simply have maintained traditional attitudes much longer than others. Blacks, for example, seem to have had levels of fertility and mortality in the late nineteenth century which were unchanged from the colonial period, when their experience was much the same as the whites. Undoubtedly some of this can be explained by the denial of medical services to blacks, but we should not overlook the possibility that under slavery and the Jim Crow laws there was little reason to hope for the future. For many blacks, the world was uncontrollable and uncertain, much as it is for many peasant cultures today. Interestingly, once blacks began to move out of the South (an action which in itself is indicative of a sense that the future can be improved) and into the cities, the demographic differences between the races narrowed noticeably. Although differences still exist, the trends since the 1930s have been remarkably similar, suggesting that many of the factors which determine fertility and mortality are color blind, even if much of the rest of our society is not.
In contrast to the black experience, the Hutterites, a religious group in the northern plains states, continue to have children at a rate that only the colonists could match.\textsuperscript{57} This is noteworthy because the religious values of this group are extremely conservative and very traditional. Order, discipline, and the submission of the individual are important values to these people. While they are aware that the future can be controlled, they are more concerned with the success of the group than with the development of the individual. Unlike immigrant groups who fostered kinship ties to protect and advance the individual, the Hutterites use kinship ties to subordinate individual success to the good of the whole, a very traditional attitude.\textsuperscript{58}

As projected here, the new version of the theory of Demographic Transition appears to make better sense of the historical facts of fertility and mortality changes. In addition, the emphasis on a revolution in values serves to integrate many of the disparate approaches to the study of families in the past. Nonetheless, what I have said here is only an hypothesis, and as such must be tested and presumably revised. It is my hope that historians of the family will find this task worthwhile, not only because it has some significance in a world faced with problems of implementing large-scale reductions in fertility, but also because this hypothesis can provide some unity to research on the family.

What needs to be done? First, we need to know more precisely when fertility, mortality, and migration patterns changed in the past. These patterns must be connected with the revolution in values I have assumed to have occurred. If modern attitudes do not predate or at least overlap with new forms of demographic behavior, then the whole hypothesis falls. Likewise, it is important to determine how the changes occurred. In part this is important because we need to know which changes were deliberate and controlled and which were accidental results of other changes in behavior. In the case of fertility, it is useful to know, for example, that a falling birth rate came from birth control rather than new marriage patterns, because the attitudes toward women and children and the future trends of childbearing may be determined by which method is used.

Of considerable interest here are comparative studies. Such comparisons would be cross-national, cross-cultural, or based on socioeconomic differences within a society. The theory, as outlined here, seems to fit the American experience. But does it hold in Europe or Japan? Furthermore, do regions which have still to experience the demographic transition all have traditional attitudes? Have recent declines in mortality been the result of the acceptance of modern attitudes, or have they been imposed from above by an imported medical technology?

Obviously most students of family history will continue to have more interest in one aspect of the family than another. This is understandable, and is probably the most practical approach to the immediate problem of finding out what families in the past have been like. At the same time, I would hope that no longer would one definition of or approach toward the family be
considered the only appropriate one. Studies of the family should no longer focus exclusively on kinship, or fertility rates, or childrearing practices, or the role of women. Rather, they should seek to incorporate all relevant changes in values and behavior which may have affected the family. We must accept the idea that as a subject, the family is a complex, but highly interrelated entity. A satisfactory approach to the history of the family must involve a study of all aspects of behavior within the family setting, as well as recognizing that family patterns are closely related to more general attitudes and behavior patterns of the society under study.58

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FOOTNOTES


5. The studies published in Annales: Economies, Sociétés, Civilisations and under the auspices of L’Institut national d’études démographiques are clear exceptions as the French scholars quite clearly build on each others’ work.


11. First published in 1936 in Baltimore. Himes argues that birth-control knowledge was not widespread, and that fertility fell because it was diffused. His evidence seems to me to support the contrary position just as well, if not better.


18. After considerable thought I have decided to use the terms “traditional” and “modern” here. There is an immense literature on these terms, much of it reflecting the peculiar interests of the authors. Hopefully my use of these terms will be made clear in the definitions which follow.


27. Otho T. Beall, Jr., “Cotton Mather, the First Significant Figure in American Medicine,” *Bulletin of the History of Medicine* 26 (1952): 103-116, discusses some of Mather’s motives; the statistics produced during the eighteenth century may be found in Massachusetts Historical Society, *Collections*, 1st Ser., vol. 3 (1794), p. 292.


40. This change is rather complex as is evident in Wrigley, “Modernization,” pp. 250-256. Malthus’ reaction to these phenomena is, of course, to be found in T. R. Malthus, *An Essay on the Principle of Population, as It Affects the Future Improvement of Society* (London, 1798; reprinted with the 7th edition, New York, 1960).


42. See note 1.


47. The literature on immigrants is immense, but among the most helpful places to start is Philip Taylor, *The Distant Magnet* (New York, 1971), especially chapters 9-12. Two other works of some interest are John J. Appel, ed., *The New Immigration* (New York, 1971); and, of course, Oscar Handlin, *The Uprooted* (Boston, 1951).


49. For evidence that these changes occurred in other groups, see David J. Rothman, *The Discovery of the Asylum* (Boston, 1971), chs. 2, 3, 9; and Wishy, *Child and the Republic*.


56. The movement into the cities and the motives behind this migration are presented clearly in Clyde Kiser, Sea Island to City (New York, 1932); for recent trends in fertility and mortality see Irene B. and Conrad Tauber, People of the United States in the 20th Century (Washington, 1971, a census monograph), pp. 443-453, 500-517.


58. Since this article was written, a number of works on various aspects of family history have appeared. Because the original notation was illustrative rather than exhaustive I have chosen not to revise the manuscript to include the more recent examples. More important, my ongoing reading has only reinforced my belief in the hypothesis offered above.