Mad Men, Mad World
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Published by Duke University Press

Rushing, Robert A., et al.
Mad Men, Mad World: Sex, Politics, Style, and the 1960s.

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AFTER THE SEX, WHAT?

A Feminist Reading of Reproductive History in Mad Men

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After the sex, what? If you watch Mad Men, you know the answer to that: a smoke, a drink, or both. Perhaps a phone call—and sometimes in the middle, unfortunately, a fire alarm. Sex is a central theme in Mad Men, as are the power dynamics and aftereffects of sex, including pregnancy, childbirth, and children (or not). “After the sex” in my analysis encompasses not only the “after” but the “before,” the thinking and planning, contraceptives, and conversations about sex and its consequences—in other words, the reproductive ideologies, practices, and technologies of the show.¹ My longer time frame is also historical: I look at Mad Men in relationship to the period that it remembers for its viewers today while analyzing the meanings of the show’s representations in the present.

As Mad Men shows its viewers, a central part of a woman’s reproductive history consists in her encounters with gynecology and obstetrics. Like traditional television doctor shows, Mad Men has produced accurate medical scenes (see Turow); but more important, it has dared to reveal male supremacy as a problem in medicine. The show’s creator, Matthew Weiner, and its writers clearly respect history and understand sexism and gender construction. That gendered awareness helps attract viewers to the show. At the same time, however, by focusing solely on the reproductive lives of its white, elite, and rising middle-class characters, Mad Men produces a partial
and therefore partially misleading picture of gender roles, the rise of feminism, and the urgent reproductive issues of the period. In *Mad Men'*s rendition of history, the issue of reproductive control in general—and abortion in particular—appears to concern only white women who either want to be career women or do not “need” an abortion because of their privileged situation. As a result, the audience misses how race and class figure in the larger reproductive history of the 1960s. That picture would include the use of abortion among women of color, as well as the political work of black and Puerto Rican women in New York and elsewhere around sterilization abuse and the rights to have children, to be single mothers, and to receive welfare support for their children. The ramifications of this show’s representation for feminism and reproductive justice are significant. Given its discussion of gender and reproductive politics, *Mad Men* is a show that feminists may want to both embrace and rewrite.

*Mad Men* has worked extraordinarily hard to place itself in a specific time—to be accurate and believable as it tells the interwoven stories of office and home, political and civil rights events, and especially gender revolution. Dvd sets of the series include time capsules and minihistorical documentaries that detail the research behind the show while also demonstrating Weiner’s interest in educating his audiences. Features for home viewing include “Birth of an Independent Woman” and “Time Capsules” on the “historical events of the 1960s”—all recognizable as educational documentaries with historical footage, narrators, professional historian “talking heads,” and an objective viewpoint. These extratextual components indicate the care the show’s producers have taken to ensure accuracy in the medical scenes. Television historically has committed itself to using accurate terminology and sought the endorsement of medical societies, and, early on, it showed physicians in an exclusively positive light. *Mad Men*’s realistic representation of physicians and their female patients is in keeping with the drive for accuracy, but also with the post-1970s depiction of doctors as less than perfect (see Reagan et al.; Turow and Gans-Boriskin).

*Mad Men* is unusual and emotionally gripping—especially for its female viewers—when it depicts gynecological and obstetrical scenes as moments of blatant and often coercive male medical authority. Together with scenes focused on birth control, childbirth, and infertility, the depiction validates women’s complaints about medicine and men, and shows why the women’s health movement of the late 1960s and ’70s arose to create women’s health centers across the country, demand legal abortion, and insist on female physicians, midwives, and home births. These story lines capture the audi-
ence’s attention and illuminate a world (now mostly unfamiliar to younger generations) in which contraception and abortion were hard to get and against the law.

In *Mad Men*’s first episode (“Smoke Gets in Your Eyes,” 1.1), the “new girl,” Peggy, is introduced to the office, eyed by all, and immediately told by the young ad man Pete Campbell, “It wouldn’t hurt if you showed some leg around here.” She is sent off on errands by the head secretary, Joan, to get what turn out to be office supplies: chocolate and roses for the telephone operators whom she needs to woo. Viewers also see her go to a “Midtown Medical Building.” It is 1960. Later, viewers will understand that this too is an errand for an essential office supply: birth control. When we next see Peggy, she is in the doctor’s office—which is painted a lima-bean green like nearly every clinic or hospital at that time—reading a pamphlet titled *It’s Your Wedding Night. What Every Bride Should Know*. Dr. Emerson walks in. “Joan Holloway sent you over. She’s a great girl,” he remarks as he lights a cigarette.

This scene is gripping—one can see and feel Peggy’s anxiety as well as her perfect gendered understanding about how she needs to perform in order to succeed in obtaining what she wants: the contraceptive pill. She does not respond when the doctor jokes about Joan’s sexuality while simultaneously admonishing Peggy about her own sexual behavior and marriage prospects. What most of us today would see as not only inappropriate and rude but also sexist—a term that did not yet exist—was normal in 1960. The fact that Peggy is single and searching for methods to avoid pregnancy means that jokes can be made and she has to endure them, for only a doctor could prescribe the new pill or a diaphragm. Doctors had all the power, and many would refuse a woman like Peggy’s request: birth control was still illegal in some states. The U.S. Supreme Court decisions that overturned state laws and made contraception legal are, for the characters in *Mad Men*, still in the future. In 1960 someone like Peggy would have no legal right to contraception.

Jokes about gynecology, breast examination, and women and their bodies were ever-present in medicine in this period. Barron Lerner, who has researched the history of breast cancer, found sexual jokes and mean remarks about women—as patients, colleagues, and wives—throughout the medical literature, and in minutes of professional meetings. Students today are often shocked when they encounter this material, finding it hard to believe that such remarks can be found in print. But no one at the time was trying to hide it. This sexist banter held the male world together and, importantly, made it acceptable for men to specialize in obstetrics and gynecology.
Few women objected directly; they lived with it. Peggy’s exam is the only popular film or television picture of a gynecological exam that I can think of that gets it right in its atmosphere and emotional resonance. Peggy is in a vulnerable position, alone with this male doctor, without a nurse for comfort or implicit protection against male sexual coercion or rape (fig. 4.1). The doctor smokes and says, “Try to make yourself comfortable. Relax,” at the precise moment that he pulls down the stirrups. The smoking underlines the doctor’s power, marking the office as a space designed for his comfort, not for hers. (The smoking itself would have been a violation of a norm. Doctors did not typically smoke when seeing patients, although illegal abortionists sometimes did; see Reagan, When Abortion.) And no one finds those stirrups comfortable. The examination table and stirrups, like the space, are designed for the doctor’s ease in looking, not for the patient’s comfort. She is prone, knees open—in a position that girls learn from a young age is immoral and dangerous. As the feminist health scholar Terri Kapsalis observes about the gynecological exam, the doctor talks to the woman’s vagina, not to her (see also C. Lewis).

As Dr. Emerson begins Peggy’s exam, he continues to talk—not about the exam, but about her marital status and about sex, explaining that he is not “here to judge,” and yet judging nonetheless. The combination of familiarity, sexualized language, paternalism (a tone expected from doctors of the time), moralizing, and threat, from a man who is not much older than Peggy and may have slept with Joan himself (or wanted to), underscores that all the
power is on his side. Peggy is in no position to argue and has to pay the price for trying to gain some control of her sexuality and reproduction. While we as viewers might be aghast or shouting at our T V S, Peggy calms herself by emotionally leaving the scene and immersing herself in the image of a placid lake advertised in a calendar on the opposite wall. She replies, like the good Catholic girl she is, that she is “a very responsible person.” She understands quite well what is required of her in order to secure the prescription. She does not challenge the patronizing and rude doctor; she remains polite and subordinate.

In the end, Peggy receives a prescription for Enovid for $11 per month. As a secretary, Peggy earns $35 per week making the pill almost 10 percent of her income. In today’s dollars, that would be about $80 per month—a pretty hefty amount for a single working girl. Today’s well-meaning future M D S often find it hard to understand the strength of the women’s health movement of the 1960s and ’70s and the vehement anger at the medical profession that it expressed. It seems so unfair, so aggressive. Yet this scene from Mad Men captures a sense of the patronizing, demeaning, embarrassing, and simply thoughtless behaviors that provoked the women’s health movement to demand patients’ rights (see K. Davis, 20–23, 28). Indeed, this scene could be valuable in medical education today to exemplify poor historical practices and serve as a starting point for discussion of respectful treatment of patients.

Peggy’s first day at her new job ends when she is woken in the middle of the night by knocks on the door from the very ad man who insulted her that morning, Pete Campbell. Pete has left his bachelor party and come to her house because, as he tells Peggy, he “had to see her.” She brings him into her room. She is armed with a prescription, and viewers might think that she is “protected” (although the pill is not effective instantaneously, and Peggy may not even have started taking it), or the audience might not think at all about protection, since most contemporary television never concerns itself with the issue. That is day one at Sterling Cooper for Peggy and day one for Mad Men: the naive new girl is quickly learning the ropes.

The final episode of the first season, “The Wheel” (1.13), also ends with a surprise about Peggy as it follows through on the consequences of her decisions in the pilot. Doubled over with pain, Peggy rushes to the hospital (again with green walls) only to be told by the emergency room doctor that she is pregnant. “That’s impossible,” she replies. Offscreen, Peggy gives birth to a baby boy. When the nurse brings him to her room and asks her if she will hold him, she refuses. As viewers, we see her sadly looking at the wall,
an image reminiscent of her strategy for managing the gynecological examination nine months earlier: imagining herself elsewhere.

In denial. Perhaps that is the quick analysis of Peggy. She may seem like one of the obese women who do not realize they are pregnant until they go into labor, seen on shows such as *I Didn’t Know I Was Pregnant* (TLC, 2009–), or like young women who appear in news stories today who give birth in bathroom stalls because they are in denial about their pregnancies. Yet more than anything, Peggy’s situation suggests how the stigma surrounding sexual activity and pregnancy can lead some unmarried women to refuse to believe the truth. Many more tried to hide it through abortions, adoption arrangements, and quick marriages.

Peggy says, “I don’t understand,” but it seems likely that she understands all too well what pregnancy means for her. Observant viewers as the season aired picked up hints of Peggy’s pregnancy from fleeting scenes of her vomiting at work and gobbling extra sandwiches, or comments about her expanding waistline. Ignorance and denial do not fit Peggy’s character. She does not wear baggy clothing to cover up and hide; she is not obese. She wears structured clothing that covers her shape well. As she says, her pregnancy is “impossible,” referring to a biological impossibility, to disbelief, or simply to social reality. It is impossible for Peggy to be “expecting,” to show, to bear a child, to be a mother in this society as a single woman, as a working woman, as a Catholic daughter. As a pregnant daughter, she might be kicked out of her home; as a single mother, she could lose her job, have to turn to welfare, and come under state surveillance and bed checks; she could lose her child. As a single mother she would be a stigmatized and shamed woman rather than a respectable one (Pleck; Solinger). Her condition is, as Peggy states so clearly and bleakly, impossible.

Peggy’s pregnancy takes the rest of *Mad Men*’s characters, and took its audience, by surprise—as planned. What was happening to Peggy’s body over the course of the season was a closely kept secret between Matthew Weiner and the actress Elisabeth Moss. In DVD commentary, Weiner and Moss report that the cast and camera crew were “shocked” when Peggy went into labor on the set. Fans blogged about their surprise. This carefully plotted story worked well—the season ended dramatically, leaving viewers waiting for next year’s offering. But it also avoided engaging the issue of abortion and the dilemmas that a young woman like Peggy would face in 1960—or in 2007. By having Peggy “not know,” *Mad Men* circumvented any controversy that might have arisen from airing a Catholic woman considering or going through with an abortion.
In season 2, Betty Draper echoes Peggy, both physically and emotionally (“Meditations in an Emergency,” 2.13). When Betty’s doctor confirms that she is pregnant, she says, “I can’t believe this. Dr. Aldrich, I can’t have a baby right now.” Betty is the beautiful wife of Don Draper, Mad Men’s handsome leading man and increasingly remote husband. The Drapers have two school-age children; they live in a clapboard house in a wealthy white suburb; every day, Carla, their black housekeeper, comes to their home to cook and care for their house and kids until late in the evening.

Peggy and Betty both declare their pregnancies impossible. Yet while Peggy doesn’t “understand” that she has gone into labor, Betty, still very early in her pregnancy, understands quite well and can consider doing something about it. As her doctor quickly grasps, she is thinking about the possibility of abortion, though neither of them uses that word. In fact, the word *abortion* is used in a previous episode (“The Benefactor,” 2.3), reminding viewers of its controversial status, then and now. In that episode—which references and replays a segment of a television show from 1962 about the subject—Mad Men’s audience learns that in the 1960s this word was taboo and that advertisers ran away from it.

Betty says emphatically that she cannot have a baby. Her spotting was not caused by horseback riding, her doctor tells her. His comment provides a subtle explanation for her increasingly frenzied horseback riding, a sport believed to cause miscarriage. Although this was an old idea dismissed by most doctors, desperate women continued to try riding (as well as tennis, swimming, and driving on bumpy roads) as a way to terminate pregnancy (M. Davis, 66). If a woman failed to induce a complete miscarriage, she might hope to induce her doctor to finish an incomplete one. Standard medical procedure to complete a miscarriage entailed performing a dilation and curettage (the same procedure as an abortion). A sympathetic physician might also perform a “d and c” to prevent infection when the real intention was an abortion. Betty neither has a miscarriage nor is bleeding enough—or desperate-sounding enough—to convince her doctor to perform an abortion.

Viewers might assume that a privileged white woman could easily get an abortion, but in fact Betty’s options are limited. Her doctor reprimands her and tells her she will be happy soon, and not to worry about her figure. He does not offer her a referral, saying instead, “Mrs. Draper, if we’re having the conversation I think we’re having, there are alternatives, obviously. But . . . I find it hard to believe that as a married woman of means you would even be considering that. *That* is an option for young girls, who have no
other option.” Private doctors or nurses often did give patients the name of a reliable doctor, but Betty’s does not. Though less crass than Peggy’s doctor, Dr. Aldrich is also patronizing and dismissive. When he walks out of the room, the camera moves away from Betty, once again leaving her alone, perched high and still at the end of an examination table. Fully clothed in a dark dress and heels, her skirt arrayed across the table, she is a black monument memorializing a death. It is a funereal portrait (fig. 4.2).

American women in 1962—and other years—did get illegal abortions, and some were able to get quite safe or even legal abortions from doctors in hospitals. There were high-end physicians who performed abortions if one knew how to locate them. A ladies’ man like Don could surely find and pay for a safe abortion provider, and there was the option of going to Puerto Rico as many New Yorkers did (although, as Betty’s friend Francine dryly notes, Puerto Rico would not have been a good option during the Cuban missile crisis). A rich couple like the Drapers could have flown to Mexico, Japan, or England, where safe abortions were available (Reagan, “Crossing the Border”; Reagan, When Abortion). But for someone like Betty, a married mother of two acting alone and in secret, flying out of the country would be out of the question. She could go to Albany, another alternative suggested...
by Francine, and be back in a day with Carla watching her children. Locating the abortionist, paying for the procedure, and covering it up would not be impossible for a woman like Betty, but it would take great determination. Betty’s friend, like her doctor, tells her it will be okay, that sometimes it’s better to just not think—exactly what Peggy does in the first season. Betty is ambivalent. She adjusts. She conforms.

Women more desperate than Betty did drive long distances, scrape together the money, or induce their own abortions. Class and racial discrimination were inscribed into access, safety, and danger. When women arranged for an illegal abortion, many were told to wait alone at a street corner, where they were picked up, blindfolded, and driven around the city before being given an abortion in an unknown apartment or hotel by an unseen practitioner (often a doctor). Some abortionists took advantage of their clients’ vulnerability and demanded sex in exchange for an abortion; others raped them. The poorest women used their own methods—orange sticks, Lysol, chemicals, and other means. They frequently ended up bleeding, infected, and dying in hospital emergency rooms. Cook County Hospital in Chicago, for example, had an entire ward devoted to septic abortion cases; nearly five thousand women came in every year. Some women died. In New York City, rates of death due to abortion were four times higher among Puerto Rican and African American women than among white women. By the 1960s, illegal abortion (usually self-induced) had become the primary contributor to maternal mortality in the United States, accounting for 40 to 50 percent of these deaths. Abortion had become a pressing public health problem. Public health authorities knew that these deaths were preventable. The hemorrhaging and infected patients profoundly affected the doctors who treated them, repaired their torn uteri, abdomens, and intestines, and held their hands. By 1969 those medical experiences led the majority of doctors in the U.S. to support the legalization of abortion (Reagan, When Abortion).

Earlier in season 2, as mentioned, “The Benefactor” foreshadows Betty’s dilemma by referencing a 1962 episode of The Defenders (CBS, 1961–65). The Defenders was a father-son legal show known for its progressive politics, and the episode referenced in Mad Men, also titled “The Benefactor,” made a stir by openly featuring abortion: sponsors pulled their advertisements; it came up in FCC investigations into censorship by advertisers; and some CBS affiliates refused to air it because, as the Sterling Cooper ad men learn in Mad Men, the word abortion is used “thirty times.” In fact, the controversial episode not only uses the word abortion: it also opens with an abortion mid-operation.
“The Benefactor” was part of an emerging public discussion about the nation’s criminal abortion laws—one that physicians and attorneys had begun in the late 1950s. In 1959 the prestigious American Law Institute proposed a standardized model law on abortion that states began to consider. Such model laws, or reform laws, would enable doctors to grant legal abortion to preserve the woman’s health, in cases of rape or incest, or when the fetus was damaged. Of course, such laws would not have permitted women like Betty or Peggy to have legal abortions. Nor would they have helped most of those who had illegal abortions at the time. Although there was both strong support for and opposition against this legislation, the number of people it would affect was quite limited.

Popular support for reform laws did not arise because of women like Betty and Peggy, or even because the public believed rape victims should have access to legal abortions. Instead, it was the threat of serious birth defects from thalidomide and the German measles epidemic that suddenly made abortion reform more salient to Americans in the 1960s. Thalidomide, an ingredient in cough syrups and sleeping pills in Germany and England, caused babies to be born without arms or legs. When pregnant women caught German measles in early pregnancy, the virus caused fetal heart defects, deafness, blindness, and mental retardation—or all combined. The German measles epidemic threatened every pregnant woman because there was no way to know if one had caught it, no test, no vaccine, and no way to avoid the contagious children blamed for spreading it. Many women and doctors felt that if they faced these kinds of terrible “deformities,” the obvious thing to do was to have an abortion and avoid the apparently inevitable outcome of having a “deformed” baby (Reagan, *Dangerous Pregnancies*).

As married, middle-class, white women began to talk bravely about their need for abortion, they changed the picture of the aborting woman from deviant to decent. The specter of respectable women in agony over a potentially damaged pregnancy permitted the first conversation in the United States that listened respectfully to women about abortion. Hitherto, journalistic representations of abortion had focused on deadly abortion or had represented the abortionist as a sleazy gangster and his female client as psychologically sick. Such representations of criminal abortion were racialized as well: abortionists were often depicted as “colored,” and the “sick” (white) women who had abortions were often in sexual relationships with men of color (see, e.g., J. Martin).

The *Defenders* episode did important cultural work in 1962 and contributed to a more respectful conversation about abortion. Although the
young women depicted in “The Benefactor” are more like Peggy than like the married women concerned about damaged pregnancies, the television show managed to spur conversation by making the abortionist a respectable (and paternalistic) white male doctor who refuses to accept money, and by making his patients sympathetic white characters. In addition to speaking about and representing an abortion in progress, “The Benefactor” challenged the reigning stereotypes by showing a woman who survives her abortion without harm and by offering a depiction of sworn expert testimony before a judge about the facts of abortion. Indeed, in the eyes of television critics and viewers, the show advocated abortion law reform. CBS defended its show, promised to air it without sponsors, and then ran it later than originally planned with a new sponsor. The Defenders—and this episode in particular—is remembered by scriptwriters and television historians as particularly significant for challenging sponsors and raising questions about television censorship and prudery. The show continued to take on controversial subjects. Yet even at the time, at least one observer noted that the episode still took a safe route by portraying an unlikely abortionist: a physician who refuses any payments as atonement for his own daughter’s death from an illegal abortion (Gould, 43).

Today’s audiences would find the original “Benefactor” dated and paternalistic, but they might also see its relevance to current reactionary efforts to recriminalize abortion and state laws that require women under the age of eighteen to notify or obtain consent from their parents in order to have an abortion. In the original show, police enter and raid the doctor’s office, finding a young woman on the operating table. The Defenders accurately depicts law enforcement at the time: the woman caught in the raid of the abortionist’s office is made to testify in court. Seeing an opportunity for a scoop, one reporter violates the norm (described by the judge in the episode) of keeping the names of female witnesses out of the papers to protect them from the shame and stigma of abortion. When the witness’s father sees the headlines, he is enraged. He yells at his meek daughter, who shrinks against the wall. Then he slugs her. The scene vividly depicts exactly why some young women, then and now, do not tell their parents about their pregnancies or abortions: they fear paternal shame, rage, and violence (see Joffe, 72–77).

In paying homage to its 1962 predecessor with its title and diegesis, Mad Men’s “The Benefactor” implicitly indicates its support for legal and safe abortion, opposes censorship of brave scriptwriters, and, perhaps, suggests that it too would like to be known for breaking social and television taboos. Yet Mad Men is less daring than the show that it tips its hat to. In today’s
climate, *Mad Men* is unusual for having a married woman consider abortion and for giving the topic an accurate and sensitive historical depiction. But it fits with its own times, at least through season 4, in that while an abortion may be considered on television, none is actually depicted. In the opening episode of season 4 (“Public Relations”), viewers learn that Joan has already had two “procedures”; later in the season she visits the office of an abortionist with the intention to terminate her pregnancy, although it becomes clear that she does not follow through. In the past twenty-five years or so, when the question of abortion has come up on television and in the movies, women rarely take that path. Clearly, the preferred “choice” (my quotation marks indicate how problematic many feminists find the term) is for female characters to have a baby. For example, in the movie *Juno* (2007) and the TV hit *Glee* (Fox, 2009–), abortion serves as a plot device: a complication for women and couples who end up choosing the presumably “harder” option of having babies over having abortions (see also Bellafante, “Abortion”; Weinman). Abortion is thus represented in a simplistic way as a simple solution. Somehow abortion no longer renders fascinating stories about the emotional, intellectual, or life development of a woman or a couple—a trend from which *Mad Men* departs only partly. Today’s entertainment writers may, on the one hand, think that the abortion storyline is already known and that they are writing a more interesting one. On the other hand, they also carefully avoid what they know will be the more politically dangerous narrative.

*The Defenders* constituted a public space in which the social and sexual issues of the time could be talked about, debated, and then talked about again in other civil spaces, both informal and formal: in media outlets, at dinner tables, at bars, in churches, and in political institutions. This courtroom show addressed many controversial topics, including race relations, infanticide, and consequences of the Holocaust. But only this one episode about abortion resulted in lost sponsors and airtime; eleven stations across the United States refused to broadcast it, and Canada banned it (*Los Angeles Times*).

It is worth noting also that *The Defenders* courageously challenged racial hierarchies in hiring and casting before the advent of antidiscrimination lawsuits, deliberately challenging racial segregation at a moment when the civil rights movement was hotly contested. The show purposely cast black actors in unexpected roles. They did not appear in “strictly Negro parts but as judges, policemen, teachers, etc.” (*Sunday Gazette Mail*). Indeed, in “The Benefactor,” the jury’s foreman is a black man. Putting a black working man...
in this position of authority and in a position to pass judgment on a white doctor reversed the typical race story in real courtrooms that placed black men as criminals and whites as victims, juries, and judges. When asked by a reporter about the “habit” of hiring black actors for unexpected roles, the actor Robert Reed, who played the younger attorney, responded, “I’m proud of it. We do it as much as we can.” “We get complaints from Southern stations,” he admitted, “but we expect them. I think they’re wrong—dead wrong.” Reed revealed that even he, a white celebrity, experienced something of what the “complaints” meant: “I was in Atlanta recently and it was pretty ugly at one point. When you’re face to face with bigotry it’s a little hard to take” (Sunday Gazette Mail). His remarks also repeated the common view among white northerners that racism against African Americans was located in the South, where they did not live.

Almost fifty years later, even as Mad Men admirably makes visible the prejudices and racism of the 1960s, it perpetuates the idea that racism was a southern ugliness (see Lang, this volume). The “strictly Negro parts” that viewers expected to see African Americans playing in the early 1960s meant parts such as janitors, elevator men, cooks, and maids—precisely the roles that African Americans play on Mad Men. The series conforms to early-1960s expectations, even though it could depict the era accurately while simultaneously challenging the racial consciousness of its viewers as The Defenders did. Much could be illuminated about New York and the United States in the 1960s if the show moved its cameras and followed Carla home to watch her life after work and see how she managed her problems in her own social world. Who took care of her children while she watched those of the Drapers?

Part of Mad Men’s claim to authenticity, and its audience appeal, lies in its period design, historical accuracy, and story line of gender inequality and revolution. The producers present Mad Men, as well as the documentaries included as DVD extras, as both entertaining and educational. That Mad Men is so often accepted as a meticulously accurate account of the past is deeply problematic, because it represents the recent history of reproductive rights in a specific classed and raced light: as middle-class and white. In so doing, it obscures the painful experiences and political organizing of women of color and poor women. Women’s historians have written a different history, feminists have struggled in alliances, and women of color have developed their own arguments, agendas, and organizations for reproductive rights (see, e.g., Silliman et al.).

Carla’s story would complicate and illuminate the women’s reproductive
histories I have so far discussed by adding new class and racial dimensions. In *Mad Men* as we know it, Carla is understood only through the eyes and needs of the Draper family. By moving away from the perspective of the Drapers, the series could give viewers the pleasure of knowing more than the Drapers do about Carla (just as viewers know more than Betty does about Don’s life and more than he does about hers). Developing Carla as a character whose emotional and intellectual depth is rooted in a family and neighborhood would offer new perspectives on the other characters, and a more complex and accurate depiction of the intersectional history of women, race, reproduction, and sex. As the legal scholar Dorothy Roberts contends, “reproductive politics in America inevitably involves racial politics” (9).

*Mad Men* does not produce happy families. When Peggy “gives away” her baby, it is not a choice. She is an unmarried Catholic woman; a child will bring shame and social rejection to her family. Only with social or family support could she rear a child as a single and working mother. Marriage was a common solution to a premarital pregnancy, but Peggy does not want to marry (at least, not Pete). And she does want to work. She must either give away her child and try to forget, or have an illegal abortion. A warm and helpful response to her and her newborn, along with the expectation that she would continue to work, would have been completely unimaginable to someone like Peggy.

Yet these were white patterns. African American responses to premarital pregnancy were usually different. Since black women were by and large excluded from special homes for pregnant single women, the middle-class black families who wanted their unmarried daughters’ pregnancies and babies hidden had fewer options. The black community as a whole tended to regard children outside of marriage in a different light than did their white counterparts, and to embrace rather than reject such children and their mothers (Petchesky; Solinger).

Betty’s delivery of an unplanned third child enables the show to depict the kind of hospital delivery that almost all American women experienced at the time (“The Fog,” 3.5). After Don rushes Betty to the hospital, suitcase in hand, the nurse bluntly tells him his “job is done” and sends him to wait in the fathers’ room—out of the way of the staff. The scene is a perfect rendition of the hospital fathers’ room and the gender segregation that was drawn into architectural blueprints and built into hospitals. Don, isolated and bored, smokes cigarettes and drinks. His relative ease as a father of two contrasts with the anxieties of a new father-to-be who shares the waiting room with him. As Judith Leavitt has shown, few hospitals of the 1960s al-
lowed husbands to enter private labor and delivery rooms. As a well-to-do couple in the New York City area, the Drapers could have found a hospital that permitted husbands to attend their wives during labor—massaging their backs, giving them ice, and reminding them to breathe—a privilege the Drapers seem unlikely to seek. Sharing labor and the experience of birth intensified intimacy, which the Draper marriage lacks. Instead, Don shares intimate moments and a bottle of whiskey with the young man in the fathers’ room, while Betty cries out for her husband, wondering where he is and with whom he is sleeping. Don’s inability to be by her side during delivery is highly structured: the nurses, the rules, and the building itself will not let him out of his space and into hers. The scene is a metaphor of their life together—they cannot get past the structural barriers of homes and offices or the poor communication that such gendered norms ensure.

As Betty calls out for her husband, the nurse acts as an enforcer. When she cries in pain, “I can’t do it,” the nurse sternly responds, “Either you can do it, or we will, but it’s going to come out some way.” Injected with Demerol, Betty enters a dreamlike state in which she finds her parents in her kitchen along with a bloody Medgar Evers (whose recent murder haunts the episode). Betty’s view shifts and we see her mother in a housedress standing next to a suited black man who is sitting at the kitchen table with his head bent: “Elizabeth, shut your mouth,” she says; “You’ll catch flies.” Obediently, Betty tightly closes her mouth. Then she says, like a child reporting a mistake, “I left my lunch box on the bus and I’m having a baby.” Her mother scolds her: “You see what happens to people who speak up?” Finally, her father dismisses her: “You’ll be okay. You’re a house cat. You’re very important and you have little to do.” Betty wanders back to the hospital and wakes to find herself sitting up in bed with a baby wrapped in a blanket in her arms and Don standing at the foot. In this typical birth of the postwar period, medications have taken away both the pain of childbirth and its memory. Handed her swaddled newborn, Betty looks down and says softly, “She’s beautiful.” “It’s a boy,” Don corrects her.

Instead of having awareness of her own body during childbirth, Betty ponders, in her unconscious mind, the state of her marriage and the possibility of death. She hears her parents’ warning: she should accept her circumstances, be happy, and keep her mouth shut. Speaking up and acting out—as the black man’s dead and bloodied body demonstrates—are fatal. *Mad Men* uses a black body to give a message to its white characters: the murdered black man expresses the emotional and social dangers of deviating
from the marriage norm of silence and subordination. In this dream state, Betty wrestles over whether she will accept her situation as her parents advise, or endure the stigma and disapproval that go with divorce. The death Betty fears initially appears to be from childbirth, but the dream warns her of a social death if she speaks out. The pains of childbirth have been muffled; the pains of her married life come to the surface. The Drapers may appear on the outside to have it all, but their marriage is dying, marked by falsehoods, affairs, and alienation. Fittingly, the birth of their third child happens to each of them separately.10

*Mad Men* viewers dart in and out of another waiting room as Pete tries to catch the news about Trudy and their baby (“Chinese Wall,” 4.11). Pete seems as disempowered as a woman in labor—others control his visits and knowledge. In this waiting room, it is Trudy’s parents who stay and wait and who tell him that he cannot see her. They, like the nurses in the earlier scene, are gatekeepers and regard the birthing woman’s husband as a nuisance. It is Trudy’s father who gives first-time father Pete some man-to-man advice: “You need to calm down. I was at a baseball game when Trudy was born. Go about your business!” Trudy’s father quickly reminds his son-in-law to keep business and family separate when Pete brings up work worries at the hospital. Later Don turns on Pete and blames the firm’s loss of an account on Pete’s excessive interest in his wife and the baby on the way. Pete has crossed a gender line with his girlish interest in babies and cervical centimeters. He gets the point, gets back to work, and, in the end, learns about the birth of his child from a secretary’s note.

*MAD MEN’s SCENES* of gynecological examination, pregnancy, childbirth, marriage, and childrearing demonstrate the social enforcement of gender, heterosexual marriage, and the nuclear family. When the Drapers bring their new baby home, he cries in the night. Betty hears him and attends to him—shoulders bent and weary—alone. The episode ends with her back to the viewer, head and shoulders sagging, moonlight through curtains casting lines on her back (“The Fog”, fig. 4.3). Weiner has encapsulated Betty Friedan’s *Feminine Mystique* (1963) in this mise-en-scène: Betty is imprisoned in her big house with her inattentive, adulterous husband and a new, demanding baby. (Naming Mrs. Draper “Betty” may even be a deliberate allusion to Friedan.) In many ways, Weiner has produced a show that successfully depicts the widespread frustration among white women in the early
1960s with their lot as subordinates and sex objects. In addition, he demonstrates men’s frustration at masculine gender roles and limited connection to their children.

I admire the many ways in which this show gets the depiction of power right—from Peggy’s gynecological exam in the show’s first episode to Joan and Peggy’s developing friendship in the season 4 finale as coworkers who observe male power and their own exploitation with disgust. Once again they rage as, in a familiar pattern, Don marries his twenty-five-year-old secretary and the firm collectively celebrates, while taking Peggy—who has won the firm’s first new account—for granted (“Tomorrowland,” 4.13). Likewise, Joan’s essential work is recognized with more duties and a new title—but no raise. In the same episode, Betty impetuously fires Carla and refuses to give her a reference. Her power as the upper-class white woman employer could not be more clear. All of these moments point to the producers’ and writers’ historical awareness of the many forms of inequality, and the show’s ability to speak to multiple audiences.

But at the same time Mad Men’s rendition of history is stuck in history itself. It is limited to a specific white, middle-class view of the time, one famously promulgated by Friedan, which accidentally ignores or deliberately erases how race and class produced differences among women, including different political demands (Friedan; Horowitz, Betty Friedan). At the time that this show takes place, activist women of color organized in greater
numbers for welfare rights and against forced sterilization. Working women of all races fought for equal pay, for better-paying “men’s” jobs in construction and mining, and for workplace health and safety. Gerda Lerner, one of the founders of women’s history, was dedicated to putting black women and class at the forefront of the emerging field of women’s history (Black Women; Majority Finds). A minority of radical scholars like her understood that Friedan and the mainstream portrait of 1960s feminism whitewashed a more complex history. Since then, feminists, womanists, activists, and historians have developed a rich literature documenting these histories and reinterpreting the white portrait of 1960s and 1970s feminism. Women’s history and reproductive history are more complex when race along with class, sexuality, religion, age, (dis)ability, and other characteristics are taken into account. Doing so is essential for dismantling the notion that white, middle-class Americans are the norm—the “real” Americans. The stories and perspectives of white, middle-class Americans should neither set the terms of political and policy debates nor dominate historical memory.

NOTES

1. Clearly this is a normative heterosexual perspective, although gay women and men had children before the “gayby boom” of the 1990s. Gay parents in the 1950s and ’60s, however, were closeted, passing, and living in heterosexual marriages, just as they appear to be in Mad Men’s first four seasons.

2. Mad Men: Season 2, DVD (4-disc set, Lionsgate, 2008); special features on discs 2 and 3.

3. In 1965 Griswold v. Connecticut found that married couples had a right to privacy, and contraceptive practices were protected. The rights of the unmarried to birth control were not recognized until 1972 with Eisenstadt v. Baird.

4. On Peggy’s salary, see Lipp and Lipp. On the history of the pill, see, for example, Marks.


6. On I Didn’t Know I was Pregnant, see Calhoun.

7. Most women who have late abortions today do so following bad news about fetal health, or are poor and thus their pregnancies progress as they raise money or seek help arranging reduced fees (see Joffe).

8. Print held at the Wisconsin State Historical Society.
9. Both are unmarried. One is a victim of rape; the other is a wealthy model who expresses her gratitude for the doctor’s refusal to perform an abortion when he perceives that she really wants a child. In this, the show hardly represented typical abortion cases but, rather, dramatic and sympathetic stories.

10. In later episodes of season 3, Don is more frequently alone with his children. Further, Betty immediately leaves him to enter a new marriage with a wealthy man, thus bypassing the issue of single motherhood.