The Body Project
An Intimate History of American Girls
JOAN JACOBS BRUMBERG
INTRODUCTION

The Body as Evidence

At the close of the twentieth century, the female body poses an enormous problem for American girls, and it does so because of the culture in which we live. The process of sexual maturation is more difficult for girls today than it was a century ago because of a set of historical changes that have resulted in a peculiar mismatch between girls’ biology and today’s culture. Although girls now mature sexually earlier than ever before, contemporary American society provides fewer social protections for them, a situation that leaves them unsupported in their development and extremely vulnerable to the excesses of popular culture and to pressure from peer groups. But the current body problem is not just an external issue resulting from a lack of societal vigilance or adult support; it has also become an internal, psychological problem: girls today make the body into an all-consuming project in ways young women of the past did not.

A century ago, American women were lacing themselves into corsets and teaching their adolescent daughters to do the same; today’s teens shop for thong bikinis on their own, and their
middle-class mothers are likely to be uninvolved until the credit card bill arrives in the mail. These contrasting images might suggest a great deal of progress, but American girls at the end of the twentieth century actually suffer from body problems more pervasive and more dangerous than the constraints implied by the corset. Historical forces have made coming of age in a female body a different and more complex experience today than it was a century ago. Although sexual development—the onset of menstruation and the appearance of breasts—occurs in every generation, a girl's experience of these inevitable biological events is shaped by the world in which she lives, so much so, that each generation, at its own point in history, develops its own characteristic body problems and projects. Every girl suffers some kind of adolescent angst about her body; it is the historical moment that defines how she reacts to her changing flesh. From the perspective of history, adolescent self-consciousness is quite persistent, but its level is raised or lowered, like the water level in a pool, by the cultural and social setting.

Back in the 1830s, Victoria, the future queen of England, became intensely self-conscious about her body at the age of fifteen and sixteen, and although her first menstrual period was never announced officially, it was generally known that Victoria crossed the threshold into womanhood at about that time. At age eighteen, before she became queen, Victoria expressed general dissatisfaction with her looks. She mused over her hair, which was getting too dark; her hands, which she considered ugly; and her eyebrows, which she thought so inadequate that she considered shaving them off in order to encourage their growth. She also made awkward attempts to disguise her physical flaws: she tried covering up her stubby fingers with rings, but then found she had difficulty wearing gloves, which were obligatory for someone of her status. Some of Victoria's self-consciousness was a response to the attention she received as a future monarch. But it also had to do with the biological changes of adolescence, changes that breed both awkwardness and awe. The American poet Lucy Larcom, who tended looms in the textile mills of nineteenth-century New England, lived a life vastly different from Victoria's, but she, too, became "morbidly self-critical" in adolescence. When her body began to change visibly, her older sisters insisted that she lengthen her skirts and put up her hair—markers of sexual maturation in those days.  

Almost a century later, in the 1920s, the feminist writer and philosopher Simone de Beauvoir ruminated about her changing body. At fifteen she thought she looked simply "awful." She had acne, her clothes no longer fit, and she had to wrap her breasts in bandages because her favorite beige silk party dress pulled so tightly across her new bosom that it looked "obscene." Later in life, de Beauvoir described adolescence as a "difficult patch."  

Although Margaret Mead's 1928 classic Coming of Age in Samoa suggested that there are cultures where girls do not experience self-consciousness in adolescence or discomfort with their changing bodies, in the United States and in Western Europe they clearly have experienced both for at least a century. A matronly queen, a popular poet, and a mature feminist—each left indications that she felt self-conscious in adolescence, as most girls do.

In the nineteenth century, the "growing pains" of adolescence were diminished by society's emphasis on spiritual rather than physical matters. There were rigid standards of decorum that made discussion of the body "impolite." Yet among girls in the middle and upper classes, there was concern about the size of certain body parts, such as the hands, feet, and waist. To be too large or too robust was a sign of indelicacy that suggested lower-class
origins and a rough way of life. Even the exalted Victoria and her mother, the Duchess of Kent, worried about body size. Victoria's feet were admirable because they were tiny; yet she was warned periodically by her mother against becoming too stout, and she was chided for eating too much. A future queen, after all, was not supposed to look like a husky milkmaid or mill girl, and her body must never imply that she did demanding physical labor.⁴

Still, there is an important difference between the past and the present when it comes to the level of social support for the adolescent girl's preoccupation with her body. Beauty imperatives for girls in the nineteenth century were kept in check by consideration of moral character and by culturally mandated patterns of emotional denial and repression.⁵ Nineteenth-century girls often noted in their diaries when they acquired an exciting personal embellishment, such as a hair ribbon or a new dress, but these were not linked to self-worth or personhood in quite the ways they are today. In fact, girls who were preoccupied with their looks were likely to be accused of vanity or self-indulgence. Many parents tried to limit their daughters' interest in superficial things, such as hairdos, dresses, or the size of their waists, because character was considered more important than beauty by both parents and the community. And character was built on attention to self-control, service to others, and belief in God—not on attention to one's own, highly individualistic body project.

**Good Works Versus Good Looks**

The traditional emphasis on "good works" as opposed to "good looks" meant that the lives of young women in the nineteenth century had a very different orientation from those of girls today. This difference is reflected in the tone of their personal diaries, a source I use extensively to tell the story of how the American girl's relationship to her body has changed over the past century. Before World War I, girls rarely mentioned their bodies in terms of strategies for self-improvement or struggles for personal identity. Becoming a better person meant paying less attention to the self, giving more assistance to others, and putting more effort into instructive reading or lessons at school. When girls in the nineteenth century thought about ways to improve themselves, they almost always focused on their internal character and how it was reflected in outward behavior. In 1892, the personal agenda of an adolescent diarist read: "Resolved, not to talk about myself or feelings. To think before speaking. To work seriously. To be self-restrained in conversation and actions. Not to let my thoughts wander. To be dignified. Interest myself more in others."⁶

A century later, in the 1990s, American girls think very differently. In a New Year's resolution written in 1982, a girl wrote: "I will try to make myself better in any way I possibly can with the help of my diet and baby-sitting money. I will lose weight, get new lenses, already got new haircut, good makeup, new clothes and accessories." This concise declaration clearly captures how girls feel about themselves in the contemporary world. Like many adults in American society, girls today are concerned with the shape and appearance of their bodies as a primary expression of their individual identity.

At the end of the twentieth century, the body is regarded as something to be managed and maintained, usually through expenditures on clothes and personal grooming items, with special attention to exterior surfaces—skin, hair, and contours. In adolescent girls' private diaries and journals, the body is a consistent
preoccupation, second only to peer relationships. “I’m so fat. [Hence] I’m so ugly,” is as common a comment today as are classic adolescent ruminations about whether Jennifer is a true friend, or if Scott likes Amy.

In my role as a teacher of women’s history and women’s studies at Cornell University, I have heard variations of this kind of “body talk” for almost two decades. It usually takes the form of offhand comments, but it recently surfaced in a seminar discussion about the health of women and girls in the nineteenth century. Clad in a variety of comfortable clothes, ranging from leggings and jeans to baggy sweaters and dresses, my students deplored the corset and lamented the constraints Victorian society imposed on women. Clearly, they considered themselves much better off than the young women who had braved public criticism to study at Cornell a century earlier.

Then the conversation drifted to the present, and somehow we ended up talking about a current body project that I had known little about. My students told me how they remove pubic hair in order to wear the newest, most minimal bikinis. As we talked, a few uttered a disapproving “No way” or “Ouch,” but others felt compelled to offer a rationale for this delicate procedure. “It’s necessary,” they said, “so you can feel confident at the beach.” Although they admitted that male ogling made them nervous, they also regarded the ability to display their bodies as a sign of women’s liberation, a mark of progress, and a basic American right. Madonna was mentioned as a model: she keeps her body absolutely hairless, my students assured me, and she retains a highly paid, personal cosmetologist to do the job.

These young women were bright enough to gain admission to an Ivy League university, and they enjoyed educational opportunities unknown to earlier generations. But they also felt a need to strictly police their bodies. I was intrigued by both their discreet euphemism for genitalia—“bikini-line area”—and their willingness to add yet another body concern to the already substantial litany of adolescent anxieties: hair, pimples, thighs. We talked some more, and I offered my perspective as a historian and feminist, but also as a grandmother. Life in the world of the micro-bikini is obviously different from life in the world of the corset. I argued, but there are still constraints and difficulties, perhaps even greater ones. Today, unlike in the Victorian era, commercial interests play directly to the body angst of young girls, a marketing strategy that results in enormous revenues for manufacturers of skin and hair products as well as diet foods.” Although elevated body angst is a great boost to corporate profits, it saps the creativity of girls and threatens their mental and physical health. Progress for women is obviously filled with ambiguities.

What makes the situation today especially urgent, however, is that the problem begins so early in life, when the female body first begins to gear up for reproduction. Puberty begins earlier today, which means that girls must cope with menstruation and other aspects of physical maturation at a younger age, when they are really still children emotionally. Until puberty, girls really are the stronger sex in terms of standard measures of physical and mental health: they are harder, less likely to injure themselves, and more competent in social relations. But as soon as the body begins to change, a girl’s advantage starts to evaporate. At that point, more and more girls begin to suffer bouts of clinical depression. The explanation of this sex difference lies in the frustrations girls feel about the divergence between their dreams for the future and the conventional sex roles implied by their emerging breasts and hips.”

In addition to an increasing risk of depression and suicide attempts, adolescent girls today are more vulnerable than boys of
the same age to eating disorders, substance abuse, and dropping out of school. And of course, early childbearing has a greater impact on a girl's life than it has on that of her male sexual partner. The well-known work of Harvard psychologist Carol Gilligan is premised on the notion that adolescence is a time of crisis for contemporary girls; so is Reviving Opelia, a recent best-seller by clinical psychologist Mary Pipher. Gilligan's sensitive studies reveal that between the ages of eleven and sixteen young women lose their confidence and become insecure and self-doubting; Pipher sees adolescence as the time when a girl's self-esteem crumbles.10

The body is at the heart of the crisis of confidence that Gilligan, Pipher, and others describe. By age thirteen, 53 percent of American girls are unhappy with their bodies; by age seventeen, 78 percent are dissatisfied. Although there are some differences across race and class lines, talk about the body and learning how to improve it is a central motif in publications and media aimed at adolescent girls. Seventeen magazine tapped into this well of angst when it ran a headline on a story in the July 1995 issue: "Do You Hate Your Body? How to Stop." The article itself proposed ways to stop the agonizing, but the author also admitted that it was awfully hard to do so in a world where "your body is very, very important."11

Adolescent girls today face the issues girls have always faced—Who am I? Who do I want to be?—but their answers, more than ever before, revolve around the body. The increase in anorexia nervosa and bulimia in the past thirty years suggests that in some cases the body becomes an obsession, leading to recalcitrant eating behaviors that can result in death. But even among girls who never develop full-blown eating disorders, the body is so central to definitions of the self that psychologists sometimes use numerical scores of "body esteem" and "body dissatisfaction" to evaluate a girl's mental health. In the 1990s, tests that ask respondents to indicate levels of satisfaction or dissatisfaction with their own thighs or buttocks have become a useful key for unlocking the inner life of many American girls.12

Why is the body still a girl's nemesis? Shouldn't today's sexually liberated girls feel better about themselves than their corseted sisters of a century ago? The historical evidence I present in this book, based on research that includes diaries written by American girls in the years between the 1830s and the 1990s, suggests that although young women today enjoy greater freedom and more options than their counterparts of a century ago, they are also under more pressure, and at greater risk, because of a unique combination of biological and cultural forces that have made the adolescent female body into a template for much of the social change of the twentieth century. I use the body as evidence to show how the mother-daughter connection has loosened, especially with regard to the experience of menstruation and sexuality; how doctors and marketers took over important educational functions that were once the special domain of female relatives and mentors; how scientific medicine, movies, and advertising created a new, more exacting ideal of physical perfection; and how changing standards of intimacy turned virginity into an outmoded ideal. The fact that American girls now make the body their central project is not an accident or a curiosity; it is a symptom of historical changes that are only now beginning to be understood.

Because the body is central to the experience of female adolescence, I also use it as an organizational framework. The Body Project begins with a biological event, menarche, or first menstruation, and moves through a series of chapters that explore the changing experience of female maturation. Ultimately, this is a story about what it means to grow up in a female body, and the ways in which girl-
INTRODUCTION

hood in America has changed since the nineteenth century. But it also explains how the pressures on young women have accumulated, making girls at the close of the twentieth century more anxious than ever before about their bodies and, therefore, about themselves.

DEAR DIARY

What was it like to develop breasts or begin your periods a century ago? Did these biological events occur at the same age in the Victorian era? Have American girls always regarded the body as their most important project? In pursuit of answers to questions like these, I culled girls' diaries, particularly old ones, which are remarkably similar to the diaries many of us have written and stored away at the bottom of dresser drawers or in attic trunks. Unfortunately, I threw my own diary away in my early twenties, in a moment of "emotional housekeeping," but I still remember the way that red leatherette volume—with its tiny lock and key—harbored my innermost secrets and private obsessions.

I found girls' diaries everywhere. I found them in libraries and archives, but I also acquired them from friends, from students, and from lecture audiences—people who were more than willing to dig them out and dust them off. When I advertised my research interest in girls' diaries in The New York Times in 1982, I received many useful and fascinating responses, including one from a New York City sanitation worker who sent me a diary he had rescued from a garbage can. Although many people regard the literary remains of ordinary girls as silly or worthless, this man intuited that a small beat-up diary might contain private rumina-

tions with a great deal to say about the experience of life as a female adolescent.

Throughout this book I intermingle my own voice as a historian with girls' voices drawn from their personal diaries. And because diaries reveal so much about the heart of being a girl, I use them whenever possible to provide entry into the hidden history of female adolescents' experience, especially the experience of the body. Unlike samplers, which died out with the decline of young women's sewing and embroidering, adolescent diaries persist, providing generations of girls with a way to express and explore their lives and feelings. Old diaries are a national treasure, providing a window into the day-to-day routines of family, school, and community. They also recapture the familiar cadences of adolescent emotional life, and they provide authentic testimony to what girls in the past considered noteworthy, amusing, and sad, and what they could or would not talk about.  

As emotionally intimate as diaries can be, more often than not girl diarists have been silent on the subject of their own changing bodies. A century ago, menarche was a private affair, and girls handled the first sign of menstrual blood with enormous reserve. Some Victorian adolescents made brief comments in their diaries about being "unwell," or they repeated a pattern of cryptic marks, such as X's, every twenty-eight or thirty days; but most said nothing at all. In the early 1890s, Lou Henry, a fifteen-year-old high school girl in Pasadena, California, who would later become Mrs. Herbert Hoover, noted in her diary that her mother made her stay home on the lounge all day, and that she was excused from gym "for reasons best known to myself." This sparse commentary suggested that Mrs. Henry limited Lou's activities during her periods, and that her school made allowances for girls on those special days. But this was all that nice middle-class girls, the kind
who kept diaries, ever really said about their physical transition into womanhood.

Similarly, little was said about intimacies with young men. Consider Antha Warren, a young woman who taught school in St. Albans, Vermont, in the late 1860s. When she was in her late teens, Antha "kept company" with Henry Munsell, who fought in the Civil War when he was only eighteen and brought back dental skills learned in a military hospital. Whenever the couple kissed, Antha put an asterisk (*) in her diary, and since Henry came to call at least four or five nights a week, these symbols mounted up. "Too many * to count," she wrote one evening with some satisfaction. Antha's tone suggested that she took pleasure from her growing intimacy with the young dentist (whom she married in 1870), and that the couple may have done more than just kiss. Yet she always wrote about these interactions in a coded way, either because she feared that her diary might be read by others or—more likely—because she did not have the vocabulary to describe what happened: "After tea H[enry] and I went into the parlor, shut the door, and had a visit; he tried to sleep in my lap but couldn't. Had such a good time—[here she drew some squiggles] buttons."16

Antha's squiggly lines and her reference to buttons certainly piqued my curiosity. Did Henry simply play with her buttons and pine for the time when they would be married? Or did he unbutton Antha's dress and engage in what would come to be called, in the 1920s, petting? Until the twentieth century, most adolescent diarists were as reticent as Antha Warren and Lou Henry. Sexuality was generally restrained (if not secretive) among the middle-class girls who kept diaries. And even if they had the inclination to write about their changing bodies, it was hard to find the right words to express what was happening.

Even in more recent times, most diarists are not as forthright as Anne Frank, who, you may remember, called menstruation a "sweet secret"—despite its "pain and unpleasantness." In 1956, when I first read Anne's account of menstruation, I was twelve years old and I was thrilled by her honesty. What I did not know then was that her father, Otto Frank, a man born in the nineteenth century, was so uncomfortable with her commentary on the body that he had those lines edited out of the 1947 Dutch version of the diary. Otto Frank and his editors thought it was unnecessary, if not unseemly, to speak of such things.17

From a historical perspective, the great deluge of explicit "girl talk" about the body and sexuality is a relatively recent American phenomenon. As language about sex and the body has changed, so have the body projects of different generations of American girls. As you will see in the chapters ahead, by the 1920s young women were mentioning (with some delight) intimate interactions with boys at parties, in cars, and at the movies. They also began to write about their efforts to develop sexual allure through clothing and cosmetics, and, for the first time, they tried "slimming," a new body project tied to the scientific discovery of the calorie. The dieters and sexual players of the 1920s were generally girls in middle to late adolescence who were finishing high school or heading off to college and jobs in the business world—not young teenagers, as they are today.

By the 1950s, younger girls—those who filled the hallways and classrooms of postwar junior high schools—regularly mentioned their changing bodies and initial sexual adventures. At school and in scout troops, girls in early adolescence were now prepared systematically for menstruation, and this education meant that they knew the anatomical names of their own body parts. "Robin put a wetted piece of toilet paper in Cathy's vagina," a twelve-year-old
reported with authority in her description of playing “doctor” at a weekend pajama party in Queens. Because full, pointed breasts were the beauty ideal in the 1950s, girls of this generation wrote wistfully about classmates with larger chests, and their envy led to a rash of commercial breast-development projects that now seem hilarious. Most of all, postwar diarists obsessed about particular boys, and they filled endless pages with the logistics of their first kiss, cast in melodramatic language picked up from films and romance magazines. “His lips were on mine, hard and pressing and insistent, making my head fall back,” wrote an earnest fourteen-year-old about that special moment when she and her boyfriend waited for a bus after a dance at the Holy Name School in Brookline, Massachusetts. “I never knew a kiss would be like that,” she said. “I grew up tonight. Now I am a woman.”

By the 1980s, American girls were writing less romantic, but more graphic, accounts of their initiation into heterosexual and lesbian relationships. Although some girls were almost clinical in their reporting, others still used colloquialisms for body parts. “He wanted me to put my hands on his Beewa,” wrote a sixteen-year-old who attended Catholic high school in Michigan, and “when I did he told me I made him happy.” A new level of frankness in the popular media, plus more exposure of the body itself, had an effect on girls and the nature of their body projects. Dieting became pervasive, exercise became more demanding, and some young women even began to pierce intimate body parts as a way of making dramatic statements about themselves. By the 1990s, adolescent sexuality had become a routine part of public discourse. “My boyfriend and I have been going out for four months, and we’ve been doing some stuff,” a sixteen-year-old wrote candidly to the editor at Seventeen. “We kissed and he put his finger inside me.” From a historical perspective, this behavior was probably not new, but having young women talk about it in public was revolutionary.

The way different generations talk about their bodies and about sexuality is an important theme in this story. As a society, we certainly are more open about many aspects of our sexual lives than we were fifty or even twenty-five years ago. Today’s “shock talk” on radio and television obviously provides a way for many Americans, young and old, to taste a wide range of sexual behaviors that used to be hidden and taboo. Advertising and films also show us body parts—often beyond the “bikini-line area”—that past generations rarely saw and probably never worried about. And yet, despite this national preoccupation with sex and the body, there is still a deeply embedded cultural reluctance, even in supposedly “enlightened” circles, to talk honestly or openly about certain aspects of the female body. My own blushing face and halting speech whenever a professional colleague asked me about the subject of my research symbolized the problem: it is hard to talk out loud about menstruation, pimples, or hymens without feeling just a twinge of embarrassment, much like a fourteen-year-old. In the course of writing this book, I came to understand that, in talking about their bodies, women still struggle to find a vocabulary that does not rely on Victorian euphemisms, medical nomenclature, or misogynistic slang. Ironically, we live with a legacy of reticence even in this time of disclosure.

For this reason, I have an ambitious goal for this book: The Body Project is intended to provoke the kind of intergenerational conversation about female bodies that most adult women like myself have wished for but never really had. The chapters ahead were designed to ignite memories about those awkward years and to foster conversation among mothers and daughters, women teachers and students, friends and colleagues. These memories will
stimulate laughter as well as concern, but both reactions are appropriate. Adolescence is a time of volatility and exuberance, but it is also a time when many young people make forays into dangerous social and personal territory. As you read about the maturation experiences of young women in the past, I am sure that you will recognize yourself and the ways in which “girls will be girls.” You will also see that something critical has happened to girls and their bodies that requires us to confront the differences between the world we have lost and the one we now inhabit.

Over a century ago, in the 1870s, Elizabeth Cady Stanton—a tireless crusader for the rights of women—began talking about the importance of girls’ bodies, in a lecture entitled “Our Girls.” She gave this lecture in cities on the East Coast and in the Midwest, but also in small towns throughout Ohio, Iowa, Nebraska, and Missouri. By this time, Stanton was a matronly, gray-haired grandmother in her sixties who felt comfortable speaking out against corsets, cosmetics, and tight, high-heeled boots because of the dangers they represented for the physical development of young girls. Although Stanton was clearly interested in improving the overall health of American women, robust, energetic bodies were never an end in themselves for her. “God has given you minds, dear girls, as well as bodies,” she reminded her audiences, which often included mothers with adolescent daughters in tow. Instead of pandering to fashion, Stanton advocated loose clothes in adolescence, vigorous exercise, and real intellectual challenges. “I would have girls regard themselves not as adjectives but as nouns,” she pronounced pointedly, in a manner characteristic of her lifelong struggle to make women independent, rational actors rather than decorative objects tied to the whims and fortunes of men.

The book that you are about to read echoes themes in Elizabeth Cady Stanton’s popular lecture, and it is rooted in her idea that girls’ bodies mirror American cultural values. The Body Project is both a story of the Victorian past and a guide to the future. As history, it argues that the body projects now absorbing our girls are a symptom of deep changes in twentieth-century life, changes that have taken a toll on American girls in ways no one could have anticipated in 1900. Understanding what has happened historically to girls’ bodies and to their relationships with those who surround them—especially their mothers, teachers, and physicians—provides the first step in crafting an effective, progressive response to a predicament that already threatens the prospects of young women who will come of age in the twenty-first century.
CHAPTER ONE

THE BODY'S NEW TIMETABLE

How the Life Course of American Girls Has Changed
In 1808, when eleven-year-old Susanna Adams began to menstruate, it was a shock, and a matter of deep concern, because of her age. At the time, Susanna lived in Quincy, Massachusetts, with her paternal grandparents, John and Abigail Adams, the former president and his wife. “She may properly be called an out-siz’d girl,” Abigail Adams told Susanna’s mother, who was far away in Utica, New York. “She is already as tall as her cousin Louisa, and almost as large and a woman tho not yet 12 years old [emphasis in original]. All these things are a disadvantage to her,” the anxious grandmother observed, because she lacks “maturity and discretion” despite her mature appearance.¹

When Abigail Adams expressed her concern about the gap between her granddaughter’s biological development and her intellectual development, menstruating eleven-year-olds were extremely unusual. In the early nineteenth century, menarche—first menstruation—typically occurred at fifteen or sixteen, a pattern
that explains the former First Lady's surprise. Today, however, the average age is just over twelve.

As a result, contemporary girls have very different expectations for their bodies than did girls who grew up in Susanna Adams's day. "I got my period today! I'm so happy," Sarah Compton wrote in her diary in 1982. "It's weird to be bleeding," she reported, "[and] it seems like it took forever. Carla said I was a late bloomer. Thirteen is kinda late, I admit [emphasis added]." 12

Menarche's new timetable demonstrates the power of the socioeconomic environment to shape something as "fixed" as the human body. In certain environments—including many societies in the past and some poor countries today—malnutrition and disease inhibit menstruation and regular menstrual periods. Young women begin to menstruate early only where living conditions generate better diets and a decline in infectious diseases. Both of these factors contribute to making larger, healthier girls, a process that was already in motion by 1900. American girls today are appreciably larger than they were eighty or even thirty years ago. Size is important because a young woman must have a certain level of stored, easily metabolized energy in the form of body fat in order to start menstruation, and she also needs to attain a certain degree of skeletal growth, especially in pelvic size. 3

Although most people think of the biology of the human body as relatively static from one generation to the next, the young female body has in fact changed over time. Today, girls follow a new biological timetable as well as a new social timetable. Not only do they menstruate earlier than they did a century ago, but they also have sexual intercourse at a younger age. The average age at first intercourse today is just under sixteen, a fact that suggests how changing values have also transformed the experience of female adolescence. At the end of the last century, in the 1890s, middle-class American girls were likely to menstruate at fifteen or sixteen and be a blushing virgin when she married in her early twenties. But by the 1990s, a girl of the same social class is likely to be sexually active before the age at which her great-great-grandmother had even begun to menstruate. 4

Menarche's new timetable is problematic on two levels. Although girls are healthier and mature earlier, there has been no parallel acceleration in their emotional and cognitive skills, such as the capacity to think abstractly, make judgments, or move beyond egocentric— that is, self-centered— thinking. Many young women today may look mature at age twelve or thirteen, but they still think in ways that are essentially childish. In addition, our society makes no special effort to help girls deal with the lag between their biological and their intellectual development. Although early maturation is known to increase vulnerability to all kinds of psychological and social problems, such as depression and association with older age groups (a tendency that leads to early sexual activity as well as to drug and alcohol abuse), young women are less protected and less nurtured than they were a century ago. 5

The way girls negotiate menarche is determined by cultural values as well as biology. A hundred years ago, thinking about menarche and menstruation was muddled by inadequate knowledge, rigid ideas about the proper roles of men and women, and a dash of ethnocentrism. Because menarche seemed to announce suddenly both sexuality and reproduction, it was considered a threat to the virtue of young girls. This sense of danger motivated all kinds of protective responses—some of which seem harsh and repressive today. Yet however prudish and "upright" the Victorians were, our ancestors had a deep commitment to girls that we need to revisit as we look for ways to deal with the implications of the new timetable that is remaking the life course of American girls.
An Ovulatory Revolution

By 1900, a dramatic rise in the standard of living in the United States had had an impact on the bodies of girls, particularly those born into the expanding middle class. In the past, women menstruated infrequently because of repeated pregnancies, breastfeeding, malnourishment, and disease. But by the mid-nineteenth century, affluent American women began to experience more ovulatory cycles during a lifetime. The formula now seems fairly simple: families became more affluent; their children were better nourished and healthier, which meant their bodies developed earlier; young people could afford to attend high school or college, so they married later; thus women gave birth to fewer children—and had more periods.6

This “ovulatory revolution” occurred in tandem with an equally important American economic and social revolution. After the Civil War, adolescent girls were not as essential to the household economy as they had been before the war, when they were still needed to tend younger siblings and assist in household manufacturing. By the 1870s and 1880s, there was a dramatic increase in goods produced outside the home, opportunities for women in higher education expanded greatly, and some women began to enter professions that challenged the status quo in terms of relations between the sexes. These changes, plus the fact that there were more single women between the ages of fifteen and twenty-four than ever before, precipitated a national crisis over the issue of what girls should do.7 Many physicians and middle-class parents worried about the consequences of the new opportunities, and they asked some questions that seem ridiculous today: Can young women do intellectual work, menstruate, and also remain healthy? Can the brain and the ovaries work simultaneously? Their concerns about the health consequences of female education mirrored what the Victorians knew, or didn’t know, about female biology.

Victorian Ideas About Menarche: Ovarian Determinism

Even among educated medical men, menstruation was a mystery. In the 1870s, Dr. Albert F. King, a professor of medicine at Columbian University in Washington, D.C., actually claimed that menstrual bleeding was something “new.” According to King, women’s natural state was pregnancy, and menstruation became regularized—what he called a “fixed habit”—only as a result of higher education, later marriage, and deliberate family limitation, all things he considered “cultural interference” connected to modern life. King was correct about the link between improved material conditions and menstrual regularity, but his peculiar proposition that menstruation was new—and pathological—set off a hot debate: Were periods a sign of disease, as King claimed, or a function as natural as urination and defecation?8

As late as 1904, G. Stanley Hall, the Clark University psychologist who is considered the architect of modern adolescence, admitted: “Precisely what menstruation is, is not very well known.” Hall confessed that he was uncertain whether the monthly period was analogous to estrus—what we call “heat” in animals. Menstruation remained an enigmatic internal process until at least the 1920s, when Edgar Allen, a professor at Washington University in St. Louis, first demonstrated the existence
and the effects of estrogen through studies of mice. Over the next fifteen years, the role of hormonal stimuli in the menstrual cycle was finally established. Until then, most doctors adhered to the idea that menstruation was normal, not pathological, and that "nerve stimulation" provoked activity in the ovaries and uterus. The same physicians who regarded "monthlies" as natural also considered the reproductive organs the primary determinant of female health and well-being. According to Victorian medicine, the ovaries—not the brain—were the most important organ in a woman's body.

The most persuasive spokesperson for this point of view was Dr. Edward Clarke, a highly regarded professor at Harvard Medical School, whose popular book Sex in Education; Or, A Fair Chance for the Girls (1873) was a powerful statement of the ideology of "ovarian determinism." In a series of case studies drawn from his clinical practice, Clarke described adolescent women whose menstrual cycles, reproductive capacity, and general health were all ruined, in his opinion, by inattention to their special monthly demands, which he called their new "periodicity." Clarke argued against higher education because he believed women's bodies were more complicated than men's; this difference meant that young girls needed time and ease to develop, free from the drain of intellectual activity. Clarke's frightening portraits of girls whose lives went wrong in adolescence all pointed to menarche as the critical moment when a female life could easily be shipwrecked on the shoals of either too much learning or learning of the wrong kind.

Today we know that most girls do not immediately develop a regular cycle, and that there is considerable individual variation, but Victorian doctors, like Edward Clarke, revered menstrual regularity, expecting it to appear from the start. Regular monthlies were taken to be the consummate sign of good health and a predictor of future motherhood; late or deficient periods were regarded as a symptom of potential disease, such as tuberculosis. Clarke used these medical ideas to justify his conservative point of view about higher education for women. Developing girls, he said, were physically and emotionally damaged by any educational challenge that drew energy to the brain and away from the ovaries. Instead of attending high school or college, the time between menarche and marriage should be spent at home learning domestic skills, such as making beds and sewing, which encouraged the essential "rhythmic periodicity" of women. Clarke advised parents of girls to make the establishment of regular periods the highest priority in the adolescent years, and female advice writers absorbed and repeated his words: "One rule should be absolute in every home. The mother should keep her daughter with her, and near her, until the turning point between childhood and girlhood is safely passed and regularity of habits is established."

This kind of thinking elevated the importance of menarche as a life event. If a girl's reproductive life did not start correctly, it was believed that she was doomed to ill health and debility. Therefore, the age at which menarche occurred began to assume a great deal of importance. Most people, even the authoritative Dr. Clarke, were uncertain about what accounted for individual differences in timing of the onset of menarche. In their professional journals, nineteenth-century physicians explored these issues: Why is it that some girls menstruate before others? Is there an ideal age?

In order to answer these questions, doctors collected and published all kinds of information about the natural history of women, drawn from Western Europe, the Middle East, Africa, the Orient, and the Caribbean. These reports were evaluated for what they revealed about the relative influence on menarche of
factors such as race, climate, latitude, social conditions, season of the year, and even hair color. Some people claimed that city girls entered puberty before country girls, that young women were more likely to get their period for the first time in summer than in winter, and that brunettes menstruated before blondes. And many subscribed to the view that both “Negro” girls and “Jewesses” menstruated early because they hailed originally from warm climes where sexuality was likely to be more primitive and precocious. (White southern belles in the United States were somehow excluded from this formulation.)

In the Victorian mind, age at menarche came to be regarded as a marker of the moral quality of a civilization rather than as a sign of economic conditions. Instead of viewing lowered age as an outgrowth of material well-being, as we know it to be, nineteenth-century Americans developed a very different idea: the lower the age, the more libidinous or sexually licentious the society, nation, or race; the higher the age, the more “civilized.” As a result, middle-class Victorians were not happy to have menarche appear too early in their own daughters, and they did what they could to put it off. Fearful of what early menarche symbolized, some parents, and even doctors, tried to stop the process by restricting a girl’s intake of foods that were considered sexually “stimulating,” such as cloves, pickles, and meat.¹⁴

After 1870, the women’s foreign missionary crusade became a powerful vehicle for the idea that in “heathen” lands, menarche led immediately to marriage. In thousands of church-related groups, women and their daughters read and discussed reports from the field about “girlless villages,” where the practice of child marriage allegedly forced very young girls into harsh relationships with unfeeling husbands and their kin. These simplistic, and sometimes lurid, ethnographic reports were designed to stimulate charitable donations to the foreign missions, but they also fired up the resolve of American women on the subject of keeping their own daughters innocent and safe as long as possible. Doctors supported this as a worthy goal, arguing that early marriage was a mistake because pelvic development was incomplete until age twenty—a view many physicians still hold. Influential men, such as Edward William Bok, editor of the Ladies’ Home Journal, said that sexual initiation “at the dawn of sex consciousness”—meaning menarche—was a “primitive” practice.¹⁵

As a result of these ideas and discussions, most Americans came to believe that a hallmark of Christian civilization was its ability to nurture and protect girlhood innocence: in effect, to guarantee a safe time between menarche and marriage, when girls would be sexually inactive. This principle influenced Victorian mothers in their dealings with developing daughters, and it animated countless community efforts to monitor and supervise young women in single-sex groups designed to promote innocence and purity.

**Reaching for Mother—but Not Always Getting Her Help**

When adult women recall their sexual maturation, their memories are almost always conveyed in a common language—in terms of reaching for Mother. Emma Goldman, a well-known nineteenth-century socialist and anarchist, “called for her mother” when the pain of her first period struck. At age thirteen, Simone de Beauvoir, the founder of modern feminism, shyly took her mother “into her confidence” when she spoiled her nightdress unexpect-
edly. And late-blooming Audre Lorde, the prolific African-American poet and lesbian activist, was pleased to "break the news to mother" when she finally saw blood on her underwear the summer she was fifteen.  

Yet despite the need to connect with the female parent at the moment of menarche, there is historical evidence that American mothers have not always provided the emotional support girls wanted or the sound practical information they needed. The notion of a lack of communication between the generations began to appear in the mid- to late nineteenth century, at about the same time young women lost their central role in the domestic economy and began to spend more time outside the home, either in classrooms as students or in factories as workers.

Earlier, in the eighteenth century, young women learned about the coming of their menstrual "flowers" from their mothers, sisters, female relatives, and neighbors, all of whom were bound together by a common biology. In this single-sex community of family and kin, developing girls learned about their bodies and about the trials they faced as women in pregnancy and delivery. Childbirth then was predominantly a female experience, orchestrated by women in a social atmosphere that allowed skilled midwives, as well as the pregnant woman, to determine the pace of the delivery. In the Colonial era, most young women had probably seen births—both animal and human—and they often were nearby when someone they knew had a baby.  

But in the nineteenth century, most Americans, not just women, became more repressed—or "uptight"—about bodily functions, including sex. In the eighteenth century, for example, Americans accepted their own sexuality: frequent "congress" between husband and wife was considered healthy, and large families were the norm. But by the time of the Civil War, Americans worried that too much sex—even marital sex—was unhealthy for husband as well as wife. Smaller families became economically and emotionally desirable, and higher standards of personal decorum required control over bodily functions and sounds (such as belching and flatulence) that had been acceptable in earlier eras.  

In this environment, women had a harder time talking with their daughters about what happens to the female body. In 1852, Edward John Tilt, a physician known for his pioneering work in the field of obstetrics and gynecology, reported that out of every one thousand American girls, approximately 25 percent were totally unprepared for menarche. Many were frightened, he said, and thought they were wounded. For at least a hundred years after Tilt, all kinds of observers—physicians, educators, and women themselves—lamented the fact that so many adolescents did not know what was happening to them because their mothers failed to provide adequate information. While we know from modern psychological studies that children do not always absorb everything they hear, particularly if it is unconnected to their own experience, "My Mother Never Told Me" is too pervasive a story in American culture to be ignored.  

So long as young women stayed at home in the bosom of their own families, their lack of preparation for menarche really did not show. But in the last two decades of the nineteenth century, when significant numbers of girls entered high schools and colleges, it became apparent that many were proceeding through adolescence without information about their own bodies. At Cornell, one of the new coeducational universities founded after the Civil War, Professor Burr Wilder, a zoologist and author of books for young people, marveled that parents could send young women of sixteen or seventeen away to a university without telling them about menstruation and the "generative function." (In this era, it was not un-
common to begin to menstruate in mid- to late adolescence. Wilder cried out for more parental instruction, claiming that many college girls thought the first menses was a hemorrhage.  

In one of the best-selling advice books of this era, *Eve's Daughters: Or Common Sense for Maid, Wife, and Mother*, author Marion Harland decried the "criminal reserve" and "pseudo-delicacy" that kept mothers from preparing their girls for menstruation. Harland was no radical or sexual progressive; in "real" life she was Mary Virginia Hawes Terhune, the wife of a Presbyterian minister, mother of six, and a stalwart in terms of charitable parish duties. (One of her sons was Albert Payson Terhune, who became the author of popular dog stories.) Yet this proper Christian matron was critical of the ways in which generations of American women had practiced "mistaken modesty" about the body. In her popular 1882 book, she told a personal story about the way in which her own maternal grandmother and mother, then an adolescent, used to read together from romantic novels "thick with seduction," such as the late-eighteenth-century favorites *Clarissa* and *Pamela*. But as her youthful mother listened, keeping her hands busy making lace and tambour bed hangings, her grandmother said nothing to her own daughter about the physical transformation that was nearly at hand. Despite the suggestive nature of the stories, she apparently "never lisped to the growing girl a word relative to the perils of her sex and age." And when the inevitable "crisis arrived," Harland explained disapprovingly, her beloved grandmother alluded to it only distantly, as one of those things that are "not convenient to be spoken of."  

Reports like this were everywhere at the end of the nineteenth century. "I have met numbers of women and some of them young who knew nothing of their coming 'course' until they were upon them," explained Mrs. E. R. Shepherd, another late-nineteenth-century advice writer. One girl in particular told her: "It has taken me nearly a lifetime to forgive my mother for sending me away to boarding school without telling me about it." But the problem existed even among girls who lived at home in close proximity to their mothers. Helen Kennedy's 1895 study of Boston high school girls revealed that 60 percent were ignorant at the time of menarche. Over 25 percent of the college women surveyed by Dr. Clelia Mosher at Stanford University between 1892 and 1920 were totally unprepared; another 50 percent had some slight knowledge, meaning that they had been alerted to the prospect of bleeding and knew the names of some of the reproductive organs.  

The words of one Stanford woman said it all: "[Although] my mother was a physician, [she] refused to instruct me when I asked questions. I remember well the first time I asked a question. She told me I would read books about it when I was older and I never asked again." Another responded that her mother told her about the facts of menstruation but simultaneously "taught her that such things were not talked about [and] also not thought of." By all accounts, the mother-daughter dialogue was a painful process characterized by great awkwardness and pervasive maternal reserve.  

Today, the "buttoned lips" of these earlier American mothers seem like a sad abdication of maternal responsibility and a clear indication of Victorian sexual repression. But this may be just another form of "mother blaming" that does not recognize how women in the past thought about their maternal role. In late-nineteenth-century America, many well-meaning middle-class mothers thought they were protecting their daughters' virtue by saying little about sex and the body until they absolutely had to. Their reticence was related to the fact that many daughters were
menstruating earlier and marrying later than ever before. And most young women were beginning to choose their own spouses, in the name of romantic love, rather than defer to parental wishes or family priorities as girls had done in the past.24

From the perspective of a middle-class parent, then, prolonging the time between menarche and marriage increased the prospect of sexual danger. Thus, suppression of sexuality was considered absolutely necessary to the healthy development of both the mind and the body of the adolescent girl.25 (This is in stark contrast to our contemporary view, informed by the theories of Sigmund Freud, that expression of sexuality is both natural and necessary for a healthy adolescence.) By the late nineteenth century, few middle-class mothers were reading seduction novels with their daughters, the way Mrs. Terhune’s grandmother did. In fact, they were increasingly vigilant about all kinds of books, or any form of stimulation, that encouraged girls to experience their sexuality. Because knowledge about menstruation was considered the first step on the slippery slope to loss of innocence, many Victorian mothers simply avoided the subject altogether, believing it was in the best interest of their daughters.

The Protective Umbrella: The Support of Single-Sex Groups

If one way to prolong innocence was to say nothing that might stimulate thoughts or feelings about the body, another was to actively promote character development through wholesome reading, charitable works, and social activities, all under the supervision of responsible women of appropriate class and religious background. In the late nineteenth century, this impulse to support and nurture the character of female adolescents led to a vast organizational complex of single-sex groups all devoted to the common mission of keeping girlhood wholesome and chaste.

In the heyday of the protective system, between the 1880s and the 1920s, thousands of middle-class girls between the ages of ten and eighteen spent a portion of each week in organizations whose names many of us still recognize: the Girl Scouts, the Camp Fire Girls, and the Young Women’s Christian (or Hebrew) Association. There were also many other organizations that are now extinct: the Girls’ Friendly Society, the Life Saving Guards of the World, the Junior Daughters of the King, the Girl Reserves, the Order of the Rainbow, and the Federation of Girls’ Leagues, which together served tens of thousands of girls, drawn from both the middle and the working classes.26

In the late nineteenth century, most of these groups offered a heavy dose of religious morality, and many were more interested in soliciting young women to do church work than anything else. Yet many organizations, such as the popular Girls’ Friendly Society, sponsored by the Episcopal church, worked across class lines and developed goals that suited both privileged and working-class girls; according to its constitution, the purpose of the organization was “to uphold the Christian standard of honor and morality, and to encourage purity of life, dutifulness to parents, faithfulness to employers, and thrift.”27

Then, beginning in the 1880s, the massive Woman’s Christian Temperance Union took an activist, reform position on the issue of protecting adolescent girls, launching a nationwide effort to raise the age of consent for sexual relations (which was as low as ten in some states). The statutory rape laws that emerged from this campaign were heralded by women and reformers as a way of
THE BODY PROJECT

protecting innocent young girls from the vices of adult men. All of this concern—on the local and state levels—about preserving the sexual innocence of younger women resulted in a great deal of community supervision of the physical and social development of girls. Some of it was undoubtedly repressive and unkind; some of it was not. Most of all, this “protective umbrella” meant that girls had many projects—other than their own bodies—to keep them busy and engaged.28

Girls found camaraderie and cooperation under the protective umbrella as often as they found control or coercion. In addition to providing opportunities to experiment with dramatics, handicrafts, nature study, literature, and music, these groups forged a sense of community with girls of similar social classes and religious denominations. In adolescence, girls typically want a group identity, so their sense of belonging was enhanced with club paraphernalia, such as pins, badges, and banners, all of which were worn proudly and used to decorate bedrooms and school notebooks. Members also profited from getting to know their leaders, usually adult or young adult women who were not their own relatives. Even when the leaders were decidedly moralistic, or overly concerned about decorum, the attention girls received from these older women helped them feel special, valued, and safe.

INTERGENERATIONAL MENTORING

The success of the protective umbrella had to do with intergenerational mentoring. Many of the women who worked with adolescent girls in the 1890s were not very old themselves. Typically, young female teachers, ranging from their late teens through their twenties, served as leaders and advisers for chapters of all kinds of organizations, including Bible study groups, the YWCA, and literary societies. This system led to widespread social interaction between girls in adolescence and young women in their twenties, a pattern which both sides seem to have profited from and also enjoyed.

In their diaries, Victorian girls wrote repeatedly about the informal mentoring they received from young women teachers who were different from their mothers yet more mature than themselves and, often, independent. These young teachers, who were usually graduates of normal schools and women’s colleges, were always referred to as “Miss,” but that formality did not preclude meaningful interaction and also a great deal of fun. In a diary written while she was in high school in Pasadena, Lou Henry (Hoover) mentioned her young women teachers more often than her mother, father, or sister. In some cases, a specific teacher encouraged an intellectual interest, such as “Miss Monks and I had quite a zoological conversation during my vacant hour, and I am going to learn to ‘analyze’ birds.” In another case, a well-liked young woman teacher acted as a sounding board and confidante for Lou and her close friends: “After music, Edith, Marion, Miss Gardner and I staid in the Assembly Hall for an hour and discussed everything (and everybody) thoroughly. After that [we] had an impromptu banquet on the front balcony.”29

Adult women were the most important part of the protective umbrella that spread over school as well as extracurricular activities. Whether Christian or Jew, black or white, volunteer or professional, most women in this era shared the ethic that older women had a special responsibility to the young of their sex. This kind of mentoring was based on the need to protect all girls, not just one’s own daughters, from premature sexuality and
manipulation at the hands of men. Although the ethic generated all kinds of censorious directives about sexual behavior and its consequences, much of which was directed at girls from "the other side of the tracks," it also gave a cooperative and expansive tone to American community life. In towns and cities across the United States, middle-class matrons and young adult women, in the time before they married, performed countless mundane acts of guidance and supervision, such as showing girls how to sew, embroider, or arrange flowers, or helping them to organize collections of food and clothing for impoverished families. In all of these settings, there were chattering girls along with concerned adults, bound together by both gender and common projects. Of course, not all girls were kept from stepping off the "path of righteousness," yet there was still a consensus that adolescent girls deserved special attention and consideration because of their biology.30

THE AMERICAN GIRL: ENERGETIC OR ENFEEBLED?

In the Victorian scheme of things, women were believed to be most lovely in adolescence, so long as they were not tainted or debased by loss of innocence. And American girls were supposed to be the loveliest of all, precisely because of the protections that Christian, as opposed to "heathen," civilization afforded them. In parlors across the land, young women and their families gathered around pianos to sing popular songs that reinforced the connection alleged to exist between the superior condition of life in the United States and the fine appearance of American girls:

O! The Maids of dear Columbia,
So beautiful and fair,
With eyes like diamonds sparkling,
And richly flowing hair,
Their hearts are light and cheerful,
And their spirits ever gay.
The Maids of dear Columbia,
How beautiful are they!

By the turn of the twentieth century, there was a veritable industry in songs, poems, books, and popular illustrations that extolled the beauty, virtue, and vitality of the American girl. Drawings by Charles Dana Gibson, Howard Chandler Christy, and Harrison Fisher, along with poetry by James Whitcomb Riley, all contributed to making the adolescent girl an icon representing American exceptionalism and material progress.31

But underlying this romantic imagery was a different picture, one of a sickly American girl, painted in elaborate detail by American medicine. At the very moment that the ideal "Gibson girl" reigned supreme, many physicians claimed that female adolescents were pallid, nervous, weak, lethargic, and enfeebled. "Instead of the beautiful, blooming creature that she should be by nature," explained George Whythe Cook in an address to a Washington, D.C., medical society, "she is pale, wan, an anemic weakling, poorly prepared for the great change that is to transform her into a procreating woman." In a widely quoted 1900 presidential address to the American Gynecological Society, George Engelmann concluded that "the condition of the American girl at the present day is not what it should be under the unusually favorable conditions of her life."32

Which view was correct? Were American girls generally energetic or enfeebled? By 1900, most physicians were reporting that
American girls were menstruating earlier than their mothers—a clear sign of improved general health. Yet this was a reality doctors were often reluctant to admit. In their professional journals and lectures, they now acknowledged that nurture was more important than nature in determining how girls made the critical transition from puberty into womanhood. And this meant they could link almost everything that was wrong with adolescent girls to “the predominating influence of [their] milieu.”

Just like Dr. King and Dr. Clarke before him, George Engelmann, in an address at the turn of the century, zeroed in on institutions of higher learning, blaming them for anemia, constipation, menstrual problems, and even earlier menarche. Engelmann even had his own version of a “college guide.” He claimed that young women who attended the best private schools—such as those that came to be known as the Seven Sisters—menstruated earlier than those who went only to high school or training schools for nursing or teaching. The difference was due not only to greater affluence among the students but also to the select school’s capacity to generate mental and social stimulation that “reverberated in the genital plexus.”

Victorian theories like these were obviously shaped by a lack of enthusiasm for women’s entrance into higher education and the professions. They were also crafted in response to an important demographic reality: the proportion of childless couples in the United States was on the rise after 1870. Physicians did not want to believe that childlessness could be voluntary; instead, they linked it to menstrual pathology in schoolgirls, pathology caused by careless inattention to “rhythmic periodicity.” Despite their socially conservative intent, these Victorian theories about menstruation did reflect some understanding of the role of socioeconomic factors in determining age at menarche. What most people failed to see, however, was the way in which the United States—because of its heterogeneous population and varied geography—was a natural laboratory for investigating the declining age of menarche and its cause.

We now know, on the basis of historical records kept by public health officials and physicians, that the age at which menstruation begins has declined over the past 150 years in both the United States and Western Europe. In the twentieth century, it has become increasingly rare for girls in these countries to begin menstruation at seventeen or eighteen, but the lower limit of the range—nine or ten—still holds. This means that there is no need to worry about precocious menstruators of seven or eight; there seems to be a biological floor that limits the decline in age, and authorities confirm that the downward progression actually came to a halt around thirty years ago.

Although the Victorians liked to think that young women remained “girls” longer in America than anywhere else, this was not, in fact, the case. Young women actually mature physiologically more quickly on American soil. After over a century of immigration, it is clear that within a given ethnic group, daughters menstruate earlier in the United States than in the “old country.” Moreover, when they are raised under similar living conditions, girls of Jewish, Gentile, African, Italian, and Japanese descent all begin to menstruate at essentially the same early age. This leveling influence is an important feature of our multicultural society, and it gives a new twist to any discussion of what it means to come of age in the 1990s. Regardless of class or race, our girls come to biological maturity earlier than their grandmothers, and they do so in a way that is vastly different from that of earlier generations.

Ironically, the Victorians understood early menarche to be a problem, but they were wrong in their analysis of its cause. The
historical trend to earlier sexual maturation is not a sign of immorality; it is a marker of economic progress and of an environment where young women can develop free from the ravages of disease. But this "good news" carries with it some responsibilities that need to be understood: early biological maturity is not accompanied by a parallel increase in intellectual maturity, and that means that supervision and support in early adolescence become even more critical.

In the Victorian era, most middle-class people believed that adolescent girls deserved special attention and support because of their biology. Yet they failed to talk to their daughters openly about sex or the body. Today, Victorian strategies for coping with adolescence seem old-fashioned and sexist because they cast young women solely in terms of their reproductive potential, and they left girls ignorant of and unprepared for sexual maturation. Yet we need to acknowledge that our ancestors' pervasive (if largely unspoken) concern about the bodies of adolescent girls was an impetus for a powerful network of social support that was a functional hallmark of American life well into the twentieth century. Although that structure is not entirely gone—I still buy Girl Scout cookies from shy girls of nine or ten—the older model of single-sex community groups for women and girls has lost its salience for most Americans. And so has our commitment to statutory rape laws, which once established clear, explicit prohibitions against sex with young girls. We are more accepting of the influence of peers now; we have less time to spend with girls; and we no longer regard chastity as a moral absolute, even for the young. For all of these reasons, the Victorian protective umbrella has been folded.

In 1900, Americans claimed, with some justification, that girls in the United States were better off than girls anywhere else in the world. Today, such a claim seems empty, given our well-known problems with girls of all social classes, and comparative data show that adolescent girls actually fare better in Germany, Sweden, and the Netherlands, where youthful sexuality is less problematic because of more open, honest programs of sex education. The umbrella of protection created by the Victorians to shelter sexually maturing girls had many problems, to be sure, but it eased the rite of passage in ways that adolescents today greatly need—and only rarely receive. Instead of beginning an interlude of special guidance and support from other women, menarche today is just another step that moves girls deeper into a consumer culture that seduces them into thinking that the body and sexual expression are their most important projects.
In reality, there is an interaction between biology and culture that is shaping the experience of contemporary girls in some critical and troublesome ways. More than any other group in the population, girls and their bodies have borne the brunt of twentieth-century social change, and we ignore that fact at our peril. It is time for us to talk—squarely and fairly—about the ways in which American girlhood has changed and what girls must have to ensure a safe and creative future.

NOTES

Introduction: The Body as Evidence


3. Margaret Mead, Coming of Age in Samoa (New York, 1928).


NOTES


7. Because so many of the diaries I used have no consistent dating or page numbers, I give the best approximation I can of when the entry appears. Diaries that are in historical archives are so noted with standard manuscript and collection numbers; others are indicated as "poa," in possession of their author. Many diarists chose to develop a pseudonym (pseud.) rather than use their real name; pseudonyms were developed with an eye to preserving the ethnic heritage of the author. Diary of Deborah Perry (pseud./poa), January 1982.


13. The diary of Ruth Teichman (pseud.) is now in the collection of the Schlesinger Library at Radcliffe College, AT 265.

14. For discussion of gothhood diaries in the late nineteenth century, see Hunter, "Inscribing the Self in the Heart of the Family"; for analysis of girls' diaries in the 1920s, see Joan Jacobs Brumberg, "Coming of Age in the 1920s: The Diaries of Yvonne Blue and Helen Laprowitz," in New Viewpoints on Women's History: Papers from the 50th Anniversary Conference of the Schlesinger Library, ed. Susan Ware (Cambridge, Mass., 1994), and for a comparison between the 1920s and the 1950s, see Joan Jacobs Brumberg, "The 'Me of Me': The Voices of Jewish Girls in Adolescent Diaries in the 1920s and 1950s," in Developing Images: Representations of Jewish Women in American Culture, ed. Joyce Antler (forthcoming). On diaries as a female genre, see Margo Cullity, A Day at a Time: The Diary Literature of American Women from 1764 to the Present (New York, 1985), and The Norton Book of Women's Lives, ed. Phyllis Rose (New York, 1993).

15. Diary of Lou Henry (Hoover), Box 65, January 1 and November 4, 1891; June 14, 1892. Hoover Presidential Library, West Branch, Iowa.


NOTES


20. For a handwritten version of this speech, see Reel 45, frames 1-74, in the microfilm collection The Papers of Elizabeth Cady Stanton and Susan B. Anthony (Wil- mington, Del., 1991).

CHAPTER ONE

The Body’s New Timetable

1. Abigail Adams to Sarah Smith Adams, January 20, 1808. Johnson Family Papers, Cornell University Archives, #4928, Box 1, Folder 1.


11. Edward Clarke, Sex in Education or, A Fair Chance for the Girls (New York, 1873).


13. Most of these reports were done by British physicians although they were clearly read by Americans. Between 1820 and 1850, John Robertson, a surgeon in Manchester, England, wrote a series of articles for the Edinburgh Medical and Surgical Journal that laid out the inquiry. See, for example, his "An Inquiry into the Natural History of the Menstrual Function" (October 1832); "On the Period of Puberty in Negro Women" (July 1842); "On the Alleged Influence of Climate on Female Puberty in Greece" (July 1844), and "On the Period of Puberty in Hindoo Women" (July 1846). Some other British reports are: Edward John Tilt, "Reflections on the Causes which Advance or Retard the Appearance of First Menstruation in Woman," Monthly Journal of Medical Science 11 (October 1850); J. Faye, "European Child-Life in Bengal," Medical Times and Gazette, May 24, 1873; Charles Roberts, "The Physical Maturity of Women," The Lancet, July 25, 1885; Mrs. B. Sheldon Eldgo, "The Age of Onset of Menstruation in Egyptian Girls," Journal of Obstetrics and Gynecology 16 (October 1909); J. C. Holdich, Leicester, "Menstruation in Europeans, Eurasians and East Indians in India," Journal of Obstetrics and Gynecology 17 (May 1910).


NOTES


29. Diary of Lou Henry (Hoover), November 23, 1891; March 25, 1891.


31. For a critical approach to the iconography of American girls, see Martha Banta, Imaging American Women: Ideas and Ideals in American Cultural History (New York, 1987); Caroline Moseley, “The Maids of Dear Columbia: Images of Young Women in Victorian American Patriot Song,” Journal of American Culture 6 (Spring 1983): 18–32. For visual examples of this trend, see Charles Dana Gibson, The Gibson Girl and Her America (New York, 1969); Howard Chandler Christy, Artist and Illustrator of Style (Allentown, Pa., 1977); Fairfield Jarvis Downey, Portrait of an Era as Drawn by Charles Dana Gibson (New York, 1936). In Dumpy Cottons: The American Woman in the Nineteenth Century (Athens, Ohio, 1976), Barbara Welter notes the “girl fetish” of late-nineteenth-century America (p. 3). An earlier, but equally notable, archetype of the American girl was Daisy Miller, the title character in Henry James’s 1878 story first published in The Cornhill Magazine, for a more sentimental point of view, at the end of the century, see James Whitcomb Riley’s poetry about girls and romance.


34. Dr. Tilt made this point back in 1850; see Edward John Tilt, “Original Communications,” Monthly Journal of Medical Science 2 (October 1850): 290. On childishness, see Marsh and Ronett, Emoys, 92–93, 143.

NOTES

tical terms, the "secular trend" resulted from a change in the range of ages at which first menstruation occurred.


39. At a conference that I attended on "Girls and Girlhood" in Amsterdam in June 1993, this was a persistent theme: adolescent girls in these particular Western European democracies are able to combine sexual activity without the problems we see here in the United States.

CHAPTER TWO
Sanitizing Puberty


3. Diary of Ruth Teichman (pseud.), September 1959; Schlesinger Library, Radcliffe College, AT265.


224

NOTES


