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The Body Project

AN INTIMATE HISTORY OF AMERICAN GIRLS

JOAN JACOBS BRUMBERG

THE BODY PROJECT

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THE BODY PROJECT

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Fasting Girls: The History of Anorexia Nervosa

*Mission for Life: The Judson Family and
American Evangelical Culture*



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An Intimate History of
American Girls

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VINTAGE BOOKS
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*For Madeline Rand Brumberg and
Isabel Fenwick Brumberg*

“I would have girls regard themselves not as adjectives hut as nouns. ...”

—Elizabeth Cady Stanton, “Our Girls”

“My hopes of the future rest upon the girls. My patriotism clings to the girls. I believe America’s future pivots on this great woman revolution.”

—Dioclesian Lewis, *Our Girls*

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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 the 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 Lucretia

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.¹

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."²

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.³ 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. Beauvoir's 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. 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 resolution written in 1982, a girl wrote: "I will try to make myself better in any way possibly can with the help of my budget and baby-sitting money. I will lose weight, get new lenses, already got new haircut, good makeup, new clothes and accessories."⁷ 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 the 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 disapproving "No way" or "Ouch," but others felt compelled to offer a rationale for the 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

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.⁸ 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 hardier, 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.⁹

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 Ophelia*, 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 popular 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 the 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 and 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 presented 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 girlhood 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 girl 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.¹³ 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 ruminations 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 persisted, 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 emotion—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.¹⁴

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."¹⁵ 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? C

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 that 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 Brook-line, Massachusetts. "I never knew a kiss would be like that," she said. "I grew up tonight. Now I am a woman."¹⁸

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.¹⁹

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, and 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 the 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 maturational 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.²⁰

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 the predicament that already threatens the prospects of young women who will come of age in the twenty-first century.

THE BODY'S NEW TIMETABLE

How the Life Course of American
Girls Has Changed



Photos (*left*) Permission of the author; (*right*) permission of Jane DeWalt Jones.

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 lacked “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 do girls who grew up in Susanna Adams’s day. “I got my period today! I’m so happy,” Sara 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].”²

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 inhibited menarche 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, a middle-class American girl was 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 childlike. 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 a variety of 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 cultural ethnocentrism. Because menarche seemed to announce suddenly both sexuality and the capacity for 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 “uptight” the Victorians were, our ancestors had a deep cultural 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, young 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 while 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.

Even among educated medical men, menstruation was a mystery. In the 1870s, Dr. Albert 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.⁹ 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.¹⁰

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, 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.¹¹

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

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