

**Untenanted Lives:**  
**Involuntary Childlessness in Nineteenth-Century America**

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## **Abstract**

As the expectation for married women to become mothers took on a new importance in nineteenth-century America, the relationship between mother and child was constantly exalted not only in the abundance of prescriptive literature, but also by the medical profession. The discourses of true womanhood and motherhood expressed by physicians and social commentators dictated much of the culturally condoned behaviour and everyday life of middle-class women. This thesis asks how involuntarily childless women embodied their roles in society as the ideal of true womanhood became so strongly characterised by motherhood.

Through an interdisciplinary methodology that combines the analysis of archival sources with readings of fictional texts, memoirs and biographies, embedded within histories of a variety of social phenomena – nineteenth-century gynaecology, invalidism, mourning, adoption, and divorce – this thesis provides a socio-cultural analysis of gender and intimacy in late nineteenth-century America. It also examines the various means by which childless women filled their lives, carving out alternative means of existence in a socially prescribed environment of parenthood.

The involuntarily childless women considered in this thesis found ways to tenant their lives in the absence of longed-for children. From theatrical performance to adoption, education to art, and from the strengthening of marital relations to their demise, this thesis explores the actions these women took in their marriages to negotiate their identities as childless individuals in a culture of motherhood.

## List of Contents

Acknowledgements	5
Introduction	
Discourses of the Childless Body	6
1. “The climax of your happiness”: Childlessness in the Era of True Womanhood	22
2. “Doctors and patients alike have womb on the brain”: Medical Approaches to Women’s Health	40
3. “Artful misrepresentations”: The Performance of Maternity by Childless Women	69
4. “It is all in God’s hands and he does not willingly afflict us”: Reaffirming Family Ties After Perinatal Loss	97
5. “House of the expanding doors”: The Creation of Alternative Families	121
6. “Germs of Discontent”: Till Death (or Divorce) They Do Part	144
Conclusion	173
Archival Resources	178
Bibliography	179

## Illustrations

- Fig. 1. “Lydia Maria Child”, Photograph, 14.9 x 10.1 cm. Massachusetts Historical Society. 6
- Fig. 2. “Half hidden by a bouquet of laughing young faces”, Frontispiece to Louisa May Alcott, *Little Men* (1871; Boston: Little, Brown, and Company, 1901). 37
- Fig. 3. “Beth with her head in Jo’s lap”, Illustration. Louisa May Alcott, *Little Women* (1868; Little, Brown and Company, 1916). 44
- Fig. 4. “Water Cure Treatments”, Illustration. Joel Shew, *Hydropathy; or the Water Cure: Its Principles, Modes of Treatment*, 1844. 64
- Fig. 5. “Clara Morris”, Photograph by George G. Rockwood, 1870s. 76
- Fig. 6. “James Lee Love”, Photograph, late 1880s. University of North Carolina, Chapel Hill. 114
- Fig. 7. “Julia Love Spencer and her daughter Cornelia”, Photograph, 1899. University of North Carolina, Chapel Hill. 117
- Fig. 8. “Anna Cora Mowatt Ritchie”, Engraving by John Chester Buttre, 1845. The New York Public Library Digital Collections. 137
- Fig. 9. “Mary Sheldon Barnes and Earl Barnes”, Photograph, 1897. Stanford University Libraries. 158
- Fig. 10. Extract from a letter, Mary Sheldon Barnes to Earl Barnes. Photograph taken by author. Sophia Smith Collection. 159
- Fig. 11. “Possum, Marquis and Boojum”, Photograph by Clover Adams, 1883. Massachusetts Historical Society. 166
- Fig. 12. “Mrs. Howe, Mrs. Pratt and Alice Pratt on rocks at Smith’s Point”, Photograph by Clover Adams, 1883. Massachusetts Historical Society. 170

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**Introduction**  
**Discourses of the Childless Body**



**Fig. 1. Portrait of *Lydia Maria Child* (1802-1880).**

In 1839, eleven years into her childless marriage, moral reformer and author, Lydia Maria Child wrote to her friends: “I never felt so forcibly as within the last year, that to a childless wife, ‘life is almost untenanted.’”<sup>1</sup> Through the seemingly simple term “untenanted,” Child’s letter evoked the absence, emptiness, and loss that she felt as an involuntarily childless woman. Her desire for children was evident from early on in her marriage. In a letter to her mother-in-law, Child had proclaimed: “I do wish I would be a mother, and that even more for husband’s sake than for my own. But God’s will be done. I am certain that Divine Providence orders all things for our good.”<sup>2</sup> Child’s sense that as a wife and a nineteenth-century woman it was her duty to become a mother is palpable here; but more than this, although she resigned herself to

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<sup>1</sup> Lydia Maria Child to Louisa (Gilman) Loring and Ellis Gray Loring, 30 April 1839, in *The Empty Cradle: Infertility in America from Colonial Times to the Present*, Margaret Marsh and Wanda Ronner (Baltimore: Johns Hopkins University Press, 1996), 35.

<sup>2</sup> Lydia Maria Child to Lydia (Bigelow) Child, 23 June 1831 in “Motherhood Denied: Women and Infertility in Historical Perspective,” Margaret Marsh, in *Mothers and Motherhood: Readings in American History*, eds., Apple, Rima D. and Janet Golden (Columbus: Ohio State University Press, 1997), 224.

the will of God, the conspicuous emptiness that the description of an almost “untenanted” life evokes suggests that the loss and sorrow Child felt in relation to her lack of children was never assuaged. While the image of the “angel in the house” flanked by her cherubic children reigns dominant in our stereotypes of nineteenth-century American women, Child offers us an insight into the experiences of those women for whom this ideal was inaccessible.<sup>3</sup>

Although Child defined her life without children in this rather bleak manner, she was able to partake in and contribute to society in a number of profound ways. As well as being an author, she was an active abolitionist. Poet John Greenleaf Whittier, author of the biographical introduction to Child’s collected letters, wrote of the many causes in which she was involved that: “Peace, temperance, education, prison reform, and equality of civil rights, irrespective of sex, engaged her attention.” Speaking of her continuous works of charity he informed the reader of her collected letters that: “Whether in the crowded city among the sin-sick and starving, or among the poor and afflicted of the neighborhood of her country home, no story of suffering and need, capable of alleviation, ever reached her without immediate sympathy and corresponding action.”<sup>4</sup> Through her work as an author and social reformer, Child became the financial provider for herself and her somewhat idealist husband, David Child. He often performed his role as a lawyer for free, gave away much of the money he earned to those in need whom he encountered, and it was said that his “sense of business was about equal to ‘cutting stones with a razor.’”<sup>5</sup> David, like Child, was compassionate and intellectually stimulating; however, as he aged, Child spent much of her time caring for David in their country home. Of her continuous dedication to and support for him, Child humorously declared that: “my good David serves me for husband and ‘baby and all.’”<sup>6</sup> Humour aside, Child, and the other nineteenth-century American women considered in this thesis did find ways to fill their lives in the absence of longed for children. From theatrical performance to adoption, education to art, and from the strengthening of marital relations to their demise, this thesis explores the actions these women took in their marriages to negotiate their identities as childless individuals in a culture of motherhood.

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<sup>3</sup> The term “angel in the house” was coined by English poet, Coventry Patmore, in 1854. It was widely adopted by British and American artists, authors, and critics to portray and comment on notions of ideal femininity.

<sup>4</sup> John G. Whittier and Wendell Phillips, eds., *Letters of Lydia Maria Child* (Boston: Houghton, Mifflin, 1883), xi-xiv.

<sup>5</sup> Helene Baer, *The Heart is Like Heaven: The Life of Lydia Maria Child* (Philadelphia: University of Pennsylvania Press, 1964), 49.

<sup>6</sup> Lydia Maria Child to Mrs. S. B. Shaw, 1859 in Whittier and Phillips, 140.

Much of the leading secondary scholarship on nineteenth-century womanhood has focused on the domestic and maternal roles of middle-class women.<sup>7</sup> Throughout the colonial era, the concept of family was inclusive and fluid. Due to the structure of the household, large numbers of children, and high adult mortality rates, parenting was in many ways a communal effort. However, the family became an increasingly privatized unit in the nineteenth century and the emphasis on the parent-child relationship came to the fore. Margaret Marsh acknowledges the “glorification of motherhood” that took place during this era, stating that: “In middle-class America by midcentury the mother-child bond had become – at least in theory – the most important family tie, taking precedence even over the husband-wife relationship.”<sup>8</sup> The husband-wife relationship had itself undergone a transformation with increasing emphasis placed on a foundation of romantic love. Karen Lystra claims that: “A too-rigid view of separate spheres has led to a sense of male-female emotional segregation and distance in Victorian America that must be modified.”<sup>9</sup> Both Lystra and Steven Seidman have demonstrated in their work that romantic and sexual relations between spouses during this era transformed not only sites of power but also attitudes towards children. Seidman argues that: “As love assumed a central place in legitimating marriage, the reproductive rationale lost some of its cultural salience.”<sup>10</sup> Consequently, children were endowed with an intensely sentimental significance as the physical manifestation of a physical, spiritual union; they were the “love tokens” of their parents.<sup>11</sup> The cultural expectation for a woman to have many children subsided, yet the pressure to bear children remained as motherhood’s principal ambition became the nurturance of moral citizens who represented the future of a new Republic.

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<sup>7</sup> Established scholarship on nineteenth-century womanhood includes texts such as: Nancy F. Cott, *The Bonds of Womanhood: ‘Woman’s Sphere’ in New England, 1780-1835* (New Haven: Yale University Press, 1977); Barbara Leslie Epstein, *The Politics of Domesticity: Women, Evangelism, and Temperance in Nineteenth-Century America* (Connecticut: Wesleyan University Press, 1981); Michael Grossberg, *Governing the Hearth: Law and Family in Nineteenth-Century America* (Chapel Hill: University of North Carolina Press, 1985); Karen Halttunen, *Confidence Men and Painted Women: A Study of Middle-class Culture in America, 1830-1870* (New Haven: Yale University Press, 1982); Carroll Smith-Rosenberg, *Disorderly Conduct: Visions of Gender in Victorian America* (Oxford: Oxford University Press, 1985); Barbara Welter, “The Cult of True Womanhood: 1820-1860,” *American Quarterly* 18.2 (1966): 151-174.

<sup>8</sup> Marsh, “Motherhood Denied,” 221.

<sup>9</sup> Karen Lystra, *Searching the Heart: Women, Men, and Romantic Love in Nineteenth-Century America* (Oxford: Oxford University Press, 1989), 11.

<sup>10</sup> Steven Seidman, *Romantic Longings: Love in America, 1830-1980* (New York: Routledge, 1991), 17.

<sup>11</sup> Lystra, *Searching the Heart*, 77.



As the expectation for married women to become mothers took on a new importance, the relationship between mother and child was constantly exalted not only in the abundance of prescriptive literature, but also by the medical profession. The process of monitoring their own reproductive health and ensuring that they avoided any strenuous physical or mental exertion became an essential part of middle-class women's preparation for motherhood, and dictated much of their culturally condoned behaviour and everyday life. This thesis thus also asks how involuntarily childless women embodied their roles in society as the ideal of true womanhood became so strongly characterised by motherhood.

By populating the narrative of nineteenth-century motherhood with the voice of the involuntarily childless, this thesis demonstrates the complexity and problematic nature of the very definition of "womanhood." In her critique of dominant discourses of second wave feminism, Judith Butler acknowledges that: "Rather than a stable signifier that commands the assent of those whom it purports to describe and represent, *women*, even in the plural, has become a troublesome term, a site of contest, a cause for anxiety."<sup>12</sup> As conceptions of ideal femininity have historically and culturally altered, some women have inevitably been entirely excluded, or conveyed to the periphery of the definitions of "womanhood." Associated with a biological reproductive capacity, the realization of womanhood in the nineteenth century was (and in many ways remains) motherhood. Consequently, married women who were involuntarily childless fell outside the remit of the ideal woman. The aspiration to fulfil cultural ideals of womanhood through motherhood served to reinforce discourses of gender and social structures that foregrounded procreation. Thus, in Butler's words (after Foucault) American women of this period were "regulated by such structures" and, "by virtue of being subjected to them, formed, defined, and reproduced in accordance with the requirements of those structures."<sup>13</sup> Following this logic, the cultural discourses that associated womanhood with motherhood in the nineteenth century have assisted in a continued cultivation of this gendered concept and strengthened the notion of its inevitability. Gendered discourses of womanhood have created subjects of motherhood that have obscured the validity of experiences removed from conventional gendered parameters. Such a narrative of female identity negates experiences of involuntary childlessness. By analysing the lives of infertile women in the

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<sup>12</sup> Judith Butler, *Gender Trouble: Feminism and Subversion of Identity*, 2<sup>nd</sup> ed. (New York: Routledge Classics, 2006), 4. Emphasis in original.

<sup>13</sup> *Ibid*, 3.

nineteenth-century, we can start to understand how they constructed their identities through mitigating the absence of children in a culture that equated femininity with fecundity.

Moreover, arguably even more problematic than the term “woman,” is finding a categorical definition for individuals who desire children but are unable to reproduce or carry a foetus to term. Gayle Letherby explains that today, “with reference to women who find themselves unable to have children ‘infertility’ is generally thought of as a medical condition and ‘involuntary childlessness’ as a social experience.”<sup>14</sup> The later term reflects the status of involuntary childlessness as a digressive experience, alien to the assumed normative position of women as biologically capable of reproduction. Despite the well-meaning desire to shift descriptive terminology away from the clinical title “infertile,” this term is itself still a product of the culturally dominant discourse of motherhood. Inelegantly framing positives (voluntary and child) with negatives (“in” and “less”), it reinforces the belief that motherhood is the expected state for women and that any divergence from this would ordinarily be one of choice. By defining infertility in such a way, we give shape to a void by defining it by what it is not (fertility), rather than seeking what it is. Adopting this term involves a characterization based on an intangible absence.

Despite its cumbersome phrasing and the negative reinforcement of reproduction as a natural state, I will use the term involuntary childlessness throughout much of this thesis due to the notion of social experience implied by it, even as I take up the image of the void and the notion of absence. “Barren” has religious connotations which, although still present in the mid-nineteenth century, were being gradually replaced by scientific and medical discourses. The terms “sterile” and “infertile” assume this scientific weight, promoting a more clinical attitude that foregrounds reproduction. However, involuntary childlessness seems to draw the nearest to describing a personal and social experience by focusing on the child itself—as the goal of desired parenthood—rather than the biological process of conception. The use of “involuntary” is also indicative of the lack of individual choice felt by couples who desired children. This is particularly essential when discussing childbearing in the mid- to late nineteenth century because of the increased visibility of child-limiting practices being used by women in an attempt to control the size of their families. As I outline in Chapter 1 the use of contraception

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<sup>14</sup> Gayle Letherby, “Childless and Bereft?: Stereotypes and Realities in Relation to ‘Voluntary’ and ‘Involuntary’ Childlessness and Womanhood,” *Sociological Inquiry* 72.1 (2002): 7-8.

and abortive methods highlight the more voluntary aspects of procreation demonstrating the role of choice. Much scholarship has been concerned with these choices and their impact on definitions of womanhood and cultural reform.<sup>15</sup> However, involuntarily childless women were deprived of exerting these measures of control over their bodies. This lack of control should not exclude them from debates on the multifarious meanings of “woman.” Although involuntarily childless women may not have practiced choice in the same manner as those who were biologically able to procreate, this thesis illustrates various choices they did make about their bodies, lifestyles, and relationships.

Although the gender ideals promoted by cultural discourse issued in the form of prescriptive literature, medicine and politics were exactly that – ideals as opposed to reality, childless women would have found many of these aspirations especially inaccessible. The language used, and, even more tellingly, not used by childless women during this era demonstrates the ways in which they experienced their own gendered identity and bodies in a culture predominately eclipsed by expectations of motherhood. In the archives I examined I found no self-references to being “sterile,” “barren,” “infertile,” or “involuntarily childless.” The closest these women came to describing their experiences were private confessions of feelings of inadequacy surrounding their “childless” state in diaries or letters. Mary Boykin Chesnut, made famous by the posthumous publication of her Civil War diaries in 1905, is described by her biographers as “a woman blessed with an unusually rigorous mind, comparative leisure, luck, charm, and an ironic wit.”<sup>16</sup> Chesnut, on-the-other-hand, labelled herself in one diary entry as “a childless wretch.”<sup>17</sup> As previously mentioned, Child described her life as “a childless wife” as “almost untenanted.” Nevertheless, most accounts relating to childlessness, or the loss of a pregnancy, revolve around the emotional expressions of these experiences as opposed to an attempt to identify with a specific term. This emotional expression suggests the primacy and complexity of lived experience over an identifying label. Narratives around involuntary

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<sup>15</sup> Such texts include: John D’ Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America*, 2<sup>nd</sup> ed. (Chicago: The University of Chicago Press, 1997); Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America*, 3<sup>rd</sup> Rev. ed. (Chicago: University of Illinois Press, 2007); Judith Waltzer Leavitt, ed., *Women and Health in America*, 2<sup>nd</sup> ed. (Madison: University of Wisconsin Press, 1999); Regina Morantz-Sanchez, “Negotiating Power at the Bedside: Historical Perspectives on Nineteenth-Century Patients and their Gynecologists,” *Feminist Studies* 26.2 (2000): 287-309; Leslie J. Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997).

<sup>16</sup> C. Vann Woodward and Elisabeth Muhlenfeld, introduction to *The Private Mary Chesnut: The Unpublished Civil War Diaries* (New York: Oxford University Press, 1984), xviii.

<sup>17</sup> Mary Boykin Chesnut, Diary entry, 21 March 1861, in Vann Woodward and Muhlenfeld, 44.

childlessness are always subjective experiences that span a continuum of possibilities. The case studies employed throughout this thesis offer just some of the ways individual nineteenth-century women spoke about their experiences or, equally, sought to avoid putting words to them.

Despite approximating the closest to individual and social experience, “involuntary childlessness” remains a late twentieth-century term imposed on a discussion of the nineteenth century. In many ways, the term suggested by Child – “tenanted” – can be used to expand the analysis of women’s lives within a more positive and diverse framework. Whereas “involuntary” denotes the absence of choice, to “tenant” opens alternative paths for individual creation and therefore, scholarly exploration. To tenant one’s life in any number of ways – with relationships, activities, or intellectual pursuits – is to actively make choices. Viewing the lives of involuntarily childless wives under the scope of tenancing presents their agency in ways previously denied.

The concept of “tenancing,” with its strong association with “inhabiting” also offers a way into thinking about how involuntarily childless women in the nineteenth century considered their physical bodies. Line Ingerslev argues that: “Self-distance is the suggestion that bodily self-consciousness consists at least partly in a reflective stance where you conceive of your body as a physical thing, an object in the world as well as the subject of bodily experiences.”<sup>18</sup> In this way, the body is experienced both subjectively and objectively within a social environment. Rather than being opposed, these two states influence the comprehension of each other. There is a dialectical relationship between the gendered identity of the self and its corporeal existence in society. This relationship between gendered identity and the body can be read in Child’s concept of an *almost untenanted life*. The metaphor of space invoked here works on three levels: representing first the (still) commonly held idea that a life without children is somehow unfulfilled or “empty”; second, the physical body (specifically the womb); and third, the internal psychological experience of infertility. Although Child physically occupied a place within bustling social circles, psychologically, her words imply, her childless body left her feeling hollow. Like Child, many childless women must have struggled to come to terms with their status in a society that placed such high values on motherhood and children. Nineteenth-century records expressing grief at the loss of a child are common. However, infertility can

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<sup>18</sup> Line Ryberg Ingerlev, “My body as an object: self-distance and social experience,” *Phenomenology and the Cognitive Sciences* 12 (2013): 164.

more accurately be experienced as a void, an *absence*. It does not allow for a quantifiable loss of a physical reality. Deprived of the moment of loss itself, childless couples experience an undefinable period of anticipation and hope. The constant possibility of a child (and the gradual loss of hope that the anticipated event will occur) is not necessarily experienced or resolved in the same manner as the loss of a child itself.

Despite the long history of women's experiences of involuntary childlessness, it was only at the end of the twentieth century that medical, historical, and other academic discourses attempted to account for this particular kind of loss. In 1994 medical anthropologist Gay Becker conducted a study that examined the use of metaphors by couples undergoing fertility treatment to describe feelings of disruption to the continuity of their lives. Becker suggests that:

After a physical disruption, the body is an unknown terrain that must be relearned...Routines of everyday life and the taken-for-granted assumptions that sustain them have been undermined (Bury 1982), severing a sense of connection with an array of personal meanings and leaving a void. To fill the void, relationships between self, body, environment, and daily life have to be redrawn.<sup>19</sup>

An inability to conceive threatens assumptions concerning the body's biological capacity to reproduce and therefore presents the individual with the challenge of renegotiating their bodily identity. The similar use of language by Child and Becker connects an intangible experience of emptiness with a physical (almost geographical) uninhabited environment. Just as Becker describes the body as an "unknown" and, by implication, uninhabited "terrain," Child's metaphor of an untenanted life encourages us to view the body as a domestic space that has failed to be occupied.

In psychoanalytic discourse, Freud's analysis of the body also associates its physical state with a domestic metaphor. Elisabeth Bronfen observes that in Freud's discussion of "cultural activity," which posits ways in which humans make the earth inhabitable: "our body comes to represent the only protective dwelling-place of which we can be sure, the only home we always

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<sup>19</sup> Gay Becker, "Metaphors in Disrupted Lives: Infertility and Cultural Constructions of Continuity," *Medical Anthropology Quarterly* 8.4 (1994): 385.

carry around with us.”<sup>20</sup> Arguing that humans ultimately substitute a dwelling house for the womb, Freud strengthens the discursive relationship between the (literally) “full-filled” female body and domestic space. However, the very imagining of an ideal domestic haven serves to problematise the gendered relationship to the body when such ideals are compromised. Bronfen argues that it is “precisely because we link notions of an intact, integrated and stable self-identity to images of a consistent, invulnerable and omnipotent body, narratives and representations that revolve around the fallibility and fragility of the body often produce anxiety.”<sup>21</sup> Hence, when Child describes her own non-childbearing life, she likens it to a destitute and uninhabited space.

Although the exterior of the body, or the house as its metaphor, may appear intact, Bronfen draws our attention to its fallibility. Child’s use of the negative prefix “un” was reflected in much nineteenth-century medical discourse around the reproductive organs of women. Anxieties of biological female weaknesses that threatened ideals of womanhood were evident in language that associated the un-reproductive body with social failure. Many of the medical texts that reinforced this cultural discourse were written for public consumption. Augustus Kinsley Gardner was just one of the physicians who reflected gendered social assumptions in his analysis of reproductive anatomy. In his discussion on the function of semen, Gardner employed verbs and adjectives such as “force,” “bulk,” “fructifying fluid,” “virile life-giving,” and “active.” On the other hand, when describing the female uterus and ovum, Gardner’s language included “irritable,” “wafted,” “expel,” “discharged,” “destroyed,” “vitality is lost,” and “voided.”<sup>22</sup> Needless to say that such medical discourse presented the process of female reproduction as weak and passive. In the childless woman, the fragility of the body could be expressed only through concepts of negative space. Psychologist Mardy Ireland says of childless women: “*The idea of absence is always present in their lives as an emptiness rather than as a generative space.*”<sup>23</sup> Discourse that frames the childless body in negative descriptors reinforces the cultural assumption that the primary function of the female body is reproduction. Consequently, a lack of children is culturally comprehended as the failure of a desired purpose.

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<sup>20</sup> Elisabeth Bronfen, “The Body and its Discontents,” in *Body Matters: Feminism, Textuality, Corporeality*, ed. Horner, Avril, and Angela Keane (Manchester: Manchester University Press, 2000), 111.

<sup>21</sup> Ibid.

<sup>22</sup> Augustus Kinsley Gardner, *The Causes and Curative Treatment of Sterility with a Statement of the Physiology of Generation* (1856; repr., Montana: Kessinger, 2010), 24.

<sup>23</sup> Mardy S. Ireland, *Reconceiving Women: Separating Motherhood from Female Identity* (New York: Guilford Press, 1993), 125. Emphasis in original.

The presence of potential with the absence of its realisation encourages a discourse around absence and emptiness. In her work on the concept of happiness, Sara Ahmed acknowledges that: “It is possible that the evocation of an object can be pleasurable even if we have not yet experienced an object as pleasing: this is the power after all of the human imagination as well as the social world to bestow things that have yet to be encountered with an affective life.”<sup>24</sup> Anticipation of a child can have a positive impact on the individual who desires it. While the goal is not realised, there is scope for the wish to be fulfilled – a pregnant space of possibility. However, Rachel Bowlby argues that: “Parental feelings may be at their most intense in situations where in reality there is no child: whether because...the child has died; or because there has never yet been one, though there has been a wish for one.”<sup>25</sup> The loss of a child, or the moment in which an individual acknowledges the continued lack of a child’s presence becomes more poignant because of the additional loss of an imagined potential. It is evident that individuals are also perceived as lacking when they are unable to conform to an assumed cultural function. Discourses of gender in nineteenth-century America were critical in establishing childbirth as the ideal object of womanhood. Whether women were able to bear children or not (or even if they wanted to or not), individuals had to place themselves emotionally in relation to the prescribed response to childbearing that middle-class culture had created. Ireland suggests that: “In the absence of alternative perspectives from which to view herself, the childless woman, especially the traditional woman, may identify with the ideas of emptiness or deviancy and make them her own.”<sup>26</sup> An essential component of this observation is that female identity may not be affected by the lack of children, but rather, the lack of alternative female models. Ireland further argues that “the naming and representation of nonmaternal female experience” has been absent in Western culture.<sup>27</sup> This absence is deflected by pervasive cultural discourses of womanhood that in turn situate the void with the individual body rather than with society itself.

This thesis thus recovers the experiences of childless women by demonstrating the various ways they filled their lives in the absence of children. However, the methodology of the thesis

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<sup>24</sup> Sara Ahmed, *The Promise of Happiness* (Durham: Duke University Press, 2010), 27.

<sup>25</sup> Rachel Bowlby, *A Child of One’s Own: Parental Stories* (Oxford: Oxford University Press, 2013), 103-104.

<sup>26</sup> Ireland, *Reconceiving Women*, 131-132.

<sup>27</sup> *Ibid*, 140.

also confronts the absence of signifiers for these women in the archives. Their lack of biological children was manifestly reflected in the arrangement of the archives. While subject guides and finding aids on archival catalogues consider themes like motherhood, children, child mortality, abortion, and birth control, involuntary childlessness never appears as a category. Neither do the alternative definitions of barrenness, sterility, or infertility, which further suggests the scarcity of their consideration. The absence of these headings in archive catalogues, as well as the insufficiency of one term to encompass such diverse experiences, not only speaks to the silences surrounding non-medical accounts of involuntary childlessness during the nineteenth century, but also to our assumptions surrounding the occurrence of infertility today.

Therefore, my research applies an interdisciplinary methodology to archival sources and critical analysis. It provides a socio-cultural analysis of gender and intimacy in late nineteenth-century America, reflecting on how involuntarily childless couples expressed their emotions surrounding their childlessness. It also examines the various means by which they tenanted their lives, carving out alternative means of existence in a socially prescribed environment of parenthood. This socio-cultural approach is primarily informed by life writing, literary analysis, the history of medicine, and gender studies. Archival material in the form of letters, diaries, and women's hospital patient records is used throughout to create case studies that offer insight into individual lived experiences of various events relating to involuntary childlessness. In some instances, it is possible to compare contemporary nineteenth-century responses to twenty-first century ones. This is especially the case for pseudocyesis (phantom pregnancy), miscarriage, and adoption.

Archives, like discourses, are shaped by the societies and social institutions in which they exist, the intentions of their founders, and the collections that are donated to them. It is therefore inevitable that certain people and experiences will be absent from collections. This absence may not even be a conscious decision on the part of the archivists, but on the part of the writers themselves or their families. For instance, Henry Adams burnt much of his wife's correspondence after her death. The Heard Family papers in the Baker Library contain only one side of the correspondence between Albert Farley Heard and his wife Mary Livingston Heard. Although the reason for this is not known, a possibility may be that her letters were not deemed relevant for a business archive and were consequently discarded by the donors. Despite being able to identify the presence of some childless women in the archives, the unwillingness or inability of these women to record or reflect on their childlessness presented me with a



further obstacle. Ultimately, the methodology of the thesis is directed towards a more creative approach to the sources, giving agency to the women who would not or could not allow themselves to be defined solely by their and their partner's inability to procreate. The various chapters seek to comprehend their attitudes toward medical intervention, spousal relationships, concepts of family, and careers that would have undoubtedly been altered by motherhood. Through this approach to the sources it is possible to discover at least some of the ways that women negotiated their experiences of intimacy, including the maternal role prescribed to all women by nineteenth-century society, in the absence of biological children.

The principle methodological practice for this thesis is the critical, interdisciplinary analysis of archival research carried out in the United States. An insight into contemporary medical approaches to women's health and involuntary childlessness was gained from research conducted at the Legacy Center at Drexel University College of Medicine in Philadelphia, and at the Brigham and Women's Hospital Archives in the Countway Library, Center for the History of Medicine, Massachusetts. Collections at the Baker Library in the Bloomberg Center, Harvard Business School, the Arthur and Elizabeth Schlesinger Library on the History of Women in America, Harvard University, and the Sophia Smith Collection: Women's History Archives at Smith College were used to source the letters and diaries of involuntarily childless women and their families. These documents were supplemented by papers in the Sallie Bingham Center for Women's History and Culture in the David M. Rubenstein Rare Books & Manuscript Library at Duke University and the Louis Round Wilson Library Special Collections at the University of Chapel Hill, North Carolina. These archives were selected for their large women's and family correspondence collections that provided the appropriate places to commence a search for individual accounts of, or references to, infertility. Due to the stigma that surrounded infertility in nineteenth-century America, such personal accounts of these experiences have yet to be unearthed in any quantity and remain buried amongst family papers that need to be thoroughly explored. Through the compilation of various case studies, the thesis provides additional and alternative sources to medical and popular discourses of involuntary childlessness and paves the way for further research into accounts of nineteenth-century lived experiences.

Chapter 1, "Childlessness in the Era of True Womanhood," examines the gendered discourse of ideal femininity that is dependent on a maternal identity. The absences created by a focus on maternity in turn reinforce the gendered discourses of motherhood by eliding experiences

that throw such reductive definitions into question. These nineteenth-century contexts are discussed in relation to the scholarship of second wave feminism that has both emphasised this model of womanhood as well as sought alternative readings of it. However, the cultural significance of motherhood cannot be dismissed due to the bias of its scope. The desire for motherhood is itself the defining rationale that shapes the responses of those who find themselves involuntarily childless. The nineteenth-century ideal of motherhood was tied to cultural models of femininity that governed women's situation in the home and society. The second section of this chapter therefore describes the construction of True Womanhood and the Republican Mother throughout the nineteenth century. The role of prescriptive literature authored by religious leaders, physicians, and lay men and women was critical in the dissemination of these ideals across gender, class, and race. In conclusion, the chapter addresses the life and literature of Louisa May Alcott (1832-1888). Although Alcott never married, she serves as an excellent example of how pervasive contemporary ideals of motherhood and the sentimentalisation of childhood were; these informed the experiences of women despite the absence of marriage and children in their lives.

Chapter 2, "Medical Approaches to Women's Health," takes as its focus the development of gynaecology in the late nineteenth century. The construction of the "invalid" offered middle-class women an additional expression of femininity and was therefore a common extension of "true womanhood." While this medical diagnosis was not confined to childless women, it did offer them an alternative means to express their femininity in the absence of children. I examine here the life of Clara Morris (1848-1925), a woman praised for her career as an actress by her contemporaries, and who achieved a level of admiration and sympathy due to her constantly poor health. Moving outwards from the more general condition of invalidism, this chapter will consider the physician's approach to women's reproductive conditions and "sterility." Patient records highlight not only the manner in which physicians observed their patients, but also some of the traumatic experiences undergone by married women in relation to uterine disease and lost pregnancies.<sup>28</sup> Male physicians vastly outnumbered female ones during the period I examine, leading (as many have argued) to a professionally-condoned male power over the female patient's body. I argue that the Water Cure treatment offered an alternative to male-dominated care and allowed women more agency over their own bodies. The letters of Virginia

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<sup>28</sup> I avoid the term "failed" here to remove the negative connotations of judgement associated with this.

Tunstall Clay (1825-1915) to her husband demonstrate her command over her health condition and recuperation, thus illustrating one of the variety of ways in which power dynamics between the genders were negotiated on the basis of reproductive issues.

From the physician to the patient, chapter 3 goes on to chart the body's control over the individual. With an emphasis on the sensational body's performance of sentiment, the chapter details how Clara Morris's performances of maternal characters on stage were emotionally influenced through her own maternal role model. Witnessing the adoption of her siblings at a young age, Morris played several roles in which the protagonist abandoned her children only to later seek a reunion. Through her performances of mothers and her fictional writing for children, Morris found mediums through which to explore traits of motherhood and her own childlessness. Continuing the focus on medical conditions relating to fertility and motherhood, the chapter offers the example of pseudocyesis, or phantom pregnancy, as a case study through which we can observe the reactions of both physicians and the patients. This is a psychosomatic condition in which the body physically manifests, or performs pregnancy in the absence of conception. Responses from both the physician and patient were often emotionally charged and accusations of female deceit were not uncommon. I argue that pseudocyesis illuminates the consequences inherent in a cultural reading of a medical experience.

Chapter 4, "Reaffirming Family Ties After Perinatal Loss," demonstrates the complex relation between motherhood and non-motherhood. Although the first is defined by the presence of children and the latter by their absence, experiences of miscarriage or still birth place women in a liminal state. The trauma and grief around perinatal death broadens the scope of scholarship on nineteenth-century mortality that has predominantly considered infant death. The letters of James Lee Love (1860-1954) to his mother-in-law, Cornelia Phillips Spencer (1825-1908), as well as letters between Virginia Tunstall Clay and her brother-in-law evidence the emotional impact that perinatal loss had on the wider family. The loss of a pregnancy remained a relatively private experience, but such family correspondence defies expectations (encouraged through the rhetoric of private/public spheres) that such intimate matters were discussed only between women.

Throughout the second half of the nineteenth-century, the motivations for adoption began to transform and it gradually became a legislative process. However, more informal practices of adoption continued alongside this. Chapter 5, "The Creation of Alternative Families," charts

the changes made to formal adoption as well as its representation in fictional literature such as Maria Cummins' 1854 novel, *The Lamplighter*, and Susan Warner's novel, *The Wide Wide World*. Works such as these raised questions about the advantages of a chosen family model over a biological one. They were weighted with national concerns over the inheritance of personality, the social conditions of the poor, and the fostering of feminine virtues among female orphans and independence in boys. Such texts demonstrate the ideals of parenthood and childhood, as well as the concerns that threatened these. Anne Lynch Botta (1815-1891) and Anna Cora Ogden Mowatt (1819-1870) serve as two case studies for informal adoption during this era. Both women and their spouses were involuntarily childless and both couples brought children into their homes. They represent two common motivations for informal adoption that revolved around caring for nieces and nephews, and carrying out acts of charity. Interestingly, in neither instance do the children assume roles akin to biological children.

Finally, chapter 6, "Till Death (or Divorce) Them Do Part," explores the marital trials undergone by several involuntarily childless couples. While the previous chapters demonstrated the ways that women tenanted their lives through gaining agency over their bodies, performing maternal acts, pursuing careers, or creating temporary alternative families, childlessness arguably compounded marital tensions. Archival research on Albert Farley Heard (1833-1890) and Mary Livingston Heard (1851-1881) portrays the story of a couple unable to find gratification in their marriage. Mary Sheldon Barnes (1850-1898) and Earl Barnes (1861-1935), on the other hand, appear to have spent many happy years together, supporting each other in their careers as educators. Despite this, her childlessness weighed heavily on Mary Barnes' mind, and her death ultimately provided Earl Barnes with the opportunity to become a father through a second marriage. The tragic story of Marion (Clover) Adams (1843-1885) offers flashes of longing for something more than her childless marriage provided her. These lives were filled with joys as well as sorrows, but it bears considering if the presence of desired children might have further "tenanted" their lives in ways they felt were lacking.

At its essence, this thesis presents various narratives and analyses of the lived experiences of the involuntarily childless in nineteenth-century America. It examines how the dominant cultural discourses of womanhood, femininity, and motherhood influenced the way that childless women viewed themselves and their bodies, and the means through which they expressed or suppressed this. By understanding the multiple and diverse ways that involuntarily

childless women tenanted their lives, the thesis exposes creative responses to filling an absence and acknowledges that maternal acts are not bound to biological children.

## Chapter 1

### “The climax of your happiness”:<sup>29</sup>

#### Childlessness in the Era of True Womanhood

In 1853 phrenologist and lecturer, Orsen Squire Fowler, wrote that: “Love of offspring is one of woman’s predominant and most charming characteristics...For what but to bear children was woman – was the female as such – created?”<sup>30</sup> For Fowler, and many other physicians and social commentators of the period, it was the biological destiny of women to bear children, thus reducing their social character to their biological capacity to reproduce. This argument, linking women and reproduction, was the basis of a medical discourse that permeated wider cultural discourses in America. It functioned alongside discourses of the sentimentalisation of the home and family during the nineteenth century, to produce one of the central gendered ideals of the era that inextricably linked womanhood to motherhood.

This chapter commences with a review of the secondary scholarship on True Womanhood and the influence of Republican motherhood on women’s gendered identities in the second-half of the nineteenth century. The decline in fertility rates throughout the nineteenth century demonstrates the effect that shifting family values had on not only demographics, but also social constructions of motherhood. The rhetoric of true womanhood may have achieved moments of actualisation through performances by women, but it was largely constructed through a range of literature. The role of prescriptive literature and popular medical manuals appear to have been a major factor in producing and maintaining ideologies of femininity, to which motherhood was central. The second half of this chapter begins the process of placing childless women within this idealised conception of womanhood. Language used by childless women and medical professionals accentuated deficiency, emptiness, or a lack that tellingly demonstrates the relationship that some women who desired children felt between their self-perceived identity, their bodies, and their feminine social role. The dominant expectation of motherhood in the nineteenth century meant that there was no alternative model to follow for married couples who found that they were unable to have children. Involuntarily childless women often had to re-direct the maternal behaviour they were expected to emulate through

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<sup>29</sup> Lydia Howard Sigourney, *Letters to Mothers* (New York: Harper, 1845), 9.

<sup>30</sup> Orsen Squire Fowler, *Maternity: or the Bearing and Nursing of Children* (New York: Fowler and Wells, 1853), v.

alternative channels than children. The creation of literary works by Louisa May Alcott exposes one way in which this re-direction was achieved whilst still upholding the centrality of constructed notions of motherhood and childhood for women who remained unmarried and childless.

Although there are many personal records of the experiences of pregnancy from this period, the contrasting silences around experiences of infertility have left the seemingly inextricable relationship between the discourses of womanhood and motherhood relatively unquestioned. The exclusive cultural assumptions that posited women as both wives and mothers have served to reinforce, or maintain, a “natural” role for women that centred on reproduction. Consequently, infertility left some women with the task of redefining their relationship with bodies that did not conform to the social beliefs attributed to them and revising their own previous expectations concerning their own embodied experiences of the world. Through detailed archival work on childless women and their correspondence with relatives, including husbands, their own parents, and close friends, it is possible to see the extent to which the gendered environment of femininity in which they lived dictated their experiences and responses. A consideration of twentieth and twenty-first century commentators also reveals the ways in which they have also bought into, rejected, or revised the discourses of nineteenth-century true womanhood and motherhood.

### **Critiques of the Discourse of True Womanhood in the Twentieth and Twenty-first Centuries**

In her work on gender and rhetoric, historian Nan Johnson acknowledges “the institutional role that rhetorical pedagogies play in inscribing discursive practices that maintain rather than destabilize status-quo relationships of gender, race, and class.”<sup>31</sup> The effect of such rhetorical pedagogies can be identified in both contemporary nineteenth-century and twentieth-century discourses of womanhood. Employing terminology such as “True Womanhood,” “Republican Motherhood” and the “Cult of Domesticity,” much of the secondary scholarship on nineteenth-century gender perpetuates the unqualified historical equation of womanhood with motherhood. This relationship was also actively promoted by nineteenth-century women

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<sup>31</sup> Nan Johnson, *Gender and Rhetorical Space in American Life, 1866-1910* (Carbondale: Southern Illinois University Press, 2002), 1.

themselves. In her consideration of the relationship between nineteenth-century mothers and daughters and their reproductive experiences, Nancy Theriot argues that middle-class women were “active agents in forming and re-forming feminine identity and female body experiences within historically specific material and discursive conditions.”<sup>32</sup> Lydia Howard Sigourney’s *Letters to Mothers* is an example of the active embrace of such an identity. In this text she addressed her audience thus: “My Friend, if in becoming a mother, you have reached the climax of your happiness, you have also taken a higher place in the scale of being. A most important part is allotted you, in the economy of the great human family.”<sup>33</sup> Motherhood was believed by many to be the highest social position a woman could desire, or achieve; importantly this feminine identity situated them not only within the space of their family, but in their worldview as maternal moral guardians of the new Republic as it embarked on setting an example to the rest of the world – especially the patriarchal “fatherland” of England from which it had recently won its independence.

Much of the critical literature written during second wave feminism portrays mid-nineteenth century women as products of gendered ideals. The scholarly concept of the “Cult of Domesticity” maintains women’s association with the sphere of private domestic space, placing it in opposition to the public economic sphere purported to be inhabited by men. Historian Nancy Cott refers to the “Cult of Domesticity” as a “social ethic,” through which “the family’s influence reached outward, underlying success or failure in church and state, and inward, creating individual character.”<sup>34</sup> However, in this reading, women’s outward influence on the church and state was still inherently tied to her maternal and moralistic influence. Meanwhile, men were depicted as participating in the public sphere of economy in a much more direct manner; the presence of the husband figure often appears conspicuously absent in this analysis on the home and family.<sup>35</sup> The “individual character” of women alluded to by Cott was that of true womanhood. Barbara Welter elaborates on this model of womanhood, explaining that:

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<sup>32</sup> Nancy M. Theriot, *Mothers and Daughters in Nineteenth-Century America: The Biosocial Construction of Femininity* (Kentucky: University of Kentucky Press, 1996), 2.

<sup>33</sup> Sigourney, *Letters to Mothers*, 9.

<sup>34</sup> Nancy F. Cott, *The Bonds of Womanhood: ‘Woman’s Sphere’ in New England, 1780-1835* (New Haven: Yale University Press, 1977), 2.

<sup>35</sup> Chapter 4 of this thesis demonstrates that husbands were not alienated from the familial domestic sphere and that they played an integral role in offering emotional support within the home.



The attributes of True Womanhood, by which a woman judged herself and was judged by her husband, her neighbours and society could be divided into four cardinal virtues – piety, purity, submissiveness and domesticity. Put them all together and they spelled mother, daughter, sister, wife – woman.<sup>36</sup>

The nineteenth-century gendered ideal of womanhood that Welter describes is one in which women's identity was defined by their relationship to others; in adulthood these were predominantly her husband and children. The relationships were directed by moral values held by the wider society that emphasised the ideal woman's innate goodness. Arguably, by serving her children and husband through her domestic duties, the True Woman would excel in imbuing others with spiritual and moral qualities that would in turn preserve traditional values in an increasingly industrialised society. The True Woman was a link to a higher moral plane that some feared may be lost among mid-nineteenth century urban progress.

Through the lens of True Womanhood and the Cult of Domesticity, the essential importance of marriage and procreation is evident. Welter states that: "The corollary to marriage, with or without true love, was motherhood, which added another dimension to [a woman's] usefulness and prestige."<sup>37</sup> The ideal woman was submissive to her husband, morally virtuous, able to manage her home efficiently (granted, with her husband's money) and, crucially, she was always fertile. It was through childbirth, not marriage, that a woman could fully realise her potential. Theriot foregrounds the social conditions of childbirth and motherhood in the shaping of nineteenth-century women's notions of femininity: "At a time when motherhood was not a real choice for women, and a time when the social conditions of reproduction were undergoing dramatic shifts, the experience of motherhood was a particularly significant condition of female life."<sup>38</sup> This identity was forged alongside wider cultural changes, especially in the Northeast. Using sources authored by middle- and upper-class women in New England, Cott provides an overview of some the main cultural spheres occupied by women including the home, the church and the workplace. Referencing the work of David Hackett Fischer, Cott also draws the reader's attention to wider transformations in economic growth, distribution of wealth, agricultural productivity, increasing urbanisation, the law, education,

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<sup>36</sup> Barbara Welter, "The Cult of True Womanhood: 1820-1860," *American Quarterly*, 18.2 (1966): 152.

<sup>37</sup> *Ibid*, 171.

<sup>38</sup> Theriot, *Mothers and Daughters*, 40.

and political and social thought. Welter and Cott, among other historians of the American nineteenth-century, suggest that these social and political shifts were accompanied by a growing gender divide that fixed the physical space of the domestic against the public sphere of commerce.<sup>39</sup>

Historians at the turn of the current century began to critique the metaphor of the separate spheres, recognising it as “a historically constituted ideology of gender relations.”<sup>40</sup> Linda Kerber traces the use of this trope as a site of cultural analysis to Alexis de Tocqueville. Despite the complimentary intentions behind Tocqueville’s observation of “two clearly distinct lines of actions for the two sexes,” historians of the 1960s saw this metaphor as a means of investigating women’s social history that had until then been neglected by dominant scholarship.<sup>41</sup> Unlike Tocqueville, historians such as Welter considered the separate spheres ideology to be a tool used to limit women’s activities to the domestic sphere and place them in a state of subordination. According to Kerber, second wave feminism recognised that: “Separate spheres were due neither to cultural accident nor to biological determinism. They were social constructions, camouflaging social and economic service, a service whose benefits were unequally shared.”<sup>42</sup> The recognition of this social construction did, however, enable historians to discuss women’s role in society in a new way.

While the trope of separate spheres offered twentieth-century women’s historians a model via which to discuss nineteenth-century women, there are serious limitations to this approach. Arguably, the most problematic aspect of the metaphor is that it predominantly assumes a definition of womanhood that is white and middle-class. Consequently, it excludes the experiences of women outside of these racial and class categories.<sup>43</sup> It also implies a uniformity among the experiences of white middle-class women that is itself limiting. As suggested in the introduction to this thesis, the very definition of woman needs to be complicated in order to

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<sup>39</sup> Cott, *Bonds of Womanhood*, 3.

<sup>40</sup> Cathy N. Davidson and Jessamyn Hatcher, introduction to *No More Separate Spheres! A New Wave American Studies Reader*, eds., Cathy N Davidson and Jessamyn Hatcher (Durham: Duke University Press, 2002), 7.

<sup>41</sup> Alexis de Tocqueville, quoted in Linda K Kerber, “Separate Spheres, Female Worlds, Woman’s Place: The Rhetoric of Women’s History,” in Davidson and Hatcher, 29.

<sup>42</sup> Kerber, “Separate Spheres,” 34.

<sup>43</sup> Davidson and Hatcher describe the collection of essays within their text as confronting the “fixity of the separate spheres model” through a consideration of “race, sexuality, class, nation, empire, affect, region, and occupation.” 8-9.

allow for an investigation of experiences that fall outside of traditional gendered definitions. Post-separate spheres criticism “does not assume that women (or members of any identity group) were virtuous simply because they lacked the status, power, and position attained by middle-class white men.”<sup>44</sup> If we apply this to white middle-class mothers, the argument becomes obvious that despite descriptions of virtuous and nurturing mothers who sacrificed themselves for their children, in reality, many mothers (if not all) would have not lived up to such loftily prescribed ideals. Throughout the following chapters, it is also evident that not all middle-class women were actually mothers and in addition, it is likely that not all women who found themselves childless in marriage were disappointed by this. Women from all races and classes also underwent reproductive traumas and disappointments, but the ways these were medically and socially treated were open to variation.

The concept of the Republican Mother added a new dimension to the True Woman of the domestic sphere. Kerber argues that: “the ideology of republican womanhood was an effort to bring the older version of the separation of spheres into rough conformity with the new politics that valued autonomy and individualism.”<sup>45</sup> The antebellum figure of the Republican Mother in America laid the foundation for the emergence of the nuclear domestic family in the second-half of the nineteenth century. While previous twentieth-century analyses of middle-class women emphasised their victimisation and the limits of their social roles, the influence of republican values on women were read as endowing them with a sense of autonomy and political purpose. A cultural discourse emerged in the nineteenth century that extolled the superior morality of the female sex, and tasked women with the duty of raising children who would become virtuous and politically active citizens of the Republic. Through successfully conducting their duties as mothers, women were able to participate in the shaping of their society; women fulfilled a political role through their sons. Although Kerber celebrates Republican Motherhood as a movement towards “women’s political socialization,” she does concede that: “Republican Motherhood was a concept that legitimized a minimum of political sophistication and interest, and only of a most generalized sort.”<sup>46</sup> Historian Frances Cogan further complicates the traditional acceptance of ideologies such as True Womanhood and the Republican Mother that depict “self-sacrificing, self-denying maidens of the steel-engraving

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<sup>44</sup> Davidson and Hatcher, *No More Separate Spheres!* 12.

<sup>45</sup> Kerber, “Separate Spheres,” 40.

<sup>46</sup> Linda K. Kerber, *Women of the Republic: Intellect and Ideology in Revolutionary America* (Chapel Hill: University of North Carolina Press, 1980), 284-285.

stereotype” in favour of the “Real Woman.”<sup>47</sup> Rather than forming their gendered identity through a dependence on husbands and children, Cogan bestows mid-nineteenth century American women with a degree of autonomy based more upon their own “sense of duty to others.” She argues that this duty was not founded on passivity but on “intelligence, physical fitness and health, self-sufficiency, economic self-reliance, and careful marriage.”<sup>48</sup> Cogan’s Real Woman was active in decision-making that affected all aspects of her welfare including reproductive interests.

The rise of the love-based marriage in the mid nineteenth-century was related to these developing questions around autonomy and careful selection of a life partner. By 1830, the republican values of domesticity and the private family had become firmly cemented amongst the middle and upper classes in the Northeast. As courtship and marriage relations changed to promote expressions of romantic love, attitudes towards sex and procreation also shifted. The increasing emphasis on the privatised family meant that the domain of the home enabled the development of romantic love. Encouraged in part by periods of courtship, love became central to the institution of marriage and sex gradually became redefined as a physical expression of marital love. Steven Seidman has tracked the shift in the symbolic meanings of love and sex in America, acknowledging that: “Although Victorians continued to emphasize a reproductive norm, hygienic and spiritual rationales for sex were quite salient.”<sup>49</sup> In a letter to his wife-to-be, Earl Barnes passionately wrote to Mary Sheldon,

If you were here, beloved, I would not envy all the saints in the heavenly paradise. To hold you in my arms with your heart beating against my own; to touch your life with mine; to draw your very being through your eyes to me and give my own to you, or to hold you in my arms and drink in together all the beauty of water and waving-grasses, of cloud and sky and forest, to breathe the delicious air and watch the cloud-shadows on yonder hill side, and it shall be, and soon.<sup>50</sup>

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<sup>47</sup> Frances B. Cogan, *All-American Girl: The Ideal of Real Womanhood in Mid-Nineteenth Century America* (Athens: University of Georgia Press, 1989), 5.

<sup>48</sup> *Ibid.*

<sup>49</sup> Steven Seidman, *Romantic Longings: Love in America, 1830-1980* (New York: Routledge, 1991) 17.

<sup>50</sup> Earl Barnes to Mary Sheldon Barnes, 5 August 1885, Series II Correspondence, Earl Barnes Outgoing, Mary Sheldon Barnes Papers, 1857-1948, Sophia Smith Collection, Smith College Archives, Massachusetts.

Earl's letter illustrates the blending of spiritual union with an intensely tangible one that relies on not only touch but a shared experience of heart beats, sight and breath. In spite of the changing significance of sex from primarily an act of reproduction to a spiritual expression of love for a spouse, as evidenced by Earl's letter, the nature of sexual relations remained precarious due to the threat of being consumed by lust. Just as prescriptive literature advised individuals how to fulfil parental obligations, it also instructed men and women to take control over their sexuality and employ it with moral conduct. John Harvey Kellogg warned his readers that: "*Consumption* finds a large share of its victims among those addicted to sexual excesses, either of an illicit nature or within the marriage pale, for the physical effects are essentially identical."<sup>51</sup>

Although sexuality in the nineteenth century was embraced as a valid expression of spousal intimacy and love rather than a purely functional means of procreation, women's prescribed domestic role ensured that their experience of intimacy was still closely linked with both bearing and raising children.<sup>52</sup> Children became the "love tokens" of a relationship – the ultimate physical realisation of a moral and romantic act.<sup>53</sup> Large numbers of children were no longer necessary for labour purposes as they had been during the colonial era. Communities acting as "little commonwealths" that had often adopted a communal effort towards parenting ceased to be the familial model.<sup>54</sup> The decline in the number of children in nineteenth-century families caused an increased sentimentalisation of children as the products of love. These demographic and emotional shifts produced a corresponding and intense preoccupation with the role of the mother in nurturing and raising her offspring, so much so that it became one of the defining features of the nineteenth century in America. The new prevalent public discourse that sentimentalised children to such a height must have increased the emotional burden placed upon involuntarily childless women during this era.

The sentimental portrayal of children alongside love-based marriages emphasised the quality of nurturance over the quantity of children. As a result of this shifting cultural proscription, fertility rates declined across the nineteenth century. S. Philip Morgan notes that the percentage

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<sup>51</sup> J. H. Kellogg, *Plain Facts about Sexual Life* (Michigan: Office of the Health Reformer, 1877), 146.

<sup>52</sup> Karen Lystra, *Searching the Heart: Women, Men, and Romantic Love in Nineteenth-Century America* (New York: Oxford University Press, 1989), 77.

<sup>53</sup> *Ibid.*, 73.

<sup>54</sup> John D'Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America*, 2<sup>nd</sup> ed. (Chicago: University of Chicago Press, 1997), 57.

of childlessness was greater in the North than the South: “Childlessness levels for women born in the mid-nineteenth century were more than 20% in the Northeast while levels half that high were found elsewhere.”<sup>55</sup> That cultural shifts were occurring more rapidly and visibly in the Northeast is evidenced by Cott’s explicit decision to select her sources from this area. Cultural changes more prevalent in the Northeast than in the South, such as increased employment opportunities for women, led some women to marry later and wait for a period of time after marriage before starting families. Morgan, therefore, acknowledges that involuntary childlessness sometimes inadvertently occurred as a result of delayed marriage and/or the postponement of childbearing for a period after marriage. However, he concludes that instances of involuntary infertility were not great enough to explain the general decline in fertility rates overall. Rather, Morgan argues that voluntary childlessness achieved through the practice of various fertility controls (such as abortion or abstinence) were responsible for the decline in nineteenth-century American fertility.<sup>56</sup>

As well as the new cultural mandate to provide the optimum amount of nurturance for fewer children, fears over pregnancy and labour themselves may have contributed to the embrace of new modes of contraception and abortion. Although discourses of motherhood prevailed and childbirth became increasingly medicalised throughout the nineteenth century, pregnancy and labour remained dangerous.<sup>57</sup> In the most unfortunate cases motherhood could be the cause of social ostracism rather than the moral gateway to success. If suffering from vaginal and/or anal fistulas resulting from complications during labour, a woman could find herself neglected by family and friends due to the unpleasantness of her incontinence.<sup>58</sup> Judith Waltzer Leavitt has noted that: “Women chose to document childbirth frequently in their diaries and letters in part because it happened so often, but they found it a worthy topic also because of the significant physical risks it held for almost all women.”<sup>59</sup> An emphasis by scholars such as Leavitt on the risks involved in childbirth has served to support the characterisation of women as “self-sacrificing,” thereby ensuring that their feminine character remained intact despite their sometimes negative depictions of childbirth.

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<sup>55</sup> S. Philip Morgan, “Late Nineteenth- and Early Twentieth-Century Childlessness,” *American Journal of Sociology*, 97.3 (1991): 780.

<sup>56</sup> *Ibid*, 786.

<sup>57</sup> See Regina Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (Chapel Hill: University of North Carolina Press, 1985); Frances E Kobrin, “The American Midwife Controversy: A Crisis of Professionalization,” *Bulletin of the History of Medicine* 40 (1966): 350-63.

<sup>58</sup> Leavitt, *Brought to Bed*, 29.

<sup>59</sup> *Ibid*, 16.

The array of medical developments around contraception and fertility control throughout the mid- to late nineteenth century demonstrates that white middle- and upper-class women were active in consuming products, seeking procedures, and discussing their reproductive health with the aim of limiting their family size. The increasing availability of contraception and physician-performed abortions throughout this period resulted in a backlash that took the legislative form of the Comstock Act in 1873. Passed as an “Act of the Suppression of Trade in, and Circulation of, Obscene Literature and Articles of Immoral Use,” the Act prohibited the publication, distribution and possession of material relating to contraception or abortion. Although condemned in legislation, these means of fertility control continued to be used.

Many women, especially those who had already borne children, resorted to abortions (either self-induced or medically performed) to reduce the risk to their lives and limit the number of children they had. In 1886, Mary Kincaid wrote a letter to her cousin in which she exclaimed: “Oh Mamie I wish there was no such thing as having babies. I wish I took George Willard’s receipt [for abortion?] and left the nasty thing alone. I will next time you bet I will not have anymore [sic] if I live through this time what I hope I will.”<sup>60</sup> By expressing her wish for an abortion should she become pregnant again, it appears that some women who were able, or willing to, demonstrated some degree of control over their fertility, and thereby refused to become the “self-denying maidens” referred to by Cogan. Evidently, while legislation insisted on silencing these topics, women did discuss abortion and contraception with each other in their private letters. Leslie Reagan observes that: “Emphasizing the ‘silence’ surrounding abortion inaccurately represents the history of abortion and ignores what women did say in other arenas; women talked about abortion often.”<sup>61</sup> Recognising the lived experiences of individuals through their own writings, we are able to reveal an alternative narrative to the one proscribed by legislation.

Despite women’s willingness to talk about abortion, it was still a dangerous surgical procedure, conducted in unsanitised environments. Women who literally took abortion into their own hands made use of sharp household items such as “knitting-needles, pen-handles, skewers,

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<sup>60</sup> Mary Kincaid quoted in Judith Walzer Leavitt, *Brought to Bed: Child-bearing in America, 1750-1950* (New York: Oxford University Press, 1986), 32. Brackets in Leavitt.

<sup>61</sup> Leslie J. Reagan, *When Abortion was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997), 21.

goose quills, pieces of whale-bone, and even curtain rods.”<sup>62</sup> They would exert themselves through exercise, inflict blows to their stomachs or throw themselves down flights of stairs.<sup>63</sup> Some women also took home remedies concocted from various abortifacient herbs found in the common garden, while others relied on patent medicines such as Lydia Pinkham’s Vegetable Compound to control their fertility. In a growing economic market for women’s medicines, Lydia Pinkham claimed that her Vegetable Compound was “A Sure Cure for...all female weaknesses...Pleasant to the taste, efficacious and immediate in its effect...”<sup>64</sup> Many such medicines sought to restore female health by bringing on the menses. Mrs Arons’ remedies, “‘made by a woman for women,’ promised to remove the irregularities and barriers that troubled young, unmarried women, and also to strengthen and invigorate the sexual organs of females of mature years in the change of life and those of barren women.”<sup>65</sup> The immodest claims to cure a diverse, and often contradictory, array of female reproductive ailments by the makers of these natural remedies indicates not only the fascination in the mid-nineteenth century with reproduction, but also its marketable commoditisation. And yet despite this well-documented fascination and incidences of regulation by women themselves, increased measures of reproductive control did not reduce the societal expectation that married women would have children.

Women, regardless of their class, utilised abortion as a means of *limiting* family size. Theriot argues that: “Moral women, ‘true’ women (and their daughters) were likely to seek abortion during their married lives, or at least to know equally moral and true women who sought abortion...The new commonness of abortion encouraged women to perceive it as part of ‘woman’s lot.’”<sup>66</sup> If an abortion was induced before the period of quickening, then the decision appeared to be more one of practicality than morality. Motherhood and abortion were inextricably linked for many women during this era demonstrating that reproduction – either its achievement or cessation – remained a central concern of married women’s lives. Nineteenth-century fertility control through abortion did not negate a woman’s identity as a

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<sup>62</sup> Horatio R. Storer, *Criminal Abortion: Its Nature, Its Evidence, and Its Law* (New York: Arno Press, 1868), 84.

<sup>63</sup> Leslie Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States* (Berkeley: University of California Press, 1997), 8.

<sup>64</sup> Label for the compound, quoted in Sarah Stage, *Female Complaints: Lydia Pinkham and the Business of Women’s Medicine*, 2<sup>nd</sup> ed. (New York: W.W. Norton, 1981), 90.

<sup>65</sup> Naomi Pfeffer, *The Stork and the Syringe: A Political History of Reproductive Medicine* (Cambridge: Polity Press, 1993), 46.

<sup>66</sup> Theriot, *Mothers and Daughters*, 47.



mother; as Regan, Levitt and others' work has shown, True Women incorporated their practical attitudes towards fertility control into a public discourse that demanded a sentimentalised approach toward motherhood and childrearing.

It is evident that while the methods of contraception became more advanced and family limitation was practiced widely, it was often done with the intention of creating smaller families and spacing children rather than as a conscious decision to remain completely child-free. As Leavitt states, although fertility declined across the century, it was reflected in the size not the percentage of families.<sup>67</sup> Despite the development in opportunities for women to work outside the home, partake in social reform movements and gain greater access to education, these activities did not displace ideologies of motherhood for the majority of married women. Both historical documents such as the Comstock Law and scholarly work that foreground the writings of nineteenth-century women in relation to pregnancy and fertility control testify to an increasing visibility of women who limited their childbearing by choice during this era but were still conscious of social expectations and indeed their own desires to marry and start a family. However, what these sources obscure are the experiences of couples who were involuntarily childless rather than through choice. One of the central aims of this thesis is to address this oversight and consider how the rhetoric around motherhood affected childless women's perception of their own womanhood.

### **True Womanhood and Motherhood in Nineteenth-Century Literature**

Cott and Welter both credit prescriptive literature for the propagation of gendered ideals to a wide public audience during the mid-nineteenth century. Prescriptive literature took various forms including women's magazines such as *Godey's Ladies Book*, instructional books, cautionary novels and medical manuals. Cogan also acknowledges the profound popularity of this literature by the mid-century: "Between 1820 and 1852, the *Bibliotheca Americana* listed more titles for advice books than for any other genre, and such books directed their advice to middle-class audiences who made up as much as three-fourths of the population."<sup>68</sup> These texts covered all aspects of male and female life from advising on the handling of babies, the raising and education of children, treatments for common illnesses and diseases, letter writing,

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<sup>67</sup> Leavitt, *Brought to Bed*, 27.

<sup>68</sup> Cogan, *All-American Girl*, 16.

courtship, sexual practice and restraint, and the duties of husbands and wives. The fulfilment of ideal gender roles lay at the centre of these decrees.

Some of the most contemporaneously convincing prescriptive literature was authored by physicians and demonstrated the strong link perceived between the biological body and its social function. Many physicians argued for the benefits of sexual relations but emphasised that moderation was key to moral and successful reproductive health and fertility. Without moderation, not only did couples risk their spiritual being, they also risked detrimental physical consequences. James Ashton, the author of *The Book of Nature; Containing Information for Young People who are Thinking of Getting Married* (1861), warned his readers that: “Long continued excesses in venery, whether with women or by means of onanism, is a frequent cause of barrenness or impotence in men.”<sup>69</sup> Physician, Henry Hanchett advised men against masturbation and suggested that they preserve discharge for the “only right, natural, and healthful course...of marriage” because only then would the female be raised to the “lofty pinnacle of motherhood.”<sup>70</sup> Men were clearly held accountable for helping to transform actual women into True Women. Adhering to prescriptive advice by preserving their “seed” for the purpose of reproduction, men actively contributed to fulfilling women’s “natural” biological role as mothers. Ultimately, however, middle-class women were regarded as morally superior to men and were therefore instructed to instil practices of sexual self-control in their husbands.<sup>71</sup> Women’s assumed control over their own sexuality arguably demonstrated their parallel ability to run a morally respectable home. Despite the shift in the values of sex that transformed it into a romantic act as well as a procreative one, middle-class women managed to protect their status as True Women by (at least attempting) to regulate both their husbands’ and their own sexuality. The spiritual investment in sexual relations ensured that any resulting offspring would be sentimentalised as a symbol of this.

One prescriptive text stated that: “the best pleasures of a woman’s life are to be found in the faithful discharge of her maternal duties” and further encouraged “every woman to undergo

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<sup>69</sup> James Ashton, *The Book of Nature* (1870), quoted in Seidman, *Romantic Longings*, 20.

<sup>70</sup> Henry Hanchett, quoted in M. E. Melody and Linda M. Peterson, *Teaching America about Sex: Marriage Guides and Sex Manuals from the Later Victorians to Dr. Ruth* (New York: New York University Press, 1999), 23.

<sup>71</sup> D’Emilio and Freedman, *Intimate Matters*, 57.

everything short of death or lasting disease, rather than refuse to suckle her child.”<sup>72</sup> In reality women would have fallen short in achieving these often unobtainable ideals.<sup>73</sup> Regardless of any limitations affecting their own circumstances (childlessness being the most severe), middle-class women still held the values expressed in this literature as the standards upon which they not only judged themselves, but were also judged by society. Indeed, motherhood was so central to women’s identity in the nineteenth century that many of those who remained childless not only subscribed to the values but also perpetuated them, making themselves agents in practices which otherwise excluded them. One way in which they achieved this was through the writing of novels.

While prescriptive literature determined the expectations for womanhood and motherhood, nineteenth-century female authors sought to effect these social ideals by evoking emotional empathy through their sentimental works of fiction. As has already been noted, women were held to be morally virtuous and self-sacrificing. These purportedly feminine qualities opened them to sentimental experiences. Literary scholar Glenn Hendler observes that no matter their interpretation of the separate spheres trope, critics agree that: “sentimental narratives are an integral part of the doctrine of separate spheres and they consistently position their female readers and protagonists in the domestic realm.”<sup>74</sup> However, Hendler contends that: “sentimental plots repeatedly transgress both the internal and external limits of the family structure which domestic ideology held up as its overt ideal.”<sup>75</sup> Although the sentimental novel elevated ideals of domesticity and femininity, a closer examination of such texts reveals the prominence of orphans seeking out families based not on biology, but on “sympathetic ties.”<sup>76</sup> The creation of non-biological families by childless couples forms the theme of chapter 5, but it is apparent here that the sentimental rhetoric of nineteenth-century domesticity did not restrict the formation non-traditional familial relationships as long as they were founded on

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<sup>72</sup> An American Matron, *The Maternal Physician: A Treatise on the Nurture and Management of Infants* (1811), quoted in Barbara Leslie Epstein, *The Politics of Domesticity: Women, Evangelism, and Temperance in Nineteenth-Century America* (Middletown: Wesleyan Press, 1981), 76.

<sup>73</sup> This was especially the case for working-class women who, although conscious of such expectations for their gender, were often taken outside of the home by their employment and consequently away from their children. Immigrant and African American women would have also been aware of these gendered ideals but faced moral and political barriers that prevented them from obtaining the lofty ideals set by discourses of motherhood.

<sup>74</sup> Glenn Hendler, “The Limits of Sympathy: Louisa May Alcott and the Sentimental Novel,” *American Literary History* 3.4 (1991): 685.

<sup>75</sup> *Ibid*, 686.

<sup>76</sup> *Ibid*, 687.

relations of sympathy. Hendler usefully reveals that: “sympathy imagines that the term ‘family’ can designate something chosen rather than a given set of biological or legal relations.”<sup>77</sup> This insight suggests why Louisa May Alcott (1832–1888) may have utilised the genre of sentiment so often in her books. For Alcott, who was unmarried and biologically childless, the promise of alternative domestic creations enabled her to uphold ideals of womanhood without its central trait – motherhood. While Alcott’s fiction largely focused on the family, she promoted models of marriage that were based on a companionate ideal, allowing “more flexibility in sex roles than sentimental notions allowed.”<sup>78</sup> Novels authored by Alcott such as *Little Women* and *Jo’s Boys* became immensely popular and offered models of non-traditional childhood and motherhood to its audience (both young and old). Alcott’s career demonstrates that the family remained vitally important in shaping identity, even for non-mothers.

Despite claiming that she did not know much about marriages, “except observing that very few were happy ones,” Alcott did embody maternal traits.<sup>79</sup> She was fond of her sister Anna’s children and humorously compared them to the literary children she created: “I sell *my* children and though they feed me, they don’t love me as hers do.”<sup>80</sup> Alcott’s reference to selling her fictional children points to the fact that even women’s literary achievements were figured in terms of motherhood. In many ways, the family was a product that Alcott could use to financially support herself and her siblings. The discourse of sentimental domesticity offered a set of expectations that many could not meet, and that circulated in a range of ways that elided the experiences of the childless. However, by embracing the tropes of sentimental domesticity and motherhood in her literature, the childless Alcott was able to achieve a lucrative profession.

After the death of Alcott’s sister, May, she found that the love that she lacked from a husband and child of her own was reciprocated instead by her niece, Louisa May Niereker (Lulu). She wrote that: “even lonely old spinsters take an interest in babies” and that while caring for Lulu she could “bear anything with this little sunbeam to light up the world for me.”<sup>81</sup> Just as her character Jo March performed acts of maternal nurturance for children that were not her own

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<sup>77</sup> Ibid, 688.

<sup>78</sup> Charles Strickland, *Victorian Domesticity: Families in the Life and Art of Louisa May Alcott* (Alabama: University of Alabama Press, 1985), 103.

<sup>79</sup> Louisa May Alcott, quoted in Strickland, *Victorian Domesticity*, xiii.

<sup>80</sup> Ibid, 122.

<sup>81</sup> Ibid. The arrival of Lulu into Alcott’s care is discussed in Madeleine B. Stern, *Louisa May Alcott: A Biography* (Boston: Northeastern University Press, 1999), 284.

in *Little Men* and *Jo's Boys*, Alcott found a duty of care in her relationship with Lulu until she became too unwell to continue raising her. Alcott's sister Anna adopted the responsibility of Lulu. The care of Lulu by both of her aunts, after the death of her mother, offers an example of the “old-fashioned” family that Alcott idealised – one based on families working collectively to care for children, rather than the more privatised familial unit prescribed by separate spheres.



**Fig. 2. “Half hidden by the bouquet of laughing young faces,”  
from Alcott’s novel *Little Men*.**

In Alcott’s novel, *Little Men*, we find Jo (from *Little Women*) running Plumfield School – a boarding school for young children. At the request of her childhood friend, Theodore Laurence, Jo accepts into her care twelve-year old Nat, an orphan. In the note accompanying Nat, Laurence writes: “I think there is something in him, and have a fancy between us we may give this little man a lift.”<sup>82</sup> After reading the note Jo does not hesitate in welcoming Nat into her

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<sup>82</sup> Louisa May Alcott, *Little Men* (1871; Boston: Little, Brown, and Company, 1901), 11.

home and school as she “felt at once...here was a lonely, sick boy, who needed just what she loved to give, a home, and motherly care.”<sup>83</sup> The “feeling,” “love” and “care” explicit in her response chime with the sentimental work of such novels, by encouraging empathy in the reader and advocating the nurturance of children by middle-class women. After Nat tells Jo the story of how he came to be at Plumfield, Jo, who had “listened to the story with tears in her own eyes,” reassures him that:

My child, you *have* got a father and mother now, and this is home. Don’t think of those sad times any more, but get well and happy; and be sure you shall never suffer again, if we can help it. This place is made for all sorts of boys to have a good time in, and to learn how to help themselves and be useful men, I hope.

Although Jo and her husband are not Nat’s biological parents, they treat him as they do their own children and the other children in their care (see fig. 2.) In her role as a mother figure, Jo fulfils her true womanhood by not only protecting and caring for the children at her school, but also by preparing them to become independent and honourable men. In this way, Jo’s character is understood as participating in the contemporary discourses of womanhood and nationhood that encouraged women to endow their innately moral influence upon the new Republic’s future citizens. Despite Alcott’s presentation of a family based on affective as well as biological ties, there were limitations placed on the extent to which she could challenge the boundaries of the nuclear family. Jo runs the school with her husband, Mr Bhaer, and they have conceived children biologically. The wild and adventurous nature that Jo exhibited in *Little Women* has also become tamed and channelled into the nurturance of playful and sometimes naughty little boys. Alcott’s portrayal of family life, in the traditional domestic sphere of the home in *Little Women* and in the boarding school where adults are able to learn from children as well as vice versa, provides us with an insight into the complicated and nuanced negotiation between ideals of motherhood and the experiences of real women.

Literary constructions of true womanhood that relied on the rhetoric of motherhood pervaded middle-class culture in the nineteenth century. These discourses were widely accepted and replicated, but they remained ideals to aspire to, rather than the projection of a reality. Women experienced a complex set of attitudes towards their reproductive capacities, at once desiring

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<sup>83</sup> Ibid, 12.

the children they saw characterised in sentimentalised novels, and also hoping to limit their pregnancies and the dangers associated with them. Scholars of the twentieth and twenty-first centuries have both reinforced and challenged our comprehension of the ideals of true womanhood, separate spheres and republican motherhood. As well as recognising the limitations that the binary distinction between the private and public suggests, they have also sought to identify acts of agency by middle-class women who managed sentimental notions of motherhood through a practical attitude towards reproduction. This thesis contends that while involuntarily childless women have been neglected from considerations of true womanhood, they were still able to participate in the formation of such discourses. The transformation of rhetorical ideals into a literary career is one of the ways that some childless women, such as Alcott, negotiated a path through discourses that initially excluded them. The following chapter examines another way that childless women were able to participate in constructions of womanhood by adhering to the feminine traits of invalidism.

## Chapter 2

### “Doctors and patients alike have womb on the brain”:<sup>84</sup>

#### Socio-Cultural and Medical Approaches to Invalidism and Women’s Reproductive Bodies

In her extended study of childbirth in America since 1750, historian Judith Walzer Leavitt asserts that: “Childbirth is more than a biological event in women’s lives. It is a vital component in the social definition of womanhood.”<sup>85</sup> The previous chapter demonstrated the role of both primary and secondary material in promoting this definition through discourses of True Womanhood, separate spheres, and childbirth. Some of the sources, especially those around birth control methods, suggest female autonomy and agency over the body, which has helped redefine our understanding of white middle-class women’s social and political participation during the nineteenth-century. However, the assumed relationship between reproduction and choice has marginalised women who were not able to exert such decisions over their bodies, leaving motherhood as the accepted identity for most married women. Writing in the early 1990s, Margarete Sandelowski suggested that the study of infertility had been avoided by feminists concerned with advancing contraceptive access because: “the infertile woman who cannot have a child at will threatens the very idea of reproductive choice.”<sup>86</sup> Since then, scholars have begun to confront discussions on infertility alongside the development and increased use of new reproductive technology in the late-twentieth and early twenty-first centuries. Some of this recent research examines the social and personal effects that this medical approach to fertility has on patients and their families. Work on historical infertility, however, tends to concern itself more with the history of reproductive medicine than lived experiences. This thesis provides a major contribution to this social history by redressing the oversight of personal narratives of involuntary childlessness. Nevertheless, an understanding of the development of women’s medicine and gynaecology during this era does raise important

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<sup>84</sup> Samuel D. Gross quoted in Margaret Marsh and Wanda Ronner, *The Empty Cradle: Infertility in America from Colonial Times to the Present* (Baltimore: Johns Hopkins University Press, 1996), 72.

<sup>85</sup> Judith Walzer Leavitt, *Brought to Bed: Child-bearing in America, 1750-1950* (New York: Oxford University Press, 1986), 3.

<sup>86</sup> Margarete Sandelowski, *With Child in Mind: Studies of the Personal Encounter with Infertility* (Philadelphia: University of Pennsylvania Press, 1993), 40.



questions about doctor-patient relationships, power, and the influence of gendered concepts on scientific methods.

This chapter examines two divergent performances of the invalid body by childless women. It commences with a discussion of the nineteenth-century female invalid that suggests that this figure was a distorted reflection of the ideals of True Womanhood. It argues that the extreme concepts of femininity displayed by the invalid may have functioned as a marker of femininity for a woman without children. The embracing of invalidism by some women is explored through both historical and literary examples of women for whom it was an alternative marker of femininity. Clara Morris (1849-1925) was a renowned actress but also a “confirmed invalid.”<sup>87</sup> Childless, Morris devoted her life to her career but was constantly afflicted by various pains and illnesses. An examination of her records of these periods of ill health offers an example of the lived experiences of a woman, rather than simply the trope of the invalid. The case study of Morris is followed by an analysis of discourses on reproductive health used by nineteenth-century male physicians. These discourses, often in the form of prescriptive literature, demonstrate the paradoxical relationship between concepts of weak invalids and the desired characteristics for motherhood. Finally, this chapter explores how the submissive and obedient identity associated with invalidism was countered by women, such as Virginia Tunstall Clay (1825-1915), through their participation in alternative treatments to mainstream medical practice. Physicians and patients of the Water Cure treatment presented a more autonomous and practical approach to curing illnesses, including infertility and those associated with the female reproductive organs. This section of the chapter will examine the frank and forthright attitude that Clay took towards her treatment at a water cure establishment for the flexion of her womb that most likely prevented her from bearing children. Ultimately, the extreme embodiment of submissive femininity by the invalid was replaced by more apparent acts of agency in which many female patients played an active role in their treatment.

### **The Female Invalid**

Although the gentle and obedient nature of the true woman was not to be so pronounced that it incapacitated her from fulfilling her duties as a nurturer and homemaker, the casual observer

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<sup>87</sup> Don Piatt, quoted in Barbara Wallace Grossman, *A Spectacle of Suffering: Clara Morris on the American Stage* (Carbondale: Southern Illinois University Press, 2009), 157.

in nineteenth-century America did not have to look far to find a languishing female invalid. She appeared in the bedrooms of middle- and upper-class homes, in fictional literature and its illustrations (see fig. 3), in medical texts that defined the female body as susceptible to weakness and illness, and in hydropathic and rest cure resorts established as restorative retreats for ailing patients. While middle-class women were regarded as fragile, it was the invalid that was confined to bed by the physical manifestations of extreme emotional sensitivity. If a woman was unfortunate enough to surpass the ambiguous gendered lines of acceptable “nervousness” and exhibit hysterical behaviour, rendering her too extreme to be regarded any longer as appropriately feminine, one could easily find her placed in an insane asylum. Charlotte Perkins Gilman’s short story, *The Yellow Wallpaper*, published in 1892, critiques the medical attitude and treatment of middle-class women in the late nineteenth century. The first person narrator records her stay in a secluded country house, having been brought there by her husband, who also happens to be a physician. The narrator is simultaneously subject to the control of her husband and medical opinion: “If a physician of high standing, and one’s own husband, assures friends and relatives that there is really nothing the matter with one but temporary nervous depression – a slight hysterical tendency – what is one to do?”<sup>88</sup> The isolation and lack of creative outlets for the narrator leads to her eventual psychosis. The placement in institutions, often by husbands supported by a patriarchal medical system, demonstrates the loss of agency that accompanied the submissive female invalid. As society propagated the healing effect of female morality on an environment increasingly defined by industrialisation and the competitive marketplace, there was evidently a case to be made against being too feminine. Much scholarship has considered the trope of the hysterical woman in the nineteenth-century, which illustrates invalidism in its most extreme form.<sup>89</sup> However, this chapter focuses more on the socially acceptable invalid who was confined to the domestic sphere.

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<sup>88</sup> Charlotte Perkins Gilman, *The Yellow Wallpaper* (1892; Bennison Books, 2014), 10.

<sup>89</sup> For literature on hysteria see: Asti Hustvedt, *Medical Muses: Hysteria in Nineteenth-Century Paris* (London: Bloomsbury, 2011); Andrew Scull, *Hysteria: The Disturbing History* (Oxford: Oxford University Press, 2009); Laura Briggs, “The Race of Hysteria: ‘Overcivilization’ and the ‘Savage’ Woman in Late Nineteenth-Century Obstetrics and Gynecology,” *American Quarterly* 52.2 (2000): 246-273; Mark S. Micale, “On the ‘Disappearance’ of Hysteria: A Study in the Clinical Deconstruction of a Diagnosis,” *Isis* 84.3 (1993): 496-526; Charles Bernheimer and Claire Kahane eds., *In Dora’s Case: Freud – Hysteria – Feminism*, 2<sup>nd</sup> ed. (New York: Columbia University Press, 1990); Carroll Smith-Rosenberg, “The Hysterical Woman: Sex Roles and Role Conflict in 19<sup>th</sup>-Century America,” *Social Research* 39.4 (1972): 652-678; Ilza Veith, *Hysteria: The History of a Disease* (Chicago: University of Chicago Press, 1965).

Aside from procreation, womanhood was understood as finding its expression through the assumed female predisposition toward emotion. While carefully regulated expressions of emotion and sentimentality aided women in their roles of wife, mother and moral influencer, it was here that the threat of unbounded weakness lay. A “nervous” illness that periodically rendered a middle- or upper-class woman confined to bed for a short period demonstrated her delicate femininity to her family and social circle. Angelic Eva, from Harriet Beecher Stowe’s novel, *Uncle Tom’s Cabin*, provides a literary example of the delicate invalid who loves all and is loved by all. As she lies on her death bed, we read: “On the face of the child, however, there was no ghastly imprint, - only a high and almost sublime expression, - the overshadowing presence of spiritual natures, the dawning of immortal life in that childish soul.”<sup>90</sup> Additionally, in Susan Coolidge’s (Sarah Chauncey Woolsey) *What Katy Did*, we see Katy transform through her invalidism from a naughty, impetuous child as she learns the qualities of true womanhood from her bed. Discourses of invalidism in literature portrayed it as a signifier of spiritual purity in selfless, and often self-sacrificing, young women. However, the fine distinction between the correct level of weakness and any resultant illness was a difficult path to negotiate. Women were expected to balance a fashionable inclination toward a nervous, delicate and dependent disposition while simultaneously managing to undergo the trials of reproduction and become the emblems of domestic and moral care givers.

Barbara Ehrenreich and Deidre English have observed that: “A morbid aesthetic developed, in which sickness was seen as a source of female beauty, and, beauty – in the high fashion sense – was in fact a source of sickness... Literature aimed at female readers lingered on the romantic pathos of illness and death.”<sup>91</sup> This sickly female beauty is apparent in the character of Beth March. In Louisa May Alcott’s *Little Women*, Jo observes her sister Beth’s face shortly before her death: “It was no paler and but little thinner than in autumn; yet there was a strange, transparent look about it, as if the mortal was being slowly refined away, and the immortal shining through the frail flesh with an indescribable pathetic beauty.”<sup>92</sup> Beth’s constant ill health and frailty become markers of her extreme femininity that are enhanced through her “housewifely spirit,” her selflessness, and her compassion for all – including her pets and the

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<sup>90</sup> Harriet Beecher Stowe, *Uncle Tom’s Cabin or, Life Among the Lowly*, (1852; London: Penguin Classics, 1986), 426.

<sup>91</sup> Barbara Ehrenreich and Deidre English, *For Her Own Good: Two Centuries of the Experts’ Advice to Women*, Rev. ed. (New York: Anchor Books, 2005), 119.

<sup>92</sup> Louisa May Alcott, *Little Women* (1880; New York: Simon and Schuster, 2009), 458.

dolls her sisters had discarded. Although too young to be considered as an example of the involuntarily childless woman, the link between Beth's extreme femininity and invalidism is consolidated throughout the novel. From her skill with a needle in embroidering slippers for the elderly Mr Laurence, to her unobserved tidying and ordering of others' papers and personal belongings, to nurturing the discarded dolls, she is indeed an angel in the house. Her care for the unwanted dolls mirrors nineteenth-century attitudes towards adoption that increasingly promoted a moralistic drive to save working class children from lives of poverty and the crime believed to accompany this social class, and might equally be seen as the nascent maternity required of true women. As well as being acts of charity, informal and formal adoptions allowed middle-class women to demonstrate their maternal characters and in Alcott's characterisation of Beth the reader witnesses the childhood negotiation of such practices. While Beth will never know the role of mother, her care for the discarded orphan-dolls parallels the role that her training as a "little woman" was hoped to prepare her for.<sup>93</sup>



With her head in Jo's lap, while the winds blew healthfully over her. — PAGE 406.

**Fig. 3. Illustration of Beth with her head in Jo's lap from Louisa May Alcott's novel, *Little Women*.**

<sup>93</sup> The religious, social, and legal practice of adoption forms the focus of chapter 5.

The physical expression of invalidism was often, therefore, a symptom of social constructs of womanhood. Indeed, Diane Price Herndl suggests that invalidism became an inherent comment on gendered status: “Invalidism...referred to a lack of power as well as tendency toward illness.”<sup>94</sup> The frailty of the invalid was a reflection of her standing within society. Physically constrained to the domestic sphere, she became a lesson in patience and forbearance for others, but achieved little herself; in literature the invalid’s most significant achievement is often the graceful acceptance or welcoming of death. An inability to assert power has often been read as a fundamental condition of femininity, especially when this is accompanied by physical weakness. Considering the relationship between the body and the psyche, Carol Warren explains that reproductive organs and their assumed influence on female psychological states have served as the basis for a patriarchal determination of female behaviour: “Psychiatric diagnosis is one of the many ways in which women in Europe and America have, for centuries, been kept ‘in their place’: in the marriage bed, the household, the private sphere, outside the public world of education, work, and politics.”<sup>95</sup> Echoing Charlotte Perkins Gilman’s implication of the role played by male physicians in the diagnosis of invalidism and hysteria, Thomas Addis Emmet, a prominent woman’s surgeon and colleague of J. Marion Sims, also highlighted the constructed link between gender, illness and weakness. Emmet critiqued the social process by which women were taught to be “ladylike” as the root of weakness. Explaining that they were shut away and taught to study the correct behaviours and accomplishments, Emmet likened these women to celery sticks which, when protected from sunlight, became “tender and watery.”<sup>96</sup> Interestingly, this simile is suggestive of the opinion that women were not inherently weak, but were instead made to foster characteristics of weakness rather than physical and intellectual strength. The “watery” result of such cultivation calls to mind the insubstantiality of an “untenanted life” and questions the means by which women might have attained power, self-control and ownership. The representation of middle- and upper-class female character as a fluid state implies that their being was one of continual flow directed by outside channels of control.

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<sup>94</sup> Diane Price Herndl, *Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840-1940* (Chapel Hill: University of North Carolina Press, 1993), 1.

<sup>95</sup> Carol A. B. Warren, “Genital Surgeries and Stimulation in Nineteenth-Century Psychiatry,” *Advances in Gender Research* 8 (2004): p. 165.

<sup>96</sup> Thomas Addis Emmet, *Incidents of My Life* (New York & London: G. P. Putnam’s Sons, 1911), 208.

A paradoxical relation between invalidism and motherhood had developed within the medical and social bounds of femininity that required women to be fragile in body whilst remaining reproductively strong. Ehrenreich and English observe that: “Medicine had insisted that woman was sick *and* that her life centred on the reproductive function. But these are contradictory propositions...Sickness and reproductivity, the twin pillars of nineteenth-century femininity, could not stand together.”<sup>97</sup> In some instances it even appeared that invalidism developed in response to motherhood and economic dependence upon a husband. Referring to the personal experiences of Gilman, Ehrenreich and English note that: “her sickness vanished when she was away from home, her husband, and her child, and returned as soon as she came back to them.”<sup>98</sup> Here, invalidism developed in response to an inability to perform the maternal role due to the constriction Gilman believed it placed on her own gendered identity.

### **Clara Morris: The Public Invalid**

In an obituary for Clara Morris, the *New York Times* professed that: “Clara Morris had been known of later years as ‘the woman of sorrow,’ because of her temporary blindness, illness, and financial reverses in 1907.”<sup>99</sup> Morris had once been celebrated for her stage performances, which often depicted conflicted maternal figures as will be seen in the following chapter, but her life was also that of an invalid plagued by real physical illnesses and a “nervous” disposition. My analysis of her life and career here serves as an illustration of a childless invalid who determinedly pursued the career she loved while finding herself under the control of various men including her husband, Frederick D. Harriot, her managers and her various physicians.

Morris suffered from a spinal injury from a young age. According to one biographer, this injury was inflicted upon her in childhood by a beating that her mother gave her.<sup>100</sup> As an adult, Morris underwent the traditional Chinese medical treatment of moxa in Paris for this spinal

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<sup>97</sup> Ehrenreich and English, *For Her Own Good*, 148.

<sup>98</sup> *Ibid*, 111.

<sup>99</sup> *New York Times* (1925) quoted in Barbara Wallace Grossman, *A Spectacle of Suffering: Clara Morris on the American Stage* (Carbondale: Southern Illinois University Press, 2009), 1.

<sup>100</sup> Grossman, *Spectacle of Suffering*, 28. This theory is proposed by George T. MacAdam, a journalist who conducted research into Morris’ childhood with the intention of writing a biography of her life.

condition. The treatment consisted of the physician placing burning moxa (a type of plant) along the patient's spine with hot metal irons. Morris declined the use of chloroform during the treatment and a friend admiringly reported that not only had the physician been impressed by Morris's bravery, but that she had even "helped replace her clothes after the wounds were dressed, and walked calmly down to the carriage."<sup>101</sup> Morris's account of the experience in one of her autobiographies, *The Life of a Star*, portrays the treatment as a terrible ordeal that left her extremely weak. She informs the reader that her guardian, Colonel Piatt, was so concerned for her that he sought out the assistance of Dr Barker to prevent the Parisian physicians from carrying out any more treatments on her. Dr Barker, an American, is described by Morris as "my champion" and she narrates a humorous account of the ensuing argument between him and the Parisian physicians. After Dr Barker threatened to throw the physicians over the balcony if they lit the furnace used to heat the irons for moxa treatment, Morris recounts:

‘St. Patrick was a gentleman!’ I softly hummed, for, you see, I profited whatever happened. If they failed to light up – I wouldn't be ironed that day. If they did light up – there'd be broken bones down there on the pavement, for Fordyce Barker was big enough to back a threat with action.<sup>102</sup>

Dr Barker emerges victorious and saves Morris from further pain. However, this story does expose the treatment of female by patients by rivalling male physicians; Morris is a physical body to be fought over, lacking any agency herself and dependent on the success of her conquering defender.

Interestingly, Morris attributed her continued success as an actress after her marriage to the sympathy aroused in her fans after hearing of her spinal treatment. While her friends implored her not to marry because they believed it would bring an end to her career, she disregarded their suggestion that her audience would lose interest in her. Acknowledging the large number of sympathy letters she received after her moxa treatment, she explained: "And it was this thrilling contact with the people's heart that gave back to me my queer nervous strength and my joy in work, with a too passionate desire to serve, unstintedly to serve, the public that had

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<sup>101</sup> Clara Morris, *The Life of a Star* (New York: McClure, Phillips and Co., 1906), 61.

<sup>102</sup> *Ibid*, p. 65.

not cast me forth into outer darkness because I had married.”<sup>103</sup> Consequently, Morris conveyed the idea that it was her bravery in the face of invalidism, as well as her talent as an actress that contributed to her popularity in a career believed to be closed to young married women. Not only was it believed that knowledge of an actress’ unavailability as a lover would discourage the attendance of young men to the theatre, but it was also presumably believed that young married women should be occupied by bearing children. Barbara Wallace Grossman acknowledges that: “Morris’s fragile health, obvious to audiences and critics alike, was initially part of her appeal. People admired her determination to perform whatever the physical cost and understood her need to take ‘restoratives’ for sustenance.”<sup>104</sup> The restoratives taken by Morris included morphine injections. In many ways, her “fragility” created her appeal, disguising her self-determined and self-serving decisions under a veil of womanhood.

As well as the severe spinal injury, it also appears that Morris was unable to conceive. This was probably due to a medical condition rather than a choice. Two years after her marriage to Harriot, Morris recorded in her diary: “Went to Dr Thomas - he says I am suffering from flexion of the wombe.” The uterus can move from its most common position, towards either the front of the body (ante) or the rear of the body (retro). When this occurs, the uterus can fold on itself, which is known as flexion. While Morris’s diary does not record if her condition was anteflexion or retroflexion, she was clearly diagnosed with a uterus that had folded on itself. This can cause irregular menses, miscarriage and infertility. The day following her diagnosis she wrote: “Dr Seguin took me to Dr Thomas for him to commence treatment.” Dr Seguin was her regular doctor who, according to her diary, treated her spinal pain and neuralgia. Morris was referred to Dr Thomas by Dr Seguin for this gynaecological treatment. A few days later, she briefly wrote: “Very sick – morphined.”<sup>105</sup> Although she did not record what her precise treatment for the flexion of the womb was, it seems to have had a painful effect that required medicated relief. By this time, Morris was already addicted to morphine due to its prescribed use for her spinal injury. Social historian Martin Booth has noted that: “Morphine injections were used to treat everything from inflammation of the eyes, menstrual pains and rheumatism to *delirium tremens*.”<sup>106</sup> Morris makes many references in her diaries to the administration of

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<sup>103</sup> Ibid, p. 68.

<sup>104</sup> Grossman, *Spectacle of Suffering*, 174.

<sup>105</sup> Clara Morris, Diary entry, 26, 27 June and 1 July 1876, Diaries 1867-1924, Box 1, Vol 8, The Clara Morris Collection, Schlesinger Library, Radcliffe Institute, Harvard University.

<sup>106</sup> Martin Booth, quoted in Grossman, *Spectacle of Suffering*, 165.



morphine to her by physicians and even recorded: “I have three doctors – one for throat Dr. Knight – one for internal trouble & one for theatre for morphine.”<sup>107</sup> Interestingly, infertility can also be a side effect of morphine abuse. The flexion of Morris’s womb, alongside her sustained morphine use were, therefore, the most likely contributors to her childlessness.

Despite Morris’s initial popularity as a suffering invalid, determined to perform for the pleasure of her audience no matter the cost to her health, her public reception took a turn after her increased morphine addiction. In one review of a performance, the *New York Dramatic News* described her as “Saturated with morphia, sick with her morbid baffled hunger for personal display.” The reporter went on to argue that her ill health was used by her husband and her managers as “a source of vulgar advertising, designed to keep her name before the public – during the absence of her suffering body.”<sup>108</sup> Another reporter exclaimed:

She has won renown, the highest society is at her feet, why, therefore, should she drag before us her shattered form, stricken by disease? If she were poor and alone, we could understand her conduct in persisting to act...it seems unmanly, inhuman, to applaud the spectacle of suffering which she intrudes upon the public.<sup>109</sup>

Morris provides an example of the delicate balance required to remain a socially accepted female invalid as opposed to a vulgar and exploited spectacle of illness. While Morris was able to function on the stage and channel her weak and fragile physique into the depiction of her womanly characters, her status as an invalid was not only tolerated, but applauded. Once her physical suffering became more visibly apparent, however, her reception altered; real suffering was to be carried out in the privacy of the home, not on the stage. The fragile female was socially appealing until the resultant, and somewhat less attractive symptoms of illness were made visibly manifest. The agency that Morris was previously able to exert under her persona of the invalid and that contributed to her continued popularity as an actress even after marriage was surrendered more completely to her husband, managers, and physicians as her morphine addiction progressed.

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<sup>107</sup> Clara Morris, Diary entry 8 May 1877, quoted in Grossman, 176.

<sup>108</sup> *New York Dramatic News*, 25 August 1877, quoted in Grossman, 180.

<sup>109</sup> *Spirit of the Times*, 29 September 1877, quoted in Grossman, 181.

Although I have been unable to locate any public discussion or response to Morris's childlessness, it is likely that it was regarded by her audience as another symptom of her invalidism. It may have initially resulted in more sympathy early on in her marriage and perhaps inadvertently secured her popularity during this time. If her friends feared that Morris would lose the interest of her audience at marriage, as she suggested, the absence of children may have enabled them to more easily put the marriage to the back of their minds. She may have been able to play maternal characters on stage, but her ill health was not further tested by the ordeal of pregnancy and childbirth that women who depended on reproduction to achieve true womanhood underwent.

### **Approaches to Women's Reproductive Health by Male Physicians**

Medical discourses on the female reproductive body and health were most visible to the middle-classes in prescriptive literature. Although invalidism could be seen as an extension of true womanhood, physicians and lay authors encouraged women to ensure that their reproductive health remained intact. The governing voice of such works defined the ideals and aspirations for individuals to strive for in their domestic behaviours as well as their psychological health. Although traditional depictions of nineteenth-century life portray a sense of public prudery, much literature was produced on the conduct of sexual relations in marriage, sexuality in childhood, and the anatomy of the male and female sexual organs. Historians Richard and Dorothy Wertz argue that: "Prudery therefore concealed a complex mix of public reticence and private concern, a hesitation about revealing one's self to social judgement, but also a desire for better knowledge and advice about a healthy and morally meaningful physicality."<sup>110</sup> Consequently, Sally Shuttleworth suggests that due to the popular nature of advice literature amongst the white middle-class,

We must discard our customary image of Victorian middle-class women as isolated from physical contact and understanding of their own bodies, and in its place substitute a (perhaps even more disturbing picture) of women anxiously monitoring

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<sup>110</sup> Richard W. Wertz and Dorothy C. Wertz, *Lying-In: A History of Childbirth in America* (New Haven: Yale University Press, 1989), 81.

the slightest aspect of their bodily functions, constantly under threat of medical intervention in the most overtly physical forms.<sup>111</sup>

Prescriptive literature for women was designed to instruct them on methods to increase their reproductive potential through the avoidance of certain behaviours, and the techniques of motherhood once such a status had been achieved. Similarly, the wide distribution of medical advice literature, often aimed at other physicians but also at lay persons, sought to correct and treat conditions and diseases causing sterility that barred women from achieving their essential social role.

Advice literature encouraged women to be constantly aware of their physical state, overturning not only previous notions of prudery, but also ideas of female “disembodiment.” Shuttleworth posits that we should envisage “women anxiously monitoring the slightest aspect of their bodily functions, constantly under threat of medical intervention in the most overtly physical forms.”<sup>112</sup> The onus of responsibility for women’s health and the resultant success of their bodies in fulfilling their social and familial duties fell on them. According to nineteenth-century physician, Frederick Hollick (as well as many of his contemporaries), the uterus was regarded as: “the controlling organ in the female body.”<sup>113</sup> As such, it was the woman’s task to ensure that her behaviour, especially around the age of puberty, would not compromise the development of the uterus. The literary character of Katy Carr in *What Katy Did* provides a warning that growth from childhood into adolescence should avoid any rambunctious activity. It is her disobedience and reckless behaviour that leads her to fall from a broken swing and be confined, as an invalid, to bed. This fearful obsession with the development of the reproductive organs demonstrates a belief in the immense influence that individuals and their social behaviour were thought to have over physical dysfunctions including miscarriage and infertility as well as mental illness.

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<sup>111</sup> Sally Shuttleworth, “Female Circulation: Medical Discourse and Popular Advertising in the Mid-Victorian Era,” in *Body/ Politics: Women and the Discourses of Science*, eds., Mary Jacobus, Evelyn Fox Keller and Sally Shuttleworth (New York: Routledge, 1990), 48.

<sup>112</sup> Ibid.

<sup>113</sup> Frederick Hollick, M.D., *The Origin of Life and the Process of Reproduction* (1878; New York: American News Company, 1902), 683.

With the development of the specialised field of women's surgery and eventually gynaecology in the second half of the nineteenth century, science and medicine were increasingly used to illuminate and justify social conditions and gender roles. The practice of gynaecology and the constant incitement for women to monitor their bodies led to a gradual shift from home remedies and the occasional home visit from a general physician to an emphasis on private practices and the construction of the first women's hospitals. One physician even observed that: "Doctors and patients alike have womb on the brain...At present diseases of the uterus are fashionable disorders... Not to have an ulcer upon the womb is to be beyond the pale of sex."<sup>114</sup> This focus on gynaecology was driven by highly competitive surgeons who emphasised their abilities to cure uterine diseases and claimed to be able to restore the health of women so that they might successfully resume their role as mothers.

The uncomfortable tension between the idealisation of moral and modest women and their physical being is reflected in the records and memoirs of the rising profession of women's surgeons. The second half of the nineteenth century saw the rise of gynaecology as a specialized and distinct branch of medical science. As a result of this new branch, a medicalised discourse concerning women's bodies developed and written into this was an odd blend of fascination with the female body and what can only be described as disgust. J. Marion Sims, often referred to as the "Father of Gynaecology," recalled in his memoir that: "If there was anything I hated, it was investigating the organs of the female pelvis."<sup>115</sup> Despite this, Sims ultimately managed to develop a technique to correct vesico-vaginal fistulas that sometimes occurred as a result of childbirth (one of the most unpleasant afflictions for the suffering mother who was left incontinent).<sup>116</sup> Similarly, historian Graham Barker-Benfield argues that for Augustus Kinsley Gardner, another prominent mid-nineteenth century woman's surgeon: "His gynecological surgery was [his] way of mastering his horror for that which he was compelled to face..."<sup>117</sup> Gardner informed his peers that, in some cases: "duty must overcome delicacy, and a physical examination is imperative, and he who neglects this neglects his duty.... Ignorance is no excuse in the eyes of law, on the part of a physician it is unpardonable."<sup>118</sup> Of

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<sup>114</sup> Samuel D. Gross, quoted in Marsh and Ronner, *Empty Cradle*, 72.

<sup>115</sup> Ann Dally, *Women under the Knife: A History of Surgery* (London: Hutchinson Radius, 1991), 27.

<sup>116</sup> For a discussion on how Sims developed this technique by practicing on slaves and its impact on his career as a woman's surgeon, see Marsh and Ronner, 48-64.

<sup>117</sup> G. J. Barker-Benfield, *The Horrors of the Half-Known Life: Male Attitudes Toward Women and Sexuality in Nineteenth-Century America* (New York: Harper Colophon, 1976), 237.

<sup>118</sup> Augustus Kinsley Gardner, *The Causes and Curative Treatment of Sterility with a Statement of the Physiology of Generation* (New York: De Witt and Davenport, 1856), 81.

course this embarrassing affront to etiquette and female modesty was not only painfully experienced by the physician, but also the patient and many measures were taken to ensure that as much of their virtue should remain intact as possible.

The new practice of physical examinations for women by male physicians even led some husbands to accuse their wives of immodest and immoral conduct. In an outraged letter written by Emma Spaulding Bryant to her husband in 1873 (after nine years of marriage) she reprimanded him for his unjust accusation that the relationship between herself and her physician was anything but professional. Although a record of Bryant's accusation does not remain, it is possible to deduce from Emma's response that he feared the patient-physician relationship had become unprofessionally intimate. She opened the letter without her customary address to "My Darling Husband," instead plunging straight into her reprimand:

In all my life I have never been grossly insulted until now -- and that by my husband. Do not dare to write me again, or expect ever to receive another line from me until you can assure me of your unlimited confidence in me and feel sincerely repentant for the terrible things you have said to me. I have never lived with you on other terms than those of the most perfect love and trust and equality.<sup>119</sup>

Despite demonstrating the possible tensions or conflicts that modern methods of reproductive health may have had on marital relations, Bryant's words were indicative of the concept of marriage based on romantic love discussed in the previous chapter. This extract also underlines the agency that women felt they should be able to exert over their own bodies, especially regarding their reproductive health, within marriage.

Secure in the faith that their work was for moral and societal advancement, the authors of prescriptive texts were routinely unapologetic for the material they discussed. Hanchett stated: "In conclusion, the author has no apology to make for the plain and outspoken manner in which he has treated the delicate subjects considered in the following pages."<sup>120</sup> Dr J. W. Bate

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<sup>119</sup> Emma Spaulding Bryant to her husband, John Emory Bryant, 6 August 1873, John Emory Bryant Papers, Special Collections Library, Duke University, North Carolina.

<sup>120</sup> Henry Hanchett, *Sexual Health: A Companion to 'Modern Domestic Medicine.'* *A Plain and Practical Guide for the People in All Matters Concerning the Organs of Reproduction in Both Sexes and All Ages*, 2<sup>nd</sup> ed. (New York, 1889), 4.

expanded on his refusal to apologise for publishing his marriage guidance book by arguing that: “The importance of the subject on which it treats is recognized by the pulpit and by the press; by the learned and the unlearned; by the medical profession and by their patients.”<sup>121</sup> The control of reproductive diseases and consequently the ability to procreate and bear healthy children was essential to the wellbeing of all. Arguably, such advice most benefited the white middle- and upper-class couples who could afford both the time and the fee of medical treatment in the private practices run by the authors of the medical manuals.

Above all, the authors emphasised, the books were to be useful. They argued that poor physical and mental health (stemming from an unhealthy uterus) was largely caused by ignorance. Considering the severe impact that childlessness had on the status of one’s womanhood, physicians sought to remedy the situation with their knowledge, and often their own brands of medicine. In 1872, Dr Graily Hewitt acknowledged that: “The reproach of childlessness is one which is often a very grievous one to bear, and one which the patient would often give her all to remove. There is then a double inducement to the careful study of the subject – its inherent difficulty and the importance of overcoming that difficulty.”<sup>122</sup> Indeed, while many women died during childbirth, many other women died during attempts to restore fertility. J. Marion Sims, often referred to as the ‘father of gynaecology,’ admitted that: “there is such a thing as failure, and even death, in consequence. Fortunately, these are rare.”<sup>123</sup> Unfortunately, follow up appointments were not common practice and accurate statistics on mortality rates caused by gynaecological intervention are difficult to obtain.<sup>124</sup>

Although medical advice literature served to educate men and women on the functions of their reproductive systems and prevent general ill health, they also performed the role of advertisements for the author’s practice and own brand of medicines. Throughout their texts the authors inserted details of the medicines, available from them, which the patient could purchase to remedy their ailment. In one guide, the author advised that: “The proper use of Derbois’ valuable compound will keep your private parts healthy, firm and vigorous, and you

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<sup>121</sup> Dr. J. W. Bate, *Dr. Bate’s True Marriage Guide: A Treatise for the Married and Marriageable, Both Male and Female* (Chicago, 1889), 6.

<sup>122</sup> Graily Hewitt, *The Pathology, Diagnosis, and Treatment of Diseases of Women, Including the Diagnosis of Pregnancy* (London: Longmans, Green, and Co., 1872), 710.

<sup>123</sup> J. Marion Sims, *Clinical Notes on Uterine Surgery with Special Reference to the Management of the Sterile Condition* (New York: William Wood & Co., 1866), 88.

<sup>124</sup> Marsh and Ronner, *Empty Cradle*, 55.

need fear no injury from too frequent indulgence, *with your own husband*, of the sexual act.”<sup>125</sup> Female patients could also revive their passion “after several years of marriage (when it is generally lacking)” with Bate’s Female Invigorator priced at \$5.00 per pint bottle.<sup>126</sup> John Harvey Kellogg critiqued such literature for their advertisements, claiming that they (unlike his text *Plain Facts about Sexual Life*) contained “misrepresentations” and “falsehoods.”<sup>127</sup> If patients sought cheaper methods of maintaining their reproductive health they were advised to take gentle exercise such as walks in the open air, not eat to excess and to avoid any reading that may over-stimulate the mind.

Physicians tended to focus primarily on the female patient when looking for the cause of infertility. One of the reasons for this was that many of them were still working under the belief that if semen could be released from the male then it was a signifier of fertility. In texts devoted to the study of sterility, men were barely mentioned. In the one paragraph devoted to male sterility in Hewitt’s text, *The Pathology, Diagnosis, and Treatment of Diseases of Women*, he stated: “If the male organs be intact, and questions with reference to power of erection and penetration be answered satisfactorily, the question, What is the cause of sterility? may generally be dismissed as far as the husband is concerned.”<sup>128</sup> In a footnote to this, Hewitt refers to the work of Mr. Curling who contended that: “the man is subject to *sterility* independently of virility” and that the microscope had been used to determine the absence of spermatozoa. However, aside from its inclusion, Hewitt refrained from engaging with this, resulting in a rather confused understanding of male sterility. Gardner, writing in 1856, had also briefly acknowledged that spermatozoa were not necessarily present in semen due to various conditions such as disease or mercurialisation.<sup>129</sup> The reluctance of physicians to develop a theory of male sterility demonstrates not only their limited knowledge of the reproductive system, but their fear of threatening social beliefs concerning masculinity which derived its energy from sperm.

After conducting tests in the 1870s, Emil Noeggerath more explicitly challenged the medical profession’s knowledge and advice about spermatozoa. He argued that a man could be infected

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<sup>125</sup> Dunne and Derbois, *The Young Married Lady’s Private Medical Guide*, 4<sup>th</sup> ed. (1854), p. 85. Emphasis in original.

<sup>126</sup> Bate, *Dr Bate’s True Marriage Guide*, 207.

<sup>127</sup> J. H. Kellogg quoted in Melody and Peterson, *Teaching America about Sex*, 28.

<sup>128</sup> Hewitt, *Pathology, Diagnosis, and Treatment*, 711.

<sup>129</sup> Gardner, *Causes and Curative Treatment*, 12.

with gonorrhoea even if he presented as asymptomatic and therefore, his wife was susceptible to contracting the disease and becoming sterile.<sup>130</sup> In 1876, Noeggerath demonstrated the huge effect that venereal diseases were having on women's health when he controversially informed a room full of outraged physicians that 90 percent of sterile women suffered from gonorrhea contracted from their husbands.<sup>131</sup> Due to the differing nature of relationships between physicians and their male and female patients, it was common for physicians to keep female patients ignorant in cases where their illness could be attributed to a venereal disease contracted from their unfaithful husband.<sup>132</sup> Marsh and Ronner suggest that: "To have accepted Noeggerath's views would have required them to reverse totally the prevailing etiological model that blamed a woman's behavior for her infertility."<sup>133</sup> Naomi Pfeffer posits that it may have been the fear of depleted energy from masturbation that made many physicians reluctant to test semen samples of their patients. Instead, men were medically assessed for sexual function through an analysis of their general physique and their success in labour and industry.<sup>134</sup> Despite the presence of some medical knowledge concerning male sterility, the threat to masculinity that this posed meant that the burden of sterility was predominantly placed on women who continued to be judged by their bodily functions rather than intellectual or creative output. Works that did focus on male sterility in America only began to emerge at the end of the nineteenth-century.

Although physicians did recognise a distinction between cases of natural sterility and acquired sterility for women, they usually referred to the latter in their work. As sterility was most often assumed to be a secondary problem resulting from some other disease, ulceration or injury, acquired sterility tended to be the type they felt had potential to be cured by surgical intervention, thereby offering them a purpose. As gynaecology was a new and developing medical profession, competition between surgeons was immense. By surgically treating the secondary causes of infertility in female patients the physician was able to demonstrate high success rates. However, these successes were essentially based on the assumption that the patient would then be able to conceive. This restoration of motherhood was medically predicted

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<sup>130</sup> Emil Noeggerath, M. D., "Latent Gonorrhoea, Especially with Regard to Its Influence on Fertility in Women," *Transactions I* (1876): 268-300.

<sup>131</sup> Sarah Stage, *Female Complaints: Lydia Pinkham and the Business of Women's Medicine*. New York: W. W. Norton, 1979, 83.

<sup>132</sup> Pfeffer, *Stork and the Syringe*, 37.

<sup>133</sup> Marsh and Ronner, *Empty Cradle*, 89.

<sup>134</sup> Pfeffer, *Stork and the Syringe*, 39. See also Barker-Benfield, "The Spermatic Economy: A Nineteenth-Century View of Sexuality," *Feminist Studies*, 1 (1972).



rather than medically proved. Sims even acknowledged that: “In the course of treating the diseases of women, I, [sic] like others similarly engaged, found many cases of sterility accidentally cured simply by curing some uterine infection.”<sup>135</sup> Although cases of natural sterility did occur, these are rarely explored in such medical texts. The intense competition between physicians and their often obsessive devotion of time to the development of their specialised practice could suggest that women’s surgeons avoided relaying cases in which they could see no visible cause or consequent cure. Patients appearing in the physician case books at the woman’s hospital in New York, where Sims practiced, were often recorded as “cured.” However, in most cases this simply meant that an operation had been performed and that the patient had been discharged. Some patients appear multiple times in the case-books which accordingly note that they had been “cured” multiple times.<sup>136</sup>

### **Female Agency in Infertility**

Emphasising the responsibility that physicians placed on women for their reproductive health, medical advice literature actively encouraged female readers *not* to feel modest at the expense of their reproduction and consequently their womanhood: “Do not say, *I* do not wish to think of such subjects, and sexual organs will take care of themselves, if my thoughts and imagination are pure and virtuous.”<sup>137</sup> Women were encouraged to be active in self-monitoring in the private space of their bedrooms from girlhood. The social responsibility of biological success was made evident by Hanchett who believed that ignorance caused people to indulge in social vices that would result in disease or even sterility. In the Preface to his work *Sexual Health: A Companion to ‘Modern Domestic Medicine,’* he explained that: “Young ladies do not know that by exposing their persons in evening dresses and allowing intimacies and even receiving caresses from young gentlemen, they often awaken passions in the latter which send them to the brothels for gratification.”<sup>138</sup> One could extrapolate from this that if a wife were to contract a venereal disease from her husband the responsibility for this would fall with the female sex for driving him to the brothel. It was women’s responsibility to protect themselves by appropriately managing their influence upon men. However, this would only be possible if the correct education was offered to them. Hanchett placed much of the blame on parents for failing

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<sup>135</sup> Sims, *Clinical Notes*, 1.

<sup>136</sup> Marsh and Ronner, *Empty Cradle*, 63.

<sup>137</sup> Dunne and Derbois, *Private Medical Guide*, 44-45.

<sup>138</sup> Hanchett, *Sexual Health*, 4.

to educate their children but recognised that in order to correct this, parents must be provided with a manual which instructed them not only to educate their children, but *how* to educate them.

Some of the most common causes of injury to the reproductive organs that women were cautioned against were too frequent intercourse, too much exercise (including dancing), and a diet of excess. Dysmenorrhoea, which physicians believed could cause sterility, could be prevented from following this advice: “By all means, avoid small, ill-ventilated sleeping rooms, or several persons in a room...never sleep upon a feather bed; bathe the whole body in cool water daily...”<sup>139</sup> The authors of this advice were evidently appealing to the middle- and upper-class population rather than the working class or poor who often lived in crowded tenements and did not have such luxuries available. What is perhaps one of the most intriguing warnings was offered by Gardner, who noted that alongside the more common factors that caused the contraction of the vagina: “Several are recorded in various medical journals, where the patient was impaled by falling upon the upright handle of a pitchfork”<sup>140</sup> How, or why these accidents came about is left to our imagination.

Conversely, some women were so desirous to fulfil their role as mother that they risked their lives in the attempt to cure their sterility. New medical techniques and instruments as well as physicians’ claims to be able to cure most cases, filled women with hope that their uterine conditions could be treated and that conception could then be achieved. Noeggerath and A. Jacobi recorded one case in which a patient, who suspected her husband of visiting brothels, had contracted a venereal disease. Her treatment was described as follows:

An olive-shaped iron was heated white and brought into contact with the entire surface as far as it was diseased, and even passed into the cavity of the neck for a considerable distance. The pain experienced during the operation was trifling, and the patient rose from the table, where she was placed, and walked to her bed as if nothing had happened.

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<sup>139</sup> Ibid, 52.

<sup>140</sup> Gardner, *Causes and Curative Treatment*, 63.

Ten days later, nitrate of silver was internally applied. Six days after this, the treatment of her disease led to her death.<sup>141</sup> In an account by Dr Oldham, the reader learns of a woman from Jamaica who travelled to London to receive medical assistance for leucorrhoea (vaginal discharge) that was causing her not only pain, but also sterility. After undergoing her initial treatment in London, “She left off treatment for a time, but the strong desire to obtain relief...and her anxiety to become a mother, which she had been led to expect would improve rapidly her own health, inclined her to resume the treatment again.” This treatment comprised of inserting a silver canula into the mouth of the womb which remained in place until “the distress became intolerable, and sickness and shivering coming on, she urgently begged her sister to try to remove it, which she succeeded in doing.” Unfortunately, the patient died and Oldham concluded that: “On examining the body after death, it was clearly proved that her death was solely caused by the treatment she underwent for the removal of sterility...”<sup>142</sup> The ideology of motherhood and the notion that a healthy womb made a healthy woman was so prevalent in the nineteenth century that women died in the pursuit of this.

On the other hand, the role of women in society was shifting due to changes such as education and the increasing visibility and public availability of contraceptive advice and products. This led some medical professionals to claim that women were becoming physically infertile due to their lack of will to become mothers. Horatio Bigelow, a Washington gynaecologist, noted that this “restless activity, a dissatisfaction with her duties and calling, and a want of reverence for her special vocation, go hand in hand with sterility.”<sup>143</sup> The possibility that the psychological and emotional desires (or lack thereof) had a physical effect on the female’s ability to reproduce made logical sense to a profession of physicians who held the uterus to be the central aspect of female physiology. If the womb was linked to the nervous system, then emotions were believed to be connected to the reproductive organs as well. As discreditable as this theory may sound, it was still being employed by psychoanalytically oriented physicians in the 1950s to explain infertility in cases for which they were unable locate a visible source. It stretched so far as to

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<sup>141</sup> E. Noeggerath, M. D. and A. Jacobi, M. D., *Contributions to Midwifery, and Diseases of Women and Children with a Report on the Progress of Obstetrics, Uterine and Infantile Pathology in 1858* (New York: Baillière Brothers, 1859), 30-33.

<sup>142</sup> Dr. Oldham’s account is given in Dunne and Derbois, *Private Medical Guide*, 86-88.

<sup>143</sup> Horatio R. Bigelow, *The Moral Significance of Sterility* (1883), quoted in Margarete J. Sandelowski, “Failures of Volition: Family Agency and Infertility in Historical Perspective,” *Signs* 15.3 (1990): 485.

include even women who appeared eager and desirous of children who allegedly sabotaged themselves “subconsciously.”<sup>144</sup>

Although from the mid-1800s women were experiencing increasing opportunities for education, this pursuit caused much unease and raised strong debate among the medical profession. The female pursuit of education offered men an opportunity to critique women for failing to prioritise their maternal duty. The unease surrounding the topic of higher education for women was given an authoritative voice by male physicians who believed that the female body was only capable of expending its energy towards one purpose at a time. This fixed-energy conception was proposed by Herbert Spencer and popularly adopted by physicians including Edward Clarke. In his 1873 text, *Sex in Education; or, A Fair Chance for the Girls*, Edward Clarke argued that women, especially young girls, should limit the time devoted to education to allow for sufficient reproductive development. Clarke noted that women who ignored this advice: “graduated from school or college excellent scholars, but with undeveloped ovaries. Later they married, and were sterile.”<sup>145</sup> In 1882, The Association of Collegiate Alumnae, founded by Marion Talbot, reacted to these sweeping conclusions by sending a questionnaire to the 1,290 graduates belonging to their Association. They received 705 responses and concluded that female graduates did not seem to differ from the average health of women in general.<sup>146</sup> Nevertheless, women continued to bear the burden for any reproductive diseases they suffered from.

Female physicians (who were evidently unafraid of the reported consequences of a female education) began to look for alternative explanations for childlessness that removed blame from the individual female and located responsibility instead with male physicians, husbands, and social practices. The case of Ida Hunt, a twenty-six-year old patient at the Woman’s Hospital of Brooklyn in 1889 is particularly revealing in this regard. Hunt was diagnosed with a life threatening tumour somewhere in her abdominal area. Ignoring the advice of several male physicians who advised against surgery, Hunt sought out the opinion of female gynaecological

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<sup>144</sup> Elaine Tyler May, “Nonmothers as Bad Mothers: Infertility and the ‘Maternal Instinct,’” in *‘Bad’ Mothers: The Politics of Blame in Twentieth-Century America*, eds., Molly Ladd-Taylor and Lauri Umansky (New York: New York University Press, 1998), 202.

<sup>145</sup> Edward Clarke, M.D., *Sex in Education; or, A Fair Chance for the Girls* (Boston: Houghton and Mifflin, 1873), 39.

<sup>146</sup> Rosalind Rosenberg, *Beyond Separate Spheres: Intellectual Roots of Modern Feminism* (New Haven: Yale University Press, 1982), 20.

surgeon Mary Dixon Jones. Dixon Jones performed an operation upon Hunt but due to complications during surgery she died shortly after returning home. The blame was immediately placed upon Dixon Jones who was indicted for manslaughter. It was not until the trial held a year later, that Dixon Jones was found not guilty. Information was presented which suggested that Hunt's tumour may have been caused by a venereal disease she had contracted from her husband. By this point, however, Dixon Jones's career had already suffered from the bad publicity surrounding this case.<sup>147</sup>

Many feminist scholars have perceived the nineteenth-century medical discourses of physicians and the treatment of their patients as the exertion of patriarchal power over the female body.<sup>148</sup> At the same time, others have observed elements of female agency (often through actions of rebellion) in both the relationship between women and their bodies and with their physicians. Such critics acknowledge that many women utilised the variety of physicians and treatments available by seeking out those they specifically desired which demonstrated their ability to participate in active decision-making concerning the treatment of their bodies. It has been argued of the hysterical woman in particular, that this figure represents a female assertion of power within cultural confines by pushing ideals of femininity and dependence to their extreme. In her work on female nineteenth-century invalidism, Diane Price Herndl recognises that: "women's illness has been seen largely as a result of the oppressive use of male power, as the resistance to oppressive power, or as the means to a kind of power of its own (artistic, political, or 'sentimental'). These three views of illness sometimes overlap and are sometimes mutually exclusive."<sup>149</sup> However, even an argument such as this polarises the experiences of victimisation and agency. Referring to more recent scholarship on nineteenth-century gendered experiences, Alison Piepmeier usefully asserts that: "victimization and agency can be seen not as mutually exclusive but as interpenetrating."<sup>150</sup> The effect of one on the other is constant rather than isolated because agency does not occur in an environment that is ever free from oppression – the two experiences are relative to each other rather than distinct in practice. By allowing for multiple responses to medical discourses and experiences of

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<sup>147</sup> Regina Morantz-Sanchez, "Negotiating Power at the Bedside: Historical Perspectives on Nineteenth-Century Patients and their Gynecologists," *Feminist Studies* 26.2 (2000): 287-288.

<sup>148</sup> See, Martha H. Verbrugge, "Women and Medicine in Nineteenth-Century America," *Signs* 1.4 (1976): 957-972.

<sup>149</sup> Diane Price Herndl, *Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840-1940* (Chapel Hill: University of North Carolina Press, 1993), 5.

<sup>150</sup> Alison Piepmeier, *Out in Public: Configurations of Women's Bodies in Nineteenth-Century America* (Chapel Hill: University of North Carolina Press, 2004), 9.

embodiment, scholars can avoid depicting female actions as homogenous and allow for multifaceted understandings of subjective experience. Virginia Tunstall Clay is an example of one such woman whose enthusiastic adoption of hydropathy provided her with the opportunity to become an active agent in her own treatment.

### **The Water Cure and Virginia Tunstall Clay**

Although most middle- and upper-class patients increasingly sought attention for many ailments including gynaecological conditions from the rapidly expanding medical profession during the nineteenth century, health reform movements opened alternative avenues of treatment throughout this period that sometimes competed with, or complemented more conventional approaches. Populations throughout European history had bathed in spas to receive the health benefits they associated with certain sources of water. However, in the 1840s a more formalised water cure system, also known as hydrotherapy, reached America.<sup>151</sup> This health care movement became widely publicised by both its proponents and sceptics and reached the height of its popularity in the 1850s. Many journals were published on this treatment and its multiplicity of uses, the most successful being *The Water-Cure Journal* created in 1844 and published until 1913. In the 1850s its subscription reached 100,000 but the popularity of the treatment had greatly declined by the end of the century.<sup>152</sup>

The water cure movement in America during the second half of the nineteenth century emphasised the assistance of water in correcting and maintaining natural bodily functions. The therapeutic and curative powers of water were presented as an alternative to the invasive and often experimental practices of the medical profession. At the hydropathic resorts, water was used to treat patients in a variety of ways. As well as drinking only cold water, patients were wrapped in cold wet sheets and wore water girdles made from towelling that was soaked every few hours. The main feature of treatment though was frequent bathing:

Baths of every kind abounded, foot, head, finger, elbow, and arm, but the most popular was the sitz bath, which employed water just deep enough to cover the

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<sup>151</sup> Marshall Scott Legan, "Hydropathy in America: A Nineteenth Century Panacea," *Bulletin of the History of Medicine* 45.3 (1971): 269. The modern water cure treatment was designed by Vincenz Priessnitz in 1829.

<sup>152</sup> Susan E. Cayleff, *Wash and Be Healed* (Philadelphia: Temple University Press, 1987), 3.

abdomen. . . With his head, arms, trunk, and legs at strange angles, the patient stayed in the sitz from twenty to thirty minutes, or as long as his acrobatic talents permitted.<sup>153</sup>

Practitioners of the water cure saw water as one component of a healthy lifestyle that they believed would be enhanced by exercise such as walking, a vegetarian diet and non-constrictive clothing. The editor of *The Water-Cure Journal* wrote: “From either water or diet, or from both combined, married persons need look for no permanent or lasting benefit, until there is observed *the strictest temperance in all things*.”<sup>154</sup> The water cure therefore demonstrated a holistic approach to the body and health that relied on a balance of practices. This emphasis on the patient’s overall lifestyle allowed them a degree of self-reliance and control over the success of their treatment that the surgical practices of physicians and the administering of drugs did not encompass.

While men partook in the water cure treatment, the autonomy that accompanied it was particularly significant for female patients. Susan Cayleff notes that: “Hydropaths rejected dramatic therapeutics in managing women’s diseases. They also challenged the allopathic view of women’s physiology, redefining these processes as natural, not medical, and thus deemphasized doctors and drugs.”<sup>155</sup> One of the main practitioners of the water cure in America was in fact a woman, Mary Gove Nichols. Having suffered an abusive marriage in which she had four miscarriages and stillbirths, Mary left her husband. As a result of her own poor health and sexual abuse, Mary became involved in health reform and educated women on their bodies through her lectures and writings. Placing importance on hygiene and exercise, she opened a water cure clinic in New York. After marrying her second husband, Thomas Low Nichols, who shared her health reform views and was also an advocate for women’s rights, the couple opened several more water cure clinics and schools for children.<sup>156</sup> By educating herself on anatomy and hygiene, and working with children and women, Mary was able to become financially independent.

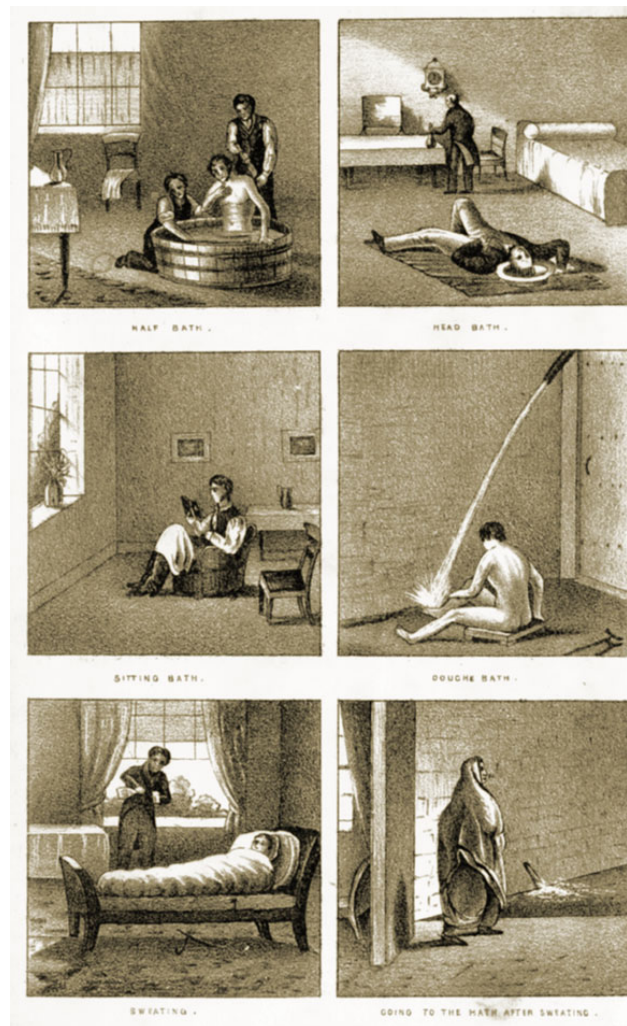
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<sup>153</sup> Legan, “Hydrophathy in America,” 275.

<sup>154</sup> Joel Shew, “Water in Barrenness,” *The Water-Cure Journal* 4.2 (1847): 242. Italics in original.

<sup>155</sup> Cayleff, *Wash and Be Healed*, 2.

<sup>156</sup> For more on Mary Gove Nichols see, Jean L. Silver-Isenstadt, *Shameless: The Visionary Life of Mary Gove Nichols* (Baltimore: Johns Hopkins University Press, 2002), and Mary Sargeant Gove Nichols, *Mary Lyndon; or, Revelations of a Life: An Autobiography* (New York: Stringer and Townsend, 1855).



**Fig. 4. Examples of various water cure treatments, from top left: half bath, head bath, sitting bath, douche bath, sweating, and going to the bath after sweating. Illustration used as frontispiece in Joel Shew's book, *Hydropathy; or the Water Cure: Its Principles, Modes of Treatment*, 1844.**

Although there was often a physician present to conduct diagnoses and treatment plans, hydropathic resorts allowed women to administer some of their treatments themselves; baths were present in each bedroom and leisurely walks with friends could be taken around the grounds. As houses began to be built with indoor plumbing, some could afford to install baths in their own homes rendering the presence of the physician moot. The water cure treatment was also significant in challenging medical perceptions of childbirth that had moved labour into women's hospital wards and the hands of physicians. Cayleff states: "Complaints during pregnancy, which allopaths treated with bleeding, cathartics, blister wraps, and mercury, met



with wet sheets, packs, plunges, and sitz baths under hydropathic care.”<sup>157</sup> This de-medicalisation of pregnancy and labour may have reduced some of the fear and additional pain potentially caused to the female patient in a medical setting. It also restored the ownership of the body to the individual woman by physically relocating labour outside of medical procedures.

The water cure was believed to help restore female health and in some cases, promote fertility. In a short article entitled “Water in Barrenness,” hydropathic physician and editor of *The Water-Cure Journal*, Joel Shew stated: “I have known and heard of a number of cases, in which, by a prudent course of bathing, exercise, &co., the use of a plain and unstimulating diet, and the observing of proper temperance in the marital privileges, persons have borne children when most earnestly, and by a great variety of means, that object had been sought in vain.”<sup>158</sup> He provided two accounts of women who were able to bear children after “a course of bathing, with attention to general health.” One of these women had been childless for fifteen years before her husband built her a house with a bath and she was able to conceive.<sup>159</sup> With an emphasis on the effectiveness of water when combined with healthy behaviours and sexual moral conduct, Shew’s article also highlighted that some childless couples were willing to attempt a variety of remedies or treatments in the hope of conceiving.

Much of the secondary literature written on infertility in the nineteenth century focuses on the role of medical professionals, especially those at the forefront of gynaecology. However, it is evident that while the medical profession may have become the mainstream health practice, patients (including those seeking treatment for fertility) were willing to look outside of this field for assistance. Health and reform movements, often grounded on moral or religious beliefs, persisted throughout the century including the Popular Health Movement that encouraged people to question the authority of medical practitioners, and the Temperance Movement that called for abstinence of alcohol. Like these, the water cure treatment acknowledged the impact that various lifestyle behaviours had on the body and that medical treatment alone would not sustain health.

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<sup>157</sup> Cayleff, *Wash and Be Healed*, 60.

<sup>158</sup> Shew, “Water in Barrenness,” 241.

<sup>159</sup> *Ibid*, 242.

Despite its alternative status to popular medicine, the water cure treatment attracted well-known figures. Those with the money and leisure time available to them were able to spend long periods of time at hydropathic resorts. These resorts were largely located in the north-east in states such as New York, New Jersey, Massachusetts and Pennsylvania.<sup>160</sup> However, the treatment was sought by more than those in the north. Virginia Tunstall Clay, who grew up in North Carolina, Alabama and Tennessee, became the wife of Clement Claiborne Clay in 1843. Ten years later, Clay became a Senator and the couple moved to Washington D.C. where Virginia became a prominent social figure. The year before they moved to Washington D.C., Virginia wrote to her husband from the Orange Mountain Water Cure resort in New Jersey. While there she found herself under the treatment of Dr Weder, a German who she described as: “an extraordinary looking man, and considered extremely eminent and successful.”<sup>161</sup> She informed her husband:

I gave a plain statement of my case to Dr. Weder. He says my womb is displaced, by some means, not so as to amount to falling, but that it inclines to dragging on the left side, and that he can cure me he thinks. He tells me it may require five or six months! What do you think of that? I cannot stay so long without you.

Virginia went on to write:

My treatment at present is a half bath at six in the morning; food at eleven, sitz at four, and two injections daily with the curved tube vagina syringe, which Mrs. Nichols suggested, and Dr. W. seconded. We have not more than twenty patients at present, but the institution will accommodate one hundred easily. There are a number of horses and carriages for the convenience of the patients, but we walk. There is a splendid bathing pool for the ladies, covered with an awning, and I mean to learn to swim if possible.<sup>162</sup>

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<sup>160</sup> Cayleff, *Wash and Be Healed*, 3.

<sup>161</sup> Virginia Tunstall Clay to her husband, Clement. C. Clay, 10 June 1852, Box 2, Folder: Letters 1851-1852, The C. C. Clay Papers, 1811-1925, David M. Rubenstein Rare Book and Manuscript Library, Duke University, North Carolina.

<sup>162</sup> *Ibid.* Emphasis in original.

It is interesting to observe that the treatment in June 1852 was for a “displaced womb.” This may have been the reason that she had not borne any children to this date. Virginia went on to give birth to a stillborn child in January 1854 so it is possible that she was seeking this treatment with the hope of being able to conceive. As evidenced above, she provided a very frank description of her treatment to her husband, Clement. The inclusion of the “curved tube vagina syringe” suggests that Virginia was very open with her husband about her reproductive health. It is very likely that the Mrs. Nichols she referred to was Mary Gove Nichols. Virginia had previously also spent time at Dr Wesselhoeft’s Hydropathic Institute in Brattleboro, Vermont. Both of these facts indicate that Virginia had sought advice and treatment from various sources within the water cure movement. Her repeated use of this treatment suggests that she believed in the health benefits that it purported.

Although Virginia Tunstall Clay adopted an active approach to her health, it is evident that to be a middle-class woman during the nineteenth century was considered, in some way, to be an invalid. Such a perception was reinforced through the medical establishment by discourses of women’s reproductive bodies. On 17<sup>th</sup> March, 1881, Clara Morris wrote in her diary: “Thank God I live! Yet I have had heavy days and nights disappointments and sicknesses.”<sup>163</sup> The sentimentalised images of the fictional invalid woman found in nineteenth-century novels were far from the reality of the subjective experience of invalidism. While Beth March, Eva St. Clare, and Katy Carr were surrounded by their adoring family as they lay in bed, Clara Morris had only the hope that her audience would remain loyal as she took the morphine required to step up on stage. The femininity promised by the trope of the invalid was not a femininity easy to bear and the dangers of slipping into a diagnosis of hysteria brought serious consequences for the patient. Some women, such as Mary Gove Nichols and Virginia Tunstall Clay sought alternative health treatments that allowed them a sense of control over their wellbeing and distanced them from the authoritative and competing ambitions of physicians. As Morris’s socially appropriate display of womanhood was questioned alongside the decline of her health, the success of her maternal characters on stage offered her another avenue to womanhood that was barred by her own childlessness off the stage. The idealism of the invalid that portrayed a serene and patient woman was, in reality, often accompanied by very real pain. Morris drew on both her physical and psychological suffering and experiences to create women on stage

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<sup>163</sup> Clara Morris, Diary entry, 17 March 1881, The Clara Morris Collection.

that would move an audience to tears – an aspect of her performances that is discussed in more depth in the chapter that follows.

### Chapter 3

#### “Artful misrepresentations”:<sup>164</sup>

#### The Performance of Maternity by Childless Women

This thesis has so far demonstrated that motherhood was an integral component of female identity within nineteenth-century American culture. Some middle-class women who found themselves involuntarily childless even participated in promoting ideals of maternity through the popular literature that they produced. Others found alternative means to portray their womanhood through periods of invalidism that displayed the exaggerated feminine characteristics of frailty and dependence. Still others approached their reproductive health from a more active standpoint, seeking treatments, whether surgical or alternative, in the hope of restoring fertility. Having discussed both male and female agency over women’s bodies, this chapter moves on to consider the childless body’s role in visibly performing or displaying maternity and even pregnancy. Femininity, epitomised by motherhood, was actively performed in various ways by some childless women not only – as one might expect – at home, but also on the theatrical stage. The physical body was, and still is, a critical site for feminine expression. The body’s movements, exhibition of emotion, and its shape were manipulated by some women as presentations of femininity that reinforced ideals of womanhood with the maternal.

The first half of this chapter approaches the concept of performance in a very literal way, analysing Clara Morris’s theatrical portrayals of mother figures on the stage. It contends that the force behind her public success was the inspiration that she may have drawn upon from her own relationship with her mother and concepts of maternity. Despite having no children of her own, Morris authored literature for children and spoke of her bonds with the babies of friends in her autobiographies and diaries. This literature also served to depict her in the light of true womanhood as it emphasised her maternal traits even in the absence of her own children. Arguably, her real life experiences and interactions with her own maternal figure and the children she was acquainted with shaped her interpretation of the emotive characters of mothers that she performed for the public.

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<sup>164</sup> J. Marion Sims, *Clinical Notes on Uterine Surgery with special reference to the Management of the Sterile Condition* (New York: William Wood, 1866), 34.

The second half of the chapter explores the paradox of actually seeing the maternal body on the non-fecund body, as in the case of pseudocyesis, or false pregnancy. This section thus focuses initially on instances in which female bodies underwent dramatic physical changes that made manifest a deep psychological desire for motherhood. This desire presented itself through the false appearance of pregnancy. These cases demonstrate that even in the absence of bearing children, motherhood could still be performed psychosomatically. As with the nineteenth-century invalid, the mental and emotional state of the patient exhibiting pseudocyesis raised contradictions in concepts of the reproductive body and ideal womanhood. While some physicians regarded it as a physical demonstration of the feminine character of the patient who longed for motherhood, others believed it to be an act of deceit or hysteria. The case studies of pseudocycetic patients translate female self-embodiment into first a performance of visible behaviours and then into a male discourse of imposed rationality.

By considering the occurrence of pseudocyesis and the career and character of Clara Morris, we can observe the complex relationship between the nineteenth-century societal demands placed upon the female body and certain women's conscious and unconscious responses to this. The various expressions of maternity in the childless body achieved through acting and through psychosomatic illness allowed for a spectrum of self-ownership and control. In both instances, it is evident that female bodily performance, whether unconscious or scripted, was able to create a maternal persona that was projected outwards and consumed by an audience – be it a physician, a husband, the paying public, or even the self.

### **Clara Morris's Theatrical Performances of Maternity**

To an actress, representation is key. She must represent characters on stage – not only the character she is cast as in the play, but also her public character as a celebrity. To re-present is to offer a performance of a pre-established concept or persona. These are imbued with preconceived expectations by the audience and therefore create the possibility of a comparison between the imagined and the real as it is presented to them. Just as the individual body undergoing pseudocyesis represents the pregnant body that it is not, the actress represents a site of fiction that encourages belief in another possibility. The patient and the actress raise questions about the objectivity of observation and the act of seeing the female body by inviting an interpretation. Interpretation is in turn influenced by social constructs to which the observer

has been culturally conditioned. Theatre historian Faye Dudden notes that: “the problem with the theatre for [nineteenth-century] women is that their very presence makes their bodies available to men’s eyes – ‘the eyes of the world’ – eyes prepared to read them as a sexual object.”<sup>165</sup> Consequently, representation itself is not singularly dependent upon the skills of the actress, but also on its interpretation by an audience. Here we may be tempted to refer to the actress as object, or even victim, but this designation of an essential identity would oversimplify our reading of gendered experiences on stage and equate the sensational purely with the sexual.

Clara Morris was a childless nineteenth-century actress who was well known for her performance of conflicted maternal roles. Many of the theatre productions she acted in were melodramas. Rosemarie Bank states that in the traditional interpretation of a melodrama, “the heroine is most frequently pictured wringing her hands in helpless frustration and anxiety, throwing herself desperately and impotently at the feet of a cold and indifferent villain.” She goes on to note that this image continued to define melodrama because it is “striking.”<sup>166</sup> Morris’s performances were nothing if not striking. Writing the introductory note for the English publication of Clara’s autobiography, *Life on the Stage*, Mary Anderson De Navarro proclaimed: “she was the greatest emotional actress I ever saw.”<sup>167</sup> Such roles often relied on transforming tropes of nineteenth-century domestic sentimentalism and “feminine” emotions into sensational public performances that were commonly conflated with the exhibition of hysteria. On the other side of this coin, hysterical patients were referred to by observers such as Jules Falret, a psychiatrist at the Salpêtrière in Paris, as “veritable actresses” and confined to asylums.<sup>168</sup> Despite, or indeed because of this excess, the public audience longed to see the amplification of emotion on the American stage. Barbara Wallace Grossman, Morris’s biographer, notes that the dramatic “school of emotion” was exclusively female and that terms such as emotional and hysterical were not applied to male actors, regardless of the character of

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<sup>165</sup> Faye E. Dudden, *Women in the American Theatre: Actresses and Audiences 1790-1870* (New Haven: Yale University Press, 1994), 23.

<sup>166</sup> Rosemarie K. Bank, “The Second Face of the Idol: Women in Melodrama,” in Rev. Ed., *Women in American Theatre*, eds., Helen Krich Chinoy and Linda Walsh Jenkins (New York: Theatre Communications Group, 1987), 241.

<sup>167</sup> Mary Anderson De Navarro, “Introductory Note,” in *Life on the Stage: My Personal Experiences and Recollections*, Clara Morris, (London: Isbister, 1902).

<sup>168</sup> Jules Falret, quoted in Ilza Veith, 2<sup>nd</sup> ed., *Hysteria: The History of a Disease* (Chicago: University of Chicago Press, 1970), 211.

their roles.<sup>169</sup> The exhibition of emotion was ascribed to the female body whose socially prescribed nature was one of sentiment. The performance of the female character on the stage served merely to magnify these sensibilities and offer a publicly condoned environment for their expression.

Critics have proposed that it was the guise of the sentimental emotion that allowed actresses like Morris to present their bodies on stage in such a sensational manner. Writing on Anna Cora Ogden Mowatt, another childless emotions actress of the era, academic Alison Piepmeier argues that Mowatt's autobiography "presents sensational bodies, especially her own, loosely clothed in the sentimental."<sup>170</sup> Piepmeier equates sentimentalism with a lack of female autonomy, portraying the sentimental body as static and relegated to the domestic, whereas she associates the sensational body with mobility.<sup>171</sup> Thus, the exhibition of sensational movements and expressions by the actress was permitted on stage because the driving force behind such expressions was true womanhood. Piepmeier's reference to Mowatt's autobiography also reminds us that the actresses' performance was not confined merely to the stage but also extended into their self-representation within these texts. According to Grossman, Morris's three autobiographies were "highly fictionalized."<sup>172</sup> While her stage performances centred on highly emotive portrayals of women who had fallen from the grace of family and society, Morris took pains to represent a respectable persona in her autobiographical narratives to counteract this. However, Morris's childhood did not conform to the domestic ideal of the era and her adult life was riddled with illness and fraught personal and professional relationships. Perhaps what made her a successful emotions actress on stage was the insight she gained through her own experiences as a "confirmed invalid," her childless status, and her intensely close relationship with her own mother.

The relationship between Morris's on-stage-performances and her private life serve to reinforce the argument that the sentimental and the sensational were not necessarily two distinct entities. Piepmeier calls on us to articulate and explore "the modalities of embodiment that make use of both public and private, that are neither fully victim nor agent, that – rather

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<sup>169</sup> Barbara Wallace Grossman, *A Spectacle of Suffering: Clara Morris on the American Stage* (Carbondale: Southern Illinois University Press, 2009), 91.

<sup>170</sup> Alison Piepmeier, *Out in Public: Configurations of Women's Bodies in Nineteenth-Century America* (Chapel Hill: University of North Carolina Press, 2004), 23.

<sup>171</sup> *Ibid*, 30.

<sup>172</sup> Grossman, *Spectacle of Suffering*, 6.



than being either appropriate or deviant – are multiple, transitional, strategic, playful, contested.”<sup>173</sup> Analysing Morris’s embodiment of the sentimental and sensational in her private life and on stage allows us to observe how the two influenced each other and blurred the boundaries between her own identity and those of her characters. It is possible that Morris’s relationship with her mother was influential in her interpretation of the maternal roles she performed in the theatre. Indeed, Grossman states that: “The lives of mother and daughter were so intertwined that it is impossible to understand Morris without considering her mother’s experience.”<sup>174</sup> In many ways, the identity of mother is one adopted and enacted by a woman, especially in the presence of her child. Morris’s mother, Sarah Jane Morrison, provided a role model of maternity that was not bound to the quiet domestic ideals of Republican Motherhood, but was one of often brutal emotional and physical survival. The hardship that defined Morris’s childhood and her relationship with her mother was apparent from her birth.

Although vague in its personal family details, Morris offered an intriguing glimpse into the domestic situation in which she was born. Setting the story of her birth against the backdrop of a violent St. Patrick’s Day riot in Toronto, she wrote:

I don’t know, of course, whether I was really intended from the first for that house, or whether the stork became so frightened at the row in the street that he dropped me from sheer inability to carry me any farther – anyway, I came to a house where trouble and poverty had preceded me, and worse than both these put together – treachery.<sup>175</sup>

From the outset we are made to feel as though Morris does not truly belong to a family home – her presence there is merely accidental, or a slip of fate. There was even some question over her given family name as ultimately she chose her own surname. In a 1903 volume of her diary, Morris wrote: “Another reminder from England of pedigree hunters – funny in my case – whose pedigree should they search for – Morris, Morrison, Lamontagne, Proctor? I am my family.”<sup>176</sup> Her mother had taken on her own mother’s maiden name, Morrison, in an attempt to conceal

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<sup>173</sup> Piepmeier, *Out in Public*, 2.

<sup>174</sup> Grossman, *Spectacle of Suffering*, 21.

<sup>175</sup> Morris, *Life on the Stage*, 2.

<sup>176</sup> Clara Morris, Diary entry, 9 May 1903, quoted in Grossman, *Spectacle of Suffering*, 19. Emphasis in original.

her married identity. Morris evidently shortened this and kept the name after her marriage presumably for the sake of her career in the theatre where she was already known by such. In some ways this ensured that Morris's identity was not bound to her role as wife or mother (as she had no children), but primarily to her identity as an actress that she had worked hard to forge. Morris's lack of present and identifiable family members strengthened her relationship with her mother, but also allowed her to define herself through her career rather than her "pedigree."

Sarah Jane Morrison's own childhood and marriage undoubtedly shaped her treatment of Clara. Sarah Jane had moved with her Mormon family to Toronto, Canada, as a child in the 1820s. Her father died when she was four years of age and her grandparents, with whom she was living, sent her out of their home. Sarah Jane was essentially abandoned, while her other siblings remained with her grandparents or went with their mother to her place of work. She therefore lacked a maternal role model of her own. As an abandoned child, her youth was undoubtedly a difficult period of her life and defined by finding work in order to survive. The clues to her mother's character that Morris offers in her semi-autobiographical fictional writings and diaries depict her as strong and independent – traits she must have acquired at a young age. Sarah Jane married Charles Lamontagne and gave birth to her daughter, Clara, only to discover that Lamontagne was already married. Although Morris implies in her autobiography that her mother left Charles and fled to America with her, it appears that Charles was occasionally reunited with them. Journalist George T. MacAdam carried out research into Morris's family history and suggested that Charles may have initially fled to America with Sarah Jane in an attempt to escape his first wife.<sup>177</sup> Whether Charles left Canada with his wife and daughter or subsequently located them, Morris did not form a positive or lasting relationship with him. In her recollections of childhood she wrote: "Meantime my 'fear' had assumed the shape and substance of a man, a man who bore a name that should have been loved and honored above all others, for this 'bogey' of my baby days – this nightmare and dread – was my own father."<sup>178</sup> The fear of her father and a childhood spent moving from one city to the next meant that she relied solely on her mother.

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<sup>177</sup> Grossman, *Spectacle of Suffering*, 27.

<sup>178</sup> Morris, *Life on the Stage*, 5.

As well as acting, Morris wrote children's stories that were in many ways autobiographical. In her story *Left in Charge*, she described “two no-account strangers” – a tired and dirty mother and child waiting by the side of the road for the next leg of their journey to find work:

The woman was about twenty-eight years old and distinctly good-looking, in spite of roughened hair, circled eyes and a great and evident anxiety. The age of the child was not quite eight – as measured by years of actual time lived, but if measured by experience, by trouble and by knowledge, she was an ancient little crone. Not pretty, like her mother, just a fair, blue-eyed, brown-haired, very sensitive child – who had already learned the two great lessons, obedience and silence.<sup>179</sup>

This passage seems to mirror the life that Morris led with her mother during the first decade of her life. Hardship in childhood is a common theme throughout her short stories, as is a strict and often violent mother. The character of the mother, Selina, in *Left in Charge*, provides an explanation for why she is so severe with her child, exclaiming:

Why? because she has to live in other people's houses – because I have to work for my living, and a strange child, always unwelcome, may only be tolerated in the house as a very paragon of silent obedience! That's why the rod is always so close to my hand! It's not exactly a joyous life that is led by the mother of an unwelcome child.<sup>180</sup>

It is not unlikely that Morris may have heard similar words spoken by her own mother as they boarded in houses where Sarah Jane could find work. Despite Morris's “unwelcome” presence in childhood, she was able to remain with her mother. Sarah Jane had two more children in the early 1850s, Eliza and Charles. Unable to provide for these children as well as Clara, Sarah Jane gave Eliza to her employers, Henry and Henrietta Burt, to adopt. Giving birth to her son in the home of her employers, the Bosworths, Sarah Jane allowed this couple to adopt him. While this thesis focuses on childless middle-class women who likely desired children, it is evident that for some working-class women, having multiple children was a potential hindrance to their work and consequently their ability to financially provide for themselves. Although not

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<sup>179</sup> Clara Morris, *Left in Charge* (New York: G. W. Dillingham, 1904), 9.

<sup>180</sup> *Ibid*, 113.

referred to in her autobiography, witnessing the adoption of her siblings must have had an emotional impact on Morris, affecting how she viewed maternity and the family. As the only child permitted to stay with her mother, Morris formed a deep attachment to her, writing that within the first few years of her life: “I knew that love for my mother which was to become the passion of my life.”<sup>181</sup> In many ways, she did devote her life to her mother, supporting her financially throughout her career as an actress and allowing Sarah Jane to live with her, even after marriage.



**Fig. 5. Clara Morris, photograph by George G. Rockwood, 1870s.**

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<sup>181</sup> Morris, *Life on the Stage*, 3.

As a child raised by a strict single mother, who witnessed to the loss of siblings through adoption, and who was, moreover, unable to bear her own child, Morris undoubtedly drew on her own past when performing certain female characters. In the 1876 rendition of *Miss Multon*, she played a mother who abandoned her children only to later repent, returning to them under the guise of a governess and to die in their arms. After performing the scene in which Miss Multon throws herself at her husband's feet, pleading "Maurice, for God's sake, let me see my children," her co-star "declared that he could not speak for a full minute. He looked at her, and the tears were streaming down her face. Yet in that moment of supreme agony he heard her whisper, 'I say, what ails you up there? Are you dumb?'"<sup>182</sup> In *The Mendicant*, Morris played another mother who became blind just before a reunion with her long lost child. Grossman notes that: "The *Daily Enquirer* found her portrayal of the mother's agony 'too real to be pleasant' but acknowledged it was deeply moving."<sup>183</sup> Morris's own experience of repentant mothers and abandoned children fuelled her "real" and "deeply moving" performance of these fictional women.

The stage provided a public environment for the sensational expression of emotion and turmoil that underpinned a more private life of loss, absence, and illness. One professional acquaintance wrote:

She was like a woman with a deep corroding sorrow that is continually hidden by badinage, and that only comes to the surface in intense moments of simulation... To those of us who tried to look into her heart, she drew down the blinds of her Bohemianism and defied us with murmurs frivol... I could see that this woman protected herself from her own emotions by 'guying' them. She held her phantom consciousness in check till she got before an audience.<sup>184</sup>

Nevertheless, Morris appears to have been able to control her spectacle of sensational emotion on stage as well. She confessed that: "I must cry in my emotional rôles, and feel enough to cry, but I must not allow myself to become so affected as to mumble my words, to redden my nose,

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<sup>182</sup> Lewis Clinton Strang, *Players and Plays of the Last Quarter Century* (Boston: L. C. Page, 1903), 237.

<sup>183</sup> Grossman, *Spectacle of Suffering*, 67.

<sup>184</sup> Strang, *Players and Plays*, 238.

or to become hysterical.”<sup>185</sup> This is evidence that Morris was conscious of the precarious situation that emotions acting could place her in as a woman; despite the audience’s desire for an act of emotion, there still remained a level of appropriateness that she must meet. Morris forged empathetic relations with the characters she portrayed, but the audience was inclined toward empathy as well: “Tears would flow when Morris appeared on stage, and the catharsis she enabled people to experience was one of the principal reasons to see her.”<sup>186</sup> The transformation of the sensational into the sentimental on stage allowed the audience to interactively embody this shift of emotional and physiological states too. Although the public likely knew very little about her real life, other than that gleaned in her self-censored autobiographies, a performance that appeared to expose the emotions to such a sensational degree enabled the audience to believe they were witnessing a form of truth rather than an act. However, Morris’s portrayals of bereft mothers on stage was only one way that she was compelled to confront her own childlessness and emotional state.

Despite having no children of her own, Morris did seem to enjoy the company of children. In her autobiography *Life on the Stage* she gives a humorous and somewhat boastful account of her fondness for one of her friend’s babies. The chapter in which she addresses her role in relation to the baby is titled: “Through Devotion to my Friend, I Jeopardize my Reputation – I Own a Baby on Shares – Miss Western’s Pathetic Speech.” Morris commences her narrative with a description of her close friendship with a lady called Mrs. Mollie Ogden and their mutual love of reading. When Mrs. Ogden informed her that she was expecting “a wee visitor,” Morris helped her prepare for the new arrival by sewing baby clothes. However, after a servant saw the contents of her sewing box, a rumour spread among the house staff that Morris, at this time unmarried, was expecting a child. Morris informs her reader that:

Mrs. Ogden was with me when the landlady, stony-eyed and rattling with starch and rectitude, came in to inquire into the contents of my work-basket. Her call was brief, but satisfactory, and shortly after her exit we heard her, at the top of her lungs, giving me a clean bill of health – morally speaking – and denouncing the prying curiosity of the maids. But we had a scare and Mollie implored me either not to help her any more or to lock up my work-basket.<sup>187</sup>

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<sup>185</sup> Clara Morris, interview by Strang, *Players and Plays*, 236-237.

<sup>186</sup> Grossman, *Spectacle of Suffering*, 68.

<sup>187</sup> Morris, *Life on the Stage*, 125.

Although the description of the stony-eyed and starched landlady has a comic effect combined with her announcement of Morris's "clean bill of health," this passage also speaks to her mistaken identity as a mother and a supposedly self-sacrificing nature. It also suggests a longing to assume the identity of a mother and a willingness to perform maternal duties for her friend's unborn baby.

The self-proclaimed generosity of Morris's friendship is further emphasised after the baby's arrival; she extends her friendship to such a degree that she is jokingly mistaken in public as the mother of the child:

At all events, she 'goo-gooed and gurgled,' and smiled her funny three-corner smile at me as readily as at her mother, and my friendly rights in her were so far recognized by others that questions about her were often put to me in her mother's very presence, who laughingly declared that only in bed with the light out did she feel absolutely sure that the baby was hers.<sup>188</sup>

Morris goes on to refer several times to "our partnership's baby" and "our baby," emphasising her maternal relationship to the child and ultimately replacing the father who is not mentioned. However, it is the passage that follows this playful narrative of performed possession that offers the most insight into her experience of her childlessness.

Morris describes a scene in which she is holding the baby while visiting a fellow actress at the theatre. She explains that her friend, Miss Western, was an unhappy woman because her husband would continuously gamble away her profits. As a result of her unhappy marriage, Morris notes that Miss Western: "wept and used herself up. Then, to get through her heavy night's work, she took a stimulant. Oh, poor soul!"<sup>189</sup> On seeing the baby: "Sudden tears slipped down her cheeks. 'Blessed God!' she cried, 'if you had but sent me such a one, all would have been different! I could never bring disgrace or shame on a precious thing like this!'" Concluding the chapter, she writes:

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<sup>188</sup> Ibid, 125.

<sup>189</sup> Ibid, 127.

As she raised the tiny morsel of a hand to her lips the prompter sharply called:  
 ‘The stage waits, Miss Western!’ and she was gone.  
 Poor, ill-guided, unhappy woman! it was always and only the stage that waited  
 Miss Western.<sup>190</sup>

Although Morris is describing a friend, there are clear parallels between the two women and the passage could be applied to her own feelings about her marriage and her childless life. Like Miss Western, Morris was a “brilliant and successful actress” who used stimulants (such as morphine) in order to continue working. Like Miss Western, she also had marital troubles that included financial disputes. In 1878, a newspaper published an interview with Morris in which she was reported as having said of her husband, Frederick Harriot: “I am nothing but his chattel, his property.” She continued: “Whether I am a sick woman or a healthy woman, it matters not. I am good for...so much money, but I doubt if ever a thought crossed his mind of how I feel about it, or that I feel at all, for that matter.”<sup>191</sup> Feeling that her husband put her health at risk for financial gain, she found no distraction at home or at work. While Morris is literally left holding the baby in the passage above, we are reminded that it is not her own. The character of Miss Western serves to reflect Morris’s real “life on the stage” rather than her temporary role-play character of a mother.

The sensational display of sentiment on stage offered Morris an avenue for expression that was perhaps absent, or muted, in her private life and childless marriage. As noted in the previous chapter, the exhibition of extreme emotional “nervousness” could be medically interpreted as hysteria, causing emotional displays to be confined by social acceptability. Morris utilised her physical body on the stage to consciously perform both sentiment and sensation, but some women found that their bodies performed their sentimental desires for motherhood in a very different way.

### **Pseudocyesis: The Psychosomatic Performance of the Maternal Body**

Where Morris’s theatrical performances of maternal desire and loss appear to have been very explicitly controlled, pseudocyesis, the body’s performance of pregnancy despite the absence

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<sup>190</sup> Ibid, 128.

<sup>191</sup> Clara Morris, interview in *New York Dramatic News*, 2 November 1878, quoted in Grossman, *Spectacle of Suffering*, 192.



of a foetus, is largely understood to be involuntary. And yet, it also seems to be intimately linked to feeling. Anthropologist Michelle Rosaldo has proposed that emotions are “embodied thoughts.”<sup>192</sup> This concept places an emphasis on the experience of the self and the means by which the individual processes meaning through a social context of knowledge. However, the relationship between thoughts and emotions has still not been fully comprehended, leading to debates concerning the relationship between neurology and emotional experiences. Carolyn Burdett cautions that: “Sentimentality is one of the trigger-points of the anxiously policed division between thought and feeling. This division...is only recently being challenged in fields of scientific research, as well as in philosophy, literature or religion.”<sup>193</sup> It is apparent from Burdett’s analysis that the study of the relationship between thought and feeling is one that benefits from the interaction of multiple scholarly and scientific fields. An analysis of pseudocyesis as a psychosomatic disorder allows us to approach the study of sentimentalism in a new way – one that incorporates the medical and scientific concerns of the individual and ‘social’ body. Such a multi/interdisciplinary approach to our understanding of sentimentalism helps to avoid assigning value judgements to the expression of sentimentality that has often been read as the mere exaggeration of – or performance of – emotion. Definitions of sentimentalism may favour emotion over reason, but this does not mean that embodied sentimentalism is performed illogically. Pseudocyesis clearly provides an example in which the body responds to the desire to have children, thereby attempting to bring that desire into physical reality. A consideration of cases of pseudocyesis in the nineteenth century opens up a discussion that considers the physical symptoms of an interaction between thought and feeling, and the ways that this was understood contemporaneously as evidenced through gendered and medical discourses around the patient.

The following discussion of pseudocyesis focuses on the impact that nineteenth-century cultural associations of womanhood and motherhood had on individuals and their perceived fertility. Understanding the role that gendered cultural norms played in creating psychological perceptions of identities and the resulting bodily representations of these enables us to better comprehend the occurrence of this particular psychosomatic disorder. This section proposes

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<sup>192</sup> Michelle Z. Rosaldo, “Toward an Anthropology of Self and Feeling,” in *Culture Theory: Essays on Mind, Self, and Emotion*, eds., Richard A. Shweder and Robert A. LeVine (New York: Cambridge University Press, 1984), 143.

<sup>193</sup> Carolyn Burdett, “New Agenda Sentimentalities: Introduction,” *Journal of Victorian Culture*, 16.2 (2001): 188.

that pseudocyesis is an example of the individual performance of maternity in a particular historical culture that explicitly promoted ideological requirements for womanhood to be expressed through motherhood. Although initially unaware that their pregnant conditions were false, nineteenth-century patients adopted the characteristics, both physically and mentally, of pregnant women. The markers of pregnancy invited the individual to subscribe to a cultural reading and interpretation of their body, often reinforced by an incorrect medical diagnosis.

Pseudocyesis lies at the boundary between cultural values and individual identity as the body physically performs its assumed feminine social role as mother. Whereas Morris's performances of maternal roles were known by the audience to be theatrical acts, the bodily performance in pseudocyesis is initially believed to be evidence of pregnancy, not only by the observer (be it a physician or husband), but also by the woman herself. This chapter uses the case narratives of women suffering from this psychosomatic disorder that were recorded by physicians to provide an insight into nineteenth-century medical beliefs concerning the etiology of pseudocyesis, its diagnosis and its treatment. In some instances, it is also possible to access the responses of the patients.

The term “psychosomatic disorder” refers to a physical condition that is caused or heightened by the patient's mental state. With an emphasis on the morality of women alongside the development of psychology and gynaecology in the nineteenth century, scientific hypotheses concerning the relationship between the mind and the body came to dominate medical practices. In 1848, the same year as the Woman's Rights Convention, physician Charles Meigs published a book of letters addressed to the students of his class (all of whom were men). He pronounced that “intellectual and moral perceptivity and powers...are [as] feminine as her organs are.” He went to inform his male audience that: “The medical practitioner has, then, much to study, as to the female, that is not purely medical – but psychological and moral rather: such researches will be a future obligation lying heavily upon you, upon all of you.”<sup>194</sup> Reviewing the medical case histories of patients who suffered from pseudocyesis in the nineteenth century provides an insight into not only the symptoms of these illnesses, but the gendered and class assumptions that accompanied their diagnosis, treatment and reception.<sup>195</sup>

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<sup>194</sup> Charles D. Meigs, *Females and Their Diseases* (Philadelphia: Lea and Blanchard, 1848), 38.

<sup>195</sup> The majority of the cases referred to in this chapter are sourced from Bivin and Klinger's analytic work, *Pseudocyesis* that compiled 444 case reports from across the world. The earliest case in the collection is from 1721 and the latest is 1936 (the year before the publication of the book). Of these

In her work based on nineteenth-century Canadian medical histories in obstetrics and gynaecology, Harriet Nowell-Smith notes that the narrative structure of the case studies reduced the individual body to its physical symptoms. This structure allowed for symmetry across the discipline, making the body understandable in its uniformity and often rendering cases comparable.<sup>196</sup> Thus, in cases of pseudocyesis, for example, the identification of a swollen abdomen or lactating breasts reduced the patient to the body parts associated with pregnancy. Rather than a woman suffering from a psychosomatic disorder, her identity was transformed into a representation of her physical symptoms. The cases recorded by the early twentieth-century American physicians Bivin and Klinger are comparable in reference to certain notations, but this comparison is nevertheless limited due to the lack of universal standards dictating the exact details noted. For example, the presence of a patient's "wish" or "fear" of pregnancy is only recorded for some cases, whereas their age is recorded in almost all of the cases. The regimented approach helped situate the physician firmly within the medical community. The relatively new profession of gynaecology was also rendered more scientific (and therefore reputable) due to the neatly categorised and easily identifiable methodology imposed on the interpretation of the body.

Case narratives followed a beginning (history), middle (condition), and end (treatment and recovery) and were guided and shaped by the interests of the physician. Patients and sometimes other physicians and midwives were often presented as naïve by the author, especially in reports of pseudocyesis. In one instance, L. S. Henthorne wrote that his patient's labour pains were so convincing that his staff did not believe his diagnosis of pseudocyesis, noting:

To cut the story short there was no pregnancy, though the assistants who were dismissed that night are unconvinced to this day. They are both mothers and claim to know what labor is when they see it and they are certain there was a miscarriage that night and that I disposed of the child.<sup>197</sup>

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cases, 229 were American and 256 were from the nineteenth century. The highest volume of cases were from between 1890 and 1900. See Table I and Table II in *Pseudocyesis* for more on the geographical distribution and chronology of the cases. George Davis Bivin and M. Pauline Klinger, *Pseudocyesis* (Bloomington, Indiana: Principia Press 1937).

<sup>196</sup> Harriet Nowell-Smith, "Nineteenth-Century Narrative Case Histories: An Inquiry into Stylistics and History," *CBMH/BCHM*, 12 (1995): 57.

<sup>197</sup> Henthorne (1883) in Bivin and Klinger, *Pseudocyesis*, 48.

This account also testifies to the body's power of performing pregnancy in the absence of conception. The "success" of this performance of pregnancy relies on an audience that both observes and interprets meaning from the visible display of the body.

While the views of the physician are ever present in the case narratives, they did occasionally record the reaction of a patient when given the diagnosis. Of the 444 cases in Bivin and Klinger, 34 were noted as explicitly recording the patient's emotional response and 19 of these were in American case reports. The four categories used by the authors to define the responses were: grief; grief and hysteria; grief and indignation; indignation. While grief seems to be a logical category to consider in the response of such a diagnosis, some patients (especially single ones), were actually relieved by the diagnosis. The categories that pair grief with hysteria and indignation lead to the assumption that reactions surpassing grief alone were believed to demonstrate the patient's loss of her faculties or a lack of a rational and reasonable response. These pairings of responses also reinforced the assumed relationship between the female reproductive organs and a woman's irrational mental state. The categorisation of patients' responses to the diagnosis to these four expressions exclude any other possible variations such as humiliation or the possibility that the patient regarded it merely as a treatable medical condition. The emotional states, desires and fears of a patient were most commonly gleaned indirectly from references to preparations having been made for the arrival of a baby, the presence of visiting family members, or the patient's reluctance or even refusal to believe the diagnosis of the physician.

Not all case narratives recorded a follow up on the patient, thereby limiting the contextual scope in which we can situate the patient; this was especially the case if the author was not the primary physician but called in to assist or provide a second opinion. Consequently, it is unclear in many instances whether the patient went on to have successful pregnancies. From the total sample of cases provided by Bivin and Klinger, 94 were reported as definitely having no children. They noted that an additional twenty women who had not given birth to live children had had miscarriages.<sup>198</sup> The fragmentary nature of these accounts limits the conclusions we can draw about the patients. Nowell-Smith ultimately accedes that while case studies do offer a view of the patient's experience, it is one dominated by physicians who prioritised the

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<sup>198</sup> Bivin and Klinger, *Pseudocyesis*, 118.

emergence of gynaecology as a reputable profession rather than the subjective experience of illness.<sup>199</sup>

John Mason Good first employed the term “pseudocyesis” as opposed to the previously prevalent term “spurious pregnancy” in his 1823 text, *System of Nosology*. Pseudocyesis derives its meaning from the Greek for false (pseudo) and pregnancy (kyesis). Other terms used include false, phantom, imaginary, simulated and hysterical pregnancy. Today several forms of false pregnancy are medically recognised. The first is pseudocyesis vera (with which this analysis is concerned with). This is the most commonly recorded form and is identified by the individual’s belief that they are pregnant alongside the exhibition of physical symptoms associated with pregnancy. The American physician, James Simpson, noted that pseudocyesis often lasted for nine months and that some patients underwent the signs of labour. He also provided a description of the physiological symptoms:

[T]he patient suffers from nausea and vomiting... The mammae become enlarged, the areolae are darkened, and the gland gives forth its milky secretion. The abdomen enlarges gradually until it occasionally comes to assume the form, and size, too, of an abdomen which contains a gravid uterus, and the patient feels movements in its cavity, which she unhesitatingly pronounces to be movements of a foetus.<sup>200</sup>

In these instances, the patient, and often the physician, took the representation of pregnancy as evidence of its existence – the physical performance of pregnancy by the body was perceived as biological reality. In the 5<sup>th</sup> edition of the *Diagnostic and Statistical Manual of Mental Disorders*, (2013), in use today, pseudocyesis is catalogued in the ‘Not Elsewhere Classified’ section of ‘Somatic Disorders.’<sup>201</sup> It is understood as a psychiatric disorder because it is not caused by organic disease or exposure to a substance.<sup>202</sup>

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<sup>199</sup> Ibid, 64. Medical historian Edward Shorter also acknowledges the difficulty of accessing the subjective voice of the patient in Edward Shorter, *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era* (New York: The Free Press, 1992).

<sup>200</sup> James Simpson, *Clinical Lectures on the Diseases of Women* (Philadelphia: Lea and Blanchard, 1863), 277.

<sup>201</sup> Juan J. Tarín et al., “Endocrinology and Physiology of Pseudocyesis,” *Reproductive Biology and Endocrinology*, 11.39 (2013): 1.

<sup>202</sup> Ibid, 3.

The second identifiable form is delusional pseudocyesis whereby the patient believes they are pregnant but does not have any of the symptoms of pregnancy. This type can occur in psychotic patients. The third is deceptive or simulated pseudocyesis. In these cases, the individual claims that they are pregnant whilst knowing that they are not. Finally, erroneous pseudocyesis refers to the misinterpretation of symptoms as those of pregnancy when they are the result of another condition (e.g. a tumour). Arguably the most famous case of erroneous pseudocyesis is that of Queen Mary I of England. References to her condition do not distinguish which form of pseudocyesis she suffered from, which only serves to heighten common misunderstandings of the disorder and its causes today.

Just as it is today, the selection of appropriate terminology was of particular importance during the nineteenth century. If a patient was unmarried, a physician may have found it difficult to diagnose her with “spurious pregnancy” because, in a new and intimate field such as gynaecology, it was especially important for the physician to avoid insulting or questioning the patient’s virtue and moral sensitivity. As James Simpson noted in 1863, “No one would choose to speak to the patient or her friends of ‘spurious pregnancy’ under such circumstances, as the mere name itself would be sufficiently offensive. Perhaps the descriptive designation proposed by Dr. Good of pseudo-cyesis would save sometimes the practitioner from difficulty – when hard pressed as we sometimes are – to give our patient’s affection a proper name.”<sup>203</sup> However, according to some of the reports in Bivin and Klinger, it is apparent that some single women visited the physicians having had sexual relations prior to any marriage. The fear of pregnancy and the psychosomatic presentation of symptoms was sufficient motivation for some patients to admit to their culturally unsanctified actions.

Today, pseudocyesis vera is most commonly observed in more rural and undeveloped countries amongst the poorly educated and those with limited access to medical care. It also appears to occur more frequently in cultures that place a high importance on fertility and motherhood. In Western gynaecology today, there are 1-6 cases of pseudocyesis for every 22,000 births.<sup>204</sup> In a 1960 review of 495 cases of pseudocyesis, half of these were recorded as occurring during

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<sup>203</sup> Simpson, *Clinical Lectures*, 279.

<sup>204</sup> Perpetus C. Ibekwe and Justin J. Achor, “Psychosocial and Cultural Aspects of Pseudocyesis,” *Indian Journal of Psychiatry*, 50.2 (2008): 112.

the nineteenth-century.<sup>205</sup> This higher incidence is hardly surprising if we consider the new status of gynaecological medicine, the limited scientific comprehension of the body and the cultural sentimentalisation of motherhood and childhood during this period. In 1863, Simpson prepared new physicians to encounter false pregnancy, writing “let me first of all remark that it is a disease which, when you come to practice, you will find to be of far more frequent occurrence than the comparative silence of our obstetric text-books on this malady would lead you to infer.”<sup>206</sup>

Several studies have been conducted in the twentieth century in an attempt to identify some of the cultural and biological causes of false pregnancies. Bivin and Klinger noted that: “When authors venture to suggest possible etiology, we find that psychogenic factors – wish, fear, hysteria, neuroticism, suggestion – are frequently mentioned especially in cases of the last half century as the basis for this syndrome.”<sup>207</sup> Fried et al. also concluded that the “wish factor” for having a child was predominantly present in these cases. They found that this wish was associated with improving marital relations, identification as a woman, and with women and to increase companionship by gaining a child.<sup>208</sup> Gould and Pyle recorded a case in which the underlying etiology appeared to be a wish not for a child, but for financial gain: the condition of a husband’s will left his wife (the patient) a legal share of his estate only if she bore him a child. Two months before he passed away the wife believed herself to be pregnant. However, in time it was evident that she was presenting pseudocyesis and so we must assume that she did not receive her share.<sup>209</sup>

It has also been recognised that the experience of infertility coupled with a strong desire for a child can be a psychological inducer of pseudocyesis.<sup>210</sup> Women who have undergone treatment for infertility and believe it to be successful are also among the cases.<sup>211</sup> On the other hand, unmarried or widowed women comprised the majority of American cases in Bivin and

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<sup>205</sup> Donald C. Greaves, Phillip E. Green and Louis Jolyon West, “Psychodynamic and Psychophysiological Aspects in Pseudocyesis,” *Psychosomatic Medicine*, xxii.1 (1960): 24-31.

<sup>206</sup> Simpson, *Clinical Lectures*, 277.

<sup>207</sup> Bivin and Klinger, *Pseudocyesis*, 181.

<sup>208</sup> Fried et al., (1951), cited in Greaves, Green and West, 27.

<sup>209</sup> Gould and Pyle (1900), cited in Bivin and Klinger, *Pseudocyesis*, 127.

<sup>210</sup> Kishwar Sultana, Rumana Nazneen and Iffat Ara, “Pseudocyesis: A Case Report on False Pregnancy,” *J Dhaka Med Coll*, 21.2 (2912): 235. See also, Ibekwe and Achor, “Psychosocial and Cultural Aspects of Pseudocyesis,” 113.

<sup>211</sup> Bivin and Klinger, *Pseudocyesis*, 133.

Klinger that attributed the etiology to fear. The disreputable social status afforded to an unwed mother reinforced the influence that cultural dictates had over individuals. The strength of psychological desires and fears exhibited in patients with false pregnancies could therefore cause emotional stress. Eight out of the ten women analysed in a study by Tarín et al. were found to be suffering from depression (from mild to major).<sup>212</sup>

According to the model for over-valued ideas proposed by David Veale, the patient's belief that they feel pregnant is directly linked to traditional social values concerning gender that encourage women to have children.<sup>213</sup> Social pressures that encourage women to have children may mean that childless women over-value the meaning of pregnancy. Veale argues that treatment for pseudocyesis should focus on correcting the value associated with the belief (in this instance, "I must become a mother or I am a failure"), rather than the belief ("I am pregnant"). It is also worth noting that according to Veale, authors in America often equate over-valued ideas in patients with poor insight.<sup>214</sup> Arguably, attributing poor insight to an individual with a psychosomatic disorder such as pseudocyesis leads the physician to regard the patient as naïve and possibly even foolish. As can be seen in many nineteenth-century accounts of these cases and even the recent media coverage of Barbara Bienvenue in 2014, such attitudes often result in the initial dismissal of a patient or a mockery being made of them.<sup>215</sup> Members of the general public may refer to individuals as delusional, dangerously blurring the definition of true pseudocyesis with delusional and deceptive pregnancy.

In 1857, W. F. Montgomery referred to pseudocyesis along with phantom tumours as "illusory states" that were "mixed up with a variety of extraordinary and perplexing symptoms partaking

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<sup>212</sup> Tarín et al., "Endocrinology and Physiology," 3.

<sup>213</sup> Table 1 in David Veale, "Over-valued ideas: a conceptual analysis," *Behaviour Research and Therapy*, 40 (2002): 390.

<sup>214</sup> Veale, "Over-valued ideas," 385.

<sup>215</sup> In March 2014, Canadian and English tabloids reported on the case of Barbara Bienvenue, a woman from Montreal who allegedly fooled her partner into believing she was going to give birth to quintuplets. Bienvenue, suffering from pseudocyesis, received much criticism and scorn from not only the media but also family, friends and members of the public who posted on the comments sections of online newspaper reports. She was portrayed as a "fraudster" and a "liar" who "pretended" to be pregnant. Bienvenue was depicted as deceitful and driven by her own manipulative and attention seeking desires and was said to have destroyed her familial relationships and caused devastation to her victimised partner. Research conducted into pseudocyesis by psychologists and biologists recognises various physical reactions in the body during a false pregnancy such as increased endocrine activity. However, they attest that these physical symptoms and their effects are still not fully comprehended. This lack of comprehension appears to cause a wary approach to the claims of women with this disorder, especially by the public.



largely of the characters of hysteria, and I believe, in many cases, having their origin in an unusual excitement of the genital system.”<sup>216</sup> The general confusion and uncertainty of its etiology was further apparent in his tendency to avoid providing a medical explanation for the condition, instead focusing on how to diagnose and treat it. Similarly, W. R. Amesbury likened pseudocyesis to hysteria concluding that:

The condition is pure neurosis, based on the same principles as hysteria, and in my own words for this affection it is veritably a ‘pregnancy of the brain’ and nothing more; the intense thought originating in the brain, thence travelling through the sympathies and finally locating in the organs of generation, and thus setting up the long desired for and dwelt upon diseased condition, ‘spurious pregnancy.’<sup>217</sup>

For J. Marion Sims, false pregnancies represented an irrational and psychologically unsound fixation or obsession. In his work, *Clinical Notes on Uterine Surgery*, Sims warned:

A hysterical sterile woman, naturally anxious for offspring, imagines herself pregnant, denies that she menstruates, affects a quickening, seems to grow larger and larger, till at least the fullness of time arrives; she goes to bed, and has some colicky pains; but nothing more. This is a case of hysterical monomania, for which no physician could be responsible; but if called to give an opinion, he should be careful not to be misled by the artful misrepresentations of a ‘mind diseased.’<sup>218</sup>

By using “hysterical” as the precursor to “monomania,” Sims emphasised the feminine component of this disorder because hysteria was a term loaded with gendered assumptions. His use of the word “artful” also works to reinforce the belief that these patients were deliberately performing their pregnancies. Sims’s selection of the Shakespearean quotation, “mind diseased” from the play *Macbeth*, directly linked these patients to the theatrical stage as well as the dangers associated with the childless Lady Macbeth’s ambitious imagination. Perhaps tellingly, the childless and ambitious Clara Morris performed the role of Lady Macbeth several times throughout her career. As a woman suffering from various physical ailments, Morris

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<sup>216</sup> W. F. Montgomery, *An Exposition of the Signs and Symptoms of Pregnancy* (Philadelphia: Blanchard and Lea, 1857), 325-6.

<sup>217</sup> Amesbury (1891), cited in Bivin and Klinger, *Pseudocyesis*, 84-85.

<sup>218</sup> Sims, *Clinical Notes*, 34.

performed her characters with an emotional intensity that draws intriguing parallels between her own identity as a childless woman and her “artful” and almost “hysterical” depiction of women on the stage. Sim’s reference to Lady Macbeth in particular, inadvertently draws out the irony of societal pressures for women to bear children: if she does not want children, she is aligned with the dangerous and mad character of Lady Macbeth; if she desires them too much, she is likewise depicted as having a “mind diseased.”

The association of performance with pregnancy implied by Sims links the patient with pseudocyesis to the egocentric and manipulative actress that the hysterical patient was often accused to be. Sims was not the only physician who suspected female patients of artful trickery. K. Heil wrote in his 1901 case report that, “palpation could nowhere discover parts of a child, so that a suspicion came to me that the girl had secretly borne a child; that she had hidden the child and was deceiving me.”<sup>219</sup> The lack of detailed etiological knowledge concerning hysteria left the practitioners of medicine in a potentially compromised professional position that manifested itself as suspicion of the patient.

In some cases, the physicians recorded the severe impact that the diagnosis could have on the patient, demonstrating not simply an analogy between pseudocyesis and hysteria, but rather a cause and effect relationship. J. W. Keiser reported “I know of a case of simulated pregnancy, where the woman’s disappointment was so great that her reason gave way and a few years later she died in an insane asylum.” Keiser continued, reflecting on the fantasy of hysteria and the impossibility of treating such conditions: “Now, no person voluntarily goes insane. If hysteria is purely an imaginative disease, a fixed imagination is perhaps worse than a reality, for it will be more difficult to eradicate it.”<sup>220</sup> When H. D. Nicoll informed one of his patients at eight months that she was not pregnant she “threatened to destroy herself. She knew the humiliation would kill her.” Likewise, when H. O. White diagnosed a patient: “The tears streamed down the woman’s cheeks...She was ‘pitifully distressing,’ wished for death and threatened suicide.”<sup>221</sup>

In a 1906 French case report, a woman who appeared pregnant was described as believing she had an animal inside her. Physicians, aware that this was not possible, were reluctant to perform

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<sup>219</sup> Heil (1901), cited in Bivin and Klinger, *Pseudocyesis*, 213.

<sup>220</sup> Keiser (1897), cited in Bivin and Klinger, *Pseudocyesis*, 88-89.

<sup>221</sup> Bivin and Klinger, *Pseudocyesis*, 117.

surgery to appease her. Instead, they falsified an x-ray by placing frog bones on the image. Prescribing her a placebo tonic with colouring inside it, they explained that the creature would be expelled with her urine which would turn green. After taking the placebo and being shown an x-ray with no frog bones in it, she was still not convinced that the entire animal had passed as she claimed that she still felt some movement. The physicians then gave the patient's daughters frog bones and instructed them to place them in her stool. On finding the bones the patient believed she was well again.<sup>222</sup> This does not provide a typical account of pseudocyesis, but it does demonstrate that despite medical advancements, some patients sought more traditional or almost folkloric explanations for their illnesses.

Conversely, other physicians emphasised that pseudocyesis did not reflect poorly on the mental health of female patients. Writing in 1895, Silas Weir Mitchell proclaimed that “Women suffering from pseudocyesis are in no sense of unsound mind, nor is their illusion to be classified with the delusionary and obstinate belief to their pregnancy held by some of the insane.” This appears to be an early attempt to distinguish between cases of true pseudocyesis and delusional pseudocyesis. Although not a common response to childlessness or the failure to conceive, some physicians would have no doubt associated the very condition of pseudocyesis with the “good” character of their patient – it may have demonstrated to the physician that his patient was a woman who desired to fulfil her wifely and godly duty even if she was unable to. Of childless women, Mitchell even argued: “The illusion of pregnancy in such females is a flattering one.”<sup>223</sup> The mental desire for and the physical representation of pregnancy appears here to be praised as an attempt to conform to womanly duties of procreation in spite of the absence of success; the *intention* of motherhood was to be congratulated. The review that both Stiles and Tichenor gave their patients also emphasised the notion that they were women of sound mind. Tichenor recorded that “Mrs. X was a lady of superior intelligence and refinement and excellent health.”<sup>224</sup> Although some cases were reported for patients who were also diagnosed with hysteria, all women were vulnerable to the physical embodiment of the ideal of motherhood.

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<sup>222</sup> Edward Shorter, *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era* (New York: The Free Press, 1992), 53-54.

<sup>223</sup> Mitchell (1895), cited in Bivin and Klinger, *Pseudocyesis*, 88.

<sup>224</sup> Tichenor (1879), cited in Bivin and Klinger, *Pseudocyesis*, 118.

As with hysteria, pseudocyesis can occur in men although this is not common. More common among men is the experience of sympathetic pregnancy during their partner's pregnancy. During sympathetic pregnancy men exhibit some of the symptoms associated with pregnancy such as morning sickness and even abdominal pains. Accounts by physicians today can be relatively alarming in that they often echo more historical notions of gender and illness based on stereotypical gender roles. Speaking to a writer for the online magazine *Psychology Today*, Dr Paul Paulman said of men who experienced pseudocyesis: "I think men are a little more emotionally ill." Although the pregnancy is false, Paulman's comment suggests that it is more emotionally rational for a woman to falsely believe herself pregnant than a man. Concerning sympathetic pregnancy in men, Paulman jokingly asserted: "I guess we all want to be in touch with our feminine side."<sup>225</sup> Through this comment not only does he dismiss the psychological and physical impact that this has on men, but also dismisses medical understanding in favour of gendered experience.

This attitude directly complements the public reception of sympathetic pregnancy in the nineteenth century. In 1881, Mitchell referred to one "amusing example" in which a husband of a pregnant woman experienced vomiting. Mitchell felt it necessary to record that "The character of his disorder at length became known to his friends, and he was so mercilessly chaffed that it was at last almost dangerous to mention the matter."<sup>226</sup> The lack of critical analysis surrounding Paulman's comments in the twenty-first century (in a section of a magazine entitled "Quirky Minds") allows such statements to remain unquestioned and appear not only as the truth, but one that even the members of the medical profession employ in mocking the validity of psychosomatic disorders across gender.

In many of the cases of pseudocyesis physicians initially diagnosed the patient as pregnant. Often it was not until the assumed due date that an internal examination was made which alerted the physician to the absence of a foetus. A misdiagnosis such as this could be humiliating for the doctor and may go some way to explaining Sims' defensive response to 'hysterical monomania.' I. C. Barnes suggested that: "The wise rule in all cases of doubt is to suspend definite judgement for a month and to watch the development or subsidence of the

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<sup>225</sup> Paul Paulman, interview by Jennifer Drapkin, "Phantom Pregnancy: When Maternal Instincts Lie," *Psychology Today*, March/April 2007, 28.

<sup>226</sup> Silas Weir Mitchell, *Lectures on Diseases of the Nervous System, Especially in Women* (Philadelphia: Henry C. Lea's Son, 1881), 58.

symptoms suggestive of gestation. . . .Appeal to time, the great solver of mysteries.”<sup>227</sup> Although misdiagnosis of pseudocyesis as pregnancy was common, its misdiagnosis as resulting from a tumour could have drastic consequences. In 1863, James Simpson reported on six cases that were diagnosed as ovarian disease. However, once on the operating table it was discovered that none of the patients had tumours.<sup>228</sup> Due to the relatively uncommon presentation of false pregnancies, it was unlikely to be the first diagnosis that physicians considered.

While some physicians feared that the diagnosis would result in bringing on hysteria in the patient, others justified lying to their patients in the attempt to spare them humiliation. Silas Weir Mitchell recounted the case of one of his acquaintances who, having etherized the patient to cure her pseudocyesis, assured her that he had removed a dead child. Believing this, the patient returned a week later to tell the physician of her regret that he had not removed the other child as well because she now believed she had been pregnant with twins.<sup>229</sup> Unfortunately we are not informed whether the physician resorted to the truth at this point or etherized her a second time. However, despite the somewhat murky ethics surrounding the physician’s original deception of the patient, his intentions were well meant. In one case recorded by Keiser, he noted that his pseudocyclic patient was known to previously have suffered from periods of hysteria. Citing this case, Bivin explains that: “Knowing the past hysterical record of the patient, Keiser attempted to break the news gently that she was not pregnant. He said if she had a child it was very small and he could not detect it.”<sup>230</sup> It seems that in some cases at least, the physician himself became an actor complicit in the performance of maternity. This form of interaction between the patient and the physician upheld the fantasy of motherhood for patients with no living children.

However, not all patients were treated with as much sensitivity by their physicians. In one account from the nineteenth century, a woman was so convinced that she was pregnant that she allowed her condition to continue for eighteen years before seeking medical assistance. Although the power of self-conviction must not be underestimated, this case does appear extreme. Unfortunately, due to the mediation of the physician, we cannot know all of the factors that influenced her decision to avoid seeking medical attention for so long, or indeed what

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<sup>227</sup> Barnes (1885), cited in Bivin and Klinger, *Pseudocyesis*, 59.

<sup>228</sup> Simpson, *Clinical Lectures*, 277.

<sup>229</sup> Case discussed by Mitchell (1895) and cited in Bivin and Klinger, *Pseudocyesis*, 163.

<sup>230</sup> Bivin and Klinger, *Pseudocyesis*, 139.

finally prompted to her to seek it. Perhaps it was fear of the scorn she may have received. On seeking the advice of Baron Guillaume Dupuytren, he responded: “I think, madam...that the best thing you could do, would be to swallow a private tutor for your son, or his education will be sadly neglected.”<sup>231</sup> We must assume that Dupuytren followed this quip with some form of medical treatment, but it does serve to reiterate the general attitude of ridicule that many pseudocyclic patients received and indeed still receive today. Such reports also demonstrate a tendency to find fault with the individual rather than question how and why the condition occurred. It also neglects a consideration of the reasons that prevented the patient from seeking help for eighteen years.

The psychosomatic illness had such profound physical symptoms that were so culturally bound to the experience of pregnancy that it was sometimes difficult for patients to accept the loss of a child that they believed was there. Physicians in the nineteenth, twentieth and twenty-first centuries have all advocated that the best form of treatment is to inform the patient that they are not pregnant. However, due to the physical sensations of pseudocycyosis it can be difficult for patients to accept that they are not pregnant without evidence. Therefore, it has also been suggested that visual evidence, such as ultrasound imaging, can increase their likelihood of believing the physician’s diagnosis. The physical demonstration through x-rays and placebo tonics in the nineteenth-century allowed the physicians to convince the patient that she was no longer pregnant while avoiding informing her that she was merely wrong without visual evidence. Nevertheless, the cruder imaging technology of the nineteenth century was not always convincing enough and some patients found the diagnosis of pseudocycyosis hard to believe. Often the patient blamed the physician, directing their emotional response at him. W. S. Smith concluded that: “All women who are finally told they are not pregnant hate the physician and do not believe him.”<sup>232</sup> Similarly, C. P. Hart observed that: “It is singular that these women should always get so angry at the physician who reveals to them their true condition.”<sup>233</sup> It appears that the physician did not always perform his role convincingly enough.

Without an organic cause for the disorders, scientists today are still left with a puzzling situation in which cultural pressures on the adherence to gender norms are not only

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<sup>231</sup> Baron Guillaume Dupuytren, quoted in Montgomery, *Exposition of the Signs and Symptoms*, 320.

<sup>232</sup> Smith (1902), cited in Bivin and Klinger, *Pseudocycyosis*, 162.

<sup>233</sup> Hart (1880), cited in Bivin and Klinger, *Pseudocycyosis*, 130.

psychologically influencing but also physically altering. The effect of psychological suggestion on the body and the reaction of hormones and endocrines are still not fully comprehended by physicians and mental health practitioners. Twenty-first century prejudices against individuals suffering from psychosomatic disorders are by no means new. What is concerning is that they have to a large extent remained static. The somewhat ambiguous nature of these disorders offers no concrete explanation for their occurrence and without this, scepticism becomes rife. The perplexingly broad terminologies for psychosomatic disorders become interchangeable, leading hysteria to be attributed to anyone who exhibits emotional behaviour to a degree deemed culturally inappropriate, or the label of actress or fraudster being applied to patients with pseudocyesis vera.

Broader social implications for this psychosomatic disorder draw out the complex threads of a contemporary ideology based around motherhood, weaving the psyche, emotions, the body, and phantom pregnancies into a pattern of dysfunctional womanhood. Although ultimately psychosomatic illnesses could be understood as triggered by cultural pressures and expectations placed upon women, they were often attributed as conditions rooted within the self. Finding themselves in an impossible situation, women who were unable to reproduce but displayed phantom pregnancies were perceived to have failed to perform maternity in a culturally appropriate or expected manner. It is evident from a historical review of the attitudes surrounding this disorder that much of our perception of false pregnancies today reflect medical attitudes that are over a century old. Altering our perception of psychosomatic diseases may enable us to remove any stigma attached to them and allow the patient to validate their experience.

The examples of Clara Morris and nineteenth-century pseudocyclic patients expose the performance of maternity as not only verbal and physical, but also as one experienced consciously and unconsciously. Morris tenanted her childless adulthood with her passion for acting, keenly exaggerating sentiment through her performances of motherhood. Some other childless women unconsciously tenanted their very bodies through the dramatisation of a parturient state. The various conditions in which childless women found expression for motherly sentiments demonstrates that the “nature” of the maternal character can be separated from biological motherhood. If we consider the autobiographical account provided by Morris on owning “a Baby on Shares,” her depiction of melodramatic stage characters who sought out their lost children, and the desire for a child expressed by some pseudocyclic patients, it is

apparent that they are all attempts on some level to fill the absence of a child. The following chapter explores the experiences of women who did realise their desire for a child through successful conception, only to then lose the pregnancy, further complicating the identities of motherhood and involuntary childlessness for nineteenth-century women.



## Chapter 4

**“It is all in God’s hands and he does not willingly afflict us”:<sup>234</sup>**

### **Reaffirming Family Ties After Perinatal Loss**

She thinks a great deal, of course, about her loss, and her tears lie near the surface these days. I am sure you know her too well not to know how she feels without my dissembling – But as you said in this morning’s letter our trials are not peculiar – we experienced but the ‘Common lot’ – the only peculiarities being the different ways different people bear the same lot.<sup>235</sup>

James Lee Love (1860-1954) wrote these words to his mother-in-law as his wife Julia (1859-1920), or June as she was affectionately called, lay bedridden. Julia had gone into labour on 30<sup>th</sup> March, 1891, and gave birth to a stillborn daughter the following morning. Born in Alabama and then raised in North Carolina after her father’s death, Julia had accompanied her husband to Cambridge, Massachusetts when he was offered a teaching position at Harvard University. As the only child of a widow, Cornelia Phillips Spencer, Julia maintained an almost daily correspondence with her mother. However, unable to sit up in bed and forbidden by the nurse to write until ten days after the birth, James resumed the correspondence with Cornelia, informing her of the details of the labour, the cause of the infant’s death, Julia’s progress, and her emotional state. Encouraging Cornelia to write to Julia “as soon as you can,” he reassuringly concluded: “I will send you a daily bulletin till she can write herself.”<sup>236</sup>

The letters sent between Julia, Cornelia and James provide us with a rich source of materials that openly expresses the trauma and grief of perinatal loss. The definition of perinatal death does vary, but Margaret Robinson et al. define it as the loss of an infant through miscarriage,

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<sup>234</sup> Emma Spaulding Bryant to her husband, John Emory Bryant, 2 April, 1869, quoted in Ruth Douglas Currie, *Emma Spaulding Bryant: Civil War bride, carpetbagger’s wife, ardent feminist. Letters and Diaries, 1860-1900* (New York: Fordham University Press, 2004), 126. Emphasis in original.

<sup>235</sup> James Lee Love (husband of Julia Spencer Love) to his mother-in-law, Cornelia Phillips Spencer, 6 April 1891, Folder 40, Cornelia Phillips Spencer Papers, Southern Historical Collection, Louis Round Wilson Special Collections Library, University of North Carolina at Chapel Hill, North Carolina.

<sup>236</sup> Ibid. Emphasis in original.

stillbirth, or neonatal death (within the first week of life).<sup>237</sup> This definition was expanded by Claudia Malacrida to include the death of an infant after birth as a result of pregnancy complications, prematurity, or complications within the first month of life.<sup>238</sup> The case studies I examine in this chapter are primarily concerned with miscarriage or stillbirth with the exception of Emma Spaulding Bryant whose baby died within the first few weeks of life due to a birth defect.

This chapter employs a reading of nineteenth-century family correspondence against a consideration of current reactions to perinatal death in order to open up new areas in our understandings of nineteenth-century grief and parental identity formation. It also provides evidence that subjects such as pregnancy, miscarriage, and stillbirth, were discussed not only across generations of family members but also across the gender divide. As Jennifer Evans and Sara Read have argued for the Early Modern period in England, men were deeply involved in experiences of miscarriage in both medical and non-medical contexts, and this thesis makes it evident that this was also true of nineteenth-century America.<sup>239</sup> The trauma and grief experienced alongside perinatal death also complicates current historical scholarship on nineteenth-century mourning practices. Despite its more private and domestic display, the grief expressed in family correspondence demonstrates that the mourning of perinatal death was not silenced, but rather subsumed in a different form.

Arguing for a feminist discourse of miscarriage and stillbirth, the anthropologist Linda Layne notes that pregnancy loss is: “subject to what Michel Foucault has called the triple edict of modern puritanism – ‘taboo, nonexistence, and silence.’”<sup>240</sup> Indeed, in the nineteenth century, as is arguably still the case, pregnancy loss was not a subject publicly discussed or written about in mainstream literature. While a plethora of lay and medical advice was available to assist women hoping to optimise their fertility, perinatal death was dealt with swiftly and without ceremony. Consolation literature for infant mortality flooded the market in the second half of the nineteenth century but the “dearest flower,” “fair-haired child” and “angel” it

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<sup>237</sup> Margaret Robinson, Lisa Baker and Larry Nackerud, “The Relationship of Attachment Theory and Perinatal Loss,” *Death Studies*, 23 (1999): 257-270.

<sup>238</sup> Claudia Malacrida, “Perinatal Loss: Helping Parents Find their Way,” *Journal of Family Nursing* 3.2 (1997): 130-148.

<sup>239</sup> Jennifer Evans and Sara Read, “‘before midnight she had miscarried’: Women, Men, and Miscarriage in Early Modern England,” *Journal of Family History*, 40.1 (2015): 3-23.

<sup>240</sup> Linda L. Layne, “Breaking the Silence: An Agenda for a Feminist Discourse of Pregnancy Loss,” *Feminist Studies*, 23.2 (1997): 291.

rhapsodised over had achieved a state of personhood – a Christened name, physical development and the emergence of a personality – that the perinatal infant had not.

A discussion of perinatal loss adds a complexity to the concept of involuntary childlessness. The experiences of miscarriages and stillbirths offer an intermediary state between parenthood and non-parenthood, representing both an opportunity and its removal. These experiences are therefore ones of loss, rather than of absence. Whereas an absence suggests the non-existence of something, the loss of a pregnancy raises questions about when the identity of “childless” comes into being or ceases. It creates a liminal period within the formation of a parental identity. Does the experience of perinatal loss negate the previous childless identity? It also raises questions over public sight as a legitimising force – how do individuals understand their identity when their pregnancy or child is not witnessed by others? Personal attachments may remain in a social void of recognition. Ultimately, issues such as these demonstrate the importance of considering perinatal loss in an analysis of involuntary childlessness.

This chapter seeks to redress the unbalance between the expressions of grief pertaining to infant mortality and perinatal mortality in nineteenth-century America. First, the chapter will consider contemporary research on experiences of attachment, trauma and grief in women who have experienced miscarriages, stillbirths, or lost their infant within the first weeks of its birth. By recognising the emotional responses to such traumas, we can start to dismantle the binary definitions of motherhood and non-motherhood. Second, a consideration of nineteenth-century epistolary practice demonstrates that a space of interaction was made available for expressing reactions to perinatal death during this period. Letters between spouses, siblings, parents and parents-in-law provided families with the means to maintain effective and affective relationships across geographical distance through shared emotional sorrow and religious consolation. Case studies of family correspondence give voice to this network of nineteenth-century perinatal grief. By drawing our attention to this previously neglected area of mortality and the medium in which reactions to it were expressed we can expand our historical perspective of nineteenth-century loss and validate the emotional responses and negotiations of identity that involuntarily childless women and their families engaged in.

From the 1970s, research in the social sciences began to address the absence of attention given to perinatal death and the emotional trauma and identity conflict that such losses can induce in

the parents.<sup>241</sup> Despite this rising scholarship, historical studies continue to prioritise infant mortality over perinatal mortality. Nicky Hart demonstrates the dangers of such a limited approach, arguing that: “The exclusion of stillbirth hampers demographic analysis, understates progress in newborn vitality, and over-privileges post-natal cases in theoretical explanation.”<sup>242</sup> Consequently, our historical perceptions of pregnancy, motherhood and infant death have been obscured. One of the primary reasons that infant mortality has proven more popular to discuss in scholarly work is due to its visibility in consolation literature and the wider availability of demographic statistics.

Legislation regulating the records of stillbirths was slow to be implemented, not only in America but also in Europe. While statistics on stillbirths began to be collected in 1922, England and Wales did not introduce the statutory registration of stillbirths until 1927. In America, records of stillbirths were most commonly noted on birth certificates except in Connecticut, Illinois, New Jersey, New York, Oregon and the District of Columbia which used special stillbirth certificates. The *Birth, Stillbirth and Infant Mortality Statistics for the Birth Registration Area of the United States, 1931* warned that: “The interpretation of the statistics relating to stillbirths must be made with extreme caution, because the completeness of the registration is not known and the term ‘stillbirth’ is not used in the same sense in the various States.”<sup>243</sup> In fact, at this time Texas and South Dakota were still not within the registration of births, stillbirths and infant mortality area. Needless to say, the public silence around stillbirth was reflected in statistical demographic research well into the twentieth century. Even in France, which began officially documenting stillbirths in the early nineteenth century, the precise definition of what this term meant remained in question throughout the nineteenth and twentieth centuries.<sup>244</sup>

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<sup>241</sup> See Wendy Simonds and Barbara Katz Rothman, *Centuries of Solace: Expressions of Maternal Grief in Popular Literature* (Philadelphia: Temple University Press, 1992); Robinson et al., (1999); Kami L. Schwerdtfeger and Karina M. Shreffler, “Trauma of Pregnancy Loss and Infertility Among Mothers and Involuntarily Childless Women in the United States,” *Journal of Loss and Trauma* 14 (2009): 211-227.

<sup>242</sup> Nicky Hart, “Beyond Infant Mortality: Gender and Stillbirth in Reproductive Mortality before the Twentieth Century,” *Popular Studies*, 52.2 (1998): 215.

<sup>243</sup> Daniel C. Roper and William Lane Austin, *Birth, Stillbirth, and Infant Mortality Statistics for the Birth Registration Area of the United States, 1931* (Washington: United States Government Printing Office, 1934), 19.

<sup>244</sup> Vincent Gourdon and Catherine Rollet (2009) note that the term ‘false stillbirths’ (referring to infants who died before they were registered for birth) was only removed from French statistics in 1993 when a new certificate for these infants was created.

Regardless of the relative absence of reliable figures concerning such deaths, miscarriages and stillbirths have, of course, always occurred. Statistical collections may suggest a culture's public value judgement of demographic groups, but they do not tell us the ways in which such deaths were personally experienced. As James Lee Love acknowledged in the letter that opened this chapter, miscarriage may be a trans-historical event, but its experience is subjectively defined by the thoughts and actions of those who are affected by it. The woman who miscarries or delivers a stillborn infant undergoes both a physical and psychological change that she must then react to bodily and emotionally. Moreover, although partners may not experience the physical condition, scholarship is increasingly recognising the emotional impact of perinatal death upon them. Reinforcing this condition of subjective interpretation, historians Peter Stearns and Mark Knapp note that while grief is a culturally defined emotion it is simultaneously variable across individuals.<sup>245</sup>

Considering reactions to grief in particular, Stearns and Knapp explain that: "growing belief in progress, derived from the Enlightenment and furthered by signs of business and scientific advance, made many deaths seem increasingly inappropriate by the nineteenth century."<sup>246</sup> This statement becomes especially significant if it is considered in the light of perinatal death. Women's surgeons and gynaecologists in the second half of the nineteenth century increasingly attempted and practiced new surgical techniques upon their female patients. As the study of embryology developed and reproductive medical treatments became more commonplace and even popular, the loss of a pregnancy or the stillbirth of an infant exposed the lingering limitations of scientific knowledge and medicine. Shannon Withycombe discusses the detached attitude that some nineteenth-century women adopted toward their miscarriages and the benefits that this produced for the medical profession. Viewing the foetal tissues of a miscarriage as neither waste, nor a child, some patients allowed their physicians to take the material away for examination. Withycombe states that: "For educated, upper-class American families, the argument that miscarriage materials were scientific objects and ones that could help their family physician circulate in an international world of science would have been quite

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<sup>245</sup> Peter Stearns and Mark Knapp, "Historical Perspectives on Grief," in *The Emotions: Social, Cultural and Biological Dimensions*, eds., Harré, Rom and W. Gerrod Parrott (London: SAGE Publications, 1996), 132-150.

<sup>246</sup> *Ibid*, 134.

attractive.”<sup>247</sup> By donating their miscarriage materials patients could actively participate in new scientific developments and share in the progress of a leading nation. In doing so, it may have offered an active method for managing grief in what was perceived to be a constructive way.

Letters and diaries provide evidence that some women who hoped to limit their number of pregnancies (and children) found their miscarriages to be a relief in the absence of reliable contraceptive methods.<sup>248</sup> Much scholarly work has been conducted on abortion and contraceptive developments in the nineteenth and twentieth centuries, demonstrating women’s battle for control over their reproduction. For example, research on white slaveholders’ responses to slave miscarriage demonstrates their control over African American’s reproduction. While physicians and masters would prioritise the woman’s life over the infant’s if complications ensued during pregnancy, many slaveholders feared that their slaves deliberately induced abortions, thereby recognising miscarriage as a potential threat to an increase in their property and future labour force.<sup>249</sup> Of course, while we can never know the number of slave women who deliberately miscarried in order to resist slaveholding power over the labour of black bodies (both as producer and reproducer), it is important to stress the meaningful and loving relationships that slave women had with their newborn infants as demonstrated through their grief at their sale and subsequent separation.<sup>250</sup> There is less scholarship, however, around the grief that some women, their partners and family could feel at the loss of a wanted pregnancy. Discussing the expression of attachment and grief around historical perinatal deaths serves to expand our knowledge on nineteenth-century pregnancies. It is also possible to trace the continuity of these emotions into the twenty-first century as well as the ways in which they adapted over time.

In an article that draws on her own experience of miscarriage, Leslie Reagan argues that the response to miscarriage as well as its relationship to the identity of motherhood has changed

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<sup>247</sup> Shannon Withycombe, “From Women’s Expectations to Scientific Specimens: The Fate of Miscarriage Materials in Nineteenth-Century America,” *Social History of Medicine, Advance Access*, (2015): 9.

<sup>248</sup> *Ibid*, 12. For more on fear of pregnancy and the reluctance to conceive see Leslie J. Reagan, *When Abortion was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997); Judith Walzer Leavitt, *Brought to Bed: Child-bearing in America, 1750-1950* (New York: Oxford University Press, 1986).

<sup>249</sup> Marie Jenkins Schwartz, *Birthing A Slave: Motherhood and Medicine in the Antebellum South* (Massachusetts: Harvard University Press, 2006).

<sup>250</sup> For example, see Eliza Berry’s grief at her separation from her children, Randall and Emily, in Solomon Northup, *Twelve Years a Slave* (New York: Derby and Miller, 1853).

over the twentieth century. Initially, Reagan states, women in the early twentieth century viewed miscarriage as a hazard due to the life-threatening risks that they faced from ensuing complications. The perception of miscarriage shifted for many to one of a blessing in the mid-twentieth century through its function as a means of family limitation. Reagan argues that society viewed such experiences as tragedies in the late twentieth century, as women who had miscarriages were encouraged by the medical profession to identify as mothers who had lost their babies. Furthering her assertion that miscarriage is a social construct, she explains that:

A woman's emotional response to miscarriage is more than simply personal or individual; those emotional responses are culturally, socially, and historically produced. A physical experience has no inherent meaning or corresponding emotion, but both physical events and emotions may be given historically changing and politically significant meanings by social movements.<sup>251</sup>

The fact that states still hold varying definitions of what constitutes a miscarriage and a stillbirth serves to support the idea that they are socially and historically determined.

The transformation of meaning that Reagan attributes to miscarriage appears over-simplified however. While it is true that women who experienced the perinatal death of an infant in the nineteenth century did not appear to self-identify as “mothers” and the letters they wrote and received from family members clearly acknowledged the life-threatening risks of miscarriage, a categorised approach such as Reagan's diminishes their subjective experiences and invalidates their emotional responses. To say that miscarriage was viewed as a hazard does not have to negate grief. It is possible to observe both the desire for a child and the physical ordeal of labour. It is also possible to observe in family correspondence that although perinatal grief was not expressed in the publicly ritualised manner that the grief over a child's death was, it was clearly articulated in private. Grief often appears to have found its outlet through letters between spouses and their parents, strengthening the familial relations already in place through intimate and reciprocal consolation rather than through published poems and the material display of mourning dress, marked headstones and staged post-mortem photographs.

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<sup>251</sup> Leslie J. Reagan, “From Hazard to Blessing to Tragedy: Representations of Miscarriage in Twentieth-Century America,” *Feminist Studies*, 29.2 (2003): 373.

The fact that perinatal mourning was relegated to the private realm is, as Reagan suggests, undoubtedly a product of culture and time. However, this structure should not serve to de-emphasise the occurrence of perinatal mourning. Publicly unacknowledged, family members had to make sense of miscarriage and stillbirth in a period that only prescribed an acceptable framework of grief for instances of child and adult mortality. Letters served as one of the principle means of achieving this as well as offering the twenty-first century reader an insight into nineteenth-century perinatal attachment. Simultaneously recognising the cultural construction of the meaning of miscarriage and the internalisation of this, Wendy Simonds and Barbara Katz Rothman insightfully observe that: “It is not the experience that changes: it is our power to make our experiences heard and to have them credited that varies.”<sup>252</sup> Letter writing provided a form of agency for family members affected by perinatal loss that allowed them to express their experiences in a socially condoned manner.

Sourcing nineteenth-century consolation literature from popular magazines such as *Godey's Lady's Book* and *Peterson's*, Simonds and Rothman demonstrate that infant loss had a profound impact on women's public and private identity.<sup>253</sup> A consideration of attachment theory, stemming from John Bowlby's 1969 work, *Attachment Theory and Loss*, has led scholars to examine the attachment of pregnant women to their unborn infants. Attachment theory prioritised neonatal and infant attachment but, in 1980, L. G. Peppers and R. J. Knapp expanded the theory to incorporate prenatal attachment.<sup>254</sup> Robinson et al. argue that the development of mother-infant attachment is not reliant on a length of time and therefore perinatal loss cannot be quantified as a less significant form of loss. They explain that: “Maternal attachment consists of a complex set of events that include not only tangible events, such as foetal movement, but also events such as preparation and adjustment to the pregnancy that begin the relationship.”<sup>255</sup> Therefore, the formation of an identity of motherhood arguably commences long before the birth of the infant; the loss of the pregnancy or infant often constitutes an unforeseen event that challenges the process of identity transformation. The loss of an infant before birth poses a more complicated threat to identity because it denotes the loss of motherhood before it has become publicly recognised.

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<sup>252</sup> Wendy Simonds and Barbara Katz Rothman, *Centuries of Solace: Expressions of Maternal Grief in Popular Literature* (Philadelphia: Temple University Press, 1992), 6.

<sup>253</sup> *Ibid*, 34.

<sup>254</sup> L. G. Peppers and J. R. Knapp, *Motherhood and Mourning: Perinatal Death* (New York: Praeger Publications, 1980).

<sup>255</sup> Robinson, Baker and Nackerud, “Attachment Theory and Perinatal Loss,” 261.



A large factor in the apparent development of motherhood identity appears to be the material and mental preparation for the arrival and presence of the baby. When Julia Love was able to commence writing to her mother, she confessed:

I don't feel quite so utterly wretched as I did – but it is OH so hard – I wish I could bear to think of getting up & going on with things, but I can't yet. It most kills me to think of that dear little pillow you sent me, & and all the little things I worked so hard over, & thought so much about in so many hours of loneliness here.<sup>256</sup>

The focus on material objects (such as the pillow) reinforces Daniel Miller and Fiona Parrott's argument that material culture helps express identity norms and relationships.<sup>257</sup> The objects referred to by Julia Love are intrinsically linked to her idealised concept of her baby and her relation as mother. The pillow becomes symbolic of a lived relationship that was never realised. James Lee Love emphasised the significance of the process of materially preparing for the birth of a child when he lamented: "It is pitiful to think of all her [Julia's] daily preparations."<sup>258</sup> Similarly, Earl Barnes wrote to his wife, Mary Sheldon Barnes in anticipation of the birth of their child: "I want to see every one of the little things you bought; and you must not wear them all out handling them, for the little kid is no myth and they will be needed."<sup>259</sup> His jovial warning to Mary not to wear out the materials (assumed to be baby clothes) suggests their excited anticipation at becoming parents. Clearly, some nineteenth-century couples developed a prenatal attachment to their infant that was made visible through their tangible preparations. Sadly, this couple had a late miscarriage or still birth, leaving the clothes as a reminder of the lost child. The presence of objects such as baby clothes after the perinatal loss of the infant come to represent the infant's absence in the world. Margaret Gibson argues that: "As part of mourning and memory, objects function as metaphorical and metonymic traces of corporeal absence."<sup>260</sup> For perinatal loss, the tangible reminders are linked more to a reminder of an

<sup>256</sup> Julia Spencer Love to Cornelia Phillips Spencer, 9 April 1891, Cornelia Phillips Spencer Papers.

<sup>257</sup> Daniel Miller and Fiona Parrott, "Loss and Material Culture in South London," *Journal of the Royal Anthropological Institute*, 15.3 (2009): 506.

<sup>258</sup> James Lee Love to Cornelia Phillips Spencer, 31 March 1891, Cornelia Phillips Spencer Papers.

<sup>259</sup> Earl Barnes to Mary Sheldon Barnes, 13 December 1888, Mary Sheldon Barnes Papers, Sophia Smith Collection, Smith College, Northampton, Massachusetts.

<sup>260</sup> Margaret Gibson, "Melancholy Objects," *Mortality* 9.4 (2004): 285.

imagined life than a memory of a person. The relationship between an object and imagination is more complex than that between an object and a memory.

Material culture occupied a significant space in nineteenth-century mourning practices too. Grief and public expression of bereavement were materially signified as an etiquette, which was developed to guide mourners on the appropriate behaviours. Peter Stearns describes the prominent place that grief held in the nineteenth century, arguing that: “Victorian emotional culture embraced this sorrow openly, returning to it with almost endless fascination.”<sup>261</sup> Those who adhered to the elaborate etiquette were able to use materiality and social behaviour to demonstrate not only their morality but also their class status. However, the practices of mourning were not without their critics. Karen Halttunen notes that: “Sentimentalists feared that the struggle for bourgeois gentility was poisoning even mourning with calculated self-interest and transforming mourning ritual into a masquerade of affected sensibility.”<sup>262</sup> In many ways mourning practices appeared indulgent and dangerously contradictory. If the spirit of the deceased was believed to be in the presence of God and that all would be united after death, surely there should be not cause for prolonged and intense sorrow.<sup>263</sup> However, as has been previously noted, the mourning practices for perinatal death were not expressed in the same public manner as other causes of bereavement. Evidence suggests that the emotional expression of grief over pregnancy loss may have escaped the fate of hypocrisy precisely because it did not rely on the performance of mourning.

Although the expressive form of grief may vary historically, late twentieth- and twenty-first-century research into attachment and bereavement can help us recognise commonalities between contemporary and nineteenth-century perinatal and maternal grief. Simonds and Rothman have, however, noticed a disparity in the consolation literature of today and the past. They state that: “The distinguishing characteristic of the contemporary literature is that it continually explains itself. It is now necessary to explain, to justify, to legitimate the grief of a mother whose baby has died, in a way that was not necessary in the nineteenth century.” They go on to argue that these texts “give permission to grieve” by acknowledging “the loss as

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<sup>261</sup> Peter Stearns, *American Cool: Constructing a Twentieth-Century Emotional Style* (New York: New York University Press, 1994), 41.

<sup>262</sup> Karen Halttunen, “Mourning the Dead: A study in Sentimental Ritual,” in *Confidence Men and Painted Women: A Study of Middle-Class Culture in America, 1830-1870* (New Haven: Yale University Press, 1982), 125.

<sup>263</sup> Stearns and Knapp, “Historical Perspectives,” 135.

loss.”<sup>264</sup> A paper by Robinson, Baker and Nackerud provides such an example in two of its section headings: “Validating the Loss” and “Making the Loss More Real.”<sup>265</sup> The ensuing suggestions that the loss can be “made more real” through receiving a baby blanket, taking photos or keeping a print of the infant’s footprints perpetuates the belief that the “real” is found only in the tangible. This in itself serves to undermine the very loss by foregrounding the absence of a physical child through objects. Reagan notes that such use of material items is one of the methods we use in socially constructing our meaning of miscarriage today.

Whereas contemporary literature emphasises the social acceptability and the legitimacy of perinatal grief, nineteenth-century literature focused on consolation through religious acceptance. Consolation literature was most commonly found in the form of poems composed by women and clergymen and published in magazines that were widely read by middle-class women. Ann Douglas acknowledges scholarship that suggests the proliferation of consolation literature was a response to a social perception of increased mortality rates. As such, it offered “a sentimental but viable way to cope with a widespread and valid sense of loss and deprivation.”<sup>266</sup> Douglas argues for the role of religion in the creation of sentimental consolation literature in the increasingly urbanised and industrialised North. Religious consolation literature demonstrated a shift in the clerical approach that aimed “to soothe rather than to discipline and who perforce wanted to persuade the public that emotional nurture was its greatest need.”<sup>267</sup> Although it falls outside of the scope of this thesis, religion played an essential, albeit shifting role in the lives of nineteenth-century middle-class Americans. Instances of death therefore continued to be closely linked to discussions of God’s will and the Kingdom of Heaven. Diana Pasulka has drawn attention to the genre of child hagiographies during this era. Composed as memoirs by evangelical Protestant women, these texts focused on: “the intercessory function of the departed, commerce between the living and the dead, and the immanence of the afterlife, or the belief that the dead coexisted with the living in tangible ways.”<sup>268</sup> The form of the memoir served to distinguish these texts from fiction and claims were made by the authors that the hagiographies revealed true events. Pasulka concludes that:

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<sup>264</sup> Simonds and Rothman, *Centuries of Solace*, 22. Emphasis in original.

<sup>265</sup> Robinson, Baker and Nackerud, “Attachment Theory and Perinatal Loss.”

<sup>266</sup> Ann Douglas, “Heaven Our Home: Consolation Literature in the Northern United States, 1830-1880,” *American Quarterly* 26.5 (1974): 497.

<sup>267</sup> *Ibid*, 499.

<sup>268</sup> Diana Walsh Pasulka, “A Communion of Little Saints: Nineteenth-Century American Child Hagiographies,” *Journal of Feminist Studies in Religion* 23.2 (2007): 52.

“Women authors of the memoirs, often the mothers of the child protagonists, constructed themselves as the living conduits of the sacred, thus positing a direct bodily connection between the living and the dead.”<sup>269</sup> Although these memoirs were not tangible objects relating directly to the existence of the deceased child (such as a toy or clothes), they became a physical medium around which some mothers were able to focus their emotional and religious comprehension of the loss of their child.

Excluded from the poetry published on infant mortality, however, consolation for perinatal loss found its outlet in family letters. Consequently, while tropes of religion were still present, the medium of the letter allowed for a far greater scope of discussion due to the intimacy of correspondents. The conversational tone of letters placed the sender and recipient in a direct and reciprocal relationship, as opposed to the publication of poetry that foregrounded an author for an anonymous reader. The collaboration established through the sending and receiving of familial correspondence cemented and maintained close relationships that were threatened by geographical separation. William Decker employs the theme of death in a symbolic rather than literal manner as he explains: “The death that is the space between correspondents – a geographic space but also the space between signifier and the mirage of consensual meanings – haunts letter writers.”<sup>270</sup> The discussion of perinatal mortality could therefore serve to abate the geographical distance that threatened to destroy the familial bonds of the survivors.

The relational dependence of letters offers us a key site in which to discover the effects of pregnancy loss on partners and their close family. The letters take the place of the individuals who correspond, referring constantly to each other. Steven Stowe suggests that limited means of communication in nineteenth-century America meant that letters were invested with “a density of meaning quite lacking in our own time.”<sup>271</sup> The personal value attached to letters allows us to engage with a rich source of family communication. Amy Culley and Rebecca Styler recognise that: “there has been a shift within life writing (both in its practice and criticism) away from the traditional emphasis on the autonomous individual who stands out of

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<sup>269</sup> Ibid, 67.

<sup>270</sup> William Merrill Decker, *Epistolary Practices: Letter Writing in America before Telecommunications* (Chapel Hill: University of North Carolina Press, 1998), 15.

<sup>271</sup> Steven Stowe, “The Rhetoric of Authority: The Making of Social Values in Planter Family Correspondence,” *The Journal of American History* 73.4 (1987): 920.

his her milieu in favour of considerations of the relationality inherent in individual lives.”<sup>272</sup> The letters written between involuntarily childless women and their spouses and parents can function as a material network of family relations based around the absence of a new generation. In this sense we witness the re-production and strengthening of a nuclear family that is already in existence rather than focusing our trajectory of family into an absent future. In this way the loss becomes an active component in making real relations. The reinforcement of existing relations through correspondence may demonstrate a more constructive response to perinatal grief than the contemporary approach that focuses more on individual identity.

Extending beyond the visual, letters are physical presences intentionally given. Decker proposes that:

[T]he inscribed letter often communicates in ways that depend absolutely on the conceit of the sender’s embodiment in the artefact sent...In the text of the letter the correspondent’s embodiment typically comes across in metonymic turns of phrase whereby the letter artefact becomes identified with its sender and/or recipient.<sup>273</sup>

Recipients often wrote of their tactile interaction with the letter as a token of the absent sender in response to a letter from a loved one. They would write of the relief they felt as they held the letter close, or may have kissed it as a sign of affection that they would have bestowed in person. The letter came to stand for the absent writer. The concept that the medium of the letter embodied the sender is similar to current clinical practices that urge women who have experienced stillbirths or neonatal deaths to keep physical mementos. However, rather than serve as a reminder of the deceased, a letter acknowledged the continued presence of family. Letters were sent and received, acting in a mutual transfer of discourse, acknowledgment and engagement.

Social scientists and psychologists of the twentieth century have confirmed the argument that expectant parents experience perinatal attachment long before their baby is born. As a consequence, scholars are beginning to explore the ways in which perinatal loss is experienced as both a traumatic event and a cause for grief. Nevertheless, this research is preoccupied with

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<sup>272</sup> Amy Culley and Rebecca Styler, “Editorial: Lives in Relation,” *Life Writing, Special Issue: Lives in Relation* 8.3 (2011): 237.

<sup>273</sup> Decker, *Epistolary Practices*, 39.

the twentieth and twenty first centuries, excluding the subjective experiences of parents-never-to-be in the nineteenth century from a discussion of perinatal trauma and loss. Yet, as underlined through the examples above, it is now possible to ascertain that these feelings of attachment to an unborn baby were not unique to the twentieth- and twenty-first centuries.

Trauma Studies can be traced back to the late nineteenth-century interrogation of hysteria conducted by European medical practitioners such as Jean Martin Charcot, Pierre Janet and Sigmund Freud. These men, who laid the foundation for the development of psychoanalysis, argued that the physical symptoms and behaviours of hysterical patients were a result of psychological conditions. Janet proposed that this psychological crisis was a reaction to a traumatic event earlier in the patient's life.<sup>274</sup> Throughout the twentieth century, conditions such as shell shock, the return of veterans from wars, and the experiences of survivors of concentration camps became recognised as sources of trauma. By the second-half of the twentieth century more personal and individually experienced events such as domestic violence and child abuse were also classified as traumatic. However, it is only more recently that some scholarly literature, particularly in the field of psychotherapy, has begun to recognise pregnancy loss as a traumatic event.<sup>275</sup>

Cathy Caruth poses the question: "Is the trauma the encounter with death, or the on-going experience of having survived it?" She answers this by arguing that there is an "oscillation between a *crisis of death* and the correlative *crisis of life*: between the story of the unbearable nature of an event and the story of the unbearable nature of its survival."<sup>276</sup> The experience of perinatal death for women is intriguing because the site of both death and life is within the female body. The woman simultaneously embodies the death of her unborn infant physically and mentally. Her own life, especially in the nineteenth century, was also at serious risk during these occurrences. The oscillation suggested by Caruth does not involve the more typical

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<sup>274</sup> Shoshana Ringel and Jerrold R. Brandell, "Overview," *Trauma: Contemporary Directions in Theory, Practice, and Research*, SAGE, 2011, 2.

<sup>275</sup> See Martha S. Rinehart and Mark S. Kiselica, "Helping Men With the Trauma of Miscarriage," *Psychotherapy Theory, Research, Practice, Training* 47.3 (2010): 288-295; Kami L. Schwedtfeger and Karina M. Shreffler, "Trauma of Pregnancy Loss and Infertility Among Mothers and Involuntarily Childless Women in the United States," *Journal of Loss and Trauma* (2009): 211-227; C. Lee and P. Slade, "Miscarriage as a Traumatic Event: A Review of the Literature and New Implications for Intervention," *Journal of Psychosomatic Research* 40.3 (1996): 235-244.

<sup>276</sup> Cathy Caruth, *Unclaimed Experience: Trauma, Narrative and History* (Baltimore: Johns Hopkins University Press, 1996), 7. Emphasis in original.

formulation between an external traumatic action and an internal response, but instead places the site of tension solely within the individual body.

In the event of perinatal loss, the threat to new life comes from within the pregnant woman's body. In turn, the physical consequences of the miscarriage can potentially cause further threat to the woman herself. In physically tenanting the body, it invites the dangers that accompany its un-tenanting. In this way the trauma of pregnancy loss appears two-fold. One patient's case report from the New England Hospital for Women and Children highlights the extreme physical ordeal that some women suffered from as a result of miscarriage. The physician's case notes, dated 1873, inform us that the patient was a twenty-nine-year-old woman living as a housewife in East Cambridge, Massachusetts. She was married at the age of twenty-one and became pregnant three months after. However, the child was delivered at seven months and presumed to have died three weeks before this. The notes record that:

In delivery the head became separated from the body and the latter was delivered with instruments. Patient was very sick for four months after the birth of her child: flowed all the time, remained in bed three months. Menses became re-established five months after parturition...but patient has seldom been free from pain in back and side since that time.<sup>277</sup>

The physician recorded that the patient, who presented as "rather anaemic" with "skin moist," had sought the help of three separate physicians before finally entering the hospital for further treatment. It is difficult to imagine that the endurance of such physical trauma would not have had a profound impact on the patient's emotional state. Unfortunately, medical case reports like this did not disclose the patient's responses to their medical condition.

While the physical and emotional impact of pregnancy loss on the woman has been recently acknowledged as an experience of trauma, the expression of this appears to differ from that more commonly associated with it. Susan Suleiman acknowledges that in trauma studies: "The

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<sup>277</sup> Patient Medical Case Record for Rebecca Packwood, 12 March 1873, Records of the New England Hospital 1866-1902, Center for the History of Medicine, The Francis A. Countway Library of Medicine, Boston, Massachusetts.

most important subject of debate concerns the relation of trauma to memory.<sup>278</sup> Many scholars on the subject note that traumatic memories appear to be suppressed for a period of time before the victim is able to recall and disclose them. Following on from Freud's concept of 'traumatic neurosis' in his work, *Beyond the Pleasure Principle*, Caruth suggests that: "Trauma is not locatable in the simple violent or original event in an individual's past, but rather in the way that its very unassimilated nature – the way it was precisely *not known* in the first instance – returns to haunt the survivor later on."<sup>279</sup> The expression of emotion does not appear to operate in the same way for pregnancy loss as the repression of memory is not a key characteristic in these instances. Although women may recall their loss later in life, it has already been assimilated into their memories and is known. Consequently, despite the traumatic process at the time of pregnancy loss, it may be more useful to discuss its aftermath in terms of grief.

To argue that pregnancy loss does not conform in its entirety to traditional definitions of trauma expression is not to say that it does not have an on-going emotional impact on those affected. Dennis Klass has recognised that sorrow can remain as an emotional element in bereaved parents even after they have "made peace, found meaning, and moved on in other parts of the self."<sup>280</sup> Sorrow is therefore not a static emotion and can remain or resurge after the grieving process is complete. The memory of a previous pregnancy loss appears more acute in times of future pregnancies. Rather than sorrow, feelings of anxiety and fear take precedence. Evans and Read note that the frequency of pregnancy loss in Early Modern England did not make its potential recurrence a less emotionally fraught experience.<sup>281</sup> A letter from Emma Spaulding Bryant to her husband, John, demonstrates that this remained true in nineteenth-century America. She wrote:

What I hoped when you were here I have little doubt of now. I only fear the same disaster as befell me two years ago – shall try to be very careful. I am very desirous to be with you. I think I never so much before felt the need of you as now.<sup>282</sup>

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<sup>278</sup> Susan Rubin Suleiman, "Judith Herman and Contemporary Trauma Theory," *Women's Studies Quarterly* 36.1&2 (2008): 277.

<sup>279</sup> Caruth, *Unclaimed Experience*, 4.

<sup>280</sup> Dennis Klass, "Sorrow and Solace: Neglected Areas in Bereavement Research," *Death Studies*, 37 (2013): 601.

<sup>281</sup> Evans and Read, "'before midnight she had miscarried,'" 3.

<sup>282</sup> Emma Spaulding Bryant to John Emory Bryant, 9 July 1868, quoted in Currie, *Emma Spaulding Bryant*, 118.



Evidently, the previous loss of a pregnancy created a complex emotional reaction to future pregnancies – one shaped by both desire and fear. Bryant’s fear was realised in the death of the infant shortly after its birth caused by a large tumour on his head. Her anxiety was further heightened by the absence of her husband and her wish that he had the opportunity to see their baby before its impending death. Bryant shared her longing with John in a letter that began:

Our little baby still lingers with us and O that you might see it. I almost feel as if I cannot have it, that our little darling, our first-born, perhaps only child, shall be lain in the grave without you looking upon its sweet little face.<sup>283</sup>

Bryant’s emotional turmoil is further heightened by her explicit awareness that they may not be able to have any children in the future. This however, did not prove to be the case as she gave birth to their only surviving child, Emma Alice Bryant in 1871. Although Bryant was devoted to her only daughter, the absence of other children remained in her thoughts and even her words. On their twenty-third wedding anniversary, she reflected:

It has so far proved time with us that we have been very happy in all these years, in spite of all the disappointments that we have experienced in temporal matters. I had looked forward to a house full of happy children and a home to raise them in but I must believe that infinite wisdom and infinite love have given us just what we ought to have, and I do thank Him with a full heart for our constant [illegible] in each other and for the unfailing love that has never lost its first warmth and freshness.<sup>284</sup>

Despite their lack of children, or perhaps even because of it, it is evident that Bryant took strength from her relationship with her husband.

Due to the fact that pregnancy loss physically takes place within the pregnant woman, the emotional effect that it can have on male partners has only recently begun to be considered.<sup>285</sup>

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<sup>283</sup> Ibid, 23 March, 1869, 125.

<sup>284</sup> Emma Spaulding Bryant to John Emory Bryant, 26 June 1887, John Emory Bryant Papers, David M. Rubenstein Rare Book & Manuscript Library, Durham, North Carolina.

<sup>285</sup> I refer to male partners here because the nineteenth-century couples used in this chapter as case studies were heterosexual.

Martha S. Rinehart and Mark S. Kiselica note that this is because men are primarily perceived as the caretakers of their partners.<sup>286</sup> There is evidence to support the theory that male partners regard themselves to be responsible for the care and support of their female partners during pregnancy loss. One study into the similarities and differences between couples' responses to pregnancy loss found that men scored high in the test that measured concern for their partner's well-being.<sup>287</sup> Another study found that in order to emotionally support their partners during pregnancy loss, men limited the expression of their own feelings.<sup>288</sup> As a professor at Harvard University in 1891, James Lee Love was grateful to be able to inform Cornelia Phillips Spencer that "My week's Easter recess begins tomorrow – so that I have opportunity to do everything in my power to comfort and keep her [Julia]."<sup>289</sup> A few days later Love reassures his mother-in-law of the couple's mutual support for one-another during his wife's recovery: "we talk over our love and do our best to comfort each other."<sup>290</sup>



**Fig. 6. James Lee Love, husband of Julia Spencer Love and son-in-law of Cornelia Phillips Spencer.**

<sup>286</sup> Martha S. Rinehart and Mark S. Kiselica, "Helping Men with the Trauma of Miscarriage," *Psychotherapy Theory, Research, Practice, Training* 47.3 (2010): 288.

<sup>287</sup> Beutel et al., "Similarities and Differences in Couple's Grief Reactions Following a Miscarriage: Results from a Longitudinal Study." *Journal of Psychosomatic Research* 40.3 (1996): 248.

<sup>288</sup> Serrano Lima (2006) cited in Rinehart & Kiselica, "Helping Men," 290.

<sup>289</sup> James Lee Love to Cornelia Phillips Spencer, 29 March 1891. Cornelia Phillips Spencer Papers.

<sup>290</sup> *Ibid*, 4 April 1891.

From letters such as those sent by Love, we can confirm that some men may have felt their role to be one of emotional support and encouragement to their female partners in the nineteenth century. The studies previously mentioned demonstrate that this still appears to be the case today. However, it is essential not to overlook the existence of male grief at pregnancy loss despite its less visible expression. Beutel et al. conclude that: “Contrary to commonly held beliefs, men do grieve, but less intensely and enduringly than their partners.”<sup>291</sup> The difference in the expression of grief by partners allows women to find support that they may have difficulty receiving from other sources due to the more private recognition of perinatal loss. Acknowledging the role of husbands as caretakers in instances of pregnancy loss raises questions about their self-perceived role in cases where conception is not achieved at all. Perinatal loss offers men a moment of loss to respond to that the unknown period of waiting offered by non-conception does not. If men take their agency from situations of known and identifiable loss, how can they achieve agency in the absence of conception?

Catherine Renner et al. have found that in the twenty-first century, “Women who have miscarried report friends and family responding in ways that reduce or deny the importance of the event, leaving the grieving woman with little sense of support.”<sup>292</sup> It could be argued that a lack of support from friends and family is due to the cultural conditions that shape our concept of death, grief, and mourning alongside their more obscure relationship with perinatal death. While people may accept that miscarriage occurs, they may find it more difficult to ascribe an emotional value to it due to their lack of personal experience or due to their difficulty comprehending the loss of a pregnancy in someone who may have not yet been visibly pregnant.<sup>293</sup>

The letters from Cornelia Phillips Spencer to her daughter Julia Love demonstrate the uncomfortable and disjointed tension felt between expressing sympathy (and even empathy) and an attempt to suppress discussion of the loss and grief so that in time they could heal. Cornelia Spencer wrote: “Say nothing of the loss to us all. Few people but those who have

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<sup>291</sup> Beutel et al., “Similarities and Differences,” 245.

<sup>292</sup> Catherine Hackett Renner et. al., “The Meaning of Miscarriage to Others: Is it an unrecognized loss?” *Journal of Personal and Interpersonal Loss* 5 (2000): 67.

<sup>293</sup> *Ibid*, 75.

experienced the like would be able to enter into our feelings.<sup>294</sup> She recognised the inability for people outside of the immediate family unit to understand this form of grief, while also suggesting that she may have also experienced pregnancy loss and that she is therefore in a position to instruct and guide her daughter in the management of this event.

Throughout the last two centuries, women who have experienced perinatal loss have had to endure a public silence around it. When knowledge of pregnancy loss does reach individuals outside of the immediate family, and responses or condolences are offered, they are often misguided. In a sympathy letter to Cornelia from her sister on the loss of Julia's baby, Sarah Phillips optimistically related: "I have a friend who passed through the same ordeal, a year after she had a baby and several since. Let us be reconciled, she will have another."<sup>295</sup> It is unlikely that such a response would be offered in the instance of death of a spouse, sibling or friend (despite the fact that others might be had in the future). Again this response serves to highlight the different reading of grief and bereavement that must take place when considering experiences of perinatal loss. Julia Love lamented that:

I suppose it is the best people know, but it is mighty poor comfort for them to say – ‘Oh you will have another’ – After just going through with 9 mos [sic] of misery & then the awful climax, & nothing to show for it – it makes one weak to think of it – Oh I am so tired.<sup>296</sup>

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<sup>294</sup> Cornelia Phillips Spencer to Julia Spencer Love, 11 April 1891. Cornelia Phillips Spencer Papers. Emphasis in original.

<sup>295</sup> Sarah R. Phillips to Cornelia Phillips Spencer, 7 April 1891. Cornelia Phillips Spencer Papers.

<sup>296</sup> Julia Spencer Love to Cornelia Phillips Spencer, 13 April 1891. Cornelia Phillips Spencer Papers. Emphasis in original.



**Fig. 7. *Julia (June) Spencer Love with her daughter, Cornelia. Cornelia was born in 1892, thirteen months after the stillbirth of her and James Lee Love’s first child.***

Frost et al. explain in their research that a lack of public mourning for miscarriage establishes it as “a unique form of loss” and consequently one difficult to come to terms with.<sup>297</sup> Nicky Hart demonstrates the continuity between experiencing a death in-utero and a neonatal death, claiming that: “In terms of maternal resources – time, opportunity, cost, energy output, bodily depletion, not to mention emotional investment, a foetal death in, say, the seventh month of pregnancy represents almost as much a waste (and a trauma) as a death soon after birth.”<sup>298</sup> It is perhaps unsurprising that this form of grief has been considered as a trauma and that links to post-traumatic stress disorder and depression have been observed in women who had experienced this form of loss. In a 1996 research study that assessed the mental and emotional states of three groups of women (those who had children but had also experienced a perinatal loss, involuntarily childless women who had never conceived, and involuntarily childless women who had experienced a perinatal loss), the researchers found that the childless groups reported the lowest levels of happiness. Of the childless women who had experienced a loss,

<sup>297</sup> Frost et al., (2007), cited in Scherdtfeger and Shreffler, “Trauma of Pregnancy Loss,” 212.

<sup>298</sup> Hart, “Beyond Infant Mortality,” 216.

45% felt seriously depressed and 36% said that they felt like failures as women.<sup>299</sup> Another study that examined the relationship between perinatal loss and women's mental health found that pregnancy loss was experienced as a "stressful life event that can cause marked deterioration in a woman's mental health."<sup>300</sup>

The grief experienced through perinatal loss and the lack of public outlets for this form of mourning demonstrate that miscarriage and stillbirth are not easy to assimilate into our culturally defined perception of death. Klass argues that some deaths are easier for us to come to terms with, such as the death of an elderly person. However, he concludes that: "If the death cannot be assimilated, then the components of the worldview must be accommodated to the new reality. Accommodation might mean a sense of meaninglessness...Or it might lead to growth. For most people, however, it is not an either/or matter – growth or depression."<sup>301</sup> Such a conclusion further demonstrates that the experience of perinatal loss is not defined by a single cultural response in any given period. Instead, we need to understand the response as a complex system of emotions and behaviours that do not operate on a progressive track, but that simultaneously co-exist, subside and re-emerge throughout the survivor's life.

Perhaps one of the reasons that perinatal loss is so unique and so complex to emotionally comprehend and express is that it also entails the confinement of and potential threat to the life of another. Rather than the occurrence of an isolated and independent death, perinatal death becomes subsumed within the care, treatment and recovery of a patient. Despite parental attachments that may form throughout the duration of the pregnancy, the unborn infant is unknown. The pregnant woman on the other hand is well known to both her partner and family. Clement Claiborne Clay's father wrote to him shortly before the stillbirth of his child stating: "I hope, in due time, I shall receive still more agreeable intelligence, that the crisis has been passed, and all 'as well as could be expected.'"<sup>302</sup> Although eager for the birth of his grandchild, Clay Sr. was also aware of the dangers posed by the "crisis" of childbirth. In nineteenth-century cases of perinatal loss, the practices associated with illness became greater than the rituals

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<sup>299</sup> Schwerdtfeger and Shreffler, "Trauma of Pregnancy Loss," 220.

<sup>300</sup> Janssen et al., (1996), cited in Robinson, Baker and Nackerud, "Attachment Theory and Perinatal Loss," 264.

<sup>301</sup> Klass, "Sorrow and Solace," 600.

<sup>302</sup> Clement Comer Clay to his son, Clement Claiborne Clay, on the expected delivery of Virginia Tunstall Clay's baby, 9 January 1854, Clay Papers, David M. Rubenstein Rare Book & Manuscript Library, Durham, NC.

associated with death. The sorrow of the living, which usually took centre stage, had to vie with emotional fear and anxiety for the survivor. The restoration of health became more critical to the family than the soul of the infant that was already at peace and with God. Perinatal loss appears to be the only instance in which the idealised self-sacrificial mother could take precedence over her child because an imagined future (signified by the infant) gave way to established existence.

The overwhelming anxiety that family members felt for women who lost their pregnancies or delivered stillborn infants as well as their relief at the woman's recovery (if this happened) is evident in many nineteenth-century letters. Virginia Tunstall Clay's brother-in-law wrote of his growing concern in a letter shortly after the stillbirth of her child in 1854: "I fear you are not recovering as rapidly as brother Clement's letter gave us reason to hope you would; indeed, I doubt very much whether you are so well." He goes on to mention that: "Father is becoming uneasy, and has more than once remarked, 'I am afraid Virginia is worse, since Clement does not write.'"<sup>303</sup> Nine days later, Hugh Clay wrote again, but this time he avoided mention of the baby or Virginia's health. With a slightly lighter tone than the previous letter, he updated her on all that had recently been happening in his life. It is likely that knowing Virginia seemed to be recovering, he hoped to provide her with entertainment and distraction. These letters are especially valuable as they reinforce that topics such as pregnancy and miscarriage were discussed openly between not only female family members and friends, but also male relations of various generations.

After perinatal loss, the defining object of a woman's identity as a mother – the child – is absent. This physical absence therefore also threatens to erase her relational sense of self-hood. By examining the lived experiences of women who underwent a miscarriage or stillbirth and their subsequent trauma and grief, we can expand our understanding of nineteenth-century mourning and complicate the discourses of motherhood and childlessness. To acknowledge nineteenth-century experiences of grief at this form of loss is to recognise the validity of parental experiences, despite its sometimes intangible form. The case studies in this chapter demonstrate the while cultural conventions dictated that infant mortality required a public expression of mourning, the voicing of perinatal grief was just as present, but conveyed through

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<sup>303</sup> H. Clay to Virginia Tunstall Clay, 2 February 1884, Clay Papers.

private correspondence. The intimacy of this form of mourning allowed husbands to occupy a central role within the correspondence, providing emotional support for various other familial relations. These lived experiences of pregnancy loss therefore offer us a particularly nuanced reading of the role of men within the family. While Julia and James Love eventually went on to have a daughter, Cornelia, other couples, such as Virginia and Clement Clay, remained biologically childless. However, some did find alternative ways to incorporate children into their lives. The following chapter analyses the ways that couples engaged with informal adoption throughout nineteenth-century.



## Chapter 5

### “House of the expanding doors”:<sup>304</sup>

#### The Creation of Alternative Families

In a letter to Anne C. Lynch Botta (1815-1891), Ralph Waldo Emerson wrote: “I was very glad to hear that you were safe home again to me and all of us in your house of the expanding doors.”<sup>305</sup> Botta was renowned in New York society during the second-half of the nineteenth century as a hostess of hugely successful salons that welcomed famous writers such as Ralph Waldo Emerson, Edgar Allan Poe, Louisa May Alcott and her father Bronson, Margaret Fuller, and Lydia Maria Child. However, Botta also opened her doors to the unknown, cultivating knowledge and offering guidance to the young. Anne and Vincenzo Botta remained childless during the thirty-six years of their marriage, but their house was never empty. In jest, Botta herself said that: “If you bait your line with a person, you can always catch me.”<sup>306</sup> Like Botta, the childless Anna Cora Ogden Mowatt (1819-1870) tenanted her house with young persons. Anna and her husband James Mowatt informally adopted a series of children as acts of charity: first, the children of parents too poor to care for them, and subsequently three orphaned siblings.

Through cases such as these it is possible to observe qualities of parenthood being expressed outside of the parent-child blood relationship. This chapter examines the ways that some women both tenanted their childless marriages and fulfilled ideals of true womanhood through carrying out maternal acts toward others, especially children or youths. The variations in these examples relating to the types of individuals welcomed into the homes, degrees of intentionality, the backgrounds of the children under care, the duration of this care, and the attitudes of the “adoptive” parents or guardians are indicative of the vast spectrum of such experiences. Underlying these complex adoptive experiences for both children and adults was a shifting social attitude toward child-labour and a corresponding sentimentalisation of

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<sup>304</sup> Ralph Waldo Emerson to Anne Lynch Botta, quoted in a letter to Vincenzo Botta from Kate Sanborn, published in *Memoirs of Anne C. L. Botta, written by her friends. With selections from her correspondence and from her writings in prose and poetry* (New York: J. Selwin Tait and Sons, 1893; repr., The Michigan Historical Reprint Series), 177.

<sup>305</sup> Ibid.

<sup>306</sup> Anne Botta, quoted by Julia Campbell Keightly in a letter to Vincenzo Botta, published in *Memoirs of Anne C. L. Botta*, 154.

childhood. The affective change in parent and child roles within the family was reflected in legislation that began to formally recognise adoption. The affective family was also explored in sentimental fiction through orphan narratives. Joe Sutliff Sanders notes that much of the sentimental literature of the nineteenth century was authored by women and argues: “I see sentimental fiction as a place for working out what it means to be a woman in America in the emerging industrial age.”<sup>307</sup> By examining their life writings, it is possible to analyse how some childless women may have viewed themselves alongside the social pressures for motherhood in an era of economic and familial change.

Moreover, it is apparent that autobiographies such as Anna Cora Ogden Mowatt’s were influenced by the tropes of adoption fiction, which was itself a product of the increasing social demand for formal adoption. Sentimental orphan narratives also raised questions about the significance of genealogy when presented with the option of creating more affective relational bonds. Broadening our notion of parental relations and the meaning of “having” a child, legislation, life writings and adoption fiction complicate our immediate assumptions of biological nineteenth-century families in America. When the presumption of biological nuclear families is challenged in such a way, an opportunity is provided in which to recognise and explore alternative ways that childless women were still able to tenant their lives through the maternal, sentimental and moral acts that constituted the ideals of true womanhood.

### **Adoption in Nineteenth-Century Legislation**

During the first half of the nineteenth century, the indenturing or apprenticing of poor and working class children to other families (a practice that had its roots in colonial America) was still a relatively common occurrence. Fulfilling an economic need through the provision of their labour, the child received shelter, food, clothes and a basic education in return. The presence of an indentured child in a family home was based primarily on their ability to work rather than a desire on the part of the family to create another familial relationship. Although the experiences of indentured children were diverse, some of these positions did eventually bear emotional ties that led to informal adoptions. In many instances, the couples who took in or adopted indentured children were not childless themselves. Therefore, the decision to adopt

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<sup>307</sup> Joe Sutliff Sanders, *Disciplining Girls: Understanding the Origins of the Classic Orphan Girl Story* (Baltimore: Johns Hopkins University Press, 2011), 9.

an indentured child demonstrates that adoption was not reserved solely as a “cure” for childless couples.

In light of this, Susan L. Porter has argued that the increased occurrence of adoption in the second-half of the nineteenth century can be viewed as “an offshoot of indenture” rather than the product of legislation.<sup>308</sup> Adoption in the second half of the nineteenth century took the form of two approaches: informal and formal. The emotional intent behind informal adoptions varied while state legislation gradually began to play a more prominent role in the creation of formal adoptions. Julie Berebitsky argues that: “Although both indenture and adoption placed a child with a family, they were fundamentally different: indenture signified an economic relationship, adoption an emotional one.”<sup>309</sup> However, as evidenced by the adoption of indentured children, the economic and emotional distinction that Berebitsky suggests was not always so clear.

The increased state legislation for adoption appears to have resulted from the demand for legal adoption, rather than producing such a demand. Until the first state adoption law was passed in Massachusetts in 1851, formal adoption had only been granted through the passing of private acts. Some states granted these private petitions for adoption as early as the eighteenth century.<sup>310</sup> However, the increasing demand for legal adoption during the second-half of the nineteenth century alongside the shifting sentimental attitudes towards children spurred greater state legislature. By 1929 all states in America held adoption laws. In contrast, England did not pass a law for adoption until 1926 demonstrating that America modelled its own procedures based on an apparent national demand.

As a result of the incomplete state legislation in the second-half of the nineteenth century however, many adoptions were practiced informally. Berebitsky suggests that couples were more inclined to seek formal adoptions in cases where they wished to establish an inheritance claim for the child.<sup>311</sup> Consequently, legal adoption appears to have been both emotionally and

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<sup>308</sup> Susan L. Porter, “A Good Home: Indenture and Adoption in Nineteenth-Century Orphanages,” in 2<sup>nd</sup> Ed., *Adoption in America: Historical Perspectives*, ed. E. Wayne Carp (Ann Arbor: University of Michigan Press, 2005), 27.

<sup>309</sup> Julie Berebitsky, *Like Our Very Own: Adoption and the Changing Cultures of Motherhood, 1851-1950* (Kansas: University Press of Kansas, 2000), 19.

<sup>310</sup> *Ibid*, 20.

<sup>311</sup> *Ibid*, 43.

economically motivated. Nevertheless, the economic motivation for legal adoption assumes the existence of an inheritance and therefore operated to benefit those with something of economic value to bestow. If there were no inheritance to leave, there may have been little practical or legal reason for a couple to formally adopt a child over informally adopting them.

Scholarship on nineteenth-century adoption practices focuses mainly on the institutions and private legal acts that helped establish the need for state-wide legislation. This work examines the economic or social reasons that led to children's placement in orphanages or alms-houses as well as the reform of childcare practices that led to the professionalisation of social work by the end of the century. The case of the New York Children's Aid Society (CAS) demonstrates the initial controversy around early forms of formal adoption. CAS was founded by Reverend Charles Loring Brace in 1853. Many of the children taken in by CAS were not orphans, but children who had been "recruited" from families in the poor neighbourhoods of New York. Brace's intention was to relocate the children to families drawn from the respectable working class, or the middle class in order to provide the children with environments for their social and moral uplift. Thousands of children were taken by orphan trains to the rural Midwest where they were placed with farming families. E. Wayne Carp describes Brace's somewhat romantic attitude toward this relocation: "He assumed that a rural setting was morally superior and that the farm families desiring a child partook of this rural virtue and would treat the children well."<sup>312</sup> However, in reality, not all of the children were formally adopted and their situation in farming families was often akin to indenture.

Brace's morally uplifting intentions for the poor children of urban areas was reflective of a wider cultural attempt to construct a new national identity. Having won its independence from the "fatherland," Britain, America sought to forge its new "adult" identity. In doing so, America began to question the strong hierarchical and patriarchal foundations of Britain. The new national uncertainty over an engrained European model of heritage and lineage was reflected in familial power shifts. In this way, the family unit became a microcosm of the new republic and its potential.<sup>313</sup> The familial power shifts began to emphasise specific roles for each family

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<sup>312</sup> E. Wayne Carp, *Family Matters: Secrecy and Disclosure in the History of Adoption* (Massachusetts: Harvard University Press, 1998), 10.

<sup>313</sup> For a study on the relationship between the politics of nation and the family, see, Shirley Samuels, *Romances of the Republic: Women, the Family, and Violence in the Literature of the Early American Nation* (New York: Oxford University Press, 1996).

member and reciprocal responsibilities for husbands, wives and children. Michael Grossberg argues that:

During the nineteenth century, children came to be seen more explicitly than ever as vulnerable, malleable charges with a special innocence and particular needs, talents and characters. Consequently, authoritarian child rearing and hierarchical relations succumbed to greater permissiveness, intimacy and character building. As with spousal relations, in the republican household parents and children became bound together by a new egalitarianism and by affection.<sup>314</sup>

However, the development of new familial roles and the conviction of the power of nurture over the believed natural character of a child were underlined by uncertainty and class insecurity.

The middle-classes feared the corrupting vices they associated with the poor, especially poor immigrants, who lived in the over-crowded tenement buildings. Berebitsky acknowledges that: “Americans’ faith in the power of the heredity especially affected attitudes toward adoption.”<sup>315</sup> Potential adoptive parents therefore had to evaluate social beliefs and prejudices when making the decision whether or not to incorporate a child into their family and the degree to which they wished to do so. Those who did adopt a child from a poor or working class background had to believe, or at least hope, that the nurturing environment they could provide would prevail over the child’s questionable or unknown hereditary nature.<sup>316</sup> Some case records from orphanages and children’s aid societies show that children were returned to the agencies, even after several years, if the adoptive parents felt that the child’s undesirable heritage was causing them to behave in a problematic or uncontrollable manner. Adopting an older child therefore made it easier to assess their character beforehand. Older children were also more desirable to potential adopters because, as Porter importantly reminds us: “Infant mortality, especially among bottle-fed babies, was very high and illegitimacy was seen as a ‘blood taint.’”<sup>317</sup> As well as the increased risk of mortality, the babies found in aid societies

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<sup>314</sup> Michael Grossberg, *Governing the Hearth: Law and the Family in Nineteenth-Century America* (Chapel Hill: University of North Carolina Press, 1985), 8.

<sup>315</sup> Berebitsky, *Like Our Very Own*, 28.

<sup>316</sup> *Ibid*, 29.

<sup>317</sup> Porter, “A Good Home,” 27.

were often stigmatised, having been given into their care due to the shame of the mother (or her family) concerning the birth of a child outside of marriage. The background of such babies meant that they challenged the middle-class ideals of marriage and procreation.

The backgrounds of the children who found themselves in orphanages and children aid societies were diverse. The Washington City Orphan Asylum was founded in 1815 and initially cared for children who had lost both biological parents. However, it eventually widened its remit to begin receiving children from the “deserving poor.” The qualities exhibited by the “deserving” were to reflect idealised middle-class behaviours and etiquette. It has been acknowledged that: “If a parent deviated from middle-class norms as far as alcohol consumption, sexual behavior, or even swearing were concerned, his or her worthiness could be questioned, and the child turned away.”<sup>318</sup> The wellbeing of the child in these instances was secondary to the potential hereditary threat of their parentage. Naomi Cahn notes that some of the parents of the children found in orphanages were: “active participants in this system, sometimes seeking temporary aid from the child savers or resisting removal.”<sup>319</sup> However, only the poor who were believed to be virtuous could seek out this form of aid for the children that they could not provide for. Cahn’s observation also acknowledges that parents who sent their children to orphanages or aid societies did not necessarily do so with the intention of it being a permanent solution. Consequently, the support offered by institutions and those connected to them was not always found in adoption, but in the provision of temporary relief until the child could return home.

The romantic notions of moral uplift that drove Brace’s creation of CAS were ultimately criticised by a second wave of childcare reformers in the last decades of the nineteenth century. They argued that he had not properly investigated or interviewed the families that he sent children to live with and was therefore unable to ensure their protection. With shifting cultural notions of childhood, an emphasis had become placed on securing the best interests and care for the child, rather than providing middle class couples with poor children upon whom they could bestow their charity. Reformers of adoption, often led by Catholic and Jewish religious leaders who resented children being taken from Catholic and Jewish families and placed with Protestant ones, focused on helping poor families stay together rather than removing the

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<sup>318</sup> Berebitsky, *Like Our Very Own*, 19.

<sup>319</sup> Naomi Cahn, “Perfect Substitutes or the Real Thing?” *Duke Law Journal* 52.6 (2003): 1089-1090.

children.<sup>320</sup> These reformers also criticised orphanages for their “expensiveness, rigid routines, harsh discipline, and failure to produce independent and hardworking children.”<sup>321</sup> The new profession of social work focused on assisting families who needed aid and attempted to keep biological families together. By the end of the century, adoption was no longer promoted as an act of charity and “social uplift” enacted by the middle classes for the benefit of poor white children, but instead came to be seen as a last resort.

The increased legislation and practice of adoption, whether formal or informal, challenged the middle-class to examine their ideals of the family and its social and economic purpose. Fears over heredity clashed with desires for social reform and drew the relationship between concepts of nature and nurture to the fore. Modell suggests that: “With adoption law, the state implemented an ideology of civic responsibility for children.”<sup>322</sup> The consequences of the new relationships forged by adoption and cemented in new laws were publicly explored and negotiated in the adoption narratives of sentimental literature.

### **Adoption in Nineteenth-Century Sentimental Fiction**

The affective shift in attitudes towards the family unit and the individuals within it, especially the mother and child, was essential in influencing a new cultural attitude to adoption and, subsequently, to the creation of novels that explored the formation of relations based on care as opposed to genealogy. The principal assumption underlying adoption literature was the breakdown or absence of the biological family and the child’s journey to find a new loving family with whom they would be happy. Despite social emphasis on the importance of domesticity and the role of the family, as well as an intense medical preoccupation with biological reproduction, the fundamental social unit was evidently fallible. This fallibility was demonstrated in reality through the growing numbers of parentless children or through children who could not have their basic needs met by their biological family. Carol Singley explains that: “In the United States, poverty caused by immigration, urban crowding, illness, and a lack of employment opportunities created a population of poor children who, if not orphaned, were

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<sup>320</sup> Carp, *Adoption in America*, 13.

<sup>321</sup> *Ibid*, 4.

<sup>322</sup> Judith Modell, *Kinship with Strangers: Adoption and Interpretations of Kinship in American Culture* (Los Angeles: University of California Press, 1994), 23.

in basic need of support.”<sup>323</sup> While many children found themselves parentless, the biological family unit continued to provide the ideal model for the formation of domestic relationships.

Throughout the mid- to late-nineteenth-century orphan narratives had become firmly established within American literature. These fictional narratives typically traced an orphan’s journey from an often harsh and lonely life of poverty and mistreatment through a number of domestic situations in a quest to find a loving family to whom they could belong. Singley argues that despite the present common assumption that adoption lies at the periphery of American social life, its prominence in nineteenth-century literature demonstrates a contemporary preoccupation with this experience. She asserts that: “Adoption – along with the genealogical continuities and discontinuities that it inscribes – narrates distinctly American experiences organized around mythologies of severed roots and fresh starts.”<sup>324</sup> These themes of lost origins and self-making are accompanied by considerations of the tensions between nature and nurture, genealogy and created family, Anglo-European and Republican heritage, and social delinquency and middle-class respectability. Focusing on these issues through the scope of adoption, sentimental novels raised questions about the meaning of family in an era of social upheaval, the increased sentimentalisation of children, and the duty of mothers to offer moral instruction to society and its future generation. Real experiences of informal adoption sweeping the northeast from the mid-century onwards encouraged authors to peruse this as a relevant and timely theme. In return, middle-class women would have been influenced by the popular adoption literature that they read when constructing and comprehending their own relations to children for whom they sought to perform acts of charity through providing non-biological maternal examples.

The adoptive parental figure, particularly the maternal one, became essential to the adoption plot by providing the orphan with opportunities for religious, moral and social advancement. Echoing the relationship between the family and the nation raised by Grossberg, Singley notes that: “Christian white women, operating within the domestic realm, played an increasingly large role in advancing not only the family’s but also the nation’s priorities.”<sup>325</sup> As the role of

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<sup>323</sup> Carol J. Singley, *Adopting America: Childhood, Kinship, and National Identity in Literature* (Oxford: Oxford University Press, 2011), 85.

<sup>324</sup> Carol J. Singley, “Teaching American Literature: The Centrality of Adoption,” *Modern Language Studies* 34.1 (2004): 76.

<sup>325</sup> Singley. *Adopting America*, 9.



everyday disciplining of children shifted to the women of the household in the nineteenth century, these women's roles became increasingly defined in relation to motherhood. The trope of true womanhood, embedded in a culture of sentiment, encouraged women to raise obedient, submissive and virtuous children by offering themselves as moral examples, as well as through the exertion of power in a form that Joe Sutliff Sanders terms "affective discipline."<sup>326</sup> Sanders states that: "sentimental culture changed popular disciplinary ideology, shifting it from an emphasis on punishing the body to an emphasis on the efficacy of love...to prompt a less abusive and more lasting form of control."<sup>327</sup> Women without biological children of their own were able to exert a maternal character through the affective discipline of informally adopted children. In the case of adoption, this feminine implementation of power over youth was often enacted on a temporary basis due to the varying durations of the arrangement of care. Sentimental literature such as orphan narratives often demonstrated the success of the affective approach towards childrearing over a more corporal one.

One sentimental adoption novel that illustrated the new value of affective discipline for children over corporal punishment was Maria Susanna Cummins' immensely popular text, *The Lamplighter*, published in 1854. It tells the story of Gerty Flint, a street child who finds herself in various domestic settings and relationships with parental substitutes. At the opening of the novel, the reader learns that Gerty's mother is deceased and her father's whereabouts unknown. The early years of her life have been spent with Nan Grant who lives in poverty and physically beats Gerty. Her cruelty and symbolic destruction of the maternal/dependent relationship is clearly exhibited when she hurls Gerty's kitten into a pot of boiling water. Gerty had nurtured and cared for the helpless kitten as a doting mother would a child and Grant's brutal disregard for this attachment represents her resentful attitude toward the position she finds herself in to Gerty. Nan Grant's direct verbal and physical mistreatment of Gerty is revealed one morning as she addresses the young girl in the kitchen:

She [Gerty] met but a rough greeting from Nan, who told her she had better drop that ugly, sour look; eat some breakfast, if she wanted it, but take care and keep out of her way, and not come near the fire, plaguing round where she was at work, or she'd get another dressing, worse than she had last night.<sup>328</sup>

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<sup>326</sup> Sanders, *Disciplining Girls*, 1.

<sup>327</sup> Ibid.

<sup>328</sup> Maria S. Cummins, *The Lamplighter* (Boston: John P. Jewett and Co., 1854), 9.

Having established the protagonist as a parentless and unwanted child, Cummins places her character in a number of increasingly loving, devoted and socially mobile environments. The relationships she forms in these homes offer Gerty the opportunity for her own moral development, demonstrating the promise that familial relationships founded on affect have to not only benefit personal growth but also a child's economic status. Gerty especially thrives under the example of the affluent Miss Emily Graham who stands in stark contrast to Nan Grant. When True Flint, an elderly man who takes Gerty into his home after she runs away from Nan Grant, falls ill, Miss Emily informs him:

[I]f it will be any comfort to you to know that in case of your death I will gladly take Gerty to my home, see that she is well educated, and as long as I live, provide for and take care of her, you have my solemn assurance that it shall be done, and that to the best of my ability I will try to make her happy.<sup>329</sup>

By treating Gerty with care and teaching her Christian values, Miss Emily manages to lead Gerty by example and raise her to become a respectable woman:

She [Miss Emily] knew that a command, of almost any kind, laid upon Gerty by herself or Uncle True, would be promptly obeyed, for, in either case, the little girl would know that the order was given in love, and she would fulfil it in the same spirit; but, to provide for all contingencies, and to make the heart right as well as the life, it was necessary to inspire her with a higher motive than merely pleasing either of these friends; and, in teaching her the spirit of her Divine Master, Emily was making her powerful to do and to suffer, to bear and to forbear, when, depending on herself, she should be left to her own guidance alone.<sup>330</sup>

Miss Emily derives her agency from her power to raise a child in her care to the standards of womanhood that society demands. Sanders argues that this form of benevolent discipline is a strategy employed to exert control rather than a 'natural' model of sentiment.<sup>331</sup> Sentiment

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<sup>329</sup> Ibid, 118.

<sup>330</sup> Ibid, 95.

<sup>331</sup> Sanders, *Disciplining Girls*, 2.

itself is thus a cultural construct that guides behaviours, making maternal affection and child obedience appear natural when they are in fact socially and historically specific.

Another contemporary text that promotes the affective treatment of orphaned children by adoptive figures is Susan Warner's *The Wide Wide World*. First published in 1850, the bestselling novel tells the story of Ellen Montgomery who is sent to live with her aunt Fortune Emerson after her mother and father move to Europe. Although Ellen's father is often absent from the home, he is compelled to travel to Europe for the purpose of business; her mother is persuaded by the doctor to accompany Captain Montgomery in an effort to treat her consumption. Ellen is distraught at the news that she is to be parted from her mother, but is told by the doctor to suppress her emotional impulses so as not to distress her mother. In turn, her mother advises Ellen to bear the separation with Christian patience. Just as Gerty Flint suffered neglect and emotional isolation under the care of Nan Grant, Ellen finds Fortune Emerson unsympathetic to the circumstances that find her parentless. Only after Fortune dies does Ellen discover that her aunt had withheld letters to her written by her mother. Following the wishes of her mother as dictated in the letters, Ellen travels to Scotland to live with relatives there. Although they love Ellen, they are also possessive and controlling of her, and do not value her devotion to Christianity. Ultimately, Ellen's biological relations in America and in Europe are unable to fulfil the religious and affective relationship she requires in order to grow spiritually and as a young woman. It is through the pedagogic relationships she forms with Alice and John Humphreys that Ellen discovers appropriate role models and her eventual happiness. Both *The Lamplighter* and *The Wide Wide World* are based on an explicitly Christian framework that sought to teach lessons about forbearance and suffering through the narrative of inadequate and alternative forms of familial relations. Children like Ellen thrive because Christianity was imparted to her through her good stock.

Despite the promotion of the affective treatment of children and the formation of familial relations based on choice, an unresolved stasis lingered in adoption fiction between the middle-class valorisation of lineage and "good" stock, and anxieties over the potential "bad" blood of children born to the working class. This tension raised concerns in adoptive parents over whether the nurture they provided for a child could overcome the child's assumed nature. While there was a gradual increase in adoption throughout the nineteenth century, Naomi Cahn notes that a rift remained between social ideas concerning relations of blood and those formed

through adoption.<sup>332</sup> Anthropologist Judith Modell states that the western family is a social construct that is based on blood relations. By extension, adoption is a contract that seeks to replicate this socially recognised biological model. Despite this, adoption is, as Modell acknowledges, “always self-conscious.”<sup>333</sup> As such it has been traditionally regarded as secondary to biological kinship. Carp goes so far as to suggest that this perception has defined it as an “inferior type of kinship relation.”<sup>334</sup> Based on the replication of the social recognition of the biological model, Karen Balcom writes: “Thus, the adoptive family will always be marked as different, as approaching but never reaching the cultural ideal.”<sup>335</sup> The class pressure to respect traditional notions of lineage that celebrated the biological family, as well as the new republican celebration of fresh starts and self-improvement that suggested the benefits of adoption, was played out in sentimental orphan stories.

As seen in the examples of *The Lamplighter* and *The Wide Wide World*, sentimental literature taking orphaned or motherless children as its theme tended to offer optimistic portrayals of adoptive families as structures that could potentially surpass biological relations. On the one hand, children suffered neglect from cruel relatives, and on the other they found alternative families to love them. In her analysis of kinship and sympathy in nineteenth-century literature, Cindy Weinstein finds that: “Time and again, these novels reveal the vulnerability of consanguinity as the best indicator of love and set themselves the task of arriving at a different set of criteria for constituting families. Time and again, they arrive at adoption as the most reliable expression of affection.”<sup>336</sup> However, such literature also demonstrated the social fears surrounding adoption due to middle-class insecurities that centred on genealogy and the inheritance of character. Although these novels did celebrate adoptive relationships, some were unable to abandon the notion of blood relations altogether.

The end of Cummins’ novel *The Lamplighter* casts the wholehearted conviction of the power of elective families seen throughout into the shadows. Despite Gerty’s marriage to an American entrepreneur, Singley notes that the protagonist “rejoins her birth family in an ending that

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<sup>332</sup> Cahn, “Perfect Substitutes,” 1098.

<sup>333</sup> Modell, *Kinship with Strangers*, 4.

<sup>334</sup> Carp, “A Historical Overview of American Adoption,” 3.

<sup>335</sup> Karen Balcom, “Constructing Families, Creating Mothers: Gender, Family, State and Nation in the History of Child Adoption,” *Journal of Women’s History* 18.1 (2006): 220.

<sup>336</sup> Cindy Weinstein, *Family, Kinship, and Sympathy in Nineteenth-Century American Literature* (Cambridge: Cambridge University Press, 2004), 11.

resembles a European fairy tale.”<sup>337</sup> In the fairy tales that Singley refers to, the child protagonist stays with various adoptive figures before eventually finding their biological relatives and ancestral home. Having finally discovered the identity of her biological father, Gerty finds she has roots in biological lineage as well as the new familial relationships that she has built herself. Singley writes that this represents “a sense of American identity as inherited *and* adoptive, and show[s] a nation in dialogue with, but independent of, England.”<sup>338</sup> An independent America was not yet prepared to abandon the social emphasis on heritage that remained from its pre-revolutionary days. If it was accepted that a move towards republicanism and sentiment allowed for elective families to be created as well as biological ones, then adoption literature probed the various benefits and limitations of both models.

The attitudes toward family “stock” found in sentimental novels was also visible in the treatment of poor orphans (especially those born to immigrants from certain nationalities) by potential adoptive parents. While the sentimental depictions of adoption were free to explore the formation of relations with fictional characters who ultimately found their place in the world, the realities of adoption were not always so cohesive or palpable.

### **The Maternal Treatment of Children by Involuntarily Childless Women**

For the childless author Lydia Maria Child, the ideal mother’s success lay in her ability to act as a moral and emotional role model for her children; the mother’s own character was essential in providing the nurture required to enhance the child’s own. In her work, *The Mother’s Book*, Child stated that: “[T]he first rule, and the most important of all, in education is, that a mother govern her own feelings, and keep her heart and conscience pure.”<sup>339</sup> Through the self-control of her own thoughts, a woman could become the ideal mother and impart virtue to her child, or those under her influence. One individual who was praised for achieving such purity of heart and conscience by her acquaintances was Anne Botta. Her husband, Vincenzo Botta, compiled his wife’s memoir after her death. The first section of the book is composed of thirty-four letters written to Vincenzo Botta after Anne’s death; the authors of each letter reflect on their past relationships with Anne and their views on her character. All of the letters pay homage to her selflessness, her magnanimous hospitality and her refusal to speak badly of those who caused

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<sup>337</sup> Singley, *Adopting America*, 13.

<sup>338</sup> *Ibid.*

<sup>339</sup> Lydia Maria Child, *The Mother’s Book*, (New York: S. C. Francis and Co., 1844), 4.

her slight. Julia Ward Howe wrote that: “She was adorned with social tact, sympathy, and discernment, and her presence and influence helped to heighten in those around her the love of high thoughts and useful studies.”<sup>340</sup> Edmund C. Stedman exclaimed that: “Her grace, her personal charm, her gift of perpetual youth, were those of an ideal womanhood. She was altruism itself; at least, her only trace of selfishness was in the delight of giving aid and happiness to others.”<sup>341</sup> Despite her childlessness, Botta’s friends evidently deigned her as fulfilling the qualities of the ideal true woman. Although she had no children of her own, Botta embodied the mother figure that Child described in *The Mother’s Book*, controlling her own character so that she could influence and educate others through her example. One young girl was overheard saying of Botta: “She is great enough to have been an inspired prophetess of olden times, and tender enough to have been the mother of our dear Saviour.”<sup>342</sup> Botta’s character was maternal enough that, even in the absence of biological children, she could be compared to the most famous and spiritual mother figure of all time – a woman believed to have achieved miraculous conception.

Reinforcing the figurative image of Botta as the source of superior moral and creative procreation, Julia Campbell Keightly reflected that: “The import of this life was great. It was true to nature. It sowed seed everywhere, without count of harvests; we know not where its hidden germs may spring.”<sup>343</sup> The fertile imagery in Keightly’s description of Botta’s life is explicit. While Botta did not experience corporeal procreation, she thrived in its social reproduction; Botta became the allegorical mother of New York society. The success of her salons lay in the fact that they were not ostentatious, rather her humble nature allowed her to play the role of a hostess who held the interests of her guests and their relations as the primary concern, just as Child had proscribed. It was said that her success as a hostess was in part due to: “an intuitive craving of real ‘motherhood’ to love and cherish all who needed it – an instinct which runs in the fine veins and broad arteries of all noble womanhood.”<sup>344</sup> From such contemporary comments about Botta’s character, it appears that the essence of nineteenth-century motherhood was not necessarily bound to biological procreation and blood relatives, but more to a sense of character that tactfully guided and promoted the virtues and social

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<sup>340</sup> Julia Ward Howe to V. Botta, published in *Memoirs of Anne C. L. Botta*, 58.

<sup>341</sup> Edmund C. Stedman to V. Botta, published in *Memoirs of Anne C. L. Botta*, 93.

<sup>342</sup> A. H. Leonowens to V. Botta, published in *Memoirs of Anne C. L. Botta*, 113.

<sup>343</sup> Julia Campbell Keightly to V. Botta, published in *Memoirs of Anne C. L. Botta*, 149.

<sup>344</sup> Leonowens, 116.

relations of others. As evidenced in chapter 1 of this thesis, social definitions of femininity were dominated by concepts of motherhood. However, through viewing contemporary observations of Botta, it becomes apparent that while motherhood presupposed the presence of a child, the maternal character was not itself reliant on this.

With no children of her own to instruct, Botta took an especially keen interest in young people with whom she became acquainted. S. M. C. Ewer, who described Botta as the “strongest influence of my youth”<sup>345</sup> commented that: “Her strong affection for young people was a dominant characteristic of her nature...It was for this that, from her early days to the end, she liked to have in her house one or more young ladies to educate and prepare for the duties of life.”<sup>346</sup> Ever hopeful of the development of virtuous and artistic American individuals, Botta wrote to Miss N. W. “My dear little friend: ... I am deeply interested in you because you are young, and youth has such splendid possibilities for the future.”<sup>347</sup> However, Botta’s maternal-like interest in the advancement of youth was not restricted to young women in society or her role as hostess and facilitator at her eclectic salons.

In 1845 after the death of her brother, Thomas Rawson Lynch, Botta welcomed her nephew into her home. At this time, Botta was thirty years old and unmarried. S. M. C. Ewer notes that Botta “adopted” her nephew but it is unclear if this was conducted formally or informally. It was very common for relatives to take into their care the children of deceased siblings. The date suggests that if her nephew were legally adopted it would have been achieved through a private act rather than state legislation. Later, her great-nephew, Thomas Raphael Lynch, and his mother moved into the Botta household for several years. Although Raphael’s mother was present in the home, it appears that he and Botta had a deeply affectionate relationship and that Botta was strongly invested in his education. The author Anna Leonowens, who was herself famously governess to the children of the King of Siam from 1862-1868, fondly recollected that her friend, Botta,

might be seen any morning in the year walking up Fifth Avenue, little Raphael running along by her side, intent on studying child-nature, endeavouring to interest

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<sup>345</sup> S. M. C. Ewer to V. Botta, published in *Memoirs of Anne C. L. Botta*, 1.

<sup>346</sup> *Ibid*, 4-5.

<sup>347</sup> Anne C. Lynch Botta in a letter to Miss N. W. 25<sup>th</sup> March 1867, published in *Memoirs of Anne C. L. Botta*, 285.

and draw him out, answering his innumerable questions, then putting in a little question of her own which stimulated thought and helped to awaken the boy's powers of perception, observation, reflection, and expression.<sup>348</sup>

Unfortunately, Raphael died at the age of eighteen and there are few references to him or his father in Botta's memoirs. While Vincenzo Botta noted in his introduction to the memoirs that Anne often destroyed many of her letters, he also noted that the correspondence included in the memoir excludes any more personal surviving letters. It may be assumed that her own views on raising her nephew and great-nephew may have been expressed in those more private letters, if not in the ones she destroyed. Nevertheless, Botta's guidance of not only her biological nephew and great-nephew, but also the young women who sought her social instruction, demonstrates one of the less conventional ways in which childless women were able to participate in models of femininity that relied on the exhibition of maternal character.

The case of Anna Cora Ogden Mowatt offers an alternative example of childcare that aligns more typically with emerging nineteenth-century notions of adoption. Mowatt's actions in this regard speak not only to the possible desire of exhibiting a maternal character in the absence biological children, but also to societal values of charity and the moral and economic uplift of "deserving" poor white children by the middle class. Mowatt was herself born to a man whose "name was prominent in the community as that of a successful merchant."<sup>349</sup> In 1834, at the age of fifteen she eloped with James Mowatt, a New York attorney with whom she had become acquainted at age thirteen. Mowatt became a writer, gave readings and eventually became an actress in order to financially provide for herself and her husband after James Mowatt went blind. James Mowatt died in 1849 and Anna married her second husband, William Ritchie in 1853. This marriage also bore no children and Mowatt left Ritchie, moving to Europe in 1860.

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<sup>348</sup> Leonowens, 108.

<sup>349</sup> Anna Cora Ogden Mowatt Ritchie, *Autobiography of an Actress; Or Eight Years on the Stage* (Boston: Ticknor, Reed, & Fields, 1854; repr., Forgotten Books, 2012), 13.





**Fig. 8. Engraved portrait of the author and actress, *Anna Cora Ogden Mowatt Ritchie*.**

Despite having no biological children during the course of her two marriages, Mowatt does recount two episodes in her autobiography in which she informally brought children into her home for temporary periods of time. Mowatt offers the first account, relating to her care of “a little beggar girl,” as a prequel to her second account that concerns the Grey children. Finding a poor and hungry child crying on her doorstep, Mowatt sent the girl, Esther, home to her mother with the request that she be permitted to return the following day to stay with Mowatt. In her autobiography, Mowatt recollects her decision: “I would keep the child to run on errands and wait upon me, and that I would take as good care of her as I could. I had no particular use for her, but I loved the presence of childhood about the house.”<sup>350</sup> Mowatt was the ninth of fourteen children and was therefore well accustomed to having small children around. The offer of this rather happenstance care appears to have been motivated not only by Mowatt’s

<sup>350</sup> Mowatt Ritchie, *Autobiography of an Actress*, 189.

sympathy for the child's dire economic and physical condition, but also by her own self-proclaimed fondness for children.

However, Mowatt's relationship with Esther did not last long. After the death of Esther's mother, her father (who had other children to feed) requested payment for the services of Esther. Yet the Mowatts did not regard Esther as a servant and James Mowatt informed the father that: "all indebtedness was on the side of the parent."<sup>351</sup> Such a statement reinforces the middle-class view that informal adoption was an act of charity, even if the child in question were not an orphan. Unwilling to "yield to his demands," Anna Mowatt writes that: "the weeping little girl was taken back to her former wretched home."<sup>352</sup> Although attempting to exert power himself, Esther's father was not in a social or financial position to do so successfully. The Mowatts' decision to refuse to pay Esther's biological father for what they regarded as an act of charity ultimately suggests that the more affluent family had the power to withdraw care if or when they deemed it necessary. Consequently, this vignette demonstrates that in circumstances in which a parent remained alive, the domestic care of poor and destitute children offered by middle-class families was conducted very much on their terms rather than the biological parent's. Alternatively, they may have hoped that by refusing to pay her father, he would concede that his provision for Esther was inadequate and allow his daughter to remain with the Mowatts who were of a higher social and economic standing. The experience of Esther and the Mowatts illustrates the precarious and complex relationship between the assumption of informal adoption on the part of the couple who took a child into their home, and the assumed entitlement to wages from any surviving biological parents who were aware that their child might have been performing small household tasks.

Although it is not explicitly stated by Mowatt in her autobiography, it is also possible that her relinquishment of Esther may have been in part due to the child's family genealogy. Beliefs concerning the physical and mental impacts of heredity were prominent during this period. Mowatt describes Esther's father as "one of the coarsest specimens of an Irishman that could well be formed."<sup>353</sup> Fear over the power of nature, rather than nurture, made some people doubt the benefits of adopting a child from a background that did not adhere to middle-class moral standards. Mowatt's judgement of his behaviour and "coarse" Irish character implicitly

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<sup>351</sup> Ibid, 190.

<sup>352</sup> Ibid.

<sup>353</sup> Ibid.

suggests that he is undeserving of her assistance. In contrast, her narration of the Grey family posits them as a family more worthy of her charity.

Outside of the remit of the orphanages and aid societies, Mowatt again offered her informal assistance in the role of a temporary maternal figure for another little girl. After the disappointing conclusion of her relationship with Esther, Mowatt soon heard of another poor family requiring charitable assistance. This time, however, the family had emigrated from England and had not always been so destitute. Due to national and racial prejudices, people of English ancestry were generally deemed more culturally refined than those of Irish descent. On learning about the family, Mowatt wondered: “whether I should not like the little girl in Esther’s place.”<sup>354</sup> The narrative of Esther consequently becomes a preamble to the more gratifying narrative of Mowatt’s relations with the Grey family and Esther is depicted as replaceable, if not explicitly upgradeable. Mowatt provides a narrative of her own strength and determination to locate the Grey family in Harlem, battling against her own ill health and the treacherous weather. The pages devoted to this section number more than those relating her experience with the Grey children. Here, Mowatt ascribes to herself the self-sacrificing characteristics so essential to the role of a mother.

With the joyful consent of the girl’s mother, Mowatt took the nine-year old into her care and: “Little Margaret remained with us, beloved and learning to love.”<sup>355</sup> Mowatt includes in her recollection a scene in which Margaret is relieved of her old rags and dressed in fine new clothes. Declaring the three dresses that Margaret brought with her as too few and too thin, Mowatt writes:

Busy fingers plied their needles that day – some of them more used to the pen than the needle, but retaining a feminine affection for the latter...In her neat blue dress and white bib, with her fair hair smoothed and cut, it was only in the painful expression of her face that the little Margaret of the morning could be recognized.<sup>356</sup>

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<sup>354</sup> Ibid, 191.

<sup>355</sup> Ibid, 198.

<sup>356</sup> Ibid, 197.

While Margaret's "painful expression" suggests that she may have felt, at the very least, unease about her new circumstances and separation from her parents, this sketch primarily serves to remind the reader of Mowatt's own feminine character through her skill in domestic duties such as needlework. As such, it strengthens the readers' perception of her as not only an ideal woman, but also a capable maternal figure. Mowatt was undoubtedly influenced by fictional adoption literature in her narration of Margaret's transformation. In her analysis of nineteenth-century children's literature, Claudia Nelson observes that:

The transformative nature of family life for both parties is signalled by the apparently universal moment in such narratives when the orphan receives a new wardrobe from the caregiver, a moment that symbolizes both the change (financial or emotional) in the child's situation and the new eyes with which the adult will eventually learn to view his or her charge.<sup>357</sup>

Mowatt's account may have been true, but it also serves as a literary technique that informs the reader of her new status within the home as a woman responsible for a dependent child. Additionally, it indicates the social benefits that Mowatt is able to bestow upon Margaret. The child's emotional state at this point may still be one of apprehension, but her appearance is now one of middle-class respectability.

The Mowatts' charity did not end with Margaret. Due to the death of both biological parents they brought into their home Margaret's sickly elder brother, John. Suffering from inflammation of the lungs, John found rest and treatment for his ill health under their care. Finally, the youngest sibling, Willie, was united with his brother and sister in the Mowatt home. Such charity toward these children was praised by Mary Howitt in her article "Memoir of Anna Cora Mowatt," published in *Howitt's Journal of Literature and Popular Progress*. Howitt extolled: "For the sake of these otherwise, friendless children, she was willing to bear and exert herself, often beyond her strength."<sup>358</sup> Again, the self-sacrificial character of the ideal mother is alluded to and Mowatt's biological childlessness is ameliorated by her charitable maternal

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<sup>357</sup> Claudia Nelson, "Drying the Orphan's Tear: Changing Representations of the Dependent Child in America, 1870-1930," *Children's Literature* 29 (2001): 62.

<sup>358</sup> Mary Howitt, "Memoirs of Anna Cora Ogden Mowatt," in *Howitt's Journal of Literature and Popular Progress*, 1848, 169.

endeavours for the orphans. Such maternal virtuousness is only enhanced through Mowatt's own admission that:

I had no intention of keeping him [Willie] – no fixed intention towards the children at all. They were quiet, manageable, and winning. Mr. Mowatt took a ready interest in them. They grew into his affections as rapidly as into mine. They were my pupils; and if they added to my cares, they contributed as largely to my joys. Little by little they became an acknowledged part of our small household.<sup>359</sup>

Several years passed with the Grey children under the care of the Mowatts. Although the children were not formally adopted, James Mowatt did become their legal guardian before he and Anna set sail for an extended stay in Europe. At this point, homes with “highly respectable” families in Connecticut were found for the children.<sup>360</sup> Anna later visited Margaret and maternally declared that: “I felt that she was Heaven-intrusted to my care. If her mature womanhood fulfil the promise of her girlhood, I have nothing more to ask.”<sup>361</sup> While the informal period of adoption of the Grey children was not for the complete duration of their youth, Mowatt undoubtedly believed that her role in their lives was one of essential and almost ordained care that ensured their wellbeing and social advancement in life.

Mowatt ends her account by announcing that she had received news informing her that the children were “of good family, had wealthy bachelor uncles, with other particulars that may at some future day be advantageous to the children, but which I have taken no pains as yet to authenticate.”<sup>362</sup> The connection to long-lost wealthy uncles serves to endow respectability to the children if any doubt in the reader may have remained from their initial economic and moral status as orphans. While Mowatt assures the reader of the “promise of her girlhood” she witnesses in Margaret, the Greys' social standing and characters are strengthened through their alleged decent from a “good family.”<sup>363</sup> With this in mind, the trope of the European fairy tale that Singley identifies with *The Lamplighter* is also apparent in Mowatt's own narration of the

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<sup>359</sup> Mowatt, *Autobiography of an Actress*, 199-200.

<sup>360</sup> *Ibid*, 200.

<sup>361</sup> *Ibid*.

<sup>362</sup> *Ibid*, 201.

<sup>363</sup> *Ibid*, 200, 201.

Grey children. Her career as an author of fiction, as well as the immense popularity of adoption literature amongst the middle class, suggests that she would have been very familiar with sentimental tropes and was likely to have been influenced by their narrative style. An autobiography is a subjective account and, as Grossman argues in relation to the autobiographies of Clara Morris, they can be “carefully edited” and “highly fictionalized.”<sup>364</sup> Consequently, the narration of Mowatt’s temporary adoption of these children conforms to the expected literary conventions of orphan narratives. As an author, it is possible that the style of narration Mowatt offers is for the benefit and pleasure of her readers, rather than a truly reflective expression of her maternal qualities or her relationship with the Grey children.

Mowatt’s *laissez faire* attitude toward confirming the information about the Grey children’s heritage could indicate that she felt the children were well enough cared for in the domestic establishments that she had procured for them. In this instance, a decision was made to prioritise the adopted family and elective relations, rather than risk disrupting it for unknown biological relations. The preservation of the created family would serve to reinforce the success of Mowatt’s role as guardian to the children and her remaining sense of responsibility for the children’s well-being. Mowatt’s narration of this not only suggests that she held the power to make decisions regarding the children’s familial placement but also plays out the tension identified by Singley as central to American adoption narratives.

While economic and geographical shifts during the second half of the nineteenth century altered attitudes towards child indenture, the legal recognition of adoption was forced to keep pace. Meanwhile, the sentimentalisation of children in orphan and adoption narratives played a significant role in the lives of childless couples by offering them models for the creation of alternative families. Although the experiences of informal adoption varied widely for children, such practices allowed women the opportunity to take on the attributes of true womanhood and motherhood through bestowing acts of charity and moral influence upon the urban poor. Informal adoption offered some childless women the opportunity to perform maternal traits in the absence of permanent motherhood. Anne Botta and Anna Mowatt did not explicitly use the term mother to define their relationship with the children under their temporary care. However, observing their treatment of these children, the acquaintances of both women used language to

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<sup>364</sup> Barbara Wallace Grossman, *A Spectacle of Suffering: Clara Morris on the American Stage* (Carbondale: Southern Illinois University Press, 2009), 2, 6.

describe them that resonated with maternal ideologies. Through informal adoption, these married couples found a way to fill their houses with children; other involuntarily childless couples were not so fortunate in their experiences, and the underlying absence of children contributed to marital discord.

## Chapter 6

### “Germes of Discontent”:<sup>365</sup>

#### Till Death (or Divorce) Them Do Part

In 1882, thinking of his recently deceased ex-wife, Albert Farley Heard confided in his diary: “What a wreck was her life and is mine.”<sup>366</sup> At the age of thirty-four, Albert had taken eighteen-year old Mary Livingston as his wife. However, by 1871, after only three years of marriage, it was apparent that the union would not prove to be a happy one. Albert admitted that: “A feeling of dislike and estrangement arose by degrees, and rapidly increased quickly and contention became frequent, and our daily life was miserable & unhappy.”<sup>367</sup> After living not only in separate homes but also on different continents for a significant period of their childless twelve-year marriage, Albert and Mary successfully obtained a divorce in 1880. In the previous year, 17,083 divorces had been granted by county courts in America.<sup>368</sup> Over the following decade the rate of divorce increased by seventy per cent.<sup>369</sup> Where social and economic status had previously guided people’s choice of marital partner, the increased social emphasis on romantic love altered expectations of married life and encouraged emotionally dissatisfied spouses to seek divorce.

This chapter examines the impact that involuntary childlessness had on three married couples in the late-nineteenth century. Mary Livingston Heard and Albert Heard are employed as a case study to illuminate the lived realities of divorce during this era. Mary Sheldon Barnes and Earl Barnes provide a more successful model of marriage based on the concept of romantic love. Despite suffering from a stillbirth and an affair on the part of Earl, the couple remained devoted to each other until Mary’s death. Finally, Clover (Marion) Hooper Adams and Henry Adams filled their childless marriage with the care of their nieces, as well as individual pursuits such as Henry’s historical research and scholarship, and Clover’s ambition as a photographer. However, without children of their own, an emotional disconnect appears to have formed in

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<sup>365</sup> Albert Farley Heard to John E. Ward, Paris 1880, HN-3-1 in Heard Family Business Records, 1734-1901, Baker Library, Harvard Business School, Boston, Massachusetts.

<sup>366</sup> Albert Farley Heard, Diaries, HP-5, Heard Family Business Records.

<sup>367</sup> Albert Farley Heard to Jon E. Ward, Paris 1880, Heard Family Business Records.

<sup>368</sup> Glenda Riley, *Divorce: An American Tradition* (New York: Oxford University Press, 1991), 110.

<sup>369</sup> Stephanie Coontz, *Marriage, a History: From Obedience to Intimacy or How Love Conquered Marriage* (New York: Viking, 2005), 181.



their marriage and Clover felt discontentment and despair with her life as an upper-class wife, culminating in her eventual suicide. Unable to tenant their marital lives with children, the three case studies explored in this chapter highlight the various and complex ways that childlessness operated within marriages and the ways in which couples responded to marital discord.

### **Mary and Albert Heard**

In her survey of divorce in America, historian Glenda Riley notes that in the nineteenth century: “In addition to usual expectations that spouses would establish a sexual relationship, have children, and be economic partners, Americans stressed more and more the growing importance of three qualities in marriage: respect, reciprocity, and romance.”<sup>370</sup> Romance played a central role in courtship and letters between lovers often demonstrated deep emotional intimacy and a desire to share their innermost feelings with each other. Karen Lystra critiques scholarly tropes of the repressed Victorian character, arguing that: “The Victorian concept of character based on analyses of public behavior fails to recognize that private life was *not* seen as an arena of self-constriction and restraint but of personal unmasking and freedom from etiquette itself.”<sup>371</sup> Whereas the public character was restricted and guided by social conventions and a vast body of moral conduct literature and instruction manuals, the private relationship between lovers allowed for the expression of an individual and more authentic self.

However, the self-revelations and proclamations of devotion expressed during courtship did not always extend into marital relations. While acknowledging variances in letters, Lystra found that letters between spouses were less introspective than their courtship letters had been and that they tended to discuss more everyday matters and events rather than their feelings for one another.<sup>372</sup> The practicalities of family life and careers appear in some instances to have overshadowed the intimate and figurative ideals of romance. Although society promoted love-based marriages, these were not protected from economic pressures that could put strain on relationships. Stephanie Coontz recognises the new “sentimentalization of married love” in the nineteenth century, but also explains the tension that could arise when the man economically failed his gendered marriage duties: “A man who couldn’t conform to the middle-class ideal

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<sup>370</sup> Riley, *Divorce*, 55.

<sup>371</sup> Karen Lystra, *Searching the Heart: Women, Men, and Romantic Love in Nineteenth-Century America* (New York: Oxford University Press, 1989), 38. Emphasis in original.

<sup>372</sup> *Ibid*, 205.

of the male provider also lost his standing...a Victorian middle-class man in that situation was likely to believe that he had lost his manhood."<sup>373</sup> Writing to his brother, Albert Farley Heard (1833-1890) revealed the financial trouble that he and his wife were experiencing and the impact that it was having on the practical decisions regarding their co-habitation:

She [Mary Heard] can't manage alone to live on her income, wants me with her, and sees as everybody must that if she can't live alone on her income we can't both live on it. She has left Pau and doesn't want to go back there. She has no news from home and doesn't know whether to join her father or not, - & in fact don't know what she can do, or what she wants to do. We are indeed in a pack of trouble...my money, what little I had is fast disappearing for the Lowell Gun.<sup>374</sup>

The Lowell Gun was Heard's new and unstable business venture. The financial investment that this business required meant that Heard was unable to support his wife financially to the degree of comfort, or even security expected of middle-class husbands. The resulting disillusionment with marriage due to the increasing expectations of romantic happiness as well as economic stability caused some individuals or couples to seek release from their marital bonds. The concurrent intolerance for unhappy marital relations and the demand for divorce demonstrate one increasingly public approach to a previously private concern. Nevertheless, as a growing social phenomenon, divorce was not without controversy.

Debates about the practice and morality of divorce found expression in the form of popular literature. Divorce became an important literary theme, especially for novelists who wanted to promote the religious sanctity of marriage. Novels often presented narratives in which reconciliation between spouses occurred or, in instances of divorce, implied that characters were only really morally free to re-marry after the death of a divorced spouse.<sup>375</sup> The character Athénaïse in Kate Chopin's short story of the same name, leaves her husband and goes to New Orleans for a month. During this time, she meets another man but comes to the realisation that she does love her husband and returns home to him. Henry James's 1897 novel, *What Maisie Knew*, critiques a society in which divorced parents could behave irresponsibly and negligently

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<sup>373</sup> Coontz, *Marriage*, 188.

<sup>374</sup> Albert Farley Heard to his brother from Paris, 9<sup>th</sup> May 1879, HL-53-109, Heard Family Business Records.

<sup>375</sup> Riley, *Divorce*, 112.

by prioritizing their own romantic affairs and whims over the care of their children. Identifying a new market, the authors of advice literature also published monographs on how to avoid divorce and improve marriages. *How to Get a Divorce* (1859) published in New York was one of only a few books that adopted a practical approach toward obtaining divorces rather than offering advice on how to avoid them.<sup>376</sup> Literature that accepted newer notions of romantic love as a means of attaining a successful marriage propagated the idea that it was better to remain single than to marry the wrong partner.<sup>377</sup>

The strongest supporters of divorce tended to be those who foregrounded the contemporary importance of romantic love in marriages and the equal relations of husbands and wives.<sup>378</sup> Elizabeth Cady Stanton (1815-1902), a leading women's rights advocate, refused to include the term "obey" in her marriage vows because it was a union to be entered into on equal terms of independence.<sup>379</sup> With the advocacy of love and equality in marriage, the belief followed that those who found themselves out of love should not be trapped in a relationship that sacrificed their individual happiness. It appears that preservation of the "innermost self" that had been so intimately shared in courtship letters was of paramount importance even after marriage. In instances where individuals deemed divorce as a necessary step to ensuring self-happiness or even safety, Basch notes a tactical approach adopted by petitioners of divorce who: "did not counter appeals to law and order by invoking individual rights; instead, they focused on individual wrongs."<sup>380</sup> This strategy was especially useful when women were petitioning for a divorce because it was easier for them to demonstrate the wrongs of a husband than assert their legal rights as women.

One pro-divorce supporter was the author, wife, and mother, Charlotte Perkins Gilman (1860-1935). She critiqued the economic model upon which she believed marriage was based whereby the wife earned financial support from her husband by performing her sexual duty through the production of heirs.<sup>381</sup> More than half a century later, Elaine Tyler May also commented on the relationship between economics and marriage. She notes that as society

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<sup>376</sup> Ibid, 128.

<sup>377</sup> Ibid.

<sup>378</sup> Coontz, *Marriage*, 180.

<sup>379</sup> Lori D. Ginzberg, *Elizabeth Cady Stanton: An American Life* (New York: Hill and Wang, 2009), 33.

<sup>380</sup> Norma Basch, *Framing American Divorce: From the Revolutionary Generation to the Victorians* (Berkeley: University of California Press, 1991), 63.

<sup>381</sup> Charlotte Perkins Gilman, *Women and Economics*, (1898; New York: Cosimo Classics, 2006).

became more affluent the rate of divorce increased. May argues that as America became increasingly (and yet still unequally) affluent, there was an increased expectation that husbands would provide more for their wives and family. A husband's duty to financially support his family was essential to maintain his masculinity just as a woman's ability to exert her morality through managing the home and raising children displayed her feminine attributes. May does note, however, that what constituted "provision" was not necessarily clear.<sup>382</sup> Analysing divorce testimonies in America between 1880 and 1920, she argues that: "The testimonies of divorce litigants reflect the discrepancy between material desires and reality."<sup>383</sup> The economic relationship within marriage opened up potential areas of failure for both husband and wife.

Although there was support for divorce and increasing equality between the sexes, mainstream cultural ideals still upheld the notion of husbands as economic providers and women as mothers. Based on this concept of marriage relations, we may initially conclude that women who did not bear children failed to uphold their side of the union. In New Hampshire, impotency had been cited as a legal reason for divorce in 1791.<sup>384</sup> However, it was not always the husband who sought divorce on grounds of childlessness. Feigenson notes that in the nineteenth century: "Divorce was allowed to one spouse only upon proof that the other had committed a specific offense against the marital relation."<sup>385</sup> Although advances in science were focusing on various medical means to restore fertility, a lack of knowledge and an unwillingness to accept the occurrence of male infertility remained. Despite this, some cases of male impotency were undeniable through basic physical observation. Consequently, some women were able to seek divorce from their husbands who were found to be at fault.

In an 1884 divorce record, one woman explained that after marrying her husband she "discovered that he was physically incapable of entering into the marriage state, was impotent, and without passion and incapable of having connection with a woman." The record goes on to note that she was "passionately fond of children and the physical incapacity of the husband is a source of great annoyance and mental suffering, that one of the principle inducements to

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<sup>382</sup> Elaine Tyler May, "The Pressure to Provide: Class, Consumerism, and Divorce in Urban America, 1880-1920," in 3<sup>rd</sup> Ed., *The American Family in Social-Historical Perspective*, ed., Gordon, Michael (New York: St. Martin's Press, 1983), 155.

<sup>383</sup> *Ibid*, 167.

<sup>384</sup> Riley, *Divorce*, 45.

<sup>385</sup> Neal R. Feigenson, "Extraterritorial Recognition of Divorce Decrees in the Nineteenth Century," *American Journal of Legal History*, 34.2 (1990): 122.

her to enter into the contract of marriage with him was her love for children and desire to have children.”<sup>386</sup> This case is interesting because not only does it demonstrate that divorces were granted for instances of childlessness, but that at least some women were willing to attribute the blame to their husbands rather than carry the individual and social burden of involuntary childlessness themselves. The female character trait of self-sacrifice was clearly only necessary if motherhood had been achieved.

Difficulties in procreating, however, also led husbands to seek divorces from wives they considered barren. After becoming a widower with four children, Randolph Kirkland, a minister, married Elizabeth. After twenty-two years he applied for a divorce on the accusation that Elizabeth had not been: “in a fit condition to marry...that she fraudulently concealed from him her real condition.” The record stated that “her uterus became in a measure permanently closed and she became wholly incapable of having any sexual intercourse whatsoever.”<sup>387</sup> In this instance, not only did Elizabeth not succeed in what Randolph Kirkland and wider American society believed to be her marital duty to produce children, she evidently also failed to satisfy her husband’s “natural urges.”

Although it does not appear that Albert and Mary Heard listed impotency or childlessness as the grounds for their divorce, Albert evidently felt that their childlessness in this instance should be viewed positively. In a letter to his brother in 1880, Albert hopefully suggested that: “[T]he fact that there are no children & no interests that can suffer, or be in any way affected may simplify matters.”<sup>388</sup> Fortunately for Albert and Mary there appear to have been no disputes over the ownership of economic “interests” and the custody of children was a moot point. However, had their marriage produced children, it may have been likely that Mary would have been granted care of them. Riley states that: “The idealization of motherhood after the American Revolution encouraged many judges to reject the traditional notion that children belonged to fathers. By the 1820s, many judges had adopted the newer view that children were better off with their mothers.”<sup>389</sup> Rather than physical impotency however, Albert and Mary

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<sup>386</sup> Los Angeles divorce record (1884), quoted in Elaine Tyler May, *Great Expectations: Marriage and Divorce in Post-Victorian America* (Chicago: University of Chicago Press, 1980), 36-37.

<sup>387</sup> May, *Great Expectations*, 38.

<sup>388</sup> Albert Farley Heard to his brother John Heard, Paris 1880. Heard Family Business Records.

<sup>389</sup> Riley, *Divorce*, 52.

found that their marriage was void of emotional intimacy or personal compatibility. Describing their time living in Boston in the mid-1870s, Albert claimed:

All this time we were constantly disagreeing and constantly estranged with frequent quarrels and the feeling of common dislike & estrangement was daily increasing, so that although apparently living together under one roof we were entirely separate each from the other without a feeling, a thought or a habit in common.<sup>390</sup>

While the procurement of a divorce required one party to prove that the other had caused an offense, Albert reinforced time and again in his letters that he and Mary mutually sought the divorce. In a postscript to his brother, Albert self-consciously reflected that: "Reading the above it strikes me that you may suppose the desire of obtaining a divorce is Mary's & not mine, & that I only submit to her wishes. It is not so; I desire it, - we both desire it."<sup>391</sup> Here Albert can be understood as defending his masculinity and integrity while also conveying the impossibility of reconciliation on the side of both parties. The main challenge that Albert and Mary faced in seeking a divorce was identifying a state that would grant it to them based on the claim of mutual dislike.

As divorce was regarded as a civil issue and therefore legislated at state level (rather than federal), there were national variations in the offences that could result in divorce. There was also a very gradual shift from divorce being granted by the State Legislature to being granted by the Courts of Chancery Legislature that dealt more with interpersonal matters.<sup>392</sup> As marriage was a civil status, divorce therefore fell under the jurisdiction of the state in which the petitioning individual resided. Feigenson highlights the problems that such state-by-state legislation caused, stating: "The doctrines in different states appeared to be in hopeless conflict, and even within particular jurisdictions the results were not thoroughly consistent."<sup>393</sup> Basch elaborates on the effects of the confused legislation and the requirements it demanded the applicants to meet, stating that: "The law's fairness to spouses engaged in the divorce process

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<sup>390</sup> Albert Farley Heard to John, Paris 1880. Heard Family Business Records.

<sup>391</sup> Ibid.

<sup>392</sup> Riley, *Divorce*, 35-36.

<sup>393</sup> Feigenson, "Extraterritorial Recognition," 120.

was assumed rather than defined...<sup>394</sup> Divorces were commonly granted on grounds of extreme cruelty or adultery. However, during an era of westward migration, desertion of a spouse also proved to be a typical cause of divorce.<sup>395</sup> Although Albert and Mary Heard were not parted through westward expansion, it was within the remits of desertion that they found their case.

Through Albert's letters to his brother it is apparent that both he and Mary were active in seeking legal advice. On speaking to a lawyer in Paris, where the couple were at that time based, Albert reported that Mary:

“[L]earns that the difficulties of obtaining a divorce in N. York are greater than supposed, & can only be had on the plea of adultery, but that in Rhode Island, Connecticut, Indiana & perhaps elsewhere it can be obtained upon other pleas, notably that of desertion, or refusal to live one with other; that to avail of these laws it is necessary to establish a residence or domicile in one of these states. She has written her father that she will return to America as soon as the season is sufficiently advanced, & then, if I do not go there & claim a divorce from her in one of these states, that she will take up her residence in one of them, & as soon as she can do it, she will claim the divorce.”<sup>396</sup>

The Heards were also forced to consider which spouse would seek the petition for divorce, given the limited legal rights of women during the era. Through Albert's correspondence with his brother, it is evident that Mary suggested that Albert: “had better make the demand rather than I,”<sup>397</sup> confirming the contemporary assumption that a claim for divorce would be more easily granted if made by the husband. However, through further discussion it appears that their mutual desire for a divorce led them to decide who would make the claim based on practical issues such as location, rather than gender. The tactical strategies that Mary and Albert were forced to contemplate in pursuit of a divorce demonstrates the practical complexity that many couples faced in legally calling an end to their marriage during the nineteenth century. In some

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<sup>394</sup> Basch, *Framing American Divorce*, 44-45.

<sup>395</sup> Riley, *Divorce*, noted that in 1838 Alexis de Tocqueville commented on the role of westward expansion in the dissolution of marriages in America. 47.

<sup>396</sup> Albert Farley Heard to his brother John, Paris, 1880. Heard Family Business Records.

<sup>397</sup> *Ibid.*

instances, one or both of the spouses were forced to relocate for a number of years to another state where their case may then be granted on the relevant terms of offense.<sup>398</sup> However, the procurement of a divorce through the relocation of one spouse to another state could potentially raise more problems because the divorce would not necessarily be recognised by the state in which the other partner still resided. This could subsequently lead to accusations of bigamy and property rights, thus extending an already lengthy and complex process.

Working within the remit of desertion, the Heards were able to demonstrate that for a significant period of time they did not reside together and that they were estranged from one another. As a merchant in the China trade and with additional trading relations in Russia, Albert spent many of his adult years in the Far East. While Mary did spend two years in China with Albert, she suffered from a lung condition and sought recuperation for several years in spa towns in Europe such as Pau in France. Even when Mary was seriously ill from uterine cancer, Albert visited her in Paris but he took a separate apartment. In an account of their marriage, Albert recalled of this period: “I did all in my power for her comfort & welfare, but apart from the necessary intercourse, we lived entirely separately, & rarely even taking meals together.”<sup>399</sup> After eventually recovering from surgery to remove the cancer, Mary rented another apartment in Paris and according to Albert, declined to let him stay with her from that point on.

Albert appeared conscious that while some of their geographical separation could be justified by practical logistics relating to his employment and Mary’s health, their relative estrangement (even while residing in the same place) was outside the remits of a conventional middle-class marriage. He expressed the futility of their living arrangements, stating that:

It has however become unendurable and the source of unmitigated wretchedness and unhappiness. I cannot submit any longer to such a false state of things and to the comments that it actually gives rise to. I have urged upon my wife the necessity

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<sup>398</sup> Basch, *Framing American Divorce*, notes that a person who moved to a different state to gain a divorce more easily so that they could re-marry was known as a ‘Lolly’. This term referred to the 1812 English case of Lolly who had travelled to Scotland for a divorce for the purpose of returning to England to take a new wife. 68.

<sup>399</sup> Albert Farley Heard to his lawyer, Paris, 1880. Heard Family Business Records. Emphasis in original.



of change, but she refuses to make any alteration, or to live with me & prefers to seek a divorce from me as the only possible issue from the position.<sup>400</sup>

Although Albert had emphasized the couple's mutual desire for divorce to his brother, it does appear that Mary's strong reluctance and ultimate refusal to continue cohabiting forced Albert to take proactive legal measures that he had hoped to avoid.

The Heards' pursuit of a divorce on grounds of incompatible temperament and living apart for a period of years perhaps conceals other potential matrimonial difficulties. Albert did not acknowledge adultery in the letters he sent requesting legal advice or in the letter that provides an account of their married life. However, it does appear that Albert had relations with a "protected" woman in China for the first few years of his marriage to Mary. Historian Carl T. Smith explains that while a social and geographical policy of racial separation existed in Hong Kong from the late eighteenth century when the British controlled the city, many foreign men did engage in relationships with Chinese women. He further elaborates that these relationships generally fell under three categories: the casual (based on prostitution); the temporary (in which the male financially provided for the woman for the duration of their relationship until he returned home); and the permanent (which usually involved marriage).<sup>401</sup> Chinese women in temporary relationships with European and American men were referred to as "protected" women, which Smith defines as "a woman acquired by and living with a foreigner."<sup>402</sup> If suspected of illegal prostitution, a protected woman was able to present the authorities with a certificate identifying her foreign protector.<sup>403</sup> According to the Hong Kong land registry records examined by Smith, it seems that Albert had a temporary relationship with a Chinese woman named Lam Kew-fong.

The relationships between Lam Kew-fong, her three sisters, and their European and American male protectors is complicated by the inheritance, transference and sale of many land plots. Lam Kew-fong was the daughter of a Chinese woman, Lam, and a foreigner, Bartou. Kew-

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<sup>400</sup> Albert Farley Heard to his lawyer, John, Paris, 1880. Heard Family Business Records.

<sup>401</sup> Carl T. Smith, "Abandoned into Prosperity: Women on the Fringe of Expatriate Society," in *Merchants' Daughters: Women, Commerce, and Regional Culture in South China*, ed., Helen F. Siu (Hong Kong: Hong Kong University Press: 2010), 130.

<sup>402</sup> Carl T. Smith, "Protected Women in 19<sup>th</sup>-Century Hong Kong," in *Women and Chinese Patriarchy: Submission, Servitude, and Escape*, eds., Maria Jaschok and Suzanne Miers (London: Hong Kong University Press, 1994), 221.

<sup>403</sup> *Ibid*, 222.

fong's twin sister was called Lam Fong-kew, and her two younger sisters were Lam A-Shui and Lam Tsat-tai. Smith acknowledges in a footnote that: "There are difficulties in interpretation of records of Lam Fong-kew and Lam Kew-fong."<sup>404</sup> As well as the similarities in their names and the fact that they were twins, this confusion is probably largely due to the fact that they were both protected by the same man at different times. Their shared protector was an American, George Tyson, who was employed by the firm Russell & Co. Lam Fong-kew died in 1871 and left her land to her sisters. This suggests that she did not have any children. The executor of George Tyson's will transferred his property in Hong Kong to Chan Kai-ming (who also went by the name George Tyson) who was the son of Lam Kew-fong and Tyson.<sup>405</sup> We know that Lam Kew-fong was also protected by Albert Farley Heard because he conveyed both land and property to her.<sup>406</sup>

Albert's uncle, the founder of Augustine Heard & Co. (the company for which Albert worked), had previously worked for Russell & Co. Due to this connection between Russell and Co. and Augustine Heard & Co. as well as the fact that they were both prominent American trading houses in Hong Kong, it is almost certain that George Tyson and Albert Heard were acquaintances. It is even likely that Tyson introduced Albert to Lam Kew-fong because when Tyson returned to America in 1869, Albert commenced his temporary relationship with her. Smith records that: "He [Heard] was in China from 1854 to 1873. After his departure he married Mary Livingston. Before his departure in May 1873 he conveyed a Section B of Inland Lot 94 at the corner of Aberdeen and Staunton Streets to Lam Kew-fong for \$1,000. In July of the same year he conveyed a property in Macau to her."<sup>407</sup> However, Smith is incorrect in his assertion that Albert's marriage to Mary took place in 1873. Albert and Mary were married in New York on 28<sup>th</sup> October 1868. This is extremely significant because it implies that Albert conducted his temporary relationship with Kew-fong during the early years of his marriage. Mary resided in China with Albert between 1872 and 1874. Albert recollected that: "In 1874 my wife went to America for a visit and came back after a few month's absence. We endeavoured to [illegible] a happier intercourse but soon the same continued, disagreement and

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<sup>404</sup> Smith, "Abandoned into Prosperity," *footnote 33*, 306.

<sup>405</sup> According to geni.com, Lam Kew-fong and George Tyson had three other children together: Chan Kai-Cheung, Charlotte Chan and Sarah Chan. It is possible that at least one of these children was born after Tyson's marriage to his American wife, Sarah Tyson, in 1861.

<sup>406</sup> Smith, "Abandoned into Prosperity," 135.

<sup>407</sup> *Ibid.*

discontent arose.”<sup>408</sup> It is possible that Mary may have known about Albert’s relationship with Kew-fong while she was with him in China.

While it does not appear that Heard had children with Kew-fong, he would have certainly known American and European men who fathered children with protected women. Kew-fong had four children with Tyson prior to her relationship with Albert. Kew-fong’s youngest sister, Lam Tsat-tai had relationships with Gustav Overbeck and then with an American, Edward Constant Ray. When Overbeck left China to return home and marry, he conveyed Tsat-tai two lots of land to: “provide for her and her children.”<sup>409</sup> These children were presumably his own. Although temporary relationships ceased when the man returned home, it is evident that it was expected they financially provide for their Chinese partner and any resulting children through conveying them property or land, which the women then often sold on a few years later for a profit. James Bridges Endicott, who worked in the opium trade for Russell & Co, had a temporary relationship with Ng Akew. They had five children together.<sup>410</sup> When Endicott brought an English woman to China to marry, he and Akew ended their relationship and divided the children between them. Endicott’s European wife raised these children and eventually bore five children herself.<sup>411</sup> Endicott died in Macau, and it is unclear what became of these three children but it would be interesting to discover how Endicott and Akew’s children were received by American society.

Not all protected women and their children were well provided for after the departure of a foreign partner. Some were left in poverty and the children were not considered part of the Chinese community. Rather, they forged a Eurasian identity and were often referred to by derogatory names.<sup>412</sup> One such child stated: “True, in some cases our mothers have only themselves to blame for what they are wont to speak of as ‘cruel desertion’, but I cannot shut my eyes to the fact that many of us have cause to curse the memory of our fathers, and say in the bitterness and anguish of our souls, it were better had we ne’er been born.”<sup>413</sup> Remaining childless by 1874, it would be compelling to know how Mary Heard felt about the children of

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<sup>408</sup> Albert Farley Heard to his lawyer, John, Paris, 1880. Heard Family Business Records.

<sup>409</sup> Smith, “Abandoned into Prosperity,” 135.

<sup>410</sup> Patricia Lim, *Forgotten Souls: A Social History of the Hong Kong Cemetery* (Hong Kong: Hong Kong University Press, 2011), 169.

<sup>411</sup> Smith, “Protected Women,” 223.

<sup>412</sup> *Ibid*, 233.

<sup>413</sup> ‘Eurasian,’ *Hongkong Telegraph*, 24<sup>th</sup> September 1895 cited in Smith, “Protected Women,” 233.

Chinese women and their foreign protectors. Although there is no evidence for it in Albert Heard's letters, if Mary Heard were aware of her husband's extramarital relationship and the presence of Kew-fong's children, it may have been one of the initial causes of their emotional estrangement.

### **Mary and Earl Barnes**

While Heard's affair took place on the other side of the world, other couples had to battle with the emotional impact of adultery that involved friends and work colleagues. New Yorker Mary Sheldon Barnes (1850-1898) coped with such an ordeal in the late 1890s when her husband, Earl Barnes, was known to be romantically involved with her friend and his student, Anna Kohler. Following Mary's death during a surgical procedure, Kohler would later become Earl's wife. However, from their correspondence, their fourteen-year marriage does appear to have been defined by mutual love and affection. Using his pet name for her, Earl referred to Mary as "my playmate Teddie, my inspiration, and my delight."<sup>414</sup> However, the formation of a romantic attachment and marriage was an unexpected development for Mary, who had resolved during the second year of her university education that she would not marry.<sup>415</sup> After her graduation on 24<sup>th</sup> June, 1874, Mary taught for two years at the school run by her father, Oswego State Normal and Training School. During this time, Mary, who had decided to devote her energies to teaching rather than wifedom and motherhood, reflected that: "I no longer feel so deeply the need of love. My soul's motherhood shall be satisfied by the dear girls God will give me."<sup>416</sup> At this time, believing that she would remain unmarried and childless, Mary hoped to transform biological motherhood into a social and intellectual maternal attitude toward her students. Historian Jo Anne Preston recognises the shift in preference from male to female teachers in the Northeast by the mid-nineteenth century. She observes that: "those recommending a shift to female educators, borrowing language from the newly emergent ideology of domesticity, argued that the most effective teacher would draw upon the female qualities of emotionality, maternal love, gentleness, and moral superiority."<sup>417</sup> Nineteenth-

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<sup>414</sup> Earl Barnes to Mary Sheldon Barnes, 24<sup>th</sup> August 1890, Mary Sheldon Barnes Papers, 1857-1948, Sophia Smith Collection, Smith College, Massachusetts.

<sup>415</sup> James Tobin, "Our Miss Sheldon," The University of Michigan Heritage Project website, [heritage.umich.edu](http://heritage.umich.edu)

<sup>416</sup> Mary Sheldon Barnes, Mary Sheldon Barnes Papers, 1857-1948.

<sup>417</sup> Jo Anne Preston, "Domestic Ideology, School Reformers, and Female Teachers: Schoolteaching Becomes Women's Work in Nineteenth-Century New England," *The New England Quarterly*, 66.4 (1993): 532.

century school reformer Henry Barnard employed the rhetoric of religious and domestic ideology in his efforts to secure teaching positions for women, stating that:

Heaven has plainly appointed females as the natural instructors of young children, and endowed them with those qualities of mind and disposition, which pre-eminently fit them for such a task. Endued with a greater measure of the gentleness so winning and grateful to the feelings of a child, and the patient forbearance so essential to those who are inculcating the first rudiments of knowledge, their action on the mind and disposition of the child is peculiarly auspicious.<sup>418</sup>

The supposedly natural maternal character of women meant that they were believed to be suited to educating children in an affective manner. Believing at the time that she would not have children of her own, Mary Sheldon was able to create meaningful relationships with the children that she taught.

Mary's attitude towards becoming married, however, was challenged when Earl Barnes, eleven years her junior, became one of her students at Oswego State Normal and Training School. Building their relationship on the shared pursuit of intellectual rigor, the pair eventually developed a romantic attachment. Their relationship as teacher and student placed Mary in an unconventional position of superiority to the man who would become her husband, which caused her some degree of unease. In a letter to her sister, Mary wrote: "The terrible thing to me is that I happen, on his own confession, to have just now the strongest influence over him. And it's a heavy responsibility to have such a big, splendid fellow believe all you say and do all you want."<sup>419</sup> Although Mary was in the position of tutor when they met, Earl's future teaching positions dictated where the couple lived. They spent time in Hoboken, Ithaca and Indiana. They also spent eight months travelling around Europe. Earl was eventually offered the position of Professor of Education at Stanford University when it was founded in 1891. Nevertheless, Mary was able to maintain her scholarly work. She published an influential pedagogical textbook on historical method and co-published a textbook on American history with Earl. The year following their move to Stanford, Mary was offered the position of

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<sup>418</sup> Henry Barnard, quoted in Preston, "Domestic Ideology," 540-541.

<sup>419</sup> Mary Sheldon Barnes to Frances Elizabeth Sheldon, 24<sup>th</sup> February 1883, quoted in Tobin. Original letter in Penfield Library.

Assistant Professor of History and became the first full-time female faculty member of the university.<sup>420</sup>



**Fig. 9. *Mary Sheldon Barnes and Earl Barnes, Stanford, 1897.***

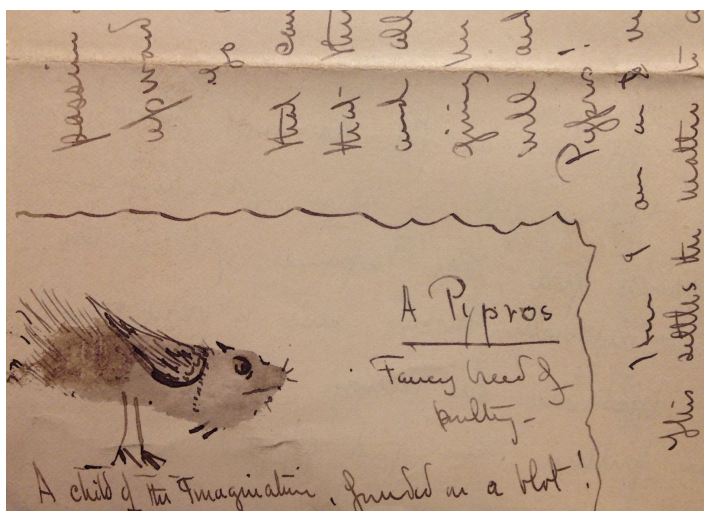
Just as Earl's affection was apparent through the discourse of his letters, Mary's creativity and humour are revealed in her letters to Earl. Historian Deirdre Mahoney informs us in her work on nineteenth-century advice for letter writing "much of the instruction directed to women focused on appearance – removing unsightly ink blots before carefully encasing the epistle in the appropriate envelope."<sup>421</sup> In a departure from nineteenth-century letter writing etiquette however, historian Nigel Hall argues that it is through technical mistakes that we gain an insight into the everyday experiences of past cultures, noting that "materiality is at its most visible when the technology does not work well: the quill that blunts or breaks, the paper that tears or is pierced, the ink that has dried up, the fountain pen that splatters..."<sup>422</sup> The playful

<sup>420</sup> Tobin, "Our Miss Sheldon."

<sup>421</sup> Deirdre M. Mahoney, "More Than an Accomplishment': Advice on Letter Writing for Nineteenth-Century American Women," *Huntington Library Quarterly*, 66.3/4 (2003): 417.

<sup>422</sup> Nigel Hall, "The Materiality of Letter Writing: A nineteenth century perspective," in *Letter Writing as a Social Practice*, eds., David Barton and Nigel Hall (Philadelphia: John Benjamins Publishing Company, 2000), 85.

relationship between Mary and Earl is revealed through Mary's interpretation of one such technical mistake.



**Fig. 10. An extract of a letter from Mary Sheldon Barnes to Earl Barnes, taken by myself at the Sophia Smith Collection.**

Mary whimsically embraced a mishap in her penmanship, transforming a smudge of ink into a comical drawing. The accompanying annotation “A Pypros, Fancy kind of poultry – A child of the imagination, founded on a blot!” serves only to reinforce her jovial mood at the time of this composition. This example demonstrates the revelatory nature of the letter as a material creation and a form of expression beyond the scope of the literary content and offers a non-verbal insight into the nature of the author’s relationship with her husband.

Despite having what appears to have been a companionate marriage, Earl began an affair with student Anna Kohler during the Barnes’ time at Stanford University. No official action was taken by the university at the time. However, in 1897 the President of Stanford, David Starr Jordan, sent a telegram to Earl referencing a conversation that they had had about the affair two years previously and concluded that he: “profoundly regret[s] that neither you nor I have any alternative but to act. Please wire decision immediately assigning your own reasons for withdrawal.”<sup>423</sup> Although “work and health” were cited as the reasons for Earl and Mary’s sudden resignations, details about the affair were published in a university circular after the death of Mary. The circular was distributed throughout several universities and made it difficult

<sup>423</sup> Telegram from David Starr Jordan to Earl Barnes, 1897 in David Starr Jordan Papers, Stanford University.

for Earl to find permanent employment as a member of faculty on his return from Europe.<sup>424</sup> In a note written to Nicholas Murray Butler of Columbia University, Jordan confirmed that: “The plain fact is that he [Barnes] was dismissed on account of the seduction of a school teacher of his acquaintance.”<sup>425</sup> A newspaper announcement of Earl’s second marriage to Anna Kohler in 1900 establishes that Kohler had been a teacher before attending Stanford University.<sup>426</sup> Due to this detail and the fact that the pair were at Stanford at the same time, it seems entirely probable that the affair had been with Kohler.

Strengthening the conclusion that Earl’s affair was with Kohler is the fact that both Mary and Earl were well acquainted with her during their time at Stanford. A letter from Mary to Kohler suggests that they even shared a close friendship. In 1896, on a visit to her father’s home in Shady Groves, Mary wrote to her:

I wish you could see my father with his grandchildren – there are four of them in the house, three of them babies – and all of them at this tender age – so devoted to him that he has but to appear to produce ‘peace in Israel.’ These three babies are under a year old, and it is interesting to see how different they are. It makes my heart ache for my own dear baby – lost years ago.<sup>427</sup>

Mary’s letter to Kohler demonstrates a longing for the presence of children and a suggestion of the joy they can bring to adults. These sentiments are compounded by the fact that Mary had suffered a stillbirth in 1890. In a letter dated 16 August, 1890, using his “pet” name for her, Earl comfortingly wrote to Mary: “Tell Teddie to be a good fellow – brave and true.”<sup>428</sup> Despite the affectionate letters he wrote to her around this period, the following month Mary returned to her journal after a space of four years. Her first entry declared that:

For the last few months, I have felt an irresistible impulse to write once more in an intimate journal. During all these years of wedded life, Earl has been my intimate

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<sup>424</sup> James A. Chisholm, Jr., “Unheralded Historian: Mary Sheldon Barnes and Primary Source Material in History Books,” (Dissertation, Georgia State University, 2013), 215-216.

<sup>425</sup> David Starr Jordan to Nicholas Murray Butler, quoted in a footnote in Chisholm, Jr., 216.

<sup>426</sup> *The Evening News*, “Teacher Marries,” 20<sup>th</sup> June 1900.

<sup>427</sup> Mary Sheldon Barnes to Anna Kohler, 1896, Mary Sheldon Barnes Papers, 1857-1948, Sophia Smith Collection.

<sup>428</sup> Earl Barnes to Mary Sheldon Barnes, 16 August, 1890, Mary Sheldon Barnes Papers, 1857-1948, Sophia Smith Collection.



journal – and I have never felt the need of my little red books. But now – a shadow has come on me – a shadow with which I cannot, must not – darken another life...<sup>429</sup>

The sorrow that Mary referred to in this entry appears to coincide with the loss of their baby. It is interesting to note that while Mary felt unable to confide in Earl about this, it does not appear to be a result of socially endorsed repression of emotion, but from a personal desire to prevent Earl from experiencing further concern or sorrow. While evidently casting a “shadow” over her emotional state, this silence around the loss seemed to stem from compassion rather than taboo.

Discussing the qualities of life writing, Hermione Lee states that “what makes [it] so curious and endlessly absorbing is that through all the documents and the letters, the context and the witnesses, the conflicting opinions and the evidence of the work, we keep catching sight of a real body, a physical life.”<sup>430</sup> By piecing together the above fragments of letters and diary entries that refer to the loss of the Barnes’ baby we can view Mary’s experience of childlessness in a more nuanced context. Previous scholarship on Mary Barnes depicts her life around the time of the stillbirth as a period spent moving between Indiana and Ithaca whilst suffering from her heart condition, but during which time she was also able to complete her work on a text book. With analysis of her personal correspondence and diary, it is possible to add another layer to the narrative, helping to transform Mary from a two dimensional subject who succeeded in her career as an educator to a more complex individual who suffered various forms of physical pain and emotional loss – a woman racked by such despair over the loss of a child through stillbirth that she turned away from her husband upon whom she had hitherto relied on as a confidante.

After leaving Stanford in 1897, Earl and Mary travelled back to Europe. While in London, Mary underwent surgery with the use of anesthetic and did not wake up. Her death certificate records that she suffered from “Mitral & Aortic diseases (15 years) and Malignant disease of the Uterus (6 months).”<sup>431</sup> This was the only reference to uterine cancer that I discovered during

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<sup>429</sup> Mary Sheldon Barnes, Diary entry, 1879-90, Mary Sheldon Barnes Papers, 1857-1948, Sophia Smith Collection.

<sup>430</sup> Hermione Lee, *Body Parts: Essays on Life-Writing* (London: Chatto and Windus, 2005), 4.

<sup>431</sup> General Register Office, “An Entry of Death.” Cited in Chisholm, “Unheralded Historian,” 11.

my research. It is unclear from this record whether the fatal surgery was performed on her heart or uterus. Nevertheless, from Earl's diary it is apparent that Mary anticipated her death as he recorded her words to him: "When I think of my probable death, my prevailing sentiment is one of profound curiosity." He also documented some of her last words to him before the operation in which she forebodingly reassured him: "Today we begin new lives. I a new one and you a new one. Let us live them well."<sup>432</sup> Most likely aware of the relationship that had formed between Earl and their friend Anna Kohler in Stanford, Mary's words imply that she gave Earl her blessing to re-marry after her death. Having lost a baby as well as being eleven years his senior, Mary may have wanted Earl to have another opportunity to become a father. Kohler was nine years younger than Earl and the recipient of Mary's earlier enthusiasm for children and regret at the loss of her own baby. Earl returned to America and married Kohler the year following Mary's death. A year later, in 1901, Earl and Anna had the first of their four children, naming their daughter Mary Barnes.

### **Clover and Henry Adams**

Mary Sheldon Barnes filled the childless years of her marriage with a passion for teaching and a quest to create a new methodological approach to teaching. Clover Adams, on the other hand, occupied a position within the wealthy circle of the political elite. Consequently, the social and professional options available to her were somewhat different. Born in Boston, Massachusetts in 1843 and christened Marion Hooper, her mother affectionately referred to her as Clover. This childhood name became the name used by all of her family and friends. Natalie Dykstra, the most recent of Clover's biographers, notes the "fierce maternal bond" that her mother, Ellen Sturgis Hooper, felt for Clover and that the pet-name reflected how lucky Ellen felt about the birth of her daughter.<sup>433</sup> Although Ellen died from tuberculosis when Clover was only five years old, the memories of her mother and stories passed on to her about Ellen's strong character and support for women's rights likely influenced Clover's own expectations of womanhood. The physical presence of her maternal role model may have been brief, but Clover's continued adoption of this pet-name suggests that her mother's legacy remained with her throughout her youth and adulthood.

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<sup>432</sup> Earl Barnes, Diary entry, 27 August 1898, Mary Sheldon Barnes Papers, 1857-1948, Sophia Smith Collection.

<sup>433</sup> Natalie Dykstra, *Clover Adams: A Gilded and Heartbreaking Life* (Boston: Houghton Mifflin Harcourt, 2012), 3.

Ellen Sturgis Hooper, the daughter of Captain William Sturgis, was raised in an affluent family. However, as the eldest daughter, she found herself responsible for helping to raise her sisters when their mother, Elizabeth Sturgis, decided to leave the family home. Thrown into a deep depression after her only son died, Elizabeth felt that she could no longer fulfil the duties expected of her as a wife and mother. Captain Sturgis wrote to his wife, reassuring her that he hoped she would return to the family home once her depression had subsided: “I indulge the hope my dear wife, that you will return so improved in health and spirits that you will be able to resume your place in the family, to get along easily in *a quiet way*.”<sup>434</sup> However, Elizabeth’s depression surpassed the fashionable inclination towards middle-class invalidism, rendering her permanently unable to nurture her remaining children and she did not return. Although Ellen occasionally visited her mother, she very much acted as the intermediary between Elizabeth and her husband and children. This unique relationship between an absent mother and daughter likely affected Ellen’s attitude toward women’s domestic roles and her own approach to mothering. In 1837 she married the physician, Robert William Hooper and soon gave birth to her first two children, Ellen (known as Nella) and Edward. As a close acquaintance of Ralph Waldo Emerson and Margaret Fuller, Ellen Sturgis Hooper was an advocate for the Transcendentalists and women’s rights. In a letter responding to her sister’s claim that women should confine themselves to the “women’s sphere,” Ellen passionately wrote:

I am thankful one woman is in her sphere (as you seem to believe you are) and only wish a visiting committee for the nations may be appointed to ascertain its exact circumference. A woman’s sphere seems to me just what she can fill and I don’t see why Charlotte Corday had not as good a right to the dagger as Brutus, although I have no doubt she may have been missed in the kitchen.<sup>435</sup>

Although Ellen was not as publically active as her friend Margaret Fuller, the knowledge of her beliefs concerning women’s capabilities, ambitions and rights would have been present throughout Clover’s childhood and beyond. Evidence of this can be found in one of Clover’s

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<sup>434</sup> Captain Sturgis to his wife, Elizabeth Sturgis, cited in Otto Friedrich, *Clover: The tragic love story of Clover and Henry Adams and their brilliant life in America’s Gilded Age* (New York: Simon and Schuster, 1979), 38.

<sup>435</sup> Ellen Sturgis Hooper to her sister, Susan Sturgis, cited in Friedrich, *Clover*, 48.

bibles in which she copied the lines from a poem that her mother had published in the transcendentalist journal, *The Dial*: “I slept and dreamed that life was Beauty, / I woke, and found that life was Duty.”<sup>436</sup> Clover’s selection of this quote indicates that she at least ideologically took on the intensity of her mother’s commitment to women’s participation in public life. However, it also signals a tragic foreboding of confinement and unrealised dreams that would eventually lead to Clover’s suicide.

In 1872, Clover married Henry Adams (1838-1918) – the great-grandson of President John Adams and the grandson of President John Quincy Adams. He was also a well-known historian and anonymously published two novels. Whereas previous case studies within this thesis have made use of correspondence between spouses, Clover and Adams were rarely apart. Consequently, as with the letters of Albert Heard, it is only possible to analyse the relationship through the insights they chose to impart to others. Writing to his brother to inform him of his engagement to Clover, Henry declared:

On coming to know Clover Hooper, I found her so far away superior to any woman I had ever met, that I did not think it worth while to resist. I threw myself head over heels into the pursuit and succeeded in conducting the affair so quietly that this last week we became engaged without a single soul outside her immediate family suspecting it...I’m afraid she has completely got the upper hand of me, for I am a weak-minded cuss with women, and the devil and all his imps couldn’t resist the fascination of a clever woman who chooses to be loved. Such is your brother’s fate!<sup>437</sup>

Clover was nearly twenty-nine when she married Henry, who it appears approached their engagement in the same quiet and subdued manner that characterized his temperament throughout their marriage. Twenty-eight was a relatively late age for a woman of Clover’s social position to marry, but the pair seem to have enjoyed an intellectual compatibility. However, after several years of marriage, Henry’s intense and lengthy periods of isolation spent writing must have resulted in some feelings of detachment and loneliness for Clover, especially as the couple remained childless. Through marriage, Clover imposed a sphere of

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<sup>436</sup> Poem cited in Friedrich, *Clover*, 28.

<sup>437</sup> Henry Adams to his brother Brooks, cited in Friedrich, *Clover*, 135.

constraint upon herself, forced to adhere to upper-class ideals of married womanhood and largely performing the role social hostess in her and Adams's Washington D.C. home. Commenting on Adams's fictional work, *Democracy*, Dykstra draws a parallel between the protagonist, Madeline Lee and Clover: "As a woman without children of her own or a focus for her talents, Clover surely asked the central questions posed in the novel: 'Was the family all that life had to offer? Could she find no interest outside the household?'"<sup>438</sup> Clover's life as a nineteenth-century woman and the wife of an eminent man, Henry Adams, was instilled with a sense of duty; this was a burden that probably contributed to her own periods of depression and perhaps even her eventual suicide.

Clover spent her childless marriage travelling in Europe and Egypt, decorating her and her husband's homes, and hosting social soirees in Washington D.C. One of Clover's biographers, Eugenia Kaledin also stresses that Clover spent a significant amount of time and emotion caring for her several dogs and horses.<sup>439</sup> Fig. 11 is a photograph composed and taken by Clover of her three dogs, Possum, Marquis, and Boojum at tea in the garden. It would be easy to imagine replacing the dogs for three little children playing at a tea party. Nevertheless, children seem to have been a constant, if underlying, theme throughout their marriage. Clover's brother, Edward (Ned) Hooper had five daughters. His wife died while the children were still young, but they spent time with the Adamses at their summer home, Pitch Pine Hill. Shortly after the death of their mother, Clover cared for two of her nieces "during the months when colic and unripe fruit prevail – so that if I cannot boast of maternal joys I can of ditto cares."<sup>440</sup> Despite not being the children's biological mother, Clover demonstrated not only her commitment to her family, but also the self-sacrificing nature of true womanhood and maternity through her care of these children. Again, this makes it evident that one can experience the emotional state of maternity in the absence of biological children.

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<sup>438</sup> Dykstra, *Clover Adams*, 120.

<sup>439</sup> Eugenia Kaledin, 2<sup>nd</sup> Ed., *The Education of Mrs. Henry Adams* (Amherst, University of Massachusetts Press, 1994), 145-146.

<sup>440</sup> Clover Adams to Anne Palmer, cited in Dykstra, *Clover Adams*, 123.



**Fig. 11. Clover Adams's dogs at tea, taken by Clover.**

Henry Adams was also close to his nieces-in-law, so much so that one of them, Mabel Hooper referred to him as “part of the ‘trinity of fathers’ – alongside her own father, Ned, and Clover’s cousin Sturgis Bigelow – who ‘brought us up and educated us.’” After the death of their father, Dykstra notes that “several nieces took up semi-permanent residence at 1603 H Street [Henry Adams’s home], presiding over daily breakfasts.”<sup>441</sup> Clover was also deceased by this time, but the young ladies clearly remained devoted to their uncle-by-marriage who continued to fulfil a paternal role. The act of raising the girls after the death of their mother was clearly a collective familial effort. This collective familial effort to raise the girls also mirrors Clover’s own childhood, which would have given her a personal insight into the situation of her nieces. Although Clover and her nieces lost their mothers to natural death, the Sturgis family was plagued with the absence of maternal figures for several generations. Clover’s maternal grandmother had felt compelled to leave her family due to the depression brought on by the loss of a child, but as a child, Clover also endured the suicide of her aunt who had a three-year old son and had separated from her husband.<sup>442</sup> After Clover’s suicide, her nieces would also lose their aunt Ellen (Clover’s sister) who committed suicide the year after her husband, Ephraim Whitman Gurney, had died in 1886. Four generations of Hoopers suffered from the dramatic and tragic losses of parental and substitute-parental figures.

<sup>441</sup> Mabel Hooper, quoted in Dykstra, *Clover Adams*, 224.

<sup>442</sup> Dykstra, *Clover Adams*, 19.

According to letters from those in her inner circle and Clover's biographers, it seems that both Clover and Henry had hoped for children of their own. On hearing the news that his friends the Gaskells were expecting their first child, Henry Adams wrote to them: "I have myself never cared enough about children to be unhappy either at having or not having them, and if it were not that half the world will never leave the other half at peace, I should never think about the subject."<sup>443</sup> Adams's comment suggests that the very absence of children made it a constant presence in his life due to the societal pressure for parenthood. It also testifies to the fact that men were exposed to such expectations and therefore, that they were not only expressed through the dictates of true womanhood. While Dykstra argues that Adams's forthright mention of their childlessness demonstrated an acceptance of this condition, one of Clover's earlier biographers, Otto Friedrich, suggests that Adams's claim that he "should not think about the subject" is "somewhat disingenuous."<sup>444</sup> Adams had not only a large but politically prominent genealogy and it is likely that his parents expected him to continue his branch of the family tree. Adams's own anticipation of having children and his concern that this was not being achieved appears evident through his purchase of J. Marion Sims's text, *Clinical Notes on Uterine Surgery – with special reference to the management of the sterile condition*.<sup>445</sup> Making a career out of research, Adams also adopted this approach for his own questions on fertility. Although Sims acknowledges in this text that men can be infertile as well as women, he devotes only one of the eight chapters to this issue. Instead, as with most nineteenth-century literature on infertility, the emphasis is placed on female reproductive concerns. It is unclear if Adams purchased this book as a result of fears over his own infertility, or to consider it in relation to Clover. It does, however, indicate that he was conscious of their inability to conceive and that believed their lack of children to be due to a medical condition.

Clover also married with the expectation of becoming a mother. In what Friedrich terms a "family legend," he claims that Clover told her cousin: "If any woman ever says to you that she doesn't want children, it isn't true. *All* women want children!"<sup>446</sup> Evidently Clover, like her contemporaries, associated the identity of woman with that of mother. Clover still held on to that hope ten years after her marriage. Writing in 1883 about her collection of four paintings

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<sup>443</sup> Henry Adams to Charles Milnes Gaskell, 1878, quoted in Dykstra, *Clover Adams*, 93.

<sup>444</sup> Friedrich, *Clover*, 214.

<sup>445</sup> Dykstra, *Clover Adams*, 131.

<sup>446</sup> Friedrich, *Clover*, 214.

by Richard Bonington, she proclaimed: “we shall at this rate leave fine pickings for our heirs.”<sup>447</sup> If Clover was referring to her nieces, rather than an imagined unborn heir, then it serves only to strengthen her relationship to the girls, who became substitutes for children of her own. The lasting desire for children was reinforced in a letter written by Clover’s childhood friend, Eleanor Shattuck Whiteside, after her suicide. Writing to her mother of her shock at Clover’s death, she mused: “How often we have spoken of Clover as having all she wanted, all this world could give, except perhaps children.”<sup>448</sup> This statement could be a product of society imposing values upon Clover that they believed she should have had as a nineteenth-century woman, but based on the above comments made by Clover, it is likely that she confided her sadness about her childlessness to Whiteside.

Although there does not appear to be any documented correspondence or references to discussions on childlessness between Clover and Henry, their letters to friends and family suggest that they were mutually disappointed. In an attempt to portray their childlessness in a more positive light, Adams did write that: “One consequence of having no children, is that husband and wife become very dependent on each other and live very much together. This is my case.”<sup>449</sup> While this may have been untrue for some marriages, such as Albert Heard and Mary Livingston Heard, the sentiment that love between spouses is strengthened through their shared experience of the plight and pathos caused by childlessness, or the loss of a pregnancy, is echoed by James Lee Love and Julia Spencer Love. Writing to his mother-in-law after his child was stillborn, Love reassured her that the stillbirth was in no way Julia’s fault and declared: “Altogether - she is the dearest, brightest, bravest & best woman on earth – not excepting the one who trained & guided her to what she is!”<sup>450</sup> In both instances this intimacy is expressed by the husbands, further exposing that involuntary childlessness emotionally impacted not only nineteenth-century women who were held to ideals of motherhood, but also men in their roles as husbands and expectant fathers.

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<sup>447</sup> Clover Adams to her father, Robert William Hooper, 1882, quoted in Dykstra, *Clover Adams*, 122.

<sup>448</sup> Eleanor Shattuck Whiteside to her mother, Mrs. George C. Shattuck, quoted in Dykstra, *Clover Adams*, xvi and Friedrich, *Clover*, 214. Interesting to note is that in Dykstra’s use of this quote in her prologue, she removes “except perhaps children.”

<sup>449</sup> Henry Adams to Charles Gaskell, quoted in Friedrich, *Clover*, 214.

<sup>450</sup> James Lee Love to Cornelia Spencer Phillips, 1<sup>st</sup> April 1891, Box 4, folder 4, Cornelia Phillips Spencer Papers, 1833-1975, Southern Historical Collection, UNC.



Adams's perception that he and Clover became more dependent on each other through their inability to bear children may not have been shared by Clover though. As he withdrew into his own work, he did not always support Clover in her pursuits. It is possible that he viewed her creative interest in photography as a distraction from her wifely role. While Adams greatly approved of the way that Clover furnished and decorated their several homes with paintings and objects collected on their travels, which all fell within the socially acceptable remits of the domestic duties of wives, he was less enthusiastic about her photography. In fact, Kaledin notes that: "If Henry praised any of her work as a photographer, there is no record of it."<sup>451</sup> Clover strove to achieve a professional level of skill at photography, but Adams regarded it as a hobby – at an amateur level it would have been perceived as a womanly accomplishment, but her passion surpassed this and demonstrated a threatening degree of ambition. Adams's lack of support indicates a sensitivity that it would reflect badly on him if his wife surpassed the cultural conventions for an upper-class wife. Referring again to the parallels between Adams's fictional characters and Clover, Dykstra argues that the character of Esther, in his second novel of the same name, is based on Clover. As well as many other similarities including physical appearance, where Clover was an amateur photographer, Esther was an amateur painter. Perhaps envisioning that his wife would come to the same conclusion of her photographic work, Esther finally comes to support the judgement of another male character who determines "she is only a second-rate amateur and will never be anything more."<sup>452</sup>

For Clover, however, photography became a way to experiment with and express various relationships and emotional insights. Dykstra notes that: "Photography was deemed an appropriate activity for women precisely because of its emotional power, its ability to tie the viewer to 'absent loved ones.'"<sup>453</sup> Arguably, as well as depicting absent family relations and friends, Clover used photography to create an impression of those who never existed. In her photograph of her friends Mrs. George D. Howe, Mrs. Ellerton Pratt and her daughter Alice Pratt on Smith's Point, Nantucket, Clover demonstrates her eye for unconventional composition and uses this to create an image of her own cross-generational isolation (see fig. 12). Dykstra, suggests that: "Clover carefully stage-managed the composition, creating a mood

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<sup>451</sup> Kaledin, *Education of Mrs Henry Adams*, 192.

<sup>452</sup> Dykstra, *Clover Adams*, 156.

<sup>453</sup> *Ibid*, 140. This sentiment was found in *The Young Lady's Book: A Manual of Amusements, Exercises, Studies, and Pursuits*.

not of friendship and connection, but of lost possibility.”<sup>454</sup> This is in part achieved by Clover’s decision to have the two adults positioned with their backs facing the camera. Analysing the subjects, their dress and the composition, Dykstra concludes of this photograph that: “It pictures exactly what the photographer did not have: a mother figure and a daughter, women from the previous generation and the succeeding one, who might have otherwise accompanied Clover.”<sup>455</sup> The isolation and disconnection expressed through her photography may have stemmed from her own feelings of loneliness later on in her marriage as she lived away from her father and siblings. Although Henry described the pair as “very much together,” he became increasingly withdrawn into his own work and disconnected from Clover as her depression overcame her after the death of her father.<sup>456</sup> Photography may have filled a void in Clover’s daily life, but it also mediated her experience as a wealthy and yet childless wife and socialite. This medium enabled her to express her innermost emotions, making visible the invisible and offering a source of creation to physically tenant a felt absence.



**Fig. 12. Photograph taken by Clover Adams of Mrs. Howe, Mrs. Pratt and Alice Pratt at Smith’s Point.**

<sup>454</sup> Dykstra, *Clover Adams*, 149-150.

<sup>455</sup> *Ibid*, 150.

<sup>456</sup> Henry Adams to Gaskell, quoted by Dykstra, *Clover Adams*, 93.

In 1885, Clover used the tools of her photography, potassium cyanide, to commit suicide. Kaledin asserts that: “Clover’s suicide would have suggested the unconscious pain of repeated rejection she felt as Henry retired to his study all day to write, or as he admired the lovely younger women who graced the Washington social scene at night.”<sup>457</sup> Adams had formed a close friendship with a younger married woman, Elizabeth Cameron, before Clover’s suicide. Although there is no evidence that an affair took place, Cameron gave birth to her only child, Martha, seven months after the death of Clover, which gave rise to rumours. Dykstra notes that: “Henry became besotted with the child, having her over for daily visits, getting specially designed toys made for her, making the knee-hole under his enormous desk a secret playroom for her.”<sup>458</sup> Regardless of the nature of the relationship between Adams and Cameron, Adams clearly found in Martha a source to channel the paternal affection he had previously only been able to direct toward his nieces.

While the dissolution of the marriage between Albert and Mary Heard demonstrates the increasing practice of divorce in the late-nineteenth century, the marital relations of Mary and Earl Barnes, and Clover and Henry Adams offer a more complex reading of nineteenth-century marriages based on love. The Heards’ relationship highlights the struggles that could be faced by spouses who underwent long periods of time apart resulting from the economic duties of husbands to provide for their families. Heard acknowledged that the absence of children would make the practicalities of divorce easier, but it would be intriguing to know how the relationship would have been affected by children – perhaps Mary would have felt distracted or content enough with her duties as a mother so as not to place the dependence of her happiness solely on Albert. However, Mary’s poor health and Albert’s economic strain would have still remained, and the addition of children may have caused tension. In comparison, it is evident through their correspondence with each other and family or friends that the marital unions of both the Barnes’ and Adams’ were marked with periods of profound love and admiration. However, their involuntary childlessness appears to have remained an undercurrent of disappointment, sorrow, and perhaps even guilt. This childlessness along with other difficulties such as Barnes’s affair and Adams’s increasingly reclusive state, lack of support for Clover’s passions, and his attachment to Elizabeth Cameron, complicated the expectations of happiness with which the couples had entered into their marriages. These relationships show the various

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<sup>457</sup> Kaledin, *Education of Mrs Henry Adams*, 244.

<sup>458</sup> Dykstra, *Clover Adams*, 214-215.

impacts that childlessness could have on relationships when experienced alongside other difficulties faced by married couples.

## Conclusion

In her recently published non-fiction book, *The Art of Waiting*, Belle Boggs explains that during her own encounter with involuntary childlessness, “I became interested in the stories that don’t get told, the ones some people don’t want to hear.”<sup>459</sup> While this thesis shares Boggs’s concern for the “untold stories” of childlessness, her interest in exploring the contemporary is replaced in this research with the untold stories of childless couples in the nineteenth century. The concern of this thesis is to tenant our narratives of nineteenth-century history with the experiences of those who fell outside of the pronatal cultural discourses. This historical study of involuntary childlessness contributes to scholarship in American studies, nineteenth-century culture, life writing, women and gender studies, and the history of reproductive medicine. Our historical understanding of women’s lives in nineteenth-century America is enriched through the recognition that while the discourses of motherhood dominated ideals of womanhood, they did not encompass its reality. By exposing previously neglected experiences of involuntary childlessness, the thesis adds a historical voice to these experiences today. In a society that still views infertility as a disruption to the natural state of fertility and consequently as sign of a broken or incomplete body, the historical case studies offered in this thesis offer pro-creative responses to childlessness.

Chapter 1 demonstrated the immense impact that rhetorical constructions of true womanhood and motherhood had on the lived experiences of middle-class women in their roles as young women, wives, mothers and as individuals who unexpectedly found themselves to be involuntarily childless. As medical professionals and social commentators expounded that the biological destiny of women was to bear children, involuntarily childless spouses had to renegotiate the sentimental familial roles that they were instructed to fulfil. Expanding on the cultural notion of true womanhood, chapter 2 explored the literary, medical and real portrayals of the figure of the invalid. It argued that the exaggerated display of nineteenth-century feminine traits allowed childless women, or those who would not see adulthood, to achieve ideals of true womanhood in the absence of motherhood. Raising the notion of performance through Clara Morris, chapter 3 developed this theme to examine the ways in which women

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<sup>459</sup> Belle, Boggs, *The Art of Waiting...on Fertility, Medicine, and Motherhood* (Minneapolis: Graywolf Press, 2016), 33.

displayed maternal traits through the use of their bodies. The signifiers of pregnancy exhibited by the pseudocytic patient and the conflicted sentimental and sensational characters performed by Morris on stage both demonstrated an embodiment of motherhood.

The performed experiences of maternity were brought into reality through the subject matter of chapter 4. Having achieved conception, the projected desires and periods of parental anticipation for spouses were displaced by pregnancy loss or stillbirth. While experiences of grief summoned emotional and material challenges, the correspondence between family members, both male and female, and across different generations suggests that opportunities arose to strengthen the familial relationships already established. The absence and creation of family was also considered through the theme of informal adoption. Chapter 5 demonstrated the changing meanings of indenture and adoption throughout the nineteenth-century, gradually paving the way for our conception of it today. Often regarded as an act of charity, the case study of Anna Cora Ogden Mowatt and the Grey children illustrates the complexities and often temporary state of informal adoption. Literary examples from the contemporaneously popular novels *The Lamplighter* and *The Wide Wide World* show that fears over heredity character and social class underlay the charitable acts of caring for orphans, calling into question the desirability of biological versus elective families.

Finally, chapter 6 acknowledged some of the various ways in which marital relations were strengthened and strained by involuntary childlessness. As divorce became more accessible throughout the second half of the nineteenth century, the Heards saw no other alternative but to terminate their emotionally and geographically distant marriage. In such an instance, the absence of children made this course of proceedings more straightforward. Other couples such as the Barneses and Adamses found, at least initially, mutual love and respect in their marriages. However, the absence of children remained a consistent undercurrent in their married lives and both Mary Barnes and Clover Adams appear to have experienced periods of unhappiness, or even depression. Although Henry Adams did not re-marry after the suicide of his wife, following Mary's death, Earl Barnes married the woman with whom he had had an affair during their marriage. Both Henry and Earl were able to ease the previous absence of children: Henry through his close relationship with the daughter of Elizabeth Cameron, and Earl through biologically fathering children with Anna Kohler. Drawing on archival material and contemporary literature, these chapters offer an insight into some of the ways individuals mediated their childless lives with cultural prescriptions of parenthood.

The prevalent characteristics associated with nineteenth-century motherhood were often expressed by non-mothers as well but found a wide variety of points of focus than simply on biological children. Childless women approached a life untenanted by children with agency and creativity - filling the absence created by a cultural expectation with passions for art, writing, acting, teaching, and nurturing others, but also the strengthening of other familial relationships. While the cases studies in this thesis offer a starting point, areas for further research could locate more individual responses to involuntary childlessness. One example is the creation by spouses of imagined children. In *Infertility and the Creative Spirit*, Roxane Head Dinkin and Robert J. Dinkin explain that: “In the absence of their own children, some individuals felt the need to create children, either through fantasy or fiction.”<sup>460</sup> This thesis has foregrounded nineteenth-century childless authors who wrote literature on motherhood, as well as stories for and about children, such as Lydia Maria Child, Louisa May Alcott, Maria Susanna Cummins, Clara Morris, and Anna Cora Ogden Mowatt. However, some couples fantasised about the children they hoped to have. Ella Wheeler Wilcox (1850-1919) wrote in her autobiography, *The Worlds and I*, of the daughter that she and her husband, Robert Wilcox, had envisioned. Wilcox informed the reader that she was pregnant during a trip to Cuba and that: “All through the Cuban trip we [Wilcox and her husband] talked of Winifred. She became a real personality to us; and we thought of her as if she had lived many years under our roof.” However, the joy at anticipating the arrival of Winifred, who they felt they already knew, was not to last. Wilcox noted that: “But suddenly, one May day, when the expectant father was in Tennessee on business, not Winifred, but Robert M. Wilcox, Jr., came to earth life; and not liking the world into which he had been so unceremoniously ushered, he remained only twelve hours.” The happily imagined life of Winifred was brought into contrast with the short and sorrowful “earth life” of their son, Robert Jr. The import of Winifred cannot be underestimated because of the lasting and significant effect that her creation had on Ella and Robert’ marriage: “So brief was the life of this son, and so unprepared were we to think of him as a son, that, as time passed, he became like the memory of a dream to us; while the thought of Winifred has always lingered, as of one we had known and loved and dwelt with.” Recalling the power of parental desire explored in relation to pseudocyesis and the grief experienced at perinatal loss,

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<sup>460</sup> Roxane Head Dinkin and Robert J. Dinkin, *Infertility and the Creative Spirit* (Bloomington: iUniverse, 2010), 14. They note that other childless spouses who created imagined children include Theodore Geisel (Dr Seuss) and his wife Helen, Catherine Mansfield and John Middleton Murray, and the fictional characters George and Martha in the play *Who’s Afraid of Virginia Woolf?*

this imagined child was more real to the Wilcoxes than the son who died hours after his birth. Winifred remained a part of the couple's lives, being employed by them "as a sort of mentor when either wished to gently rebuke the other." Elaborating, Wilcox notes that when she reprimanded Robert for smoking too many cigars, she "asked him what he thought Winifred would say if she found her father injuring his health in such a way." Winifred became a means to manage their interaction with one another as well as maintain a sense of a parental identity in the absence of a child.<sup>461</sup>

The creation of imagined children beyond the pages of fiction clearly involved the participation of both wife and husband. This thesis also addresses the emotional experience of childless men, particularly in relation to perinatal loss and marital relations. However, scholarship on infertility (in the nineteenth century as well as the twentieth and twenty-first centuries) predominately focuses on the experiences of women. Scholarship into nineteenth-century manhood has expanded the separate spheres interpretation that equated men solely with the public sphere. For example, Karen Lystra, and Mary Chapman and Glenn Hendler have written on men's romantic relations during courtship and masculine sentiment. Peter Coviello has also analysed male intimacy and concepts of nationhood in the works of nineteenth-century authors such as Edgar Allen Poe, Herman Melville, and Walt Whitman. However, there is scope for extensive research into the ways men experienced and understood involuntary childlessness and their role within the family in nineteenth-century America.

This thesis has exclusively considered the life writings of white, middle-class individuals and therefore its conclusions are also restricted by race and social class. Scholarship has begun to acknowledge and explore the romantic relations of antebellum African Americans as well as experiences of childbirth and parenthood.<sup>462</sup> Nevertheless, involuntary childlessness remains a subcategory of these experiences. White working-class experiences of infertility are mostly addressed through patient records made by women's hospitals. While these accounts provide an insight into the medical conditions and treatments of poor women, their individual voices are mediated or even negated by the physicians.

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<sup>461</sup> Ella Wheeler Wilcox, *The Worlds and I* (New York: George H. Doran, 1918), 122-124.

<sup>462</sup> See Rebecca Fraser, *Courtship and Love Among the Enslaved in North Carolina* (2007); and Marie Jenkins Schwartz, *Birthing a Slave: Motherhood and Medicine in the Antebellum South* (2006).



Some individuals and couples would have come to terms with their childlessness more readily than others; some women experienced indefinite periods of ill health, lost hopes and grief; some spouses found strength and support in each other, while others found that the absence of children made seeking separation from one another easier. The responses to childlessness were myriad and unique not only to each couple, but each affected individual. However, it is clear that the experience of involuntary childlessness was not as peripheral or exceptional as historical narratives of nineteenth-century domesticity would have us believe.

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