Sexuality, Class and Role in 19th-Century America

ANY HISTORICAL CONSIDERATION OF SEXUALITY NECESSARILY INVOLVES A problem in method. Most would-be students are concerned with behavior, but must satisfy themselves with the materials of myth and ideology; such scholars must somehow extrapolate a relationship between the content of this ideology and the behavior it, presumably, reflected and legitimated.

This difficulty manifests itself in a particularly intractable form to those attempting to understand the 19th century. Historians and social scientists still tend to see mid-and-late-19th century sexuality as peculiar; Victorian is still a synonym for repressive. The few social historians concerned with sexuality have written in emotional and intellectual consistency with im-

mediately post-Victorian reformers of sexual behavior who perpetuated the vision of a "neurotic"—or, perhaps more accurately, pathogenic—19th century (at least for the middle class), a period in which the sexual impulse was systematically repressed and deformed.

Such diagnoses are necessarily suspect. One cannot solve problems of historical interpretation by describing a whole society, or a major class grouping within it, as though it were some poorly adjusted individual. We may find many mid-and-late-19th century attitudes toward human sexuality both alien and alienating; but it is quite another matter to characterize these ideas as simply and inevitably dysfunctional.²

But perhaps this is not quite accurate; for on one level, that of the total society, historians have begun to assume that this repressive ideology was indeed functional. They have, that is, argued that sexual repression (and impulse deferral in general) served the needs of an increasingly bureaucratized society by helping to create a social discipline appropriate to a middle class of managers, professionals and small entrepreneurs. But such views simply reinforce a traditional irony; for on the individual level, we still tend to see these ideological justifications for repression as dysfunctional, indeed pathogenic in their stifling of basic human needs.³

Should one simply assume this irony and elaborate a chastening discontinuity between the needs of society and those of the individuals who make it up? I think not, if only because it is too simple; one must distrust any approach which fails to recognize that human beings, in any culture, come in assorted psychological shapes and sizes. No analytical strategy which assumes that the behavior of groups can be explained by considering them as undifferentiated individuals writ large can prove intellectually satisfactory. (Especially when our understanding of individual psychodynamics is far from definitive, and our understanding of the relationship between individual and group processes more tenuous still.)

The discussion of sexuality which follows is based on the assumption that all individuals have peculiar needs and "choose" particular configurations of roles appropriate to these needs. Though all individuals must play a number of such roles simultaneously, all are necessarily interrelated—with

²We have come to think in such terms as a result of our tendency to impose individual psychodynamic models upon a total culture, thus allowing the convenient "diagnoses" of its modal ills. For an early criticism of this position, see Erwin H. Ackerknecht, "Psychopathology, Primitive Medicine and Primitive Culture," Bulletin of the History of Medicine, 14 (1943), 30–67, reprinted in Ackerknecht, Medicine and Ethnology. Selected Essays (Baltimore: Johns Hopkins Press, 1971).

³An important question, both for historical method on the one hand and psychiatric theory on the other, relates to whether such discontinuities between the content of a particular ideological set and certain irreducible human needs can be explicitly and absolutely pathogenic, or whether it is simply the immediate occasion for conflict in individuals otherwise predisposed. At the moment, analysis in this area hinges inevitably on questions of value.
each other and with each individual's pattern of sexual behavior. The paper begins with an evaluation of one element relatively discernible in historical materials: formal prescriptions of sex and gender roles. A second and more tentative portion of the argument suggests some of the ways in which these roles may have related to the actual expression of sexuality.

To delineate role prescriptions is, of course, not to describe behavior; no particular individual need have lived his or her life in accordance with these projected values. On the other hand, one never escapes them entirely; every member of a particular generation has somehow to find an individual accommodation with respect to these ideal prescriptions. Even those who reject a life entirely consistent with such ideals cannot elude them completely—for they constitute a parameter which helps define the nature and content of their deviance. In the series of choices which can be said to describe growth, options rejected as well as those accepted form a part of one's self-image, become an element in the configuration of emotional resonance which ultimately defines individuality.4

A recent critic has suggested that the fundamental literary reflections of Victorian sexuality were "pornography and expurgation."5 This may indeed be true of belles lettres. There do exist, however, a class of materials that attempt to explain, rationalize, somehow come to terms with the sexual impulse. Most are medical and the pages which follow are based upon such writings.

The medical and biological literature relating to sexuality in 19th century America is a mixed and surprisingly abundant lot, ranging from earnest marriage manuals to the insinuating treatises of quacks advertising their ability to treat venereal disease or procure abortion. It includes careful academic monographs and cheaply printed paperback guides to midwifery and domestic medicine. It is a genre complex, disparate and ambiguous.6 And as such it reflects the needs and attitudes of almost all elements among

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4The strategy of examining role options in terms of their emotional meaning to the individuals who choose to embrace them is, of course, not limited to sex and gender roles. It is even more easily applied to certain adult roles; the present author, for example, recently completed a collective biographical examination of a number of American scientists who studied in Germany in the mid-19th century in an effort to explain the emotional logic which led these men to embrace so "deviant" a social role. Charles Rosenberg, "Science and Social Values in Nineteenth-Century America: A Case Study in the Growth of Scientific Institutions," in Everett Mendelsohn and Arnold Thackray, eds., Science and Values, (in press).
5The phrase is from a review by Robert Ackerman in Victorian Studies, 14 (1970), 108.
6Many of these materials are rare. I have used the excellent collections at the National Library of Medicine, Bethesda, College of Physicians of Philadelphia, and the Countway Library of Medicine, Boston and would like to thank John B. Blake, L. M. Holloway and Richard Wolfe of these institutions for their aid and courtesy. There is no adequate bibliographical guide to such writings, with the exception of the appropriate subject categories in the Index-
those who could, or hoped to, consider themselves middle class, that is from
the educated and economically secure to the shopkeepers, skilled workers
and clerks who sought this secure identity.

Yet one can, I think, identify a number of characteristic aspects. The
first is a tone of increasing repressiveness which marks much of the ma-
terial written in the two generations after the 1830s; by the 1870s this em-
phasis had moved from the level of individual exhortation to that of or-
ganized efforts to enforce chastity upon the unwilling.7 Closely related to
this theme of repressiveness is a virtual obsession with masturbation; the
tract on "secret vice" became a well-defined genre in this period.8 Not
surprisingly, sexual activity in youth and adolescence was explicitly and
emphatically discountenanced. Almost every one of these themes was
expressed before the 1830s; it is clear, nevertheless, that they were intoned
with increasing intensity and frequency after this period.

A second general trait is that of ambivalence and inconsistency; not only
within the genre as a whole, but within the same article or treatise—even
within a single paragraph—facts casually assumed are directly
contradicted. A third theme, one not unrelated to the second, is the
 persistence of an older, male-oriented antirepressive behavioral ethos.
Though the evidence is less explicit, the existence of this variant norm is un-
deniable. A final quality of these arguments is their employment of a com-
mon vocabulary and store of images, a kind of lingua franca of scientific
authority and metaphor doing service as scientific fact. Let me briefly

bibliographies in Nissenbaum, "Careful Love," and Norman Himes, Medical History of
Contraception (Baltimore: Williams & Wilkins, 1936), provide valuable supplementary ma-
terials.

7As personified in the career of Anthony Comstock most conspicuously and in the social
purity movement more generally. For an important description of this moral reform, see David
Pennsylvania 1965.

8A recent student has emphasized the 18th century origin of this subgenre, but the mid-19th
century saw a proliferation of such tracts and pamphlets so distinct as to constitute a more
than quantitative change. Robert H. MacDonald, "The Frightful Consequences of Onanism:
Tissot's (1728–97) widely read and influential tract on onanism was, significantly, not reprinted
in the United States until 1832, almost a half century after its original publication. The anony-
mous English pamphlet "Onania" was, so far as is known, reprinted only once (1724) before
1820 and apparently in a relatively small edition, since a single copy only is known to survive.
See entry 1435, Robert B. Austin, Early American Medical Imprints. . . . 1668–1820
almost certainly did circulate in the early national period. Probably the most widely read was
Samuel Solomon's A Guide to Health; Or, Advice to Both Sexes, in Nervous and Consumptive
Complaints . . . (n.p., n.d.). The imprints on this famous quackish tract are all deliberately
vague, but one copy at the Countway Library of medicine is inscribed with the date 1804 in a
contemporary hand. In regard to Solomon, see also R.S.H. Foster to James Jackson, Sept. 21,
1838, Jackson Papers, Countway Library.
elaborate each of these tendencies and then attempt to explain some of their peculiar characteristics in terms of contemporary class and gender roles.

The trend toward repressiveness, not surprisingly, correlates in time with the activist millennialism of the generation following the Second Great Awakening, that is, the decades following the 1830s. Authorities of the 18th and early 19th centuries routinely indicted “sexual excess”; yet their injunctions have a calm, even bland tone. These writers accepted sexual activity after puberty as both normal and necessary; though all assumed that an intrinsically limited quantity of vital force might be depleted through excess, all assumed as well that physiological functions unfulfilled could be pathogenic. Thus the not infrequent advice that marriage might cure hysteria, that masturbation could be cured only through sexual intercourse, that maidenhood and celibate bachelorhood were unnatural and potentially disease-producing states.

Beginning with the 1830s, however, the ritualized prudence of these traditional admonitions became sharpened and applied far more frequently, while for some authors sexuality began to assume an absolutely negative tone.9 Thus, for example, the dangers of sexual intercourse within marriage became, for the first time, a subject of widespread censure. Such warnings applied, moreover, to both sexes: only the need for propagating the species, some authors contended, could justify so dangerous an indulgence. Even if the female did not suffer the physical “drain” that ejaculation constituted for the male, she suffered an inevitable loss of nervous energy. “With the male, excessive indulgence frequently causes general debility, weakness, and lameness of the back, dyspepsia, impotency, and a predisposition to almost innumerable diseases, by rendering the system susceptible to the action of other causes of disease. In the female, such excesses frequently cause uterine inflammation, and ulceration, leucorrhoea, deranged menstruation, miscarriage, barrenness as well as debility, hysteria, and an

9As in parallel fashion, the rationalistic and pragmatic temperance reform of the late 18th century had been metamorphosed in the same period into an uncompromising crusade for teetotalism. The connection of both instances of activist—even punitive—morality with the pietistic energies of the Second Great Awakening which immediately preceded it seems clear enough, but difficult to specify in terms of precise relationships. The tendency toward such repressiveness was nowhere as clearly marked during the years of the Second Great Awakening itself. One possible explanation for the tone of intrusive moralism which marked the generations after the 1830s centers on the possibility that childhood socialization was altered during the years of the Awakening so as to create a peculiar collective experience for many of those brought up in these years, and later to become prominent in social and moral reform movements. Certainly the attitude toward childhood sexuality might, for example, be seen in this context; such an explanation would also help explain the sudden concern with masturbation in mid-century and succeeding decades. But such suggestions are, of course, speculative; that the cooling arders of pietism were succeeded by a more rigid and formal morality is, however, unquestionable.
endless train of nervous and other diseases." A generally wary attitude toward the dangers of sexual activity can also be seen in advice suggesting the proper frequency of intercourse. A month's interval was probably the most common injunction, though some more flexible writers conceded that even weekly "indulgence" might not be harmful to a "healthy laboring-man." Almost all such authorities strongly opposed sexual intercourse during gestation and lactation—periods, it was argued, when nervous excitement would divert vital energies needed for the fullest development of the fetus or nursling.

Logically related to the increasing prevalence of such repressive attitudes was a growing concern with masturbation. It was, according to scores of writers both lay and medical, the "master vice" of the period, the source of a variety of ills ranging from tuberculosis to myopia. Many of the tracts dedicated to combating this evil were, of course, cynical appeals to fear and guilt by business-seeking quacks. Yet the concern demonstrated by would-be health reformers and phrenologists, as well as the more specifically evangelical indicates a depth of anxiety transcending the individual and the cynically exploitive. Such widespread concern can only be interpreted as reflecting a more general emotional consensus; even the calculating arguments of quack physicians can be presumed to reflect a not unsophisticated evaluation of where emotional appeals might most profitably be made. Perhaps most alarming to contemporaries was the universality of the practice. "This polluting stream flows through all grades of society, . . . and even the shepherd and shepherdess, who have been surrounded by every thing that could inspire the heart with sentiments of virtue and purity, have desecrated the scene, where Heaven has displayed in rich profusion, the evidences of its love and power, by indulgence in a vice, in view of which angels, if possible, weep, and creation sighs." Not even the youngest child could be presumed immune; one physician noted that even infants of eighteen months had been taught the "horrid practice." Perhaps the


11 Three years might thus intervene between conception and weaning, a period during which no sexual intercourse was to be tolerated. This taboo is relatively common in non-Western cultures and its latent function is generally presumed to be that of population control. Impressionistic evidence indicates that few mid-19th century Americans obeyed this injunction; in those who urged it most strongly, its function must be sought in the area of individual psychodynamics.

12 Their tone of conscious manipulativeness indicates that at least some individuals in the culture did not share these phobic attitudes.


14 Parents were warned again and again that it was their responsibility to "repress the premature development of the passions," "natural instincts" though they may have been. W. S. Chipley, A Warning to Fathers, Teachers and Young Men, in Relation to a Fruitful Cause of Insanity . . . (Louisville, Ky.: L. A. Civill & Wood, 1861), pp. 169, 174.
instances of "furious masturbation" which had been observed in such in-
fants demonstrated the power of this instinct; but the very strength of this
animal attribute only underlined the need for controlling it.

Control was the basic building block of personality. To allow the
passions—among which sexuality was only one—to act themselves out, was
to destroy any hope of creating a truly Christian personality. "Self-respect"
was impossible if mind could not control emotion. Sexual health lay funda-
mentally in the ability to "restore the calm equilibrium of mind and senses;
put down the terrible mastery of passion." One could not relax even
momentarily, for such emotions intruded themselves "upon the attention of
all alike, with more or less power of impertinent distraction"16 This was, of
course, in many ways a traditional view; the ability to deal with such "im-
pertinent distractions" lay at the emotional center of a time-hallowed male
ideal of Christian stoicism. But as the 19th century progressed, it was
expressed with an intensity alien to the tradition of gentlemanly virtue
through prudent moderation. It was, moreover, oriented increasingly
toward sexuality as such; earlier guides to the good life had always dis-
cussed the insidious effects of the "passions," but in such tracts the dangers
of gluttony, anger or envy figured as prominently as those posed by
sexuality.

Consistent with the need for self-control was a parallel emphasis upon
the need to repress childhood and adolescent sexuality. Physicians warned
with increasing sharpness as the century progressed, that marriage
contracted before the attainment of full maturity resulted inevitably in the
stunting of both husband and wife; any children they might conceive would
embody this constitutional weakness. Elizabeth Blackwell, for example,
argued that both sexes—and especially males—should remain continent
until 25. Puberty was assumed to be crucially important in both psychic and
physical development; and thus sexual activity during this labile period was
particularly dangerous. It was never too early, health reformers warned, to
train children in respect for the Seventh Commandment. "In the unformed
immature condition of the physical system, at the date of the first evolution
of the reproductive instinct, an unbridled indulgence could not fail to prove
destructive to the perfection of the bodily powers, as well as highly detri-
mental to the moral and mental development."16 So generally unquestioned

16These phrases, typical of many scores of others, are from Walter Preston, The Sufferer's
Manual, A Book of Advice and Instruction for Young Men... (Chicago: n.p., 1879), p. 37;
William Capp, The Daughter, Her Health, Education and Wedlock. Homely Suggestions for

16 An Hour's Conference with Fathers and Sons, in Relation to a Common and Fatal Indul-
gence of Youth (Boston: Whipple & Damrell, 1840), p. 26; Elizabeth Blackwell, Counsel to
Parents on the Moral Education of their Children (New York: Brentano's, 1880), pp. 94-95.
Cf. L. N. Fowler, The Principles of Phrenology and Physiology Applied to Man's Social Rela-
was this view that a physician undertaking a gynecological survey of the Oneida Community, where sexual activity in youth was accepted, expressed surprise that the women of the Community seemed no different from other American females: "However repugnant it may be to our sense of manhood, we cannot resist the conclusion that sexual intercourse at this tender age does not arrest the steady tendency to a fine and robust womanhood." Consistently enough, traditional admonitions that women marry early so as to avoid sexual frustration and its consequent psychic dangers began to disappear by the generation of the Civil War. Newer hygienic ideals urged mental discipline and physical exercise as appropriate modes for the discharge of nervous energy. The need in an increasingly urban and bureaucratized middle class to create ideological sanctions justifying postponement of the normal age for marriage is obvious enough. Not surprisingly, this trend coincides both with statistical evidence that urban family size was decreasing and with a growing and acrimonious debate over birth control and abortion.

Another general characteristic of this medical and biological literature is its remarkable inconsistency. Sex was natural, yet unnatural. Children were innocent, yet always at risk because of their ever recurring sexual appetite. Most strikingly, female sexuality was surrounded by an ambivalence so massive as to constitute one of the central analytical dilemmas in the understanding of 19th century social history. One popular writer, for example, warned that women were "not affected so much by over indulgence as by Masturbation. Delicacy not allowing an ardent woman to tell her husband of her needs, she is apt to relieve herself by this unnatural practice. There are, however, but few women who crave sexual intercourse. The excess is generally on the part of the man." H. Newell Martin, first professor of biology at Johns Hopkins, was able in a widely used text on the Human Body to cite on one page the opinion that few women of the more luxurious classes regarded sexual congress as anything more than a nuisance after the age of 22 or 23, and on the next page quote an even more authoritative opinion noting that orgasm is necessary for the health of both sexes, but especially for women. Similarly, laymen believed that woman could not conceive unless she felt sexual pleasure; and some wives, indeed, sought to suppress sexual excitement—consciously at least—as a mode of

18 As hereditary ideas became increasingly plausible in the second half of the century, they were naturally made to underwrite this argument; the sanction of individual sin was reinforced by that of potential race degeneration.
birth control.\textsuperscript{20} Women, on the one hand, were warned that excessive sexuality might cause illness— and, at the same time, that sickness, physical unattractiveness and lack of sexual responsiveness might well lead to the loss of their husbands’ affection to “other women.” Most men seem to have desired sexually responsive wives, yet feared that “excessive” sexuality might lead either to infidelity, or less consciously, to dangerous and demanding impositions upon their abilities to perform adequately. As the century progressed, the term nymphomania was applied to degrees of sexual expression which would be considered quite normal today. H. R. Storer, for example, a prominent Boston physician, could refer casually to the case of a “virgin nymphomaniac.”\textsuperscript{21}

As if in response to the mixed emotional cues implicit in these inconsistent ideals of sexual behavior, middle-class Americans began to elaborate a synthetic role, that of the Christian gentleman. The Christian gentleman was an athlete of continence, not coitus, continuously testing his manliness in the fire of self-denial. This paradigmatic figure eschewed excess in all things and, most important, allowed his wife to dictate the nature of their sexual interaction. A pious father should instruct his son “as to a gentleman’s duty of self-control and respect toward a lady, and as to the proper occasions for exercising such self-control in the marital relations.”\textsuperscript{22} Too frequent intercourse was physically draining and led to a striving after ever greater sensation, to a “constitutional irritability” which required ever more frequent and diverse stimulation; this “sick irritability” had clearly to be distinguished, publicists argued, from the healthy and sparing strength of true manliness. Continence implied strength, not weakness.\textsuperscript{23} “Reserve is the grand secret of power everywhere.” “Be noble, generous, just, self-sacrificing, continent, manly in all things—and no


\textsuperscript{22} M. L. Holbrook, Parturition without Pain; A Code of Directions for Escaping from the Primal Curse (New York: M. L. Holbrook, 1882), p. 36.

\textsuperscript{23} William Alcott, for example, was never able to escape the ambiguity inherent in these contradictory orientations. Sex itself he always praised as a gift of God, a necessity for the preservation of the species, and sexual vigor he admired as a sign of health. Thus the emotional logic inherent in his plaintive distinction between sexual “power,” which he could only characterize as healthy and admirable, and “excitability,” which he saw as “pathological,” as tainted by loss of control. Cf. Charles E. Rosenberg, Introduction, Alcott, Physiology of Marriage (1866; rpt. New York: Arno, 1972).
woman worthy of you can help loving you, in the best sense of the word.’” Yet the majority of men, most mid-century evangelically oriented authors had to confess, were still slaves of the “love of domination, ungoverned passion, grossness,” and “filthiness of habit.”24 Continence and manliness were still far from synonymous.

Which suggests our third major theme: the implacable persistence of an older male-oriented behavioral ethos, one which placed a premium on aggressive masculinity. “I regret,” a self-consciously horrified physician recorded in the early 1880s, “to say that I have known some fathers to tickle the genital organs of their infant boys until a complete erection of the little penis ensued, which effect pleases the father as an evidence of a robust boy.”25 Obviously, of course, premarital chastity and marital fidelity hardly serve as an inclusive description of mid-19th century behavior. The prostitution, the venereal disease rate, the double standard itself all document the gap between admonition and reality. Equally striking evidence is to be found in male fears of weakness, impotence and premature ejaculation—widespread anxieties to which the century’s abundance of quack specialists in “secret diseases” appealed. Insofar, moreover, as particular males internalized the transcendent behavioral prescriptions embodied in the idea of the Christian Gentleman and thus avoided premarital activity they would necessarily experience increased anxieties as to their ultimate sexual capacity. Thus the often brutal and impulsive behavior of husbands on honeymoons (a universal complaint of would-be defenders of woman’s marital rights) is most plausibly explained by the husband’s fear of inadequacy (in addition to possible ambivalence toward the act itself). The marriage night was an institutionalized trauma for the pure of both sexes.26

This traditional masculine ethos had its ideological justification as well; most prominent among these justifications, as we have suggested, was the idea that sexual energies had somehow to be discharged if health was to be maintained after puberty. As late as 1891, a regretful physician complained that such beliefs were still frequently used to justify the double standard: “There are those among the males of our generation, who attribute to men an inherent natural need to gratify passions, claiming that the weaker sex

26The reality of masculine expectation was unavoidable; William Acton, for example, probably the most widely quoted English advocate of a chaste sex life, warned that only a careful moral indoctrination in secondary schools could avert the well nigh universal social pressure on young men to experiment sexually. “Supported by such a public opinion [the young man] need not blush when tempted or jeered by the licentious. Innocence, or even ignorance of vice, will no longer be a dishonor or a jest...” cited in Cominos, “Late-Victorian Respectability,” p. 40. Acton and like-thinking Americans frequently made this point.
understand it to be necessary to man’s nature, and willingly tolerate lustful
ante-nuptial and post-nuptial practices.” 27 Evangelicals still accused phy-
sicians of backslapping recommendations of fornication as cure for mastur-
bation and other ills; to more “realistic” and worldly physicians—perhaps
individually more committed to the masculine ethos—masturbation was a
normal, if not indeed whimsical, symptom of adolescence, to be cured by
the application of copulation in required doses. Fathers still proudly sent
their sons off to bawdy houses to establish their masculinity. Perhaps most
pervasive were warnings that men be assertive and avoid the slightest hint
of femininity; as one physician phrenologist explained, “a woman admires in
man true manliness, and is repelled by weakness and effeminacy. A wom-
anish man awakens either the pity or the contempt of the fair sex.” 28

A final characteristic of 19th century American and English writings on
sexuality is of a general kind, and relates not so much to content as to
formal structure. All these books, pamphlets and articles, no matter what
their particular orientation, spoke in the same vocabulary, used the same
images, made the same appeal to such standard expository modes as that of
argument from design. Even more generally, all these authors used disease
sanctions as their basic framework for exposition and admonition; their
hypothetical etiologies served, of course, to shape and sanction particular
life-styles. Almost all these accepted modes of argument were, moreover,
so open-ended that appeals of the most varying kind could employ the same
figures and analogies. Both sides, for example, employed arguments drawn
from design; liberals emphasized that the function implicit in the secretion
of semen implied expulsion and use; the more repressive argued that
woman’s menstrual cycle implied the maximum frequency for sexual inter-
course. The more evangelically oriented similarly emphasized that copu-
lation in lower animals took place infrequently, only at the initiative of the
female, and only for the purpose of reproduction. These practices were thus
“natural”—that is, more primitive—and man’s comparatively frenetic
sexuality a sign of civilized degeneracy. Lack of control, on the other hand,
was always seen as animal, as characteristic of a brutal, less highly or-
organized being. Like any alphabet, these traditionally accepted modules of
image and assumption could be manipulated into vastly different configura-
tions.29

27 Paul Paquin, The Supreme Passions of Man; Or the Origin, Causes, and Tendencies of the
Passions of the Flesh (Battle Creek, Mich.: Little Blue Book, 1891), p. 71; Cf. Elizabeth
28 S. R. Wells, Wedlock; Or, the Right Relations of the Sexes . . . (New York: The author,
1869), p. 44.
29 Significantly, even in writers most explicitly evangelical in their orientation, purely re-
ligious arguments were employed infrequently and only in an ancillary capacity; the way in
which arguments scientific in form, and dependent for their legitimacy upon the status of
At this point a word of caution is indicated. We have, thus far, perhaps emphasized the repressive, even the antisezial. Yet most physicians who expressed their attitudes in regard to such questions endorsed a rather more moderate position. They assumed, that is, that the sexual powers had necessarily to be exercised—but that morality and social policy demanded that they be limited until marriage. "Although function is the natural destiny of organs," as the editor of the British Medical Journal noted blandly in 1882, "considerations, both of morality and expediency, and even of health, concur in the advice that it is better to hold over the formation of a certain habit until the bodily frame is thoroughly consolidated and the practice can be indulged in a legitimate manner." Such stolidly nontranscendent prudence was as close as the majority of physicians ever came to endorsing wholeheartedly the evangelical attitude toward sexuality. Few, however, were willing to publicly challenge the more intensely repressive formulations routinely offered the public by their more evangelically inclined colleagues. Significantly, however, even the handful of physicians explicitly hostile to the evangelical view of sexuality were convinced that "intellect" must always dominate, that no passion must ever escape conscious control.

These, very briefly and schematically, are the most obvious characteristics of medical and biological attitudes toward sexuality in 19th century America. I should now like to suggest some of the ways in which class and gender roles helped shape and are in turn reflected in this literature.

But first a minor caveat. For the purposes of this discussion we must very largely limit our remarks to those Americans who considered themselves part of the "respectable" middle class—for it is they who produced the sources upon which we must depend, and whose needs and anxieties these sources mirror. Yet, it might be objected, class status is an extraordinarily difficult commodity for the sociologist, let alone the historian, to measure objectively. Vocation, income, religion, birth, all play a role, but in

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scientific knowledge, dominate debate even in this culturally sensitive area implies a great deal about the progress of secularization in 19th century America. For a more explicit discussion of this problem, see C. E. Rosenberg, "Science and American Social Thought," in David Van Tassel & Michael Hall, eds., Science and American Society (Homewood, Ill.: Dorsey, 1966), pp. 135–62.


31. A few radicals did assume an openly critical stance; all talk of absolutely interdicting adolescent sexuality and limiting it severely in marriage was, in the words of one such author, mere "child's talk." For nature, he explained, "is a tyrant": the sexual impulse could never be suppressed completely. Misguided attempts to reach this end would result inevitably in mental and physical illness. J. Soule, Science of Reproduction and Reproductive Control. The Necessity of some Abstaining from Having Children—The Duty of All to Limit their Families According to their Circumstances Demonstrated (n.p., c. 1856), pp. 21, 32–34.
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particular configurations not always amenable to orderly historical reconstitution. At the same time, however, consciousness of class identity is a primary emotional reality, especially when such identity is marginal or ill-defined. And status definitions in 19th century America were, contemporaries and historians have agreed, particularly labile and would thus have tended to make class identification particularly stressful and problematic. A good many Americans must, it follows, have been all the more anxious in their internalization of those aspects of life-style which seemed to embody and assure class status. And contemporaries clearly regarded overt sexuality, especially in women, as part of a life-style demeaning to middle-class status. Virtue and self-denial, like evangelical religion itself, could be embraced by any man who so willed—and thus serve as transcendent and therefore emotionally reassuring tools in the forging of a life-style appropriate to assuaging, on the one hand, the expected scorn of established wealth and breeding, and, on the other, anxieties of economic insecurity symbolized by the ominous existence of the poor.

In the symbolic categories employed by 19th century writers on sexuality, the “immoral” rich and the debauched poor equally embodied “depravity” and license. It was assumed, for example, that domestic servants were a source of moral contagion, that they took particular pleasure in teaching masturbation and salaciousness generally to the innocents placed in their charge. “It seems,” one physician wailed, “as if this class took special delight in poisoning the minds of the young and innocent and initiating them into habits of vice.” For every case, another physician charged, in which precocious sexuality was aroused through idiopathic causes, “three to five” were incited by servants. Such views continued almost unchanged into the opening years of the present century; in 1910, for example, a well-meaning female physician warned against servants playing a role in the sexual education of children, for their “point of view can hardly fail to be coarse and may be really vicious.”

Servants, it must be recalled, were a part of every household with any pretension to respectability; as such they represented an intrusive emotional reality. The widespread hostility toward domestics to which we refer might well have mirrored middle-class repression of the sexuality which the lower orders were presumed to enjoy. However, it may have reflected as well at least some measure of reality. The social and psychological meaning of such behavior—whether real or fantasied—is not at all clear. Servants may in “seducing” their youthful charges have been simply acting out an

older sexual ethos, one still normal in the lower and rural classes. Such seductions could also have been used to express hostility and rage toward their employers. The biological mother might also have projected this hostility-shaded image as one mode of expressing rivalry and ambivalence toward the woman who actually cared for her children. It may also conceivably have mirrored the unwillingness of particular individuals to accept the role of their own parents in the inevitable sexual contacts between child and child-rearer. This almost whimsically complex catalogue demonstrates clearly the difficulties of interpretation in this area; there are simply no easy or one-dimensional explanations.

Public health advocates assumed that sexual license was characteristic of slum life and, like drink, one of those traits which kept the poor poor. The rich too were, consolingly, seen in these mythic categories as victims of sensuality, of a chronic moral decay. In the United States, perhaps even more than in England, the ideal type of the Christian Gentleman served as one mode of legitimating the lives which so many Americans had necessarily to lead: lives of economic virtue, sexual prudence, of a chronic need to evaluate and reassert appropriate life-styles.33

I have, thus far, emphasized the repressive—and in their intensity and pervasiveness novel—aspects of 19th century American attitudes toward sexuality. Yet a great deal of evidence points to 19th century patterns of sexuality not so much absolutely repressive as sharply variant. No critical observer has failed to note the inconsistency between a growing ideological disconteenance of sexuality, an increasing and reciprocal emphasis upon the ideal of domesticity—and a behavioral reality which included widespread prostitution, illegitimacy, birth control and abortion.

The key, I feel, to this apparent paradox lies in the nature of existing gender roles. For a primary reality to men and women was precisely their ability to act out their socially prescribed roles as men and women; and 19th century gender roles embodied and implied conflict, conflict not only with those characteristics assigned the opposite sex, but with other components of contemporary social values (including prescriptions of class-appropriate behavior). To be more specific: despite a superfluity of evangelical exhortation, the primary role model with which men had to come to terms was that which articulated the archaic male ethos—one in which physical vigor, and particularly aggressive sexual behavior was a central component. There is, as we have argued, an abundance of evidence supporting the emotional

33This discussion is not, of course, meant to imply that the sexual life of the "lower orders" in mid-19th century was necessarily less repressed than that of the would-be members of the middle class. Contemporary data would indicate that lower-class membership need not imply greater freedom of expression in matters sexual. Cf. Lee Rainwater, And the Poor Get Children (Chicago: Quadrangle, 1960).
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relevance of this masculine ethos, as well as of its prescribing and informing behavior.

Consistently enough, the most hated target of mid-19th century feminist advocates of moral reform was the double standard which recognized and, in a sense, legitimated the male ethos. And gradually, as we have seen, male and female writers extended the area of conflict and control to include sexuality within marriage; until woman controlled access to her own body, she could not enjoy true freedom—or physical and mental health. For the husband came to marriage as one woman physician put it, “imbued with the belief—an iron-clad tradition of the ages that marriage gives him a special license, and under this license often and often he puts to shame the prostitution of the brothel.”

Moral reformers not only demanded that men conform to the same standards of sexual morality as women, but taught that the best means of achieving this goal was through woman’s control of the male child’s moral education and the ending of sexual segregation in childhood. Such reformers warned again and again that the polarization of male and female traits perpetuated in this segregation guaranteed that true sexual morality would never be established.

The depth and significance of the conflict which characterized this polarization of gender role traits is particularly well illustrated in the 19th century’s masturbation literature—not only in its very existence, but even more clearly in its internal themes. That of the need for control is self-evident; but an equally prominent theme is the fear of sexual failure. Was masturbation, after all, not an ultimate confession of male sexual inadequacy? Such tracts warned melodramatically of its demeaning and emasculating consequences. The confirmed onanist’s genitals might, for example, “shrink and become withered, and cases have been known, in which, faded and entirely decayed, the little remains of them have disappeared into the abdomen.” Finally he would become impotent, unable to “penetrate the finest woman in the world.” These threatened consequences indicate, moreover, the emotional centrality of a particular individual’s consciousness of male-female orientation. Thus warnings against the consequences of prolonged masturbation tended to incorporate personality traits associated with the female role stereotype. “All the intellectual faculties are weakened. The man becomes a coward; sighs and weeps like a

35 Male and female, they seemed to sense, were serving as ever more emotionally charged polarities, organizing about themselves an increasingly inclusive assortment of personality traits and behaviors. Every aspect of high culture, even Christianity itself, was shaped by this polarization. “Man,” as one mid-century feminist put it, “must be regenerated by true and deep religious experiences, (Religion is feminine), or by the love and influence of Woman, . . .” Eliza Farnham, Woman and her Era (New York: A. J. Davis, 1864), II:44.
hysterical woman. He loses all decision and dignity of character.”36 The intonation of such symptom catalogues assumes a ritual character—and to some individuals presumably an expiatory one. The ideological emphasis on secret vice and its consequences served, that is, not only to exacerbate guilt in those seeking a plausible structure in which to place their need to feel such guilt, but as well to ritually express and thus perhaps allay a subconscious ambivalence in regard to masculine identification. Only the transcendent categories of Christian commitment could serve as an adequate counter to the reality of such behavioral demands. Thus the need to impart the intensity of millennial zeal to that ritual of self-denial which underwrote the social logic of the Christian Gentleman.

Significantly, the masturbator’s alleged characteristics also served to project the vision of a figure emotionally and socially isolated: “They drive away their existence on the outskirts of society; . . . they are at once a dead weight, a sluggish, inert mass in the paths of this busy, blustering life, having neither the will nor the capacity to take a part in the general matters of life.” The demand for economic achievement, in other words, served in synergistic parallel with that for sexual achievement; and just as many men were not prepared to live in terms of the ideals demanded by the masculine ethos, so many were uncomfortable with those characteristics which tended in reality to make the self-made man.37

Admonitions proscribing female masturbation are, not surprisingly, quite different in content. Perhaps most obviously, disease sanctions varied in emphasis; failure or inadequacy in childbearing played an extraordinarily prominent role, though cancer, insanity and tuberculosis were also frequently cited consequences of female addiction to “solitary abuse.”38 Even more significantly, male authors express a pervasive disquiet in the


37Jordan & Beck, Happiness or Misery?, p. 39. A recent psychiatric historian has suggested that the archetypical symptoms of 19th century masturbatory insanity resemble those of the schizoid personality. If true in particular cases, this interpretation would not be inconsistent with the argument we have tried to suggest. E. H. Hare, “Masturbatory Insanity: The History of an Idea,” Journal of Mental Science, 108 (1962), 9. A word of caution: despite our tendency to see this masturbation literature as characteristic of Anglo-Saxon Protestantism, the three most quoted authorities in the late 1830s and 40s were French-speaking: S. A. Tissot, Leopold Deslandes and C. F. Lallemand.

38This sanction illustrates clearly a characteristic 19th century emotional polarity, that
presence of female sexuality. A central issue, of course, is still control, but in this context it is not self-control, but control of women's sexuality.\textsuperscript{39} Masturbation is, as a few of our 20th century contemporaries have argued, the ultimate in female autonomy; to mid-19th century physicians, perhaps not coincidentally, it threatened to result either in frigidity or nymphomania—both modalities through which the husband might be humiliated (either in reality or fantasy).\textsuperscript{40} Evidence indicating male anxieties in regard to female sexuality are as old as history itself and have attracted an elabor ate, if dissonant, body of discussion; whatever metapsychological interpretation one places upon this phenomenon, its existence seems undeniable. And it is hardly surprising that in the 19th century when gender roles were particularly rigid and polarized, when social change may be presumed to have created structural strain in such roles that the ideological sanctions which helped define and enforce gender roles should have been intoned with particular vehemence. And it is, as a matter of fact, no difficult matter to locate a group of mid-and-late-19th century authorities on sexuality whose moral admonitions would document a monolithic antisexuality.\textsuperscript{41}

It was, such zealots charged, the individual physician's moral responsi-

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\textsuperscript{39}A few, clearly atypical, medical authors were so dominated by particular anxieties that their formulations starkly underline emotional themes normally presented in terms more indirect and ambivalent. A few, for example, warned that artificial phalli employed by female masturbators would create needs which no husband could ever satisfy. J. DuBois, \textit{Marriage Physiologically Considered}. 2nd ed. (New York: Printed for the Booksellers, 1839), pp. 26–27. (One Scotch physician even suggested the use of a kind of chastity belt to guard against this possibility. John Moodie, \textit{A Medical Treatise; with Principles and Observations, to Preserve Chastity and Morality} [Edinburgh: Stevenson, 1848]). A related procedure was that of clitoridectomy as a radical cure for hysteria, nymphomania and allied complaints. Cf. John Duffy, "Masturbation and Clitoridectomy. A Nineteenth-Century View," \textit{Journal of the American Medical Association}, 186 (Oct. 19, 1963), 246–48; Guy Nichol, "The Clitoris Martyr," \textit{World Medicine} (May 6, 1969), 59–65; Isaac Baker Brown, \textit{On the Curbaility of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females} (London: Robert Hardwicke, 1866). This procedure was never widely practiced. Isaac Baker Brown, the London gynecologist who sought to popularize clitoridectomy enjoyed little success and was, indeed, formally condemned by the Obstetrical Society of London as a result of his enthusiasm.


\textsuperscript{41}The English physician William Acton was probably the best known among such evangelically oriented authors. (Steven Marcus' \textit{Other Victorians} contains a chapter analyzing Acton's writings; Marcus is, however, rather arbitrary, in his interpretations.) In the United
bility to denounce casual and "excessive" marital sex. "All excess in that direction he will discountenance. . . . Unmastered importunity and too submissive an affection must be met by separate beds, by uncommunicating rooms, and if need be, by strong expostulation."42 Significantly, all emphasized the need for limiting, and ideally for absolutely eschewing, all sexual activity during pregnancy and lactation. William Alcott, for example, warned that intercourse during gestation was particularly dangerous, especially if the mother should experience orgasm. "The nervous orgasm," he explained, "is too much for the young germ."43 Procreation was the purpose of sexual intercourse; once the child had been conceived, every energy should be bent toward nurturing the young life. The male child's oedipal anxieties and fear of female sexuality would appear to be thus neatly expressed in Alcott's intellectual ideogram—the mother dramatically betraying the child within her in succumbing to the father's sexuality.

The specific emphases and emotional tone of these authors fall into a pattern so consistent that one is tempted to suggest a common psychic function for their ideological commitment. All, for example, tended to deny the intensity of female sexual needs; all tended to see sexual relationships as normally exploitive; all tended to identify woman with a higher moral calling. This strong identification with woman—assuming that she exhibited the appropriate passive, asexual and nurturant qualities—suggests not only the possible roots of the author's own needs, but the ways in which the several dimensions of behavior had come to be seen as rigidly male or female. They suggest a family milieu in which power and autonomy, emotional loyalty, and identification were constantly—and in some cases dysfunctionally—defined in terms of either/or, father or mother, male or female. (A family pattern, it might be suggested, in which new economic functions and ecological realities had created new patterns of emotional identification.) These writers consistently associated woman's sexual innocence with her maternal function: Dio Lewis, a popular advocate of temperance and health reform "liked," for example, "to think that the strong passion of my mother was the maternal." Men, Lewis continued, "can hardly understand the childlike innocence in which the pure woman considers this whole class of subjects."44

Beginning with the second third of the 19th century, moreover, a new

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43 Alcott, Physiology of Marriage, p. 153.
sanction became increasingly—and I feel revealingly—plausible; that of the primacy of the mother in determining heredity and the need, therefore, to grant her dominion in the structuring of sexual relations. "DESTINY IS DETERMINED BY ORGANIZATION," as abolitionist Henry C. Wright put it, "ORGANIZATION IS DETERMINED BY MATERNAL CONDITIONS."

We have become accustomed to thinking of such formulae as in some sense ultimately dysfunctional; we assume as well that such ideological sets may have encouraged aggression or other inappropriate—deflected—modes of response. Yet, this is at best a partialistic way of approaching a most complex problem; for such generalizations are based not only on a transparently monolithic view of actual behavior patterns, but upon an equally schematic view of human psychodynamics. In the first place, many Americans simply paid no attention to these pious injunctions. Some men ignored them at no particular psychic cost, others only at great cost. But to others, it may be argued, these seemingly unreal and absolutely dysfunctional views were functional indeed. For some men at least, the glorification of denial, with its transcendent justification in the categories of evangelical Christianity, could well have served as an ideological defense against the ever present demands of the masculine ethos, demands which some men at least could not meet (demands, moreover, in conflict with other social norms and values).

In Victorian England and America, moreover, the repression of sexuality could mean security, the ability to predict economic and social reality—in short, autonomy and social respectability. In a period when the urban lower and lower-middle classes had few enough areas for the establishment of ego function, the very process of deferring pleasure—with its ideological sanction in the evangelical world-view and social sanction in its organic relationship to status definition—provided one mode through which individuals of marginal social status might begin to find security and dignity. Others, as I have suggested, incapable for individual reasons of living an assertive sexual life, could find in this ideology of denial a sanction for their particular disability. Hardly ideal perhaps, but any option is better than none, and in terms of social reality the uncontrolled expression of sexuality was—and presumably is—hardly an option consistent with ego development in many individuals. In terms of individual psychodynamics (since members of a

45Henry C. Wright, The Empire of the Mother over the Character and Destiny of the Race, 2nd ed. (Boston: Bela Marsh, 1866), p. 67.
46One thinks of the Americans who consumed the oceans of whiskey and brandy distilled in 19th century America despite the zealous admonitions of temperance advocates.
47In what is probably the strongest passage in Steven Marcus' Other Victorians, the author underlines the tragedy inherent in the need of the urban poor to repress sexuality as a prerequisite to the achievement of a minimum human dignity (pp. 147–50).
particular generation fall into varied categories of potential behavior) it is not clear that all, or even most, Americans would have found the freedom to act out some fundamental sexual need a healing ordinance. Even in the self-consciously liberated 1970s, when the expression of sexuality is sometimes seen as a moral imperative, we seem not to have produced a generation of psychically fulfilled and sexually adequate citizens.

American society in the past century offered, in other words, a variety of behavioral options in the area of sexuality. And if some individuals suffered as a result of the conflict implied by the emotional inconsistencies embodied in these options, other Americans presumably benefited from the availability of varied behavioral options. Let me be a bit more specific. For some individuals, the expression of aggressive sexuality would have an important relationship to ego function generally; those males, that is, able to live out the imperatives of the masculine ethos would find in this virility a source of strength generalizable to other areas of personality development. (Some women, similarly, could find achievement within the traditional role of nurturant wife and mother; others would find only tension and ambiguity.) To certain other American men, internalization of the pieties implicit in the Christian Gentleman ideal (combined with a measure of worldly success) provided a viable framework for personality adjustment, despite a stressful ambivalence in regard to the imperatives of the masculine ethos. For still other men, of course, neither of these options provided usable solutions; indeed, the particular neurotic needs of some could well have found an ideal focus in the very structure of ambiguity which so characterized available gender roles. One might argue that it was not so much repression as such which characterized Victorian sexuality, but rather a peculiar and in some ways irreconcilable conflict between the imperatives of the Masculine Achiever and the Christian Gentleman. Few males were completely immune from the emotional reality of both.

Woman had also to create an appropriate emotional balance between two conflicting roles; she could retreat to passivity and purity (often in the form of maternity) and reject the male's proffered sexuality, but only at the expense of failing within the even more traditional role of female as giving and nurturant; for true nurturance implied sexual warmth and availability.

These gender roles must be understood, moreover, as a basic variable in the emotional structuring of particular marriages. The need of the male to achieve sexually, to act out his frustrations and insecurities in the form of aggressive sexuality in conjunction with the female's socially legitimate "spirituality" provided the wife with a natural emotional leverage. The power to reject was the power to control—and one of the few avenues to such power and autonomy available to women within the Victorian family. It was, as well, a power now sanctioned in the newly forged categories of the
female-oriented evangelical view of sexuality. Woman's characteristically ambivalent sexual role must, that is, have helped structure—if not indeed occasion—intramarital conflict. Both husband and wife were in this sense prisoners of the same ritual pattern.

Sexual adjustment within the urban middle-class family would, moreover, naturally reflect any stress peculiar to the changing social environment of mid-19th century America. Economic or career tensions affecting the husband, role anxieties in the wife would all have had to find some expression if not resolution in the marriage bed, that potential context of reassurance or rejection. Such realities can be illustrated concretely by the conflict surrounding birth control, a demographic fact for many 19th century urban families. One dimension of family decisions to practice birth control (or abortion) was economic. But this was only one aspect of an inevitably complex and ambiguous situation. Many husbands, for example, must have experienced deep ambivalence, desiring on the one hand, a small family to ease economic burdens, yet regretting the loss of male status symbolized by abundant fatherhood—not to mention the control of his wife implied by the existence of numerous children. Whether decisions to limit family size actually affected sexual intercourse per se depended, of course, on the means employed, the confidence of the woman in such means, and the personality needs of husband and wife.48

There is another aspect of 19th century sexual prescriptions which I have, thus far, avoided discussing systematically. This is the ideological function of these formulae, their relationship, that is, to the maintenance of a particular social order. In examining the ideological content of the scientific intonations and disease sanctions we have been describing, there are some obvious points of structural reference. Most apparent is the emotional centrality of a fundamental expository metaphor, one which might best be called "mercantilist." The body is visualized in this metaphor as a closed energy system, one which could be either weakened through the discharge of energy or strengthened through its prudent husbanding.

These omnipresent images of control and physiological penury lend credibility to interpretations which emphasize the parallelism between those modes of behavior implied by the needs of a developing capitalism and the rationalization and ordering of sexual energies to this purpose. "The gospel of continence," in the words of Peter Cominos, the most forthright recent advocate of this position, "reveals its meaning when it is related to the dy-

48For additional discussion of the relationship between role conflict and birth control in mid-century, see Carroll Smith Rosenberg and Charles Rosenberg, "The New Woman and Troubled Man."
namic quality inherent in the structure and functioning of the Respectable Economic System, the compulsion to accumulate and reinvest capital.\footnote{Cominos, “Late-Victorian Sexual Respectability,” p. 216.} This ideology of sexual penury would thus be as functional to the Western European bourgeoisie as its equivalents in those non-Western cultures where ecological realities demand that reproduction be curtailed; one would normally expect in such a culture to find a well-articulated ideology of taboo, ritual, mythic constructs, and disease sanctions enforcing and legiti-
mating the logic of sexual frugality.

All well, and possibly even good. But the interpretive problem is a good deal more complex. We are dealing with a world of ideology and behavior more fragmented, more obviously inconsistent than that characteristic of most traditional cultures. The attempt, moreover, to associate repression of sexuality with the creation of an ethos appropriate to capitalism presents grave chronological problems. Why, for example, should the mid-19th century see the efflorescence of this doctrine? Efforts by the new bourgeoisie to forge an appropriate life-style had been in process since at least the 16th century; one must, that is, in attempting to employ this line of argument, relate this peculiarly repressive ideology not simply to “capitalism,” but with a particular stage in its development—the crystallization of industrialism and its structural implications in the shape of urbanization, bureaucratization, a declining birth rate and the like. Even so, the con-
nection between these themes and images and the supposed needs of this so-
ciety cannot simply be assumed. Thus, for example, similar ideas con-
cerning the drain of sexual expenditure upon bodily health—especially in
the case of semen—has a long and astonishingly mixed cultural history;
Taoism, for example, in which such ideas figured prominently, would seem at first glance—and perhaps the second as well—to have little in common
with the social and intellectual world of 19th century England and America.

The preceding pages have attempted to suggest one possible perspective through which to view sexuality as it was perceived and acted out by 19th century Americans: the effect of two basic social roles, class and gender, in shaping sexual behavior. Using expressions of ideology as indices to more fundamental change, I have sought primarily to describe and then to sug-
gest possible forms of interaction, and thus areas for further investigation. What, for example, was the relationship between evangelicalism and the pe-
culiarly structured role characteristics we have described? What were the effects of an urban bureaucratized life upon the emotional structure of the family? There are no simple answers to such profound questions, and only recently have historians become aware that these were, indeed, questions. In point of fact, we do not now possess a generally agreed upon model ap-
propriate to explaining the precise relationships between structural change—economic, demographic and technological—and the micro-system of the family and the individual.

There is, on the other hand, a plausible framework in which to place the intellectual and emotional phenomena we have sought to describe. The pervasive emphasis upon control, the temporal correlation between these repressive formulae and a parallel commitment to the transcending reassurance of evangelical religion can be seen as acculturation phenomena—mechanisms facilitating adjustment to a new social discipline.

Yet even were this interpretation "correct"—in the limited sense that so general a formulation can be termed correct—it must remain schematic, useful only in a heuristic sense. Almost every element in this complex, and largely implicit, model remains still to be explored, to be made explicit.50 The present paper has sought, in a thus necessarily tentative way, to contribute to this discussion, to examine some of the ways in which available role prescriptions may have functioned in the particular configuration of emotional and structural reality which faced Americans in the latter half of the 19th century.

I have sought, moreover, to avoid the use of certain now-traditional psychodynamic categories, especially the tendency to interpret sexual behavior in terms of a value laden and one-dimensional polarity of expression versus repression. I have assumed, on the contrary, that individuals vary, that most manage somehow to grow and differentiate, and that the social and sexual values of the mid-and-late 19th century were probably no more inimical to human potential than those of any other period. Or that if they were, it remains still to be demonstrated. Granting that certain Victorian attitudes toward sexuality and the types of ideal behavior these ideas legitimated may have imposed costs—to particular individuals perhaps tragic and irreparable costs—does not compromise the essential logic of this position.

50 We must, for example, define the appropriate demographic and economic realities—and this implies the evaluation of such factors as change in occupation and family size, age at first marriage and patterns of internal migration. The precise definition of such parameters must precede any final evaluation of the relationship between these structural realities and the ideological formulations which help shape the formal and emotional perceptions of individuals in a particular generation.