FIT TO MOTHER: WOMEN, ARCHITECTURE, AND THE PERFORMANCE OF HEALTH, 1865-1930

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ABSTRACT

In the Gilded Age and Progressive Era, evolving scientific ideas about the body and its vulnerabilities, about women’s education, and about appropriate gendered behavior each contributed to the emergence of physical culture and healthy living environments for women and girls. Decrying the physical state of American mothers, health reformers and educators promoted new habits and routines meant to establish bodily health, and ushered physical culture programs into educational institutions and private homes. Bound together by their unwavering faith in the ability of the material world to produce healthy bodies, reformers evoked the language of efficiency, of maternal fitness, and of a fallible body that could be bolstered through material objects and spaces.

This dissertation provides at once a cultural history of the female body, a study of architecture and material culture, and a critical examination of the ways in which race has been historically constructed. While scholars have begun to take up the diverse threads of this story, an architectural and material analysis of spaces and objects for exercise has thus far been overlooked. Drawing on prescriptive literature, building manuals,
advertisements, and images, this dissertation argues that in the decades between 1865 and 1930, scientific ideas about racial reproduction tangibly effected the design of women’s spaces.

Chapter One locates the roots of women’s physical culture in the aftermath of the Civil War and elucidates its relationship to the dress reform movement. Chapter Two considers architectural space for women’s exercise from 1881 to 1912. These three decades mark a crucial moment as the typology of the American gymnasium solidified, and women’s physical culture slowly moved out-of-doors. Chapter Three examines the middle-class house through the lens of health, and the ways in which reformers and medical experts projected scientific beliefs about gendered and racialized fitness onto the home, its contents, and the moments of performance required to maintain household and personal health. It concludes with a discussion of performative health in each of these three instances, and the specialized knowledge required of women to maintain their own health and the health of their households.