

Sexuality and Gender in Cold War America: Social Experiences, Cultural Authorities, and the Roots of Political Change

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In February 1950, when the Republican senator Joseph McCarthy publicly claimed to “hold in [his] hand” a list of 205 known communists who were working for the State Department, the moment consolidated the transformation of a kind of anxiety fostered by U.S. foreign affairs into one primarily concerned with domestic subversions. Since the beginning of the Cold War, roughly when World War II ended, the American people had increasingly felt a threat imposed by Communism, primarily because it was rather real: the Soviet Union began to develop an atomic bomb abroad; the Chinese government was taken over by Mao Zedong’s political regime in 1949; and, in fighting both the Soviets and the Chinese, U.S. intervention in the Korean War appeared embattled. In turn, many began to feel that something must be wrong within U.S. borders. The rising domestic insecurity and frustration gained momentum in the postwar era and culminated in a nationwide crusade in the 1950s, with McCarthy acting as one of its most celebrated leaders, against those within the country who were believed to be Communists.

In the postwar years, issues of gender and sexuality were discursively embedded within seemingly unrelated policy decisions, the legal system, medical opinions, and scientific theories. In addition to the widely documented Cold War persecution of homosexuals (D’Emilio, 1989; Johnson, 2004), the 1950s witnessed, in various domains of professional expertise, an effort to stigmatize people with unconventional gender and sexual expressions. Going beyond the richly studied McCarthy witch hunts, the first half of this article traces various examples that illuminate how gender and sexual diversity was dealt with and handled in public policy, law, medicine, and science between the mid-1940s and the late 1950s. From public policies and laws concerning citizenship, the welfare state, and immigration, to the rising cultural authority of medical professionals (especially psychiatrists) on the subject of sexuality and gender, to the scientific theories and medical

treatments of homosexuality and transsexuality, the first half of this article explores how different—sometimes competing—elite discourses worked together in powerful ways to regulate and shape the American people's sexual experience in the early Cold War era.

Emerging in tandem with these dominant forces of surveillance, other medical and scientific discourses promoted a more liberalizing understanding of gender and sexuality. The second half of this article begins with these alternative discourses of sexual medicine and sexual science and, from there, describes how they interacted with the gender and sexual subcultures that took shape within the same sociopolitical context. The participants of these subcultures, usually cast as deviants who challenged the normative gender and sexual order, included unwed women, women who sought or performed abortions, prostitutes, gays and lesbians, and transsexuals and others who had strong cross-gender identification.

Simply put, under the aegis of McCarthyism and its aftermath, any forms of gender and sexual expression that did not fit the Cold War ideal of heterosexual nuclear familial lifestyle were treated as domestic subversions that threatened the moral fiber and national security of mid-20th-century America; cultural authorities participated in myriad ways to reinforce and promote this Cold War ideology of normative gender and sexuality. At the same time, by targeting members of the gender and sexual subcultures and forcing them to establish publicly invisible but privately tighter and more supportive bonds with one another, the oppressive postwar ideal of anti-Communism and domesticity unexpectedly cultivated the early roots of the second-wave feminist and modern sexual liberation movements.

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In the immediate years leading up to the 1950s, one of the ways in which U.S. citizenship got defined was through the legal framing of an individual's access to the economic benefits of the then-expanding welfare state. Most returning soldiers perceived the 1944 GI Bill, for example, as a positive public policy innovation that gave them the most highly regarded honor as citizens of the country. Yet, this recognition did not apply to all returning soldiers: the Bill stated that "a discharge or release from active service under conditions other than dishonorable shall be a prerequisite to entitlement to veterans' benefits" (cited in Cory, 1951, 278). On April 21, 1945, Frank Hines, the administrator of Veterans Affairs, interpreted this clause in specifying that "an undesirable or blue discharge issued because of homosexual acts or tendencies generally will be considered as under dishonorable conditions" (cited in Cory, 1951, 278). As such, soldiers discharged for homosexuality were prevented from the legal entitlement to the economic (and social) benefits that other veterans enjoyed. The GI Bill, in other words, generated both an expansion and contraction in U.S. citizenship by democratizing education and home ownership for working-class and middle-class people, while simultaneously securing the access to these benefits in a way that explicitly excluded certain veterans because of their association with homosexuality (Canaday, 2003).

This process of the legal denunciation of homosexuality both reflected and reinforced the pervasive post-World War II gender ideology, according to which women were expected to devote their time entirely to domestic life, as opposed to gaining economic independence. In the case of the GI Bill, it offered the most generous benefits to married men, bolstering their role as family providers through dependency allowances and survivors' benefits. Women's benefits were always inferior to men's, and the 2 percent cap on women's participation in the military force (until 1967) made women's overall access to the GI Bill even more restricted. These regulations therefore ensured that women experienced the expansion of U.S. social citizenship primarily through their husbands' benefits. The GI Bill did more than exclude those individuals who were believed to have engaged in homosexual acts or to possess homosexual tendencies. It also channeled many more governmental resources to men than to women, securing the economic incentives for women to enter heterosexual marriages. Simply put, the denunciation of homosexuality in federal policy and the legal normalization of heterosexuality were two sides of the same coin.

In addition to defining U.S. citizenship internally through the welfare state, the legal normalization of heterosexuality also occurred at the nation's borders, which were governed by anti-homosexual U.S. immigration law around the mid-20th century. The 1952 Immigration and Nationality Act, also known as the McCarran-Walter Act, contained two anti-homosexual provisions: one barred from entry immigrants who had committed "crimes of moral turpitude," and another barred those "afflicted with psychopathic personality." Although the former framed homosexuality in terms of conduct and behavior, the latter supported the notion that homosexuality referred to a distinct personality type. Based on these two provisions and in consultation with the Public Health Service, immigration officials deported those aliens who had received "Class A" certification after examination by the Public Health Service. The McCarran-Walter Act exemplifies a legal articulation of anti-Communist and anti-homosexual campaigns in the context of the early 1950s. The increasingly widespread equation of homosexuals with Communists, both of which were construed as specific types of people who could easily slip into U.S. borders undetected, constituted an important driving force behind the Cold War surveillance of the geographical boundaries of the United States (Canaday, 2003).

Because the "psychopathic personality" clause of the McCarran-Walter Act involved the overlap between law and health care regulation, it remained a nexus of expertise contention throughout the 1950s. In the early phase of the enactment of the McCarran-Walter Act, the federal courts heavily relied on psychiatrists' expert opinions for identifying the "psychopathic personality" of immigrants. But psychiatric experts gradually refrained from testifying in immigration cases about the legal association of homosexuality with psychopathic personality. When it was first introduced to the United States, the concept of psychopathy was not confined to sexual abnormality. Before the 1920s, U.S. psychiatrists preferred to describe psychopaths as egocentric, selfish, irritable, antisocial, nervous, and weak

willed, and primarily applied the term to either "hypersexual" women or unemployed men (Freedman, 1987).

Psychopaths were sexualized, so to speak, only after the power and cultural authority of psychiatry expanded beyond its initial base in mental asylums into courts, prisons, and the military forces, and this was accompanied by the increasing influence of Freudian psychoanalysis on U.S. psychiatric practice from the 1930s onward. By the 1950s, psychiatrists interpreted sexual psychopathy as a distinctly male trait that was appropriate for describing violent sexual offenders, a group that came to be understood as neither exclusively nor necessarily homosexuals. Meanwhile, homosexuality was theorized by psychoanalysts as a more profound inadequate psychosexual development that represented one of the fundamental roots to many other psychopathological traits.

Facing psychiatrists' increasing dissenting voices regarding the meaning and treatment of sexual psychopaths, Immigration and Naturalization Service officials and federal judges eventually codified homosexuality and psychopathic personality as legal-political and not medical categories (Canaday, 2003). Despite the different meanings attached to the same expertise language, the sexual experiences of those people within and those hoping to cross U.S. borders were intensely regulated in a relatively similar way.

Rather than treating homosexuality as a legal matter, medical professionals preferred to characterize it as a form of mental illness. U.S. physicians first reported cases of homosexuality in the 1880s, borrowing medical and scientific theories of "sexual inversion"—the clinical phrase that was more widely used for describing homosexuality around the turn of the century—that were already popular in Europe (Hansen, 1992 [1989]). In his famous *Psychopathia Sexualis* (1892 [1886]), the Viennese psychiatrist Richard v. Krafft-Ebing first propounded the theory of homosexuality as a type of diseased neurotic degeneracy, hinting at some sort of hereditary component to it, but, at the same time, treating it strictly as a psychiatric disorder.

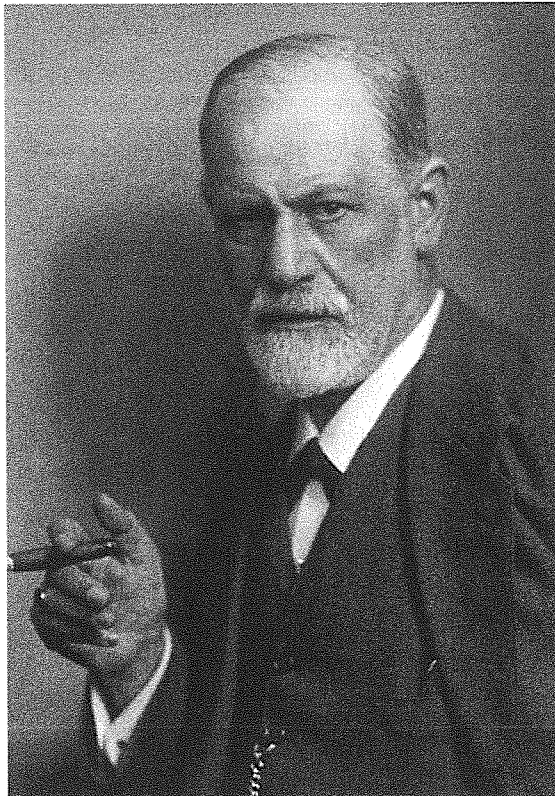
In explaining homosexuality, other medical doctors in Europe, followed by the ones in the United States, quickly adopted Krafft-Ebing's degeneration theory, in part because the theory struck a strong resonance with the then-popular framework of Darwinian evolutionary ideas. Gradually, doctors and the lay public began to view homosexuality as a clinical pathology that fell under the (exclusive) realm of medical expertise.

In 1905, Sigmund Freud published his *Three Essays on the Theory of Sexuality*, which substantiated the pathological view of homosexuality in the early 20th century and had a profound influence on how other medical and scientific experts conceptualized human sexuality in the subsequent years. Emphasizing childhood experience, Freud rooted the causality of male homosexuality in the psychosexual developmental model of the Oedipal complex. In the Oedipal complex, the boy child began his development by desiring his mother. However, as he soon discovered his mother's "lack of penis," he developed castration anxiety—the fear of his father, the totem figure. At this point, some boys inappropriately resolved the castration anxiety by identifying with their mothers. This identification process marked the development of narcissistic homosexuality, because, according to Freud,

these children now saw themselves *as* the mother and would find a sexual partner representing themselves who desired them in the way that they desired their mother in the early stages of the Oedipus.

Yet, in the same essay, Freud also proposed the shocking concept of “polymorphously perverse disposition.” Freud explained that “there is indeed something innate lying behind the perversions but that it is something innate in everyone, though as a disposition it may vary in its intensity and may be increased by the influences of actual life” (2000 [1905], 37). Elaborating on this idea of “polymorphously perverse disposition,” Freud suggested that there existed a “latent homosexuality” in everyone, at least in their unconscious: “All human beings,” wrote Freud, “are capable of making a homosexual object-choice and have in fact made one in their unconscious” (2000 [1905], 11). Although the notions of polymorphous perversity and latent homosexuality may seem like a fairly liberal interpretation of sexual perversion, in his third essay “Transformations of Puberty,” however, Freud contended that the most desirable psychosexual developmental path led to heterosexual object choice with coitus as the final aim.

In his section on the “prevention of inversion,” Freud stated: “One of the tasks implicit in object-choice is that it should find its way to the opposite sex” (2000 [1905], 95). Thus, Freud ultimately maintained that heterosexual orientation in adulthood represented true sexual maturity and that homosexual orientation was nothing but the result of an arrested childhood psychological development. This layered theory of human sexuality offered 20th-century psychiatrists a language that casts sexual orientation in exclusively psychogenic terms.



Sigmund Freud, ca. 1921. (Library of Congress)

But not all psychiatrists appropriated Freud's theory without hesitation. Following the publication of *Three Essays* and his other works, U.S. psychiatrists and psychoanalysts in particular took on a very conservative interpretation of Freud. They popularized the belief that, because homosexuality was an arrested psychosexual development, it could be "cured" through psychotherapy. In 1940, a year after Freud's death, U.S. analyst Sandor Rado published his influential essay "A Critical Examination of the Concept of Bisexuality," in which he outright refuted Freud's theory of polymorphous perversity and latent homosexuality by arguing that infantile bisexuality was not an universally normal condition. Whereas Freud had stressed in his later years that homosexuality, strictly speaking, was not an illness, Rado rejected the idea of latent homosexuality entirely and insisted that all homosexuality was pathological and thus potentially curable.

Later on in the sociopolitical context of the 1950s and early 1960s, other psychiatrists, such as Edmund Bergler (1956) and Irving Bieber (1962), completely endorsed Rado's psychoanalytic framework. They went on to describe male homosexuality as a form of "psychic masochism," occurring most frequently in boys with detached fathers, or "the absence of strong fatherhood," thereby bolstering the Cold War ideal of nuclear family units. These themes also appeared, for instance, in both *Female Homosexuality* (1954), the first medical monograph devoted to the topic of lesbianism by Dr. Frank Caprio, and *All the Sexes* (1955) by Dr. George Henry, which was written for a lay audience and based on his original 1,000-page tome *Sex Variants*.

After their wartime involvement in screening out mentally "handicapped" military inductees—including those with "homosexual proclivities"—U.S. psychiatrists gained an unprecedented level of social status in the postwar years. In the 1940s, a major generational battle broke out within the psychiatric profession. The American Psychiatric Association (APA) had a long history of representing the interests of public asylum physicians, who predominantly favored the use of somatic methods (such as lobotomy, hydrotherapy, and shock therapy) to treat the mentally ill.

After the war, however, the APA was joined by a younger generation of psychiatrists who had experienced their early careers on the battlefield. They believed that environmental stressors, rather than neurological factors, played the more significant role in causing mental diseases. As such, they contended that local psychotherapy, as opposed to institutionalization, was the more favorable approach to treating psychoneuroses and other more serious psychiatric disorders. This shift in the institutional bases and therapeutic approaches to mental illness, therefore, collided with the overwhelming prevalence of psychoanalytic theory within the psychiatric discourse. The culmination of these historical forces rendered the U.S. mental health profession as one of the most influential cultural authorities to deliver opinions about people's gender and sexual experiences in the 1950s.

Meanwhile, medical doctors had the most difficulty grasping the intertwining relationship between gender and sexuality in dealing with transsexual patients. When transsexuals, individuals who possess a deep-seated desire to become members of the opposite sex, began to seek professional surgical interventions for modifying their own physical sex in the 1940s and

the 1950s, physicians debated furiously among themselves over the most appropriate therapeutic response to these requests (Meyerowitz, 2002).

On the one hand, some medical experts, mostly influenced by European perspectives, used the scientific theory of human bisexuality to legitimate the administration of sex reassignment surgery on transsexuals. One of the major proponents of this approach was Harry Benjamin, who received his medical degree in Germany in 1912 and then came to the United States in 1913. Coming from the German tradition of sexology, Benjamin was the key figure to introduce European sexual science to experts and the public of the United States. Having previously collaborated with Magnus Hirschfeld and studied under Eugen Steinach, Benjamin became the main endocrinologist and physician of Christine Jorgensen, who was the first U.S. male-to-female transsexual to undergo sex reassignment surgery abroad in Denmark and who received great notoriety as a result of mass media publicity upon her return to the United States in the 1950s.

Relying on a long tradition of endocrinological research that demonstrated how men and women both had various quantities of male and female hormones, Benjamin and Jorgensen used the scientific theory of



Christine Jorgensen was the first American male-to-female transsexual to undergo sex reassignment surgery. She is shown here in New York City in 1953. (Library of Congress)

universal bisexuality to explain her condition to the public. Furthermore, by emphasizing the biological basis of human bisexuality, they justified her sex change surgery, with the idea that transsexuals were simply extreme versions of an universal bisexual condition.

On the other hand, under the influence of Rado, most U.S. medical professionals, psychiatrists, and psychoanalysts in particular, rejected the view of universal human bisexuality. Instead, they argued that identification and behaviors that did not conform to the rigid opposition of the two sexes were the result of early childhood psychosexual maladjustment and thus mental disorders. In refuting both the Freudian interpretation and the biological model of bisexuality that situated sex on a continuum, this group of experts advocated the necessity of psychotherapeutic intervention for individuals whose behaviors and identifications did not follow the conventional sexual norm. They disapproved of medical intervention in the form of sex change surgery as the ideal method for treating transsexuals.

Implicitly, these psychoanalysts and psychiatrists relied on the rigid notion of two opposite biological sexes to see various forms of atypical sexual identification as a psychological, not a physical, problem. Repudiating the claim of universal bisexuality held up by doctors like Benjamin, the psychogenic model predominated through the 1950s, reflecting the rising authoritative status of psychoanalytically oriented psychiatrists in U.S. society after World War II.

When situated in its proper historical context, however, this medical debate over transsexuality simply reveals the larger cultural dynamic of the Cold War era. Although the two sides of the debate seem to be in strong opposition, in terms of the way medical experts interpreted the phenomenon of transsexuality specifically, both sides nonetheless shared the same normative assumptions about desirable gender orientation and behavior. Anchoring on traditional understandings of the proper alignment between sex and gender—men with masculinity and women with femininity—the opinions of those psychoanalysts and psychiatrists who argued for psychotherapies as the best means to treat transsexuality explicitly endorsed heterosexualized gender norms.

But even physicians like Benjamin, who were outnumbered by the psychoanalysts and psychiatrists, relied on and reinforced traditional gender roles, to some degree, in justifying sex change surgery as the best therapeutic approach to treating transsexuality. This was especially the case, for instance, when Benjamin recommended surgical intervention based on the reasoning that this procedure would balance transsexuals' extreme bisexual condition. The outcome of the surgeries, according to Benjamin, would allow transsexual patients to become normal men and women, conforming to and displaying manners appropriate for their changed sex.

Similarly, Jorgensen's fame and celebrity upon her return to the United States in the winter of 1952 from her sex reassignment in Denmark could also be understood as the result of her careful self-representation and self-embodiment of traditional notions of femininity (Serlin, 1995). Only by presenting herself as a "lady" and adopting the conventional roles and behaviors associated with being a woman could Jorgensen appear in front

of the U.S. public as a respectable person, someone even worth celebrating and receiving a great measure of media attention.

Therefore, apart from the psychoanalysts and psychiatrists, voices of others like Benjamin and Jorgenson also adhered to and operated, however implicitly, within the dominant heterosexist and homophobic U.S. cultural imagination of the postwar period. It was a time when interconnected ideas of anti-Communism, civil loyalty, individual morality, gender conformity, normative heterosexuality, private behavior, and public order all took on an unprecedented overlapping role in shaping the American people's anxiety, locally and nationally.

Be it public policies discriminating against people with homosexual tendencies or psychiatric models that consistently psychopathologized sexual deviants, experts in law and medicine each had their own ways of controlling people's gender and sexual expressions. As reflected in the demographic trends of the period, women and men married younger and had more babies in the postwar years than at any other point in the course of the 20th century.

And this was accompanied by the significant decline in divorce rate, generating a historically unique, culturally homogenous, and nationally idealized image of nuclear family units that normalized heterosexuality and traditional gender roles. As historian Elaine Tyler May has put it quite succinctly, "As the cold war began, young postwar Americans were home-ward bound" (1999 [1988], ix). The gender ideology of the postwar era redefined men as breadwinners and women as mothers, because the "self-contained home held out the promise of security in an insecure world" (May, 1999 [1988], ix). This powerful notion of containment—including the containment of acceptable gender and sexual norms—permeated every aspect of U.S. life in the 1950s, serving as the key to national security and the offsetting of Cold War cultural anxiety. Various cultural authorities acted as the human agents of the Cold War surveillance of the gendered and sexualized nature of mid-20th-century U.S. social experience.

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As the Cold War sociopolitical climate intensified, most physicians insisted that the proper alignment between sex and gender represented the most desirable—and perhaps even the most natural—arrangement of sexual development. It was in this context that a group of medical scientists at the Johns Hopkins Hospital proposed a radically different perspective. In hoping to better understand and treat patients born with ambiguous genitalia, a condition also known as intersexuality (although the term used in the 1950s was "hermaphroditism"), John Money, John L. Hampson, and Joan G. Hampson distinguished the concept of gender from the concept of sex, suggesting that these two aspects of an individual's sexual development did not necessarily bear any predetermined (natural) connection.

In an article published in 1955, Money used the phrase "gender role" for "all those things that a person says or does to disclose himself or herself as having the status of boy or man, girl or woman," and the term "gender"

to refer to "outlook, demeanor, and orientation" (1955, 254, 258). Both gender role and gender, according to Money's definitions, could be conceptualized irrespective of reproductive anatomy, the main visible marker of one's physical sex.

Based on their study of intersex patients, Joan Hampson and Money posited that "psychosexual maturation is determined by various life experiences encountered and transacted, and is not predetermined as some sort of automatic or instinctive product of the bodily achievement of sexual maturation" (1955, 16). In other words, gender—or the "sex of rearing"—was something culturally manipulable, very different from sex, which was biologically determined. Whether intended or not, in differentiating gender from sex this way, Money's research team had provided Americans with a conception of gender as being socially malleable and not fixed at birth.

This novel language of gender later became a powerful tool for second-wave feminists in the 1960s and 1970s to rework dominant cultural ideas about women's proper role in society as mothers or housewives who maintained the "cult of domesticity." Indeed, the conceptual separation of gender from sex later enabled feminists to claim that women, like men, deserve full public and political involvement, because gender roles do not necessarily correspond to biological sex differences but are simply culturally constructed.

Before the rise of the second-wave feminist movement, however, many women in the 1950s, consciously or not, embraced what Betty Friedan had called "the feminine mystique," an image of sexually passive wives and docile nurturing mothers that had been glorified by journalists, educators, writers, advertisers, and experts alike. This was especially true for white middle-class women who lived in the suburbs.

Other women who did not conform to this Cold War gender ideology, which mirrored and reinforced the heterosexual family ideal of the time, were cast as dangerous, immoral, and deviant. Unwed women, women who sought or performed abortions, prostitutes, and women who desired other women sexually all fell under this category. Scientific researchers, medical professionals, legal authorities, and other disseminators of expert opinions without question played a huge role in mediating the social experiences of these women.

Adding onto their ideas about gender and sexual propriety, male experts worked with one another to define their capacity in intervening women's lives. Physicians, most of them male, for instance, consistently stressed the importance of female sexual health to an enduring marital relationship. Linking vaginal orgasm, as opposed to clitoral orgasm, to marital stability and community security, medical doctors self-proclaimed their authority and competence in ensuring female sexual health through state-mandated premarital consultations (Lewis, 2005). Unmarried women were deemed dangerous to U.S. society because they did not participate in the main building blocks of a secure national community—heterosexual marriage.

Similarly, many women abortionists and their clients faced a tremendous amount of pressure in the 1950s, when male physicians and district attorneys worked together to shut down the clinics run by those licensed

female doctors who performed abortions. As such, it became increasingly difficult for women who wanted to end their pregnancy to seek help from female practitioners, at a time when male doctors often refused to perform abortion—especially before *Roe v. Wade*, which legalized abortion in 1973 (Solinger, 1994). Unwed women, female abortionists, and pregnant women who wanted an abortion were all regarded as immoral, because experts saw them as disrupting a secure national community, the main building blocks of which were nuclear family units.

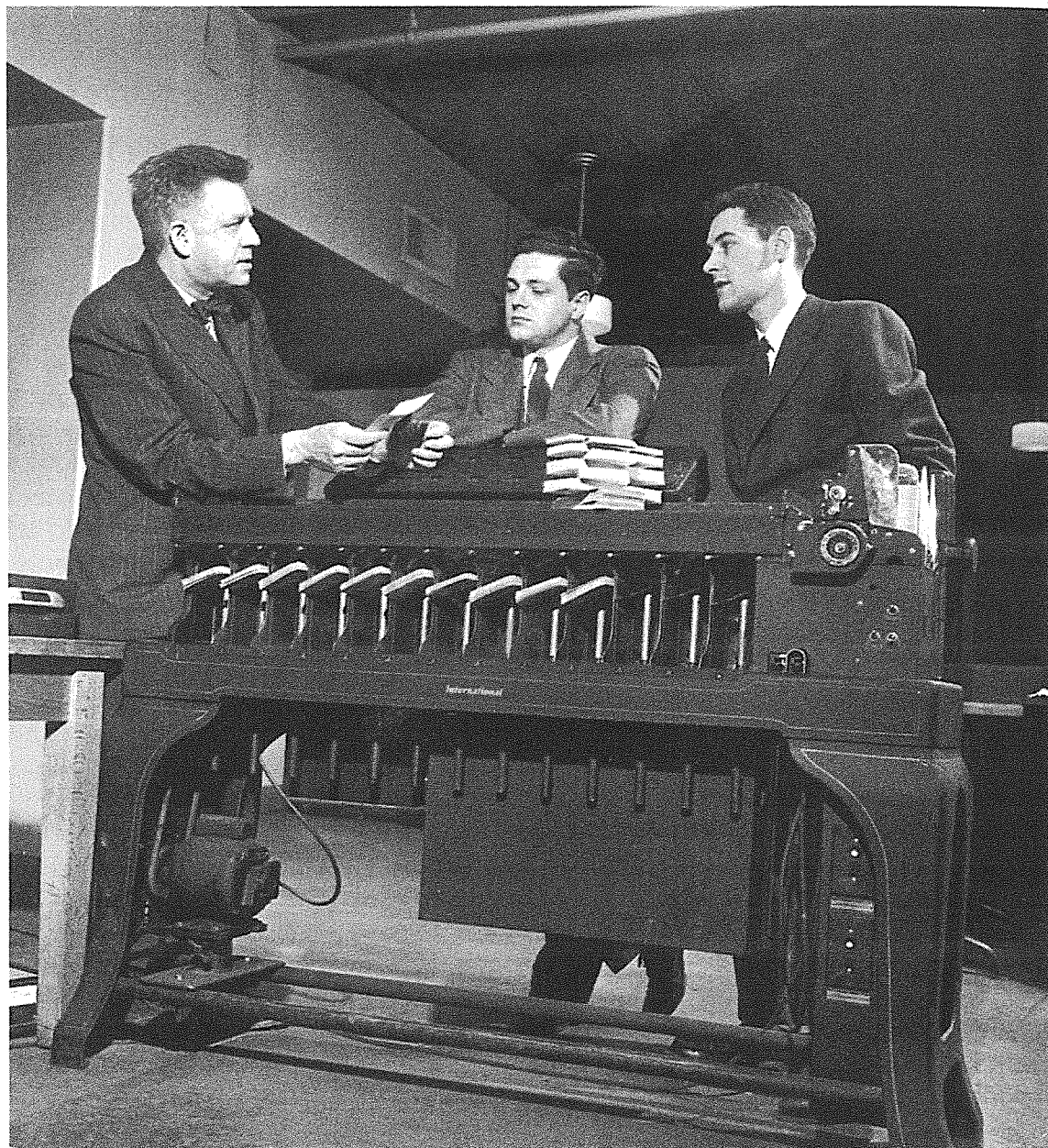
In addition to unwed women and women who sought or performed abortion, prostitutes and lesbians were also viewed as dangerous to the health of the country. Because the idea of containment was so central to national security in the 1950s, female prostitutes and women who desired other women became symbols of female sexual excess and uncontained female sexuality (Penn, 1994). Challenging the Cold War “feminine mystique,” female sex workers and lesbians did not embrace the prevalent view of women as sexually passive wives or docile nurturing mothers.

Instead, by the nature of their sexuality, prostitutes and lesbians, much like unmarried women and female abortionists and their clients, disrupted the moral fiber of the country by encouraging sexual mores that undermined and destabilized marital heterosexuality. Before the feminist politicization of the language of gender, many cultural authorities consistently voiced the opinion that the behavior of these hypersexual women resembled domestic subversions and identified them as serious hindrances to establishing a secure cultural environment for the nation.

But John Money’s research team was not the first group of experts to unsettle the gender and sexual ideology of Cold War America. Before the distinction between sex and gender emerged in the medical literature during the mid-1950s, Alfred Kinsey and his research associates had already challenged the prevailing cultural assumptions about Americans’ sexual practices with the publication of *Sexual Behavior in the Human Male* (1948) and *Sexual Behavior in the Human Female* (1953).

In both volumes, Kinsey’s research group provided shocking statistical evidences, documenting the wide prevalence of people’s sexual behavior in the nation that did not exactly reflect the conventional moral attitudes of U.S. culture at the time. Presenting empirical findings of various nonreproductive sexual experiences—from homosexual behavior to masturbation to extramarital intercourse to bestiality—the Kinsey reports provoked a wide range of negative criticisms from religious groups and other expert circles, including members of the American Statistical Association and the American Medical Association, especially those psychoanalytically oriented psychiatrists.

Like the work of Money, one of the major contributions of Kinsey’s studies was that they provided a new frame of reference for both expert and popular opinions regarding issues of gender and sexuality (Chiang, 2008). Whereas Money provided women and other political activists with a new language of gender and new ways of conceptualizing it, Kinsey’s research team promoted a sociological and statistical perspective of normal sexual behavior that drastically departed from the dominant psychoanalytic framework.



Dr. Alfred Kinsey, on the left, standing by sorting machine used to tabulate sexual data collected by scientists. (Wallace Kirkland/Time & Life Pictures/Getty Images)

For instance, reporting a high frequency of homosexual behavior in the nation, Kinsey argued that psychiatrists' pathologizing view of homosexuality was inherently problematic, because their clinical insights were generalized from only a small group of individuals who went to psychotherapy. In contrast, Kinsey insisted that his cross-sectional research method (supposedly) sampled the entire U.S. population, and thus the high statistical rate of homosexual behavior in his findings actually suggested that homosexuality was fairly "normal" (Kinsey et al., 1949).

Many gay men and lesbians welcomed Kinsey's publications, which served as a piece of scientific evidence that they could refer to in challenging the orthodox psychiatric framing of homosexuality as a mental illness.

Alfred C. Kinsey

Best known for his empirical studies on human sexuality, Alfred C. Kinsey (1894–1956) received his ScD in zoology from Harvard University in 1919. His academic training reflected his early career research interest: gall wasps, the topic of his doctoral thesis. Throughout the 1920s, Kinsey not only published scientific papers on gall wasps specifically, but also wrote introductory textbooks in biology for a more general audience. After graduate study, he began research and teaching at Indiana University, where he founded the Institute for Research in Sex, Gender, and Reproduction in 1947.

His interest in human sexuality began in the late 1930s, when he coordinated a new course on marriage at Indiana and was unsatisfied with the quantity and quality of scientific research on human sexuality. This frustration motivated Kinsey to interview his colleagues and students on an informal basis. He then began to sharpen his interview questionnaires that detailed people's sexual history and developed statistical methods that eventually defined his major contribution.

Supported by the Committee for Research in the Problem of Sex, with funds from the Rockefeller Foundation, Kinsey put together a research team, which included two Indiana colleagues: psychologist Wardell B. Pomeroy and statistician Clyde Martin. Together, they published *Sexual*

Behavior in the Human Male in 1948 and *Sexual Behavior in the Human Female* in 1953. While working on the second book, they were joined by the anthropologist Paul H. Gebhard.

The findings that they reported in the two "Kinsey Reports," the most famous example being the high incidence of homosexual behavior, shocked the nation. But, although the first volume immediately became a bestseller and acquired an international reputation, the second volume on women invited much harsher criticism. Kinsey and his team ultimately interviewed 5,460 white men and 5,385 white women. This sample has been the subject of long-term criticism for its poor representation of the entire (U.S.) population.

At the time that Kinsey ventured into the study of human sexuality, authoritative inquiries on the subject still largely fell under the realm of the expertise of psychiatrists, gynecologists, and other medically trained doctors. Therefore, one of the most significant contributions that Kinsey's research team made was providing a scientific frame of sexual normalcy that was rooted in sociological thinking that emphasizes the prevalence of sexual behavior. This stood in stark contrast to the earlier clinical frame of sexual normality, advocated by psychiatrists and psychoanalysts, which stressed the development of psychosexual identity.

Although still facing a wide range of hostile persecutions in the public sphere, many gay men and lesbians endorsed Kinsey's framework of sexual normality. They began to think of and portray themselves as healthy individuals and eventually organized around themselves a homosexual emancipation movement—known as the "homophile" movement—in the early 1950s.

This movement consisted of the founding of the Mattachine Society, whose members were mostly men, in 1951 by Harry Hay and a small group of his friends. Soon, its lesbian counterpart organization, the Daughters of Bilitis, was founded in 1955 in San Francisco. Both organizations gradually spawned chapters across the nation, the most prominent ones being in Los Angeles—Mattachine Society's initial headquarters—San Francisco, New

York City, and Washington, D.C., and each organization published its own magazine: the *Mattachine Review* by the Mattachine Society and the *Ladder* by the Daughters of Bilitis. In addition, the homosexual magazine *ONE*, based in Los Angeles, was established in tandem with these efforts. Despite how they seemingly represented separate endeavors, the Mattachine Society, the Daughters of Bilitis, and *ONE* supported and collaborated with one another in a tight underground social network (D'Emilio, 1998 [1983]).

Indeed, what scholars have called the "Lavender Scare"—the Cold War persecutions of gay and lesbian civil servants—posed a real threat to these people's economic status, work routines, means of socialization, and psychological well-being, especially for those federal and private-sector employees working in Washington, D.C. (Johnson, 2004). Thus, these governmental forces of surveillance, in addition to the forces of scientific knowledge in defining sexual normality, also contributed to the formation and consolidation of a gay and lesbian subculture and political consciousness in the 1950s.

Taking the idea that homosexuals were an oppressed minority as their fundamental organizing principle, many homophile leaders in the 1950s emphasized the importance for gay men and lesbians to conform to conventional gender roles in order to gain social respectability (Meeker, 2001). Members of the Mattachine Society and male editors of *ONE* magazine wore suits and ties when presenting themselves to the public, giving the impression that they were intelligent and dignified citizens.

In fact, most of the individuals who participated in the early homophile movement were white, affluent, and had a middle-class background, which made their organizations appear to be even more "normal," "respectable," and "tolerable." For male homophile leaders, embodying a masculine gender orientation reflected both their normalcy and the notion that their identity around which the homophile movement was built was defined around their sexual desire, irrespective of their own gender role preference.

Their retreat to cultural respectability manifested, for example, in their prejudice against other non-gender conformist homosexuals. After World War II, "swish" became the most commonly used term in homophile publications such as *ONE* and *The Mattachine Review* to refer to gay men with obvious effeminate appearance and mannerism. In addition to the homophile leaders and writers for these magazines, many gay male readers from all over the country wrote letters to these homophile publications, expressing their strong disgust toward other swishes and swishness in general (Loftin, 2007).

Much as the reason why Christine Jorgensen self-crafted and maintained a feminine public appearance, gay men's anti-swish sentiment in the 1950s reflected the broader Cold War gender anxieties. Adhering to the dominant masculine and feminine conventionalities that heterosexuals deemed normal (and made heterosexuals normal), the homophile leaders and other gay men rejected swishes and swishness in order to construct their public image as upstanding citizens who were entitled to the rights, protections, and benefits of U.S. citizenship.

Not all sexual minorities, however, believed that their sex at birth determined how they ought to behave. Besides the many swishes who insisted that there was nothing inherently wrong with their effeminate behavior, many individuals with cross-gender identification went directly to medical professionals for altering their physical sex. In fact, prior to the wide publicity of Christine Jorgenson's sex reassignment success story in the 1950s, the U.S. press had already begun to cover sex change cases as early as the 1930s. "From the 1930s to the 1950s," according to historian Joanne Meyerowitz (1998), "certain readers appropriated public stories of sex change and included the quest for surgical and hormonal transformation as a central component of their sense of self" (p. 160).

After Jorgenson returned to the United States and surrendered to her fame and celebrity in the early 1950s, these people with cross-gender identification became more fully aware of who they were and what they could possibly become—with the aid of medical technology in the forms of synthetic hormones and plastic surgery. However ironically, a distinct transsexual identity consolidated in a sociopolitical context that perceived individuals who did not follow traditional gender and sexual norms as dangerous, deviant, and immoral (Stryker, 2008).

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Aware of the broader social anxiety of the Cold War era, most policymakers, state officials, physicians, psychoanalysts, and other cultural authorities maintained that a normative gender and sexual order rooted in the ideal of heterosexual familial lifestyle was crucial to establishing a stable national community. The GI Bill, the McCarran-Walter Act, and psychoanalysts' rejection of the theory of universal bisexuality all stigmatized individuals with gender and sexual expressions that failed to adhere to a heteronormative framework.

At the same time, other scientific and medical experts, such as Harry Benjamin, John Money, and Alfred Kinsey, either directly challenged or provided the conceptual tool for members of the contemporary gender and sexual subcultures to rework the basic tenet of Cold War cultural ideology. Over time, the political effort of these subculture participants began to take shape in the 1950s and culminated in the forceful second-wave feminist and sexual liberation movements by the early 1970s.

Of all the subcultural resistances, the historical significance of the emergence of transsexuality seems the most intriguing. On the one hand, its medical and cultural justification appears to reinforce conventional gender norms: Benjamin and Jorgenson claimed her sex reassignment as favorable only by presenting her to the public as a "feminine," respectable lady after her surgery. And even transvestism and transsexuality hit the sexual liberalism of sex researcher Kinsey, who disapproved of genital surgery as the most desirable medical intervention for those who wanted to become the opposite sex or gender (Meyerowitz, 2001).

On the other hand, after Jorgenson's publicity, people with cross-gender identification began to articulate a distinct transsexual (and later transgender)

identity that fundamentally contests unwanted social regulations of one's gender and sexual orientation. Furthermore, initially conceived as part of the gay and lesbian movement, cross-dressers, lesbian butches, drag kings, female impersonators, and intersexed people, among other individuals who transgressed boundaries of sex and gender, eventually organized themselves to support an autonomous transgender movement by the 1990s. In the broader historical shaping of the early Cold War United States, whether as friends or foes, delivering liberating or oppressive expert opinions, cultural authorities defined the social meanings of Americans' gender and sexual experience, which ultimately reflected the hopes and fears that marked their vision of political change in the decades to come.

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