

Am I Normal? American Vernacular Psychology and the Tomboy Body, 1900–1940

Psychologically Speaking

YELLOWING GENTLY IN THE ARCHIVES but not at the expense of the typewriter's impress: written documentation of the clinical dynamics of women privately discussing sexuality in the 1930s. These sheaves of individual interviews between an experimental psychologist named Agnes Landis and nearly three hundred anonymous research subjects are not exactly transcripts; they are preprinted forms filled out with simple sentences and "yeses" and "nos," making for frequent non sequiturs and repetitions. Snippets of exchanges about menarche, molestation, marriage, desire, childbirth, lesbianism, and other intimate topics, they are attached with rusty but persistent staples to gynecological charts, putting a fragment of a body to a collection of fragmentary memories.¹ Appended to these pages are Landis's suggestive "General Impressions" of each woman. And, for the "abnormal" subjects (just less than half the sample), a "Psychiatric Summary," a report probably prepared by the physicians who monitored their lives in the mental institutions to which they were confined. The women's identities survive only as alphanumeric signifiers—case numbers—for any concordance between the forms and their real names no longer exists.²

ABSTRACT This essay argues for the existence of a vernacular psychology in the United States centered on understandings of the body, gender, and sexuality. This was not pop psychology, which we might think of as a product of mass culture, but a complex amalgam of such influences as psychoanalysis, religion, ethics, and self-help that took shape in the first decades of the twentieth century. Analyzing a selection of sexological interviews of 295 women conducted in the 1930s, this article uncovers a childhood concept of gender that may be called "affinity": a delight in the similarities of sexed bodies alongside conscious acknowledgment of difference, an area of play in which two sexes could become one. Rendered visible by the vernacular psychology of the 1930s, affinity played an important role in the interviews given by self-described tomboys born between 1900 and 1920. Even when they knew about gross anatomical differences, tomboys had so much in common with their boy comrades that they were able to shrug off distinctions not only of gender but of sex as well. Paradoxically, even though vernacular psychology made it possible for tomboys to describe affinity, it did not embrace affinity as normal. **REPRESENTATIONS** 122. Spring 2013 © The Regents of the University of California. ISSN 0734-6018, electronic ISSN 1533-855X, pages 23–50. All rights reserved. Direct requests for permission to photocopy or reproduce article content to the University of California Press at <http://www.ucpressjournals.com/reprintinfo.asp>. DOI: 10.1525/rep.2013.122.1.23.

The interviews were not designed to be therapeutic, but they often had that effect. Where Landis sought quantifiable data about “psychosexual development”—the process by which a human being builds an adult sexual identity through childhood experiences of family life, friendships, and erotic activity—her subjects often had other purposes. These women, many of them working-class New Yorkers weathering the Depression in pink-collar jobs, used formal psychological terminology to describe being a woman and living in a body that to all appearances was female. Although most lacked formal schooling in modern psychological concepts, their self-analyses could be brilliant: testimony that in the 1930s women of all classes and educational backgrounds could speak knowingly of developing “complexes,” seeking sexual “adjustment,” and fighting “fixations.” This terminology resonates in everyday language even today. But where did these words come from, what was it like to pronounce them when they were new, and how is it that the intervening decades have not rendered them amusingly tinny vintage slang?

In essence, the Landis interviews are specimens of what may be called vernacular psychology—a historically situated way of organizing knowledge of the self that partakes of the past and wills its legacy to the future. Why “vernacular”? Because the concept takes many forms: it may define linguistic derivatives; it may mark vestiges of mutual intelligibility transformed by migrations, conquest, or simply the passage of time; it may indicate intensely local patterns of thinking, perceiving, feeling; it may encompass modes of resistance against the encroachment of the unfamiliar; it may include vehicles for the flexible absorption of the same.³

We may also define vernacular psychology in the negative. First, it refuses to mark either an epistemological revolution or a neat trick of repackaging conservative ideas: these were not mutually exclusive at the time, nor are they today. Second, it is not pop psychology. The communications and entertainment industries of mass culture, which made “pop” possible in the early twentieth century, could and did sell psychological language and knowledge as commodities. To take an arbitrary example, pop psychology of the 1920s included the likes of *The Cabinet of Dr. Caligari*, inasmuch as the film was an entertaining industrial product that happened to deal with insanity. But something else was responsible for the chills it induced—something more than the manipulation of canny producers, something that pricked feelings and meanings that were already there, something that continues to exert its influence today. Vernacular psychology allowed ordinary people to recognize themselves within the radical innovations in the vocabulary of the self during the first decades of the twentieth century, especially in the interwar years. Because these words are still with us, though a bit ragged at the edges, we may approach (but not

quite reach) an understanding of historical feelings, as when we allow a silent movie to envelop us with terrifying intensity instead of scoffing at its primitiveness. Naturally, even though these words retain their currency, they are neither identical nor transhistorical. The vernacular psychology of the interwar years, the derivatives of which are still with us, was already an amalgam of new ideas and old, a complex assimilation of science and tradition.⁴ In order to understand the power of these paradoxes, we have to understand their provenance.

The Archive

The conversations initiated by Agnes Landis in the mid-1930s will serve as a case study in the creation, interpretation, and reinforcement of a psychological vernacular. Today, each record appears as a midrash of sorts—an exegesis not of a text but of a soul. The only way to make the documents speak is to find a path into the questions Landis asked, both to determine the meanings behind the often cryptic answers and to speculate on questions begged by the interview format. Even on the page, subjects express the longing to know, to come to self-understanding through the process of replying. And the answer they sought, the answer that was not usually forthcoming from the psychologist, was the resolution of their own pressing question: Am I normal?

The structure of the questions provoked the issue. Landis's interviews provided the data for *Sex in Development* (1940), the first-listed author of which was her husband, the experimental psychologist and Columbia University professor Carney Landis.⁵ Carney may have overseen the published report's conclusions, but Agnes designed the questions, framing them within a set of assumptions. A few:

Which parent did you like best as a child?

[You grew up with two parents. You identified only with one. It is normal to identify with one parent, but I won't tell you which one.]

Did you ever want very much to be a boy? . . . What do you think *now* was the basis of this dissatisfaction with your own sex?

[You once sensed there was something wrong with you, you wanted something you couldn't have, you were confused about your nature. Perhaps you still harbor foolish fantasies of filling in some blank space. Why would a woman long to be what she can never be?]

For married women:

Do you usually experience the climax or orgasm when you have intercourse? . . . Do you ever take the initiative for doing things . . . which you know will promote your orgasm or do you always leave that to your husband? . . . Are you and your husband usually able to reach climax together?

[Intercourse must include orgasm; it is up to you to “promote” your own orgasm through “initiative.” And there dangles before you the brass ring of your married life: mutual orgasm, a prize that a woman and a man might “usually [be] able to reach.” Sexual pleasure is a matter of will. Why won’t you try to help yourself?]

It was only logical that some subjects would turn the tables, to ask in addition to answering, as did “Betty.” She wondered if her “sex parts” were different—how else to explain her preference for “external” orgasm? “I seem to get more out of intercourse externally than internally,” she confided. “If husband does enough of this [foreplay], I get orgasm.” The discrepancy upset her. “Can you help me knowing this[?]” she begged. “Who can I go to to get some help? Took it up with Obstetrician 6 months ago—no help.”⁶ Departing from her customary scientific distance, Landis advised Betty to “be more exploratory and experimental” sexually and to consult a psychiatrist.⁷ Naturally, *Sex in Development* effaced such exchanges, never suggesting that the controlled interviews were inherently uncontrollable.

The process of turning conversations into data followed a circuitous path out of the interview suite, its indirection like the words first spoken by the subjects. According to *Sex in Development*, their language was recorded “verbatim,” possibly by Landis herself, but the forms that survive are clearly cuttings from long conversations. After the publication of *Sex in Development*, the Indiana University sex researcher Alfred C. Kinsey requested permission to copy the interviews. Hence the forms: Kinsey’s copies, created by his staff. Perhaps his researchers worked from the original shorthand notes; perhaps Carney Landis supplied transcriptions prepared by his own staff at the New York State Psychiatric Institute and Hospital, located in an imposing recently constructed complex in northern Manhattan.⁸ The leaves of these exchanges thus fall through layers of material mediation: from interview design to interview, from spoken words to notes, to (possibly) the New York psychologists’ initial transcripts, to the sorting, shuffling, and prioritizing tasks completed by Kinsey’s associates, to the historian of today, transcribing Kinsey’s forms. Attempts to chisel meaning from these documents now are better suited for purposes utterly different from those for which they were conceived. If empirically sound scientific conclusions about these women’s “psychosexual development” were ever possible, they are even less so today. Interpretive problems arise when, for instance, forms are interspersed with notations—whose?—such as “much rambling” and “much random emotional chatter on affections.”⁹ The rambling and chatter, silenced by an anonymous researcher’s refusal to transcribe, is permanently unrecoverable, as none of the original transcriptions exist.

Yet opacity is opportunity, both for violence and illumination. Rearranging these lives *again*—squeezing the answers into yet another set of vitae,

ones that proceed more or less chronologically instead of through the initial interviews' topical switchbacks—certainly rends the women's subjectivities even further. But if a woman's first date, her graduation from grammar school, the death of a parent, and the onset of menstruation occurred at the same age, one may certainly attach significance to this year for her as an individual, whereas *Sex in Development* dismembered her adolescence into statistical tables and composite histories. Both processes are heinous, especially in the many recollections of sexual experiences the subjects considered traumatic. But this imposition also permits other reflections. In contrast to scientific data, historical documents do not necessarily have to explicate larger trends or trouble themselves about being representative; they do not have to behave in order to *matter*. In fact, they refused to conform in the original study. As Carney Landis wrote, the preliminary research hypothesis "divided and subdivided itself until it was no longer recognizable, and the data could not be rearranged to afford a clear answer to the original problem that had been formulated."¹⁰ Even careful reading of *Sex in Development* turns up no statement of this "original problem" at all. This obliqueness and obscurity is not necessarily a sign of "bad science"—it might instead be honest science, blunt empiricism allowing itself to become distracted, then fascinated, by an alluring microcosm.

Normality

As so often happens within historical archives, the outlying subjects generated the most commentary. While some subjects traipsed through Landis's questions in little more than an hour, others stumbled along as if through bushes of burs. Many times the latter were the gender nonconformists: mannish women married to effeminate men, women who preferred the "masculine role" in sex, women who hated men, women who hated women, and so on. It is appropriate, then, to turn to this set of nonconformists for clues to the history of vernacular psychology: in a study of women that assumed heterosexuality and femininity were the normal outcomes of childhood sexual development, gender nonconformists were often problems.

About 40 of the 295 women who spoke to Landis from late 1934 through 1937 described themselves as tomboys or were characterized as such by her. Landis's extensive notations on these cases indicate that tomboys occupied a contradictory, in-between status. According to their histories, it was usually *not* the case that simply dressing and playing like a boy rendered them different. The tomboys in the Landis sample were not always rebels, and they usually found some degree of acceptance from family and community. What made them different from their nontomboy counterparts was that

they often harbored vexed relationships with normality, which in their reckoning radiated less from gender nonconformity than from affective relationships to their bodies. As girls, not only had these tomboys played hard, not only had they worn pants every chance they could, they had also *felt* more like boys than girls; they had a sense of affinity with boys and boyishness that included their girl bodies. Quite simply, they proved willing to ignore or downplay anatomical distinctions between themselves and boys. As adults, some were troubled by the way they supposed that gender expression and the capacity for sexual pleasure were meant to synchronize within the body, for they observed in themselves that this linkage was precarious indeed. They might want to be acceptably feminine, with the capacity for what they considered feminine heterosexual pleasure; they did not always know how. Adult tomboys' struggles to account for self-perceived personality defects centered on the way childhood gender nonconformity and ambiguous views of the human body refracted adult desire, often pathologically. Some sensed that it had something to do with the relative femaleness of their bodies.

Before turning to boyish girls' vernacular psychological understandings of their sexed bodies, a meditation on the normal is appropriate—not just the tyranny of “the normal,” but normal without quotation marks, normal as a legitimate ethic in its time, normal as a universal right envisioned by more or less good people. In the mid-1930s, normal itself was adrift. To a great extent it had lost its moorings in tides of economic catastrophe, industrial stagnation, and political ferment. What was meant by normal could be arbitrary and paradoxical—sometimes a quest for order, sometimes a shrug of tolerant indulgence.

The study's research design classified the subjects as “abnormal” and “normal.” But who constituted these groups, and what criteria distinguished them? To begin with, the 142 abnormal women were patients at the New York State Psychiatric Institute and Hospital and Rockland State Hospital (farther upstate in Orangeburg); the 153 normal women were not. According to *Sex in Development*, the abnormal subjects “were selected from the hospital population on the basis of diagnosis”; only “cases without known organic pathology” were included: the four types of dementia praecox (schizophrenia), manic depression, psychoneurosis, and psychopathic personality.¹¹ It is unclear whether the abnormal subjects were in any sense volunteers; it is likely that they were not.¹² As for the normal women, Agnes Landis recruited them from centers of self-improvement and voluntarism, including YWCAs and YWHAs in Manhattan and the Bronx, mothers groups in settlement houses, and parents meetings convened by the Child Study Association of America.¹³ She sought to duplicate the abnormal group's age range and ethnic and religious backgrounds to form a comparable

population. As her husband wrote, the methodology and nomenclature were unsettling even to the scientists: “To be completely accurate we should refer to this [normal] group as the nonhospitalized or contrasted group. Recognizing the reservations that must be made, we shall refer to it as the normal group since this is the most natural term to use.”¹⁴

On the whole, then, was the line between normal and abnormal simply a locked hospital door? The temptation to interpret some of the abnormal subjects as feisty, independent women unwillingly warehoused by anxious family members would seem to rectify the power differential between individual and institution, putting the historian on the side of the oppressed, the underdog, the victim. And a corresponding desire may emerge: to see the patients’ behavior as a means of disrupting the precarious order of the institution.¹⁵ Yet how to reconcile this heroic analysis with the dispassionate clinical reports of alcoholism; morphine addiction; suicide attempts; arson; assaults on patients and nurses; shambling, masturbatory jaunts through the halls; voiding on the ward floor?

And what of the pain the abnormal women experienced, what of the wishes to get better they certainly had, what of the trust some must have placed in professionals to heal them, what of the anguish of losing control? We might ask whose business it is to champion the weak of the past against the powerful, in whose interest institutional power is defined in the first place. Not only the patient’s, but also the historical observer’s, whose alignment with power (such as Agnes and Carney Landis possessed) is greater than one may like to admit. Difficulty is not agency; it is not an invitation to read resistance. Let these women be difficult. Let Agnes Landis be satisfied with seeing scientific progress where she wanted to see it, in the sunny dispositions of patients on the verge of discharge. If the interviews are to stand as sources, all must be dealt with as difficult—normal was as complicated as abnormal; abnormal was as common as normal. These sources require historical empathy, not advocacy, even if empathy can be misplaced, arrogant, or easily frustrated. If it is only possible to see normal bobbing in and out of sight on the horizon, it is because it was caught in the cross-currents of early twentieth-century historical change.

Interwar Vernacular Psychology in the United States

The documents illuminate the psychological reasoning of a group of people in a certain time and place: the polyglot population of New York City in the 1930s. But vernacular psychology’s influences were broad and deep. They included what Warren Susman called the “strange combination

of religion and psychology” espoused, for instance, by the glad parables of Dale Carnegie (*How to Win Friends and Influence People*, 1936).¹⁶ The women who gave these interviews often saw sexual pleasure as a matter of *will*, something they could (and must) direct. This mirrored Carnegie’s bald injunction to learn as much about sex as possible before marriage by reading wholesome books about it, a mandate he underscored by quoting psychiatrists and ministers alike. “All authorities on divorce agree upon the absolute necessity for sexual compatibility,” he concluded.¹⁷ Carnegie, however, was not the first to link an ethic of deliberate self-improvement to sexual or marital health, though his predecessors addressed different concerns. In the late nineteenth century, the first sexologists and more than a few moralists thought a lack of self-control contributed to rampant masturbation, cultural declension, and “nervousness.”¹⁸ The presumptions might have changed, but the Landis subjects’ language still recalled Protestant striving in their persistent desire to “achieve” orgasm.

Freud, of course, was also present in 1930s vernacular psychology, especially his theories of the unconscious, sublimation, and repression, as well as his later remarks about female sexuality.¹⁹ As one twenty-five-year-old doctoral student reported, “Used to pull my hair, and suck my thumb and started pulling on my lip, realized [later] this was all a form of masturbation.”²⁰ Her words demonstrate that the *Three Essays*, which posited that thumb sucking was a form of autoeroticism, made sense to young intellectuals.²¹ But to recall the words of Betty, born in 1902 to Jewish immigrant parents and only a high school graduate, the notion of the vaginal orgasm influenced women’s assessment of their desires as normal or abnormal. Freud argued that there were two types of female orgasm (external and internal, clitoral and vaginal, infantile and mature) most forcefully in “Female Sexuality” (1931).²² His theory posited a female body-in-time in which a second erotic awakening (of the vagina) was a hallmark of womanly maturation. To Betty, “external” orgasm from foreplay was pleasurable, but she knew there was something wrong with it and asked for help in becoming normal. Her body was a venue for cultural debates about the importance of duty and pleasure—the pleasure of sexuality and the duty of reproduction, the pleasure of reproduction and the duty of sexuality.

But even more important than Freud to vernacular psychology was Alfred Adler, whose name never assumed the same currency as Freud’s. The popularity of Adlerian psychology in the United States rested with respectable liberals more than with Greenwich Village bohemians, who preferred Freud as a messenger of modern, liberated sexuality.²³ Yet Adler was just as influential in Anglo-American vernacular psychology before the Second World War.²⁴ First, his complex elaboration of social “adjustment” became ubiquitous in major tracts on juvenile delinquency, race relations, child

rearing, social work, education, feminism, and business management from the 1920s onward.²⁵ Subsequent generations would condemn adjustment as conformism, but in Adler's thinking, adjustment was a two-way process. True, growing children learned what was expected of them and did their best to accommodate the demands of the community. But this did not necessarily lead to mental health. If parents were abusive, for example, children would become neurotic in their attempts to adjust to family life. And if an entire society were sick, mass neurosis would result.²⁶ This logic led Adler, a socialist in his youth, to condemn such problems as gender inequality and militarism.²⁷

American vernacular psychology muted these political critiques—perhaps they presented too much of a challenge in the antiradical climate of the 1920s—but adjustment became an essential vehicle for articulating doubt, self-consciousness, fear, and anger, perhaps especially for women. One Landis subject—the daughter of factory workers, born in 1904—confessed that during the first year of her married life she “couldn't get adjusted” to sex.²⁸ Another, a thirty-one-year-old clerical worker with two years of high school, explained her ambivalent feelings about her mother in Adlerian terms: “Mother used to beat me for things my step-sister had done and then want to kiss me immediately. Never let me explain, she was always maladjusted.”²⁹ By the 1930s, adjustment was almost exclusively a problem of personality, not social ills, and as such the idea could be repressive. On the other hand, it did allow some women in the Landis study to recognize and analyze dissatisfaction, in certain cases prompting them to turn the psychologist's attention toward other forces, particularly family and marital dynamics.

Closely related to adjustment was Adler's emphasis on “inferiority feelings,” usually understood as the inferiority complex. The concept became impossible to ignore in the media of the 1920s, for its elegance contributed to its utility. A court alienist of 1924 testified that the perverted child-killers Nathan Leopold and Richard Loeb murdered an innocent, helpless little boy to compensate for feelings of inferiority. The Harlem Renaissance luminary Alain Locke believed that Negro youth were spearheading a movement to overcome a collective inferiority complex inflicted through centuries of slavery and racist terrorism. And, according to *Vogue*, the lack of a modish coiffure imperiled psychological equipoise.³⁰ Publications like these most certainly gave one of the Landis subjects, a twenty-one-year-old stenographer who was diagnosed “Manic Depressive, Depressed,” the vocabulary to express worries that being a psychiatric patient diminished her marriage prospects. “I know I'm going to be left on the shelf,” she said. “I feel so inferior after being in here so long. I'll be an awful flop.”³¹ It was not just that social stigma would hold her back; it was that life in a mental hospital had

been so degrading that it made her feel inferior—this would drain her self-confidence, make her conversation less vital, and render her “an awful flop.”

Several interview topics elicited vernacular psychological theories about sexuality that reflected a heritage of medical and folk wisdom stretching back generations yet melding with the reasoning of the 1930s. Some women’s professed distaste for masturbation—their horror at its potential for moral and physical dissipation and their belief that it was something men and boys did because they could not control their urges—combined academic and lay reasoning in a way that illustrated opinions in flux. One woman born in West Virginia in 1914 voiced a judgment common both to popular child-rearing practices and to early twentieth-century sex educators and psychologists, explaining, “I’ve heard mother say children shouldn’t play with themselves. It’s weakening.”³² But another, seemingly familiar with advanced knowledge of the 1930s, attributed self-pleasure to an underlying narcissism, defining masturbation as a “medical term, preoccupation with oneself to get pleasure.”³³ Some mixed lay and scientific opinion. A nineteen-year-old described masturbation as “self-abuse. . . . Artificial stimulative [*sic*].”³⁴ Although American historians often assume that the post-World War I fascination with psychology was confined to the bourgeoisie, the words of these three women—an “office girl,” a nurse, and a book-keeper, respectively—show that women of the working class did just as much to enfold the new science of the mind into the epistemology of the ordinary, employing multiple analytics to explain inner lives.³⁵

The Landis interviews speak in the psychological vernacular particular to the American 1930s, inflected with, but not controlled by, the tongue of the experts. When “Georgie,” a thirty-year-old Protestant tomboy diagnosed with “psychopathic personality,” said, “I have never had intercourse because I am afraid. I don’t know of what. I explain it by my having a father complex,” she spoke in a vulgate that incorporated strands of the Oedipal conflict, concerns about feminine adjustment, and a judgmental evaluation of her evident lack of will to progress toward sexual maturity.³⁶ But perhaps she held to the idea of her “father complex” because it allowed her access to a logic that explained her failure in another way: her family’s configuration of alliances, the father favoring the daughter, the mother favoring the son. It might have let her express an intense affection for her father that others, using another strand of the vernacular, called “queer.”³⁷ And she might have been able to see herself in the universal subject of the psychological, her problems accounted for within its increasingly baroque variations.

Thus, more than one facet of the popular adoption of the psychological concerns us. True, it may be evidence of a cold pathology disciplining the self in the name of progressive science (the Foucauldian interpretation), a way of controlling the masses by training their gaze inward instead of on

the economic structures that oppress them (the social control theory), or simply provincial American journalists' bastardization of psychoanalysis.³⁸ But the Landis subjects were able to use psychological concepts and diagnoses as tools of self-recognition because there were as many cultural continuities as ruptures in vernacular psychological thinking.³⁹ Into the room with Agnes Landis many women brought what British historian Mathew Thomson calls "a psychology that lay beyond the profession itself, and . . . psychologies that rejected the constitution of psychological subjectivity around a pole of abnormality for routes of transcendence instead."⁴⁰

Vernacular psychology was a restless discourse. The universal bantered with the specific, neither getting the upper hand for long. At its worst, the self-recognition it offered was part of the obsession with being "typical" or "average" that emerged before the 1920s alongside psychometric technologies such as IQ tests, public opinion polling, war propaganda, and advertising directed at the desire for personal transformation.⁴¹ Mental experts in the early years of the twentieth century, as Elizabeth Lunbeck puts it, created "a psychiatry of the everyday, a psychiatry that took as its object what one practitioner called life's 'normal activities.'"⁴² Sarah Igo adds that this period saw novel sorts of sociological surveys "successfully colonize new realms, from routine habits to social and political attitudes to the most intimate areas of personal experience."⁴³ The result was sometimes a sense of self based on negative comparisons. Black-or-white choices could lead to existential questions that plagued people who might accept that they were a little bit deviant but could not be sure by how much. Am I normal or abnormal? Are most people normal or abnormal? If I am normal, does that mean I am confidently unique or just like everyone else? If my internal conflicts can be given a name, does that mean I am bound in communion with others who have these conflicts, even if our name signifies perversion? The unanswerable expanded like a universe.

The Tomboy Body

When a woman's sexuality, corporeal existence, and psyche could not be encapsulated in a socially coherent gender identity she was an anomaly. It was just this way for many of the women in Landis's sample who were tomboys. More so than their feminine counterparts, women with a history of boyishness—never recalled in shame—demonstrated that in the early twentieth century it was *cognitively* possible to blur differences between sexed bodies. Many tomboy women expounded a love for an area of play between self and other, where one sex could include two and two could become one. All children, of course, may arrive at their own conclusions about the

differences between girls and boys, but tomboys proved quite willing to overlook them. Childhood beliefs about bodies helped constitute tomboyism within vernacular psychology.

Sometimes it helped to be kept in the dark by parents who stammered through abstruse metaphors of birds and bees, the better to keep their children unaware of the future or stanch their own discomfort with the subject. In the 1920s, “Ruth” found herself stonewalled by her mother, who told her that babies grew on trees and fell down when ripe. “At age 8 I got hold of a book full of anatomical diagrams,” she remembered in 1936. “Mother took it away from me. Then I realized such things must be printed elsewhere.” But if she found similar books, she remained nonplussed or ignorant of gross anatomical differences until she was on the cusp of adolescence. It was not until she was twelve (about 1930) that she saw a boy’s penis. She and a friend were walking home from school when they took to bullying a peculiar individual: “Couldn’t decide whether this child was boy or girl. Friend said, ‘Well we’ll have to take off its pants and see.’ Just struck for first time then there was a difference in sexes.” Being a tomboy enhanced Ruth’s ability to see her body as similar to those of boys. Playing right along with them, she found that the only major distinction between her body and boys’ bodies was that boys’ were stronger. “Wanted to be as strong as the boys so I could fight with them,” she explained.⁴⁴

When they were part of conscious knowledge, anatomical differences did not always counteract feelings that tomboy bodies and boy bodies were similar; instead, these differences served as a complement. Tomboys like Ruth knew all about sexed bodies but shrugged off gender dichotomies. Boys had penises and girls did not; tomboys simply did not care. Why should they? They could do everything boys could. If anything, these girls saw themselves as more different from other girls than from boys. The Landis subjects’ words suggest new ways of thinking about gender and sex, especially ideas about difference—the biological and anatomical “facts” that classify most people as male or female.⁴⁵ In an age when information about sexuality and reproduction could be hard to come by, tomboys had reason enough to see themselves, sometimes, as boys with girl bodies. Many of the interviewees revealed that girls’ knowledge of physical differences between them and boys led not to envy but to a garden of ideas about how they might be similar. One might use stories like these to home in on tomboy identity in the early twentieth century. But instead of examining identity, it might be more fruitful to consider girls’ affinity for boys’ bodies at a time when notions of the girl body were in flux.

Girls born in the United States around the turn of the twentieth century came of age as the female body was affected by overlapping social movements, from feminism to eugenics (to feminist eugenics), not to mention

the shape-shifting possibilities of consumer culture. The Girl Scouts, the Camp Fire Girls, the Girl Pioneers, and other organizations sprouted up to accommodate girls' interest in boys' clubs, athletics, adventure, and militarism.⁴⁶ The interests of adults also shaped girls' health, especially as a result of concerns about "nervousness" in modern civilization and the degeneration of the white race. These could be remedied by experiences that provided a reinvigorating return to nature, such as summer camp. The first Girl Scout handbook taught readers that "a weak infirm physique is nothing less than a crime" and that girls had a duty to their "race" to keep in shape.⁴⁷ Urban reformers promoted physical health as a way out of the slums.⁴⁸ Finally, since the late nineteenth century, middle-class women had argued that the masculine pleasures and character-building traits of sport should be extended to girls, who would benefit from increased health and prepare themselves for democracy by learning teamwork.⁴⁹ The ideal body for preadolescent and adolescent girls around 1900—efficient, hygienic, athletic, fit—had much in common with the boy's.

In addition to the sense that their bodies bore similarities to those of boys, adult tomboys' remembrance of their inner lives in the 1930s helped constitute vernacular psychology. As children born between 1900 and 1920 or so, they quite literally embodied the promises of feminists and bohemians who heralded a modernity in which an advanced "human sex" would trump gender bifurcations.⁵⁰ In 1913, the essayist Randolph Bourne described a meeting of a *salon* in which women and men "talk[ed] much about the 'Human Sex,' which they claim to have invented, and which is simply a generic name for those whose masculine brutalities and egotisms and feminine pettiness and stupidities have been purged away so that there is left stuff for a genuine comradeship and healthy frank regard and understanding."⁵¹ Free love advocates espoused this idea, but so did those who, like Bourne, felt a greater sense of erotic pleasure in platonic relations with different-sex friends than in genital sexuality. To some degree, this was a simple extension of the eroticism of same-sex friendships of the nineteenth century, which have been amply described by women's and queer historians.⁵² But it gave tomboys' friendships with boys—and their affinity with boys' bodies—a new social and political heft. When they were very young, tomboys born between 1900 and 1920 did not usually develop a conventionally defined feminist consciousness to match the activism of their cultural milieu, yet playing with boys on a field of equality was a form of feminist self-expression. The tomboy joy in bodily affinity flourished in part because a small but influential group of adults also found pleasure in similarity.

Within the vernacular psychology of the 1930s, however, these challenges to gender distinctions left a distasteful residue that would not be cleansed. To some, the "human sex" and other feminist ideas seemed misguided: the

sexed body had to align with a gendered psyche and express itself in mature heterosexual desire. Boyish girls, though still not ostracized, were an unsettling presence when they refused to see their bodies as categorically different from boys'. The body, after all, was a wellspring of social distinctions and thus the primary font of normality. Tomboys who came of age before the 1930s knew they were girls in childhood, but the context of the times gave them license to envision their bodies as similar to those of boys. And perhaps because they were children they had no need to stop and work out the inconsistencies in their ideas about bodies, to make them align with what adults told them—or didn't tell them.

Culled from two Landis files and reconstructed in the following pages are cases that demonstrate the overlap between historical and personal time—a correspondence that constructed bodily normality and abnormality within the terms of vernacular psychology in the interwar years. In conventional terms, cases emerge from direct interaction or communication between human subjects and experts of some kind, such as the urnings and inverters who beat a path to Richard von Krafft-Ebing's door to become narrative histories in *Psychopathia Sexualis*, or Ida Bauer, who grew up to recognize herself as Freud's Dora.⁵³ The following two cases, however, surfaced at a remove of nearly eighty years, and neither featured in *Sex in Development* as one of that report's own blurred composites. In other words, the scientists behind *Sex in Development* did not see them as typical. Yet they do make good cases for present purposes, not only because they pronounce broader themes among the tomboy interviews but also because of their charisma as documents. Subjectively, one wants to listen to what they have to say, and one wonders what it was like for Landis to talk with each woman for more than two hours. It is difficult to assess their representativeness—they were similar to others in their thinking, but they were unusually reflective, articulate, and vulnerable. Such qualities have inspired historians, psychoanalysts, literary critics, and other sorts of scholars in their use of cases. As Lauren Berlant has written, "The case can incite an opening, an altered way of feeling things out, of falling out of line."⁵⁴ In this instance, incitement comes from creating cases not simply from written documentation of individual lives, but from the leavings of conversations. The next two cases are, in essence, a historian's conversations with conversations.

Case 39N (m) ("Dottie")

Many of the Landis tomboy subjects related childhood convictions that sexual difference was temporary, nonexistent, or unimportant. Some, like Ruth, derived these feelings from everyday play but remained

largely ignorant of accurate knowledge. But others were well informed about the bodies of girls and boys. Long before puberty, “Dottie” was more than informed—she was fascinated. Born in 1908 in Brooklyn, she was the daughter of a native-born Episcopalian exporter and importer of pharmaceuticals. She played mostly with boys until she was eleven. After war erupted in Europe, she and a neighbor boy “played soldiers . . . one wounded and one the Doctor. Then wounded one was explored and bandaged. I usually the wounded one. Our mothers found out, we were punished. I egged him on, then tattled to mother and he punished again.” Dottie did not limit her exploration to friends. Before she was ten, she persuaded her younger brother to romp about the house naked with her while their parents were out; she was disappointed when he put his clothes back on first. She also enjoyed having her other brother, about four years her senior, “caress” her body as he told her stories at night (“we called it tickling”). She said she “asked what his penis was,” although it is hard to believe she did not already know. Perhaps he let her hold it.⁵⁵

Then, at age eleven, her family moved to a new neighborhood, where she played less with boys, perhaps finding that they disdained the “new girl,” even at her most hoydenish. It was at this age that it dawned on her that the “sexes swapped—boys became girls and girls boys at around 15 yrs.” She did not say what logic led her to this supposition or when she relinquished it, but perhaps it was a protest against a growing sense that she lived in a girl body edging toward menarche. When she did menstruate, at age thirteen, she had a hard time reconceiving her relationship to the boys’ bodies she had explored; she had thought they were just “different on the outside.”⁵⁶ Landis noted, “Once when she was wearing a napkin and her brother offered to tell her a story in bed she had a very difficult time explaining to him that she couldn’t do it anymore. She had no idea why she had these feelings.”⁵⁷ Her brother probably didn’t know much about the menstruating body, either. Dottie certainly always knew she had a girl’s body, but she managed to skirt the implications of sexual difference until she was a teenager. She was still wearing boys’ clothes at age fourteen (about 1922 or 1923), indicating that she thought other girls were more different from her than she was from boys. At that age, she said, she became aware of a desire to be a boy—a first conscious acknowledgement, perhaps, that the physical characteristics that made her a girl did have social consequences.⁵⁸

As an adult, Dottie linked her wish to be a boy and her fascination with boys’ bodies to conflicts with her proper position as a woman, demonstrating the relay between politics and vernacular psychology. Her affinity for boys’ bodies, she thought, resulted in resentment of men’s freedom. “Always envied my brother’s freedom,” she said. “Girls more tied down. I a tomboy—would be simpler to be a boy.” “I feel my husband has had

more freedom,” she added. “I feel he should have to experience staying home with the children.”⁵⁹ Analyzing her words, Landis found a dichotomy between a healthy “freedom” and a pathological one: “She doesn’t feel that this [her marital dissatisfaction] springs from a desire for equal freedom on her part but rather that she would like to have her husband experience having to stay home with the children while she exercised freedom. There seems to be a desire to punish the husband here for her jealousy.”⁶⁰ To Landis—a woman scientist who certainly benefited from feminism—it was reasonable to want “equal freedom” but not to see the sexes as ultimately occupying similar roles.

Therefore, perhaps the most important thing that would ensure Dottie’s adjustment would be to conquer the residual sense that there were physical commonalities between her and her boy pals and brothers. As an adult, a few things defined her as immature sexually, including her preference to be “on top” during sex. (Her husband preferred the opposite.) This was the same position she had used to masturbate as a tomboy: “Usually lying on my stomach moving up and down. Caressing between my legs, caressing my breasts, rubbing against bed clothes.”⁶¹ As a child she felt guilty about masturbating, but this passed, especially after she and her fiancé read Harlan William Long’s *Sane Sex Life and Sane Sex Living* in about 1926. This advice book for doctors argued that women who masturbate “are guilty of no wrong. . . . *The sex organs are alive! They constantly secrete fluids that need to be excreted. . . . They ought to be relieved, as their nature requires they should be.* If this cannot be accomplished as the most natural way prescribes, it is only right to do the next best thing.”⁶² Despite the prevalence of this sort of prescription—it certainly had roots in the nineteenth-century model of hysterical symptoms—Landis believed Dottie masturbated “excessively,” her pleasure a form of masculine narcissism.⁶³ “It seems to be more important to her that she be satisfied with herself in a sex relationship rather than with her husband,” she wrote.⁶⁴ Dottie had resorted to two affairs, which devastated her husband even though he too had been breaking his vow of fidelity. In making amends to him, she set out to make herself more feminine, a remedy Landis found acceptable. Although Dottie often did not feel “ready for intercourse” when her husband did, she found that one solution was to make herself “as beautiful as possible.” She said she did “any number of things” to make herself more desirable, but the efforts she described were limited: “take a nice perfumed bath. Comb my hair differently—nothing else.”⁶⁵

Landis thought that Dottie’s wish to be a boy left her with “a number of scars.” “There is indication that she is not entirely straightened out sexually” despite her ability to have orgasms, she wrote. “She’s very tense and has considerable difficulty reconciling her past behavior.” Were it not for the

fact that she was repulsed by “fairies and lesbians,” she “cannot help but feel that it’s possible that she might have gone on with definite interest in women physically.”⁶⁶ Dottie defended herself against Landis’s insinuations by asserting that a combination of feminine and masculine characteristics made her more heterosexual, not less. “Always more comfortable with boys as a child—a tomboy,” she said when asked her opinion of lesbians, seeming to draw attention back to her explorations of boys’ bodies, confirming that there was something erotic about them, expressing an acceptance of the idea of the sexual child. Nonetheless, she was divided about her feelings toward women’s bodies, eager to assume the gaze of a heterosexual man, perhaps to show that she still felt an affinity with the male body while repudiating homosexuality. “Scantly dressed chorus girls arouse me sexually, but not toward the girl,” she reported; “it only makes me more desirous for my husband.”⁶⁷

The Landis subjects often expressed envy of men’s “freedom”—their ability to earn their own living, safely travel by themselves, initiate sex. Never did they mention a desire to have a penis. This might have been due to modesty, but Dottie’s interview demonstrates that a bold girl who played boys’ games could be well aware that she did not have a penis without thinking it very important. In its tangled details of a tomboy enchantment with boys’ bodies, Dottie’s history suggests the possibilities of a girl’s sense of tomboy bodies as interchangeable with boys’. Her explorations were erotic, comradely, playful, the stuff of a kind of freedom. But in the 1930s, as a woman reminiscing about her past, they seemed to foreshadow an envy of masculine privilege. Expressed openly, she knew, this feeling was pathological.

Case 3 (m) (“Sophie”)

Despite Dottie’s political feelings of “envy,” she did not strike Agnes Landis as particularly masculine in appearance, comportment, or attitude. A likely consequence was that adjustment dangled before her as a possibility, no matter her lesbian interests or tomboy past. But then there were those who seemed to have borne a girlhood boyishness into adult life, some of them, like “Sophie,” even becoming overtly mannish. Sophie was one of the study’s abnormal subjects. A psychiatric patient for as long as eight months, she was variously diagnosed as manic-depressive depressed, manic-depressive manic, obsessive compulsive, and psychoneurotic.⁶⁸ The youngest of six children, born in 1902 to working-class Russian immigrants, she was married but possibly still employed as a dental hygienist. She gave birth to a daughter in the spring of 1935 and entered a psychiatric hospital

three months later, experiencing “homicidal” urges toward her newborn.⁶⁹ Sophie, of course, was exposed to the language of psychiatry as a patient. But as she described her inner life, she employed the more ambiguous distinctions of vernacular psychology, particularly the tradition of willful self-improvement, and ran right into political and historical limitations on the therapeutic value of psychiatry for women.

As a girl, Sophie knew all about sexed bodies, but her earliest comprehension of their striking differences lay in corporeal transmutability. She described a scene from age four, about 1906. “When very tiny, a little boy showed me his body and asked to see mine,” she remembered. “I asked about penis, he said I’d have one when I grew up.”⁷⁰ She knew, in other words, that she would get bigger, taller, and stronger; her body would change gradually to resemble her five older siblings, and eventually her parents. But thinking about this, already certain that each year would bring physical growth, she believed that the body that made her a girl was temporary—not simply in its weakness relative to bigger people but in the very parts that composed it. There is no evidence in her interview that she ever thought she would grow up to become a boy. Yet in her smallness, confronted with difference, she elucidated the idea that she would one day be a girl with a boy body. With the knowledge gained from this encounter with a little boy, she separated sex from gender quite handily.

Sophie willed herself into tomboyism. She fixed its appearance to a later age than Dottie did, saying, “More feminine till 7 or 8 yrs. and after that a regular tomboy.” This boyishness emerged in part as a purposeful effort to *maintain* gender similarities in the face of evidence that undermined the supposition. Her belief that she would grow a penis, so personally axiomatic that she could recall it as an adult, would have been tested as she observed her own development between the ages of four and seven. Moreover, around the time she became a tomboy, the consequences of being a girl who did not have a penis were brought home chillingly. “At 7 yrs. 2 boys (2 yrs. older) took me to basement and made me undress,” she said. “Did nothing, but very frightened.”⁷¹ It is quite beside the point to ask whether this assault caused Sophie’s tomboyism. It was the way she clustered her memories around certain ages. Seven felt like a turning point. Although she played with her girl friends till she was ten, she thereafter turned to palling around exclusively with boys.

At age ten, too, Sophie became conscious of a deep desire to be like her eldest brother, about twelve years older. This was a central thread in the way she interpreted her life, her psyche, her body, her gender, and her sexuality, a thread she sought to untangle and trace to its source. Had her efforts to emulate him drawn her to wish to kill her newborn daughter and her consequent psychiatric commitment? “You see I know all these things and they

bother me,” she told Landis, answering the question about whether she ever “consciously” wanted “very much” to be a boy. She did, of course, but she meant one boy in particular. Idolizing her brother, she said, she developed a crush on his sweetheart: “transferred [desire] from brother to her. Hero-worship lasted a long time (several years).” Sophie began menstruating at age twelve, perhaps as her crush began to flower. She could not remember whether anyone had explained it to her in advance, but it did not cause the confusion or unease that Dottie experienced: “Just rather a nuisance, wanted to be out playing. Didn’t bother me much.”⁷² She knew by that point that her body was not a boy’s, and that its maturity prohibited her from playing, from being boyish by sharing the same experiences as her friends, at least for part of the month.

As she spoke to Landis, she formulated an equation to square her history of gender affinity with her erotic desires through vernacular psychology. Sophie believed her mannishness bore a direct relationship to her body’s incapacity for heterosexual pleasure, both problems traceable to her tomboyism, her imitation of her brother, and her serial crushes on women superiors. Her problem, within the vernacular psychological matrix of the 1930s, was a lack of will, or perhaps the wrong sort of will. Sophie’s psychosexual trajectory was complicated but roughly backward: she had been a feminine girl who willed herself into tomboyism, not the other way around; she had come to have distant erotic desires mainly for women, not men. Her marriage was foundering, yet like Dottie, she struggled consciously to change herself. She hungered for adjustment. This especially meant sexual adjustment: coital sex culminating in vaginal orgasm. She explained that her “unsatisfactory” erotic life with her husband was “not his fault, married him just to make an adjustment myself.” She told Landis of her purposeful exertions to effect this adjustment: “At age 15 yrs. I had a hunch I was a lesbian and didn’t want to be. Definitely set out to have heterosexual experience with a boy at age 24. He married someone else and I fell back on lesbianism.”⁷³ Elsewhere, she invoked the logic of sexual inversion (a theory she could well have encountered in 1917 as a teenager trying to explain her feelings to herself) without using its clinical language, telling Landis that “the difficulty” in her sexual relations with her husband “was [that] I took the masculine role, I the boss, the strong person. Took me a long time to give in.”⁷⁴ Nonetheless, she wasn’t sure whether she had ever had an orgasm with her husband; she said she only felt them “partially.”

When Landis asked Sophie about her sexual fantasies, she replied, “Never daydream about a lover. Usually think of independence and a career. My difficulty is an emotional split, I never really grew up.”⁷⁵ To translate, roughly: her desire for “independence and a career,” which she clearly understood as masculine, interfered with the maturation of her feminine

eroticism; she traced her lack of heterosexual desire to the fact that she “never really grew up.” This might have been an idiomatic expression of Freud’s later ideas about girls’ passage through the Oedipal stage and the renunciation of penis envy.⁷⁶ Similarly, the hazy cultural genealogy of her “emotional split”—perhaps in her months in the hospital she had heard references to schizophrenia’s characteristic dissociative “splitting” (for instance, between intellect and emotion); there was also the periodic vogue for novels, plays, and films depicting physicians using posthypnotic suggestion to ply subjects into revealing submerged selves and acting against their will.⁷⁷ The split between thought and feeling that Sophie perceived might have been a matter of reflection on the impulses that drove her to the hospital. She knew what she was supposed to *feel* (maternal love), but she could not willfully *think* herself into having these feelings. What should have been simple instinct had to be produced consciously. She ended the interview in sobs that roiled the verbal precision she had maintained for longer than two hours: “How should I know I couldn’t feel toward my own child as I feel toward other children? Why can I feel homicidal? Having insight and understand [*sic*], why can’t I do something about it?”⁷⁸

Landis and other doctors agreed with Sophie’s self-assessment but could not locate the seat of her troubles. Like many other scientists of the period, they tried to find an etiology of homosexuality, certain it lay somewhere between environmental and physical influences but uncomfortable with their inability to stick a pin through it and fix it with a label.⁷⁹ Was it in the shape of her pelvis, her gait, her glands, the straightforward way she talked, her relationship with her father, her relationship with her mother, the trauma of being taken to a basement by two older boys and forced to strip when she was seven? Parsing the somatic and the psychic did not provide much insight for the professionals. “She is quite masculine in appearance,” Landis remarked, “with heavy growth of hair on her face, particularly on the upper lip, and is also quite masculine in her manner of speech as well as in her attitude.”⁸⁰ Her psychiatrist concurred: “As a child her interests were of the masculine type. Daydreamed of success in occupations. Married a passive effeminate type of man. Patient was very independent and not submissive, never asking advice. As much femininity in husband as there is masculinity in patient. Patient tends toward masculinity in dress. She rejects all aspects of femininity [*sic*].”⁸¹ The gynecologist who examined her remarked that she fit within “the normal female average” but for “a male distribution of hair,” indicating a hormonal tilt toward testosterone.⁸² Socially, these experts needed gender and sexuality to serve as masks that could be removed at will; medically, they were not convinced this could be the case.

Sophie’s body had a history—not simply the narrative of her own life since birth, but the way her body fit into gender-historical time. Her career-

oriented daydreams betrayed desires that might have made more sense years earlier, during the heyday of the suffrage movement, perhaps. A sense of tragedy seems at first to close around her words, not simply because of the events of her life, nor for the impossibility of a latter-day urge to comfort her with the knowledge that she was not to blame for her inner turmoil. She had done everything she was supposed to do: she had demonstrated the wish to direct her sexual desires, she had assented to the abasing self-scrutiny no doubt demanded by the hospital staff, and she had become fluent in a pidgin that was intelligible to an academic emissary in the person of Agnes Landis.

Yet all this did not ensure her health. Perhaps she absorbed the lessons of the mental pedants all too well. Then again, if we let her analyze her own troubles, we find a far more articulate, coherent, courageous, and persuasive explanation than that of her psychiatrists, who noted, “Believed to be a case in which the Oedipus situation was solved, but remained in consciousness. Her pregnancy may therefore be considered as a fulfillment [*sic*] of of [*sic*] an incestuous wish with the development of a guilty feeling toward the child and the reaction to this to do away with the child.”⁸³ Despite her anguish, Sophie did, in fact, find her way along one “route of transcendence,” to recall Mathew Thomson’s formulation: she gave an audience as remote as the twenty-first century a flickering, evanescent sense of how she understood herself.

Conclusion: Bodies in Time

Reverberating with intellectual abstractions and emotions, the Landis interviews capture everyday language and logic that articulated profound inner states. The interviews are sometimes disturbing, not simply for their recollections of rape, abuse, and rage but also for the evident distance between what the subjects were feeling and the words available to express it. This is not because these subjects were not smart enough to understand the experts’ words; it was because the categories accorded scientific immanence failed them. Then again, the fissures of multiple traditions (scientific, moral, cultural, political) exposed affective possibilities for girls whose relationship with boys was neither that of an other nor that of a precise correlate. These traditions allowed gender to digress, arriving at a denouement on its own schedule.

Quite unknowingly, Agnes Landis and her subjects collaborated in the production of an altogether remarkable archive. According to *Sex in Development*, as Landis recruited the normal subjects, she explained the research “as accurately as possible without describing it in such a way that it would

seem to be a haven to those who were in severe need of psychiatric guidance.”⁸⁴ The problem was that many of the normal women were indeed looking for a haven of some sort, rendering the interviews of normal women like Dottie as complex as those of abnormal women like Sophie. As Menocchio replied to the Inquisitor, chaos “moves by itself.”⁸⁵ The controlled interviews Landis designed veered and lurched in directions she could not have anticipated, yet *Sex in Development* stilled this movement, froze subjects’ self-reflection, indecision, confusion, and incomprehension in their tracks. Ironically, the mediation of the data between interview room and archive can only deepen the historian’s impression of chaos moving by itself. The process of stripping “irrelevant” digressions from the “verbatim” transcripts punched epistemological gaps into the framework and language of the documents. It is within these gaps that this essay dwells.

Landis, as it turns out, was an experimental psychologist who published a paper on the relationship between tongue movements and internal speech in 1924; her doctoral thesis included observations of schoolchildren at play. The extent of her clinical training is unknown, but it is likely that she had little experience listening to and interacting with human beings with their own wildly varied thoughts and feelings. Each interview lasted between one and three hours—a marathon compared to a typical psychoanalytic session but covering precisely the same topics. Landis conducted 295 interviews over the course of about three years. Sometimes she did more than one a day. Physically, the archive itself is only two cartons, but this compactness belies the grueling nature of the research. And the collection itself is named not for Agnes but for her husband, Carney.

But archival authorship must be other than nefarious efforts to silence female, colonial, or other voices that are impossible to hear. Those of Agnes Landis and her subjects speak loudly about the private topics of gender and sexuality, even in their most reticent moments. To observers like Landis, and to some of her subjects themselves, sustaining a belief in the similarity of the sexes and gender expression in womanhood was pathological. Whether present in a psychiatric patient or in a daughter of the respectable urban middle class, the tomboy sense that similarities cohered not just in gender but also in bodies bespoke trouble. It might be common enough to assert that everyone was part female and part male, as Landis typically assured her subjects when discussing lesbianism, but this theory usually applied to sexual desire and gender expression, not bodies. Feeling similar to boys should have played a small role in the dramatic arc of Dottie’s and Sophie’s psychosexual development, but instead it stole the show. Landis could only think to classify these women’s gender affinity in terms of abnormality.

Moreover, subjects like Dottie and Sophie did too. They tried to reason and will themselves into normality, but at most they could only find their way

to its neglected *banlieues*. Ironically, vernacular psychology—the lore of mind and moods reflecting science and tradition, new and old—included normality and abnormality, but it was never quite clear how much they overlapped, where their borders lay; it was difficult to hit on a diagnosis when the map constantly changed. Dottie, Sophie, and other tomboy women of the 1930s believed that sexuality represented a revealed truth about the self, a truth residing in the sexed body. Might affinity therefore be a harbinger of perversion? Quite often, the answer was yes.

There was room within vernacular psychology for will, for instinct, for sorrow and striving, for mutability and mistakes, for frankness, for reticence. The tomboys who grew up to become some of Agnes Landis’s confidential interview subjects had more than one way to account for an affinity with the body of the boy. They might struggle with the sense that they were physically different from other women, that they had grown from girls who ducked the consequences of not being a boy to adults who faltered in confronting it. Nonetheless, their conflicts and uncertainties are evidence that other cultural logics were at work. Being a girl who was boyish was by no means unique to this historical period, but it was now possible for a woman to explain how, as a girl, she had had the body of a boy—or close enough.

Vernacular psychological concepts both caused and dispelled confusion, intensifying personal anxiety about abnormality while providing ways of comprehending it. In their historical and affective simultaneity, the diagnoses and cures proposed in vernacular psychology were never ironclad pronouncements, although people never stopped trying to make them so. The sexed body of childhood had to become the sexual body of adulthood; girls who saw their bodies as sexed but not different faced a difficult passage to heterosexuality. Am I normal? Tomboy women like Dottie and Sophie had every right to ask.

Notes

Passages from this article appear in the author’s unpublished dissertation, “Boyhood for Girls: American Tomboys and the Transformation of Eroticism, 1900–1940” (Rutgers University—New Brunswick, 2012). A version of this essay was presented April 27, 2010, at the Rutgers Center for Historical Analysis, directed in 2008–2010 by Indrani Chatterjee and Julie Livingston. The members of the Rutgers Department of History Study Group in the History of Sexuality also shaped this article with extensive and provocative feedback. Additional thanks go to Ann Fabia, Nancy Hewitt, Seth Koven, Jackson Lears, and the editorial board of *Representations*.

1. These interviews are collected in the Carney Landis Papers at the Kinsey Institute Library in Bloomington, IN (hereafter CL). The Kinsey Institute for

- Research in Sex, Gender, and Reproduction is a private, nonprofit research and archival collection.
2. Information from finding aid, CL.
 3. Thanks to Seth Koven for ongoing conversations about vernacular psychology in the 1920s and 1930s.
 4. Mathew Thomson has stressed similar continuities in the popular adoption of psychology in Britain in the early twentieth century. See Mathew Thomson, *Psychological Subjects: Identity, Culture, and Health in Twentieth-Century Britain* (Oxford, 2006), 13.
 5. Carney Landis et al., *Sex in Development: A Study of the Growth and Development of the Emotional and Sexual Aspects of Personality Together with Physiological, Anatomical, and Medical Information on a Group of 153 Normal Women and 142 Female Psychiatric Patients* (New York, 1940). The full list of authors included Agnes T. Landis, M. Marjorie Bolles, Harriet F. Metzger, Marjorie Wallace Pitts, D. Anthony D'Esopo, Howard C. Moloy, Sophia J. Kleegman, and Robert L. Dickinson.
 6. Interview, in Case 20N (m), December 10, 1936, box 1, series III B, folder 3, CL. For ease of reading, I have derived nicknames for the subjects from the Social Security Association's historical database of popular baby names for girls born in the 1900s–1920s. See Social Security, <http://www.ssa.gov/oact/babynames/decades/index.html>.
 7. Resume of Outstanding Points and General Impression of the Subject, in Case 20N (m).
 8. Alfred Kinsey eventually returned the data to Carney Landis, although it is not clear when. E-mail communication between the author and Liana Zhou, Director of the Kinsey Institute Library and Archives, September 2, 2009.
 9. See interview transcripts, Case 19N, April 8, 1935, box 2, series III D, folder 2, CL, and Case 25 (m), May 15, 1937, box 2, series III E, folder 4, CL. Notations on the latter include “*N.B.* Much rambling about husband's mistress. Difficult to get her back to questions. Keeps repeating over and over again. Husband's venereal disease or pneumonia—which is it. ‘Wear myself out taking care of him.’ Pornographic pictures, letters from his mistresses. Talks incessantly. My face got very beautiful after this beautiful awakening.” See also interview transcript, Case 61N, April 16, 1935, and June 5, 1935, box 2, series III D, folder 5, CL.
 10. Landis et al., *Sex in Development*, xi.
 11. *Ibid.*, 17.
 12. Founded in 1895, the New York Psychiatric Institute affiliated with Columbia in 1923. The new hospital served research, teaching, and treatment purposes. George H. Kirby, “The New York Psychiatric Institute and Hospital: A Sketch of Its Development from 1895 to 1929,” *Psychiatric Quarterly* 4 (1930): 151–67. Even if the hospital's adult female population was over capacity when Agnes Landis conducted her interviews, it is likely that there was a pressing need for more abnormal subjects. Internal clues in several interviews suggest that some women had been at the institute or Rockland for many months. This low turnover and the fact that the institute was a teaching and research hospital suggest that abnormal subjects had little choice about whether to participate in this research.
 13. Landis et al., *Sex in Development*, 264.
 14. *Ibid.*, 19–20.
 15. This position is influenced by Foucault's early work in *Madness and Civilization*, in which he argues that the insane resisted their confinement in asylums by

- their “inability” to cooperate with the new therapeutic regime of labor: “In the workshops in which they [the insane] were interned, they distinguished themselves by their inability to work and to follow the rhythms of collective life.” This “inability” is, on one hand, a product of new bourgeois ethic and ways of perceiving behavior, but at times it is endowed with conscious agency: after the “Great Confinement,” the misfit “madman” “crosses the frontiers of bourgeois order of his own accord, and alienates himself outside the sacred limits of its ethic”; “The Great Confinement,” in Michel Foucault, *The Foucault Reader*, ed. Paul Rabinow, trans. Richard Howard (New York, 1984), 136.
16. Warren Susman, “The Culture of the Thirties,” in *Culture as History* (Washington, DC, 2003), 164–65.
 17. Dale Carnegie, *How to Win Friends and Influence People* (New York, 1977), 251–55.
 18. Jennifer Terry traces the importance of will in controlling sexuality to early European sexologists. Yet her discussion focuses mainly on these scientists’ dissection of the lack of will in homosexuals. The Landis interviews reveal that “normal” women in the 1930s were just as concerned with exerting willpower (in suppressing masturbation, for example, or directing sexual energies toward orgasm); Jennifer Terry, *An American Obsession: Science, Medicine, and Homosexuality in Modern Society* (Chicago, 1999), 48–51, 79–80. In 1881, George Miller Beard, author of *American Nervousness*, discussed the importance of “will-power” in preserving the archaic strength of Anglo-Saxon men. George Miller Beard, *American Nervousness, Its Causes and Consequences: A Supplement to Nervous Exhaustion (Neurasthenia)* (New York, 1881), 267–69.
 19. See especially Sigmund Freud’s “‘Civilized’ Sexual Morality and Modern Nervousness” (1908) and “Female Sexuality” (1931), both in *Sexuality and the Psychology of Love*, ed. Philip Rieff (New York, 1997), 10–30 and 184–201.
 20. Interview transcript, Case 27N (m), January 14, 1937, box 1, series III B, folder 3, CL.
 21. Freud wrote that the “rhythmic” pleasures of thumb sucking were similar to masturbation. Sigmund Freud, *Three Essays on Sexual Theory*, in *The Psychology of Love*, trans. Shaun Whiteside (New York, 2006), 158–61.
 22. Freud, “Female Sexuality,” 187.
 23. Edward Hoffman, *The Drive for Self: Alfred Adler and the Founding of Individual Psychology* (Reading, MA, 1994), 162–68.
 24. Adler, of course, has received far less attention than Freud from historians, which may have to do with the inestimable influence of American neo-Freudianism in intellectual life, politics, and popular culture during and after World War II. An interpretation of psychological irrationality and oppression became necessary with the rise of fascism, genocide, and the anxiety of life lived in the shadow of nuclear holocaust. In 1941, for example, Erich Fromm critiqued the conscious rationality of Adler’s “wish for power,” arguing that Adler “cannot see beyond purposeful and rational determinations of human behavior. . . . He remains always on the surface and never descends into the abyss of irrational impulses as Freud has done”; Erich Fromm, *Escape from Freedom* (New York, 1994), 149.
 25. Edward Joseph Khair Gitre, “America Adjusted: Conformity, Boredom, and the Modern Self, c. 1920–1980” (PhD diss., Rutgers University, 2008). “Style of life,” coined in 1926 and promoted in the US most especially in Adler’s popular collection, *The Science of Living* (1929), became “lifestyle” around the 1960s. Adler did not invent “adjustment,” but his theories about the interaction between the psychological subject and her or his environment echoed well

- after the war. A biographical treatment of Adler is given in Hoffman, *The Drive for Self*.
26. See Alfred Adler, *The Science of Living*, ed. Heinz L. Ansbacher (Garden City, NY, 1969), esp. chap. 2.
 27. Hoffman, *The Drive for Self*, 22–25; 199. Adler's writings in favor of gender equality are collected in *Co-operation between the Sexes: Writings on Women, Love and Marriage, Sexuality, and Its Disorders*, ed. Heinz L. Ansbacher and Rowena Ansbacher (Garden City, NY, 1978).
 28. Interview transcript, in Case 42N (m), April 12, 1936 [1937?], box 1, series III B, folder 4, CL.
 29. Interview transcript, in Case 20N, May 8, 1935, box 2, series III D, folder 2, CL.
 30. "'Dual Personality' of Franks Slayers Bared by Alienist," *New York Times*, August 2, 1924, 1; Alain Locke, "Negro Youth Speaks," in Locke, ed., *The New Negro* (New York, 1992), 48; Edna Woolman Chase, "The Importance of Vanity," *Vogue* 64, November 15, 1924, 57.
 31. Interview transcript, in Case 6, December 17, 1934, box 1, series III C, folder 1, CL.
 32. Interview transcript, in Case 7N, February 11, 1935, box 2, series III D, folder 1, CL. For an account of psychologists' and educators' ambivalent prescriptions about masturbation in the early 1900s, see Jeffrey Moran, *Teaching Sex: The Shaping of Adolescence in the Twentieth Century* (Cambridge, MA, 2000).
 33. Interview transcript, in Case 10N, February 19, 1935, box 2, series III D, folder 1, CL.
 34. Interview transcript, in Case 71N, November 4, 1935, box 2, series III D, folder 6, CL.
 35. The Marxist psychoanalyst Joel Kovel has asserted that psychology has little relevance among working-class Americans and that introspection is "foreign" to their being-in-the-world. Joel Kovel, *The Radical Spirit: Essays on Psychoanalysis and Society* (London, 1988). See also Joel Pfister, "On Conceptualizing the Cultural History of Emotional and Psychological Life in America," in Joel Pfister and Nancy Schnog, eds., *Inventing the Psychological: Toward a Cultural History of Emotional Life in America* (New Haven, 1997), 17–59.
 36. Interview transcript, in Case 54, February 5, 1936, box 1, series III C, folder 6, CL.
 37. Interview transcript, in Case 54.
 38. For a Foucauldian interpretation, see Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (Princeton, 1994), 4–5. Social control analyses include Philip Cushman, *Constructing the Self, Constructing America: A Cultural History of Psychotherapy* (Reading, MA, 1995), 106.
 39. John C. Burnham, "The Fragmenting of the Soul: Intellectual Prerequisites for Ideas of Dissociation in the United States," in *Paths into American Culture: Psychology, Medicine, and Morals* (Philadelphia, 1988), 11–25; Terry, *An American Obsession*, esp. 17–18. In a related vein, Joanne Meyerowitz has found that the study of transsexuality and the development of sex reassignment surgery were "investigated, debated, promoted, and accelerated" by the participation in medical discourse of transsexuals themselves. Joanne Meyerowitz, *How Sex Changed: A History of Transsexuality in the United States* (Cambridge, MA, 2002), 13 and passim.
 40. Thomson, *Psychological Subjects*, 7.
 41. T. J. Jackson Lears, *Fables of Abundance: A Cultural History of Advertising in America* (New York, 1994), 218–32; T. J. Jackson Lears, "From Salvation to Self-Realization," in Richard W. Fox and T. J. Jackson Lears, eds., *The Culture of*

- Consumption: Critical Essays in American History, 1880–1980* (New York, 1983), 3–38. For a history of the use of IQ tests on children in early twentieth-century United States, see Paul Davis Chapman, *Schools as Sorters: Lewis M. Terman, Applied Psychology, and the Intelligence Testing Movement* (New York, 1990).
42. Lunbeck, *The Psychiatric Persuasion*, 46.
 43. Sarah E. Igo, *The Averaged American: Surveys, Citizens, and the Making of a Mass Public* (Cambridge, MA, 2007), 11.
 44. Interview transcript, in Case 93N, February 17, 1936, box 2, series III D, folder 8, CL.
 45. The number of historical studies that argue that sex is a cultural construction is far too extensive to cite fully, but a handful of foundational texts include Gisela Bock, “Women’s History and Gender History: Aspects of an International Debate,” *Gender and History* 1, no. 1 (Spring 1989): 7–30; Alice Dorumat Dreger, *Hermaphrodites and the Medical Invention of Sex* (Cambridge, MA, 2000); Ann Fausto-Sterling, *Sexing the Body: Gender Politics and the Construction of Sexuality* (New York, 2000); and Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, MA, 1992).
 46. Susan A. Miller, *Growing Girls: The Natural Origins of Girls’ Organizations in America* (New Brunswick, NJ, 2007).
 47. Quoted in *ibid.*, 195.
 48. Despite reformers’ widespread prescription of summer camp, nutritional regulations, and other efforts to improve the bodies of poor children, historical treatment of the impoverished child body in the United States is scanty. Accounts of New York’s Fresh Air Fund (a philanthropic venture to send poor children to summer camp) are given in Marilyn Irvin Holt, *The Orphan Trains: Placing Out in America* (Lincoln, NE, 1992), and Abigail Van Slyck, *A Manufactured Wilderness: Summer Camps and the Shaping of American Youth, 1890–1960* (Minneapolis, 2006). For related work in the British context, see James Vernon, “The Ethics of Hunger and the Assembly of Society: The Techno-Politics of the School Meal in Modern Britain,” *American Historical Review* 110 (June 2005): 693–725.
 49. Susan Cahn, *Coming on Strong: Gender and Sexuality in Twentieth-Century Women’s Sport* (Cambridge, MA, 1995), 18.
 50. Christine Stansell, *American Moderns: Bohemian New York and the Creation of a New Century* (Princeton, 2000), chaps. 7–8.
 51. Randolph Bourne quoted in *ibid.*, 234, and Nancy F. Cott, *The Grounding of Modern Feminism* (New Haven, 1987), 35.
 52. See, for example, Carroll Smith-Rosenberg, “The Female World of Love and Ritual: Relations Between Women in Nineteenth-Century America,” *Signs* 1 (Autumn 1975): 1–29; Sharon Marcus, *Between Women: Friendship, Desire, and Marriage in Victorian England* (Princeton, 2007); Jonathan Ned Katz, *Love Stories: Sex between Men before Homosexuality* (Chicago, 2003).
 53. Felix Deutsch, “A Footnote to Freud’s ‘Fragment of an Analysis of a Case of Hysteria,’” in Charles Bernheimer and Claire Kahane, eds., *In Dora’s Case: Freud—Hysteria—Feminism* (New York, 1985), 35–43.
 54. Lauren Berlant, “On the Case,” *Critical Inquiry* 33 (Summer 2007): 666.
 55. Interview transcript, in Case 39N (m), February 26, 1937, box 1, series III B, folder 4, CL.
 56. *Ibid.*
 57. Resume of Outstanding Points and General Impression of the Subject, in Case 39N (m).

58. Interview transcript, in Case 39N (m).
59. Ibid.
60. Resume of Outstanding Points and General Impression of the Subject, in Case 39N (m).
61. Interview transcript, in Case 39N (m).
62. Harland William Long, *Sane Sex Life and Sane Sex Living* (New York, 1922), 127. Emphasis in original.
63. Rachel P. Maines, *The Technology of Orgasm: "Hysteria," the Vibrator, and Women's Sexual Satisfaction* (Baltimore, 1998).
64. Resume of Outstanding Points and General Impression of the Subject, in Case 39N (m).
65. Interview transcript, in Case 39N (m).
66. Resume of Outstanding Points and General Impression of the Subject, in Case 39N (m).
67. Interview transcript, in Case 39N (m).
68. General Information, in Case 3 (m), April 3, 1936, box 2, series III E, folder 1, CL.
69. Interview transcript, in Case 3 (m).
70. Ibid.
71. Ibid.
72. Ibid.
73. Ibid.
74. George Chauncey, "From Sexual Inversion to Homosexuality: Medicine and the Changing Conceptualization of Female Deviance," in *Passion and Power*, ed. Kathy Peiss and Christina Simmons (Philadelphia, 1989), 87–117; interview transcript, in Case 3 (m).
75. Interview transcript, in Case 3 (m).
76. See, most notably, Freud, "Female Sexuality," 184–201.
77. Film theorists are beginning to examine hypnotism in silent film in some detail. See, for example, Rae Beth Gordon, *Why the French Love Jerry Lewis: From Cabaret to Early Cinema* (Stanford, CA, 2001). A historical treatment of the fascination with and fear of hypnotism is given in Daniel Pick, *Svengali's Web: The Alien Enchanter in Modern Culture* (New Haven, 2000).
78. Interview transcript, in Case 3 (m).
79. Terry, *An American Obsession*, 212–14.
80. Resume of Outstanding Points and General Impression of the Subject, in Case 3 (m).
81. Psychiatric Summary, in Case 3 (m).
82. Physician's Report, in Case 3 (m).
83. Psychiatric Summary, in Case 3 (m).
84. Landis et al., *Sex in Development*, 20.
85. Quoted in Carlo Ginzburg, *The Cheese and the Worms: The Cosmos of a Sixteenth-Century Miller* (New York, 1982), 56.