

PSYCHOANALYSIS AND HUMAN SEXUALITY

The articles in this issue of *JAPA* address many topics, among them gender identity and gender role development; primary femininity; bisexuality; antihomosexual bias; and the psychological development and adult experience of lesbians and gay men. I begin my discussion by commenting on two areas not discussed in the papers that follow: the importance of late childhood peer relationships for psychosexual development, and the necessity of including brain-mind relationships in psychoanalytic discourse about human sexuality. I then discuss a number of other topics, and emphasize the way in which psychoanalytic thought has been subject to historical/cultural bias that has limited its understanding of human sexuality.

Late Childhood Peer Culture and the Development of Homophobia

Late childhood is an important phase of life with respect to the development of sexual orientation (Herdt and McClintock 2000) and male homophobia (Friedman and Downey 2000b). Some discussion of the similarities and differences in the psychological and social functioning of boys and girls can help us place in developmental perspective many of the articles included in this volume. Innate temperamental differences in activity preferences and play styles lead to patterns of peer relations that differ in girls and boys; as a result, by mid- to late childhood play becomes gender-segregated. In fact, gender segregation of mid- and late childhood play occurs in virtually every culture in which children's play has been studied (Leaper 1994). The tendency for boys to play with boys and girls with girls peaks between ages eight and eleven and is motivated primarily by children, rather than learned from parents. Play is integrally related to peer relationships, and boys and girls tend

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to form peer groups whose fundamental organizational principles are not symmetrical. Boys' groups tend to be larger than girls, more insulated from the influence of adults, and arranged in a dominance hierarchy. Boys are likely to compete with each other at physical activities and to engage in rough-and-tumble and play fighting much more frequently than girls are, and are also more likely to be xenophobic and intolerant of nonstereotypical sex role behavior (Maccoby 1998; Pelligrini and Smith 1998; Meaney, Stewart, and Beatty 1985; Fine 1987).

Girls tend to be more amenable to reason and compromise than are boys, less concerned with dominance and hierarchy, and more responsive to the influence of adults (Maccoby 1998). Although gentler, they are not necessarily kinder, however. Decency, altruism, compassion, integrity, loyalty, and other virtues do not appear to be more common in one gender than in the other. The way in which negative social behaviors are expressed by the sexes is also different, however; males are much more likely to be physical bullies. The inner experience of girls and boys during mid- and late childhood as expressed in fantasy is also different, in ways that are crucial for subsequent psychosexual development. Across cultures, girls tend to organize their fantasies around the themes of home life. Pretend play and stories created from imagination often involve child care, food preparation, managing households, and taking on the roles of mother and sometimes father (Nicolopoulou 1997; Sheldon and Rohleder 1995; Nicolopoulou, Scales, and Weintraub 1994). Girls also tend to be much more interested in maternal-infant doll play than boys are. Boys' fantasies tend to be about heroic adventure, not home life and family activities.

Because the social and psychological experiences of boys and girls are not symmetrical, and because their peer cultures tend to be segregated from each other and quite differently organized, the developmental psychologist Eleanor Maccoby (1998) has concluded that the genders form two peer cultures during late childhood. The relationships between individuals and their peer groups during this phase of life are important with respect to the development of masculine or feminine self-esteem both then and later in life.

The onset of erotic desire differs between the sexes in important ways. Where girls tend to experience the onset of erotic feelings in association with a meaningful relationship, feelings of lustful sexual desire in boys tend to be associated with visual imagery (male, female, or both) but are often not experienced in a relationship context. In this

issue of *JAPA*, Sidney Phillips discusses one example of early childhood arousal: the sexual stimulation and overstimulation of gay youngsters, as a consequence of being raised in a heterosexist setting. As a general rule, boys tend to be aware of erections and feelings of lustful sexual desire, associated with visual imagery, from age four to twelve or so, and there are no data suggesting that sexual orientation influences this age distribution (Friedman 1988; D'Augelli 1996; Herdt and McClintock 2000). An interval of time follows during which erotic fantasies and desires are experienced, and usually by adolescence these become associated with masturbation. For most males, this imagery sets a limit on erotic experience and activity; what is outside a person's pattern tends to be experienced as erotically neutral. For that reason, Ethel Person coined the term "sexprint," by analogy with the permanent patterns of a fingerprint (Person 1980, 1995). From a descriptive perspective, this is one reason that so many gay men endured painfully unsuccessful experiences in psychoanalysis prior to the depathologization of homosexuality. These men, erotically attracted to males since childhood, could no more change their sexual orientation than they could their fingerprints; no matter how much they wished to, or how much their analysts interpreted their oedipal and preoedipal unresolved conflicts, or how much they loved their fiancées and wives. This rigidity of the structure of erotic fantasy appears to be characteristic of most men but not all. Some, probably a small percentage but a large absolute number of people, appear to retain the capacity for considerable erotic plasticity (Freund 1963, 1971; McConaghy 1999; Friedman and Downey 1999b). Since unusual cases of plasticity of erotic imagery occur among men, clinical guidelines for understanding and treating the majority should not be taken as universally applicable.

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Homophobia and Childhood Gender Nonconformity in Boys

To more fully understand the roots of homophobia, as well as the reasons for the negative internalizations often uncovered in the psychoanalytic treatment of gay men, it helps to consider boyhood gender role behavior in addition to boyhood sexual experience.

During childhood important nonerotic behaviors distinguish the developmental pathways of heterosexual and nonheterosexual boys. Variouslly termed *gender nonconformity* or *nonstereotypical gender role behavior*, these behaviors are more common among those on a gay, as against a nongay, developmental track (Zucker and Bradley 1995).

Because of their temperamental traits, such boys are much more likely than are heterosexual children to become targets of bullying and abuse by other boys (Herek and Berrill 1990). The majority of gay men have been traumatized during their childhood and adolescence by heterosexual bullies, and labeled in a devaluing way. Words like *fag*, *sissy*, and *queer*, for example, and even *girl* tend to be used as terms of opprobrium by boys who might not even be fully aware what homosexuality actually is. To them, the targets of their disdain, because of atypical gender role behavior, seem somehow female-like. For reasons outside the scope of this introduction, juvenile boys often experience feminine traits in themselves and other boys as threatening and even abhorrent (Fine 1987). Bullies are far less likely to be seen as patients, either as children or later in life, by psychoanalysts than are those who are their targets and victims. The latter often suffer the prolonged effects of psychological trauma. Identification with the aggressor may lead to chronic depression and self-destructive behavior requiring psychotherapeutic treatment (Friedman and Downey 1995b; Downey and Friedman 1995, 1996). Reactions to abuse by peers (and to other experiences discussed in the papers in this issue) often contribute to the sense that gay adults often report of having felt different during childhood. Moreover, memories of peer trauma may be initially repressed and consciously recalled only during the course of prolonged uncovering treatment (Friedman and Downey 1999a). The best evidence available indicates that the motivation to participate in atypical gender role behaviors is innate and part of a child's temperament; it is not, as a general rule, secondary to primary sexual desires for males (Zucker and Bradley 1995; Bailey, Dunne, and Martin 2000), though such secondary reactions may be important in individual cases.

Words like *stereotypical* or *atypical*, which are routinely used by developmental psychologists to characterize specific sets of behaviors, should not be taken to mean that the behaviors so specified are psychologically healthy or pathological. Psychotherapists, and many adults in the general population, are able to tolerate and even embrace "atypicality"; children, however, tend to be more concrete and are often less accepting. Gender nonconformity is also more common, too, among lesbians than among heterosexual women, but its meaning here is quite different, since girls seem less threatened by such behavior than are boys. Only if gender role deviance from norms is extreme do girls tend to reject peers (Colapinto 2000). Moreover, a boy who is

labeled “girl-like” or “sissy” experiences a loss of status. A girl who is labeled a “tomboy” usually does not.

The association between childhood atypical gender role behavior and adult homosexual orientation is one of the most robust in the behavioral sciences. This empirically established temporal connection should not be taken to mean, however, that every gay man has had a childhood history of predisposition toward gender nonconformity, or that adult gay men are any more likely to be less masculine than the heterosexual majority. Since the equation of homosexuality with cross-gender behavior occurs as an expression of prejudicial stereotyping, some theorists are reluctant to discuss the significance of the association, out of concern that this might further antihomosexual bias. The behavioral association is obviously important, however, both scientifically and clinically.

Brain, Mind, and Human Sexuality

Brain-mind relationships provide another useful way of thinking about the papers in this issue. The sterile ideological debate between biological determinists, or “essentialists,” and social constructionists should not be allowed to divert attention from this area, which is crucially important for psychoanalysis. Modern behavioral scientists and thoughtful clinicians recognize that behavior is the result of neither “nature” nor of “nurture” alone, but rather of interactions between the two that vary between individuals and groups and that influence behavior throughout life (Maccoby 1998; Engel 1977).

As Robert Stoller (1968) and others have observed, both innate and sociocultural factors influence the various dimensions of behavior discussed in the papers to follow. Even gender identity, an experience that most people intuitively believe occurs “naturally,” is influenced by biological, psychological, and social interactions. It is now apparent that prenatal androgenic hormones influence not only the appearance of the genitalia but also the structure and function of the fetal brain. The latter influence had not been empirically demonstrated when Freud formulated his ideas on human sexuality. The effects of prenatal androgen on gender role behavior and gender role identity during childhood are substantial (Colapinto 2000; Collaer and Hines 1995; Diamond 1997; Maccoby and Jacklin 1974; Meaney 1989; Gorski 1991). I noted above how the different play styles of boys and girls form part of a developmental sequence that influences peer relationships and peer culture.

These sex-specific differences in the way that children play with toys and with each other are strongly influenced by prenatal sex steroid hormones. Although rough-and-tumble play has been most studied (Pelligrini and Smith 1998), maternal-infant doll play has been investigated to some degree.

Primary Femininity

The increased maternal feelings and fantasies of women in adulthood follow a developmental pathway established earlier in life. Across cultures, not only do girls evince more interest in maternal-child doll play and infants than do boys, but girls, if exposed to increased levels of androgenic hormones prenatally, experience a diminution of maternal fantasies and interest in such play (Berenbaum 1999; Zucker 1999; Money and Ehrhardt 1972). It is possible, therefore, that prenatal androgenic hormones, if excessive, inhibit development of certain dimensions of maternalism. During childhood, and then after puberty, biological, psychological, and social factors synergize to influence maternal motivations.

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The behaviors that constitute primary femininity, as discussed here by Rosemary Balsam, occur in groups of women other than those she mentions. These include women who are infertile, have no uterus, or in fact have a male genetic profile. These last show a syndrome of complete androgen insensitivity (Zucker 1999; Masica, Money, and Ehrhardt 1971; Money, Ehrhardt, and Masica 1968). The “normal” (however defined) development of primary femininity may occur in all as a result of interactions between nature and nurture that begin even before birth.

The Reproductive Cycle

It is helpful to consider how in women self- and object representations, interpersonal relationships, sexual fantasy and activity, and maternalism are influenced by the reproductive cycle. The relevance of this, for both psychoanalysis and extraanalytic psychology, was demonstrated by the far-reaching research of a psychoanalytic pioneer, Therese Benedek. She and her collaborator, a gynecologist, found that the sexual fantasies of women studied prospectively fluctuated during their menstrual cycles. During the latter part of the cycle, the luteal phase, the women tended to focus much more on procreational and maternal fantasies than in the earlier phase. They tended also to have a

greater feeling of well-being earlier in the cycle, and dysphoric feelings premenstrually (Benedek and Rubenstein 1942). Many research projects were stimulated by this labor-intensive scientific effort, carried out more than half a century ago (see Severino and Moline 1989; Friedman, Hurt, Aronoff, and Clarkin 1980). These findings were extraanalytic, however. Despite the fact that Benedek's research had been conducted at an analytic institute and pointed the way to many new observations regarding the psychology of human sexuality, not a single analytic institute attempted to replicate it. This omission reveals an important deficit in the structural organization and culture of psychoanalysis. Today, for reasons not entirely clear, Benedek and Rubenstein's research is rarely cited by psychoanalysts. Some may be concerned that these findings might be used to further sexist bias. But the investigation of the sexual fantasies of neurotic women during psychoanalysis cannot be generalized to include all women, nor does it indicate that women are more influenced by hormones than are men or that psychosocial influences are any less important in women than in men. That said, there is little question that the inner experience of *many* women is cyclic, and that this includes the quality of their sexual fantasy life. No similar phenomenon is seen among men. It is likely that transference relationships may be cyclically influenced as well, although this has yet to be empirically demonstrated. Clarifying the significance of this for psychological functioning, conscious and unconscious, remains a challenge for psychoanalysis. In any case, the psychological influences of the menstrual cycle add to the lack of symmetry of male and female experience following puberty. This asymmetry involves the organization of fantasy, the relation between conscious and unconscious experience, relational style, and other areas as well. It coexists, however, with vast areas of psychological experience and functioning that overlap between the sexes.

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The Recent History of Gay Affirmative Psychoanalysis

The American Psychoanalytic Association, to its credit, has recently adopted an accepting and supportive stance toward homosexuality. At this point, no penalty is incurred by a psychoanalyst for being openly gay affirmative. On the contrary, an openly gay accepting stance is perceived as humanistic, ecumenical, progressive. This was not always the case. As recently as the early 1980s, the only prominent American psychoanalyst to publicly express this view was Judd Marmor (1980).

Seen at the time as something of a maverick, Marmor was not influential in organized psychoanalysis, though his opinions carried weight in psychiatry.

Richard Isay was the first openly gay senior analyst to present his ideas at the American Psychoanalytic Association. In the 1980s, Isay discussed not only his patients, but his own life as a gay man and a gay analyst. Although, as the articles discussed in this issue reveal, his perspective ultimately prevailed, the initial reaction to his work was often hostile and defensive. Isay advocated ideas strongly disapproved of by many analysts, including the most senior and influential. He courageously stood alone at a time, unlike today, when there was considerable risk in doing so, and emerged as a moral leader of what became a gay affirmative movement in the mental health professions (Isay 1989, 1996).

1122 In the 1970s, academic responsibilities at the International Institute of Human Reproduction, Columbia University, led me to conduct research on male homosexuality. Comparing socially well-adjusted homosexual and heterosexual men with respect to their psychodynamics and sex steroid hormone profiles, I came to conclude that generally accepted psychoanalytic ways of thinking about homosexual orientation were erroneous. Upon voicing my initial conclusions, I was surprised to discover that a number of my analytic colleagues assumed immediately that I was homosexual but closeted. Clearly they thought that the principal motivation of anyone challenging accepted views on homosexuality must be personal self-interest. I came to understand these reactions not only as an example of antihomosexual bias, but also as expressions of anxiety and resentment that anyone would challenge belief systems sanctioned by analytic authorities.

In that regard, Ethel Person's observations in this issue about the need to conform to group norms and comply with authority are salient. Her insights can usefully be extended to include the entire history of psychoanalysis, from its early beginnings to the present.

Psychoanalysis and Homosexuality: The Late 1980s

The conclusions I reached about homosexuality were directly opposed to those not only of most analysts, but specifically those of Sandor Rado (founder of the institute where I trained), Charles Socarides, Irving Bieber, Lionel Ovesey, and Abram Kardiner (colleagues and/or students of Rado), my own analyst, and all my psychoanalytic teachers.

Most psychoanalytic scholarship then and now was carried out in study groups led by a training analyst. Having concluded that this procedure had led to systematic bias (at least in this area), I found it necessary to carry out my work alone. Consultation with the developmental psychologist Susan Coates, who was doing research on childhood gender identity, was helpful. Interestingly, my book on homosexuality was warmly endorsed by Ovesey and Bieber, despite the fact that in it I critiqued their work and disagreed with many of their conclusions. Ralph Roughton, later to become the first chairperson of the Committee on Homosexual Issues, responded with interest as well.

Let me now compare my earlier views about male homosexuality with those I currently hold. In *Male Homosexuality: A Contemporary Psychoanalytic Perspective* (Friedman 1988), I reviewed genetic and hormonal studies of homosexuality and explained their relevance for the psychoanalytic community. The evidence that neurobiological factors influence the origins of homosexual orientation was suggestive, but still scant. For that reason I suggested that homosexuality might sometimes emerge de novo as a primary developmental phenomenon, and I used Hartmann's ideas about secondary autonomy to argue that even were this not the case, the assumption that homoerotic fantasy is a symptomatic response to unconscious anxiety is still invalid. Since 1988, as knowledge has accumulated, I have revised my views on primary autonomy. On the basis of subsequent research in a number of areas, Jennifer Downey and I have concluded that in fact it makes sense to view homosexuality as primary in many gay individuals. In any case, by introducing sexological research into psychoanalytic discourse on sexual orientation, I attempted to form a bridge between two cultures—scientific and psychoanalytic. The effort is ongoing to this day (see Friedman and Downey in press).

In the book I observed that male homosexual orientation often emerges during childhood in a setting of some type of gender identity disturbance. My views on this have changed as well. I now believe, as I noted earlier, that atypical childhood gender role behavior/identity is innate and is more likely to be present among youngsters on a gay developmental track than among heterosexuals. (The underlying physiological mechanisms of this congenital predisposition have yet to be established.) Nonstereotypical gender role behavior is not in itself symptomatic, but children who express it are likely to become targets of discrimination both by peers and by adults, usually males. The

anxiety and depression resulting from traumatic social interactions may then produce psychological disturbances. I except from this discussion children whose behavior meets DSM-IV criteria for Gender Identity Disorder. Although most of these children indeed grow up to become gay adults, most gay adults have not experienced this disorder. I consider Childhood Gender Identity Disorder an unusual condition that must be understood as an entity in its own right, and not as part of a gay developmental pathway.

1124 Having had many discussions with psychoanalysts convinced that homosexual men are narcissistic, masochistic, or paranoid, I discussed whether there was adequate evidence in the psychoanalytic literature to warrant these beliefs. I concluded there was not, and argued that homosexual orientation and psychopathology should be thought of as independent dimensions of psychological functioning. I proposed a clinical model that included three independent axes to represent relationships between homosexuality, heterosexuality, bisexuality, and psychopathology. One axis represented sexual fantasy/activity; a second, personality type; and a third, structural level of personality organization as described by Kernberg (1975). I also presented vignettes of bisexual men, some of whom experienced themselves as heterosexual, others as homosexual, and discussed in detail the relationship between bisexual experience and obsessional personality structure.

Because this issue of *JAPA* contains a number of discussions of bisexuality, some further remarks are in order. Freud framed his ideas of bisexuality before the development of modern gender psychology. His use of the term, and that of many analysts today, includes what might better be termed *bigenderality*. All people identify with those of the opposite sex, in varying degrees throughout life. We now know, however, that this does not mean that all people are capable of erotic desire for both sexes. In most men, and some women, the capacity to increase the established erotic repertoire appears restricted at least by early adulthood, and probably earlier. The gateway between unconscious and conscious mind acts as if it were delimited, and erotic imagery as if it were autonomous. For some men, however, and many women, this gateway is wider, and conscious erotic capacity is more plastic. Among these, identifications (even partial) with the opposite sex can influence erotic fantasy life. In 1988 I proposed something that may seem counter-intuitive to some psychoanalysts—that sexual fantasies in many people function autonomously and are not primarily the product of immediate

unconscious motivations (although they obviously have unconscious meanings). Later, Downey and I suggested that the rules of psychological functioning that appear to govern sexual fantasy differ between groups as a function of innate capacity for plasticity (Downey and Friedman 1998). It is possible that prenatal and possibly postnatal androgen diminishes sexual plasticity, since plasticity seems to be present far more frequently in women than in men (Baumeister 2000). A topic debated in the articles that follow is whether bisexuality is inherently pathological, a question that requires an empirical answer rather than the impressions of individual clinicians. Data pooling by psychoanalysts, using standardized definitions of psychopathology and of bisexuality, could provide much-needed information in this area. My own view is that either component of bisexual desire—the homosexual or the heterosexual erotic image—can be the maladaptive product of unconscious, irrational anxiety and can therefore function as a neurotic symptom, but that bisexuality, no matter how defined, is not *inherently* pathological.

Reflections on the Oedipus Complex

One reason that psychoanalysis was committed to the pathological model of homosexuality was the generally accepted belief that the positive oedipus complex is a universal, biologically determined developmental norm. Given this, there was no way that homosexual orientation could be the expression of anything other than developmental derailment and, in adults, the product of anxiety generated from unconscious irrational conflict. Downey and I reasoned differently, however. We speculated that if homosexual motivation was *not* a reaction to such conflict, then the assumption of universal childhood incestuous desire for the opposite-sex parent—a psychoanalytic axiom at the time we carried out this work—was incorrect (Friedman and Downey 1995a). Our ideas were supported by an important paper by Mark Erickson (1993) that presented anthropological research indicating that secure bonding during infancy leads to incest avoidance later in life. Only when early bonding is disrupted is incest likely to occur. Erickson challenged Freud's speculation that the incestuous wish is innate but repressed because of castration anxiety. Also helpful was the suggestion from evolutionary biology that a biologically determined erotic wish for the opposite-sex parent is unlikely (Wright 1994). Downey and I conjectured that incestuous fantasies might reflect an attachment disorder of childhood. In discussing psychodynamics,

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however, many clinicians use the term *oedipal conflict* in a sense less concrete than that outlined above; in this other sense, the term denotes a triangular situation in which children seek the attention and love of one parent, and see the other as a rival from whom they fear retaliation. We argued that themes of competition and fears of retaliation are probably universal in boys, despite the fact that the incestuous wish is almost certainly not (Friedman and Downey 1995a).

In this issue of *JAPA*, Scott Goldsmith elaborates on Isay's hypothesis that a homosexual developmental line might exist from early childhood in which certain boys find themselves sexually attracted to their fathers, rather than their mothers, for reasons that are basically innate. Whether this is so remains to be seen, since data supporting this speculation are still quite scant. Although the notion of erotic desire for the same-sex parent may at first seem to parallel the classical notion of desire for the opposite-sex parent, it is different in important respects. From the perspective of evolutionary biology, for example, there is a solid basis for the innate inhibition of sexual desire of a son for his mother. There would appear to be no similar basis, however, for the inhibition of such desire for the father. It is possible that the erotic desire some boys experience toward males, including their fathers, is determined by a combination of genetic and neuroendocrine influences. Yet Erickson's hypothesis about incest avoidance might as easily apply to the fathers of boys as to their mothers. It is possible, therefore, that the experience of consciously perceived erotic desire for the father suggests the earlier or coincident occurrence of an attachment disorder. This possibility demands a model of child development and psychological function more complex than the notion of a primary nonconflictual incestuous wish for boys on a homosexual developmental pathway.

Lesbianism

In a discussion of psychoanalytic perspectives on female homosexuality, a paper that received this journal's award for best submission of 1997, Downey and I observed that different types of bias are to be found in the literature (Downey and Friedman 1998). We noted that the view that female homosexuality is inherently pathological is expressed in *Psychoanalytic Terms and Concepts* (Moore and Fine 1990), a work copublished by the American Psychoanalytic Association, long after this way of thinking had been abandoned with regard to males. We emphasized that although gay men are diverse in

many ways, even greater diversity likely exists among lesbians, particularly with respect to their romantic and sexual fantasies and activity. For example, in women the earliest experience of erotic arousal frequently occurs in the setting of a meaningful relationship. This is not the case with men. Sometimes in the experience of women new objects of sexual desire emerge in response to intense and meaningful attachments. In political lesbianism, not at all uncommon on university campuses, a woman's political philosophy about power relationships between the genders leads her into homosexual activity and full erotic responsiveness (DeFries 1979). Only very rarely does anything similar occur in men. The pattern of sexual arousal and responsivity appears to be much more diverse and variable in girls and women than in boys and men, with some women experiencing time sequences and "sexprint patterns" similar to those of males, and others not. The study of lesbianism sheds light on the development and psychosexual functioning of all women, regardless of sexual orientation.

The Pathological Model of Homosexuality: A Look Backward and Forward

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Discussions of human sexuality must acknowledge that sexist, heterosexist, and antihomosexual biases are prevalent everywhere. These biases, which privilege males over females and traditional family forms over nontraditional ones, and which sanction discrimination against nonheterosexuals, are perpetuated by entrenched patterns of social, legal, and political functioning in many countries, including the U.S. Their invidious effects are felt by patients and therapists alike. Ideas borrowed from psychoanalysis by psychiatry have until quite recently contributed to such prejudice. In particular, the notion that gay men suffer from conscience deficits due to inadequate paternal identification, or that homosexual fantasy/activity represents the failed resolution of preoedipal and/or oedipal conflicts, led to the classification of homosexuality as a mental disorder in DSM-I (1952) and DSM-II (1968). Public and legal policy was formed on the basis of this medical judgment (Gonsiorek and Weinrich 1991). It is understandable that psychoanalysis might as a field still be feeling the reverberations of its experience with the pathological model of homosexuality. Feelings of guilt among the heterosexual majority and anger among the gay minority must somehow be metabolized and coped with by the entire profession.

It is striking that all the articles in this issue are based on ways of thinking about gender identity development and adult psychosexual functioning now generally accepted throughout the behavioral sciences. These ideas, different from those formally embraced by most psychoanalysts, are based on the research of developmental psychologists on gender identity, and of Masters and Johnson (1966) on human sexual psychophysiology. We might well ask ourselves whether psychoanalysis, without these extraanalytic contributions, would have revised its ideas in these areas. In general, advances of similar scope in our knowledge of human behavior have not recently come from within psychoanalysis.

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In recent years, psychoanalysis has shown substantial interest in research on process and outcome. That is encouraging, but psychoanalytic beliefs about human sexual development and psychological function are no less important subjects for empirical validation. We should note that though the content and clinical prescriptions of psychoanalytic discussions of homosexuality are today quite different from traditional formulations, the *processes* by which evidence is marshaled to support conjectures have hardly changed. As effective as the Committee on Homosexual Issues has been in diminishing antihomosexual bias (the original charge of the committee), the more general danger that bias may continue to influence psychoanalytic ideas in all areas of behavior remains to be fully addressed by the profession. One of the lessons of the field's experience with homosexuality is that psychoanalytic concepts, though helpful for the majority of patients, were not helpful for the nonheterosexual minority. Ongoing critical assessment of the relationship between psychoanalysis, the sciences, and scholarship in general remains a challenge for psychoanalysis in the twenty-first century. Bridges between psychoanalysis and other disciplines must be built, and institutional structures created, that will diminish the likelihood that observer bias and historical and cultural prejudices will influence judgments about human behavior, as regrettably they have in the instance of homosexuality.

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