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# Correspondence

## SOME SUGGESTIONS CONCERNING HOMOSEXUALITY

DEAR SIR,

Joan Fitzherbert made some suggestions concerning homosexuality in your *Journal* (April, 1967, p. 446). I should like to offer a testable theory on how the male child might have incorrect hormone levels at the "critical period" when his sex-controlling centre is maturing. The patient's mother might have anti-testosterone (or androgen) material circulating. This might explain how some studies have shown homosexuality in the youngest of a series of sons, or only males in a series previously only containing females.

Although Professor Parkes is mentioned as a source for information, *Science*, January 17, 1964, contains an article by Young, W. C. *et al.* on Behaviour of Animals with Hormones, though references to pre-natal hormones are buried in a mass of other data. *The Scientific American* last year gave a clear summary on this, and G. W. Harris in *Endocrinology*, October 1964, Vol. 75, pp. 627–651, also writes on this subject.

I hope this material may be of assistance.

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## THE TWO TYPES OF DEPRESSION PERHAPS *NOT* ACCORDING TO ST. PAUL

DEAR SIR,

Dr. Mark Altschule (*Journal*, July, 1967, p. 779) tells us that mediaeval theologians based a classification of depressions on the words of St. Paul in 2 Corinthians, 7, 10, and he implies that Paul himself had two kinds of depression—beneficent and malignant—in mind. I will try to show that this latter view is not well founded. As I see it, Paul was not referring to pathological depression at all, but to "sorrow" in its everyday sense of "grief or sadness, or circumstances causing this, misfortune or trouble" (O.E.D.).

(1) The words used by Paul are λύπη (lype) or a derivative, translated as "tristitia", "tristis", etc. in Latin, and as "sorrow", "sorry", "sorrowful", etc. in English. The word is found a number of times in the New Testament, and in the Septuagint version of the Old Testament. Its very first occurrence is in the well-known passage in Genesis, 3, 16, "I will multiply thy sorrow . . . . in sorrow shalt thou bring forth"; it occurs in the same context in John, 16, 20, "A woman in travail hath sorrow . . . . but as soon as she is delivered she remembereth no more the anguish". Other typical instances are Proverbs, 10, 22, "The Lord's blessing enricheth and he addeth no sorrow"; and Matthew, 19, 22, "But when the young man heard that saying he went away sorrowful; for he had great possessions".

Λύπη is the normal antithesis to χαρά (chara), joy, as in the passage from St. John quoted above, where the woman's sorrow is turned to joy; and in St. Paul's own use (2 Corinthians, 6, 10) "As sorrowful, yet always rejoicing; as poor, yet making many rich . . . ".

Again, in Philippians, 2, 27, Paul refers to the illness of his collaborator, Epaphroditus, and says: "But God had mercy on him; and not on him only, but on me also, lest I should have sorrow upon sorrow."

It must be obvious that the curse of Eve did not involve an attack of depression at every childbirth; and the "sorrow upon sorrow" from which Paul was spared were not recurrent attacks of depression. In fact, wherever in the Bible anything approaching the pathological is in question some term other than λυπη is used, such as πονηρία καρδίας (heaviness of heart; Nehemiah, 2, 2) or πνεῦμα τεταράγμενον (troubled spirit; of King Ahab, 1 Kings, 21 5). And the same is true of the classic Greek authors.

(2) In the passages in question, Paul contrasts "godly sorrow" with "the sorrows of the world". The context is given in the preceding verses: "I made you sorry with a letter . . . [it] made you sorry, though for a season . . . now I rejoice, for you were made sorry after a godly manner". This cannot refer to anything pathological—it is not to be supposed that the Corinthians succumbed to a kind of mass melancholia. They were simply upset at receiving a merited rebuke; and since they were godly people and the cause of their consternation was a godly one, they "repented to salvation" and were spiritually the better for it. The contrasted "sorrow of the world" must surely be that experienced by wordly people from base and unworthy causes and leading to spiritual impoverishment and "death". This was the



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sorrow—which did develop into "depression"—of Ahab, who "laid him down upon his bed and turned away his face and would eat no bread" because he was refused the coveted Naboth's vineyard.

The *New English Bible* version fully bears out this interpretation. It reads: "For the wound that is borne in God's way brings a change of heart too salutary to regret; but the hurt which is borne in the world's way brings death"—though I would suggest that the nature of the hurt or wound is relevant here as well as the way in which it is borne.

Although my argument is concerned with St. Paul's meaning, and not with the classification which mediaeval theologians may have based on his words, it does seem to me surprising that Cassian and others should have so confidently identified "beneficent" with "rational", and "malignant" with "irrational" depression. No one could say that Ahab's depression was other than "rationally" caused, yet nothing could have been more "malignant", leading as it did to crime and eventually to downfall and death.

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## NEUROTIC AND ENDOGENOUS DEPRESSIONS

DEAR SIR,

McConaghy *et al.* report (*Journal*, May 1967) that they failed to replicate the findings of Kiloh and myself (1963). They ascribe this failure to two possible reasons: interviewer bias and patient selection.

In the same number of the *Journal*, however, Rosenthal and Gudeman state "Several recent factor-analytic studies rating symptoms in depressed patients have had results which portray a common clinical pattern (Hamilton and White, 1959; Kiloh and Garside, 1963; Rosenthal and Klerman, 1966; Rosenthal and Gudeman, 1967b). In each of these studies the first or primary factor has suggested the endogenous depressive pattern. In the most recent of these papers we presented the first factor in our study of 100 depressed women (Rosenthal and Gudeman, 1967b). This factor was shown to be similar to the principal factors of the other studies, and to suggest the 'endogenous' or 'autonomous' pattern. This replication has been an encouraging indication that studies carried out in different patient populations may indeed give reproducible symptom patterns."

It therefore seems that the findings of Kiloh and myself, and those of Carney *et al.* (1965), were not merely due to bias of one sort or another (see below). Thus one is led to search for other reasons why McConaghy *et al.* failed to replicate our results. Their largest first factor loadings are associated with the items of 'hysterical features present' (−0·745) and of 'previous psychological adjustment good' (+0·761). Moreover, their loading of the personality feature of 'anxiety' was −0·390. Thus, their first factor (reversing the signs of their loadings) seems perhaps to be over-contaminated with the personality dimension of 'neuroticism' and thus not to be a pure factor of depressive *illness* as such. In this connection it may be worth while drawing attention to the fact that their material consisted entirely of private patients. They do not attempt to interpret their factors, but the hypothesis that their first factor is not one of depressive illness as such is supported by the fact that the correlation between their first factor loadings and ours is only 0·21. Our first factor did seem to Kiloh and myself to be one of depressive illness; our highest loadings were associated with 'failure of concentration' (0·572) and 'agitation' (0·485) and the loading of the personality feature of 'anxiety' was only 0·073.

If it is true that their first factor is tilted towards neuroticism, then one would expect their second factor to be a mixture of depressive illness in general and of the bipolar dimension of endogenous against neurotic depression. Again this is supported by the correlations of their second factor loadings with those of our first factor (0·33) and of our second factor (0·22). I have attempted to increase the correlation between the two second factors by rotating their factors, but without success. They also carried out varimax rotation, but "this did not improve their ability to differentiate the clinical features of the two forms of depression". The reason for this state of affairs may well be that their third factor, which they do not mention, is perhaps a mixture of the differentiating bipolar dimension and some other factor, as their second factor seems to be. If this is the case, then it is the second and third factors which should be rotated to arrive at a differentiating factor, not the first and second factors.

It is hoped that McConaghy *et al.* will publish their third factor loadings and carry out a suitable rotation. If this is done, however, the varimax method of rotation, which they mention, should not be used. The aim of this method of rotation is to achieve simple structure, that is, *descriptive* factors. Such factors are often quite distinct from *differentiating* ones.

The distinction between descriptive and differentiating factors is well illustrated by the two recent papers of Rosenthal and Gudeman (1967a, 1967b). In these papers they discuss the self-pitying constellation and the endogenous depressive pattern respectively, as indicated by their first two factors. If these two factors are rotated through 31°, the first factor

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