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SOME SUGGESTIONS CONCERNING HOMOSEXUALITY

DEAR SIR,

I am writing to put forward some suggestions concerning homosexuality.

After the publication of my paper, "The Source of Man's 'Intimations of Immortality'", in the *British Journal of Psychiatry* in November, 1964, I had another paper following along the same lines, "The Healing of Neurosis", accepted by the editor of *For Health and Healing*, the magazine of the Guild of Health. This appeared in November, 1966.

In it I put forward an explanation of the healing of neurosis by the "baptism in the Holy Spirit", in cases such as are reported, for example, by David Wilkerson in his book, *The Cross and the Switchblade*, among the juvenile gangsters of New York, cases including a number of otherwise hopeless heroin addicts. The basis of my explanation was the suggestion that the inflowing of the love of God, which constitutes this "baptism" makes good, and in part provides, the experiences (including those I had proposed as the source of our "intimations of immortality") which are lacking for the child who has been emotionally deprived owing to the absence of a good mother-figure during his first two or three years of life; and hence this love wipes out the maladjustments resulting from his deprivation.

In December, 1966, I saw an account of Wilkerson's visit to London earlier in the year, in which it was stated that he admitted that he and his fellow-workers had "virtually failed with the problem of the homosexual". Looking back now, I think this might have been expected, if my hypothesis is correct.

Homosexuality, even if it is neurotic, is not primarily due to early maternal deprivation, and therefore it would be basically unaffected by the inflowing of the love of God, which in these people would unconsciously be attributed to whichever parent is felt to be the "good" one (and might as a

result even intensify the homosexual urge, it seems to me). There is yet another possibility. Last autumn, Professor Andreas Prader of Zurich addressed the Institute of Child Health in London on recent advances in paediatric endocrinology. He is reported to have said that testosterone injected into week-old female rat foetuses prevented normal cyclic activity in subsequent adult life. The rats showed no interest in males and adopted male behaviour patterns. Maturation of the gonads was unaffected, as were the secondary sex characteristics. He suggested that there was a critical period in the development of the brain of the rat when it was vulnerable to hormonal influences.

If this proves to be the underlying cause of homosexuality, it would explain the failure of psychotherapy to deal with the disorder, as well as the homosexual's lack of response to the baptism in the Holy Spirit.

At first, although I could see that an abnormal excess of female sex-hormones in the mother at the critical period, or an abnormal placental permeability by these hormones, or abnormal functioning of the foetal gonads, or combinations of these factors, might have the equivalent effect on a male foetus, I could not understand how hormonal or placental disturbance in the pregnant woman or her foetus could account for either passive female or active male homosexuality, in which the subject's role is normal, only the choice of partners being perverted.

I would now suggest the following explanation. Professor Prader said that the female rats "showed no interest in males and adopted male behaviour patterns"; perhaps these two effects are separable, arising in centres at two different levels in the brain, the one concerned with response to "releasers" of sexual interest in others of the species, and the second with the actual carrying out of the sex act itself. If so, then the first of these centres (presumably the higher in the literal sense) might be more vulnerable by abnormal sex-hormone balance, or vulnerable at a slightly different period of development, or less able to recover from such hormonal disturbance.

If this suggestion proves to be correct, then the obvious aim will be prevention, possibly by adjusting the maternal blood-levels of these substances during the critical period, or periods of pregnancy, or by their injection into the foetus in utero, or into the new-born child. Treatment, however, may remain a problem.

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