

changes—this is not true of erections, in my experience. In fact there were considerable difficulties in having the term penile volume change accepted. I originally used 'penile plethysmograph response' as in the title, and the assessor considered it should be replaced by 'erection'. The compromise term was accepted only when I insisted that in Australia at least penile volume changes were not invariably erections.

I presume that when Stern states I have not paid enough attention to the factor of extinction he means I should have used treatments which have been considered on *a priori* grounds to be more resistant to extinction. In fact, the studies of which this is one were designed to test such *a priori* assumptions rather than be based on them. I was interested in his finding that anticipatory avoidance learning appears to be the training method most resistant to extinction. Unfortunately he does not state what methods he compared it with. A comparison of apomorphine aversion and anticipatory avoidance, to be published, does not in my view support this conclusion, and in fact I have come to consider that the main problem in the treatment of homosexuality with aversion therapy is the weakness of the initial effect, not its subsequent extinction.

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REFERENCES

- MCCONAGHY, N. (1967). 'Penile volume change to moving pictures of male and female nudes in heterosexual and homosexual males.' *Behav. Res. Ther.*, 5, 43-8.

USE OF LITHIUM IN PREGNANCY

DEAR SIR,

Because lithium carbonate is being increasingly used in psychiatry, and because developmental abnormalities have been observed in lower animals given lithium carbonate during pregnancy, and because therapeutic abortions are sometimes performed on female patients who become pregnant while taking lithium, the following two cases deserve recognition and consideration. Both patients were young manic-depressive females who became unadvisedly pregnant while in a manic phase and while receiving therapeutic doses of lithium carbonate. That is, conception occurred in each patient while she was receiving 1800 mgms. of lithium per day. The first patient kept her pregnancy quiet for

several months, hoping that the birth of a baby would bring about a happy reconciliation in her marriage which had been on the verge of breaking apart because of her manic illness. When her pregnancy was reported, it was beyond the time that a therapeutic abortion could even be considered. She continued to take lithium at a lower dosage throughout her pregnancy and delivered a normal child. That child is now 3 years old and is perfectly normal.

The second patient became pregnant under very similar circumstances, and although her pregnancy was discovered much earlier it was agreed upon by the patient and her husband and myself to continue to use lithium, even with the calculated risk on the basis of animal research. This child too was normal at birth and was thriving two years later.

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A CAUTIONARY APPROACH TO QUESTIONNAIRE RESPONSE

DEAR SIR,

Social-desirability response set is known to contaminate questionnaire responses. This can be exploited to clarify a diagnostic problem, as is shown by the following.

'Have you any tests for detecting homosexuality?' asked the Charge Nurse of a psychiatric admission ward. A patient had been admitted following an hysterical attempt at suicide. He had been very guarded in giving his history. In the ward he befriended a young adolescent male patient. The nurse wanted to prevent the younger patient's seduction, and wondered whether the suicidal attempt stemmed from homosexuality. The patient had volunteered nothing, even though the nurse had hinted at his suspicion.

To see if there was any confirmation of this suspicion the patient was given two questionnaires, the Edwards Personal Preference Schedule (1) and the Marlowe-Crowne Social Desirability Scale (2).

The E.P.P.S. has 15 scales. Although the patient completed the whole inventory, only the Heterosexuality Scale was considered relevant. This scale assesses the need 'to go out with members of the opposite sex, to engage in social activities with the opposite sex, to be in love with someone of the opposite sex, to be regarded as physically attractive by those of the opposite sex, to participate in discussions about sex, to read books and plays involving sex, to listen

to or to tell jokes involving sex, to become sexually excited.”

The Marlowe-Crowne S-D Scale is derived from a study of the social-desirability response set which contaminates questionnaires. There are 33 questions in this scale. The more questions the subject endorses, the greater the likelihood that his test-taking strategy is aimed at giving answers which are socially desirable and probably uncharacteristic of himself.

It seemed highly probable that if the patient was a homosexual and reluctant to admit it his answers on the Heterosexuality Scale would not reflect his real sexual interests. It was anticipated that to avoid revealing himself he would answer questionnaires in the way he thought socially desirable.

To verify this it was predicted that he would:

(a) produce an above average score on the Heterosexuality Scale, thus giving the impression of being a ‘hearty girl chaser’

(b) produce an above average score on the S-D Scale, revealing the tendency to answer questions in a socially desirable way.

Both predictions were confirmed. His score of 21 on the Heterosexuality Scale was higher than those of 87 per cent of males in the general adult sample. On the S-D Scale he endorsed 31 questions, a score higher than 99 per cent of a normal adult sample.

Independent verification came from his Service record a few days later. He had been court-martialled for a homosexual offence.

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1. EDWARDS, A. L. (1959). *Edwards Personal Preference Schedule: Revised Manual*. New York.

2. CROWNE, D. P. and MARLOWE, D. (1964). *The Approval Motive: Studies in Evaluative Dependence*. New York.

THE GUTHEIL- VON DOMARUS AWARD

DEAR SIR,

I would like to announce that the First Annual Gutheil – Von Domarus Prize of the Association for the Advancement of Psychotherapy was shared by two co-winners. They are:

F. Hocking, M.D. of Melbourne, Australia, for his paper ‘Extreme Environmental Stress and its Significance for Psychopathology’, and

Harry H. Garner, M.D. of Chicago, Illinois, for his manuscript ‘Confrontation Problem-Solving Technique: Developing a Psychotherapeutic Focus’.

It is interesting to note that Dr. Hocking learned of the competition through the letter published in the *British Journal of Psychiatry* in August 1968.

The competition for the Second Gutheil – Von Domarus Prize will close on 15 December, 1969. An award of \$750.00 and a Certificate of Recognition will be made to the author who submits the most meritorious, original, previously unpublished work dealing with psychotherapy, psychopathology, general psychiatry, social psychiatry, or any of the sciences having a relationship to psychotherapy or psychiatry.

For detailed information those interested should write to me at the address below.

STANLEY LESSE.

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