

The Mental Health of Jehovah's Witnesses

By JOHN SPENCER

Summary

The function of religion in human society is complex. The part played by religion in psychiatric disorders is even more obscure. Previous literature and theories are divided into two groups: one school believes that intense religiosity is a symptom-complex indicative of psychiatric disorder, while the opposing view is that religious belief in some way acts as a defence mechanism protecting the individual and his psyche.

The present study of 50 Jehovah's Witnesses admitted to the Mental Health Service facilities of Western Australia suggests that members of this section of the community are more likely to be admitted to a psychiatric hospital than the general population. Furthermore, followers of the sect are three times more likely to be diagnosed as suffering from schizophrenia and nearly four times more likely from paranoid schizophrenia than the rest of the population at risk.

These findings suggest that being a member of the Jehovah's Witnesses faith may be a risk factor predisposing to a schizophrenic illness. Further studies would be interesting in investigating whether pre-psychotic people are more likely to join the sect than normal people and what part (if any) membership has in bringing about such a breakdown.

Many of us have on occasions surprised ourselves at our rather impulsive, discourteous behaviour when faced with the persistent insistence of members of the Jehovah's Witnesses sect. The firm conviction with which they not only adhere to their beliefs but also incriminate us, the unrequested listener, is rather disquieting. Any attempt to dissuade them logically is frequently met with a further monologue of their inflexible belief system.

Many sociologists have turned their attention to the phenomena associated with religion and religious factors, but there have been remarkably few studies correlating choice of religious belief with personality or mental disorder.

Sargant (1957-70) states that sudden dramatic conversions are most likely to occur in simple stable extraverts, while Clark (1929) found that 35 per cent of individuals experiencing a sudden conversion suffered a sense of guilt compared to 8½ per cent of his total sample under study.

Roberts (1965) in a further study found that those whose conversion was sudden and towards the faith of their parents had high scores on the EPI neuroticism scale.

Graff and Ladd (1970), administering the Personal Orientation Inventory and Dimensions of Religious Commitment forms to 163 male students, found an inverse relationship between 'self-actualization' and religiosity.

Freud (1913) saw religion as an attempt to gain control over the sensory world by means of the wish world and as an attempt to place upon God that dependance which had originally been upon the father. Thus he saw it as a symptom of neurosis. Other analysts, however, have extended this approach to include psychotic disorders. Fenichel (1946) states that religious delusions as a rule are rooted in longings for salvation together with attempts to master overwhelming, indestructible, schizophrenic sensations by verbalizing them. Fromm (1960) supports this theory and postulates that religious ideas fulfil at least four economic functions:

1. A symbolic means of communication;
2. Self-preservation;
3. To silence the individual's anxiety;
4. As a positive creative function.

As a result of his searching studies, Jung (1933) felt that man possessed a natural religious

function and that his psychic health and stability depended on the proper expression of this, just as much as on the expression of the instincts. It was an essential feature of religion to give conscious expression of the archetypes. Consequently the nature of the religious expression indicated the disturbance the individual was experiencing with the unconscious. Jung thus differed from the classical analysts in pointing out that one could not generalize about religiosity, as this in itself was a very varied phenomenon.

Doubt has been cast on analytical theory by several workers. Thus Lane (1968), in a study of 90 patients, attempted to measure the 'Degree of Concern for Religion', and correlated this with the results on the Edwards Personal Preference schedule. He concluded: 'It now appears that it is more promising conceptually to regard religious concern as being related to various functional psychological needs than it is to cast it aside as being a symptom of psychopathology or as being a negative prognostic sign of recovery.'

Boisson (1952) puts forward a convincing argument that religion is a highly personalized affair, and he provides clinical evidence that even bizarre types of religiosity can be converted into constructive channels when such an intense religious experience is successfully related to unmet psychological needs.

Lloyd (1973) states categorically that religion is a coping device and can be regarded as normal or symptomatic. In the latter situation the individual's normal devices fail or their integration is threatened and the change is usually towards the more enthusiastic, irrational, fundamental and emotive sects where the psychotic patient may well be supported, protected and hidden from society. However, he fails to explain how he has reached this conclusion.

The principal problem seems to be to decide whether extreme religiosity such as is seen in the so-called 'neurotic sects' (Northridge, 1968) is a symptom of an overt psychiatric disorder, or whether it is a complex defence mechanism against an underlying disorder.

The Jehovah's Witnesses sect was started by Charles Taze Russell in 1872. He proved to be

a man of doubtful integrity, but the movement has spread around the world. It is not necessary for the purpose of this paper to describe the organization's structure, but its members ardently believe that the world as we know it is shortly to cease and that only those few who have rigorously obeyed their creed will gain eternal salvation with Jehovah. Each Witness believes it is his personal duty and responsibility to bring these facts to the notice of everyone he comes in contact with, and to make an attempt to save them from eternal earthly existence.

Their principles and ideas are inferred from what conventional Christians would regard as an arbitrary selection of texts from the Bible. Some of these selections are so oblique and tangential that they seem best understood as misinterpretations or even false ideas of reference.

The sect does not appear to place much emphasis on sex or guilt, and it denies the existence of Hell. If this belief system has a psychiatric parallel, Northcott's adjective 'neurotic' is inaccurate and the terms 'psychotic' or 'paranoid' would appear to be more appropriate. It seemed of interest to investigate and attempt to clarify some of these hypotheses by a study of psychiatric disorder among members of this—or of any other—extreme religious sect.

During the period of 36 months from January 1971 to December 1973 there were 7,546 inpatient admissions to the West Australian Mental Health Service Psychiatric Hospitals. Of these 50 were reported to be active members of the Jehovah's Witnesses movement. It was not known what proportion of these were respectively converts or second generation members.

The number of Jehovah's Witnesses in Western Australia was stated by their official agency, Kingdom Hall, to be approximately 4,000. The total population of Western Australia on 1 January 1973 was 1,068,469, the majority (750,000) living in the greater Metropolitan area of Perth City. As in most Australian cities, the population consists principally of native-born Australians and of a large group of immigrants, mainly from Europe, but with minorities from other areas also. Western Australia also has approximately 20,000 Aborigines.

Of the 50 admitted 22 were diagnosed as

TABLE I
Admissions for schizophrenia 1973

	Total admissions	Annual rate per 1,000 population	Jehovah's Witnesses admissions	Annual rate per 1,000 population
All diagnoses	7,546	2.54	50	4.17
Schizophrenia (295) ..	1,826	.61	22	1.83
Paranoid schizophrenia (195.3) ..	1,154	.38	17	1.4
Neurosis (300)	1,182	.39	10	.76

schizophrenic, 17 as paranoid schizophrenic, 10 as neurotic and one as alcoholic.

DISCUSSION

From the figures gathered in the Table it is clear that members of the Jehovah's Witnesses movement are over-represented in admissions to the Mental Health Services of this State. Furthermore, it is clear from the Table that the incidence of schizophrenia amongst them is about three times as high as for the rest of the general population, while the figure for paranoid schizophrenia is nearly four times that of the general population. (These figures are all statistically significant at the .001 level by χ^2 test.)

A further finding that has come to light is that the admission rate for paranoid schizophrenia appears to be higher in Western Australia than in a comparable English area (Plymouth, 1972). This finding has been noted

TABLE II
Comparative admissions for schizophrenia 1973

	Admissions for schizophrenia and paranoid schizophrenia as a percentage of all admissions for 1973	
	Western Australia (n = 2,635)	Plymouth (England) (n = 1,246)
Schizophrenia ..	675 (25%)	249 (20%)
Paranoid schizophrenia	448 (17%)	84 (6.7%)

before in areas where there has been immigration from different cultures Kraus (1969). The mechanisms underlying this finding are presumably of a complex psychosocial nature and need not be discussed here. However, they are of some interest as in the English area there is also a lower reported following of the Jehovah's Witnesses movement.

If it is argued correctly that the function of religion is preservation of the ego and the silencing of anxiety, and that conventional religiosity is an expression of a healthy psyche, then extreme religious views may represent a form of expression of a psychotic disorder.

As mentioned earlier, the experience of guilt in religious behaviour other than in sudden conversion has not been studied to the knowledge of the writer and could also be a subject for further investigation.

Also illuminating would be a comparison of the data for converted Jehovah's Witnesses with those for subjects who have derived their faith from their parents. The study does not shed light on the question of symptom or defence mechanism, but suggests that either the Jehovah's Witnesses sect tends to attract an excess of pre-psychotic individuals who may then break down, or else being a Jehovah's Witness is itself a stress which may precipitate a psychosis. Possibly both of these factors may operate together.

Karl Marx once remarked that religion was the opiate of the people. Is it possible that the schizophrenic, with his thoughts in a turmoil and plagued with doubts about his identity and ideas of reference, is able to gain the support of a non-pharmacological tranquillizer from membership of a sect such as the Jehovah's Witnesses? If so, mental health workers and religious leaders should perhaps take a fresh look at the structure and function of these and other related groups.

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