

Correspondence

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The Editor, British Journal of Psychiatry, 17 Belgrave Square, London, W1M 9LE

PSYCHIATRY AND SECTARIANS

DEAR SIR,

The article by John Spencer on 'The mental health of Jehovah's Witnesses' which was published in this *Journal* (June 1975, 126, 556) may appear to have made a useful contribution to the scientific understanding of phenomena which have remained largely unexplored. While the article is welcome as a pioneering attempt to introduce some conceptual rigour and some apparently objective facts into a peculiarly ill-informed area of psychology, it contains some serious errors of fact and method. My object in correcting them is to lay the foundations for a more clear-sighted and methodologically sound approach to the study of mental health among religious sectarians. The topic is important enough and sufficiently unexplored to warrant closer scrutiny.

The factual errors are threefold. Firstly, Spencer is wrong in saying that there have been 'remarkably few studies correlating choice of religious belief with personality or mental disorder'. The literature in the psychology and sociology of religion is replete with references to studies of this kind. Secondly, Spencer misrepresents the beliefs of Jehovah's Witnesses about the availability of eternal salvation. They do not deny that some non-Witnesses will attain this state; they merely affirm that only the Witnesses will pass *unscathed* into the allegedly impending 1,000 year reign of peace and perfection on earth. Thirdly, my own research on Jehovah's Witnesses in Britain has shown that it is mistaken to believe, as Spencer explicitly states, that the organizational structure of the Watch Tower movement has no relevance to an understanding of the Witnesses' mental health. Indeed, my findings showed that the complex structure of their social relations was an important determinant of their ways of thinking, feeling and acting. To follow Spencer's procedure of isolating personality characteristics from their social context is to preclude the possibility that the aetiology of Jehovah's Witnesses' alleged mental ill health could ever be properly understood.

More serious, however, are two methodological shortcomings of Spencer's study. On the one hand he never questions the reliability of the process whereby

the hospital staff who admitted his subjects also attributed to them full membership in the Watch Tower movement. But given that the admissions took place over a period of 36 months and that the staff concerned had not been specially alerted to the importance of correctly categorizing religious affiliations, there are good grounds for being highly suspicious of the statistics. Moreover, it is commonly found that anomalies and ambiguities cannot be tolerated by officials whose tasks include repetitive form-filling. The attribution of Watch Tower membership is probably a more accurate reflection of the concern of admission staff to maintain tidy records than a true account of patients' religious affiliation.

On the other hand we cannot know whether the patients were being truthful about membership of the sect or whether they were lying, fantasizing or indulging in wishful thinking. If they really were suffering from psychiatric disorders, then even their self-reported religious affiliations must be suspect. At least, their claims to membership should have been checked by an independent researcher. The reason for insisting on this point is that for a variety of reasons I find it unlikely that Spencer's schizophrenics and paranoid schizophrenics would have been allowed to remain in full fellowship with Jehovah's Witnesses.

These criticisms are offered in a positive spirit, for Spencer's article has at least served to highlight the difficulties inherent in any study of sectarians. But one of the pre-conditions for improved knowledge in this area must be the correction of published errors. My hope is that with a more sophisticated methodology the psychiatric study of sectarians can make significant advances.

JAMES A. BECKFORD.

*University of Durham,
Department of Sociology and Social Administration,
Elvet Riverside, New Elvet,
Durham, DH1 3JT.*

DEAR SIR,

In 'The mental health of Jehovah's Witnesses', John Spencer (*Journal*, June 1975, 126, 556) suggests that Jehovah's Witnesses are 'more likely to be

admitted to a psychiatric hospital than the general population'. He bases this on the simple ratio of number of admissions to size of population, comparing Jehovah's Witnesses to the general population.

While interesting, the findings are questionable. Numerous other factors, not controlled for, could influence the results obtained. For example, one must consider whether Jehovah's Witnesses tend to live primarily in urban areas or have different age and socio-economic status demographic characteristics from the general population; any of these could affect the results of this study.

It is particularly important that research of social consequence should be carefully carried out. Experimenter-bias errors may seive the maintenance of social stereotypes. The tone of the article in this regard is a bit distressing: whether the founder of the Jehovah's Witnesses sect 'proved to be a man of doubtful integrity' is clearly a hypothesis that should be supported if proffered. For me, it served as a warning to scrutinize the methodology and results carefully.

MEYER A. ROTHBERG.

*Department of Psychiatry,
College of Medicine and Dentistry of New Jersey,
Rutgers Medical School,
Piscataway, N.J. 08854.*

BROMIDE INTOXICATION

DEAR SIR,

Bromides were for many years used extensively as anticonvulsants and anxiolytics. Today they are rarely used. Bromide intoxication may lead to ataxia, dysarthria and nystagmus (Morgan and Weaver, 1969) and an acneiform skin rash; there may be irritability and emotional lability, a confusional state, and hallucinations (Levin, 1960). Granville-Grossman (1971) has well summarized the literature.

Recently a 49-year-old married woman was brought to this hospital as an emergency admission. For two weeks she had been giddy and for three days she had been in bed; her speech was indistinct, and she had difficulty holding cups and had been incontinent on one occasion. She was found to be disorientated for time and place, and for several days she was ataxic, dysarthric and dysphasic, with impaired attention and concentration. She had an acneiform rash on her back. At one period she was visually hallucinated. Her serum bromide level on admission was estimated and was found to be 528 mg per 100 ml. Urinary tests for barbiturate and amphetamine were negative.

During World War II she had become panicky and had read a book which recommended a mixture,

containing 10 g bromide per 200 ml, as a 'nerve tonic'. Her general practitioner had prescribed this for her, and she had taken it twice a day for over twenty years. There was no family or personal history of mental illness. Her mixture was discontinued and she was encouraged to drink a lot of water. Her serum bromide slowly fell and she was discharged after two months. No reason was found for the onset of her bromide intoxication to have occurred at this particular time.

ALEC ROY.

*The Maudsley Hospital,
Denmark Hill,
London, SE5 8AZ.*

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SPEECH IN SCHIZOPHRENIC PATIENTS

DEAR SIR,

We would like to make a few comments concerning the paper by Rutter, Wishner and Callaghan (*Journal*, June 1975, 126, 571). Their findings were at odds with those of Silverman (1972) in that they found higher Cloze scores for normal subjects rating texts mutilated at every fourth word compared with every fifth word. But their study was in no way a replication of Silverman's. In their experiment the total number of speech transcripts amounted to only four, each of 200 words; but in Silverman's study (1972) there were, in all, fourteen 200-word speech transcripts. With the very small number of samples used by Rutter *et al.* it is quite likely that their finding was due to chance. In fact their study was really the reverse of Silverman's in that they were testing the raters rather than the speakers.

A careful examination shows that their findings actually support many of those in Silverman's study in that:

(a) they found consistently lower Cloze scores for the 4th deletion pattern rather than the 5th with their two schizophrenic texts, both with schizophrenic and with normal raters.

(b) the gain in predictability from 4th to 5th deletion patterns was considerable for schizophrenic speech as against normal speech (as in Silverman's study, the interaction between texts and deletion pattern was very highly significant).