AN INVESTIGATION OF THE RELIGIOUS INTENSITY OF PARANOID-TYPE SCHIZOPHRENICS AND SOCIOPATHS

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The present investigation was concerned with the effectiveness of religion in personality development and the significance of church attendance in ethical and moral control. These concepts were related to specific diagnoses of psychiatric patients to ascertain the effect of religion upon those patients diagnosed as paranoid-type schizophrenics and as sociopaths. In addition, the effect of this variable on other variables related to the patient's past religious experience, such as church attendance, was examined. The religiousness of the patients was measured by a single religious intensity questionnaire.

The subjects consisted of 50 male and female patients in a private psychiatric hospital. Seventy-two subjects were selected from patients diagnosed as paranoid-type schizophrenics and as sociopaths and then differentiated into two matched groups of 25 each. These groups were matched by pairing of persons on the basis of sex, age, and level of education. Both groups comprised only those who professed the Protestant faith. The subjects were administered the questionnaire in private interview rooms in the closed divisions of the hospital.
The raw scores of the 52 items measured in the test were calculated. One of the ten variables from the personal background information (attendance) was then selected and these scores were tabulated for each group.

The t-test for matched groups was computed to determine if there was a significant difference between the two groups' religiousness. A significant difference was found in the degree of religiousness proclaimed by the patients. Chi-square was computed to determine if church attendance and diagnosis were independent. The two groups did not differ significantly in attendance. An estimate of differences among the background categories was made by constructing tables and computing chi-square for the individual categories. Although there were differences on more than one category, no particular diagnosis differed greatly on all categories.

The implications of the findings, in accordance with the definition of the psychosis itself, suggested that the paranoid schizophrenic does internalize a religious creed which he tries to follow sincerely. The variable that seemed to be most related to both groups was the way in which subjects perceived their parents to have been liberal or conservative in religious matters. The greatest difference was found in those who prayed on their own. Although there was not a significant difference between the groups in church attendance, the evidence suggested that the
majority of the sample at one time or another had been exposed to religious experiences through church attendance.

Further research on the influence of religion on mental illness could be improved in several ways. In further studies of larger groups, a wider range of age could offer more control. More tests could be used in a battery, such as personality measurements in addition to the religiousness instrument. On the basis of these findings a study conducted using both the hospital population and an outside group in a comparison of religiousness could be done. Further study could be done in the area of pathological categorizing to develop a more refined and uniform system of classification. To study the effects of a religious change on behavioral perceptions, religious concepts could be assessed at the beginning of hospitalization and then later to see if treatment had any effect on previous religious beliefs.
AN INVESTIGATION OF THE RELIGIOUS INTENSITY OF PARANOID-TYPE SCHIZOPHRENICS AND SOCIOPATHS

THESIS

Presented to the Graduate Council of the North Texas State University in Partial Fulfillment of the Requirements for the Degree of

MASTER OF ARTS

By

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Denton, Texas
May, 1972
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Introduction

Newspapers, magazine articles, radio, and television, as well as sermons and teachings of rehabilitation programs, stress the need for religious affiliation as well as religious education as a means of developing within the individual the necessary controls for emotional stability. Most organized religions state that religion imparts to those who believe a greater "peace of mind" and "mental balance."

Frequently, many outstanding civic, educational, or church laymen contend that religious responsibility taught through Sunday school and church attendance would allow the individual adequate inner strength, will power, or sufficiently developed coping measures to satisfy any external difficulties with which he might be confronted, thus resulting in a healthy internal being. Also from these sources, one might assume that those who have become inactive could regain this inner strength by returning to the fold. Consequently, one might also postulate that in our culture Sunday school attendance, regular church attendance, and religious participation are significant factors for "peace of mind," and thus for a stable, well-adjusted, emotionally secure individual.

According to Freud (1957, p. 112), religion is one of several ways in which man seeks to avoid the "pains of life
and increase its pleasures." Ostow (1958) notes that behavior has been influenced by religious institutions in almost all human societies since their beginning, and the need to influence and control behavior has been an important issue since man began to live in groups.

In a study regarding religious beliefs and behavior, Cline and Richards (1965) suggest that religion in various ways influences the daily lives and interactions of men and women in our contemporary society and, through its impact on individuals, these religious perceptions generalize to all other institutional systems of the community in which these individuals interact or participate.

This study is concerned only with the Christian religion; therefore Glock and Stark's (1965, p. 4) definition was used: "Religion is what societies hold to be sacred, an institutionalized system of symbols, beliefs, values, and practices focused on questions of ultimate meaning." An institution which exalts such virtues as truth, morality, and justice and is capable of inducing compliance with its edicts is most likely to have a profound effect upon behavior and might well be a decisive factor in promoting conformity to the accepted mores of our culture. Assuming this is true, the questions then arise as to how effective is religion in personality development and how significant is church attendance in ethical and moral control.
According to Oates (1955, p. 14), "Mental illness is the price which we pay for being human and having the power of choice and the capacity for growth." There is a "binding" and "hindering power" in religion that is built into the personality of its adherents without much insight into personal choice or affirmation of freedom on the part of the individual. The "hindering power" of religion is often seen in psychiatric patients in that what a man believes profoundly affects his physical and mental health. Thus the role of religious experience is brought into the prognosis for recovery in mental patients.

In theology, morality is the response to conscience, the still, small voice of feeling guilty. Moral values provide a core of integrative concepts for the development of personality and for the maintenance of society, for example, values and definitions of appropriate behavior. Values are incorporated by the individual and become part of a psychologically absolute moralistic system; thus one feels guilty about something because he has been trained to feel guilty. Religion in this instance becomes an external burden to a growing child as he strives for independence of his parents. The failure to achieve a wholesome selfhood and independence may take the form of a mental illness and in this instance religion tends to maintain the illness.

According to Barnhart (1971), "Moral training may be proper training for some who are irresponsible, while moral
training for deprived members of society who already feel their lives are meaningless would be premature at best and at worst infuriating and productive of even greater frustration." Therefore, mental illness according to this concept means moral conflict.

There is a multiplicity of human needs that become involved in religion, in that God is omnipotent and an embodiment of power. There is security and strength for the individual in religious belief. One sees in this belief cosmic perfection, love, and knowledge. God is omniscient and there is consolation, peace, and understanding. When one sins, He is the Redeemer and when one needs guidance, He is the Holy Spirit. There are divine attributes which conform to desire, though the individual is seldom aware that his search for his deity is predicated by his present needs.

According to Ostow (1958), religion offers instinctual gratification by promising rewards for good behavior and threatening frustration and injury in return for bad behavior. Controlled regression is encouraged by organized religion by the invoking of obedience, which is a primary concern of religion. A religious individual surrenders autonomy and becomes more compliant to religious authority and to religious effort to control human behavior, and thus to the goal of social stability.
Often, "blunting" the edge of the pain of reality, as the paranoid wisely does with delusions and hallucinations, can be a reward to the religious man for his observance and can strengthen his loyalty to religion.

Pattison (1960) reports that psychological guilt is an affect or guilt-feeling which elicits the subjective experience of internal condemnation of oneself by his "moral codes." These codes are internalized within the individual through religion by social control. Schizophrenics use guilt to gain control over an uncontrollable environment. Since they are unable to cope with reality, their feelings of impotency are greater and persecutory paranoid features result. The individual then feels even more threatened because he is surrounded by his tormentors from whom he is helpless to escape.

Gardner (1969) maintains that a way of lessening this guilt is to blame others (projection) and by so doing the paranoid is able to put control into the hands of mankind. Therefore, not only are feelings of helplessness decreased, but the feelings of unworthiness associated with personal guilt are obviated. The absence of any form of control can be equally unhealthy. The sociopath tends to unlearn or ignore what religion has taught him about values and what values are for. The primary goal of bringing up the child is to inculcate in him inner controls that will deter behavior which may be deleterious to himself or to society.
Rokeach (1970) declares that errors committed in the name of religion are primarily those of not teaching children that salvation and happiness are rewards for doing good rather than for "not doing bad"—for obeying the "thou shalt"s of the Sermon on the Mount rather than the "thou shalt not"s of the Ten Commandments. He further adds that religious values serve more as standards for condemning others or as standards to rationalize one's own self-pursuits than as standards to judge oneself or guide one's own conduct.

Religious values and ethical and moral standards are said to be learned by religious involvement through church attendance; however, studies regarding church attendance and membership indexes in accordance with religious belief do not necessarily denote the quality of religiousness possessed by the individual. Lenski (1963) contends that when active church members and marginal ones are compared, the churches are not the powerful force one might wish them to be. In his study, the difference in churchgoers and non-churchgoers was so small that it was difficult to say that involvement had any great effect on personal morality. Religious groups were also considered to be far less influential than most formal associations because they bring members together for only an hour or so a week and attract only a minority of the population. Lenski further adds, "Individuals are exposed to influences of religious groups
everyday [sic] and in a variety of social relationships and it is a serious mistake to equate religious groups with churches and synagogues."

Hirschi and Stark (1969) found, in a study of delinquents, that children who attend church are no more likely to accept ethical principles than those who do not attend church. They are only slightly more likely to respect conventional authority and are much more likely to believe in the literal existence of the devil and life after death. According to McClain (1970), the difference between "attenders" and "non-attenders" depends on personal motives and attitudes. How regularly one attends church is related to personality variables that are not necessarily religious. In his study, McClain found that personality measures were significantly related to church attendance. He suggests that "non-attenders" tend to be characterized by autonomy, independence, and self-sufficiency. These subjects also exhibited patterns of self-direction and components of creativity--free-thinking, freedom from being rule-bound, non-conformity, experimentation, love of the new and the different, access to inner stimuli, initiative, artistic temperament, and inquiring attitudes.

Studies reported by Rokeach (1969) have shown that "people with formal religious affiliation are more anxious, they complain more of work under tension, sleeping fitfully, and similar symptoms." Religious sentiments prevail in the
majority of patients in mental hospitals and religious delusions are a major part of illnesses in about one-third of them. On the contrary, observations made in a mental hospital by Armstrong, Larsen, and Mourer (1962) found that the "patient groups" had significantly less interest in religion, had lower church attendance, found religion less helpful, and worried less about religion than did the "normals."

Some of the concepts presented in the literature suggest that religion helps integrate both society and social values into the personality; however, there was no evidence of studies relating religious beliefs to specific diagnoses of psychiatric patients. The purpose of this study was to ascertain the effect of religion upon those patients who had been diagnosed as paranoid-type schizophrenics and as sociopaths. In addition, the effect of this variable on other variables related to the patient's past religious experience, such as church attendance, was examined. For this study, regular church attendance was defined as attending church three times or more each months and occasional attendance as less than three times each month. Accordingly, the problem is the following: Is intense religious belief found more in paranoid schizophrenic pathology or in sociopathic pathology and is church attendance related to the group with the most significant religiousness?
If the integration and internalization of religion is related to a specific diagnosis, there will be a significant difference in the degree of religiousness proclaimed by patients who are diagnosed as paranoid-type schizophrenics as compared to those who are diagnosed as sociopaths. Furthermore, if church attendance is a criterion of religiousness, then patients who are diagnosed as paranoid-type schizophrenics will demonstrate a significantly higher rate of church attendance before hospitalization than will sociopaths.

Method

Subjects

The subjects used in this study were 50 male and female patients in a private psychiatric hospital. Two groups were selected according to their diagnosis. Diagnoses were defined by the Committee on Nomenclature and Statistics of the American Psychiatric Association. One of the groups used was diagnosed as **Schizophrenia, paranoid type**. According to the committee (1968) this disorder is characterized primarily by the presence of persecutory or grandiose delusions, often associated with hallucinations. Excessive religiousness is sometimes seen. Behavior and attitude are often hostile, aggressive, and tend to be consistent with delusions. The most used defense is that of projection, which ascribes to others characteristics the patient cannot accept in himself.
The other group, classified as **Sociopathic, personality disorders**, consisted of patients with four separate diagnoses. According to the committee (1968), personality disorders are behavior patterns which are characterized by deeply ingrained maladaptive patterns of behavior that are generally life-long, often recognizable by the time of adolescence or earlier. The personality disorders used in this study were the following: (1) **Antisocial personality**: Those who fit this diagnosis are basically unsocialized and their behavior pattern repeatedly brings them into conflict with society. They are incapable of significant loyalty to individuals, groups, or social values. They are grossly selfish, callous, irresponsible, impulsive, and unable to feel guilt or to learn from experience and punishment. Their frustration tolerance is low and they tend to blame others or offer plausible rationalizations for their behavior. (2) **Passive-aggressive personality**: This behavior pattern is characterized by both passivity and aggressiveness. The aggressiveness may be expressed passively by such means as obstructionism, pouting, procrastination, intentional inefficiency, or stubbornness. (3) **Inadequate personality**: This behavior pattern is characterized by ineffectual responses to emotional, social, intellectual, and physical demands. One who exhibits this disorder manifests unadaptability, ineptness, poor judgment, social instability, and lack of physical and emotional stamina.
(4) **Unsocialized aggressive reaction of childhood (or adolescence):** This disorder is characterized by overt or covert hostile disobedience, quarrelsomeness, physical and verbal aggressiveness, vengefulness, and destructiveness. Temper tantrums, solitary stealing, lying, and hostile behavior are common.

One group of patients, diagnosed as paranoid-type schizophrenics, consisted of 12 females and 13 males. The mean age for this group was 30.28 years, with a standard deviation of 7.92. The mean level of education was 12.80 years, with a standard deviation of 3.34. The members of the paranoid schizophrenic group ranged in age from 19 to 49 years. The second group of 25 patients, diagnosed as sociopaths, consisted of 13 females and 12 males. The mean age for this group was 26.28 years, with a standard deviation of 11.90. The mean level of education was 11.80 years, with a standard deviation of 2.22. The members of the sociopathic group ranged in age from 16 to 48 years.

**Instrument Used**

The test for religiousness used in this investigation was limited to one questionnaire. The religious intensity questionnaire, "An Experiment in Religious Intensity," was constructed by Harrison (1968), using information provided by a survey of religious doctrines and various studies concerning religion. The instrument was designed, validated,
and administered by the constructor in a similar study concerning criminal behavior. A specimen copy of the instrument is presented in the Appendix.

The test consists of a 52-item questionnaire in which numerical values are assigned to each of the questions. Numerical values range from a score of zero, indicating that the respondent "Strongly Agrees" with the statement, through a score of four, which indicates the respondent "Strongly Disagrees" with the statement. A summation of the scores divided by the common denominator of 52 gives the person's religiousness score, which was used in the analysis of the data.

Ten personal background questions were asked. Responses related to church attendance were used in testing the second hypothesis. According to Harrison (1968), "Although mere church attendance cannot be construed as the absolute degree of a person's religiosity, it is probably acceptable that there is likely to be a high degree of association between religiosity and frequency of attendance. Thus, this was the basis for the test of validity in regard to religiosity."

The validity of the questionnaire was based on the results obtained from administration of the instrument to 204 college students enrolled at North Texas State University during the 1967-1968 fall semester. These students were enrolled in freshman sociology classes, with class standings of freshman, sophomore, junior, and senior.
Findings indicated that 25, or 86 per cent, of those individuals who indicated church membership and scored within the "Strongly Agree" category (N = 29) had also indicated regular church attendance. Those who scored within the "Agree" category (N = 83) showed 41, or 49 per cent, with regular attendance. The "Undecided or Don't Know" group (N = 51) had 14, or 27 per cent, with regular attendance; and in the "Disagree" category (N = 11) there was one individual, or 9 per cent, indicating regular church attendance. There were no church members in the "Strongly Disagree" category.

Of the students who indicated church membership, 46.5 per cent reported they attended church services regularly, and 53.5 per cent said they attended occasionally or never. Results tended to indicate that as the degree of religious intensity declines, so does the frequency of church attendance.

Procedure

The subjects were selected from a hospital population of approximately 230 admissions over a period of four months. At the time the population was sampled, the patients had been hospitalized for a period of one week or less. Routine laboratory examinations, a physical examination, an electroencephalogram, an electrocardiogram, and a skull X-ray had been made of each individual. The patients had undergone
"staffing," which is a three-phase function conducted by the staff of a hospital whose purpose is to treat mental disorders. The three phases are (1) a report of all known historical, biographical, psychological, and medical information regarding the patient; (2) a conference with the patient in attendance; and (3) a clinical diagnosis and prescription of a treatment routine by the psychological and medical staff. Clinical diagnosis had been made but no recommended or prescribed treatment had been administered at the time the instrument was given.

Staff cards denoting diagnosis were reviewed and patients diagnosed as paranoid-type schizophrenics and sociopaths were considered as tentative subjects. Though 45 days is the recommended length of stay for hospitalization, the ability to predict this is tenuous; therefore questionnaires were administered immediately after staffing to all patients who fell under the specified classifications. Also, the importance of test administration before medication or treatment was a significant factor.

The tentative subjects were administered the questionnaire by the examiner in a private interview room located in the closed divisions of the Men's Building and the Women's Building of the hospital. Brief instructions relating to the test were given to the subjects; then they were left alone to answer the questions. The questionnaire required about 10-15 minutes to administer.
Tests were considered invalid if the patient failed to follow instructions or if perseveration of answers was observed. The questionnaire was not anonymous, since identification was necessary for grouping of the diagnoses; therefore, the name, sex, and diagnosis appeared on each questionnaire.

When sufficient, or what was considered adequate, data (37 paranoid-type schizophrenics and 35 sociopaths) had been collected, the process of matching the groups was begun. Since the two groups had already been differentiated, questionnaires and staff cards of each patient from each of these groups were then examined. The subjects were then paired as closely as possible on the basis of sex, age, and level of education. For this purpose, age and sex were self-explanatory. Numerical values were given to levels of education in addition to those pointed out by the questionnaire. For example, first-year college was given a value of 13; second year, 14; third year, 15; fourth year, 16; and a value of 17 was given to the graduate level. Both groups included only those who professed the Protestant faith.

The raw scores of the 52 items measured in the test were calculated. One of the ten variables from the personal background information (Attendance) was then selected and these scores were tabulated for each group.
Results

The *t* test for two matched groups was computed to determine if there was a significant difference between the two groups' religiousness.

A significant difference was found in the degree of religiousness proclaimed by the patients.

The means and standard deviations of the experiment in religious intensity for both groups can be seen in Table 1.

Table 1

Means and Standard Deviations for Religious Intensity for Paranoid Schizophrenics and Sociopaths

<table>
<thead>
<tr>
<th></th>
<th>Paranoid Schizophrenics</th>
<th>Sociopaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>1.222</td>
<td>1.794</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>.468</td>
<td>.795</td>
</tr>
<tr>
<td><em>t</em></td>
<td></td>
<td>3.029*</td>
</tr>
</tbody>
</table>

*P < .01.

The *t* for religiousness scores was significant beyond the .01 level.

Chi-square was computed to determine if church attendance and diagnosis were independent. The two groups did not differ significantly in attendance.

The number of subjects and the percentage of the rate of attendance for both groups can be seen in Table 2.
Table 2
Subjects and Rate of Attendance for Paranoid Schizophrenics and Sociopaths

<table>
<thead>
<tr>
<th>Attendance</th>
<th>Paranoid Schizophrenics</th>
<th>Sociopaths</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Subjects</td>
<td>Per Cent</td>
</tr>
<tr>
<td>Regularly</td>
<td>12</td>
<td>48</td>
</tr>
<tr>
<td>Occasionally</td>
<td>09</td>
<td>36</td>
</tr>
<tr>
<td>Never</td>
<td>04</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100</td>
</tr>
</tbody>
</table>

The chi-square was 2.851, with df = 3. The overall difference was not significant at the .05 level.

An estimate of differences among the background categories was made by constructing tables and computing Chi-square for the individual categories. These results can be seen in Tables 3 through 7.

Table 3
Percentage of Responses to the Question "Did Your Parents Differ on Religious Questions?"

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paranoid Schizophrenics</td>
<td>(N = 6) 24%</td>
<td>(N = 19) 76%</td>
</tr>
<tr>
<td>Sociopaths</td>
<td>(N = 10) 40%</td>
<td>(N = 15) 60%</td>
</tr>
</tbody>
</table>

Chi-square was 1.470, with df = 1; P > .05.
Table 4
Percentage of Responses to the Question "Do You Consider Your Parents to Have Been Strict, Reasonable, or Lenient?"

<table>
<thead>
<tr>
<th></th>
<th>Strict</th>
<th>Reasonable</th>
<th>Lenient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paranoid Schizophrenics</td>
<td>(N=8) 32%</td>
<td>(N=15) 60%</td>
<td>(N=2) 8%</td>
</tr>
<tr>
<td>Sociopaths</td>
<td>(N=7) 28%</td>
<td>(N=13) 52%</td>
<td>(N=5) 20%</td>
</tr>
</tbody>
</table>

Chi-square was 2.778, with df = 2; P > .05.

Table 5
Percentage of Responses to the Question "Would You Consider Your Parents to Have Been Liberal or Conservative in Religious Matters?"

<table>
<thead>
<tr>
<th></th>
<th>Liberal</th>
<th>Conservative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paranoid Schizophrenics</td>
<td>(N = 14) 56%</td>
<td>(N = 11) 45%</td>
</tr>
<tr>
<td>Sociopaths</td>
<td>(N = 14) 56%</td>
<td>(N = 11) 45%</td>
</tr>
</tbody>
</table>

Chi-square was 0, with df = 1; P > .05.

Table 6
Percentage of Responses to the Question "Did Your Best Friends Go to Your Own Church?"

<table>
<thead>
<tr>
<th></th>
<th>Most of Them</th>
<th>Few</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paranoid Schizophrenics</td>
<td>(N = 15) 60%</td>
<td>(N = 10) 40%</td>
</tr>
<tr>
<td>Sociopaths</td>
<td>(N = 11) 44%</td>
<td>(N = 14) 56%</td>
</tr>
</tbody>
</table>

Chi-square was 1.280, with df = 1; P > .05.
Table 7
Percentage of Responses to the Question "Do You Pray on Your Own?"

<table>
<thead>
<tr>
<th></th>
<th>Daily</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paranoid Schizophrenics</td>
<td>(N=14) 56%</td>
<td>(N=10) 40%</td>
<td>(N=1) 4%</td>
</tr>
<tr>
<td>Sociopaths</td>
<td>(N=7) 28%</td>
<td>(N=11) 44%</td>
<td>(N=7) 28%</td>
</tr>
</tbody>
</table>

Chi-square was 6.69, with df = 2; P < .05.

Discussion

The hypothesis that there would be a significant difference in the degree of religiousness proclaimed by patients diagnosed as paranoid-type schizophrenics as compared to those diagnosed as sociopaths was supported by this investigation. The implication of these findings in accordance with the definition of the psychosis itself suggests that the paranoid schizophrenic does internalize a religious creed which he tries to follow.

Some possible explanations of these findings may be found in personality characteristics observed in the paranoid schizophrenic. His mystic-like manner of thinking, along with deep dependency needs, a need for a parent figure as well as a need for control, offer some suggestions that previous religious experiences which have been internalized prior to hospitalization are only exaggerated in the pathology.
In studies of paranoid schizophrenics, Enders and Flinn (1962) have emphasized a life-long, rigid, moralistic code found in these individuals. These moralistic codes which make an individual unable to tolerate impulses toward "unacceptable" behavior result in unethical impulses which are projected to outside agencies; comments heard on the radio or made by companions are now misconstrued by the paranoid individual as suggesting illicit activities.

After determining that there was an overall significant difference between the groups, an estimate of where the greatest differences occurred among the background categories was made. The selected categories were the following: Did parents differ on religious questions? Were parents considered to be strict, reasonable, or lenient? Were parents considered to have been liberal or conservative in religious matters? Did best friends go to subject's church? How often did they pray on their own? These categories were examined by devising tables of the categories as they related to the diagnoses.

The greatest difference between the groups was found in those who prayed on their own. Fifty-six per cent of the paranoid schizophrenics prayed daily, as compared to 28 per cent of the sociopaths. There were 40 per cent of the paranoid schizophrenics who prayed sometimes, as compared to 44 per cent of the sociopaths. Only 4 per cent of the paranoids never prayed at all, whereas 28 per cent of
the sociopaths never prayed at all. Some question arises as to the validity of these findings in that at the time the paranoid is hospitalized he is most obsessed with excessive religiousness and hospitalization usually comes to the sociopath when he is most marked by lack of ethical and moral control. It would also seem reasonable to assume that one who has not followed approved modes of behavior would be less apt to profess to praying often, as compared to the paranoid who is convinced that he has had visions of God and is having hallucinations that God has told him he is on earth to be the salvation of the world.

There was no difference between the groups in the way they perceived their parents to have been liberal or conservative in religious matters. It would seem that there should have been a difference in this category because if rigid, moralistic codes had been adopted in the home, the paranoids should have claimed their parents more conservative than liberal; however, one's perception of what is liberal and what is conservative is not always clear. Too, there is a possibility that being conservative could be related to unacceptable behavior and rebellion against ethical and moral codes found in religion. Although there were differences on more than one category, no particular diagnosis differed greatly on all categories.

There are implications of the study which may be generalized to both groups in that the psychosis may be
used as a secular alternative to religion. According to Yinger (1957), "this secular alternative may be a private pattern of belief and ritual used by an unhappy individual in his attempt to counter personal failure and isolation."

The hypothesis that the patients diagnosed as paranoid-type schizophrenics would demonstrate a significantly higher rate of church attendance than sociopaths before hospitalization was not supported; however, the findings of the study are pertinent. One would suspect that if attendance were a valid criterion for measurement then those subjects who reported high scores of religiousness should not have reported a low rate of attendance.

The largest percentage of the total sample professed to having attended church occasionally: 56 per cent of those were sociopaths and 36 per cent were paranoid schizophrenics, with 46 per cent of the entire population falling within this classification. Evidence tends to suggest that the majority, or 76 per cent, of the sample has at one time or another been exposed to religious experiences through church attendance.

If participating in church activities through attendance has any bearing on what one is to believe or his religiousness, an interesting question arises as to how much of this professed church attendance is hypocrisy? Rokeach (1970) avers that hypocrisy is a discrepancy between a person's espoused values and his conduct and position on important
contemporary issues. Rokeach also suggests a deeply embedded hypocrisy within many religiously oriented individuals and, by implication, he points to a hypocrisy deeply embedded in organized religion.

Menninger is quoted (1955, p. 33) as saying, "The manner in which a man utilizes his religion, whether it be to enrich or ennoble his life or to excuse his selfishness and cruelty, or to rationalize his delusions and hallucinations, or to clothe himself in the comforting illusion of omnipotence, is a commentary on his mental health."

Though evidence is not conclusive, there does tend to be some indication from this investigation that a relationship exists between the intensity with which one believes in religion and those who are diagnosed as paranoid-type schizophrenics. Evidence also suggests that the amount of church attendance, while relating in part to the intensity of religious feeling, is not necessarily correlated with specific kinds of behaviors and events.

A variable that did appear to influence or be related to the manner in which the patient responded to the questionnaire was the subject's recall. A further limitation of the study was the broad age span of the subjects. Other factors of consequence would be the "ward culture" or conformity to the expectations of the hospital or members of its staff. Rebellion or perfunctory attitudes on behalf of the subjects, if prevalent, would apparently influence test responses.
Consideration should also be given to the nature of the test itself. It seems likely that perceptions of a test of religiousness would be perceived differently by a sociopath as compared to a paranoid schizophrenic.

In further studies of larger groups, the variables of age, such as a wider range, could offer more control. More tests could be used in a battery, such as a personality measurement in addition to the religiousness instrument. On the basis of these findings, a study conducted with both the hospital population and an outside group in a comparison of religiousness could be done. Further study could be done in the area of pathological categorizing to develop a more refined and uniform system of classification. To study the effects of a religious change in behavioral perceptions, religious concepts could be assessed at the beginning of hospitalization and then later to see if treatment had any effect on previous religious beliefs.
### APPENDIX

An Experiment in Religious Intensity

The value of this experiment depends upon your willing and thorough cooperation. Please answer all the questions and show as near as possible what you believed concerning each of these questions before the time of your hospitalization.

1. Age
2. Religious Denomination
3. Highest standing you attained at school or college:
   - Completed 8th Grade: Yes; No.
   - High School--Grade 10; 11; 12.
   - High School Graduate: Yes; No.
   - College:
     - First Year
     - Second Year
     - Third Year
     - Fourth Year

4. Church affiliation, Supporter; Member; Official?
5. Did you attend church regularly (3 times or more each month)?; Occasionally (less than 3 times each month)?; Never.
6. Did your parents differ on religious questions? Yes; No.
7. Do you consider your parents to have been strict?; Reasonable; Lenient.
8. Would you consider your parents to have been liberal or conservative in religious matters? Liberal; Conservative.
9. Did your best friends go to your own church? Most of them; Few.
10. Do you pray on your own? Daily; Sometimes; Never.

In the following statements please circle the number that most nearly expresses your belief.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided or Don't Know</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Examples: If you **Strongly Agree** with the statement circle 0

If you **Agree** with the statement circle 1

If you are **Undecided or Don't Know** about the statement circle 2

If you **Disagree** with the statement circle 3

If you **Strongly Disagree** with the statement circle 4

Please be sure to answer all the Statements.

Circle one

0 1 2 3 4 (1) I believe that God really exists.
0 1 2 3 4 (2) I believe that there is a soul.
0 1 2 3 4 (3) I believe in the divine nature of Jesus Christ.
0 1 2 3 4 (4) Christ died to save sinners as the Bible claims.

0 1 2 3 4 (5) God really answers people when they pray.

0 1 2 3 4 (6) I believe in the forgiveness of sin.

0 1 2 3 4 (7) Before one can be saved, one must feel that he is a sinner.

0 1 2 3 4 (8) Christ was really born of a virgin as the New Testament says.

0 1 2 3 4 (9) Sunday is a holy day.

0 1 2 3 4 (10) I believe that Christ performed miracles.

0 1 2 3 4 (11) The people who wrote the Bible were told by God just what to put in it.

0 1 2 3 4 (12) I believe there is a Holy spirit.

0 1 2 3 4 (13) I believe that a heaven really exists.

0 1 2 3 4 (14) I believe there is a life after death.

0 1 2 3 4 (15) I believe that man is saved by faith.

0 1 2 3 4 (16) I believe everyone will be called before God on the judgment day to answer for his sins.

0 1 2 3 4 (17) I believe that at the resurrection people will be brought to life again to live forever.

0 1 2 3 4 (18) There are angels in heaven.

0 1 2 3 4 (19) There is a Hell in which the wicked will be everlastingly punished.

0 1 2 3 4 (20) I believe that sex is evil.

0 1 2 3 4 (21) To believe in evolution is not agreeable with belief in a Creator.

0 1 2 3 4 (22) The spirits of human beings continue to exist after the death of their bodies.

0 1 2 3 4 (23) God made man out of dust and breathed life into him.

0 1 2 3 4 (24) There is a God who is altogether good.

0 1 2 3 4 (25) The world was created by God.

0 1 2 3 4 (26) The devil really exists.

0 1 2 3 4 (27) There is a God who is all-powerful.

0 1 2 3 4 (28) To believe in God makes life more meaningful.

0 1 2 3 4 (29) Jesus Christ was the Son of God.
Opposition to evolution is not due simply to ignorance.
The idea of God gives me a sense of security.
I trust in God to support the right and condemn the wrong.
People should say grace at all meals.
Prayer can solve many problems.
If the Biblical accounts conflict with the findings of science, then science must give way to the Biblical recordings.
God rewards those who live religiously.
People should attend church once a week if possible.
A sound religious faith is the best thing in life.
The church is the greatest institution in America today.
People who do not attend church regularly usually lead unconstructive lives.
There has to be some kind of a power higher than that of man.
Some sort of religious outlook is necessary to achieve fully mature principles of life.
God hears and sees everything we say and do.
On Sunday if one is unable to attend church, the person should listen to a sermon or other religious address on the radio or television.
The miracles related in the Bible are really true happenings.
Children are born into this world with a sinful nature.
God may cause children to die just to punish their parents.
Nearly all people are religious at least to some degree and this proves that we have a religious instinct.
Christ really arose from the dead after He was crucified.
Prayer is necessary to the development of the highest type of individuals.
Going to church makes a person better than the person who does not go.
Man is saved by works, not by faith alone.
References


Barnhart, J. E. Meanings of "mental illness." Unpublished paper read before the annual meeting of the Southern Society for Philosophy and Psychology, Spring, 1971.


