

RELATIONS BETWEEN SEX, GUILT,
DEPRESSION, AND FAITH

A thesis presented to the
Department of Psychology and Sociology
University of Canterbury

In partial fulfillment of the requirements for the
Degree of Master of Arts

by

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December, 1971

ACKNOWLEDGEMENTS

The author wishes sincerely to thank Professor R.A.M.Gregson for his helpful supervision and guidance of the work in this thesis.

Gratitude is also expressed to Dr. E. Hall, Medical Superintendent of Sunnyside, and H.R.Unger and Dr. T.E. Hemmings of Sunnyside; to Dr. Bryan Mann of the Christchurch Humanist Society and Mrs. F. de Roo of the Rationalist Association; to the Reverend Michael Cocks of St Anne's Parish, St. Martins; and, to the Reverend Kirton of the Apostolic Church of North Colombo Street, and to all their respective patients, members, and parishioners who took part in the study.

Finally, the author would like to thank Mrs. Joan F. Pearson for help of a clerical nature.

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CHAPTER ONEINTRODUCTION

To conduct a study covering religion, mental illness, and sexual behaviour is a delicate task. The researcher is likely to find those involved are more concerned about the religious implications of the findings than the findings themselves. The religious are immediately anxious lest their faith be undermined or they be shown to be suffering from mental illness or sexual maladjustment, and, the anti-religious are aggressively eager to serve as controls in their firm conviction that such research will bring another outmoded and useless superstition crashing to the ground. Both attitudes reflect the emotionalism which has surrounded research and theorising on religion since Freud (1907, 1928) postulated the neurotic origin of religion. Much of the interest in the psychology of religion since then has been combined with the aim either to support religion or to attack it (Argyle 1958).

Certainly the occurrence of religious hallucinations and ideation in the schizophrenias (Ferguson Roger et al. 1967), and the association of guilt feelings with behaviour (especially sexual behaviour⁽¹⁾), and religious belief among the affective psychoses, (Beck 1967), has lent apparent support to the view

(1) H.R.Unger, Senior Psychologist, Sunnyside Mental Hospital. Personal communication (1969).

derived from Freudian theory. What is the empirical evidence?

Literature Review

The literatures of three distinct areas are relevant to this study.

(a) Religion and Mental Illness: The literature in this field is not extensive. There have been very few experimental studies in this area in recent years, although the number of clinical case-studies has remained quite large. Here, however, our concern is with empirical studies of the association of religion and mental illness.

Several studies have shown a higher incidence of mental illness among the religious than among the non religious. Slater (1947) analysed the religious denominations of 9,354 non commissioned servicemen admitted to the neuro-psychiatric wards of the Sutton Emergency Hospital during World War II, using as controls 4,202 non commissioned servicemen admitted to the general wards. He found the breakdown rate was higher for denominations other than Church of England (C of E). Considering that people who claim to be C. of E. tend to be more infrequent in their church attendance than members of other denominations, (Argyle, 1958), this indicates a higher neuroses rate in the army for the religious than the non religious personnel.

Funk (1956) using 255 17 to 19 year old first year Psychology students, obtained a correlation of .29 between scores

on a measure for orthodoxy of belief and the Taylor Anxiety scale.

In a study using the thirty most orthodox and the thirty most liberal out of 490 members of different Californian churches, Dreger (1952) using various projection tests, found that the orthodox scored higher on ego defensiveness and dependency.

Several studies have compared personality questionnaire results of theological students with student norms or actual control groups. (Sword, 1931; McCarthy, 1942; Peters, 1942; Kimber, 1947; Cockrum, 1952; and Brown and Lowe, 1951).

There are no consistent findings from these studies although there is a tendency for Catholic ordinands to be more neurotic than other students and Protestant ordinands.

Dayton (1940) presents evidence for a higher neuroses rate among Jews in America. In an analysis of first admissions to psychiatric wards in Massachusetts between 1917 and 1933, he found that whereas Jews comprised 3.91 per cent of the general population, they accounted for 9.54 per cent of all admissions. This is supported by a later study of Roberts and Myers (1954) who found 24 per cent of all neurotic patients under treatment in New Haven, Connecticut, on 1st December, 1950 were Jewish, whereas 9.5 per cent of the total population was Jewish. However, in both these studies other variables may be more important than the religious variable: there are more Jews in the Upper and Middle classes in America where there is a higher reported incidence of neuroses; possibly Jews accept the idea of psychiatry

more readily than other people and so seek treatment more readily; or, it may be a factor such as minority group membership rather than anything related to religion which is responsible. (Argyle 1958).

Kranitz et. al., (1968) in a controlled study of the religious beliefs of suicidal patients found no evidence to suggest that religious beliefs or involvements of suicide attempters differed from controls.

There are studies of increases in the number of mental patients admitted suffering from "religious excitement" at the time of religious crusades. Farr and Howe (1932), Stone (1934), and Unger⁽¹⁾ all report an increase in the number of people being hospitalised with religious ideation featuring in their illnesses.

Religious symptoms are especially common in the affective psychoses and the schizophrenias (Meyer-Gross et. al., 1969). While there are clinical and statistical studies on the religious content of the particular illnesses (Rennie 1942; Beck 1967), there are no studies presenting evidence whether psychotics are more or less religious than normals.

However, Dayton (1940) has shown denominational differences to occur in the main nosological entities. He found the

(1) During the 1969 Billy Graham Crusade conducted in Christchurch by Lane Adams, and in the immediately following week, there was a marked increase in the number of admissions to Sunnyside Hospital featuring religious ideation. H.R. Unger, personal communication (1969).

following illnesses occurred more frequently in the given denomination than in the general population. Among Catholics alcoholic psychoses and schizophrenia occurred 40 per cent and $8\frac{1}{2}$ per cent above average, respectively. Among Protestants senile psychoses and cerebral arteriosclerosis occurred 39 per cent and 44 per cent above average respectively, and neuroses and manic depression occurred 144 per cent and 69 per cent above average respectively. But Rose (1956) noted that these differences are more probably due to social class than religion. A higher proportion of lower classes in America are Catholic where there is also a higher incidence of schizophrenia and alcoholic psychoses, whereas upper and middle classes which are predominantly Protestant have a higher incidence of affective illnesses and neuroses.

Roberts and Myers (1954) found a higher incidence of epilepsy among Catholics but this could be a reflection of the fact that epilepsy is more common among later children of large families (Argyle 1958).

Summary: Although a higher incidence of mental illness among the religious is a common empirical finding, on the basis of the evidence available it is not possible to offer any conclusive evidence on the direction of causation or on the actual nature and extent of the relationship between religion and mental illness. This is a result of the difficulties of working with these variables, and the absence of clear normative

data in this area.

(b) Religion and Sex: The most extensive studies comparing religious with non-religious people on sexual activity are those of Kinsey (1948, 1953) who defined his devout subjects by regular church attendance or active participation in church activities, and Chesser (1956) who used indices of religious upbringing and regular church attendance to separate religious from non-religious subjects.

Kinsey (1948, 1953) reports a lower frequency of marital intercourse among devout males, but no difference between devout and non-devout women, with the exception of Catholics who were less active and less successful in achieving orgasm during the first year of marriage. He found premarital intercourse to be about half as common among devout as non-devout, but class factors were more important than differences due to religion. Total sexual outlet, defined in terms of orgasms per week, was lower for the devout in all groups, male and female, married and single. Homosexuality and masturbation were also less for devout in all groups, but "petting to climax" was the same for devout and non-devout males, and only slightly less among devout females but here too, class factors were more important than differences due to religion.

Chesser (1956) reports less premarital intercourse among the religious, and more successful orgasms among religious married women than among non-religious, but the differences were

very small. Petting to climax was as common among religious as non-religious. He found a greater willingness on the part of non-religious to seek divorce as a solution to an unhappy marriage (37 per cent) than among the religious (14 per cent). Chesser also obtained figures on birth control, but differences between denominations are greater than differences between religious and non-religious people.

Summary: The total level of sexual activity is less for religious than non-religious people. This could be due to religious people being more reluctant to admit to sexual activities, especially those forms of sexual activity condemned by the church, but in view of the thoroughness with which Kinsey's and Chesser's studies were carried out, and the close agreement between the two studies, this is not likely.

Religious people tend to be opposed to divorce and birth control.

(c) Depression: One of the major health problems today, depression has caused more human suffering than any other disease affecting mankind (Kline 1964). It is second only to schizophrenia in first and second admissions to mental hospitals in the United States, and it has been estimated that the prevalence of depression outside mental hospitals is five times greater than that of schizophrenia (Dunlop 1965).

The incidence of depression is higher in late spring and early summer, among women, the higher social classes, and people

with a "piknic" body build. (Mayer-Gross et. al., 1969).

Depression occurs as a primary disorder, and as a secondary disorder accompanying a wide variety of other psychiatric or medical disorders, or as a reaction to life circumstances.

In the last ten years, there has been a large body of research on the cause and cure of depression, but there still remain major unresolved issues regarding its nature, its classification, and its etiology. Opinions differ as to whether depression is qualitatively as well as quantitatively different from a normal mood; as to whether it refers to a wide range of diverse disorders or to a well defined condition with a set cause, onset, course, and outcome; and, over whether its causes are primarily psychological or biological (Beck 1967). There is, however, a remarkable consistency in the description of depression, even by writers of widely divergent theoretical backgrounds.

Religious symptoms common in depression are feelings of guilt and of having committed the "unpardonable sin", delusions, and hallucinations (Beck 1967). Rennie (1942) found almost half his 99 patients had delusions and a quarter hallucinated.

CHAPTER TWORESEARCH PROBLEM AND HYPOTHESIS

The body of research relating to religious belief, sexual behaviour, and mental illness lacks clear normative data for different and distinct groups.

Four groups were used in this study. The first group was of hospitalised patients all diagnosed "Depression".⁽¹⁾ The other three groups were chosen to represent an extreme religious - non religious continuum. At the non religious end of the continuum was a group of Athiests and Agnostics, all members of either the New Zealand Humanist Society or the New Zealand Rationalist Association, and thus actively engaged in living out their beliefs. The extreme religious end of the continuum was represented by Pentecostal Christians who were fundamentalists, describing themselves as "Bible believing" and amongst whom the phenomenon of Glossolalia was common. To represent a midpoint between these polarities, a group of members from an average Anglican Parish was chosen because, while believing in God, they tend to hold views midway between Pentecostals and Humanists on many subjects.

(1) It was hoped to obtain uniformity of diagnosis in this study by relying on the diagnosis of one doctor who was aware of the nature of the study. Furthermore, as a check on diagnosis, and in order to distinguish the Depressed from the other three groups, a Depression Inventory was used. (See Methodology).

Evidence for the expected distinct views on religion and sex between the three groups represented on the extreme religions - non religious continuum comes from Argyle's (1958) review of empirical studies which suggests that Protestants tend to be intropunitive compared to Catholics who are extra-punitive, and the more liberal groups such as Jews who are impunitive. Thus we can expect the Pentecostal group to be more prone to guilt feelings than the more liberal Anglicans who in turn can be expected to be more guilt prone than the non religious (Humanist) group. We may also expect that guilt feelings over sexual matters would be strongest among Pentecostals, then Anglicans, and lowest among Humanists. The question that concerns us is the extent of difference or similarity in outlook on religious and sexual matters between the three normal groups, and a group of Depressed, hospitalised, mentally ill patients in whom religious ideation and guilt, and sexual guilt are symptoms of their illness.

These considerations can be expressed in terms of the following hypotheses:

- (i) It is possible to build up a body of clear normative data in this area.
- (ii) That Pentecostals, Anglicans, and Humanists, representing three different attitudes towards religion ranging from extreme committal to extreme disavowal will differ from each other and from a Depressed group with religious delusions, with

Pentecostals reflecting a biblically based and "doctrinaire" approach, Anglicans a liberal christian view, Humanists a non christian stance, and Depressed (who came from a cross section of religious and social backgrounds) representing a more diverse set of attitudes than any of the other groups.

(iii) That Pentecostals, Anglicans, and Humanists, representing three different attitudes towards religion will score differently from each other and from a Depressed group on attitudes to sexual behaviour, with Pentecostal scores tending towards puritanism, Anglicans moderate to liberal, Humanists liberal to radical, and Depressed (from varying religious and social backgrounds) representing a wider range of views than any of the other groups.

CHAPTER THREEMETHOD

Subjects: Four groups (already introduced) were used.

The number of subjects in each group was as follows:

Depressed	15
Humanist	24
Anglican	16
Pentecostal	17

Measuring Instruments: All groups were subjected to the same questionnaire procedure: answering the Beck Depression Inventory, the Vocabulary subtest of the W.A.I.S.,⁽¹⁾ a questionnaire on religion, and a questionnaire on sex.

Because of the unsuitability of existing questionnaires on religion and sex, it was necessary to devise new questionnaires. We make no pretense as to the originality of all items in the questionnaires, and apologise for any unconscious plagiarism.

Time taken to administer all four questionnaires varied from fifteen to forty-five minutes, with most subjects completing them in twenty to thirty minutes.

(a) Beck Depression Inventory: This instrument provides a quantitative assessment of the intensity of Depression. It is composed of twenty-one symptom-attitude categories, with

(1) W.A.I.S. Wechsler Adult Intelligence Scale.

each category containing statements giving graded scores of from 0 to 3. The symptom-attitude categories are shown in Table 1.

Table 1

Symptom-Attitude Categories of the Beck Depression

Inventory

A	Mood	K	Irritability
B	Pessimism	L	Social withdrawal
C	Sense of failure	M	Indecisiveness
D	Lack of satisfaction	N	Body image
E	Guilty feeling	O	Work inhibition
F	Sense of punishment	P	Sleep disturbance
G	Self-hate	Q	Fatigability
H	Self accusations	R	Loss of appetite
I	Self punitive wishes	S	Weight loss
J	Crying spells	T	Somatic preoccupation
		U	Loss of libido

The items and graded scores for the items within each category are given in the reproduction of the Depression Inventory in Appendix 1. The inventory is scored by adding the numbers beside the statements each subject checks off in each of the symptom-attitude categories, giving a single numerical score. All items were chosen on the basis of their relationship to overt behavioural manifestations of Depression and are not intended to reflect any theory regarding the aetiology or the underlying psychological processes of Depression.

Beck et. al. (1961) report on several studies of the validity and reliability of the Depression Inventory and

summarise them as follows. "The highly significant relationship between the scores on the inventory and the clinical ratings of Depth of Depression and the power to reflect clinical changes in the Depth of Depression attest to the validity of this instrument".. and "Studies of the internal consistency and stability of the instrument indicate a high degree of reliability" (p.568-9).

The fact that the Depression Inventory provides a numerical score facilitates comparison with other quantitative data, and, by providing a standardised consistent measure of Depression, not subject to any theoretical bias or idiosyncrasy of the person administering it, the problem of the variability of clinical assessment of nosological entities is eliminated.

(b) The W.A.I.S. Vocabulary Scale: This suited the requirements of a short, easily administered, and reliable measure of intelligence. A short measure was needed because Depressed patients are often retarded, and tire easily.

The Vocabulary subtest is highly correlated with Verbal IQ and Full Scale IQ, and has the highest reliability coefficients of any of the subtests. See Table 2.

Table 2Reliability Data on W.A.I.S. Vocabulary Scale

(Compiled from material p.13, 15, 16, and 17 of
W.A.I.S. Manual 1955)

Age Ranges	18-19	25-34	45-54
Vocab. correlation with			
verbal IQ	.90	.89	.90
Vocab. correlation with			
full Scale IQ	.87	.86	.87
Vocab. reliability coefficients	.94	.95	.96

Raw scores can be computed to a scaled score against norms for different age groups, giving a fair measure for comparison between widely differing age groups.

(c) Questionnaire on Religion: This questionnaire consisted of 30 items. It was devised by modifying items in already existing questionnaires, by inventing other items in accordance with the informal criteria set out by Edwards (1957) and by using literature and statements from Humanist and Pentecostal contacts. It covered areas such as degree of religious belief, ranging from athiestic items through liberal christian views to fundamental views. It also covered the degree to which values are shaped and determined by one's Christian or non-Christian beliefs. See Appendix 2. Scoring is dealt with below.

(d) Questionnaire on Sex: This questionnaire also consisted

of 30 items. It was also devised by modifying items in already existing questionnaires, by inventing items, and by quoting from athiestic or Christian statements. This did not ask direct questions about the subject's sex life, but questioned attitudes to various moral issues relating to sexual values (such as birth control, censorship, abortion) and covered the sorts of sexual activity the subject thought it permissible to engage in. Attitudes to deviancy and what might be regarded as unusual sex practices were also tapped. (See Appendix 3).

(e) Scoring of Religion and Sex Questionnaires: On both questionnaires, the subject registered his agreement or disagreement with each item by placing a tick in brackets under any one of the following categories: Strongly Agree, Agree, Uncertain, Disagree, and Strongly Disagree. The questionnaires were marked by assigning scores from 5 to 1 through the categories Strongly Agree to Strongly Disagree. Several items on each questionnaire were given twice, phrased both positively and negatively, as a check for consistency.

On the sex questionnaire, a sixth answer category of "Not Understood" was provided for those who either did not understand or "blocked" on the item. It was felt that (especially in view of items 22 and 29) such a category ought to be provided. A response under this category was scored the

same as a response under "Uncertain".

Scores for each subject on every item for both questionnaires were then analysed by computer. However, because of the large number of basic variables and the limits on the size of the computer program, the religion and sex questionnaires were analysed separately. The analysis employed was a principal components with subsequent varimax rotation, taking as components for rotation those eigenvalues greater than 0.97.

CHAPTER FOURRESULTSResults of the Factor Analysis

(a) Questionnaire on religion: Factor analysis showed that two clear factors were operating. The first factor score, called "G1", was obtained by adding the scores of each subject on the items shown in Table One. A high score on this factor denotes an attitude which may be expressed in terms of strength of commitment to Christian dogma, and affirmation that "God's way is the only way".

The second factor score, called "G2", was obtained by adding the scores on four items and subtracting the scores on five others (see Table One). A high score on this factor reflects an attitude towards conduct which is based on rational consideration uninfluenced by religious beliefs, and, a low score reflects the degree to which attitudes towards conduct are a reflection of Christian faith or belief. These are only monotonically related to factor scores, but they were used as indices to discriminate between groups, as a first approximation in view of the small total sample size.

Table OneTable Showing How The Two Religious Factors Were Derived

G1 God's way only way	Add	1	4	5	16	19	29
G2 Faith and morals	Add	9	21	23	26		
	Subtract	-13	-15	-22	-24	-25	

Factor Items from which factor scores were derived.

(b) Questionnaire on sex: Two clear factors were found to be operating here also. The first factor score, called "S1", was obtained by adding and subtracting those scores on the items shown in Table Two. A high score reflects an attitude towards sexual conduct which could be described as a "Puritan" attitude.

The second sex factor score "S2", as shown in Table Two, was obtained by adding the scores on some items and subtracting the scores on others. A high score shows a tolerant attitude towards such behaviours as homosexuality and prostitution, and favours "humane" treatment of sex offenders, whereas a low score reflects a punitive attitude. Thus this factor reflects a "tender-mindedness" dimension.

Table TwoTable Showing How The Two Sex Factors Were Derived

S1 Puritanical	Add	7	1	25	
	Subtract	-16	-18	-22	
S2 Tender medium	Add	10	15	22	24
	Subtract	-1	-6	-21	-28
Factor	Items from which factor scores were derived.				

Results of Depression Inventory and W.A.I.S. Vocabulary Scale

Results for all subjects on the Depression Inventory and scaled scores for the W.A.I.S. Vocabulary scale, together with subject's scores on factors, G1, G2, S1, and S2, are shown by groups in Tables 3 to 6:

Table three	Depressed
Table four	Humanist
Table five	Anglicans
Table six	Pentecostals

Table ThreeTable of Scores of Depressed Subjects on the Six Variables

	G1	G2	S1	S2	D	IQ
1	27	-6	6	-1	20	11
2	22	-2	4	2	6	10
3	23	-7	6	-7	25	10
4	28	-3	4	-1	26	7
5	30	-17	11	-8	44	12
6	17	-1	9	-6	30	12
7	20	-6	6	-1	24	8
8	25	-6	6	2	46	13
9	19	-6	6	-3	43	14
10	18	-1	3	1	31	14
11	25	-4	8	4	51	12
12	29	-4	8	4	36	9
13	30	-5	8	2	24	14
14	16	-2	-1	3	40	15
15	10	-4	3	0	37	11

Table FourTable of Scores of Humanist Subjects on The Six Variables

	G1	G2	S1	S2	D	IQ
1	12	6	-4	8	4	13
2	8	3	-6	8	0	13
3	6	8	-11	13	1	15
4	14	-15	-12	15	3	15
5	12	1	-5	11	3	16
6	13	7	-8	11	3	13
7	7	7	-9	11	3	16
8	9	3	2	-1	1	12
9	12	3	-6	10	17	16
10	7	5	-10	14	0	16
11	6	9	-12	16	16	16
12	8	6	-10	15	4	13
13	15	-2	-6	12	1	14
14	6	2	-12	15	7	16
15	8	3	-6	12	0	15
16	12	1	-8	10	8	12
17	9	5	-6	6	3	17
18	6	6	-8	14	1	18
19	8	1	-9	13	1	18
20	8	-2	-7	6	2	17
21	12	0	-6	9	7	17
22	6	4	-4	11	5	15
23	10	2	2	5	7	15
24	6	5	-12	12	6	19

Table FiveTable of Scores of Anglican Subjects on the Six Variables

	G1	G2	S1	S2	D	IQ
1	10	2	-8	11	6	10
2	18	-3	-1	4	7	16
3	19	1	-6	8	0	17
4	21	5	-6	10	14	16
5	23	-5	0	7	4	15
6	15	2	-1	10	1	14
7	25	-1	-3	9	9	13
8	19	-4	-1	4	0	13
9	22	-3	-2	4	6	13
10	23	-3	5	7	7	14
11	23	1	7	3	0	16
12	13	0	-1	9	8	18
13	28	-5	2	3	1	10
14	30	-9	10	3	6	19
15	19	-1	0	6	0	12
16	29	-4	9	1	1	17

Table SixTable of Scores of Pentecostal Subjects on the Six Variables

	G1	G2	S1	S2	D	IQ
1	30	-13	9	-1	2	17
2	30	-9	7	-4	2	15
3	30	-3	8	1	5	15
4	28	-5	10	5	0	16
5	27	-7	7	6	0	13
6	30	-3	8	3	1	17
7	27	-6	8	-13	6	13
8	30	-5	1	9	2	13
9	30	-8	9	7	2	12
10	28	-7	13	-8	4	17
11	28	-9	8	10	3	19
12	30	-5	12	8	8	11
13	29	-3	6	2	0	11
14	26	-5	9	5	8	10
15	28	-6	6	-1	14	12
16	29	-9	11	0	0	12
17	30	-8	-4	6	0	14

Table of Mean Scores

Group	G1	G2	S1	S2	DEP	IQ
D	22.6	-4.93	5.8	-0.6	32.2	11.47
H	9.17	2.83	-7.21	10.67	4.29	15.29
A	21.06	-1.69	0.25	6.19	4.38	14.56
P	28.82	-6.53	7.53	2.06	3.35	13.94

Table showing mean scores of each group on the derived factors, and mean depression and intelligence scores.

Table of Standard Deviations

Group	G1	G2	S1	S2	DEP	IQ
D	5.89	3.86	2.93	3.87	11.85	2.37
H	2.87	4.8	3.81	3.92	4.48	1.92
A	5.57	3.48	5.23	3.10	4.16	2.66
P	1.33	2.65	4.0	6.17	3.84	2.59

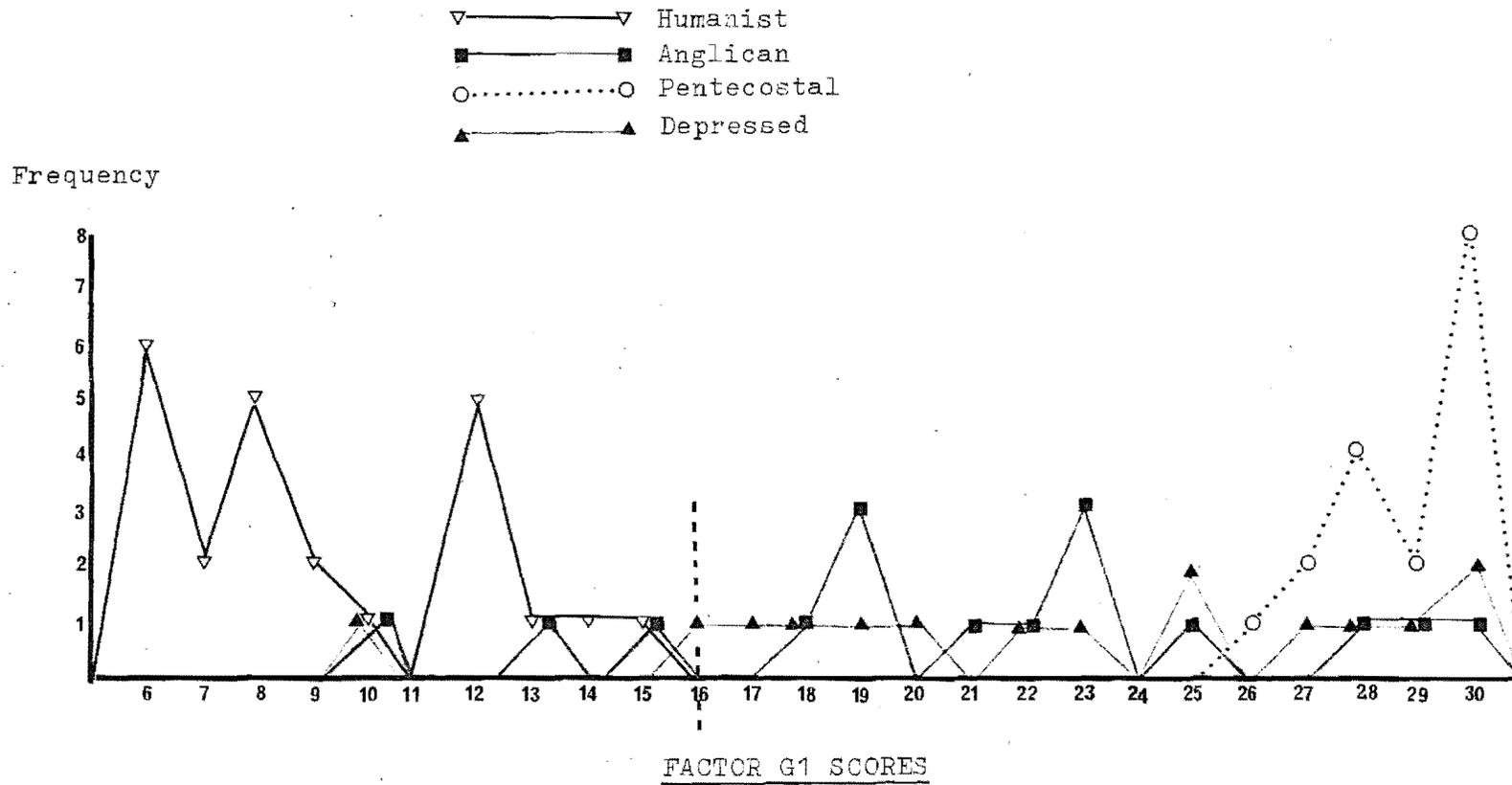
Table showing standard deviation for each group on each of the six scores.

Comparison of Results on each variable

To facilitate comparison of the scores of one group with the scores of the others on each variable, scores for all subjects of each group are presented in Graph form in the following order:

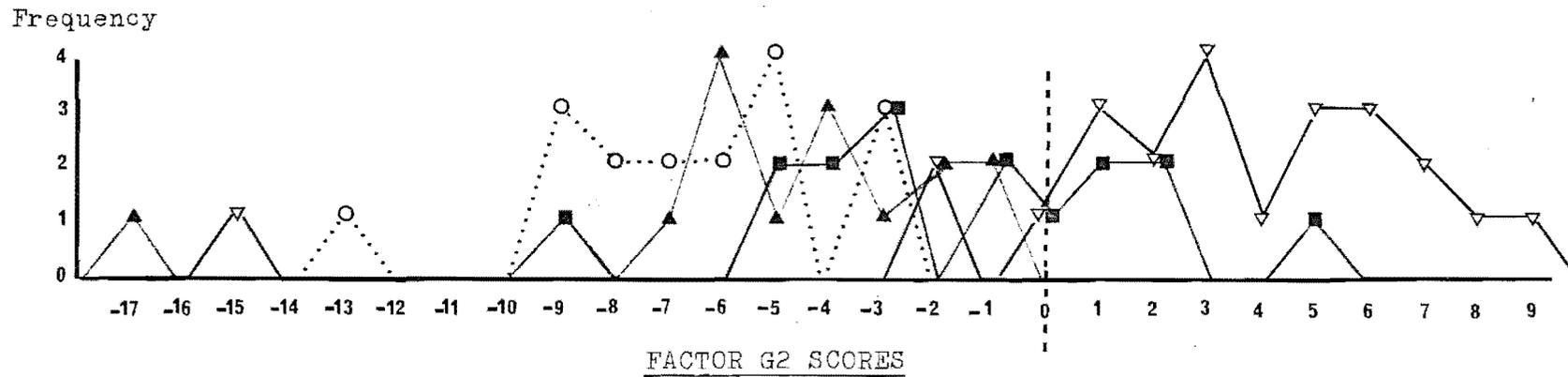
Graph 1	G1	Graph 5	Depression
Graph 2	G2	Graph 6	IQ (W.A.I.S. Vocab
Graph 3	S1		
Graph 4	S2		

GRAPH 1: DISTRIBUTION OF SCORES ON FACTOR G1



GRAPH 2: DISTRIBUTION OF SCORES ON FACTOR G2

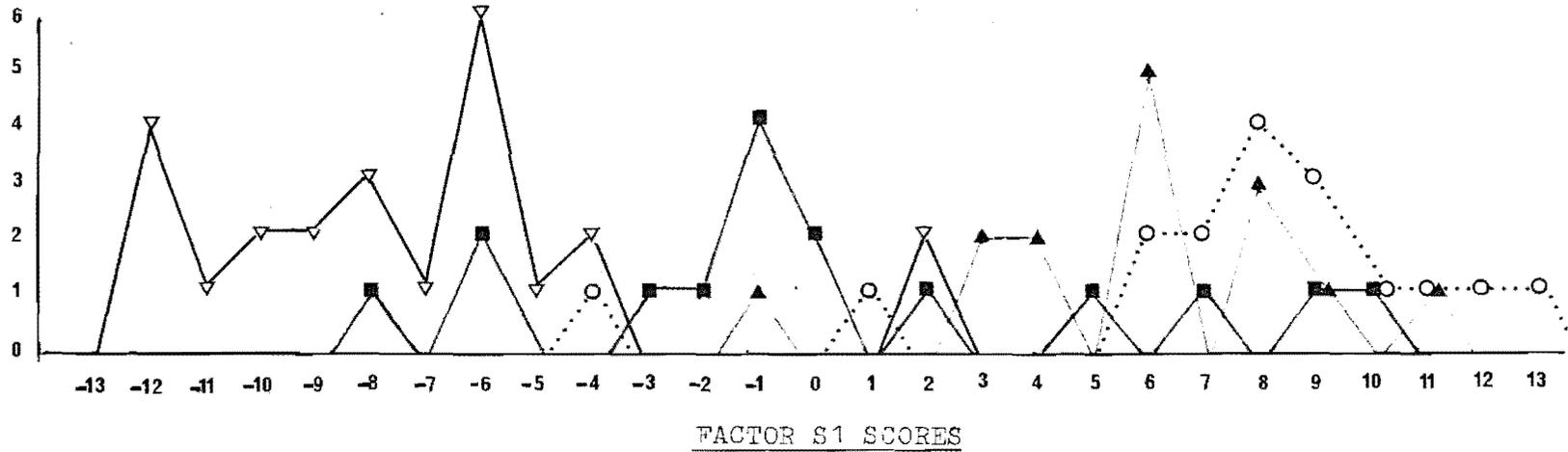
▽——▽ Humanist
■——■ Anglican
○·····○ Pentecostal
▲——▲ Depressed



- ▽——▽ Humanist
- Anglican
- Pentecostal
- ▲——▲ Depressed

GRAPH 3: DISTRIBUTION OF SCORES ON FACTOR S1

Frequency

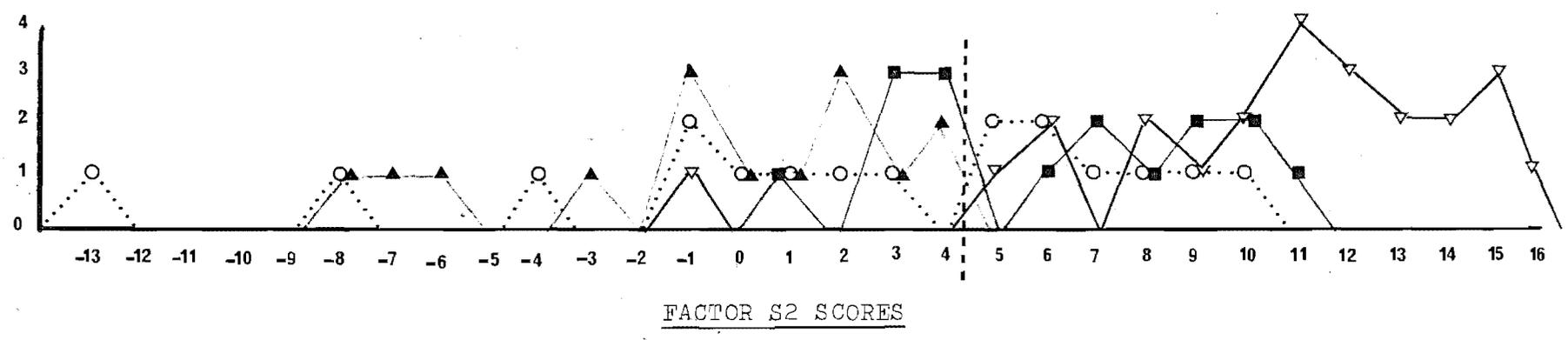


▽———▽ Humanist
 ■———■ Anglican
 ○·····○ Pentecostal
 ▲———▲ Depressed

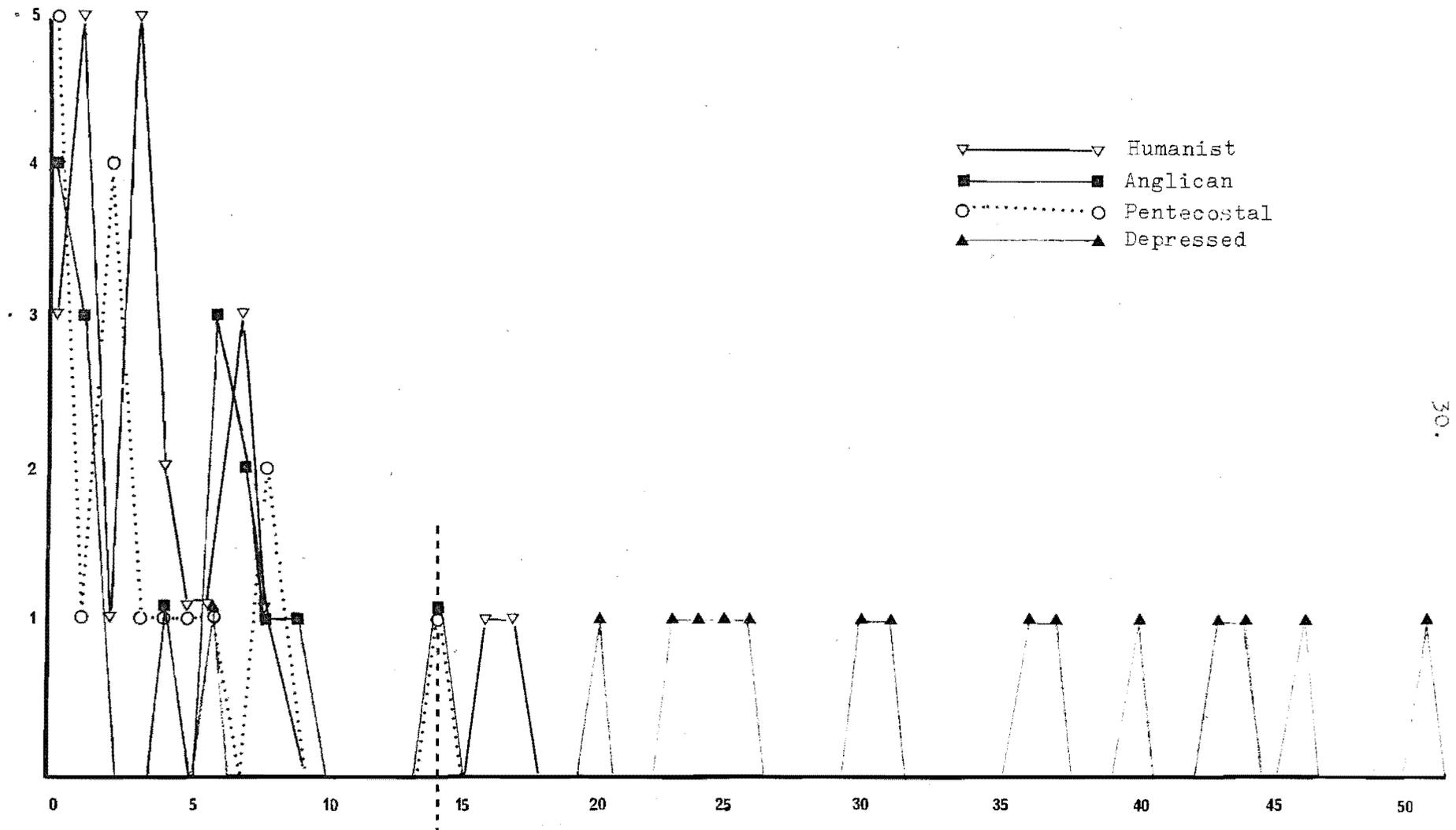
GRAPH 4: DISTRIBUTION OF SCORES ON FACTOR S2

29.

Frequency



Frequency

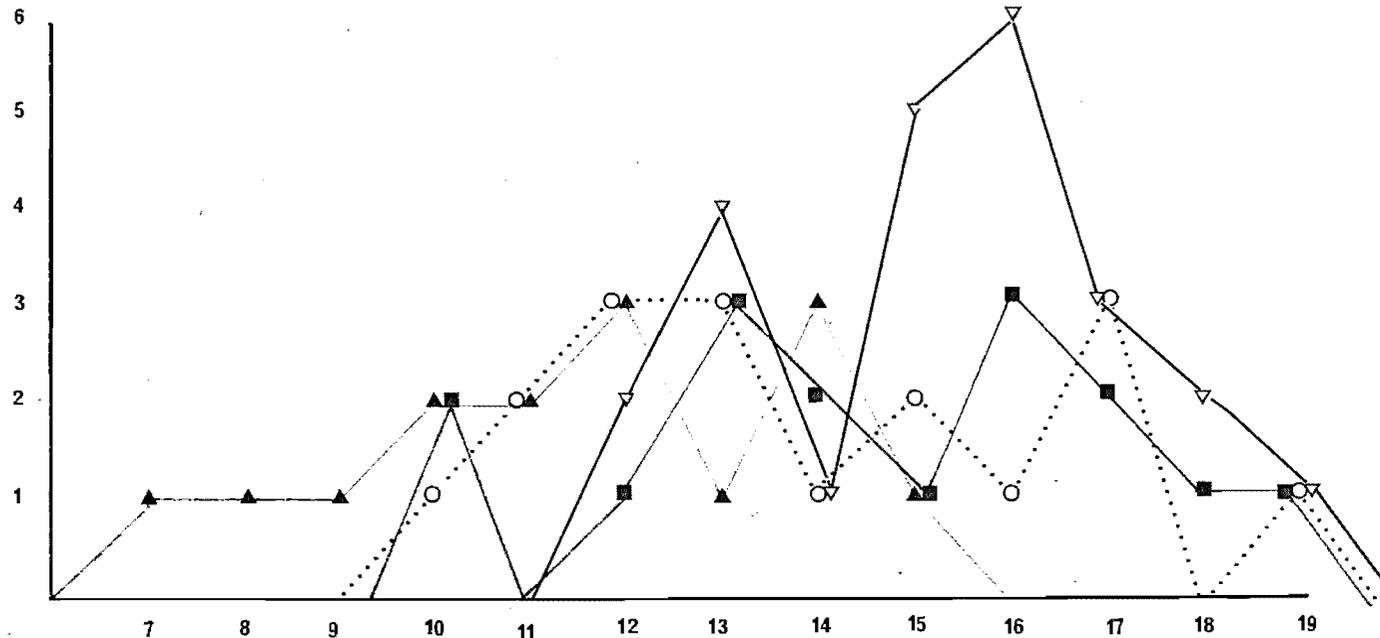


30.

GRAPH 5: DISTRIBUTION OF SCORES ON BECK DEPRESSION INVENTORY

▽——▽ Humanist
 ■——■ Anglican
 ○·····○ Pentecostal
 ▲——▲ Depressed

Frequency



SCALED SCORES FOR VOCABULARY SUBTEST

GRAPH 6: DISTRIBUTION OF VOCABULARY SUBTEST SCORES ON W.A.I.S.

CHAPTER FIVEDISCUSSION OF RESULTS(a) The Individual Factors

Factor G1: The arrangement of scores on Frequency Distribution Graph 1 shows a polarity between Humanist and Pentecostal groups. With one exception the Depressed group is seen to range from the cut-off point of 16, through the Anglican range, up into the Pentecostal range of scores. Thus Anglicans and Depressed are seen to cover approximately the same range, covering the middle section and moving into the extreme commitment end of the factor. Anglicans are slightly more moderate, scoring higher from points 18 to 28, while Depressed score slightly higher from points 25 to 30. Overall, the graph shows a definite separation between Humanist scores and the main body of scores of the other three groups.

Factor G2: Frequency distributions shown graphically indicate a clear separation between the body of Humanist scores, and the Pentecostal and Depressed scores. With three exceptions, Humanists fall either on or above the cut-off point of zero. All Depressed and Pentecostals fall below the cut-off point showing their morals or conduct to be determined by, or a reflection of, their Christian beliefs. Depressed scores are very close to Pentecostal scores. Anglicans are distributed through the Pentecostal and Humanist extremes with slightly

more below the cut-off point. Evidently then, some Anglicans do not feel their faith influencing their conduct to the extent that other Anglicans, and Pentecostals and Depressed do. The one Humanist who scored -15 can only be explained in terms of his self description as an "Aldous Huxley type Humanist".⁽¹⁾

Factor S1: This Graph shows that, with the exception of one in each group, all Pentecostals and all Depressed score above the cut-off point of zero, at the "puritan" end of the dimension. By contrast all Humanists (except two who score close to the cut-off point) score below the cut-off point falling in a solid group on the "liberal" end of the dimension. Thus there is a clear contrast between the scores of Pentecostals and Depressed on the one hand, and Humanists on the other. Anglicans again range widely along the dimension with the most common score being on or just below the cut-off point. This shows a more moderate general attitude between the extremes reflected in the scores of the other three groups, and also indicates a much greater variability of attitude among Anglicans than among other groups on this

(1) Aldous Huxley was a humanist who, especially in his later years, became deeply interested in Vedanta and Indian mysticism, metaphysics, and, attempts to prove survival after death. "This Timeless Moment" Laura Huxley. Chatto and Windus, 1969.

dimension.

Factor S2: This dimension ranges from a harsh, punitive attitude towards deviant sexual conduct at the negative end of the scale, to a more tolerant or tender minded attitude at the positive end. A cut-off point of $4\frac{1}{2}$ divides Depressed towards the "harsh" end of the dimension, and all except one Humanist towards the "tender-minded" end. Thus, there is a clear separation between these groups. The Anglican score shows just over half the group to be above the cut-off point with all Anglicans scattered over a moderate range. Pentecostal scores show just over half to fall below the cut-off point, and also indicate the widest range of attitudes from quite liberal through to extremely harsh. Both Pentecostals and Depressed score heaviest on the negative ("harsh") end of the dimension.

Depression Inventory: The Frequency Distribution of scores on the Depression Inventory show that this instrument distinguished clearly between Depressed and the three "Normal" groups. With a cut-off point of 14 (Beck, 1967) one Anglican and Pentecostal each scores on the cut-off point, and two Humanists scored just above it. One of the Depressed group scored well within normal range. Overall, this graph presents a very clear picture as to the difference in scores between Depressed and Normals.

W.A.I.S. Vocabulary Scale: The intelligence distribution shows Humanists to occupy the smallest spread, and to represent the most intelligent group with scaled scores ranging from 12 to 19. This is to be expected as a large proportion of this group had been University educated. By contrast, the Depressed are the least intelligent, with scaled scores ranging from 7 to 15. The poorer performance of this group probably represents a real difference in ability, and is not likely to be an artifact of their retardation and depression as no time considerations affected this test. Furthermore, a very large proportion of this group were housewives and working people who had not had much education. Anglicans and Pentecostals occupy a very similar spread of distribution with the Anglican distribution being slightly skewed towards higher intelligence than the Pentecostals.

Overall, each group is well defined in terms of its intelligence range.

(b) Relationships of the Factors

The question arises as to the relationship between G1 and G2 scores, and between S1 and S2 scores. In the case of G1 and G2 scores, there is a relationship between these scores for all four groups (Diagram one). Likewise, in each group S1 scores are related to S2 scores (Diagram two).

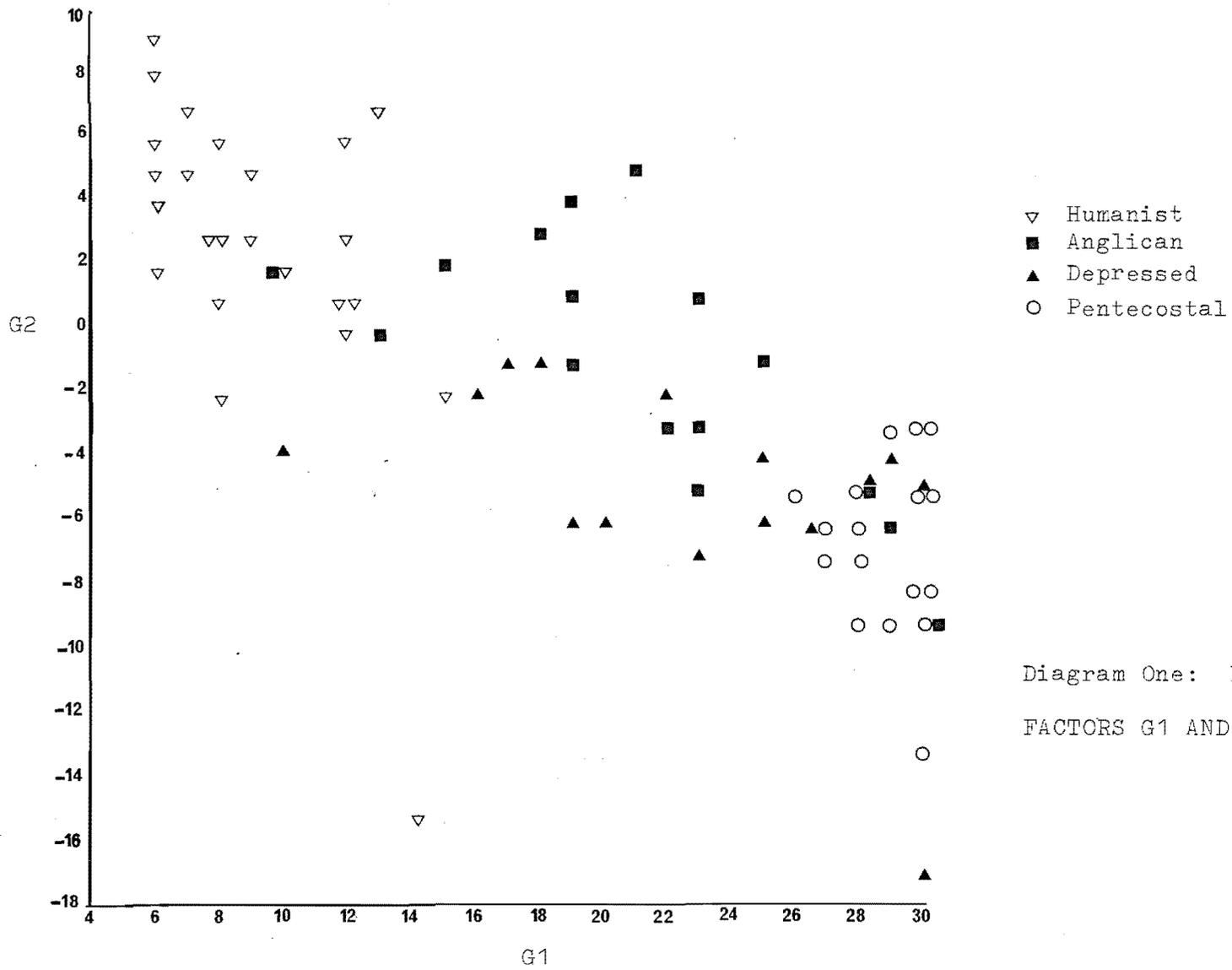


Diagram One: RELATION OF FACTORS G1 AND G2.

S2

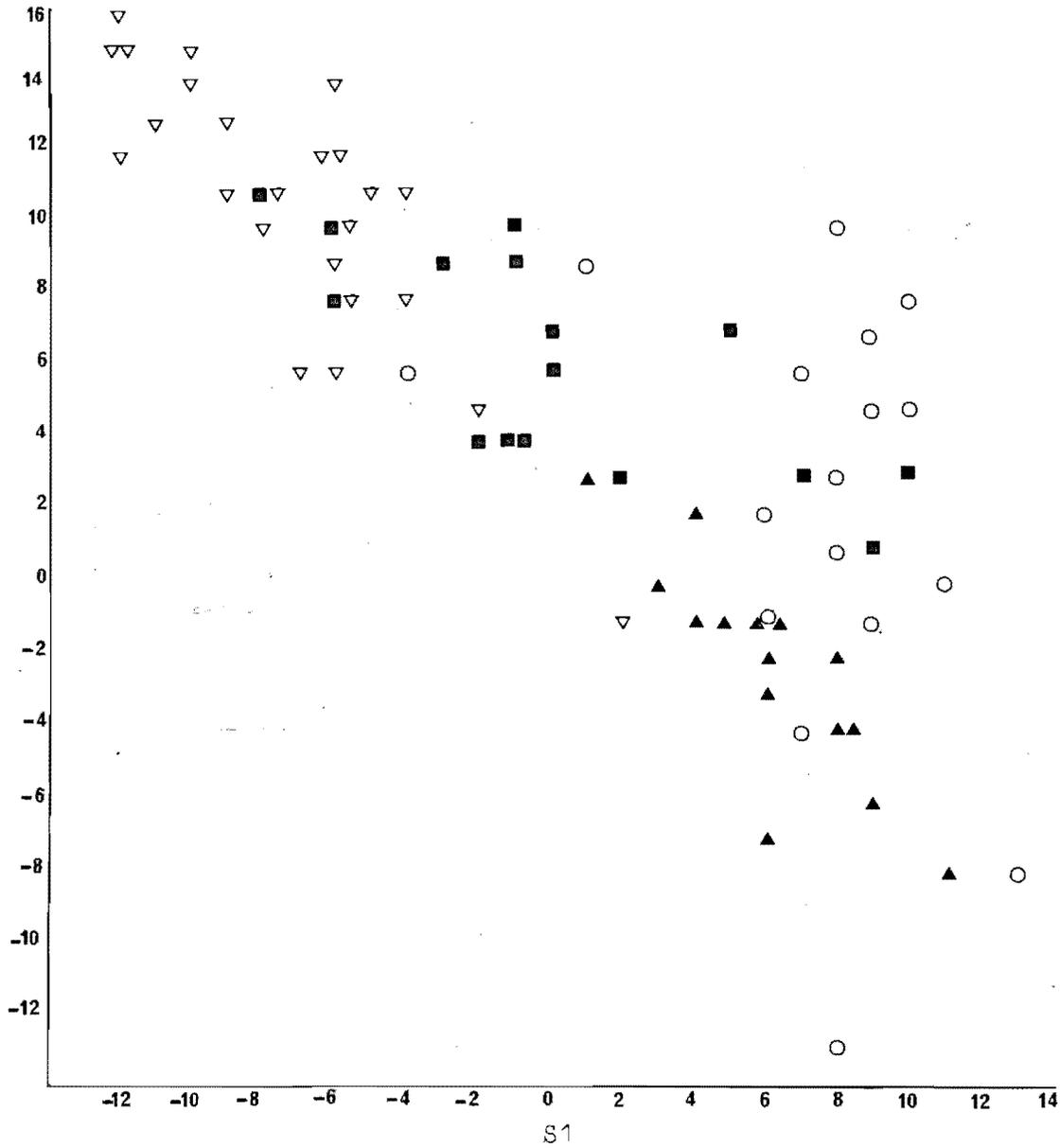


Diagram Two:
RELATION OF FACTORS
S1 AND S2

- ▽ Humanist
- Anglican
- Pentecostal
- ▲ Depressed

37.

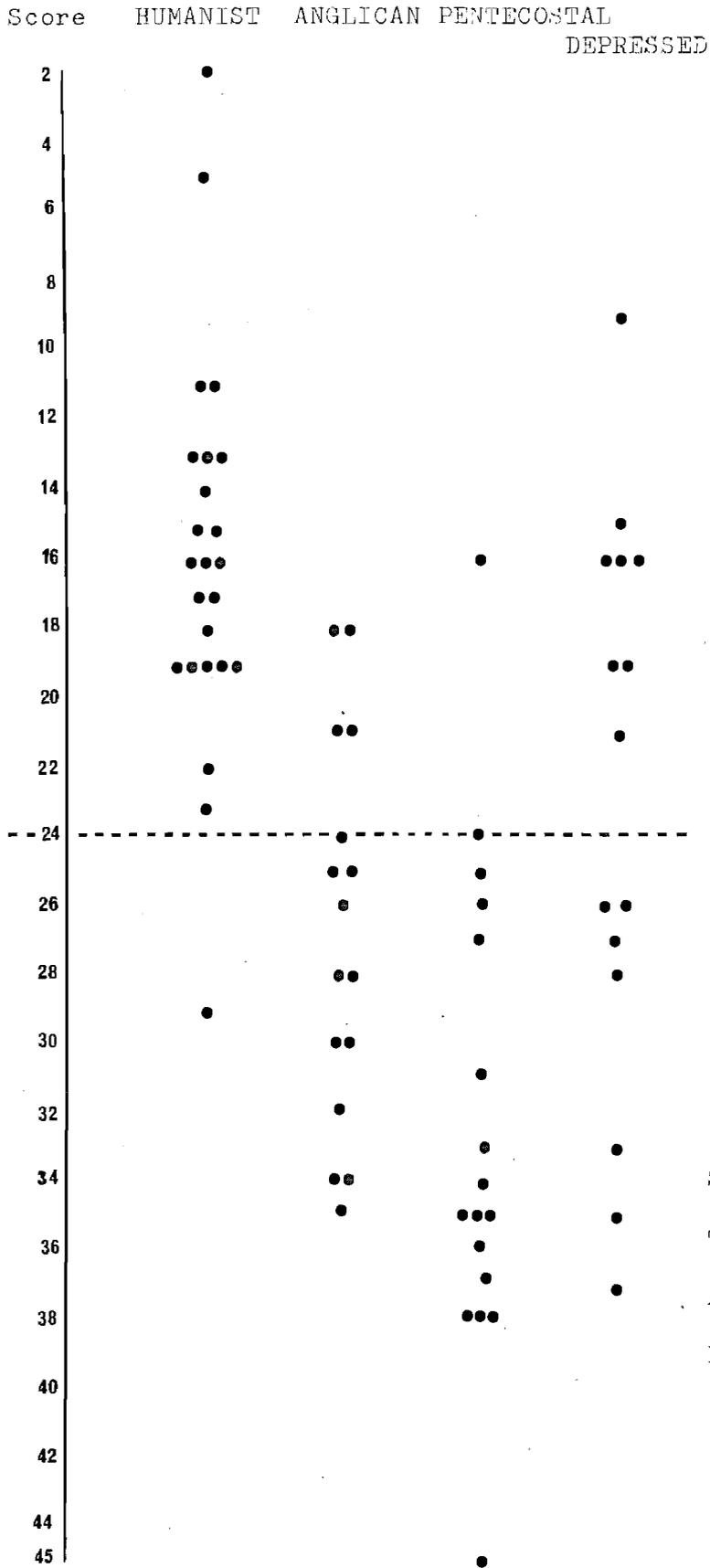
Table One

Table Showing Correlations Between Factors From Each

Group	<u>Questionnaire</u>	
	r of G1 and G2	r of S1 and S2
Humanist	.542	.836
Anglican	.635	.747
Pentecostal	.104	.277
Depressed	.458	.414

Thus, given a subject's score, on G1 or S1, it is possible to form reasonably accurate hypotheses as to how he would score on G2 or S2.

When each subject's scores on G1, G2, S1, and S2 are added to give a single numerical ranking (Scatter Plot one) it does not become possible to predict with certainty exactly which group an individual comes from, although if we draw a cut-off point at 24 there is a tendency for Humanists to be clustered towards the lower end of the scale, and for Anglicans and Pentecostals to be clustered towards the higher end. Depressed appear fairly evenly spread. Such a picture is not consistent with our other findings, e.g. the heaviest scores of Depressed and Humanists fall between 14 and 20, yet on all comparisons of individual scores, Humanists and Depressed are consistently the farthest apart. Scatter Plot one, then, serves as an example of how misleading it can be to add figures without careful consideration of what they mean.



Scatter Plot One:
TOTAL SCORE FROM
ADDED G. AND S.
FACTORS.

There is a possibility that G1 may measure the same as S1 expressed through a different set of questions. Scores for each group on G1 are correlated with their scores on S1: Humanists .242, Anglicans .551, Pentecostals .248, Depressed .583. The pattern of group and individual responses is shown in Diagram three. If we draw a line through Diagram three, from S1, 8 to G1, 28, we have a very clear division between Humanists and the other three groups, except for three Anglicans. This means we can effectively plot scores on G1 and S1, and use them in reaching clinical decisions in separating religious from non religious, or predicting whether a person scoring at one point is more likely to develop Depression than a person scoring at another point. The diagram also raises questions as to the validity of comments to the effect that those who have faith, are more likely to have good mental health, (Jung 1933),⁽¹⁾ or that religious belief itself can have a therapeutic effect (Weatherhead 1951), such as love of God comforting those who feel neglected, and confession helping with guilt feelings. There is a danger in this approach that actual existential problems may be dealt with only by palliatives, rather than attempting to engineer social improvement.

(1) "Among all my patients over thirty five, there has not been one whose problem in the last resort was not that of finding a religious outlook on life." See "Modern Man in Search of a Soul", p.264.

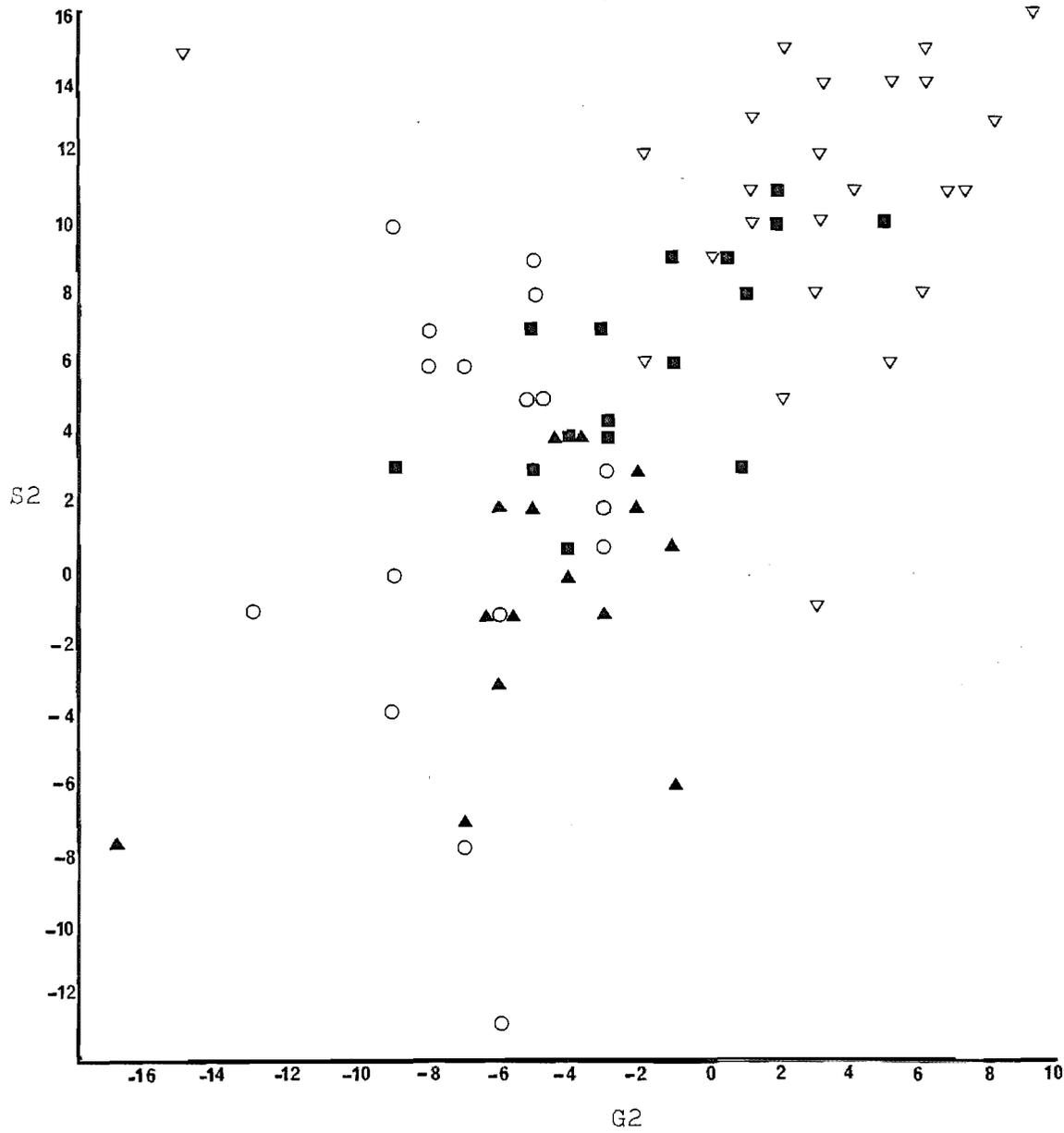


Diagram Four: RELATION
OF FACTORS G2 AND S2.

A question raised by the pattern of Diagram Three concerns whether many depressed people do not seek psychiatric help because they find a socially acceptable avenue for the expression of their feelings of guilt and their religious ideation in their Churches.

Diagram Four shows the relations between G2 and S2. A question worth asking of the G1 and S1 scores, especially in view of the clear division in Diagram Three, is do they both measure conservatism expressed in one case as religious conservatism and in the other as sexual or moral conservatism? From the dimensions these factors measure (see Chapter Four) they can quite legitimately be described as Radical-Conservative dimensions. It would be interesting to know how they correlate with Eysenck's (1953, 1954) Radicalism-Conservatism factor which has a close correlation with Adorno et al's (1950) authoritarianism, (Argyle 1958). The G1 and S1 factors may be the same factor differently expressed. The G2 and S2 factors may be the same as, or highly correlated with, Eysenck's Tough-Tendermindedness factor, although the relationship between G2 and S2 is not clear enough to permit confident predictions. However, further research could profitably be done on this to see whether in fact these results have confirmed Eysenck's (1953, 1954) research.

CHAPTER SIXCONCLUSIONHypothesis (i)

Proven: This study has provided remarkably clear-cut findings on the range and sorts of scores each of the four groups used in this study may be expected to make on measures on religion, sexual behaviour, Depression, and intelligence. Furthermore, on each variable, all groups have shown their own pattern of scores with definite contrast or similarities to the scores of other groups, providing clear normative data against which to compare and evaluate further research.

Hypothesis (ii)

Not Proven: While there are very clear differences between scores of Humanists and Pentecostals, on both G1 and G2, Depressed occupy the same spread as Anglicans and Pentecostals on G1, and fall very close to Pentecostals on G2. Thus, it appears that the religious ideation of Depressed reflects the same degree of belief in "God's way is the only way" as is found among Anglicans and Pentecostals. Furthermore, as shown by G2, Depressed feel their moral code to be a close reflection of their religious beliefs, as do Pentecostals.

An explanation of the empirical finding of similarity in scores on religion between Depressed and Pentecostals, and to a lesser extent Anglicans, may lie in one or more of the following possibilities.

- (a) Depressed are largely of the same religious outlook as Pentecostals and Anglicans.
- (b) The combination of the religious beliefs and religious delusions of Depressed leads to scores similar to Pentecostals and Anglicans.
- (c) The religious delusions Depressed commonly manifest are essentially the same as the beliefs of those denominations stressing man's sinfulness. That is, that the delusion is adopted to explain the feelings of guilt, worthlessness, and of having committed the "unpardonable" sin.
- (d) There is a definite relation, possibly causal, between Depression and religion, the nature of which is unknown.
- (e) There is some other, as yet unknown, explanation.

Hypothesis (iii)

Not Proven: Depressed and Pentecostals score very close together on S1, and on S2 they score heaviest towards the negative end of the dimension, although half the Pentecostal group scores with, and slightly below half the Anglicans in the low positive range. Thus, the empirical findings, are similarity between Pentecostals and Depressed

in puritanical attitude towards sex, and a tendency for Pentecostals (and to a lesser extent Anglicans) to be as punitive towards deviant sexual conduct as Depressed.

The close similarity between Depressed and Pentecostals in scores on this factor may be explained by any one, or combination of the following possibilities:

- (a) Depressed have the same sexual attitudes as Pentecostals.
- (b) There is possibly a relationship between a puritanical, conservative and harsh attitude towards sex, and mental illness. Support for this view may be contained in the association of religion and mental illness mentioned above under "Hypothesis (ii).
- (c) There may be some other explanation, at present unknown.

Implications:

The demographic data obtained in the study has several uses and implications:

- (i) It provides normative data against which to compare and evaluate further research.
- (ii) On the basis of scores on the study questionnaires, it should be possible to make counselling decisions, such as advising whether one would find people of like belief and attitudes in a Humanist or Pentecostal group, or, make clinical predictions on such things as the possible incidence of Depression in these groups.

- (iii) Results also suggest the possibility that Depressed people in the community may be sheltered from realising they are ill, by finding a socially acceptable outlet for the expression of their ideas among a Pentecostal or similar group.
- (iv) In this study, mental health is seen not to be positively related to faith.
- (v) Results would appear to substantiate research already done (Eysenck 1953) and suggest that further research relating these two areas may prove profitable.

Summary:

This study has shown an empirical relationship between sexual attitudes and the known association of religion and mental illness, which is here confirmed. It is not clear whether the relationship of the sexual attitudes represents a new dimension or is another aspect of the association of religion and mental illness, being dependent upon religious beliefs.

It is not possible to venture any hypothesis as to the direction of causation on the basis of this research, nor is it possible to know the nature and extent of the relationships between religion, sexual attitudes, and mental illness.

Much work remains to be done in this field, and it is hoped that this well defined normative data may prove useful in guiding and interpreting further research.

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APPENDIX 1: DEPRESSION INVENTORY

- A 0 I do not feel sad
- 1 I feel blue or sad
- 2a I am blue or sad all the time and I can't snap out of it
- 2b I am so sad or unhappy that it is very painful
- 3 I am so sad or unhappy that I can't stand it
- B 0 I am not particularly pessimistic or discouraged about
the future
- 1a I feel discouraged about the future
- 2a I feel I have nothing to look forward to
- 2b I feel that I won't ever get over my troubles
- 3 I feel that the future is hopeless and that things cannot
improve
- C 0 I do not feel like a failure
- 1 I feel I have failed more than the average person
- 2a I feel I have accomplished very little that is worthwhile
or that means anything
- 2b As I look back on my life all I can see is a lot of failure
- 3 I feel I am complete failure as a person (parent, husband,
wife)
- D 0 I am not particularly dissatisfied
- 1a I feel bored most of the time
- 1b I don't enjoy things the way I used to
- 2 I don't get satisfaction out of anything any more

- 3 I am dissatisfied with everything
- E 0 I don't feel particularly guilty
- 1 I feel bad or unworthy a good part of the time
- 2a I feel quite guilty
- 2b I feel bad or unworthy practically all the time now
- 3 I feel as though I am very bad or worthless
- F 0 I don't feel I am being punished
- 1 I have a feeling that something bad may happen to me
- 2 I feel I am being punished or will be punished
- 3a I feel I deserve to be punished
- 3b I want to be punished
- G 0 I don't feel disappointed in myself
- 1a I am disappointed in myself
- 1b I don't like myself
- 2 I am disgusted with myself
- 3 I hate myself
- H 0 I don't feel I am any worse than anybody else
- 1 I am very critical of myself for my weaknesses or mistakes
- 2a I blame myself for everything that goes wrong
- 2b I feel I have many bad faults
- I 0 I don't have any thoughts of harming myself
- 1 I have thoughts of harming myself but I would not carry them out
- 2a I feel I would be better off dead

- 2b I have definite plans about committing suicide
- 2c I feel my family would be better off if I were dead
- 3 I would kill myself if I could
- J 0 I don't cry any more than usual
- 1 I cry more now than I used to
- 2 I cry all the time now. I can't stop it
- 3 I used to be able to cry but now I can't cry at all even though I want to
- K 0 I am no more irritated now than I ever am
- 1 I get annoyed or irritated more easily than I used to
- 2 I feel irritated all the time
- 3 I don't get irritated at all at the things that used to irritate me
- L 0 I have not lost interest in other people
- 1 I am less interested in other people now than I used to be
- 2 I have lost most of my interest in other people and have little feeling for them
- 3 I have lost all my interest in other people and don't care about them at all
- M 0 I make decisions about as well as ever
- 1 I am less sure of myself now and try to put off making decisions
- 2 I can't make decisions any more without help
- 3 I can't make any decisions at all any more

- N 0 I don't feel I look any worse than I used to
1 I am worried that I am looking old or unattractive
2 I feel that there are permanent changes in my appearance
and they make me look unattractive
3 I feel that I am ugly or repulsive looking
- O 0 I can work about as well as before
1a It takes extra effort to get started at doing something
1b I don't work as well as I used to
2 I have to push myself very hard to do anything
3 I can't do any work at all
- P 0 I can sleep as well as usual
1 I wake up more tired in the morning than I used to
2 I wake up 1-2 hours earlier than usual and find it hard
to get back to sleep
3 I wake up early every day and can't get more than 5 hours
sleep
- Q 0 I don't get any more tired than usual
1 I get tired more easily than I used to
2 I get tired from doing anything
3 I get too tired to do anything
- R 0 My appetite is no worse than usual
1 My appetite is not as good as it used to be
2 My appetite is much worse now
3 I have no appetite at all any more

- S 0 I haven't lost much weight, if any, lately
1 I have lost more than 5 pounds
2 I have lost more than 10 pounds
3 I have lost more than 15 pounds
- T 0 I am no more concerned about my health than usual
1 I am concerned about aches and pains or upset stomach or
constipation or other unpleasant feeling in my body
2 I am so concerned with how I feel or what I feel that it's
hard to think of much else
3 I am completely absorbed in what I feel
- U 0 I have not noticed any recent change in my interest in sex
1 I am less interested in sex than I used to be
2 I am much less interested in sex now
3 I have lost interest in sex completely

APPENDIX 2: QUESTIONNAIRE ON RELIGION

The questionnaire is an attempt to get your opinion on some aspects of your beliefs about God and Religion. Please read every statement and respond to it in terms of your personal agreement or disagreement according to the following plan: Strongly Agree, Agree, Uncertain, Disagree, and, Strongly Disagree.

- | | SA | A | U | D | SD |
|---|-----|-----|-----|-----|-----|
| 1. God has a definite plan or purpose which He is working out in the world. | () | () | () | () | () |
| 2. The idea of God is a creation of the human mind. | () | () | () | () | () |
| 3. A belief in atheism is the beginning of wisdom. | () | () | () | () | () |
| 4. Christ's death upon the cross has made forgiveness of sins possible. | () | () | () | () | () |
| 5. Without belief in God life is meaningless. | () | () | () | () | () |
| 6. I never attempt any major activity without praying for guidance. | () | () | () | () | () |
| 7. In this life we can never really know whether God exists or not. | () | () | () | () | () |
| 8. Those who are not on the side of God are on the side of the Devil. | () | () | () | () | () |

- | | | SA | A | U | D | SD |
|-----|--|-----|-----|-----|-----|-----|
| 9. | The only benefit one receives from prayer is psychological. | () | () | () | () | () |
| 10. | A marriage is a promise before God which cannot be broken. | () | () | () | () | () |
| 11. | The average man can live a good life without Religion. | () | () | () | () | () |
| 12. | Where biblical accounts conflict with the findings of science the Bible must give way. | () | () | () | () | () |
| 13. | A disbelief in God is ruinous to morals. | () | () | () | () | () |
| 14. | Premarital sex is compatible with Christianity where there is love. | () | () | () | () | () |
| 15. | Christians have a duty to suppress ungodly literature which can poison the minds of innocent children. | () | () | () | () | () |
| 16. | God is the only true way and as long as people neglect this the world will be beset by war and other social evils. | () | () | () | () | () |
| 17. | Evolution may apply to plants and animals but never to man. | () | () | () | () | () |
| 18. | Belief in God is of no value in ridding the world of such social evils as war. | () | () | () | () | () |

- | | | SA | A | U | D | SD |
|-----|--|-----|-----|-----|-----|-----|
| 19. | The reason people seek escape in sex and drugs is because they haven't discovered the satisfaction of God's way. | () | () | () | () | () |
| 20. | Anyone who questions the reality and goodness of God cannot be trusted in anything. | () | () | () | () | () |
| 21. | A divorced Christian has just as much right to remarry in the Christian Church as does any other Christian. | () | () | () | () | () |
| 22. | A person can drink and gamble and still be a good Christian. | () | () | () | () | () |
| 23. | Those people to whom "God has revealed Himself" have been subject to delusions. | () | () | () | () | () |
| 24. | In view of the demonstrated failure of religion to solve our social problems we ought to build up a scientific approach on an atheistic basis. | () | () | () | () | () |
| 25. | Some sort of Religious instruction is a necessary part of our education. | () | () | () | () | () |
| 26. | A Christian can practice birth control with a clear conscience. | () | () | () | () | () |
| 27. | The Church keeps business and politics up to a higher moral standard than they would otherwise maintain. | () | () | () | () | () |

28. To me the most important work of the Church is the saving of souls. SA A U D SD () () () () ()
29. A turning back to God is the only way to ensure the survival of civilisation. () () () () ()
30. The Church is the best authority to decide on matters of right and wrong. () () () () ()

APPENDIX 3: QUESTIONNAIRE ON SEX

This questionnaire is an attempt to get your opinions on some issues. We are interested in your agreement or disagreement with the following statements. In some cases you may feel that you do not have enough information to make a judgement; in such instances we would like you to make the best judgement possible.

Please read every statement and respond to it in terms of your personal agreement or disagreement according to the following plan: Strongly Agree, Agree, Uncertain, Disagree, and Strongly Disagree. Place a cross in the appropriate column. If you do not understand a question put a cross in the "Not Understood" box.

- | | SA | A | U | D | SD | NOT |
|---|-----|-----|-----|-----|-----|-----|
| 1. Unmarried mothers are violators of the established moral code and deserve to suffer the consequences of their actions. | () | () | () | () | () | () |
| 2. A man who gets his girl friend pregnant has a moral duty to marry her. | () | () | () | () | () | () |
| 3. Prostitutes are socially maladjusted persons deserving pity. | () | () | () | () | () | () |

SA A U D SD NOT U

4. Really there is no need for the law () () () () () ()
against incest because the law for-
bidding intercourse with people
under sixteen provides adequate
cover.
5. The practice of birth control evades () () () () () ()
man's duty to propogate the race.
6. No punishment is too severs for a () () () () () ()
criminal guilty of a sex crime
against a child.
7. One of the worst problems of our () () () () () ()
society today is free-love because
it mars the true values of sex
relations.
8. Permitting children to see members () () () () () ()
of their family nude helps them
realise that there is nothing
wrong or shameful with their
bodies.
9. Forced abortion of the foetus is () () () () () ()
wrong, regardless of the health of
the mother or the social conditions
involved.
10. Masturbation is a harmless way of () () () () () ()
releasing sexual tension.

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11. We must have censorship to protect the morals of young people. () () () () () ()
12. A lot of sex problems of married couples arise because their parents have been too strict with them about sex. () () () () () ()
13. I suspect that people who go to a nudist camp are a little bit "twisted" sexually. () () () () () ()
14. Anyway of gaining sexual pleasure is all right if both people enjoy it. () () () () () ()
15. I feel that divorce is a sensible solution to many unhappy marriages. () () () () () ()
16. A homosexual commits no wrong by practicing with another consenting homosexual. () () () () () ()
17. There is a lot of evidence such as the Kinsey Report which shows us we have the crack down harder on young people to save our moral standards. () () () () () ()
18. Unmarried people have just as much right to a sex life as do married people. () () () () () ()

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28. All homosexuals deserve contempt and () () () () () ()
punishment.
29. Stimulating a partner's genitals () () () () () ()
orally is acceptable sex behaviour.
30. Bad thoughts and sexual obsessions () () () () () ()
are a cause of mental illness.