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REACTION TO JUDD: “RELIGIOUS AFFILIATION AND MENTAL HEALTH”

Mark Edward Koltko, MS

Daniel Judd (1986) did a commendable job in collecting references to 188 studies which investigated the issue of religious affiliation and mental health. I take issue in two ways, however, with the second part of his paper, an analysis of data concerning religious affiliation and scores on the Minnesota Multiphasic Personality Inventory (MMPI). I make these comments in the hopes that (1) future investigators will be more wary of certain pitfalls and (2) someone will be inspired to reanalyze the MMPI data, in order to base conclusions on firmer ground.

1. *The data analysis did not really test the hypothesis.* Judd charts the average, or mean, MMPI scores attained by samples of Latter-day Saints, Catholics, Protestants, Jews, Hare Krishna devotees, and nonreligious college students. He found that, for all religious groups, both for men and for women, and on all 13 validity and clinical scales, the mean group MMPI scores were within normal limits, with one exception (Hare Krishna women showed elevated Pa scores, indicating greater suspiciousness). Judd concluded that “these data contradict the notion . . . that religiosity is facilitative of mental illness” (p. 87).

Would that this were so. However, Judd did not really test his hypothesis. Only the most confirmed antireligious bigot would say that religious affiliation is so psycho-noxious that an *entire group* would show gross evidence of mental illness. Yet, by looking at group mean scores, that is exactly the hypothesis which Judd tested.

A more realistic hypothesis to test would be something like this: “Either in general or within some group is religiosity associated with a *relatively greater prevalence* of mental illness (even if the absolute prevalence of illness is still small)?”

For example, the lifetime prevalence of schizophrenia in the general population is between 0.8% and 1.0% (Maxmen, 1986, p. 151).

If one were to find solid evidence that a given religious group had a prevalence of, say 3% (or 0.3%), then this would be a stunning finding, clearly demonstrating the possibility of a positive (or negative) link between religious affiliation and mental illness, for the group involved—even though the group's *overall* rate of mental illness might well be within normal limits.

In terms of Judd's MMPI data, the way to attack this question could be to do the following: Instead of reporting whether or not a *group mean* score fell outside of normal limits, report the *percentage* of people whose scores fell outside of normal limits.

There are, of course, rather serious problems with using the MMPI at all to deal with this question. After all, the MMPI is a *clinical* instrument, normalized on a *geographically limited* population (Minnesotans; see Anastasi, 1982, pp. 506–507). I feel that it is questionable to use the MMPI as a *research* instrument, generalizing findings to a *nationwide* population. However, given that these are the available data, the least we can do is to use them well.

Perhaps a data analysis along these lines would demonstrate a *positive* link between religious affiliation and mental illness—but if so, it could be a spurious one, which brings me to my second point.

2. *The measuring instrument (MMPI) was antireligiously biased.* The following are six items from the MMPI (they also comprise the religion subscale on Barron's Ego Strength Scale, Es, a derivative of the MMPI). The test-taker answers "Yes," "No," or "Can't Say" to each item:

- 58. Everything is turning out just like the prophets of the Bible said it would.
- 95. I go to church almost every week.
- 209. I believe my sins are unpardonable.
- 420. I have had some very unusual religious experiences.
- 483. Christ performed miracles such as changing water into wine.
- 488. I pray several times each week.

I guess that we would peg the ideal Latter-day Saint as answering the above questions affirmatively, except for the "unpardonable sins" item. However, on the Ego Strength Scale, only the church attendance item is scored in such a way that positive agreement contributes to one's total Ego Strength score. The items concerning personal religious experiences, the practice of prayer, and belief in scriptural history and prophecy are scored such that positive agreement indicates *lower* levels of Ego Strength. (These items are not the major part of one scale in the MMPI proper as they are on the Ego Strength Scale, so the "penalty" for an LDS-style religious person is not so obvious on the MMPI itself, although it is still present.)

It is just good research practice that one variable (here, mental illness) should be defined in terms which are independent of the other variable being studied (here, religious affiliation). A situation like this one, where mental illness is partially being defined in terms of religious belief and practice (while testing a hypothesis of association between mental illness and religiosity), is technically known as "contamination." The moral: Beware of (pro *or* anti!) religious contamination in the scales used to evaluate mental health or illness. (For examples of how one researcher dealt with contamination in the MMPI and Es, see Hood, 1974, 1975.)

In sum, I do not wish to fault Judd personally. Actually, I am pleased that the *AMCAP Journal* chose to publish his work; most empirical reports in journals strike me as dreary affairs, confined to tiny areas of interest. Judd, on the other hand, chose to deal with a weighty issue, highly relevant to AMCAP's concerns. If he has erred, these are only the same errors made by many researchers before and after him. I applaud Judd's attempt, and only wish to encourage us all to do *more* such integrative research—but to do it even more carefully.

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