

SCHIZOTYPAL THINKING AMONG MEMBERS OF OCCULT SECTS*

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Schizotypal thinking among members of occult groups was investigated using the Rust Inventory of Schizotypal Cognitions (RISC). It was found that the members of almost all sects have atypical scores. However, a discriminant functions analysis of the RISC items among the sects indicated that there were two significant functions which differentiated sect members from normals and from each other. This suggested a classification of occult groups into two types with respect to cognitive style. Type I cults are characterized by devotion to a divine authority and obedience to its designs, as interpreted by the sect leader. Type II cults are characterized by a shared investigation of magical or paranormal phenomena, usually associated with an idiosyncratic or illogical spiritual philosophy.

Keywords: schizotypal thinking, Occult, Sects, Rust Inventory of Schizotypal Cognitions, paranormal phenomena, spiritual philosophy.

Many of the positive symptoms associated with acute schizophrenia and schizotypal personality disorder, such as delusions and hallucinations, often express themselves in religious form (Smith, 1982). Further, strongly held religious belief has often been noted to be a characteristic of the pre-morbid schizophrenic (Clark, 1981; Dittes, 1971; Margolis & Elifson, 1983; Spero, 1983; Spilka & Werme, 1971). Religiosity is also a characteristic of many groups and sects "at risk" for psychotic illness (Eaton & Weil, 1955; MacDonald & Lockett, 1983; Spencer, 1975).

Schizotypal symptomatology also shows some overlap with religious experience, and in many primitive societies schizophrenia is still interpreted within a religious or spiritual, rather than a medical, framework. Members of secret cults often show shared evidence of schizotypal symptomatology. This group involvement among religious followers occurs to such an extent that the DSM-III(R) diagnostic criteria (American Psychiatric Association, 1987) specifically exclude delusions which are the shared.

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beliefs of members of religious or cultural groups from their criteria for psychosis. DSM-III (R) also notes that delusions of the Delusional (Paranoia) Grandiose type often have a religious content, and that sufferers can become leaders of religious cults.

It has long been argued that the bizarre idea systems of the schizophrenic, the odd ideas of the schizotypal personality, and normal cognition lie on a continuum (Chapman, 1966; Chapman & Chapman, 1980; Heston, 1970; Kreapelin 1991; Spitzer et al., 1979). The Rust Inventory of Schizotypal Cognitions (RISC) (Rust, 1988), a psychometric scale for the assessment of a person's position on this continuum, is used in the present study to investigate the degree of schizotypal thinking shown by members of several occult sects. The RISC has a test-retest reliability of 0.87, and good validity, clearly discriminating acute schizophrenic sufferers from normal controls (Rust, 1989).

METHOD

SUBJECTS

Data was collected on 123 members (53 men and 70 women) from nine sects within the South of England. Leaders or senior officers of the various sects were approached following the Festival of Mind Body and Spirit held in London in May 1987. Of the 70 groups approached, 19 agreed to co-operate and 9 eventually provided us with data from a selection of their members. The anonymity of the groups was guaranteed in all cases. The mean age of this whole sample was 44.27 ($SD = 16.65$). One of the groups ($N = 28$) had a rather older membership with 8 individuals over the age of 70 and a mean age of 62.35 ($SD = 19.61$). However, the bias from this group was not extreme, the mean age of the sample with this group excluded still being over 40 (mean = 41.39, $SD = 14.25$). Although this may not conform to the popular youthful image of sect membership, there is no particular reason to suppose that it represents a biased sample. Of the sects which participated, two were predominantly religious (one Christian and the other Hindu) but to a blatantly irrational degree. The remaining seven held a range of spiritual beliefs, most of them involving the existence of human mentors (usually on other planets or in other universes) who were in telepathic communication with either the group's leader, or with all members of the group. All groups showed extreme levels of shared irrational belief.

MEASURES

The Rust Inventory of Schizotypal Cognitions (RISC) (Rust, 1988, 1989; Rust & Chiu, 1988; Rust et al., 1988) was administered to all subjects. The RISC is a

psychometrically constructed, cognitively based short questionnaire for tapping the cognitive schizotypal dimension in the normal population. It differs from previous scales in having been developed and standardized with special attention to normal distribution in the general population, using cognitive theory to generate the relevant test specification (Rust, 1989., Rust & Golombok, 1989). Although containing no obviously extreme items, its cumulative effect identifies bizarre and eccentric thought patterns and it can be used to measure the extent of schizotypal ideation in the general population. It takes as its source the idiosyncratic ideas of those who are seen to be schizotypal or eccentric; DSM-III(R) category A of schizophrenia and the positive cognitive categories of schizotypal personality disorder (APA, 1987). These schizotypal ideas form the extremes of the cognitive schemata of suspicion, magical ideation, ritual, subjectivity, thought isolation, and self-delusion which are not uncommon in the normal population.

RESULTS

The means and standard deviations of the RISC scores for the occult sects are shown in Table 1.

TABLE 1
THE MEANS AND STANDARD DEVIATIONS OF RISC SCORES OF THE OCCULT GROUPS AND THE GENERAL POPULATION CONTROL GROUP. A HIGHER SCORE INDICATES A HIGHER NUMBER OF SCHIZOTYPAL COGNITIONS. ALSO GIVEN IS THE MEAN AGE AND THE NUMBER OF MEN AND WOMEN RESPECTIVELY FOR EACH GROUP. NO FIGURES ARE GIVEN FOR GROUPS 27 AND 29 WHICH BOTH HAD N 6.

Group	age	N		RISC		
		M	F	mean	SD	
Control group		25	36	35.98	7.06	
Occult groups	21	33.00	8	7	24.13	6.91
	22	34.18	4	7	37.36	6.61
	23	47.97	18	18	39.20	6.92
	24	55.47	6	11	42.59	8.68
	25	36.90	4	6	39.00	7.86
	26	31.82	5	3	46.00	5.76
	28	62.35	4	13	31.35	5.45

Analysis of variance comparing the 9 groups on their RISC scores showed that they were very significantly different from each other ($p < .0001$). The occult group scores differed so markedly from each other that it was not thought sensible to combine them for any further analysis.

T-test comparisons of each group were made with the population norms (Rust, 1989). The overall mean on 1866 subjects collected to date is 36.16 ($SD = 8.12$) and values in normal groups do not deviate from this to any great extent. Thus, the mean for 365 US students in New York was 36.21 ($SD = 9.16$), and 262 somewhat older British students had a mean score of 35.38 ($SD = 8.39$). The norming group conservatively chosen as the control for the present comparison was a 61 subject general population sample in London with a mean RISC score of 35.98 ($SD = 7.06$). This group was sampled through a general practice clinic. The analysis showed that three occult groups were significantly above the control group with means of 42.59 ($SD = 8.68$, $N = 17$, $t = 2.95$, $p < .005$), 56.00 ($SD = 5.76$, $N = 11$, $t = 3.6$, $p < .001$), and 39.20 ($SD = 6.92$, $N = 36$, $t = 2.18$, $p < .05$), while three occult groups were significantly below the control group in their RISC score with means of 24.13 ($SD = 6.91$, $N = 15$, $t = 6.14$, $p < .0001$), 26.75 ($SD = 12.15$, $N = 4$, $t = 2.42$, $p < .02$) and 31.35 ($SD = 5.45$, $N = 17$, $t = 2.81$, $p < .01$). The remaining three groups did not differ significantly from the control, having group RISC means of 37.36, 39.00 and 39.00. However the sample size was small for these groups; 11, 10 and 5 respectively. There was no significant correlation between age and RISC scores in the occult groups data ($r = -0.03$), and analysis of covariance for age effects made no significant difference to the results. Social class and education level were not assessed on the occult group members, however RISC scores have been shown to be generally unrelated to these variables (Rust, 1989).

Further information was gleaned from a discriminant functions analysis using the 26 items as dependent variables, and including all 9 groups and a control (taken from the general population group in the standardization study, Rust, 1988) as the discriminate variable. This yielded two significant discriminant functions which are illustrated in Figure 1.

DISCUSSION

The results clearly demonstrate that the members of occult sects are atypical in their schizotypal cognitions, and that the form of this idiosyncrasy is common to the sect members. A further conclusion is that the direction of this atypicality is not consistent; some sects score well above the population mean, but others score considerably below it.

What were the special characteristics of each of these groups which caused them to differ from each other in this way? Guaranteed confidentiality forbids the naming of

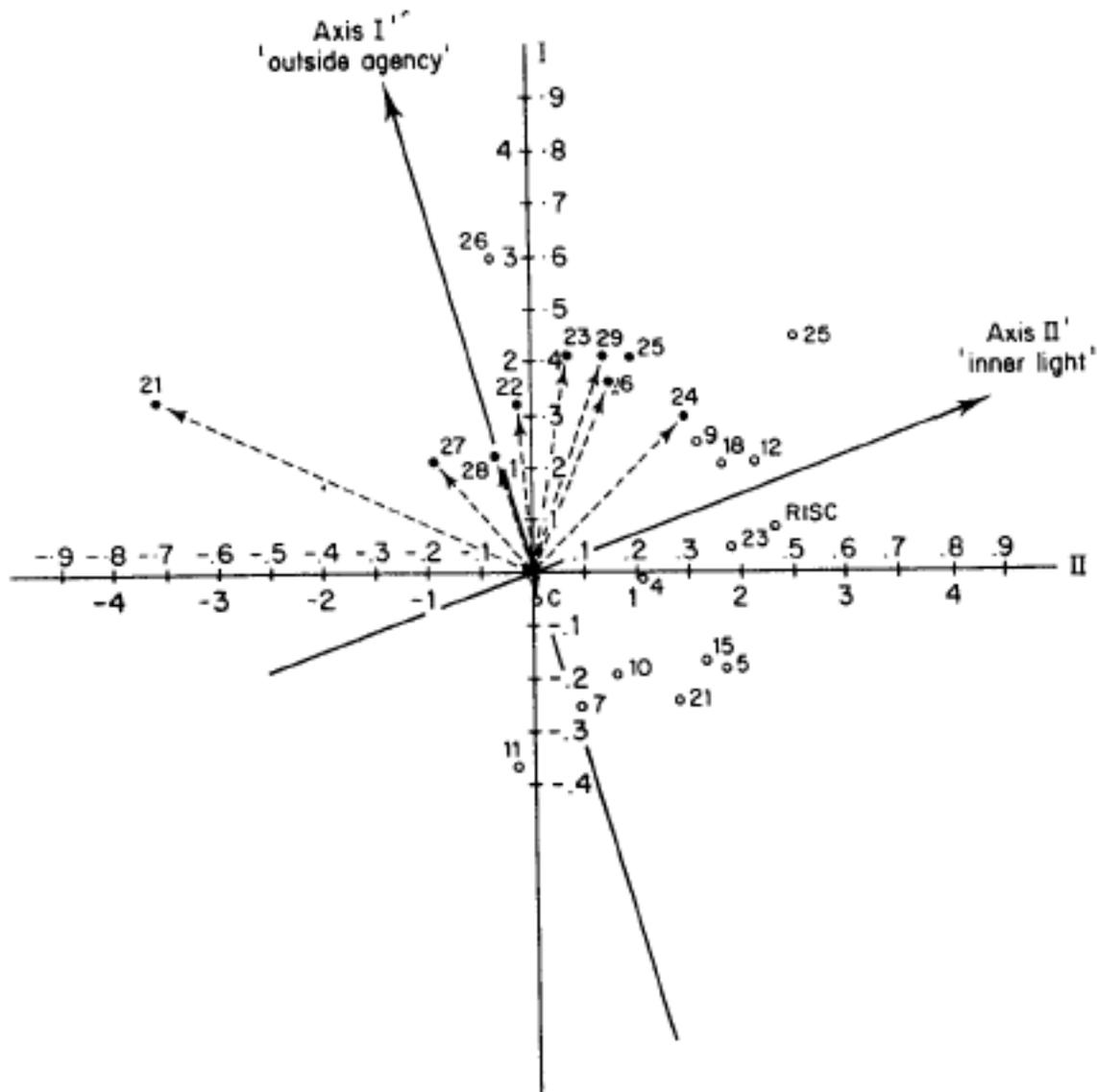


FIG. 1. Graphical representation of the results of a discriminant functions analysis. The RISC and its 26 RISC items were used to generate discrimination between the nine occult groups. A control group (C), taken from the RISC standardization data (Rust, 1989) was also included. The loadings of both items and groups on the two orthogonal discriminant functions which were significant are plotted here. The position of the groups is represented by a vector (the dotted line), with the group number (21 to 29 and C, the control group) at the point. The RISC itself and the RISC items with the highest level of significance are also plotted. It can be seen that Function II is associated with spiritual "illumination" (the key item was item 25 "Sometimes people or objects seem to me to glow with an inner light"), with Occult groups 25 and 26 being high and Occult group 21 being extremely low. Function I is clearly identified with item 26 "Things sometimes go so well for me that I suspect I may be receiving help from an outside agency". This identifies Occult groups 22, 23 and 29. The meaning is obvious, but the "outside agencies" differ for the three groups.

the sects, however it can be said that religion per se did not seem to be a factor. One of the two groups superficially associated with a world religion was among the low

scoring groups, while the other was among the high scoring.

The discriminant functions analysis, however, did demonstrate that two cognitive personality traits seem to be important in identifying the distinctive cognitive style of a particular sect. This is particularly true if the "raw" discriminant functions are rotated through 60 degrees (see Figure 1). The rotated function Axis II gives a "spiritual illumination" factor which discriminates between several of the groups, and between group 21 and group 25 particularly. The other function rotated through 60 degrees (axis I) sets up a second factor with a particularly strong loading from Item 26 which concerns "received help from an outside agency". It is noted that the control group has low loadings on both functions.

It is clear from an examination of the literature provided by the cults that this second factor relates to belief in a personal link with God or with his antithesis or with some other divine being. Those groups with highest loadings on this function, groups 22, 23 and 29, are dedicated to finding guidance from some outside source, whether it be telepathic messages from the stars, God or Satan. All of the occult groups obtain higher scores on this function than does the control group. As far as the second function is concerned there is more variation between the groups, although the control group remains near the origin. Group 21 seem to be positively "anti-RISC", and indeed their patterning of responses has some similarity to that of the relatives of schizophrenics (Rust, 1989). The literature from this group preaches a dedication to God through the group's very particular interpretation of religious text, 'and specifically warns its members against the ways in which the devil can tempt through offering the "something for nothing" that might seem to be available in schizotypal thinking. Contrary to this approach, Group 25 has a special interest in gaining illumination from yoga and internal forms of stimulation, and in fact seems to recommend an augmentation of any schizotypal symptomatology in its members. Both positive and negative attitudes towards schizotypal thinking abound in the more general occult literature, and it is notable that although sects seem to range so widely in basic beliefs (they have the whole of the irrational with which to trade), there seem to be a few recurring metaphors which appear time and time again in different guise. Almost all cults share a constructed history, generally based on Victorian reconstructions of Alchemy, witchcraft, and ancient texts (eg. the Egyptian Book of the Dead, the Hermetica etc). Groups 27 and 28 were fairly close to the origin on both functions. Both these groups were well established organizations with an interest in the

occult going back at least 50 years, and the membership of the subjects was generally long term.

To what extent are members of the sects with high scores on the RISC “at risk” for schizophrenia or schizotypal disorders phenomenologically related to it? In the earlier stages of schizophrenia, or in borderline cases, it is not disorder but eccentricity of thought which is the main characteristic. While many of these eccentricities may be irrational they are not necessarily more so than their previous held views, and often reflect a genuine attempt of the subject to come to terms with the content of thought. Rather, the views are uncharacteristic, inappropriate, or inconsistent with their current lifestyles. Some eccentricities held by psychotics might have been quite meaningful in other contexts. Some may well be central to many religions, or successful as metaphors within some areas of science. Others may be necessary parts of success in some occupations. Hammer and Zubin (1968) argue that those predisposed to schizophrenia are able to style their idiosyncrasies into creative and culturally accepted roles. Barron (1963) reports similarities between schizophrenics and creative artists. The items of the RISC have been constructed from downward projections into the normal population of diagnostic symptomatology. Thus for each positive item response there is an increased probability of the subject exhibiting a schizophrenic or schizotypal system. The cumulative summation of these items produces a test score which reflects the conceptual framework of normal diagnostic procedure for the positive symptoms. Thus the concept of risk is implicit in the RISC through its content validity in-so-far as it measures a schizophrenic/ schizotypal/ normal continuum (Chapman, 1966., Kraepelin, 1991), and is an emergent property of current diagnostic practice. The holding of irrational belief per se does not necessarily imply a deterioration in intelligence. Many popular beliefs are held irrationally, yet the holding of them does not necessarily interfere with the performance of computational skills of the type found in most intelligence tests.

While schizotypal thinking seems to be important in the life of most occult sects, it may be necessary to differentiate between the holding of views achieved by “illumination” or divine inspiration, and the holding of beliefs received from others. The American Psychiatric Association’s DSM-III(R) manual draws attention to the idea that paranoid ideation may be found in the founder or leader of a sect, and yet at the same time excludes diagnosis of schizoid pathology where the schizotypal ideas are received and shared with other members of a religion. Whether this represents an empirical state of affairs or is merely a reflection of our way of looking at these matters remains to be seen. However, this does seem to be an instance where

professionals are prepared to credit the schizotypal personality with special gifts of creativity, other literature on this possible link notwithstanding. Certainly, if this differentiation between leaders and followers is a fair one, then there would seem to be some circumstantial support for the idea that some of the factors which underlie mental illness also underlie the ability of some people to inaugurate change in society. The implications of this for biological models of schizophrenia have not been fully addressed in the psychiatric literature.

In the longer term it does seem likely that the risk for schizophrenia must be higher in these sects if only because the beliefs they hold are to some extent characteristic of the pre-morbid schizophrenic. We do not know as yet whether it is the case that persons with schizotypal cognitive styles drift towards these sects, or whether the schizotypal thinking comes about as a result of the sects' beliefs. Neither do we know whether the prognosis of a person at risk for schizophrenia is affected adversely (or even perhaps helped) by sect membership.

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