

Antisemitism as Mental Illness

Steven K Baum

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One hundred and ninety three (N=193) adults from one of four groups: Arab Muslim, Arab Christian, Non-Arab Muslim, and North American White Christians were administered measures of mental health and antisemitism to determine the nature and extent of relationship between mental health and hate. Correlational analysis revealed a low to modest relationship between those who held the most extremist views and psychoticism. Arab Muslims antisemitism scores were approximately twice those of their white Christian counterparts, but no group was free of antisemitic beliefs. Widespread cultural acceptance is suggested to explain differences between antisemitism rates.

Since the year 2,000, antisemitic hate crimes have risen dramatically most notably in Germany, Australia Canada and most virulently in France. While there is no direct relationship between antisemitic beliefs and acts of discrimination, the reverse is unlikely. Antisemitic acts are conducted by those who harbor antisemitic beliefs.¹

Certain cultures may be more prone to antisemitic beliefs. Dunbar (1995) using Gough's early measure (1951ab) found Asian-American and Czech Republic men's (Dunbar & Simonova, 2003) antisemitism levels to far exceed those of white Americans. The Antidefamation League(adl) and the American Jewish Congress(ajc) surveys of the last three decades has similarly observed variability with Dutch samples as low as 7% to Spanish samples five fold their Dutch cohorts. A five nation European study averaged antisemitism rates at 26% but Eastern European and Russian samples were considerably higher.(ajc.org) Even within a nation there is variability. Levels of antisemitism in the United States approximate 20%, but African-American and Hispanics rates are 36% and 44% respectively. (adl.org)

Research regarding the psychology of antisemitism has slowed considerably since the 1960s.² At the time, the findings of one major study summed up antisemitic myths and their pervasiveness in the following manner: "A pathology is present, but it is in the beliefs, not necessarily in the individual who accepts them." (Selznick & Steinberg, 1969. p.190) And while some individuals can repel such beliefs, most do not. (Baum, 2004) Some beliefs are more pathological than others and are known to foster intergroup hostilities. (Eidelson & Eidelson, 2004)

For instance, while Osama bin Laden and Al Qaeda are acknowledged as perpetrators behind 9/11, a Gallup Poll (2002) of 10,000 Muslims reported that 20% believed it to be true. The vast majority consistently blamed the West and specifically "the Jews," as the force behind the attack on America.

Where social delusions end and psychological ones begin has never been fully addressed in psychiatry. Calls for revision have gone unheeded. (Houran & Lange, 2004) As a mental disorder, antisemitism is acknowledged only in the extreme as when a synagogue is firebombed. UFOs belief may raise an eyebrow, but invading Asian hordes do not elicit the same level of concern. For the most part, antisemitism is reduced to a social problem, its fallout often dismissed as a prank or hooliganism.

Sociodemographic variables such as lower education (Weil, 1985) lower SES (Gough,1951b) gender, specifically men (Brym & Lenton, 1991; Dunbar & Simonova, 2003) and older age groups (Bergmann & Erb, 1997) have all been linked to antisemitism. Glock & Stark (1966) suggested a causal association between religion and antisemitism, though the relationship was less direct in that religious antisemitism created a secular version. Using a large Dutch national survey (N=1,134), Christianity was found as a determinant of antisemitism, but an authoritarian basis for belief was most involved. (Konig et al, 2000) Clinical work by Ostow (1996) and his colleagues is germane. In that study, psychoanalysts examined their former patients antisemitic beliefs. Still

fresh in their minds, several recalled hearing childhood legends of Jews' malevolence, and coloring Sunday school pictures of the crucifixion. A pattern had emerged that was particularly striking--the most pathological patients harbored the most antisemitic responses.

The link between mental illness and antisemitism is not well understood and bears further investigation. Such a link bears further examination in a population at-risk for antisemitic belief. A recent European Union study has implicated unemployed young men of North African Muslim descent in many of the European attacks. (EUMC, 2003) The Gallup Poll of 2002 also noted that many Muslims were antiWestern which coupled with the increased antisemitic attacks deem this investigation all the more worthwhile.

Method

Sample and Procedures

One hundred and ninety three (N=193) respondents from a middle-size Canadian and large American city were invited to participate and interview schedules to English speaking respondents. The anonymity of responses were assured and 15-20 minutes was the response time for all applicants to complete an interview schedule. Two Arabic interpreters administered the same interview schedules to several Arabic Christian and Muslim respondents. All respondents were purposively selected through a series of friendship networks. Many Arabic subjects were reluctant to participate and received a financial incentive of \$10 (US). The total mean age of the sample was 36 years old with four years of college education, approximately equally male and female and of middle income. Most Arab (75%) and Non-Arab Muslims(64%) were married compared to Arab Christian (57%) and White North American Christian counterparts. The Arab Muslim subjects had resided in North America for slightly less time (6.4 years) than their Arab Christian counterparts (9.2 years) and only slightly more than Non-Arab Muslims (6.1 yrs). The White Christians had resided in North America all their lives. There were no statistic differences between Sunni and Shia with respect to antisemitism. ($p < .ns$) and so both groups were treated as one category. The non-Arab Muslims were mostly of Pakistani and Bosnian descent. The sample demographics can be broken down as follows:

	<u>N</u>	<u>Age</u>	<u>Educ</u>	<u>M:F</u>	<u>Married</u>	<u>Income</u>	<u>Yrs/US</u>
Arab (Muslim)	43	33	3.7	37/69	75	28	6.4
Arab (Christian)	30	40	4.7	35/65	57	10	9.2
Non-Arab (Muslim)	46	35	4.0	52/48	64	29	6.1
White (Christian)	74	36	4.0	36/64	29	34	--

Instruments

An interview schedule consisted of several demographic questions and an eleven item antisemitism scale set to a seven point scale. The antisemitism index has established reliability (Selznick & Steinberg, 1969) and in this study received a Cronbach alpha of .88. Several items comprised the Antilsraeli

Sentiment and 20 other items of general antisemitic myths and opinion were included. A general measure of mental health was determined by use of the Eysenck Personality Questionnaire-Revised (EPQ-R Short). The EPQ-Short is a 57-item version of the more extensive personality form utilizing the three scales: extraversion, neuroticism and psychoticism. Validity and reliability has been well established. (Caruso et al., 2001)

Results

When taken in whole, several items demonstrated a pattern of antisemitism for Arab Muslims at rates that were double those of White North American (NA) Christians. Endorsed items such as "Jews have a special relationship with money" netted the following responses: Arab Muslim 86%; Arab Christian 63%; Non-Arab Muslim 43%; White NA Christian 13%. Anti-Israeli sentiment showed Muslims aligning Muslims: Non-Arab Muslims (61%) and Arab Muslims (53%) scores were considerably higher than White NA Christian (19%) and Arab Christian (12%). For a breakdown of all the items by group, see Appendix.

The differences between Arab (33.91 SE 1.39) and Non-Arab (22.44 SE 1.49) culture were significant $F(1,95)=31.81$ $p<.001$ as were the differences in religion: Muslims (M31.73 SE 1.24) compared to Christians (M24.62 SE 1.75) $F(1,95)=10.07$ $p<.002$. Clearly, Arab and Muslim together yielded the highest antisemitism scores. The total mean for all four groups was $M=28.18$ SE 1.03.

The scale cutoff for nonantisemitism is below $M=22$. Mean scores above the cutoff range from somewhat antisemitic to extreme. After controlling for anti-Israeli sentiment, the following means and standard deviations were obtained. Arab Muslim M37.59 SE 1.98; Arab Christian M30.24 SE 2.02; Non-Arab Muslim M25.88 SE 1.53; White NA Christian M19.01 SE 2.76. The scale mean total was 30.44 SD 16.13 $p<.05$

Of the three indices of mental health, only psychoticism was modestly related $r=.23$ $p<.05$ with a established mean and standard deviation of $M=2.44$ SD 2.8. The highest levels were obtained in Non-Arab Muslim (M4.6 SD 2.8) and Arab Muslims (4.3 SD 2.5) followed by Arab Christian (M3.5 SD 1.9) and White NA Christians. (M2.8 SD 2.5) The total sample mean was M3.7 SD 2.6.

Discussion

To the question of whether there is a mental health component to antisemitism, the answer at least statistically, is yes. The more one held antisemitic beliefs, the more likely they were to harbor psychotic thinking. Conversely, the opposite was true. Persons who believed the less antisemitic stereotypes had less pathological thought. The finding was consistent with previous clinical work. (Ostow, 1996)

Correlation is not causation and there may be those who are psychotic and devoid of antisemitism just as there those who are antisemitic and not psychotic. In fact, given the modest correlations between the two variables, it seems like that other factors may be involved such as social influence and the culture at large. Psychiatrist Mark Sageman (2004) in reviewing the biographies of 400 al Qaeda affiliated highlighted the power of social influence. Rather than

personality and psychopathology, social bonding and social networking better explained jihadi involvement e.g. 68% reported voluntarily recruitment due to friendship and 20% due to kinship.

In this study many subjects stand out along Sageman's lines. For example respondent #48 was a 38-year-old salesman of Muslim Pakistani descent. He was educated with least one postgraduate degree, married, and appeared stable. As I interviewed him, I found him kind and gentle. He also hated Jews. When I asked him how he knew that Jews had too much power, or that world terrorism would cease if America would stop supporting Israel etc, he responded with the ubiquitous "everybody knows." This speaks acquiring culturally esteemed beliefs and begs the question. Can one be a devout Muslim or Arab or fundamentalist Christian or Mel Gibson Catholic and not be antisemitic?

There were similarities and differences between cultures (Arabic Non-Arabic) and religions (Muslim Christian). Irrespective of culture or religion, all respondents subscribed to some antisemitic beliefs. There were differences between and within groups. In spite of their antisemitic, anti-Israeli beliefs, almost half the Arab Muslims endorsed the item "I like Jews." In the main however, White Christians who had lived their lives in North America were the least likely to sustain antisemitic beliefs as opposed to more recently arrived Arab Muslims, Arab Christians and Non-Arab Muslims.

The three aforementioned groups also had higher levels of psychoticism. Psychoticism as measured by the test measures anger and may be linked to authoritarianism. Future research may wish to examine the psychological makeup of collective identities in terms of authoritarianism and stereotypes.

The link between psychoticism and antisemitism is not spurious and brings to light a host of questions with calls for more involvement from mental health experts (Charny, 1986) and key questions that speak to the heart of the matter.

"At what point does 'normal' ethnocentrism turn into xenophobia, racism and antisemitism? When does family or group egoism the tendency to exclude or distrust the other turn into hatred aggressive hostility, deliberate persecution even massacre? When does ethnocentrism become a xenophobic security belt around a specific cultural identify, or or worse still, a racist paranoia directed against the dangers of 'pollution' and contamination from without or within? Or, as in the case of Nazism, how do racist fantasies acquire a genocidal dynamic that attributes intrinsically evil qualities to the identity and being of the mythical enemy, whose existence is so threatening that he must be totally destroy?" (Wistrich, 1999 p.2)

There may be no such thing as normal ethnocentrism for those who overly identify with their collective (national, religious or political group) social group or social identity. At risk are those from authoritarian backgrounds (Martire & Clarke, 1982) collectivist nations (Triandis, 1995) authoritarian based religions and theocracies (Konig et al, 2000; Saroglou & Galand, 2004) and fascist political settings (Dunbar & Simonova, 2003; Frindte et al, in press; Gibson & Duch, 1992). All have all been linked to antisemitism and other forms of hate.

In the only study to date to investigate personal and social identities in native Belgians, Muslims immigrants and others, the most religious lacked interest in personal identity development and were Muslim. (Saroglou & Galand, 2004) --a finding that could be generalized to most fundamentalist or fascist or authoritarian thinkers.

Yet, even in the most repressive regimes, there are those who emotionally develop and are less hateful. Conversely, those who do not develop themselves individual in the least restrictive conditions. Research on nonprejudiced persons suggests that emotionally evolved persons are less racist. (Highwater, 1997; Phillips & Ziller, 1997) Such nonprejudiced persons are identified with their personal and emotional life (personal identity) instead of their social and political identity. These emotionally developed individuals may have evolved from less authoritarian backgrounds or not, but were able to achieve the highest stages of cognitive, emotional and moral development and less prone to believing the cultural myths that propagate hate. (Baum, 2004)

“Lack of cognitive sophistication. . . appears to be the crucial factor in [antisemitic belief] acceptance,” concluded one survey’s findings. (Selznick & Steinberg, 1969. p.190) And while it may begin with unsophisticated thinking, antisemitism is more than just naiveté. If hate was a matter of naiveté, education alone would be sufficient to overcome its destructiveness. More than education is needed. It is about the emotional maturity of an individual and the nation. And as Nietzsche reminded us: The earth has been a lunatic asylum for too long.

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adl.org

ajc.org

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Footnotes

1 There is no direct relationship between antisemitism setniment and discrimination/hate crime rates. The level of antisemitism in the United States has ranged from 13-23% (ADL. org. Martire & Clark, 1982) though antisemitic hate crimes reached record levels since the year 2,000. (fbi.gov) On a per capita basis, Canada, Germany, and Australia have higher antisemitic hate crime rates than the United States and France has ithe most severe and direct attacks. Between 2002 and 2004 the ADL reported the following: Germany 36% down from 37% in 2002; Belgium 35% down from 39%; France 25% down from 35%; UK 24% up from 18%; Spain 24% down from 34%; Switzerland 17% down from 22%; Austria 17% down from 19%; Denmark 16% down from 21%; Italy 15% down from 23%; Holland 9% up from 7%. (adl.org) In the earlier American ADL survey, African Americans and Hispanic American antisemitism rates ranged between 30-35% compared to the 15% of the general population. The 35% approximates Eastern European rates while the Russian rates of 44% were considerably higher. (ADL polls 9/21/99) Prejudice and discrimination correlations are generally low to modest ($r=.28$) suggesting that additional factors are involved in the relationship of hate beliefs and hate acts.

2 Antisemitism research reach its peak in the 1950s with only a handful each decade thereafter. An online review of North American doctoral dissertations is telling. When the term antisemitism is entered into a data search of the past fifty years, approximately 109 hits compared to the term racism which nets 3,106 hits. (oclc.org)

APPENDIX

Jews have irritating faults.
Arab (Muslim) 45%
Arab (Christian) 16%
Non-Arab (Muslim) 33%
White NA (Christian) 11%

Stick together too much.
Arab (Muslim) 88%
Arab (Christian) 63%
Non-Arab (Muslim) 63%
White NA (Christian) 14%

Care only about themselves
Arab (Muslim) 81%
Arab (Christian) 47%
Non-Arab (Muslim) 48%
White NA (Christian) 5%

Like to be the head of things
Arab (Muslim) 84%
Arab (Christian) 67%
Non-Arab (Muslim) 43%
White NA (Christian) 6%

Engage in shady practices
Arab (Muslim) 72%
Arab (Christian) 53%
Non-Arab (Muslim) 35%
White NA (Christian) 11%

Have too much power
Arab (Muslim) 74%
Arab (Christian) 60%
Non-Arab (Muslim) 56%
White NA (Christian) 7%

Too much business power
Arab (Muslim) 86%
Arab (Christian) 70%
Non-Arab (Muslim) 61%
White NA (Christian) 8%

Conspired to kill Christ/Mohammed
Arab (Muslim) 59%
Arab (Christian) 49%
Non-Arab (Muslim) 36%
White NA (Christian) 14%

The Holocaust never happened
Arab (Muslim) 10%
Arab (Christian) 4%
Non-Arab (Muslim) 4%
White NA (Christia 3%

High Frequency of Contact
Arab (Muslim) 27%
Arab (Christian) 45%
Non-Arab (Muslim) 37%
White NA (Christian) 20%

Actual biological differences
Arab (Muslim) 0%
Arab (Christian) 0%
Non-Arab (Muslim) 4%
White NA (Christian) 3%

Antisraeli Sentiment Scale Items

Jews are more loyal to Israel.
Arab (Muslim) 53%
Arab (Christian) 12%
Non-Arab (Muslim) 61%
White NA (Christian) 19%

Israel was established by stealing Palestinian land.
Arab (Muslim) 51%
Arab (Christian) 12%
Non-Arab (Muslim) 67%
White EU (Christian) 3%

Terrorism would stop if the US would stop supporting Israel.
Arab (Muslim) 25%
Arab (Christian) --
Non-Arab (Muslim) 37%
White EU (Christian) 6 %

Jews were behind 9/11.
Arab (Muslim) 21%
Arab (Christian) 4%
Non-Arab (Muslim) 14%
White EU (Christian) 3%

