

University of Bergen

Modern medicine and obeying God

How the Watchtower Society legitimizes the controversial teaching of refusing blood transfusions.

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14.05.2024

Foreword

This thesis is part of a master's in religious minorities at the University of Bergen. It has been a wonderful course that really deserved to be provided to a global community of students.

The subject of my thesis was discovered by chance. I work as an advisor for a Regional Committee for Medical and Health Research Ethics (REK vest) and was contemplating a subject that fit within my field of work. I was initially naïve enough to think that ethical dilemmas about medical treatments and religious minorities was more pressing in countries with a more present religious minority-majority conflict than Norway. Stumbling upon Jehovah's Witnesses' doctrine of refusing blood transfusion proved me wrong. It fascinated me how this doctrine proved to be a challenge for hospitals, courts, and regimes all over the world. I wanted to learn more, and this thesis is the result of that curiosity.

I would like to give a huge thanks to my supervisors, Michael Stausberg and Alexander van der Haven, for their vital input and criticism throughout the whole process.

I would also like to thank to my wife, Ana, for giving me support in times of stress and notes to the final work.

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Chapter 1: Introduction

All over the world, the Jehovah's Witnesses are well-known for going door to door to proselytize their faith. They are visible in the public space of cities from Seoul in South Korea to Hamar in Norway with their bookstands. Although their visibility does not necessarily translate to actual membership, they claim on their website to have approximately 8,7 million active "publishers,"¹ namely those who have been baptized and are active missionaries. Another way of establishing the number of Witnesses was suggested by George Chryssides, an expert on Jehovah's Witnesses. He argues that attendance for the annual Memorial service – the only festival celebrated by the Jehovah's Witnesses, commemorating the last meal that Jesus had with his disciples² – is a more precise measurement of the organization's membership, which would put the number around 20 million in 2022.³

Even if the Jehovah's Witnesses are quite numerous, they are spread thin. Larger nations like USA, Mexico and Brazil have more significant numbers with each about 1 million active publishers, while the number in other countries falls way below these. Thus, in every nation that they have a presence, Jehovah's Witnesses are a minority. Which in turn has led to several minority-majority clashes. Around the world we see that conscientious objection to military service is a common reason for suppressing the activities of the Jehovah's Witnesses and incarcerating their members. The practice of refusing blood transfusion, the topic of this thesis, is in contrast rarely mentioned as a reason for suppressing or outlawing their activities, with the notable exception of Russia.⁴

The fact that the Jehovah's Witnesses refuse blood transfusions on religious grounds is largely unknown outside the medical community, which is evident in the disproportionate research within medical and legal fields.⁵ The purpose of that research has been to understand risk, alternative treatments, and legal precedent of cases about refusing blood transfusion on religious grounds. It is interesting that it seems to not have been done a thorough investigation into how such a teaching can be promoted. Understanding how this belief is legitimated could provide insights into not only the Jehovah's Witnesses, but also fundamentalist movements and processes of minoritization in general.

¹ Jehovah's Witnesses, 2023.

² Chryssides, G., 2009, p. 91.

³ Chryssides, G., 2023.

⁴ USCIRF, 2020.

⁵ Chryssides (2016, p. 422) also notes the absence of academic studies of the Watchtower Society in general.

A short history of the Jehovah's Witnesses

Before we get to the problem statement of this thesis, it is important to cover some history of the Jehovah's Witnesses and introduce its organization. The organization started as a Bible study group under the leadership of Charles Taze Russell (1852-1916) in Allegheny, Pennsylvania. Russell was disillusioned by mainstream Christian denominations and none of the other alternatives he encountered quite met his taste. Inspired by the Adventists, the Bible study group gathered between 1870 and 1875.⁶ Through his own financial means, Russell was able to establish the organization, Zion's Watch Tower Society, and they started to publish Bibles and tracts. Its name was later changed to the Watch Tower Bible and Tract Society (from here and onwards I refer to them as The Watchtower Society for brevity). In 1879 they published the first edition of a journal called *Zion's Watch Tower*, which is now known as *The Watchtower*.⁷

The beliefs of the Jehovah's Witnesses have been shaped over time under the guidance of the organization's leadership. After the death of Russell, "Judge" Franklin Rutherford (1917-1942) implemented new interpretations of the Bible in a seventh volume of *Studies in Scripture*. The work was started by Russell, but the finished product contained new teachings that are not found in Russell's work. Among these are the anti-war teaching and the accusation that the clergy was behind the Great War.⁸ Rutherford's successor was Nathan H. Knorr (1942-1977). Under his leadership, several crucial features of the organizations were implemented, like the policy of not naming the authors of the publications by the Watchtower Society.⁹ Another development is that the Governing Body also gained more authority than before. According to a former member of the Governing Body, Raymond Franz, all the three former leaders of the Jehovah's Witnesses had taken decisions about the organization on their own. But Knorr relied more on advice from a close circle around himself. Decisions about publications were discussed among Knorr, Raymond Franz, his uncle (and eventual leader) Frederick Franz (1977-1992), and a few others.¹⁰ Whether it was the failing health of Knorr or internal upheaval in the Governing Body that led to the reorganization is of minor importance for this investigation.¹¹ The fact is that the shape of the organization had changed

⁶ Chryssides, G., 2016.

⁷ Chryssides, G., 2023.

⁸ *Ibid.*

⁹ Chryssides, G., 2016, p. 427.

¹⁰ Franz, R., 2004, pp. 72 – 74.

¹¹ *Ibid.*, p. pp. 82 – 83. Franz cites the 1993 version of the Jehovah's Witnesses own history book. However, this section has been edited since. Now the book doesn't mention the sickness of Knorr. Instead, it is mentioned

around 1976 to become what it is today. The Governing Body consists of more than ten men which handles the spiritual needs of the organization. Below them we find six committees: Coordinators, personnel, publishing, service, teaching, and writing. The writing committee doesn't necessarily write all publications, but they are responsible for directing the work. The description of each committee and their current members are published online and publicly available.¹²

With their organization in mind, it is important to cover two important aspects of the organization: millennialism and disfellowshipping. Jehovah's Witnesses expect the imminent Armageddon that will begin the battle between Christ and Satan that eventually leads to the thousand-year rule of Christ on earth.¹³ Different versions of this belief go under the name of Millennialism.¹⁴ Much has been written about the Jehovah's Witnesses' predicted dates of Armageddon that didn't come to fruition, like the years of 1914 and 1975. Chryssides comments that critics tend to overstate the significance of these predictions. While the organization has been disappointed about these failed predictions, and some members have left because of it, the overall significance has been exaggerated because none of these failed prophecies had an important impact.¹⁵

The practice of disfellowshipping became formalized during Knorr's leadership. Disfellowshipping has since then been a judicial procedure of excommunicating a member from the fold of the Jehovah's Witnesses. It is possible for a disfellowshipped member to attend congregation meetings and to have normal relations with its household, but all other members must shun the disfellowshipped. The same is true for the disassociated members. A disassociated member is someone who has left the organization by their own volition.¹⁶

that the former organization wasn't in line with the biblical description. See, jv, pp. 233 – 235. The real motivation is inconsequential for this thesis, but the different versions of the story tell a tale of a changing narrative of their own history.

¹² ijwfaq article 41.

¹³ Chryssides, G., 2016, p. 435.

¹⁴ Appleby et.al., 1995, p. 407.

¹⁵ Chryssides, G., 2016, p. 434 – 435. A more complicated issue is the question of *who* will get into heaven and who will rise again when Christ return to the earth. The number of 140.000 has been mentioned since Russel, but later been understood as those that get into heaven while the rest get to live in paradise on Earth. The rest was meant to be the last generation, but since none of the 1917-generation live anymore, the generation-term has been reinterpreted. *Ibid.*

¹⁶ Chryssides, G., 2023.

The doctrine of refusing blood transfusion

The teaching about blood transfusion was published after the Second World War when blood transfusion became a general medical practice.¹⁷ In 1945, the Watchtower Society prohibited its members from accepting any medical treatment with using blood.¹⁸ Yet, the teaching has changed since then.¹⁹ In 1978, the Watchtower Society opened for individual members of the organization to consider certain fragments of blood at their own conscience.²⁰ The Jehovah's Witnesses got the opportunity to explain their belief and which medical practices they view as acceptable in the *Journal of the American Medical Association (JAMA)* in 1981. This include a few fragments of blood.²¹ Finally, in 1990, The Watchtower Society published the "How can blood save your life?" brochure that is still referred to occasionally. This brochure explains the reasons behind the teaching, the dangers of blood transfusions, and lays out some alternative treatments and legal arguments over 27 pages. The 1981-article is added as an appendix to the brochure.

But it is the *Watchtower* of July 15, 2000, that really elaborates on the components of the blood that can be considered non-blood. The Watchtower Society changed the teaching so that accepting any fragments of the major components of blood could be a personal choice. Accepting plasma, white blood cells, red blood cells and platelets is still strictly forbidden, but their derivatives is now a grey area.²² This will be referred to as the 'fragment policy' throughout the thesis. The Watchtower Society themselves recently admitted that the teaching was changed, noting that "the use of blood fractions is discussed in detail" in the year 2000.²³

While the Watchtower Society characterize the change as a more detailed discussion on the use of fragments of blood, Osamu Muramoto, a senior scholar at the Center of Ethics in Health Care in Portland, has published several articles on Jehovah's Witnesses and their position of refusing blood transfusion, arguing that the change in teaching was more

¹⁷ Chryssides, G., 2023.

¹⁸ Chryssides, G., 2009, p. xxvii.

¹⁹ The AJWRB, an organization consisting of Jehovah's Witnesses working for reform of the doctrine of refusing blood transfusion, has made a timeline of how the position on blood transfusion changed from Russel until today. It is an interactive display of publications stating different things about the organizations view on blood. AJWRB is not a neutral party, however. This timeline fits their rhetoric, but some of the sources speak for themselves - demonstrating the struggle to formulate a coherent teaching throughout its history: <https://www.ajwr.org/the-historical-perspective/blood-policy-timeline>

²⁰ *The Watchtower* 1978;99 (June 15):29-31.

²¹ Dixon, JL & Smalley, MG.

²² Jehovah's Witnesses, km 11/06, g 8/06, w04 6/15, w00 7/15.

²³ W23 May pp. 17 – 19. The Watchtower Society explains in this publication how "faithful roadworkers" of the past have laid the groundwork for the "highway" to knowledge about God's purpose: "Jehovah has not expected his people to make the necessary changes all at once. Rather, he has refined his people over time".

substantial than the Watchtower Society would like to admit, yet less consequential than some would like it to be. While the Watchtower Society defended the prohibition of hemoglobin (a fragment of red blood cells) in a research journal in 1998,²⁴ two years later it was explicitly mentioned as a personal choice for members to receive as part of a medical treatment. Another change was less public, but, as Muramoto claims, it facilitated greater autonomy for each patient to choose their own treatment. This change was the discontinuation of judicial disfellowshipping of those that accepted blood transfusion and the creation of a new status as disassociated, which has the same consequences of shunning.²⁵ The handbook given to Elders of the organization explicitly states that members who “*willingly and unrepentantly*” receive blood transfusions should be recognized as disassociated from the Jehovah’s Witnesses.²⁶ The difference between disfellowshipping and disassociating is mostly of a technical nature. Disfellowshipping requires a judicial committee of Elders that judges whether you should be removed from the flock. Disassociation does not require a judicial committee, as it is regarded as an action of the publisher to remove himself from the flock. As mentioned above, the consequence is the same: members of the organization cannot associate with someone who has been disfellowshipped or disassociated except for those within the same household. A disassociated member cannot appeal the decision since it is regarded as an action by the publisher.²⁷ Changing the technical procedure of excommunication does look like a rhetorical tool of credible deniability against the charge of expelling members that has accepted a medical procedure to save their lives. If the elders aren’t convinced by the member’s repentance, then they run the risk of becoming excommunicated all the same.

An issue that often receive less attention by both scholars and the Watchtower Society is autotransfusion. These are different medical procedures where the patient’s own blood is collected and transfused back into the same person. The teaching against blood transfusion also prohibits storing blood, which makes some preparations for complex elective surgeries impossible. Autotransfusion is not prohibited *per se*, but some medical procedures are either impossible or more complicated if the blood need to flow continuously without any

²⁴ Muramoto, O., 2001.

²⁵ *Ibid.*

²⁶ Watch Tower Society, 2023, p. 150.

²⁷ *Ibid.*, p. 151.

temporary storage in the process.²⁸ There have been no dramatic changes in the teaching on autotransfusion.

The fact that those that do not follow the teaching of the Watchtower Society are disassociated makes the teaching more authoritative than what a teaching would normally imply. Critics of the Watchtower Society tend to call the imperative of not accepting blood transfusion a ‘doctrine’ or a ‘policy’,²⁹ suggesting that the Watchtower Society has proclaimed that its members must refuse blood transfusions. However, the Watchtower Society’s language is more subtle than that. To refuse blood transfusion is often explained as something that the Jehovah’s Witnesses, or true Christians, do. In this way, to not accept blood transfusion is portrayed as a teaching coming from the body of its members. Nevertheless, considering that the teaching was created and has been changed by the leadership and is enforced by the Elders, I find it appropriate to call it a ‘doctrine’. The Merriam-Webster dictionary defines ‘doctrine’ as “*a principle or position or the body of principles in a branch of knowledge or system of belief*”.³⁰ My definition is in line with the critics’ label of the phenomenon, illustrating that a member of the Jehovah’s Witnesses cannot choose to accept the teachings of the Watchtower Society. In the end those that willingly accept blood transfusions will be disassociated.

The medical issue

What are the risks involved with the doctrine of refusing blood transfusion? It is quite difficult to put a number on the risk or to answer this question in general. Several medical articles have been published on this subject over the years, some that investigated maternal outcomes in a Jehovah’s Witness population which indicate a lower survival rate compared to the general population.³¹ Other articles have floated the unsubstantiated number of one thousand Jehovah’s Witnesses dying each year from refusing blood transfusion.³² However, the medical community has changed the guidelines for blood transfusion since the 1990s. Successful treatments of Jehovah’s Witnesses without blood became a point of argument in the medical world for reducing the reliance on blood transfusion and implementing a Patient

²⁸ UMMCVideos, 2019. A seminar by the University of Maryland Medical Center with the Jehovah’s Witnesses that presented the medical challenges and possible solutions with the refusal of blood transfusion, including autotransfusion.

²⁹ Elder, L., 2000. Muramoto, O., 2001. The website ajwr.org uses ‘doctrine’ and ‘policy’ to label the teaching.

³⁰ Merriam-Webster, 2024.

³¹ Van Wolfswinkel, et.al., 2009. Singla, Angela K., et.al., 2001. Massiah, N., Athimulam, S., Loo, C. et al., 2007.

³² Wilson, P., 2005. Citing the Secretary of State for Health in UK and the AJWRB. The latter doesn’t put a number on how many that die globally from refusing blood transfusion. Bock, GL, 2012, cites Wilson.

Blood Management program.³³ Guidelines and case studies of blood transfusion and patient blood management are numerous, and medical professionals try to learn from each other's experience and improve the treatment given to all patients in general and this patient group in particular.³⁴ But even if it is difficult to estimate the risk that this doctrine entails, it seems certain that no substitute for all of the major components of blood can completely remove any need of blood transfusion today.³⁵

Problem statement

The Watchtower Society's opposition against blood transfusion has been controversial both among non-Witnesses and among the Jehovah's Witnesses themselves. Court cases in various countries have brought this issue to the public eye, and news articles show that it is difficult for the majority to relate when a mother or a young teen explains how they feel violated because their lives were saved by blood transfusions.³⁶ The doctrine of refusing blood transfusions has also been challenged among its members, best exemplified by the existence of the organization Advocates for Jehovah's Witnesses Reform on Blood (AJWRB).³⁷ More evidence of ambivalence among members towards the doctrine can be seen in in-depth interviews with Jehovah's Witnesses in Norway and correspondence with the Watchtower Society in New York by Hege Kristin Ringnes and Harald Hegstad, who discovered a dissonance between the individual members desire to live and their refusal of blood transfusions.³⁸ This conflict is multi-layered on a societal, organizational and personal level.

This thesis will explore the conflict on an organizational level, focusing on how the organization exploits this conflict to legitimate the doctrine of blood-transfusion-rejection among its members. Additionally, it will examine the strategies employed by the organization to persuade the medical community of alternative treatments and frame blood transfusion as an issue of religious freedom for Jehovah's Witnesses. It is important to investigate how the Watchtower Society legitimizing the doctrine of refusing blood transfusion to understand its foundations. The current literature on the subject seems to take the legitimacy of the doctrine for granted. Sem Vermeersch, professor in history of East Asian Buddhism at Seoul National

³³ Farmer, S., Isbister, J. & Leahy, M. F., 2014.

³⁴ Oslo universitetssykehus, 2020. Gohel, MS et.al., 2011. Garoufalia, Z., 2022.

³⁵ Crowe, Elisabeth & DeSimone, Robert, 2022.

³⁶ CBC News (Hinkson, Kamila), 2017.

³⁷ Their webpage seems to be inactive since 2017, but the site was maintained at least up until then: <https://www.ajwr.org/>. According to "Lee Elder" AJWRB is still active, ref. Jacobsen, J. D., 2024. Lee Elder is the pseudonym of the founder of AJWRB.

³⁸ Ringnes, H. K. & Hegstad, H., 2016.

University, warns against the fallacy of thinking that “*there is a direct link between doctrine and legitimation, i.e. that there is an ideological program that is somehow put into effect. While this may not be ruled out [...] legitimation strategies are in most cases not based on specific doctrinal texts.*”³⁹ Even if Versmeersch subject of interest is quite different from this thesis, I hope to demonstrate that the Watchtower Society does not rely solely on an exegesis of the Bible to legitimate the doctrine of blood-transfusion-rejection.

I will show that it is precisely the fact that the doctrine is hard to sell to the society outside of the Jehovah’s Witnesses, thus creating a conflict with the outside world, that makes the doctrine appealing to members of the Organization. This conflict with the outside world has contributed to the legitimacy of the doctrine through dynamics that are characteristic of fundamentalist movements. However, the doctrine has been challenged from the inside since 1998 through the work by the AJWRB.⁴⁰ From 1998 and onwards several articles in the Journal of Medical Ethics put the internal disagreement out in the open.⁴¹ This challenge to the legitimacy of the doctrine was a problem for the Watchtower Society and would need different responses. Medicine has also developed since the 1990s, and even more since the doctrine was established in 1945. For better or worse, the development in treatments with or without blood can both challenge and benefit the task of legitimizing the doctrine on refusing blood transfusions. The interesting dual, and even conflicting, approaches in legitimating the doctrine to the various audiences deserves a thorough investigation. This will hopefully contribute to a better understanding of the role of conflict in legitimization of doctrines in fundamentalist movements, and the challenges to this legitimation strategy.

The main research question of this thesis is therefore: How does the Watchtower Society legitimized the controversial doctrine of refusing blood transfusion and medical treatments involving blood? I will focus on the period from 1990 until 2024.

I will suggest a hypothesis that the Watchtower Society uses conflict to legitimize the doctrine of refusing blood to the members of the Jehovah’s Witnesses, but at the same time portray itself as allies of science towards the outside world. This dual strategy towards the internal and external audience has the paradoxical effect of undermining the legitimation strategy towards the internal audience. If that hypothesis stands: what incentives does the

³⁹ While he has a different region, time, and religion in mind, his “critical re-evaluation of the concept of legitimation” is valuable in this context: Vermeersch, S., 2020, p. 19.

⁴⁰ AJWRB: <https://www.ajwrb.org/march-15-1998-letter-to-governing-body>

⁴¹ Muramoto, O, 1998. Ridley, D., 1999. Elder, L., 2000. Muramoto, O., 2001.

Watchtower Society have for emphasizing conflict towards the internal audience? Answering this question will draw on insights from the fundamentalism theory with some perspectives from the theory of minoritization.

Critical investigation of a doctrine that can have consequences for life and death decisions is important, and there are many stakeholders affected by it. The doctor wants to give its patients the best medical care, and in certain circumstances it might involve giving blood. It is not always possible to know in advance of the operation if you'll need a blood transfusion.⁴² And even though the Watchtower Society changed the doctrine some 25 years ago to put more medical alternatives on the table, medical studies indicate a reluctance among Jehovah's Witnesses to consider these acceptable components of blood.⁴³ The reason why may vary. For some individual members it is the belief that accepting blood will break God's command. For others, it might be losing contact with your entire social network. Those belonging in the latter group can still be strong believers of the Jehovah's Witnesses, but like Lee Elder they disagree with the Watchtower Society doctrine on this subject.⁴⁴ Yet others may have lost faith but doesn't want to lose their loved ones. To refuse blood transfusion in fear of losing your social network is an entirely different motivation than the fear of betraying God's will. The stakes are real in both cases and should be taken seriously.

The final stakeholder here is the Watchtower Society as custodians of the doctrines of the Jehovah's Witnesses. They are not likely to change the doctrine in any way that would question the morals of current and past leadership. Evans Lloyd, a long-time public commentator on the Jehovah's Witnesses and former member of the organization, has recently argued that the Watchtower Society is unlikely to discard the doctrine. Doing so would entail an admission of error in this teaching. Consequently, the leadership would be compelled to acknowledge responsibility for the lives lost due to it.⁴⁵ Lloyd predicts instead that the Watchtower Society will change the doctrine so that members that accept medical treatments with blood will no longer be disassociated. While I support the conclusion the

⁴² Høiseth & Kongsgaard, 2009, p. 109.

⁴³ Hubbard, Richard MD; Waters, Jonathan H. MD; Yazer, Mark H. MD., 2015.

⁴⁴ According to a survey among Jehovah's Witnesses done by jwsurvey.org in 2013, established by former member Lloyd Evans, 60% (125 out of 209 voters) of the active members disagreed with the doctrine of refusing whole blood transfusion if life is at stake. Obviously, the weakness of this study is clearly its reliability. It is based on trust that those answering are active members of the Jehovah's Witnesses. Another bias is that those who visit this website, jwsurvey.org, might be more critical than the average member. Yet, it can be interpreted as an indication of some disagreement existing within the Jehovah's Witnesses. Evans, L., 2014, p. 43.

⁴⁵ Evans, L., 2024.

doctrine might change further to enable members to accept life-saving medical treatments, I will suggest that the reasons for such a change might be that the conflict with the outside world on this subject has disappeared from Watchtower Society publications. This thesis will not give an answer to the reasons for why the conflict themes have disappeared from the publications, but some theories will be presented.

Literature review

Blood transfusion among Jehovah's Witnesses has long been a topic of study and debate among medical, bioethical, and legal scholars due to its life-and-death implications. I will not cover this research more than I already have in the introduction. Ringnes and Hegstad's work stands out as religious scholars for its exploration of the dissonance between the desire to save life and the risk of sacrificing it among Jehovah's Witnesses. They found that many members deny the risks connected to refusing transfusions and have misconceptions about receiving blood. This, coupled with an optimistic attitude towards technology and mistrust of healthcare personnel suggesting transfusions, suggests an ambivalence towards the doctrine.⁴⁶ Notable contributions have also been made by senior scholar George Chryssides, who has extensively documented the history and discrimination of Jehovah's Witnesses, and by former Jehovah's Witnesses like Raymond Franz and Rolf Furuli. Despite contributors like Franz's and Furuli's lack of impartiality, their insights can be valuable in the right context. Interestingly, I found no other work examining how the Watchtower Society legitimizes the doctrine of refusing blood transfusions or applying the theory of fundamentalism to Jehovah's Witnesses.

⁴⁶ Ringnes, H.K. & Hegstad, H., 2016.

Chapter 2: theory, method, empirical data

To investigate how the doctrine of refusing blood transfusion is legitimated by the Watchtower Society, I will take a hermeneutical approach and use critical discourse analysis and document analysis on texts produced by the Watchtower Society on their website. To explain my findings, I will apply the theory of social constructivism, fundamentalism and minoritization.

Theory

Social constructivism

My methodology presupposes some theoretical assumptions about the world. Critical discourse analysis relies on the theory of social constructivism. The idea that there is power behind the word we use, that we in some way construct our social reality by the way we speak of certain subject.⁴⁷ Investigating how the doctrine of refusing blood transfusion is legitimated will need to have two audiences in mind: the internal and external audience. Being a minority, the discourse from the Watchtower Society is oppositional against the majority population. There is a power imbalance here, where the external audience, the medical community and the state, has the power to decide what treatment you and your children get access to. That makes the jw.org a counter discourse against modern medicine. At the same time, the Watchtower Society is an authoritative entity for the internal audience within the organization. Whatever they publish through their channels will have consequences for the way their members behave.

Minoritization

The theory of *minoritization*, proposed by Michael Stausberg, Alexander Van Der Haven and Erica Baffelli, will be relevant to apply in this context. “Minoritization” is defined by Stausberg et. al. as: “*Structures and processes that make some (person, group, concept) a minority.*”⁴⁸ They stress that no minoritization can happen without the mirroring effect of majoritization. To be a majority necessarily needs a minority, these define each other depending on the context and situation. Being a minority is part of the identity of the Jehovah’s Witnesses, as they actively seek to distance themselves from those who are not True Christians. In the case of the doctrine of refusing blood transfusion, the Jehovah’s Witnesses would be viewed as selfminoritizing from the majority. When this medical procedure is prohibited, it makes members of this religious movement a minority in situations

⁴⁷ Hjelm, T., 2021, pp. 229 – 230.

⁴⁸ Stausberg, M., Van der Haven, A. & Baffelli, E., 2023.

where they seek medical assistance. The doctrine of refusing blood transfusion also adds a layer of minorities within the minority, namely Jehovah's Witnesses that oppose this doctrine. A critical theory of minoritization will seek to expose these structures and processes that creates these different minorities in the case of the doctrine of refusing blood transfusion.

Fundamentalism

This thesis will also take the Fundamentalism Theory as a framework of discussing the findings in my analysis. The Fundamentalism Project that Martin Marty and Scott Appleby led in the 1990s was a grand undertaking resulting five volumes of articles with contributions from different scholars on a variation of religious movements. In the final volume, Appleby tries to draw some conclusions together with Gabriel A Almond and Emmanuel Sivan. They describe what they deem to be common features of fundamentalist movements and how they interact with one another and how they cause friction. This will be useful theories to both identify themes for the content analysis and to investigate what rhetoric the Watchtower Society uses to legitimize the doctrine of refusing blood transfusion.

Appleby et. al. has suggested five ideological traits and four organizational traits of fundamentalist movements. All of them does not have to be present at the same time, but they can be and most tick many of these boxes. These traits are mentioned below along with a brief discussion on how relevant these characteristics are for Jehovah's Witnesses.

A central ideological trait of fundamentalist organizations is (1) the reaction to the marginalization of religion. Appleby et. al. suggest that this is a characteristic that needs to be present within the movement to be classified as a fundamentalist: a reaction to "*the processes and consequences of secularization and modernization, as they have penetrated the larger religious community itself.*"⁴⁹ The reactivity doesn't exclude appropriating modern products to further their own goals. Fundamentalist movements are to the contrary quick to seize upon the new possibilities that modernity has provided. Radio, fax-machines and now the digital media, have proven useful to recruit new adherents and distribute ideas.

A second ideological trait is the (2) selectivity. The theory divides selectivity into three modes. The first mode is the aspect of tradition that fundamentalists single out and reshape to have more importance. This separates the fundamentalist from those that follow the mainstream version of the religion. The second mode is the part of modernity that fundamentalists embrace. As mentioned under reactivity, some fruits of modernity are useful

⁴⁹ Appleby et. Al., 1995, p. 405.

to distribute ideas for example. The third mode is the parts of modernity that is singled out for opposition. A crucial part of selectivity is that: *“these three modes of selectivity are interrelated, so that the retrieved text match the significant issue, the modern methods chosen convey or support the fundamentalist opposition, and so on.”*⁵⁰

Many fundamentalist movements also share the ideological trait of (3) moral Manicheanism, a dualistic worldview of good and bad. If you are inside the movement, you will be saved as part of God’s team, entities on the outside are under the control of Satan. Fundamentalist movements within Abrahamic religions usually believe in the (4) inerrancy of their holy scriptures. Rejecting the hermeneutical method or other secular methods of interpretation, *“fundamentalists employ their own distinctive strategies of interpretation, including “hardened” and “updated” traditional approaches, designed in part to reify and preserve the absolutist character of the sacred text or tradition”*.⁵¹ The final ideological trait is the belief that good will triumph over evil, and that a Savior will come to Earth to put an end to suffering, called (5) millennialism. There is an expectation that the final victory over evil will happen soon. Signs for tribulations that will announce the coming of the Savior is looked for in the news and scriptures.

An organizational trait that fundamentalist movements tend to have (1) is chosen membership. People voluntarily elect to take part in the movement. They also tend to have a (2) sharp boundary between the saved and the sinful. This boundary can be physical like with the Ultraorthodox haredi Jew, but it may also be linguistic through a distinctive vocabulary. These movements are often (3) authoritarian and governed by a charismatic leader that are claimed to have some heavenly access to the deity or a complete understanding of sacred texts. The authoritarian leadership is in tension with the voluntarism and equality that also is characteristic of fundamentalist movements. *“This tension [...] makes these movements somewhat fragile. Since there can be no loyal opposition, there is a tendency toward fragmentation”*.⁵² The last organizational trait many fundamentalist movements share is (4) the behavioral requirements. Rules about the behavior of its members are regulated. This can be rules about how to dress, discipline of children, sexuality, censorship of reading materials and more.

⁵⁰ *Ibid.*, p. 406.

⁵¹ *Ibid.*, p. 407.

⁵² *Ibid.*, p. 408.

Most of these traits are present in the Jehovah's Witnesses. The only trait that has changed over time is the presence of a charismatic leader. Since 1976 the organization has become more bureaucratic. Appleby et. al. writes that authority is necessary to operate effectively with the three modes of selectivity. Many fundamentalist organizations that have lasted for generations have become bureaucratized and mainstream. Appleby et. al. uses the example of the Muslim Brotherhood that started as a fundamentalist organization to become a political party.⁵³ This might be a path that the Jehovah's Witnesses are on.

Fundamentalism is often connected to militaristic and violent action.⁵⁴ The Jehovah's Witnesses are not a violent organization, but there are different ways of being militaristic that the Fundamentalism Theory has taken to account. Appleby et. al. defines four modes of fundamentalism that can be viewed as four ways of abolishing the enemy. Those movements that are militaristic and try to abolish their enemies though violent means in the world, they would be recognized as *world conquerors*. Those that try to create the world to their liking through political means and activism are named *world reformers*. The last two modes have put the *world conquering* mode on hold until God intervenes: *world creators* and *world renouncers*. Both modes try to build up their enclaves and demarcate the boundaries to the outside world. The world creator tries to enlarge the enclave through missionary work, while the world renouncer is more concerned inwards on the organization and its members purity and self-preservation.⁵⁵ Most fundamentalist movements have some of the three first elements. Jehovah's Witnesses could be said to fall neatly into the categories of world creator and world renouncer, mostly focused inward and trying to increase their decentralized enclaves through missionary work.

Sacred values

Wendy Mayer has elaborated on the fundamentalism theory by adding theories from behaviorist research that suggest that the phenomenon of fundamentalism should view: "*the insiders in these movements not as religious actors but as moral actors, driven intuitively by a particular set of values.*"⁵⁶ The values Mayer suggest that inform action by these devotees are "sacred values", a term she lends from Atran, quoting him:

⁵³ *Ibid.*, p. 412 – 413.

⁵⁴ Brekke, T., 2012. Appleby, S., 2019.

⁵⁵ Appleby et. al, 1995, pp. 428 – 429.

⁵⁶ Mayer, W., 2019, p. 247.

“while the term ‘sacred values’ intuitively denotes religious belief, in what follows, sacred values refer to any preferences regarding objects, beliefs, or practices that people treat as both incompatible and nonfungible with profane issues or economic goods, as when land or law becomes holy or hallowed and as inseparable from people’s conception of ‘self’ and of ‘who we are’”.⁵⁷

Finally, she arrives at the conclusion that sacred values raise the stakes for the individual to the level that they “become blind to exit strategies” and would rather accept death than compromise.⁵⁸ Worldly incentives cannot trump the reward promised to the believer if they keep following this sacred value. Mayer has the individual believer in mind, yet this theory does also reflect the stakes of any religious organization. If a value is made sacred, the organization cannot change that without a substantial cost to its legitimacy. In this thesis I will suggest that the doctrine of refusing blood transfusion is made a sacred value by the Watchtower Society, and they would rather attempt to defend the doctrine with both biblical and scientific arguments than moderate it. The sacred value is still promoted as it was in the early 1990s.

The fundamentalism theory has not considered the Jehovah’s Witnesses as a case for putting the theory to the test. This is perhaps not surprising, considering how little academic interest there has been in the Jehovah’s Witnesses. This does however make them a ripe test case for the theory’s explanatory power. To some degree, the theory of minoritization is supplemented by the fundamentalism theory. The reactivity, moral Manicheanism and belief in the inerrant Bible create a structure that will drive selfminoritization because the *others*, that is the majority that does not see the world as you do, are seen as sinners and any resistance is validating your belief.

Method

This thesis has a mixed method approach with both quantitative and qualitative methods. Chapter three will be dedicated to a content analysis of the sources produced between 1990 and 2024. The sources have been divided into publications which have their unique reference on the jw.org that are easy to look up. Each publication has again been coded as a type of publication (‘exegesis’, ‘case’, ‘news article’ etc.). The type of source is a code that signify its style and content. Next the message were identified in units. Badzinski et al., following

⁵⁷ *Ibid.*, p. 248.

⁵⁸ *Ibid.*, p. 249.

Krippendorff, divides the coding of the message in the sources into five units: “*physical (number of articles, inches of space, number of pages); syntactical (number of words, phrases, or sentences); referential (the presence or the absence of objects); propositional (statements or argument units); and thematic (repeating patterns of ideas or treatments).*”⁵⁹ I have chosen to use thematic units for coding: ‘exegesis themes’, ‘medical themes’ and ‘conflict themes’. The categories are classified by the content of the message in the sources. To have validity of the codes used, I’ve approached each category differently. Themes within the category of ‘exegesis’ are tied to the Bible verses used and the implication of their use. One example is the use of Deuteronomy 12:16, 24 and its implication on storing blood. For the category of ‘medical themes’, I’ve decided to code the sources according to rhetorical tools that have been applied. One example is when medical professionals are quoted to support the impression of health benefit through alternatives to blood transfusion. For the last category, ‘conflict themes’, some of the codes are in line with the terminology of the fundamentalism theory, like millennialism and moral Manicheanism. Other codes are used to indicate literal conflict, like resistance.

In chapter four I will do a critical discourse analysis of some selected sources. The critical discourse analysis tries to identify the ideology behind, or in service of, power that transforms our realities. Titus Hjelm describes the contemporary conception of ideology as “*meaning in service of power*”, and a discourse functions ideologically “*when ‘proper’ ways of thinking about and doing things are constructed from a particular perspective – yielding a one-sided account that ignores the variety of practices*”.⁶⁰ When all other constructs of thinking about a certain thing is suppressed, the discourse is ‘hegemonic’. A part of critical discourse analysis is ‘unmasking’, which means to investigate the effect of ideologies in suppressing certain practices. To study what is not said is an important part of identifying ideologies and unmasking: “*Silences in discourse are very effective in buffering ideology by simplifying representations of social reality*”.⁶¹ Critical discourse analysis insists on including outside perspectives to make meaningful interpretations about society and culture. The discourse doesn’t act in a vacuum. On the contrary, it is dependent on the context of power relation of the public that takes part in the discourse. Hjelm points out that the “*legitimation struggles of minority religions*” might be fruitful objects for critical discourse analysis.⁶² The doctrine of

⁵⁹ Badzinski et al., 2021, p. 184.

⁶⁰ Hjelt, T., 2021, p. 235.

⁶¹ *Ibid.*

⁶² *Ibid.*, p. 236.

refusing blood transfusion has elements of a legitimization struggle within the medical discourse, where the power sits with the medical community. Yet, when speaking of biblical interpretations, the power resides with the Watchtower Society. This case is therefore interesting with multiple discursive spaces.

Empirical data

The empirical data for this thesis is primarily from the website jw.org. This website is well ordered, and you can get an easy overview of every article that has been published on their website through the Watch Tower Publication Indexes that catalogues all the topics of import from 1990 to 2023. The subject “blood transfusion” is among those that are well ordered with mostly easy to find references, and sometimes the references are even hyperlinked. The years that are indexed coincides with the period I’m most interested in investigating. It is also possible to search on the website for topics, like “blood transfusion”, and codes, as each publication has a unique code.

The publications consist of brochures, periodicals, meeting books and web articles, all found on the website jw.org. The brochures are intended to be timeless work that periodicals and other work refers to for further information on the subject they cover. The brochures that mention the subject of blood transfusion are “How can blood save your life?” (1990), “Knowledge That Leads to Everlasting Life” (1995), “What does God Require of Us?” (1996), “What Does the Bible Really Teach?” (2014), “Keep Yourselves in God’s Love” (2014), “God’s Kingdom Rules!” (2014), “What Can the Bible Teach Us?” (2015), and “How to Remain in God’s Love” (2017). The periodicals are *Awake!* and *The Watchtower Announcing Jehovah’s Kingdom*. The former has been published since the 1919 as *The Golden Age*, before being replaced with *Awake!* in 1946. The *Awake!*-magazine was published monthly from 2006. *The Watchtower* has been published monthly since 2008.⁶³ These periodicals are the most printed in the world, as they are distributed through all their active publishers. It is also used among the members themselves. The *Awake!* periodical is mostly intended for a general audience outside the organization, while the *Watchtower* has more theological content intended for its members.⁶⁴ However, the varied reader base can be seen in the commentary section of each *Awake!*-publication, indicating that also Jehovah’s Witnesses’ write letters to the *Awake!* magazine about former articles.

⁶³ Chryssides, G., 2009, p. xxv – xxix.

⁶⁴ Ringnes, HK & Sjøldal, HK, 2009, p. 19.

The remaining publications are content that are only available online, like videos or pages for frequently asked questions about Jehovah's Witnesses. No publication has acknowledged the writer.

In addition to the texts on jw.org, it is necessary to look outside the communication channel that the Watchtower Society controls to see what, if any, worries that the organization might be responding or reacting to. The webpages for the reform movement within the Jehovah's Witnesses that want to allow blood transfusions (ajwrb.org), the webpage claiming to survey opinions of Jehovah's Witnesses (jwwatch.org), the webpage for an non-profit organization that wants to document policies of the Watch Tower they categorize as violating human rights (aawa.co) and the webpages of the ex-members of Jehovah's Witnesses (avoidjw.org) are all examples of oppositional voices that touch upon the topic of blood transfusion in various ways.

Ethics

One ethical challenge with my thesis is to be respectful of the subject I'm writing about and not imply motivations of individual members. Based on the data of this thesis, I cannot say why each member decides to follow the policy of the Watchtower Society. I cannot know what they think of it. That is not my goal either. Knowledge about a difference of opinion within the organization is already publicly available. Some are more conservative, some accept fragments of blood in their medical treatments, and some want reform.

Others have tried to interview individual members about their opinion on the policy from the Watchtower Society. However, it cannot be ruled out that those in favor of reform would practice some self-censorship on this subject.⁶⁵ Establishing a level of trust in the relationship that makes the doubters confide with the interviewer is a process that takes time.

I have an outsider perspective on the Jehovah's Witnesses' organization. I am not convinced by the arguments that the Bible prohibits blood transfusion, and even if there are benefits to be gained from a conservative approach to transfusions, the absolutist approach is to put your life at risk. It is difficult to be sympathetic to the belief that the Bible prohibits a medical procedure. My intention is still to be respectful and sensitive to that belief. And with the best intentions and respect for any one member's belief, this thesis is a critical investigation of those that hold the key to reform: the Watchtower Society and the Governing Body.

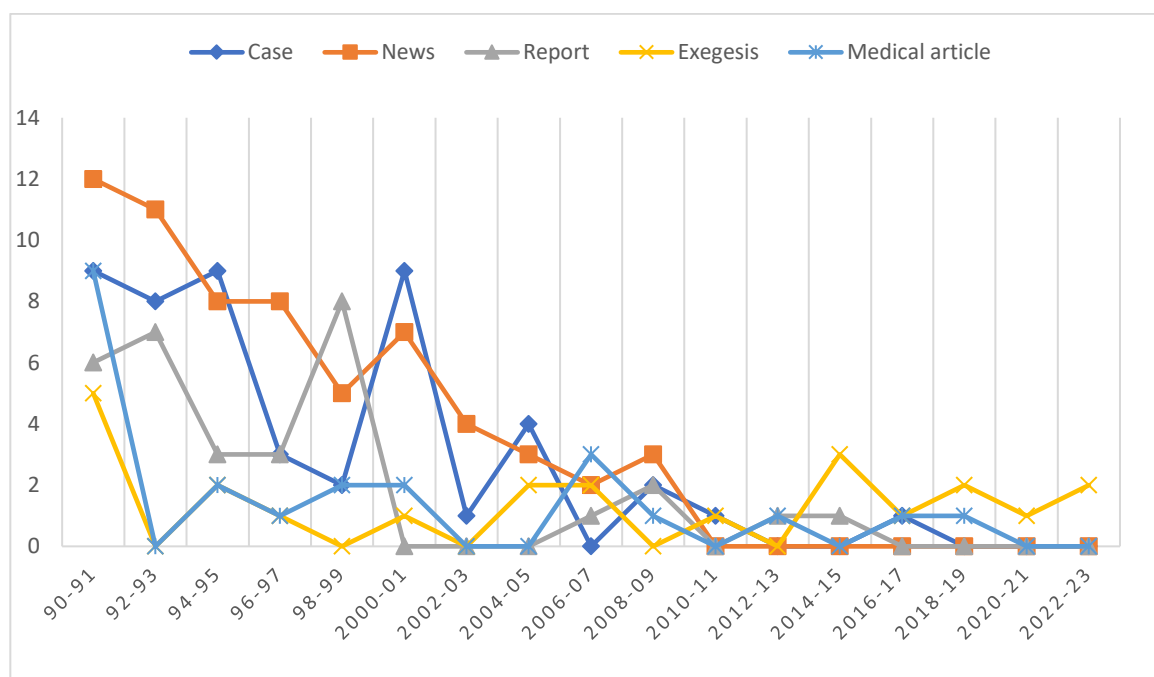
⁶⁵ Ringnes et. al. found it difficult to discuss the doctrine with the participants of her research, 2016.

Chapter 3: Mapping strategies of legitimization

This chapter will be mapping the strategies of legitimization that the Watchtower Society has applied since the 1990 and up until today. The year 1990 is chosen as a convenient starting point as the year when the “How Can Blood Save Your Life?” brochure was published, a publication solely dedicated to the subject of blood transfusion. It is also ten years before the change in the doctrine of refusing blood transfusion by the Watchtower Society.

All the articles on the jw.org with the subject of ‘blood transfusion’ have been coded in three categories: ‘exegesis themes’, ‘medical themes’ and ‘conflict themes’. The way of coding is described under the chapter *Method*. The weakness of this chapter is that I haven’t had the resources to test the reliability of my coding. The optimal test of reliability is to have someone other than myself to test the definition of my categories, types, and codes to see whether they would code the articles in the same way. However, I am confident that my coding will give a good indication of the legitimization strategies over time. The uncertainty of reliability will mostly affect conclusions drawn from minor differences between the frequency of different codes. I will therefore report the codes biannually since the number of any code is too low to say anything meaningful about any given year. I am also reporting numbers from periodicals and brochures. It takes some time before a story in such publications reach the printer. Some of the arbitrariness of whether a publication is published in December or January is counteracted that way.

TABLE 1: A VISUAL REPRESENTATION OF THE DECLINE IN FOUR OF FIVE TYPES OF ARTICLES.



A total of 228 items have been registered in a schema and coded. The publications vary in length, from around eight pages to one paragraph. These have been coded in ‘types’ as well as ‘theme’. Worth of note about the *type* of publications is that the frequency of these publications declines over time. A total of 24 items were coded as an ‘exegesis article’, 49 as a ‘case article’, 22 as ‘medical articles’, 63 as ‘news articles’ and 32 as ‘reports’. Table 1 indicates how these types of articles are distributed over time. Except for ‘exegesis articles’, all other types of publications declined from its zenith in the 1990s. This pattern will be familiar when looking at the frequencies of themes in this chapter.

Theme in the sources

Exegesis themes

‘Exegesis’ is both a code for a *type of article* and a *theme of arguments* found in different types of articles. In the *type* of ‘exegesis articles’, the focus is mostly on interpretations of biblical passages that support the doctrine of refusing blood transfusion. Each of the three decades have roughly the same number of ‘exegesis articles’: there were 8 in the 1990s, 6 in the 2000s, 7 in the 2010s and the remaining three have been published in the last three years.

The *theme* of ‘exegesis’ broadly covers various forms of biblical reasoning and theological arguments, particularly those supporting the doctrine of blood transfusion refusal. Some of these biblical arguments are cited in many *types* of articles. The argument that is most referenced, especially in articles discussing the Jehovah’s Witnesses’ refusal of blood transfusions, pertains to the verses Acts 15:28 and 29: *“For the holy spirit and we ourselves have favored adding no further burden to you except these necessary things: to keep abstaining from things sacrificed to idols, from blood, from what is strangled, and from sexual immorality.”*⁶⁶ Of the 228 items that have been coded, 113 mention that Acts 15:28, 29 is the biblical foundation for the doctrine of refusing blood transfusion. Considering that the Jehovah’s Witnesses is the only Christian denomination interpreting *“abstaining [...] from blood”* as an imperative to refuse blood or its main components in medical treatments, it is an argument that needs elaboration. Some articles do therefore elaborate on why they interpret that Acts 15:28, 29 also entails a prohibition against blood transfusion.

The most common argument is to compare blood transfusion to consumption of blood. There are multiple stories in the Old Testament where God commands humanity to refrain from *eating* blood. Common passages that these articles refer to are Genesis 4:10, 1:29, 9:3, 4 and

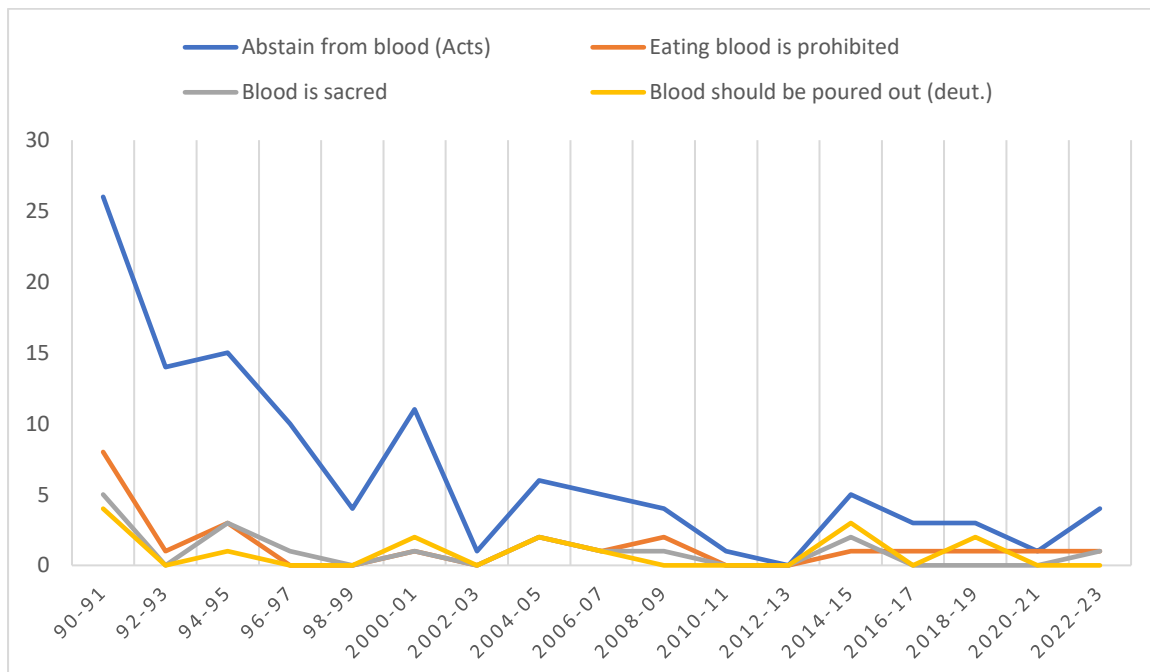
⁶⁶ This quote is from the New World Translation of the Holy Scriptures, Jehovah’s Witnesses’ own translation of the Bible. All quotes from the Bible in this thesis will be from that same edition of the Bible.

Leviticus 17:13, 14. A total of 23 articles are arguing that the prohibition against eating blood also means that blood transfusion is prohibited. Half of these articles were published before 1995, but it is still being used every now and then.

There is another strain of arguments about the sacredness of blood: “the atoning power of blood”. Here Leviticus 17:10, 11 is referenced about blood being sacrificed on the altar. Additionally, stories like when Cain killed Abel and when Jesus died for the sins of humanity, are sometimes used to illustrate the sacredness of blood. The Watchtower Society argue that the only blood that can save humanity was that which Jesus spilled when he sacrificed himself, citing Revelation 1:5 or Ephesians 1:7. In 17 articles this argument about the sacredness of blood is made.

Related to the argument about the sacredness of blood, but also more consequential for blood transfusion, is Deuteronomy 12:16, 24; 15:23. It says that blood should not be eaten, “*you should pour it out on the ground like water*”. The Watchtower Society interpret this as a prohibition against storing or externally treating your own blood for your own use (autotransfusion), which limits some alternative transfusion methods. Some forms of autotransfusion are permitted, but the blood needs to flow continuously. This argument is made in 15 publications.

TABLE 2: A VISUAL REPRESENTATION OF THE ‘EXEGESIS THEMES’ IN THE PUBLICATIONS.



Often these arguments work together in the same article. 17 of the articles combine two or more of these arguments to explain why Act 15:28, 29 should be interpreted as a prohibition

against blood transfusion. Table 2 indicates that references to Acts 15:28, 29 have decreased from the mid-2000s compared to the early 1990s, while other biblical arguments continue to appear in publications on a regular basis since the 1990s. The pattern with the line for ‘exegesis articles’ in table 1 and the spikes of multiple biblical arguments in table 2 coincide. The fact that Acts 15:28, 29 is referred to less frequently may be attributed to a decline in the number of articles discussing the doctrine of refusing blood transfusions.

‘Exegesis articles’ unsurprisingly elaborate on the rationale behind the doctrine using a combination of biblical arguments, but the *kind* of arguments varies. This inconsistency in the arguments applied is important due to their differing implications. Despite the repeated use of three argument types since the 1990s, it remains unclear whether the doctrine of refusing blood transfusions is based on a prohibition of consuming blood, its sacredness, or the command to pour it out. These arguments could complement each other, yet the publisher’s inconsistency in doing so is noteworthy. The absence of a single, coherent reason for why ‘abstaining from blood’ equates to a prohibition on blood transfusions weakens the doctrine’s foundation, making the organization appear less confident in its message.

Medical themes

‘Medical themes’ also has an equivalent *type* of article coded as ‘medical articles’. ‘Medical articles’ are covering the risks and alternatives to blood transfusion from the scientific perspective. They are often going into detail about the biological functions of different fragments within blood, quoting medical personnel about their reservations against transfusing patients, or discussing new medicine or alternative medical procedures. ‘Medical articles’ experienced a drop in the 2000s, from a high number of 12 published in the 1990s, the succeeding two decades only had six and four ‘medical articles’ respectively. The drop in number of published ‘medical articles’ may be explained by a transition to digital media. The website jw.org has also established an online library where they have collected articles from medical journals about transfusion alternatives for the purpose of distribute them among clinicians.⁶⁷

‘Medical articles’ will always have ‘medical themes’ covered, but ‘medical themes’ are also found across all types of articles. ‘Medical themes’ are rhetorical strategies aimed at both the members of the Jehovah’s Witnesses and an audience outside the organization, trying to convey the benefits of the doctrine of refusing blood transfusion and the risks of blood

⁶⁷ [Jw.org](http://jw.org), 2024: [Bloodless Medicine | Blood Transfusion Alternatives | JW.ORG Medical Library](#)

transfusion. In this way it is trying to legitimize the doctrine to a wide audience. Table 3 shows a clear pattern over time regarding these ‘medical themes’. Seeing the number of publications on the risks of blood transfusion in the early 1990s coincide with the fear of AIDS that have been branded as ‘hysterical’ in the 1980s. As effective medication and prevention became available to the public by the beginning of the 1990, the media and the public lost interest by 1991. Julia Smith and Alan Whiteside writes that “*the sense of urgency among the general public was lost*”.⁶⁸

TABLE 3: A VISUAL REPRESENTATION OF THE ‘MEDICAL THEMES’ IN THE PUBLICATIONS.

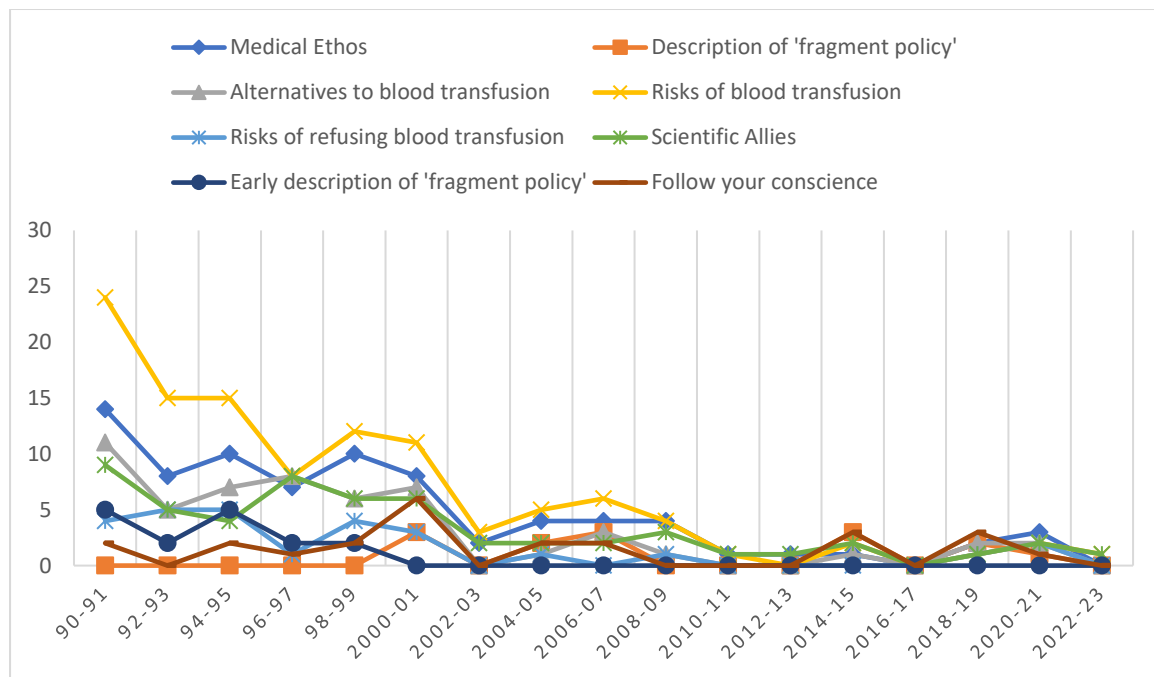


Table 3 does also correspond to what Farmer et.al. demonstrate as a shift from a paradigm within the medical community for blood supply management in the 1990s to the paradigm of patient blood management from 2011 and onward.⁶⁹ The difference between the two is that the latter is a problem-oriented approach that tries to conserve the patient’s own blood to reduce the need of transfusion. The default is no longer to give allogenic blood to the patient. This table can be interpreted as an indication that the conflict between the Jehovah’s Witnesses and the medical community has abated over time. The medical community has seen benefits with reducing the use of allogenic blood transfusions, while the Jehovah’s

⁶⁸ Smith, J. & Whiteside, A., 2010.

⁶⁹ Farmer, S., Isbister, J. & Leahy, M. F., 2014.

Witnesses has adjusted the doctrine to allow each member to decide for themselves regarding certain medical substitutes for blood.

Having the pattern of these ‘medical themes’ in mind, it is necessary to delve into the details behind each line in this table 3. I will describe my definition of each code, and how some of the lines in table 3 can be subdivided into different subjects that reveals some tension and struggle within the organization to understand the range of the policy.

‘Medical ethos’ is a code that indicates when the authority of the medical establishment is used in support of the view against blood transfusion in general or in support of a specific alternative to blood transfusion. ‘Ethos’ is referring to the Aristotelian rhetorical appeal: a character-trait of the speaker that elicit trust in the audience to what is said.⁷⁰ This is often through quoting doctors, medical authorities or citing the fact that some hospitals have changed their policy to reduce blood transfusions. Doctors, hospitals, and medical authorities are often named in these sources. A total of 79 sources contains ‘medical ethos’ in some form. This number also falls over time, from a peak of 49 publications in the 1990s with medical ethos down to 20 in the 2000s. During the remaining 13 years there have only been published 10 articles or videos that have some form of legitimatization for the doctrine of refusing blood transfusion borrowed from medical professionals. This thesis hasn’t explored other media than the written publications with some videos that are related to those. Some publications might have moved into different sections of the online website, or their content could have been conveyed through their online broadcasting service, during the late 2010s.

‘Scientific allies’ is a rhetorical strategy about how the doctrine of prohibiting blood transfusion is helping to advance medicine to the benefit of the Jehovah’s Witnesses and the world at large. It differs from ‘medical ethos’ by the fact that Jehovah’s Witnesses is specifically credited for some change in the medical community or advancement of new treatments. It is often medical professionals that give the Jehovah’s Witnesses credit, but not always. On the topic of scientific allies, an ethical dilemma that these ‘medical articles’ do not mention is the benefit that Jehovah’s Witnesses reap from the progress of science that they deem to conflict with God’s command. It is necessary to take and store blood to progress our understanding of biological processes and response to new medical treatments. Donating blood to scientific research would not be any different than donating your blood for a later

⁷⁰ Foss, S.K., 2017, p. 34.

autotransfusion. A total of 56 publications has ‘scientific allies’ as a theme, of which most are before the 2000s (N = 32).

The ‘fragment policy’, where fragments of the four main components of blood was discussed as possible for each member to accept in medical treatment, was published in 2000. From 1990 and until 2000, some forms of the policy were mentioned in about 16 articles. In 12 of these instances the issue of accepting fragments of the main components of blood was raised because of some medical treatment that relied on such derivate. Especially drugs related to erythropoietin (EPO) became an issue as it relies on the use of albumin as well as other components. Synthetic EPO became an essential drug to increase creation of red blood cells in the patient before surgery, thereby reducing the need for allogenic blood during operation. One comment from a reader to a story in one of the *Awake!* -publications point out that EPO is not an uncontroversial treatment within Jehovah’s Witnesses. The response by the Watchtower Society is that a Christian can accept these treatments as long they’ve deliberated on the issue and found that they in good conscience can accept the drug.⁷¹ This message is also found in the other publications about EPO during the 1990s, and it foreshadows the eventual description of the ‘fragment policy’ in *The Watchtower* study edition of July 15, 2000. That publication elaborates on the difference between whole blood, its four main components (red blood cells, white blood cells, plasma, and platelets), and derivatives of these components. While whole blood and the four main components of blood are strictly forbidden, it is a conscientious decision of each member whether fragments of the four main components can be accepted. Each member is encouraged to deliberate on each derivate, and even on alternatives to blood transfusions where the patient’s own blood is used (autotransfusion). The 14 publications that mentions the description of the ‘fragment policy’ after the year 2000 are consistent in the description of this policy. A significant part of the new ‘fragment policy’ is changing the responsibility to each members conscience, telling the reader to ‘follow your consciences’ when deciding what kind of fragment they can accept with a clear conscience, usually citing Galatians 6:5⁷² and Romans 14:12⁷³. That the policy of ‘following your consciences’ is integral of the ‘fragment policy’ is clear when counting how often the reader is told that the decision is an individual one. Seven publications in the 1990s elaborate that each member should decide whether to receive a certain treatment is

⁷¹ G96 11/8. The answer to this question also refers to a similar question answered in the *Watchtower*, w94 10/1, about accepting vaccines that contain albumin.

⁷² “for each one will carry his own load”.

⁷³ “[...] each of us will render an account for himself to God”.

acceptable. In the year 2000 alone, six publications elaborate on the conscientious decision of accepting certain blood derived treatments or alternatives to blood transfusion. During the 2000s a total of ten publications mentions this policy, and another six publications repeat it in the 2010s. This pattern is against the trend of other themes mentioned in this chapter. The Watchtower Society is consistently presenting the different fragments of blood and alternatives to blood transfusion as a personal choice for each member to decide whether they can accept it with a clean conscience, but the new ‘fragment policy’ is also clear that some things are not a personal decision.

Alternatives to blood transfusion is a more frequent theme than the ‘fragment policy’. While the ‘fragment policy’, both in its older and newer form, were brought up in a total of 30 publications, the theme of alternatives to blood transfusion can be found in 54 publications. Alternatives to blood transfusion can be something as simple as vitamin supplements before operation and patient blood management during operation, to more complicated procedures like the hyperbaric chamber where the patient is placed in a chamber that increases the air pressure. These are alternatives that do not rely on medication, autotransfusion or any derivatives of blood, and in 31 publications that is the only kind of alternative that is mentioned. The remaining 23 mention some form of medical treatment or autotransfusion. Medical treatments that might use some fragments of blood, usually the drug EPO, are mentioned in 19 of these publications, of which 18 are from the 1990s. It is interesting that this was primarily a subject in the 1990s, before the ‘fragment policy’. A possible explanation for this is that EPO was first approved for medical use in 1993, and in 2004 some safety concerns for the use of EPO in chemotherapy-induced anemia were raised.⁷⁴ As a new drug, it might have seemed promising, but issues with the use of fragments, and later issues of safety, may have contributed to less attention on the drug from the Watchtower Society.

Autotransfusion is mentioned as an alternative in eight publications, of which three are from the 1990s. Seven of these publications mention that autotransfusion is a procedure that might be forbidden for Jehovah’s Witnesses. It is necessary that the blood is circulating continuously outside the body of the patient to be permitted. Even then it would be a case where each member should deliberate on the whether they could conscientiously judge the

⁷⁴ Noxon, V., et. al., 2017. ‘EPO’ is the name of the hormone that is naturally produced in the kidneys, stimulating the production of red blood cells. Some literature refers to ‘Erythropoietin stimulating agents’ (ESA) or synthetic EPO. I have chosen to use EPO, as the publications on jw.org consistently refer to EPO or Erythropoietin.

procedure as acceptable for Jehovah. Only the *Awake!* edition of 22nd November 1991 mention autotransfusion as an alternative to blood transfusion without any comment regarding the possibility that it is breaking the command to pour blood out on the ground like water. This is either a case of the writer forgetting to remind the reader about which things to consider when autotransfusion is suggested, or it is an indication that the Watchtower Society has become stricter and expanded the doctrine to include autotransfusion.

Finally, the two themes of risks with receiving or refusing blood transfusions are important within the discourse of the doctrine of blood-transfusion-rejection, the former more than the latter. The rhetorical strategy of highlighting risks involved with receiving blood transfusions was dominating in the 1990s before ebbing out to become an occasional remark in the 2010s. The medical risk of blood transfusion was the focus with stories about contaminated blood supply, the difficulty to screen blood for certain diseases, the body's immune system reacting to blood, or just scientific research summing up outcome in patients receiving blood transfusion compared to those who did not. It could also be general remarks by health personnel that blood transfusions do involve risks. 110 publications mention risks of blood transfusions in some of these forms. During the 1990s there were 74 publications with this theme, in the 2000s there were 29 publications, and 7 publications in the 2010s.

The theme of risks involved with not receiving blood transfusion is not easy to define. This is a category that is not so obvious to every reader of the same publication, and there may be articles where a medical professional sees obvious risks that I do not. However, some cases clearly imply that the patient might have survived if they did not refuse medical treatments that involve blood transfusion. In those cases, the publication focus more on the strong faith of the patient than the outcome of their medical treatment. In other publications we find statements like “*we can now safely operate on 80 – 90% of our patients without blood transfusion*”⁷⁵ or “*blood transfusion must one day die out*”⁷⁶, clearly imply that it is still necessary to use blood transfusions today. Risk communication is a difficult practice where it is not easy to predict how the message will be interpreted by the receiver. Understanding the risks involved in any situation is dependent on a range of factors from the receiver's level of numeracy to their mental models.⁷⁷ For this reason it is important to try to identify this theme even if the probability of severe consequences might be uncertain. A total of 27 publications

⁷⁵ Video interview with Pia Di Benedetto. Watchtower Society, 2020.

⁷⁶ g00 1/8 pp. 7-11.

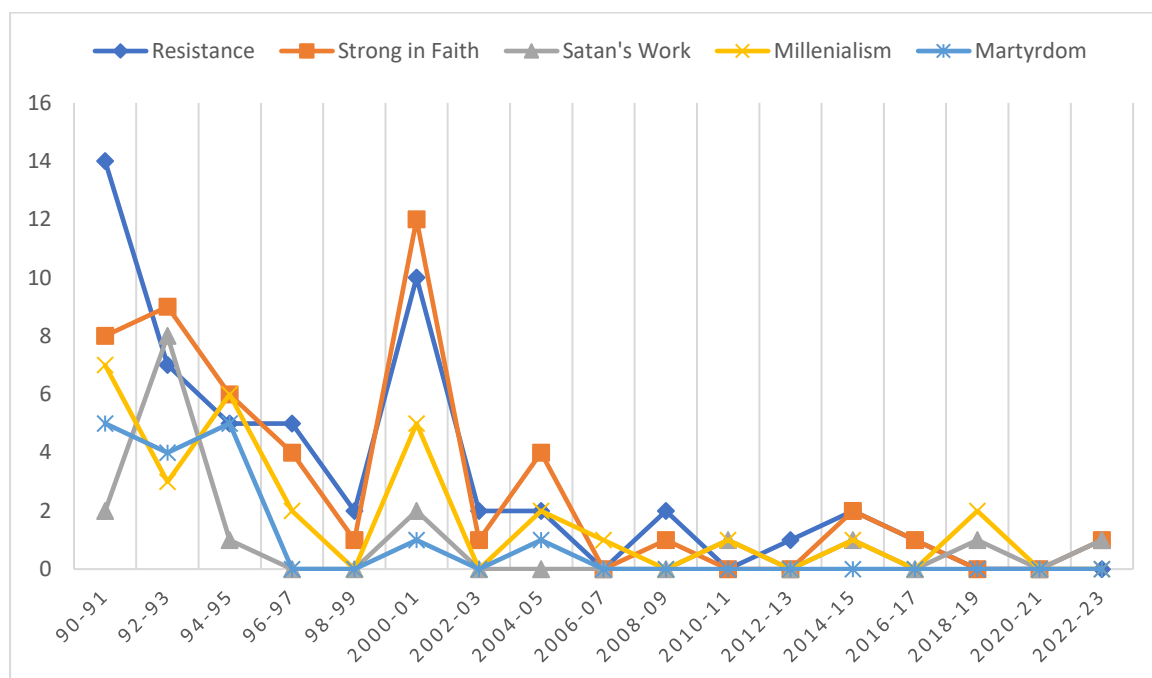
⁷⁷ Bostrom et. al (2018), pp. 256 – 260.

has a theme that can be branded as ‘risk of refusing blood transfusion’. 19 of these are from the 1990s, 5 in the 2000s and 3 in the 2010s.

Conflict themes

The themes that fall under this headline could be branded as majority-minority conflicts or fundamentalist traits. However, these themes are connected as some traits that can be labelled as fundamentalist will lead to conflict with the majority populace. Branding this sub-chapter as ‘conflict themes’ is also encompassing a broader scope of themes while also maintaining a neutral heading.

TABLE 4: A VISUAL REPRESENTATION OF THE ‘CONFLICT THEMES’ IN THE PUBLICATIONS.



The most obvious theme of conflict is ‘resistance’. In 53 of the publications some form the majority population is trying to convince or pressure a Jehovah’s Witness member to accept blood transfusion. The ‘majority population’ can be represented by a medical doctor, a nurse, family members of the Jehovah’s Witnesses, or lawyers/judges. Most of the stories are about medical professionals refusing to operate without a possibility to give blood to the patient if need should arise.

Related to the theme of resistance is the theme of ‘strong faith’. This theme is mostly focused on how the Jehovah’s Witnesses respond to this resistance and how they demonstrate strong conviction in the doctrine. However, there’s not a complete overlap between these two themes. Sometimes the theme of the publication can be that the medical professionals were

convinced by the members strong conviction from the start and respected the patients' wishes to not receive blood transfusion. The theme of strong faith is found in 50 publications. The combination of resistance and strong faith is only present in 36 publications. So even if most of the stories about strong faith has a presence of conflict, many does not have this conflict of the environment pressuring the patient to accept blood transfusion.

Table 4 also show the familiar pattern as the three other tables with a drop over time. Most publications with the theme of resistance (N = 33) and strong faith (N = 28) were published in the 1990s. Yet, the spike in publications in the years of 2000 and 2001 is more significant with these themes than any other. A total of 10 publications with the theme of resistance and 12 publications with the theme of strong faith were published over those two years.

The Jehovah's Witnesses view the governments of the world as put in place by Satan.⁷⁸ So, another rhetorical strategy is to describe the medical use of blood to save lives as the work of Satan, coded in the table 4 as 'Satan's work'. The code has been applied when a publication either mentions blood transfusion as Satan's work, or when refusing blood transfusion is said to be part of the fight against Satan, or if Satan's world is being framed as part of the theme of the publication. A total of 17 publications have been coded with the theme of Satan's work. This is an example of moral Manicheanism that is suggested by Appelby et. al. to be a trait of fundamentalist movements. Table 4 illustrate that mentioning that blood transfusion is the work of Satan was much more common in the 1990s (N = 11), but it still happens that publications will link Satan to the theme of blood transfusion.

Another trait of fundamentalist movements is 'millennialism'. The theme of 'millennialism' is more present than the theme of 'Satan's work', but it is not always a theme that can be easily identified as some subtext might have gone unnoticed. The most obvious and explicit indicators of millennialism have been noted. That is notions like the end is coming soon, the impending 'Great Tribulation' as it might be referred to, or the expectation to be resurrected soon. A total of 30 publications has 'millennialism' as a theme in them, 18 of these were published in the 1990s.

Some more subtle marks for millennialism crosses with another code, 'martyrdom'. They do not completely overlap, as the theme of 'martyrdom' does not have to mention the impending Armageddon. 'Martyrdom' also crosses with the code for 'strong faith'. The reason for a

⁷⁸ Ankerberg, et. Al., 2008, p. 17 – 18.

different code for ‘martyrdom’ is that some stories express the preference of death over a possible lifesaving treatment explicitly. This theme is much more present in the 1990s and have almost disappeared from the publications in the new millennium. Of the total of 16 publications with this theme, 14 are found in the 1990s and two in the 2000s.

Conclusion

The strategies used by the Watchtower Society to legitimize the doctrine of refusing blood transfusion has been mapped out in this chapter. The general trend, seen in most tables included in this chapter, is that publications about the doctrine of blood-transfusion-rejection has fallen over time, most noticeable with the ‘medical theme’ and the ‘conflict theme’. Among ‘exegesis themes’, it is just the reference to Acts 15:28, 29, that has a similar graph. The most likely explanation is that Acts 15:28, 29 is the main argument used by the Watchtower Society to explain why the Jehovah’s Witnesses refuse blood transfusions.

While biblical arguments have been consistently used over time, their frequency remains low, suggesting that they may not be the primary tools for legitimizing the doctrine within the Watchtower Society. Instead, ‘conflict themes’ and ‘medical themes’ appear to be preferred in their publications. A significant surge in ‘conflict themes’ around 2000 and 2001 coincides with the Watchtower Society’s change in the doctrine of refusing blood transfusions. The fact that only references to Acts 15:28, 29 and ‘follow your conscience’ share the same pattern suggests that the ‘conflict themes’ are connected to the doctrine change.

The spike in ‘conflict themes’ suggests that the Watchtower Society views them as the most effective rhetorical tool for legitimizing the new doctrine of blood-transfusion-rejection, likely aimed at the members of the Jehovah’s Witnesses. ‘Medical themes’, however, may serve a dual purpose, legitimizing the doctrine both internally and to the wider public. The decline in ‘medical articles’ and ‘medical themes’ could indicate a reduction in conflict with the medical community.

To investigate how the Watchtower Society is legitimizing its doctrine, it is crucial to take a qualitative approach to the actual arguments used. The next chapter will look at how the strategies are applied.

Chapter 4: Legitimizing the doctrine of refusing blood transfusion

The strategies of legitimization appear to have some consistency over time, even if the frequency of publications about blood transfusion has dropped since the 1990s. The number of publications with ‘medical themes’ and ‘conflict themes’ could indicate that the biblical arguments were not preferred as a legitimization strategy. This chapter will follow up these findings with an investigation into what might be the reason for this quantitative difference through a qualitative analysis of the arguments in three types of articles: ‘Exegesis articles’, ‘medical article’ and ‘case articles’.

This chapter will start with a thorough discourse analysis of an ‘exegesis article’, laying out the biblical deliberations underpinning the whole doctrine. Without the biblical arguments, one could assume that the foundation of the doctrine would crumble in an organization that prides itself in following the word of the Bible absolutely.

After the ‘exegesis article’, I will discuss strategies applied in a ‘medical article’ and how it attempts to legitimize the doctrine in a wholly different way. A ‘medical article’ uses medical ethos and portrayal of the Jehovah’s Witnesses as allies of science to establish a counter discourse to the medical language. The ‘exegesis article’ uses fundamentalist rhetoric to establish hegemony in the discourse over the organization’s members. Through a hegemonic discourse and a sacralization of blood, the Watchtower Society legitimate the prohibition of blood transfusion. An example of a ‘case’ will follow the ‘medical article’. In table 1 of chapter 3 the number of ‘cases’ on the subject published by the Watchtower Society indicates that they have been important legitimizing tool. This chapter will look at how the narrative of such a publication is used. While ‘cases’ do have some ‘medical themes’ in them, they often contain ‘conflict themes’. The ‘case’ chosen uses conflict with the Courts, pathos, and martyr language as legitimization strategies.

Exegesis article

Chapter 7 of the brochure *How to remain in God’s Love* (2018, abbreviated to LVS) is called “*Do You Value Life as God Does?*”.⁷⁹ This is an ‘exegesis article’ over 15 pages and most of it contains biblical arguments for the doctrine of blood-transfusion-rejection. Every paragraph in the article is numbered from 1 to 28. Before some of the paragraphs there are questions with the numbers corresponding to the paragraphs that gives an answer to the question. Paragraphs 3 to 13 concern the doctrine of refusing blood transfusion directly, and endnote 19

⁷⁹ Coded on the jw.org website as lvs chapter 7.

to 21 of the brochure will be relevant as they are brought up during these paragraphs. Paragraphs 14 and 15 are about the laws given by Jehovah and how they show his appreciation for life. Paragraphs 16 and 17 turn to the subject of abortion and how Jehovah would forgive someone who had an abortion before knowing Jehovah's views on it. Paragraphs 18 and 19 concern hateful thoughts and why you should avoid them, including violence in any form: physical, verbal, entertainment and in your thoughts. Paragraphs 20 to 25 are about 'Satan's world', and the final paragraphs are a call to proselytization. Having sketched out the content of this chapter, the ending appears to diverge from the message of the first half. I will argue that the ending is an essential part of the rhetoric in legitimating the doctrine of refusing blood transfusion, and that the doctrine in turn functions as a fundamentalist trait of creating sharp boundaries between 'true Christians' and 'Satan's World'.

Sacralizing blood

The title of the chapter alone leaves no doubt for the reader about the message of the text. It is a leading question, because a *true* Christian obviously wants to value life as God does. The form of the chapter is an authoritative exegesis that is aimed at convincing the reader to follow the interpretation of the Bible put forward in this text. Every argument and claim in the article are supported with a quote from, or a reference to a verse in, the Bible. There are no open-ended questions about how these quotes should be interpreted. This chapter is therefore attempting to promote a proper way of thinking about blood and, by extension, blood transfusion.

Paragraphs 3 to 9 are building a case for interpreting blood as signifying life. The chapter cites Genesis 4:10⁸⁰, about the story of Cain killing Abel, and Genesis 9:4⁸¹, about Noah after the Flood, to demonstrate how Jehovah views blood. Without deliberation of what these verses might mean, the writer concludes: "*Plainly, to Jehovah, blood represents life. And we need to view blood the same way.—Psalm 36:9*".⁸² The reader is told that he needs to view blood as representing life, and that there is no other way of interpreting the two quotes. The verses could be interpreted literally, that Genesis 4:10 is about murder and Genesis 9:4 is about not consuming meat with its blood, but the Watchtower Society has interpreted the verses symbolic meaning and presents it in this chapter as God's view.

⁸⁰ "Your brother's blood is crying out to me from the ground".

⁸¹ "Flesh with its life – its blood – you must not eat"

⁸² Lvs, p. 90. Psalm 36:9 says: "With you is the source of life; By your light we can see light."

The one-sided interpretation of the Bible continues with a quote from Leviticus 17:10, 11⁸³, about the law of Moses. The literal verse once more prohibits consuming blood because “*the life of the flesh is in the blood*”. Citing Deuteronomy 12:16⁸⁴ and Ezekiel 18:4⁸⁵, the significance of Leviticus 17:10, 11 is said to be that the blood of a killed animal must be poured out on the ground as a ritual signifying the return of a soul to its creator. The Watchtower Society then moderates itself on the implication of these verses on any dietary practices. It claims that the verses should be interpreted to be about the ritual and its intent: “[...] *Jehovah did not expect the Israelites to go to extremes when they bled an animal. As long as they did all the reasonably could to remove the blood, they could eat the meat with a clean conscience.*”⁸⁶ The message here is that blood is sacred, but the prohibition against consuming it is not absolute. You cannot be held accountable for consuming blood if you tried your best to avoid it. It is interesting to note that a similar attitude is not promoted about blood transfusion. One could imagine that Jehovah would accept blood transfusions if it was the only way to save a life, as a case of doing all they “reasonably could” to avoid blood. But such an attitude is not found in publications about blood transfusion.

The narrative constructed in paragraphs 3 to 6 is that blood is a holy substance representing life. Thus, blood becomes a sacred value. Any other way of interpreting these verses from the Old Testament is ignored, contributing to create an ideology in service of the Watchtower Society.

Fundamentalist rhetoric

The creation of this ‘ideology’, as defined in the methodology of critical discourse, rests on the presumption that the Bible is inerrant and by presenting a one-sided interpretation of the Bible through selected quotes that fits the story that this chapter wants to tell. How this chapter is constructing these proper ways of thinking about blood will be presented below. Before getting there, it is necessary to look at the parts of chapter 7 that does not concern blood, nor has it anything obvious connection to life. So, what purpose does it serve?

⁸³ “*If any man . . . eats any sort of blood, I will certainly set my face against the one who is eating the blood, and I will cut him off from among his people. For the life of the flesh is in the blood.*”

⁸⁴ “But you must not eat the blood; you should pour it out on the ground like water.”

⁸⁵ “Look! All the souls—to me they belong. As the soul of the father so also the soul of the son—to me they belong. The soul who sins is the one who will die.”

⁸⁶ Lvs, p. 91.

The final part of the chapter explains how God's laws have been righteous and the forgiving nature of Jehovah. This serves as justification for the laws on blood and even as an admittance that refusing blood transfusion might seem dangerous. The laws in the Bible on construction and animal handling are used as examples to convince the reader to have faith in the righteousness of the laws of Jehovah. The Watchtower Society concludes the chapter by presenting the alternative to the laws of Jehovah. It is not explained as an alternative, but the dichotomy becomes apparent in the title preceding paragraph 20: "*Be no part of organizations that do not respect life*".⁸⁷ Chapter 7 has until that point explained what kinds of things that represent life and how the reader can show Jehovah how they respect life. Paragraph 20 to 25 concerns Satan's world, and "*Satan's world does not respect life, and Jehovah views it as bloodguilty, that is, guilty of murder.*"⁸⁸ Being part of organizations that can be labeled as "Satan's world" is portrayed as a serious offence. The reader is presented with the choice between good and bad:

"true Christians are "no part of the world." Jehovah's people are neutral in politics and war. [...] Before coming to know Jehovah, each of us in some way supported the bad things that Satan's world does. [...] Even if we were once part of an organization that does not respect life, Jehovah can forgive us on the basis of the ransom. We truly appreciate Jehovah's gift of life. We show our appreciation by doing all we can to help others to learn about Jehovah, leave Satan's world, and enjoy a close friendship with God."⁸⁹

'True' Christians remove themselves from the world outside Jehovah's Witnesses. Being part of the world is seen as 'supporting the bad' things that Satan does. It is an antagonistic language that is creating a sharp boundary between the Jehovah's Witnesses and the rest of the world. Considering that this is part of a chapter that has the doctrine on refusing blood transfusion as its major focus, the message is to respect life as Jehovah does. Any attempt to provide medical treatment in the form of blood transfusion would only validate this worldview of Satan's World demonstrating a lack of respect of life. This is part of the internal discourse targeted towards the members of the Jehovah's Witnesses. The power here rests with the Watchtower Society. By creating this boundary between their members and those who could provide them with alternative interpretations, the discourse in the Watchtower

⁸⁷ *Ibid.*, p. 97.

⁸⁸ *Ibid.*

⁸⁹ *Ibid.*, p. 97 – 99.

publications functions ideologically. The Watchtower Society also tries to establish hegemony in this way. Later, I argue that internal forces might have proved to be the Watchtower Society's greatest challenge to this hegemony.

The chapter concludes with a call to proselytization: "*Jehovah has given us the assignment to warn people that Satan's world will soon be destroyed and to help them come to know Jehovah and survive into the new world.*"⁹⁰ The apparent imminence of the end of the world raises the stakes by promising saving on a spiritual level. This is a form of militant language that could encourage martyrdom by accepting death before medical treatment. This article is from 2018, and articles with martyrdom as a subject seems to have disappeared since 2005. There may be many reasons for this. Medical treatments have improved, and perhaps this has led to less conflict with the medical community. The change in doctrine around 2000 may have opened up the possibility of accepting more treatments. Or perhaps the Watchtower Society does not consider 'cases' about martyrdom a great strategy of legitimization anymore.

Prohibiting blood transfusion

Paragraph 3 to 7 in the brochure has built the narrative about blood as a sacred value, representative of life. God is the giver of life, so blood should be respected as the carrier of life in the bodies of all living creatures. In paragraph 8 and 9 the reader is told that the Law of blood was one of the few old laws that Jehovah required Christians to keep, citing Acts 15:28, 29 where mankind is commanded to "*abstain ... from blood*".⁹¹ This is a crucial part of the legitimization of the doctrine, as can be seen in the mapping of arguments in chapter three and the frequency of references to the Acts 15:28, 29. This verse in the New Testament is the link that allows the Watchtower Society to argue that verses about blood in the Old Testament must be respected by the Jehovah's Witnesses. Acts 15:28, 29 is the key that opens the rich material of the Old Testament to become interpreted in light of modernity. We see selectivity in practice in both the mode of increased importance of certain Biblical passages that other Christian denominations do not, and in the choice of modernity to oppose (blood transfusion) and embrace (modern medicine).

⁹⁰ *Ibid.*, p. 99.

⁹¹ "For the holy spirit and we ourselves have favored adding no further burden to you except these necessary things: to keep abstaining from things sacrificed to idols, from blood, from what is strangled, and from sexual immorality. If you carefully keep yourselves from these things, you will prosper. Good health to you!"

The medical use of blood is covered in three paragraphs of the chapter, 10 – 12. The reader is explained why this view of blood effects the choice of medical treatment. To abstain from blood entails “[...] *not accepting blood transfusions, not donating blood, and not storing our own blood for transfusion. It also means not accepting transfusions of any of the four main parts of blood—red cells, white cells, platelets, and plasma.*”⁹² These three paragraphs do not explain why abstaining from blood means that you shouldn’t donate or receive your own blood. In the end of paragraph 11 the reader is referred to endnote 21 to learn more about the legalities of different medical procedures. Endnote 21 elaborate in detail about two important aspects of the doctrine of refusing blood transfusion: the policy of fractions and autotransfusion. The endnotes do not try to explain *why* these medical procedures and blood derivatives are open for consideration by each member. The endnotes should be considered as practical guidance more than anything else.

Legitimization problem

Is this exegesis of the Watchtower Society effective? It might seem like the change in the doctrine of the 2000 has left the Watchtower Society with a different legitimization problem. How can they claim that plasma is prohibited by the Bible while hemoglobin is acceptable? Neither chapter 7 nor endnote 21 gives any reason. Endnote 21 even says that the patient needs to explain to the doctor what they mean about fractions, because the doctor might assume that one of the four main components might be acceptable. This has also been an argument from the group within the Jehovah’s Witnesses wanting reform of the doctrine of refusing blood transfusion (the AJWRB). They argue that the ‘fragment policy’, if one breaks down the components and consider that blood consists of 79.2 % water, really allows a 100% of the blood volume to be transfused, complaining that: “[...] *Watchtower leaders appear caught in a maze of legalism and nit-picking.*”⁹³

Even Rolf Furuli, an ardent supporter of the doctrine of refusing blood transfusion and former Elder and Hospital Liaison Committee member,⁹⁴ seem to find the ‘fragment policy’ difficult to defend in his later years. In his work “*My beloved religion – and the governing body*”, first published in 2020, he is critical of the Governing Body of the Jehovah’s Witnesses. This

⁹² Lvs, p. 93.

⁹³ Elder, L., <https://www.ajwrb.org/watchtower-approved-blood-transfusions>

⁹⁴ Furuli, R., 2001 & 2009.

work was the cause for him being disfellowshipped in June 2020.⁹⁵ In the third edition of this recent book, Furuli argues that the Greek work for blood, *haima*:

“[...] only refers to the red fluid in the veins of humans and animals. [...] The Governing Body cannot prove that any of the four principal components *are blood* in the sense of the word *haima*. [...] It is not even a matter of conscience [...].”⁹⁶

These two statements come from members who have both been Elders of the organization, and even on opposite side of the debate of the doctrine of refusing blood transfusion around the 2000s.⁹⁷ The Watchtower Society’s attempt to legitimate the ‘fragment policy’ does not seem to convince its attended audience in the long term. The fact is that the LVS-brochure does not attempt to legitimize its ‘fragment policy’ with a biblical quote or even a reference to a definition of ‘blood’ by a recognized authority on the subject. It just states that the four main parts of blood are forbidden.

The problems with autotransfusion, which is any medical procedure where the blood of the patient itself is reintroduced into the body, are related to the problem with storing blood. Endnote 21 refers to *The Watchtower* publication of October 15, 2000 (w00 10/15), for more information on the subject.⁹⁸ That is a Q&A-page where a reader has asked how the Jehovah’s Witnesses view medical procedures using one’s own blood. This answer contains some passages already discussed from the story of Noah (Genesis 9:4) and the Law of Moses (Leviticus 17:11). The new aspect of this w00 10/15 publication is the arguments against storing blood. Deuteronomy 12:16, 24; 15:23 are three references to almost identical sentences: “*But you must not eat the blood; you should pour it out on the ground like water.*” In Leviticus 17:13 the reader is told to pour the blood of the slain animal out on the ground and cover it with dust. This command to pour out the blood on the ground is interpreted literally. When taking the blood out from the body, of an animal or yourself, it should immediately be discarded.

Endnote 21 haven’t elaborated on the biblical reasons behind the prohibition for autotransfusion to the same degree as the Q&A of w00 10/15, but it does refer to Deuteronomy 12:23, 24 when it presents questions to the reader that they need to consider:

⁹⁵ Bergem, I., 2020. Evans, L., 2020.

⁹⁶ Furuli, R., 2022, p. 47. Emphasis is in the original text.

⁹⁷ Elder, L., 2000. Furuli, R., 2001.

⁹⁸ W00 10/15 p. 30-31.

“If some of my blood will be diverted outside my body and the flow might even be interrupted for a time, will my conscience allow me to view this blood as still part of me, thus not requiring that it be poured “out on the ground”?—Deuteronomy 12:23, 24.”⁹⁹

After this question, Endnote 21 asks the reader to consider that refusing all medical procedures that includes their own blood might entail refusal of blood tests and heart-lung bypass machine. The AJWRB has also criticized this reasoning of the Watchtower Society:

“[The Watchtower leaders] prohibition against storing blood is hopelessly inconsistent. Many Jehovah’s Witnesses would no doubt see that the logic that permits a heart-lung machine, cell salvage or blood fraction also permits storing their own blood – if they were allowed to exercise their own judgment. After all, the only argument against it comes from a rule in the Law of Moses requiring blood from a killed animal to be poured out (Deut 12:24).”¹⁰⁰

There is some truth in the accusation from the AWJRB against the Watchtower Society not allowing their members’ exercise their own judgements. Both endnote 21 and paragraph 12 in chapter 7 of the LVS-brochure concludes by placing the responsibility of the choice of these medical procedures on the conscientious member: “*We should not ask others what they would do if they were in our situation, nor should others try to influence our decision.*”¹⁰¹ Ending with a reference to Galatians 6:5 that each should carry their own load. But in the context of the whole chapter and supportive reading, this is more of an illusion of choice. The vital decisions have already been made. Jehovah’s Witnesses cannot decide that blood can be stored, even if they can accept hemoglobin fragmented from another person’s stored blood. In this way, one can argue that the discourse function ideologically. Yet, the critique from AJWRB is a threat to the Watchtower Society hegemony, as these critical voices do not come from Satan’s World. These critical voices are from ‘true’ Christians that in practice is attempting to ‘unmask’ the way the Watchtower Society is talking about blood transfusion by exposing what is unsaid and contradictory with the doctrine and how it is presented.

Chapter 7 is building a narrative of the sanctity of blood, and that blood should be treated as the domain of life, subject to the rule of God. But when the chapter talks about the medical

⁹⁹ Endnote 21, lvs, p. 248.

¹⁰⁰ Elder, L., <https://www.ajwrb.org/watchtower-approved-blood-transfusions>

¹⁰¹ Endnote 21, lvs, p. 249.

use of blood, there is no attempt to explain why God forbid Jehovah's Witnesses to receive platelets derived from whole blood. The reader is told that to abstain from blood implies that you should abstain from the four main parts of blood. It is also conspicuous that any mention of the prohibition of autotransfusion and storage of blood is placed in an endnote.

Medical article

The 'medical article' that I will be focusing on was published the 8th of January 2000 in the *Awake!* magazine.¹⁰² It is a long article covering four pages with the title "The Growing Demand for Bloodless Medicine and Surgery". The title sets the theme of the article, and the narrative and the message of the article is easy to establish by a quick glance over its content: even the medical professionals would prefer to not use blood transfusion. Quotes from Dr. Joachim Bolt, professor of anesthesiology from Ludwigshafen, Germany, start the article. Then a quote from an article in the journal *Transfusion* that admits the blood supply cannot be completely safe. Followed by a quote from Dr. Alex Zapolanski of San Fransisco, California, saying they try to avoid blood transfusion. The introduction ends with a quote from an article in the *Journal of Vascular Surgery* that encourages research into alternatives to blood transfusion.

The tone is set, and the fourth paragraph opens on an optimistic note: "*Thankfully, there is an alternative – bloodless medicine and surgery*"¹⁰³. The article continues with a quote from Stephen Geoffrey Pollard, a consultant surgeon from Brittain, that claims that surgery without blood is just as safe as with blood. The next two paragraphs cover a short history of bloodless surgery and medical treatment, mentioning the dangers of hepatitis in the 1970s and AIDS in the 1980s. This section of the article ends with three quotes. One from a D.H.W. Wong that notes all the types of surgeries that can be performed without blood. Another by Dr. Benjamin J. Reichstein, director of Surgery in Cleveland, Ohio, that stresses the importance of the surgeon's skill to prevent blood loss. The final quote is from a South African legal journal that highlights the economic benefits with blood less surgery. So far, the article has built a narrative that 1) doctors see a risk involved in blood transfusions, and 2) bloodless surgery and medicine is both safe and cheap.

That introduces the reader to the final section about Jehovah's Witnesses and their relationship with blood transfusion. Not much space is used to explain the biblical stance.

¹⁰² Coded on the jw.org website as g00 1/8 pp. 7-11.

¹⁰³ g00 1/8, p. 8.

The writer is content to put references to relevant Bible verses in a footnote. The point that the writer tries to make is summed up in a quote from Dr. Richard K. Spence, director of surgery at “a New York hospital”: “*Jehovah’s Witnesses actively seek the best in medical treatment. [...] As a group, they are the best educated consumers the surgeon will ever encounter*”¹⁰⁴. The next two paragraphs give a couple of examples of how Jehovah’s Witnesses has advanced research on bloodless medical treatments through their stance. Professor Stein A Evensen, “*of Norway’s National Hospital*”, is quoted saying that Jehovah’s Witnesses “*have shown the way*” for a necessary change in the Norwegian health system.¹⁰⁵

The narrative is that Jehovah’s Witnesses is an ally of science. Through their conviction, they have assisted medical doctors in finding ways of operating without blood. A medical procedure that even doctors would like to see become outdated. The writer is pushing this narrative by using the ethos of the medical establishment as a rhetorical tool in this article. Few paragraphs do not contain a quote from either a medical professional or a medical journal. Sometimes it is possible to track down the doctor quoted in the article. Stein A. Evensen has expressed objection to the way he is quoted by the Watchtower Society, likely referring to this article in the *Awake!* magazine. He said that he’s been interpreted out of context.¹⁰⁶ The Watchtower Society might also regret opening the article with a quote from Joachim Bolt, now infamous as the current record holder of most retracted scientific articles of all time.¹⁰⁷ Others have been returning contributors, like Richard K. Spence¹⁰⁸ and Aryeh Shander.¹⁰⁹ Their contributions are representative of what might be called a section of the medical community that sees the benefit of finding alternatives to blood transfusion. Shander has done much research on the Patient Blood Management.¹¹⁰

The ‘medical articles’ from the Watchtower Society are a counter discourse against the established paradigm of blood transfusion. It is an attempt to legitimize the stance against blood transfusion as a rational stance. Quotes like the one from Richard K. Spence above is a legitimizing quote. It says that the Jehovah’s Witnesses doesn’t turn down medical help by refusing blood transfusion, rather they actively seek the best treatment. Later in the article,

¹⁰⁴ *Ibid.*, p. 11.

¹⁰⁵ *Ibid.*, p. 11.

¹⁰⁶ Bergens Tidende, 18. June 2001. Likely referring to the article g00 1/8 pp. 7-11.

¹⁰⁷ Retraction Watch, July 12, 2023.

¹⁰⁸ Also cited in g90 10/22 and interviewed in two videos by the Watch Tower Society: “*Transfusion Alternatives*” and “*No Blood*”.

¹⁰⁹ Also cited in g98 8/22. Also interviewed in one video by the Watch Tower Society: “*No blood*”.

¹¹⁰ According to his profile on ResearchGate: <https://www.researchgate.net/profile/Aryeh-Shander>

Dr. Charles Baron is quoted saying that the Jehovah's Witnesses, through the work of the Hospital Liaison Committees, have benefitted other non-Jehovah's Witness patient by convincing doctors of changing their practice of when blood is given as treatment. The Hospital Liaison Committees are committees consisting of Elders established by the Jehovah's Witnesses to "*establish a more cooperative spirit between medical institutions and Witness patients*".¹¹¹ The narrative is that abstaining from blood is as much a reasonable decision for your health as it is for the conscience.

However, there is also a subtle message in multiple of quotes of this article. Professor Luc Montagnier is quoted in the end of the article saying: "*the evolution of our understanding in this field shows that blood transfusions must one day die out*"¹¹². If blood must die out *one day*, then there are situations where blood transfusions are needed today. However, blood transfusion and storing blood is non-negotiable for the Jehovah's Witnesses. The theme of the article was to create an impression that bloodless medicine and surgery is in growing demand. It is therefore not unnatural that there's less focus on the situations where blood transfusion might be needed. However, the absence of any mention of the necessity of allogenic or autologous blood transfusion is noticeable. The impression of risks become skewed. With a quote from Mr. Peter Earnshaw, consultant surgeon in London, we get the impression that some forces outside the doctors and patients are forcing this practice: "*It just so happens that bloodless surgery is particularly relevant to Jehovah's Witnesses. However, this is how we want to treat everybody.*"¹¹³ Within the narrative created in this article it is easy to understand this quote as a support towards the attitude of refusing blood transfusion at any cost. However, the intention might easily be an attempt to communicate that blood transfusion should be a last resort to save a life.

Case article

Every 'case' is different. Most stories are victory stories of patients surviving against the odds given by the doctors, and then there are some stories about patients who die but maintaining their strong conviction against blood transfusions. The 'case' chosen here is therefore not representative of all the rhetorical tools applied in all 'cases', but there are some common traits. A 'case' is one person's experience, either an episodic experience of interacting with

¹¹¹ jv, chap 13, p. 185 – 186. More than 800 have been established in over 70 countries.

¹¹² g00 1/8, p. 11.

¹¹³ *ibid.*, p. 10.

the medical establishment or a lifetime experience. The latter one is typically a conversion story or stories of missionary work.

Choosing a ‘case’ is therefore also a choice from an analytical standpoint. I have decided on a story that is not about survival against the odds given by doctors, because it is interesting to look at how the Watchtower Society uses stories of death to legitimate the doctrine of refusing blood transfusion. This discourse analysis will therefore not cover conversion narratives and rhetoric about blood transfusion being a risk for your health. Instead, this ‘case’ is focusing more on the spiritual health of the patient.

In *Awake!* of January 22, 1995, the Watchtower Society included the article “*Joshua’s Faith – A Victory for Children’s Rights*”.¹¹⁴ The story is about a 15-year-old boy called Joshua Walker from New Brunswick in Canada. He was diagnosed with acute myeloid leukemia (AML). It is a serious illness that usually demands blood transfusions as a supportive treatment to help prevent or treat side effects of the main treatment of the disease.¹¹⁵ The prognosis for a younger people is better than for older people. For someone younger than 40 living in England diagnosed with AML between 2010 and 2019, it was expected that “*almost 60 out of 100 (almost 60%) will survive their leukaemia for 5 years or more after diagnosis*”.¹¹⁶ Joshua was diagnosed in the middle of the 1990s, but a study by Koji Sasaki et. al. indicates that 5-year survival rate in the 1990s was about 41% for the same age group.¹¹⁷ The article does not cover his prognosis for survival, however. It is more concerned with the character of Joshua and the legal ramifications of his fight against receiving blood transfusions.

The conflict of this article is not primarily with the medical establishment. The doctor treating Joshua, Dr. Mary Frances Scully, is introduced under the heading “A Valiant Doctor”. She is described in positive words because she respected Joshua’s wish to not accept blood transfusion. Scully and two other doctors recognized Joshua as a mature minor which entitled him to decide the medical treatment on his own. The Hospital, on the other hand, wanted a judicial decision on the matter. This resulted in a longer litigation. First the Court of Queen’s Bench decided that Joshua was not mature enough to make this decision on his own and transferred the responsibility to the State, the province’s Department of Health and Community Services. The decision was appealed to the New Brunswick Court of Appeal

¹¹⁴ Coded as g95 1/22 pp. 11-15 on the jw.org.

¹¹⁵ Cancer research UK, 2024.

¹¹⁶ Cancer research UK, 2023.

¹¹⁷ Sasaki, J. et. al., 2021. An American population.

which reversed the decision. An article in the *Canadian Medical Association Journal* (CMAJ) corroborates that Dr. Scully fought for Joshua's right to decide for himself.¹¹⁸ The *Awake!*-article paints Joshua, his parents and the three responsible doctors as allies. The chief of pediatrics, named as Dr. Garry, is quoted as saying the following to Joshua's parents: ““*Be proud of Josh. He has faith that I have never seen demonstrated before in my life*” He hugged them both and said: “*You are a courageous family*””.¹¹⁹ The admiration that Joshua is given in the article is building a narrative of Jehovah's Witnesses as strong believers in their faith. A fact that the *Awake!*-article misses, but that the *CMAJ*-article covers, is how willing the parents were to compromise. According to the *CMAJ*-article, the parents said, “*they would have supported Joshua even if he had consented to blood products*”.¹²⁰ The *Awake!*-article does not mention this willingness to compromise. The quote from Dr. Garry does change if the context is that the parents' faith in the doctrine was less firm than Joshua's. It might then be interpreted as compassion in the light of a moral crisis. However, in the context of the *Awake!*-article there is no room for doubt.

The conflict of the article is mostly with the courts, and that conflict is resolved with the Court of Appeal recognizing Joshua as a mature minor. The potential precedent that this will have for minors in the same position as Joshua is the main message of this article. In addition to quotes from the CMAJ, this article also quotes the decision from the New Brunswick Court of Appeal, an editorial in the *Telegraph Journal*, a news article in the *Evening Times Globe* in addition to two other newspapers that are not named. The article wants to highlight the importance of the case through the media coverage that it brought.

In this way, Joshua's medical condition is really a secondary theme, falling into the shadow of the importance of his case in the judicial system. However, this article also contains tests of Joshua's faith. Some of the medical staff did not feel right to put off blood transfusion and told Joshua that he would die without it when they had a moment to speak with him privately. Joshua is quoted in the *Awake!*-article as responding:

““You may think I'm crazy, but I have all my thinking abilities. I just want to live by Jehovah's law on blood. He knows what is best for us. The best thing for me is to respect the sanctity of life, and if I die I will live again.””¹²¹

¹¹⁸ Robb, N., 1994.

¹¹⁹ g95 1/22, p. 13.

¹²⁰ Robb, N., 1994, p. 625.

¹²¹ g95 1/22, p. 13.

Here we see repeated the reasons for refusing blood transfusion that we have discussed about the LVS-brochure. Blood represents life, and Jehovah knows what is best for us. The quote is presented as being heard by the writer. However, the writer was clearly not present in a private conversation between Joshua and the medical personnel. Since the article was produced posthumously, perhaps one of the parents have relayed to the writer the gist of Joshua's presentation of his response to the medical staff. This response is clearly hard to corroborate, and yet this quote is portrayed as Joshua's verbatim response. The effect of the quote shows Joshua's unwavering faith and belief in the second coming of the Savior. The Millennialism is a repeating message of this article. Joshua is quoted as comforting his older brother, Jeffrey, that he should not cry, explaining that: "*I'm a winner either way*". The article explains that if he didn't recover "*and he died and was resurrected into the Paradise earth, then he was undoubtedly a winner!*"¹²² The message being that Joshua is an example for all true Christians.

The rhetoric in the end of the article uses pathos to create sympathy for the parents and Joshua as what seems like the inevitable conclusion of his condition draws near. Joshua's mother is quoted as she describes the final words between a mother and her son. Through much crying, on both their parts, Joshua is quoted:

"I hadn't thought about dying and leaving so soon. But, Mom, don't worry. I am not afraid to die, nor am I afraid of death. [...] 'Mom, I'm in Jehovah's hands.' [...] 'I want all of you to stay in the truth so you can welcome me back in the resurrection. I can tell you this, Mom, with all certainty: I know Jehovah is definitely going to bring me back in the resurrection. He has read my heart, and I truly love him.' [...] 'Mom, [...] I am kind of tired of fighting.'"¹²³

It is hard not to feel these words affect you. This is quite heavy reading. For those inclined to accept Millennialist teachings, this quote may appeal to a sense of hope. It seems all will be well if you stay on the straight and narrow path of the Jehovah's Witnesses. If this message does not appeal to you, then this quote may be hard to understand. According to the *CMAJ*-article, Joshua "*declined to undergo any further chemotherapy treatment*" when he relapsed.¹²⁴ The *Awake!*-article does not mention this, only that Joshua only might have weeks to live. It is understandable to refuse treatment in those cases, considering that side-

¹²² *Ibid.*, p. 13.

¹²³ *Ibid.*, p. 15.

¹²⁴ Robb, N., 1994, p. 628.

effects of the treatment might deteriorate the patient's quality of life in the time he has left. Yet, the narrative of this whole article bears the mark of making a martyr. It is an open question whether his prognosis would have been better if he had received supportive treatment of blood transfusion from the start.

Conclusion

In this chapter we have seen how these different types of publications have used different strategies of legitimation. The most important of these are the 'exegesis article' where the Watchtower Society tries to establish a hegemonic discourse over the members within the organization through fundamentalist rhetoric. Since the 1998, the AJWRB has challenged the Watchtower Society on this hegemony. Because of how this Fundamentalist rhetoric work, this internal challenge is most likely to succeed as a counter discourse within the Jehovah's Witness. I have not access to the inner workings of the Watchtower Society but seeing how the 'fragment policy' was formalized in the year 2000, the timing might suggest that the Watchtower Society felt this as a problem of legitimating their doctrine of blood-transfusion-rejection. However, the formalization might have caused further internal frustration, as seen in the works of Rolf Furuli, once an ardent supporter of a conservative doctrine that now criticize the 'fragment policy' as lacking biblical foundation.

'Medical articles' are aiming more broadly and does not include any biblical arguments. Using medical ethos and arguments about how the Jehovah's Witnesses help moving science forward, is an attempt at legitimating the doctrine externally more than internally. It might give optimism for scientific improvements among members within the Jehovah's Witnesses, as seen in the work by Ringnes and Hegstad. However, it appears to function primarily as a counter discourse, aiming to persuade individuals outside the organization into thinking that the doctrine is not as dangerous as portrayed and may even offer some advantages.

The 'case' used might be targeted towards internal members or people inclined to accept the rhetoric of the Jehovah's Witnesses already. It does not seem likely that someone who doesn't have a millennialist inclination, meaning a belief in the imminent coming of some savior and the end of suffering, to become convinced of this article. It is a very emotional, pathos filled, article. But seeing how the young man did have medicinal alternatives, the emotional response might be strongly reactionary in either direction of despair or sympathy. So, it is a risky strategy that works best for those within the hegemonic discourse of the Watchtower Society.

Chapter 5: Conclusion

This thesis has examined how Watchtower Society utilizes ‘conflict themes’ – which encompass fundamentalist rhetoric or narratives of resistance from the world outside the organization regarding Witnesses' rejection of blood transfusions – to justify the doctrine of blood-transfusion-rejection among its members. Concurrently, the Watchtower Society strives to convince the medical community of alternative treatments and advocates that blood transfusion is a matter of religious freedom for Jehovah’s Witnesses.

Previous chapters reveal that the Watchtower Society publish ‘exegesis themes’ – which are biblical arguments and interpretations for the doctrine – regularly. However, ‘exegesis themes’ are not published as often as ‘conflict themes’ and ‘medical themes’ were in the 1990s and early 2000s. The latter category covers themes like alternative treatments to blood transfusion, risks associated with blood transfusion or positive quotes from medical professionals about the Jehovah’s Witnesses and their conviction. A significant increase in ‘conflict themes’ occurred around 2000 and 2001, coinciding with the publication of the change in the doctrine of blood-transfusion-rejection in the summer of 2000. I have suggested that the change was due to *internal* disagreements about the doctrine becoming public, and the Watchtower Society felt pressured to change the doctrine to resolve the conflict. The spike in ‘conflict themes’ around that time indicates that it was a preferred rhetorical strategy of the Watchtower Society to legitimize the doctrine to the members of the organization.

This supports the hypothesis that the Watchtower Society prefers to use conflict as a theme to legitimize the doctrine of blood-transfusion-rejection. To explore the incentives behind this strategy, I have examined how these various themes are utilized in three types of articles: ‘exegesis’, ‘medical’ and ‘case’. The ‘exegesis article’ and the ‘case article’ reveal a fundamentalist language that attempts to establish a hegemonic discourse within the Jehovah’s Witnesses. The discourse on the website jw.org functions ‘ideologically’, meaning that the ‘exegesis article’ presents the *right way* of thinking about blood. Any alternative interpretations are not mentioned. But that would not be sufficient on its own to establish a hegemonic discourse. If jw.org just presented a one-sided interpretation of the doctrine on blood transfusion, then what is keeping the reader from seeking alternative perspectives? I have argued that it is the traits of a fundamentalist movements that is the crucial reason for the effectiveness of ‘conflict themes’ in legitimizing the doctrine and creating a hegemonic discourse within the Jehovah’s Witnesses’ information environment.

The doctrine of blood-transfusion-rejection can be viewed as a ‘reaction to modernity’, and the ‘selectivity’ is evident in the specific passages of the Bible chosen to support it. These passages hold greater significance for Jehovah’s Witnesses than for other mainstream Christian denominations. Rejecting modern blood transfusion practices while actively seeking and promoting other modern medicinal treatments, even experimental ones, exemplifies the two other modes of ‘selectivity’.

The ‘millennialism’ of the Jehovah’s Witnesses occasionally surface in the publications of the Watchtower Society on blood transfusion. Both the ‘exegesis article’ and ‘case article’ examined in this thesis serve as examples of millennialism in publications. Some publications convey the imminent arrival of Armageddon, promoting martyrdom by suggesting that the consequences of refusing blood transfusion are inconsequential because true Christians will soon be resurrected.

The ‘moral Manicheanism’ is evident in the ‘exegesis article’ analyzed in this thesis, portraying the world outside the Jehovah’s Witnesses as ruled by Satan, thus delineating clear ‘boundaries’ between insiders and outsiders, good and bad. Coupled with ‘authoritarianism’, exemplified by the threat of disassociation for willingly and unrepentantly accepting blood transfusions, creates a discursive space where the Watchtower Society dictates the correct perspective on blood transfusions, namely, to refuse it. This becomes a ‘behavioral requirement’ for membership in the Jehovah’s Witnesses. Their belief in ‘the inerrancy and absolutism’ of the Bible is reinforced by ‘exegesis articles’ advocating for adherence to God’s laws. Together, these traits construct a sense of external hostility, granting the Watchtower Society exclusive authority over the ‘true’ interpretation of the Bible. The interpretations of the Watchtower Society elevate blood to a sacred status, establishing a hegemonic discourse on jw.org.

Another effect of these fundamentalist traits is the ‘self-minoritization’ of the Jehovah’s Witnesses when they seek medical attention. This phenomenon is both a result of and reinforces their fundamentalist beliefs, especially in any conflicts that may arise. It makes sense that a religious movement that matches all the traits of the Fundamentalism Theory would seek conflict with the world outside the movement to establish boundaries, validate the feeling of a fight between good and bad, and create commitment through the behavioral requirements with a show of faith by getting through the conflict. It is the ‘David against Goliath’-story, the small hero that faces an overwhelming enemy. The point is not necessarily

that the small, and righteous, hero of the story always wins these fights. It is mostly about being that righteous hero in the story, even if the odds are stacked against you. This strategy works well when you want to rally the members together against a common adversary. It is a problem if the conflict is internal among the members of the organization.

This thesis has also looked at how some dissidents from within the Jehovah's Witnesses have started to voice their opposition to the doctrine. The Watchtower Society could not argue that these voices originated from 'Satan's World'. As the members of this internal minority were anonymous, the task of targeting them for either disfellowshipping or debate was rather difficult. Seeing the change in the doctrine of the year 2000 in this light it makes sense that the Watchtower Society opted to mitigate some of the internal criticism by allowing members to decide to accept medical treatments containing a wider array of fragments than before, as well as changing the sanction from disfellowshipping to disassociation. This is the formalization of the 'fragment policy'.

The 'fragment policy' presents a legitimization challenge. The Watchtower Society uses biblical arguments to sanctify blood in 'exegesis articles', but modern medical use of blood differs from when the doctrine was established in 1945. A total transfusion ban would be severe and morally challenging for Elders to enforce, leading to a compromise. However, the 'fragment policy' is not supported by biblical arguments in the analyzed 'exegesis article', but seems to be primarily legitimized through 'conflict theme' publications. In the 'exegesis article' analyzed here, the 'fragment policy' is not legitimized with biblical arguments, and it seems like the Watchtower Society attempted to legitimize it primarily with publications that had 'conflict themes', indicated the number of publications with 'conflict theme' around the time of the policy's formalization. Despite the importance of 'conflict themes' in the Watchtower Society's legitimization strategy, their near disappearance from recent publications is noteworthy.

The decline in 'conflict' and 'medical' themes may be attributed to the legitimization strategy of the blood-transfusion-rejection doctrine in 'medical articles'. These articles serve as a counter discourse, seeking to persuade the public of the doctrine's validity and the Jehovah's Witnesses' alliance with science. During the 1990s, numerous articles focused on blood-borne diseases,¹²⁵ advocating for a cautious approach to blood transfusions. A shift towards

¹²⁵ The publications that are coded as "news"-type and with the "RBT"-theme in the appendix are often about that.

patient blood management, the establishment of Hospital Liaison Committees, and legal battles for the right to refuse blood transfusions have all contributed to reducing conflict with the medical community. The discourse, focusing on transfusion risks and promoting alternatives, creates an optimistic view of scientific progress and skepticism towards blood transfusions. This optimism may have influenced interviewees' high hopes for alternative treatments in Ringnes and Hegstad's study.¹²⁶ However, if this strategy is too successful and conflicts over blood transfusions disappear, the Watchtower Society may lack material for 'conflict theme' publications, potentially changing the Jehovah's Witnesses' minority status in medical situations.

Observing the significant reduction in 'conflict' and 'medical' themes since 2005, several theories arise. One theory is that the conflict has simply disappeared, reducing the number of stories. Another, inspired by the Muslim Brotherhood's trajectory as per Appelby et. al., posits that a lack of charismatic authority could lead to bureaucratization. Perhaps the Watchtower Society has chosen not to emphasize the blood-transfusion-rejection doctrine with 'conflict themes' as before. If so, and if the Jehovah's Witnesses are becoming more bureaucratized, we might anticipate a shift away from fundamentalist language and possibly even a lifting of sanctions on members receiving blood transfusions as lifesaving medical treatment.

¹²⁶ Ringnes, HK & Hegstad, HK, 2016.

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Appendix: coding schema

Themes

Biblical arguments (BA): Explaining the biblical reasons for the policy of denying blood transfusion. Usually refers to the Acts 15:28, 29 about abstaining from blood.

References to the prohibition of *eating* blood, like Genesis 4:10, 1:29, 9:3, 4 and Leviticus 17:13, 14. I have indicated them with a ☐.

Another strain of arguments is about the sacredness of blood: “the atoning power of blood”. Here Leviticus 17:10, 11 or Ephesians 1:7 is referenced about blood being sacrificed on the altar or Jesus’ sacrifice for our sins. I have indicated these arguments with #.

Related to Leviticus 17:10, 11, but also more consequential for blood transfusion, is Deuteronomy 12:16, 24; 15:23. It says that blood should not be eaten, “*you should pour it out on the ground like water*”. The Watchtower Society interpret this as a prohibition against storing or externally treating your own blood for your own use, which limits some alternative transfusion methods. I will indicate if this is an important argument with ~.

Descriptions of the Fragment-Policy (DFP): I will make this a special category. The policy is referring to the acceptability of fractions of blood. After 2000, there is a routine way of referring to this policy. Some form of the policy appears earlier. I’ll indicate it with ^.

Arguments against Fragment-Policy (AFP-): I will add a theme that is the undermining of the policy by presenting counterarguments against certain fragments. It is not a particularly strong theme. The absence of any mention of the benefit of blood transfusion is sort of undermining this policy on its own. But this is not what I mean by coding AFP-.

No mention of the Fragment-Policy (NOPO): Lack of reference to the possibility to receive fractions of blood.

Other alternatives to blood transfusion (OAB): This is a theme where fragments of the major blood components are playing a minor role or no role at all. It is mostly about blood saving techniques.

If the publication focus a lot on medical alternatives to blood transfusion (like synthetically produced components that emulate biological equivalents, like hemoglobin), then I will indicate it with @. The drug erythropoietin (EPO) is difficult to classify as it contains the

fragment albumin as well as other components. I've classified it as crossover theme OAB@/DFP^.

If autotransfusion (the process of using the patient's own blood in a transfusion treatment) is mentioned as an alternative, I will indicate it with a \$. If the prohibition against storing the blood is added as a challenge, then I will write it down as a \$'.

Scientific arguments (SA): Elaborating on the science of blood fractions and their safety. I felt the need to separate SA from DFP, because sometimes I would find an article that is just elaborating on the science of blood fractions without making the explicit mention that this is acceptable to receive it, if the member judges it acceptable on their own. SA is implying DFP.

Scientific allies (SAL): Arguments about how the policy is helping to advance medicine to the benefit of JW and the world at large.

Risks of blood transfusions (RBF): Either that doctors doesn't want to do it, that it is not useful, that it can give you a reaction or a disease. Benefits of not receiving blood falls under this theme.

Risk of not receiving blood transfusion (RNT): I will note if the risk of not receiving blood transfusion is a theme. "Blood" is defined as whole blood or one of its four major components (plasma, platelets, red cells or white cells). Whether blood also entails derivatives of the four major components is a conscientious decision by each member. The risk of not accepting fragments of blood therefore needs its own indicator: =.

I will also indicate when it is possible to read the risk between the lines of the story.

Admittedly, this is a tricky one. Not every reader would make these connections, and there might be articles where I do not see the obvious implications either. But statements like "we can now safely operate on 80 – 90% of our patients without blood transfusion" or "blood transfusion must one day die out", imply that some operations *do* need blood transfusion today. I will indicate this with a &.

Medical Ethos (ME): Using the authority of the medical establishment in support of the view against blood transfusion in general or specifically accepting other alternatives. This is often through quoting doctors or medical authorities. A sentence like "many hospitals are now restricting their use of blood transfusion" could also be under the theme of ME. By "ethos" I am thinking of the Aristotelian rhetorical appeal: a character-trait of the speaker that elicit trust in the audience to what is said.

Legal arguments (LA): About the right to deny blood transfusion. A theme that sometimes appears alongside the others. It is not of great importance for my thesis, but it is in some of the sources. I will take note when LA is a major theme in the source.

Historical arguments (HA): Some biblical arguments (BA) can turn into historical arguments. By some rare occasion a source might take a historical approach all together. I will take note of this.

Resistance (R): When doctors or others in the society tries to convince a JW to accept blood, or do not understand their wishes.

Blood business (BB): When the theme is that blood is business, and transfusion an industry mostly interested in earning money from your blood. Profiting from taking blood from the poor and needy.

When dividing up whole blood into its fractions is viewed as a financial motive (compared to dismantling the parts of a car and thereby earning more by selling its components), I'll indicate it with a £.

Strong in faith (SF): Sometimes a story is presented that demonstrate strong faith in the doctrine. Sometimes it has a good outcome, sometimes bad.

Satan's work (SW): A peculiar theme that is present in some of the texts. Namely the idea that Satan is behind the practice of blood transfusions. Related to 'moral Manicheanism' in the Fundamentalism Theory.

Follow your conscience (FC): This is an important part of the DFP, that each member "should carry their own load" when deciding whether fragments or certain autotransfusions are in line with Jehovah's law on blood.

Millennialism (M): This is a theme that can be seen in some articles, especially those that argue about morals of refusing blood. This is also a trait of Fundamentalist movements.

Martyrdom (MA): This is connected to 'millennialism' and 'strong faith'. However, not every article with 'millennialism' or 'strong faith' as a theme states clearly that death is preferable to receive blood. This code was needed for that.

The ending: Some cases are stories of triumph against all odds and resistance. The person refused transfusion and was told they would die, but against all odds survive. I'll mark it as a case (+).

Other stories do not have a happy temporal ending. The Watchtower Society never write that the person dies because they denied blood transfusion. The angle is that they showed strong faith and impressed the medical staff. I'll mark it as a case (-).

Name of publications

Mnemonic	Short Title	Full Title	Format
Bhs	--	What Can the Bible Teach Us?	Brochure
G	--	Awake!	Periodical
HB	--	How can blood save your life?	Brochure
Km	--	Our Kingdom Ministry	Meeting book
Kr	--	God's Kingdom Rules!	Brochure
Lff	Enjoy Life Forever!	Enjoy Life Forever! – An interactive Book	Bible Course
Ijwfq	--	Frequently Asked Questions About Jehovah's Witnesses	Web article series
Ijwbq	---	Bible Questions Answered	Web article series
Lv	--	Keep yourselves in God's Love	Brochure
Lvs	--	How to Remain in God's Love	Brochure
Mwb	--	Our Christian Life and Ministry	Meeting Workbook
W	The Watchtower (study edition)	The Watchtower Announcing Jehovah's Kingdom (study edition)	Periodical
Yb	--	Yearbook of Jehovah's Witnesses	Yearbook

Coding the publications

NAME	YEAR	TYPE	THEME	COUNTRY
ACTS 15:29 **	xx	Commentary	BA	NOPO						
LFFV- 391.V	xx	Video	BA&~	DFP	Be prepared	AFP	FC			

TRANSFUSION – ALTERNATIVE MEDICAL INFORMATION PCK.	Xx (> 2000)	Video	ME	OAB@ \$'	RNT&	RBF	DFP^	SAL	
	Xx (> 2021)	Brochure	ME	OAB@ \$'					
HB PP. 3-7	1990	Exegesis	BA&~	HA	Blood is sacred				
HB PP. 7-12	1990	Medical article	RBF	ME	Blood transfusion is dangerous				
HB PP. 13-17	1990	Medical article	OAB@ /DFP^	NOPO			ME	SAL	7 g/dl
HB PP. 17-22	1990	Legal / ethical article	RBF	BA	LA	You can choose			
HB PP. 22-27	1990	Medical article / Exegesis	BA#	ME	RBF	M			
HB PP. 27-29	1990 *	Medical article	SAL	BA	ME	LA			
W90 5/15 PP. 20-23	1990	Report	BA	M	LA	SE			
W90 6/1 PP. 30-31	1990	Q&A	DFP^	BA&~	HA	FC	SA		
W90 7/15 P. 30	1990	News	RBF	LA	BA	SAL			US
W90 8/15 P. 29	1990	Q&A	DFP^	FC	M				
W90 10/15 P. 21	1990	News	RBF	BA&~					US
G90 1/8 PP. 28-29	1990	News	RBF	ME					AU
G90 2/8 PP. 28-29	1990	News	RBF						CA/Soviet
G90 2/22 P. 31	1990	Case (++)	BA	SF	R	SAL			US
G90 4/8 PP. 28-29	1990	News	RBF						AU

G90 4/22 PP. 21- 24	1990	Case (+)	R	SF	RNT&	SW	M	MA	PO
G90 4/22 PP. 28- 29	1990	News	RBF						ZA
G90 4/22 P. 30	1990	Commentary/Q&A	ME?	RNT(!)	BA	RBF	OAB	R	FR
G90 5/22 PP. 12- 14	1990	Instructions	RBF	BA					
G90 5/22 PP. 28- 29	1990	News	RBF	OAB					DRC
G90 6/22 P. 31	1990	Report	RBF						RO
G90 8/22 PP. 28- 29	1990	News	RBF						RO/FR
G90 10/8 P. 31	1990	Case (?)	BA	RNT&	LA			Transfused against their will	US
G90 10/22 P. 2	1990	Intro	R	BB					
G90 10/22 PP. 3-7	1990	Report/Article	BBf						
G90 10/22 PP. 7-11	1990	Medical article	RBF	ME	BB				
G90 10/22 PP. 12- 13	1990	Medical article	ME	BA#	OAB@	SAL	BB	<2 g/dl?	
G90 10/22 PP. 14- 15	1990	Medical article / Exegesis	BB	BA#	RBF	SAL		The miracle of blood / trust in Jehovah	
G90 10/22 PP. 20- 23	1990	Case (+)	BA	SF	R	M			JP

G90 11/22 PP. 21- 24	1990	Report (on HLC)	R	RBF	SAL	ME	BAα#			US/PH /AU/JP /KR
G90 12/8 PP. 28- 29	1990	News	RBF							DE
KM 11/90 PP. 3-6	1990	Instructio ns	BA~	NOPO	OAB			Giving arguments against transfusion		
YB90 P. 11-12	1990	News	OAB	SAL						TO/W S
YB90 PP. 44- 45	1990	Case (+)	BA	R	SF	MA				SL
W91 6/15 PP 8 – 13	1991	Exegesis	BAα#	HA	RBF	OAB	NOPO	Blood is sacred		
W91 6/15 PP. 13- 18	1991	Exegesis	ME	RBF	BA#α	M	R	Teach your children		
W91 6/15 P. 32	1991	Report	RBF	ME						
G91 1/8 P. 24	1991	Medical article	ME	RBF	R	BA				
G91 3/8 PP. 12- 13	1991	Article / Case (+)	R	SF	HLC					US / CA
G91 8/22 PP. 13- 15	1991	Case (-)	BA	R	SF	M?	RNT&	OAB @/DF P^	MA	ZA
G91 9/22 PP. 20- 22	1991	Case	BA	R	OAB@ /DFP^	SF	MA	3 year old taking a stand on blood		US
G91 10/22 PP. 28- 29	1991	News	RBF							JP
G91 11/22 PP. 8-11	1991	Medical article	BA	R	SAL	ME	OAB @\$			EU/US /LAT- AM
G91 11/22 PP. 28- 29	1991	News	RBF	ME						AU

YB91 PP. 35- 37	1991	Report (on HLC)	BAα	OAB						US
YB91 PP 186- 252	1991	Case (-) / (+)	BA	R	SF	SW	MA			TH
W92 9/1 PP. 26-30	1992	Case (+)	R	SF	MA	M				NZ
G92 1/8 PP. 9-13	1992	Case (+)	R	BA	SF	OAB	MA			AU
G92 1/22 PP. 28- 29	1992	News	RBF							BR
G92 6/22 PP. 28- 29	1992	News	RBF							JP
G92 8/8 PP. 5-7	1992	News	RBF							ZA
G92 10/8 PP. 20- 21	1992	Case (+)	OAB	BA	R	SAL	MA?	Hyperbaric chamber		GB- SCT
G92 10/22 PP. 12- 15	1992	Case (+)	SF	R	BA	OAB @/DF P^	SAL	RNT&		AR
G92 10/22 PP. 15- 16	1992	Report / Comment ary	BA	SF	M			The courage to deny blood in the face of death		
G92 11/8 PP. 28- 29	1992	News	RBF							JP
G92 11/8 P. 31	1992	Case (-) / Report	R	SF	BA					JP
G92 11/22 P. 13	1992	Report	RBF	BA						BR
G92 12/8 PP. 30- 31	1992	News	RBF	ME						JP
KM 9/92 PP. 3-6	1992	Guidance	BAα	SAL	OAB	RNT&	LA	About children		

W93 10/15 P. 32	1993	Report (on science)	RBF	BA	RNT&	ME		JW higher risk of mortality
G93 1/8 PP. 28- 29	1993	News	RBF					BO
G93 1/22 P. 21	1993	News	ME	RBF	BA			US
G93 5/8 PP. 28- 29	1993	News	RBF	ME				US
W93 6/15 P. 19	1993	Case (+)	R	SF	BAX: Transfusion = rape			ES
W93 11/1 P. 6	1993	Report (from HLC)	BA	SAL	ME	RBF		PO
G93 6/22 PP. 28- 29	1993	News	RBF					FR
G93 6/22 P. 32	1993	Case (?) / Comment ary	SF					NG
G93 7/8 PP. 28- 29	1993	News	RBF					BR
G93 8/8 PP. 22- 25	1993	Article	BA					About vaccinces. It's OK now. Shots not produced with blood.
G93 10/8 PP. 28- 29	1993	News	RBF	ME				FR
G93 11/22 PP. 24- 27	1993	Report (on HLC)	BA	OAB@ /DFP^	SAL	ME		AU/US
YB93 PP 139- 140	1993	Case (+)	BA	SF	M	MA	RNT&	DK
YB93 PP. 148- 207	1993	Report	R	SF	ME	RBF	RNT&	HN
W94 7/1 PP. 29-31	1994	Case (-)	BA	SF	M			CA
W94 10/1 P. 31	1994	Q&A	DFP^	FC	BA			

G94 1/8 PP. 28-29	1994	News	RBF	OAB@ /DFP^	ME	SAL				BR
G94 1/22 PP. 21-24	1994	Case (+)	BA	R	SF	M				LK
G94 1/22 PP. 28-29	1994	News	RBF	ME						AU
G94 4/8 PP. 6-10	1994	Medical article	RBF	OAB					Matter-of-factly about breast cancer treat./prev.	
G94 5/8 PP. 12-14	1994	Case (+)	R	BA	SF	MA				NG
G94 5/22 PP. 3-8	1994	Case (-)	BA#	RNT	LA	RBF	MA		BAX	CA / US
G94 5/22 PP. 9-15	1994	Cases (-) / (+)	BA	R	RNT	LA	SF / MA		Story of four children. Two die.	US/ CA
G94 10/8 PP. 28-29	1994	News	RBF	ME						BO
G94 12/8 PP. 23-27	1994	Medical article	BAα	RBF	RNT?	OAB @/DF P^	FC		Immunizing shot / Rh disease	
KL CHAP. 13 PP. 118-129	1995	Exegesis	SW	BAα#~	RBF	OAB	M			
W95 1/15 PP. 4-7	1995	Exegesis	BAα#	ME	M	RNT				
W95 8/1 P. 30	1995	Report	RBF	ME	OAB@					US
W95 9/15 PP. 24-25	1995	Report	RBF	BA						IN
G95 1/22 PP. 11-15	1995	Case (-)	LA	BA	SF	RNT&	M	R	MA	CA

G95 1/22 PP. 28- 29	1995	News	RBF	ME						PH
G95 1/22 P. 31	1995	Case (+)	BA	Respec t						JP
G95 2/22 PP. 20- 22	1995	Case (+)	BA	OAB@ \$/DFP ^	R	MA				NO
G95 3/22 PP. 28- 29	1995	News	RBF	ME						ZA/NL
G95 5/22 PP. 28- 29	1995	News	RBF							CA
G95 6/8 PP. 20- 22	1995	Report	RBF	ME	BB	SAL	BA	Canadian blood scandal		CA
G95 7/22 PP. 28- 29	1995	News	SAL	RBF	ME					GB
G95 10/22 PP. 28- 29	1995	News	RBF	BB						DE/AU
G95 12/22 PP. 25- 27	1995	Case (+)	SF	BA	M	DFP^ /OAB @	SAL	ME		SE
RQ LESSON 12 PP. 24-25	1996	Exegesis	BA#	OAB\$'						
W96 2/1 P. 15	1996	Report (on media)	BA	RNT&	R	SF	ME	About unfair media coverage		DK
W96 3/15 P. 31	1996	Case (+)	R	SF	BA	OAB	RBF	SAL		TH/JP
W96 8/15 P. 32	1996	Report	RBF	ME	OAB	BA				US
G96 1/22 P. 31	1996	Report	OAB	SAL	ME					US

G96 2/8 PP. 28- 29	1996	News	RBF	SAL	BB				IT
G96 6/22 PP. 26- 27	1996	Case (+)	R	SF	BA	OAB @/DF P^	SAL	M	PE
G96 11/8 P. 30	1996	Comment ary	FC	DFP^					US
YB96 PP. 22- 25	1996	News	SAL	OAB	LA	BA			CL/US
W97 2/15 PP. 19- 20	1997	Medical / ethics article	Costs	BA				Bioethics	ES
G97 2/8 PP. 28- 29	1997	News	ME	SAL	OAB@	RBF	BA		US
G97 4/22 PP. 20- 23	1997	Case (+)	M	R	SF	LA			US
G 97 7/22 pp. 28- 29	1997	News	RBF	SAL	ME				CA
G97 8/8 PP. 28- 29	1997	News	RBF	ME					JP/US
G97 12/22 PP. 28- 29	1997	News	RBF						
YB97 PP. 147	1997	News	R	BA	LA	RBF			BR
YB97 PP. 186- 187	1997	News	BA	OAB	SAL	ME			BR
G98 2/22 PP. 20- 21	1998	Case (+)	OAB						
W98 3/1 P. 29	1998	Report	BA	R					BR
G98 5/8 PP. 28- 29	1998	News	RBF	ME					FR

G98 8/22 PP. 10- 11	1998	Report	RBF	SAL	OAB@ /DFP^	ME	RNT&	LA		US	
G98 9/22 P. 31	1998	Report	RBF	ME	SAL					CA	
G98 11/22 PP. 28- 29	1998	News	RBF	ME						BG	
G98 12/8 PP. 18- 21	1998	Medical article	RBF	AFP- (AIDS)	ME	OAB\$ '@	RNT&	FC	SAL	US/CA /LV/SE ...	
YB98 PP. 74- 75	1998	Case	SF							No conflict. Doctor converted after treating JW	JP
YB98 PP. 140- 142	1998	Report								A changing attitude to respect JW wishes	JP
G99 2/22 PP. 28- 29	1999	News	RBF	ME							FR
G99 3/8 PP 19- 20	1999	Medical article / report	ME	OAB@ /DFP^	RNT&	SAL					NO/G B
G99 4/8 PP. 28- 29	1999	News	RBF								US
G99 4/22 PP. 26- 27	1999	Report	ME	RBF	OAB	BA	SAL				RU/FR
G99 6/22 P. 31	1999	Report	RBF	BA							BO
G99 8/22 P. 30	1999	Comment ary	RBF								US
G99 8/22 P. 31	1999	News	ME	RBF	RNT&						US
KM 9/99 P. 7	1999	Instructio ns	R	FC	OAB						
YB99 PP. 23- 25	1999	Report	BA	RBF	SAL	ME					RU

W00 6/15 PP. 29- 31	2000	Q&A	BA&~	HA	RBF	DFP	FC	OAB	SA	
W00 8/15 P. 30	2000	Q&A	M	BA	DFP	FC				
W00 10/15 PP. 30- 31	2000	Q&A	BA#~	OAB\$'	FC			Strong opposition to storage		
W00 12/15 P. 30	2000	Q&A	BA	OAB\$'	FC	M				
G00 1/8 P. 3	2000	Case (+)	SF	SAL	FC					BE
G00 1/8 PP. 4-6	2000	Medical article	RBF	HA	BB	ME				
G00 1/8 PP. 7-11	2000	Medical article	RBF	ME	OAB	SAL	RNT&	Bloodless surgery		DE/US /NO/G B/ZA ...
G00 3/22 P. 23	2000	Case (+)	R	SF						CA / EC
G00 4/22 PP. 28- 29	2000	News	RBF							US
G00 5/8 PP. 12- 13	2000	Case (+)	BA	R	OAB@ /DFP^	SF				ES/US
G00 6/8 PP. 28- 29	2000	News	RBF							US
G00 6/22 P. 30	2000	Comment ary	R	SF						US
G00 8/22 PP. 12- 15	2000	Case (-) / (+)	BA	RNT&	RBF	ME	LA	M	JW & DR.	BR
G00 8/22 PP 20-21	2000	Case (+) / Interview	R	SF	OAB	FC				CA
G00 8/22 P. 30	2000	Comment ary	R	RNT&	SF					US/CH
G00 9/8 P. 30	2000	Comment ary	ME							CZ

G00 9/8 P. 31	2000	Case (+)	SF								US
G00 10/22 PP. 28- 29	2000	News	RBF								
W01 2/1 PP. 29-31	2001	Case (+)	SF	SAL	ME					7.2 g/dl	UA/IL
W01 3/1 P. 32	2001	News	ME	RBF	SA	NOPO	SAL				CA
W01 4/15 PP. 14- 16	2001	Case (+)	BA	R	SF	RBF	SA			6 g/dl	SE / DE
W01 6/1 PP 17-22	2001	Exegesis	ME	BA	NOPO	SAL	RBF	M	SW		PO /...
G01 1/8 PP 20- 22	2001	Case (+)	SW	BA	SF	RBF	M	MA			GR
G01 1/8 PP 26- 27	2001	Exegesis / guidance	BA	NOPO							
G01 1/22 P. 30	2001	Comments	R	SF							US
G01 4/8 P. 29	2001	News	SAL	ME	SA						ZA
G01 4/22 P. 30	2001	Comments	R	SF							GE
YB01 PP 139- 140	2001	News	R	OAB							AO
YB01 PP 211 - 212	2001	News	BA	R	SAL						AR
G02 2/22 PP. 28- 29	2002	News	RBF	SA	ME						AU
YB02 PP 111- 112	2002	News	R	SF							
W03 5/1 P. 13	2003	News	NOPO	SAL							PH

G03 3/8 PP. 28-29	2003	News	RBF							US
G03 12/8 PP. 12-15	2003	Portrait/Case (+)	ME	RBF	SAL	NOPO	R	BA		JP
W04 5/1 PP. 23-27	2004	Portrait/Case (+)	ME	RBF	SAL		R	NOPO	SF	UY
W04 6/15 PP. 14-19	2004	Exegesis	BAα#~	M				MA	Blood as sacred. Jesus' blood is redeeming	
W04 6/15 PP 19-24	2004	Exegesis	BA#	HA	DFP	AFP-		FC		
W04 6/15 P. 28	2004	Case (-)	BA	SF	RNT&	NOPO				IT
W04 6/15 PP 29-31	2004	Q&A ***	BAα~	DFP	HA	RBF	SA	OAB	FC	
G04 9/8 PP. 12-13	2004	Case	SAL							
G04 9/22 P. 30	2004	Comments	ME	R	SF					EC / LT
KM 12/05	2005	Announcement	Children	LA	BA	NOPO				
W05 3/15 PP. 15-20	2005	Case	BA	SF	M					ES
G05 8/22 PP. 28-29	2005	News	RBF							JP
G05 9/8 PP. 28-29	2005	News	RBF	ME						
G05 10/22 PP. 28-29	2005	News	RBF	ME						MX
W06 2/15 PP. 26-30	2006	Exegesis	BA	HA	M				Path of increasing light	

G 2/06 P. 30	2006	News	RBF							FR/GB
G8/06 PP. 3-4	2006	Medical article	ME	RBF	RNT&					US/KE ...
G 8/06 PP 5-9	2006	Medical article	ME	RBF	OAB	DFP	SA			US/CL /CZ/G B ...
G 8/06 PP 10- 12	2006	Exegesis / Medical Article	ME	RBF	BAα#	DFP/ AFP -	SA	SAL	FC	
KM 11/06 PP 3-6	2006	Announ- cement	BA~	SA	AFP-	FC	DFP	OAB\$	RNT=	
G 9/07 P. 30	2007	News	ME	SAL	RBF	BA	NOPO	OAB		MX
YB07 21 0 – 211	2007	Report	BA	RBF						LV
W08 10/1 PP. 28- 31	2008	Case (-)	NOPO	BAα#	SF	R	RNT&			ES
G 6/08 P. 21	2008	Report	RBF	ME	BA					NG
G 7/08 P. 30	2008	News	RBF	SA						US
YB08 PP. 222 - 224	2008	Report (HLC)	R	ME	RBF	SAL				RU
G 1/09 P. 30	2009	News	RBF							GB
G 6/09 P. 30	2009	Case	BAα	SAL	ME					IT
G 11/09 PP. 26- 29	2009	Medical article	BA	OAB			B-test	Willfully not mentioning trans.		
YB09 P. 251	2009	News	ME	SAL						SI
BH CHAP 12	2011	Exegesis	Shun	SW						
G 6/11 PP. 12- 15	2011	Case	ME	BA	SAL	RBF	M?			RU / UG
G 9/12 PP. 25- 26	2012	Medical article	ME	SAL						RU
YB12 15 5-156	2012	Report	R					About support from HLC		NO
G 11/14 P. 3	2014	News	RBF	SA						JP

W14 11/15 PP. 8-12	2014	Exegesis	BAα#~	DFP	FC	M			
LV CHAP 7	2014	Exegesis	BA#~	DFP	FC				
LV APPEN DIX PP 215- 218	2014	Medical article	SA	DFP	BA~	AFP-	AFP+	FC	OAB\$,
KR CHAP 11 PP. 108 – 117	2014	Exegesis	BA	NOPO	SAL	SW			History about disfellowshipp ing
KR CHAP 15 PP. 161 – 164	2014	Legal cases	LA	SF	NOPO				
YB14 PP 159 – 160	2014	Report	R	SF	ME	SAL			SL / GN
G 8/15 PP. 14- 15	2015	Interview	LA	BA	R	RBF			US
BHS PP. 223	2016	Endnote	BA	NOPO					
BHS CHAP 13	2016	Exegesis	BAα	NOPO	SUM				Alcohol comparison
YB16	2016	Cases	BA	LA	R	SF			
W18 NOVEM BER PP. 23-27	2018	Exegesis	BA	FC	BE PREPA RED	M			
LVS CHAP 7 PP. 89- 103	2018	Exegesis	BAα~	DFP	FC	SW	M	SUM	
LVS ENDNO TES PP. 246- 249	2018	Medical article	DFP	RNT=	AFP-	OAB\$,	BA~	SA	FC
INTERVI EW W/MAS SIMO	2018	Video	ME	SAL	RBF				IT
INTERVI EW	2019	Video	ME	SAL	OAB				CA

W/CAN ADIAN MDS								
W20 JULY	2020	Portrait	NOPO	LA				
INTERVI EW W/ALFR EDO GUGLIE LMI	2020	Video	RBF	ME	SAL	OAB	15% of surgeries need blood	IT
INTERVI EW W/PIA DI BENEDE TTO	2020	Video	RBF	ME	SAL	OAB	80-90 % of elective surgeries can safely be performed without blood transfusion	IT
LFF LESSON 39	2021	Exegesis / Q&A	BAα	ME	DFP	FC		
IJWFQ ARTICL E 21	2022	Q&A	SAL	RBF	BA	NOPO		
IJWBQ ARTICL E 41	2023	Exegesis	BAα#					
MWB2 3 JANUAR Y	2023	Instructio n	BA	Be prepared				
W23 FEBRUA RY	2023	Instructio ns	BA	Be prepared		LA		
W23 JULY	2023	Exegesis	SW	SF	BA			
MWB2 4 JANUAR Y	2024	Instructio n	BA	Be prepared				
MWBV. 202401 -1.V	2024	Video	ME	Be prepared				

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**A commentary in the *New World Translation of the Holy Scriptures (Study Edition)*.

*** A reprint from *The Watchtower* July 15, 2000.

Xx: year is not clear on the website.