

## Religiosity and religious obsessions in obsessive–compulsive disorder

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Received 27 March 2000; received in revised form 13 February 2001; accepted 6 May 2001

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### Abstract

Religion has often been thought to play a part in the genesis of some cases of obsessive–compulsive disorder (OCD). In this study, we explored the relationship between religiosity, religious obsessions, and other clinical characteristics of OCD. Forty-five outpatients with OCD were evaluated with the Yale–Brown Obsessive–Compulsive Scale (Y–BOCS) and the Yale–Brown Obsessive–Compulsive Checklist (Y–BOCC) as well as the Religious Practices Index (RPI), which was developed for this study. On the basis of these evaluations, 42% of the patients were found to have religious obsessions. Despite differences in the frequency of religious obsessions found in this study compared with others, a factor analysis revealed the symptom dimensions to be similar to those found in other OCD samples. There was no significant difference in the overall severity of obsessions and compulsions between patients with and without religious obsessions. RPI scores did not differ significantly between groups. We failed to find a relationship between RPI scores or religious obsessions and any particular type of obsession or compulsion. A logistic regression analysis revealed that the sole predictor of the presence of religious obsessions was a higher number of types of obsessions. In conclusion, we failed to find a conclusive relationship between religiosity and any other clinical feature of OCD, including the presence of religious obsessions. On the other hand, we showed that the patients who tend to have a variety of obsessions are more likely also to have religious obsessions. Thus, religion appears to be one more arena where OCD expresses itself, rather than being a determinant of the disorder. © 2001 Elsevier Science Ireland Ltd. All rights reserved.

*Keywords:* Cross-cultural; Turkey; Obsessions; Compulsions; Religion; Factor analysis

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## 1. Introduction

Religious obsessions constitute an interesting component of the phenomenology of obsessive–compulsive disorder (OCD). Perhaps in their most severe and continuous form, termed as ‘scrupulosity’, they attracted the attention of spiritual authorities long before the definition of ‘obsessional neurosis’ and at times were correctly recognized as a disease state (Greenberg et al., 1987). Early psychiatric theoreticians like Janet readily classified these as psychiatric rather than religious problems (cited in Greenberg et al., 1987). Freud (1961) (originally 1907), without limiting his theory to religious obsessions, went further and proposed a relationship between obsessive–compulsive symptoms and religious practices, calling obsessional neurosis an ‘individual religion’ and religion ‘a universal obsessional neurosis’.

Knowledge about OCD has significantly increased in the last two decades. Despite this, systematic studies of religious obsessions, and of the relationship between religious and obsessive–compulsive phenomena, have rarely been performed. Although the epidemiology of OCD appears to be stable across cultures (Weissman et al., 1994), patients with religious obsessions may be over-represented in clinical populations of Muslim and Jewish Middle Eastern cultures, as compared with clinical populations from the West, India and the Far East. The frequency of religious obsessions in clinical populations diagnosed with OCD is reported to be 10% in the United States (Eisen et al., 1999), 5% in England (Dowson, 1977), 11% in India (Akhtar et al., 1975), and 7% in Singapore (Chia, 1996) as compared with 60% in Egypt (Okasha et al., 1994), 50% in Saudi Arabia (Mahgoub and Abdel-Hafeiz, 1991), 50% in Israel (Greenberg, 1984), and 40% in Bahrain (Shooka et al., 1998). There are exceptions to this trend such as a recent report of a large US sample in which 27% of OCD patients suffered from religious obsessions (Mataix-Cols et al., 1999) and a smaller US study that found 33% of OCD patients to have religious obsessions (Steketee et al., 1991).

Turkey, with its geographical location bridging

between Western Europe and the Middle East, its strictly secular state, and a predominantly liberal Muslim population, presents a unique opportunity for the study of religious obsessions. Two studies from the west coast of Turkey reported that religious obsessions in their clinical populations were 5 and 11.1%, respectively, rates similar to those found in Western studies (Egrilmez et al., 1997; Alptekin, 1991, unpublished dissertation). We have previously reported a high frequency of OCD patients (48%) suffering from religious obsessions in Turkey’s capital city, Ankara, which is located in the middle of the Anatolian peninsula (Tek et al., 1998). It should be noted that Hacettepe University Hospital, where this study was conducted, is a tertiary care center with an overabundance of referrals due to treatment resistance and/or complexity, with patients from all over the country, although with more from the middle and eastern parts of Turkey. Finally, a 34% rate was reported from eastern Turkey (Tezcan and Millet, 1997). It appears that the frequency of religious obsessions in Turkish OCD samples changes depending on the geographical location, possibly becoming higher when the site of the study is closer to other countries where high rates of religious obsessions are reported. Certainly many confounding factors may be at play, as there are vast socioeconomic differences between different parts of Turkey (e.g. the West is richer and more modernized than the East).

In this study, we attempted to further explore this interesting clinical phenomenon, especially in the context of the relationship between religiosity and the presence of religious obsessions and other disease variables.

## 2. Methods

The 45 subjects for this study were recruited from outpatients at the Psychiatric Clinic of the Hacettepe University Hospital in Ankara, Turkey. Subjects were consecutive referrals within a 6-month period in 1995 with a primary diagnosis of OCD. All subjects, after a clinical interview by two independent psychiatrists, who both used

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