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Superstitiousness and perceived anxiety control as predictors of psychological distress[☆]

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Abstract

It has been suggested that superstitiousness may be a subclinical manifestation of obsessive–compulsive symptomatology. The present study examined whether the relationship between superstitiousness and obsessive–compulsive symptoms was exclusive or whether superstitiousness was a less specific construct. A sample of undergraduates ($n = 191$) completed measures associated with superstitiousness, obsessive–compulsive symptoms, symptoms of anxiety disorders other than obsessive–compulsive disorder (panic symptoms, agoraphobic cognitions, worry, and social fears), general psychological distress (anxiety, depression, and stress), and perception of anxiety control. Results indicated a gender difference in superstitiousness exists, with females being significantly more superstitious than males. Little relationship was found between superstitiousness and the other constructs in males, whereas moderate relationships were found between superstitiousness and the other constructs in females. The suggestion that superstitiousness is nonspecific and related more to perception of control than any specific form of psychological distress is discussed.

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Superstitious beliefs presuppose a causal link between two events (Ciborowski, 1997). A key characteristic of these beliefs is that they are not founded upon empirical evidence and, in fact, may exist despite evidence to the contrary. Although superstitious beliefs may predict positive outcomes (e.g., finding a penny will bring good luck) they are more often associated with warding off or evading negative events (e.g., avoiding stepping on cracks will stave off bad luck).

Regardless of whether they are thought to engender a positive outcome or a negative one, it has been suggested that superstitious beliefs and behaviors may represent attempts by individuals to control circumstances which they perceive to be beyond their control (Jahoda, 1969). Although misguided in their actions, individuals may engage in superstitious behaviors in an attempt to exert control over external, potentially harmful events (Blum & Blum, 1974). Research indicating superstitiousness is associated with an external locus of control and decreased levels of self-efficacy provides empirical support for this theory (Peterson, 1978). Studies reporting an increase in superstitious beliefs and behaviors during stressful events, such as war or natural disaster, also support this notion (Vyse, 1997).

Engaging in behaviors designed to lessen the impact of some feared future event is not unique to superstitious individuals; it is also characteristic of individuals with anxiety disorders. For example, an individual with panic disorder with agoraphobia may confine him or herself to his or her home in an attempt to avoid experiencing a panic attack. An individual with obsessive–compulsive disorder (OCD) may develop checking behaviors that place severe limitations on his or her life. A major distinction between superstitious individuals and individuals with clinically significant anxiety, however, is that the behaviors exhibited by individuals with anxiety disorders are more debilitating. By definition, anxiety disorders cause clinically significant distress to the individual and/or impairment in social or occupational functioning (American Psychiatric Association, 1994). The serious nature of anxiety disorders is in contrast to the common and harmless nature of most superstitious behaviors. Despite this important distinction, superstitious beliefs and anxious cognitions appear to share a common theme; that is, the perceived inability to control anxiety evoking events and reactions.

To date, the relationship between superstitiousness and anxiety has been understudied in the empirical literature. The similarity between some superstitious behaviors and OCD has been noted, however, and positive correlations between superstitiousness and OCD symptomatology have been found (Frost et al., 1993). In addition, attempts have been made to determine whether superstitions have etiological significance in the development of OCD (Leonard, Goldberger, Rapoport, Cheslow, & Swedo, 1990; Liddell & Morgan, 1978). These studies have not, however, supported a role for superstitions in the development of obsessive–compulsive symptomatology (Leonard et al., 1990; Liddell & Morgan, 1978).

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