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Why are religious individuals more obsessional? The role of mental control beliefs and guilt in Muslims and Christians

Mujgan Inozu [a,*], A. Nuray Karanci [b], David A. Clark [c]

[a] Department of Psychology, Dogus University, Faculty of Arts & Sciences, H Blok, 703D, Acıbadem, Kadikoy, 34722 Istanbul, Turkey
[b] Middle East Technical University, Turkey
[c] University of New Brunswick, Canada

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ABSTRACT

Background and objectives: The cognitive-behavioural perspective on obsessions recognizes that certain cultural experiences such as adherence to religious beliefs about the importance of maintaining strict mental control might increase the propensity for obsessional symptoms via the adoption of faulty appraisals and beliefs about the unacceptability and control of unwanted intrusive thoughts. Few studies have directly investigated this proposition, especially in a non-Western Muslim sample.
Method: In the present study high religious, low religious and religious school Canadian Christian and Turkish Muslim students were compared on measures of OCD symptoms, obsessive beliefs, guilt, religiosity, and negative affect.
Results: Analysis revealed that religiosity had a specific relationship with obsessional but not anxious or depressive symptoms in both samples, although the highly religious Muslim students reported more compulsive symptoms than highly religious Christians. In both samples the relationship between religiosity and obsessionality was mediated by importance/control of thoughts and responsibility/threat beliefs as well as generalized guilt.
Limitations: The sample composition was limited to non-clinical undergraduates and only two major religions were considered without recognition of denominational differences.
Conclusions: These findings indicate that the tendency for highly religious Christians and Muslims to experience greater obsessionality is related to their heightened sense of personal guilt and beliefs that they are responsible for controlling unwanted, threatening intrusive thoughts.

1. Introduction

Psychological theories of obsessions and compulsions have long recognized that strict religious codes and moral standards might influence the content and intensity of obsessional symptoms (e.g., Fitz, 1990; Rachman & Hodgson, 1980). In spite of some contradictory findings (e.g., Rapheal, Rani, Bale, & Drummond, 1996; Steketee, Quay, & White, 1991; Tek & Ulug, 2001), most empirical studies have found a positive association between religiosity and OCD symptoms (e.g., Abramowitz, Deacon, Woods, & Tolin, 2004; Sica, Novara, & Sanavio, 2002; Yorulmaz, Gencoz, & Woody, 2009). However, the causal process responsible for this elevated obsessionality in highly religious individuals is largely unknown, nor is it known whether this relationship is evident in other religious faiths such as Islam.

Current cognitive-behavioural models (CBT) of obsessions (e.g., Clark, 2004; Rachman, 1997, 1998; Salkovskis, 1985) propose that misinterpretations of the personal significance of naturally occurring innocuous intrusions play a critical role in the pathogenesis of obsessions. The misinterpretation of an unwanted intrusion as a personal threat will cause significant distress and consequently evokes a strong urge to remove the intrusion and thereby lower subjective distress. However, complete mental control over unwanted thoughts is elusive at best, and counterproductive at worst (Najmi & Wegner, 2009; Wegner, 1994), resulting in an eventual failure to completely dismiss the unwanted mental intrusion. Thus, heightened control efforts by religiously devout individuals to maintain “purity in thought” will likely fail, leading to a paradoxical increase in the unwanted intrusion (Clark, 2009; Purdon & Clark, 2005). In addition, failure in thought control could itself be misinterpreted as a threat, again contributing to an escalation in the frequency and salience of the intrusive thought (Clark, 2004).

* Corresponding author. Tel.: +90 216 544 5555; fax: +90 216 544 5533.
E-mail address: minozu@dogus.edu.tr (M. Inozu).

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It is suggested that these three processes, primary threat appraisals of intrusions, increased mental control effort and misinterpretation of failed thought control, may be particularly salient in highly religious individuals who place a premium on personal control of unwanted and unacceptable intrusive thoughts and images. Rachman (1997), for example, argued that strict religious beliefs and moral codes can provide a framework for individuals in choosing which certain behaviours and mental activities are construed as morally unacceptable and therefore should be removed from conscious awareness. Abramowitz (2008) also speculated that an overemphasis on the importance of controlling certain types of "impure" thoughts might contribute to heightened OCD symptoms. In sum it is contended that the heightened obsessionality in highly religious individuals is characterized by maladaptive beliefs about the need to control unwanted intrusive thoughts and increased effort to refrain from "impure" or "sinful" cognitions.

In support of the CBT formulation on religiosity and mental control, various empirical studies have reported a positive association between OCD relevant beliefs and strength of religious devotion (Abramowitz et al., 2004; Rassin & Koster, 2003; Sica et al., 2002, Witzig, 2005). As well, Rachman (1997) proposed that thought-action fusion (TAF) might be prominent in highly religious individuals who attach strong personal meaning to the content and occurrence of intrusive thoughts. Because of TAF, high religious individuals can easily conclude that these thoughts represent some type of moral failure that puts them at risk of greater condemnation from God. Intense guilt and distress arising from this interpretation will contribute to greater efforts to neutralize the thoughts in order to regain a feeling of purity and right standing with God. Thus high moral standards may strengthen beliefs about the importance of thoughts and their control. These beliefs will activate deliberate thought control efforts, which in turn may intensify the distressing aspect of the intrusion (Rassin, Muris, Schmidt, & Merckelbach, 2000).

In a comparison of high and low religious Italians, Sica et al. (2002) found that beliefs about importance and need to control unwanted thoughts were only related to OCD symptoms in the highly religious group. Witzig (2005) found that highly scrupulous individuals endorsed significantly more maladaptive beliefs about the importance and control of intrusive thoughts but only after controlling for trait anxiety and depression. Together these initial findings indicate that TAF-Morality, increased level of guilt, and beliefs about the importance and control of unwanted intrusive thoughts may be particularly important in understanding the heightened obsessionality in the religiously devout.

Most of the research on religion and obsessional symptoms is based on Christian, and to a lesser extent, Jewish samples, so evidence for the generalizability of these results to different cultures and religious traditions is unknown. Previous research suggests that the relationship between religiosity and OCD related beliefs might differ across religious lines. For example, Cohen and Rozin (2001) reported that religiosity had a stronger association with TAF-Morality in a Protestant than in a Jewish sample (see also, Cohen, Siegel, & Rozin, 2003; Rassin & Koster, 2003). In a comparison of Canadian and Turkish undergraduates, Yorulmaz et al. (2009) and Yorulmaz, Gençöz, and Woody (2010) found that degree of religiosity was only related to OCD symptoms in the Turkish sample but was significantly related to TAF-Morality in the Canadian students. Although these preliminary findings need replication, they do suggest that maladaptive beliefs and appraisals about control and their relation to obsessional symptoms may differ in highly religious Muslims and Christians. It may be that the doctrinal differences between these two religions could contribute to these findings. Christianity, which places higher value on individual conscience and maintaining certain beliefs (Favier, O'Brien, & Ingersoll, 2000; Sica et al., 2002; Siev & Cohen, 2007), differs from Islam, which is more ritualistic and is characterized by many pre-defined behavioural requisites, rules and rituals for adherents to follow (Ghassemzadeh et al., 2002; Karadağ, Oğuzhanoğlu, Özdel, Ateşçi, & Amuk, 2006; Okasha, 2002; Siev & Cohen, 2007).

The purpose of the present study was to determine whether maladaptive beliefs about mental control of unwanted intrusive thoughts and generalized guilt mediate the relationship between religiosity and obsessional symptoms in Christian and Muslim individuals. It was hypothesized that highly religious individuals would exhibit significantly more OCD symptoms and OCD relevant beliefs than non-religious students in both Turkish and Canadian samples. Based on the CBT formulation of obsessions, we also predicted that maladaptive beliefs about importance and control of thoughts would significantly mediate the relationship between religiosity and heightened obsessionality in both samples. Comparisons between the Turkish and Canadian samples were exploratory given the paucity of research on Islamic samples.

2. Method

2.1. Screening study

In order to generate high and low religious samples, an initial questionnaire screening was conducted on undergraduate students from a moderately sized university in eastern Canada and a large urban university in Turkey. The Canadian sample was composed of 107 male (32.6%) and 219 female (66.8%) students with a mean age of 19.56 years ($SD = 3.24$). To increase cultural homogeneity within samples, only students who reported their ethnicity as Caucasian (94.5%) and who were lifetime Canadian citizens were invited to participate in the study. Seventy-six percent endorsed a Christian denomination as their religious affiliation. The Turkish sample of 420 university students consisted of 243 male (57.8%) and 177 female (42.2%), with a mean age of 21.73 years ($SD = 1.87$). All Turkish students reported they had spent their entire life in Turkey. In terms of ethnicity and religious affiliation, 393 (93.7%) were Turkish, 26 (6.3%) were Kurdish, and 323 (77%) were Muslim.

The screening samples were administered the same battery of questionnaires which included a demographic sheet that assessed age, sex, relationship status, ethnicity, religious affiliation, and five Likert ratings on religious behaviour and beliefs that assessed frequency of attending a place of worship, praying, reading a religious text (Bible, Koran), giving money or volunteering their time, and importance of religion in guiding the decisions and behaviours (i.e., 1 = not at all important, to 5 = extremely important). The last rating was used to form the high and low religious groups. The low religious group comprised participants who indicated that religion was not important in guiding their decisions and behaviours (i.e., rating of 1), whereas the high religious group consisted of individuals who rated religion as very important (4) or extremely important (5) in guiding their decisions and behaviour. Students who indicated an interest in further research participation and who met the group inclusion criteria were invited back for the main part of the study. All students provided informed consent before completing the questionnaires and received course credit for participating in the study.

2.2. Participants and procedure

Fifty-nine high and 55 low religious undergraduates with a mean age of 20.20 years ($SD = 3.22$) and 67% ($n = 76$) female constituted the Canadian sample. The denominational affiliation of