



Thought–action fusion as a mediator of religiosity and obsessive-compulsive symptoms

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ABSTRACT

Background and Objectives: Thought-action fusion (TAF), or maladaptive cognitions regarding the relationship between mental events and behaviours, has been implicated in the development and maintenance of obsessive-compulsive disorder (OCD). As some religions promote TAF-like appraisals, it has been proposed that religiosity may play a role in the transformation of normally occurring intrusive thoughts into clinically distressing obsessions. No research, however, has experimentally investigated the mediating role of TAF on the relationship between religiosity and OC symptoms.

Methods: 85 Christian, Jewish, and Atheist/Agnostic participants were exposed to an experimental thought-induction protocol and reported on their associated levels of distress, guilt, feelings of responsibility, and urge to suppress target intrusions experienced during a 5-min monitoring period. Participants also completed measures of obsessive-compulsive symptomatology, TAF beliefs, and general psychopathology.

Results: Using PROCESS and bootstrapping analyses, a test of the conditional indirect effects of religiosity on obsessive-compulsive symptoms revealed that Christianity moderated the effects of religiosity on moral TAF beliefs, which in turn mediated the relationship between religiosity and obsessive-compulsive symptoms. Furthermore, in the Christian group, moral TAF beliefs mediated the relationship between religiosity and ratings of guilt and responsibility following the experimental protocol.

Limitations: The use of university students with moderate levels of religiosity.

Conclusions: Collectively the results suggest that obsessional thinking is not attributable to religion per se, but that teachings underlying certain religious doctrines may fuel TAF beliefs that are implicated in the maintenance of OCD.

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1. Introduction

The occurrence of persistent intrusive thoughts is one of the core features of obsessive-compulsive disorder (OCD), yet research demonstrates that unpleasant, upsetting intrusive thoughts are normally experienced by 80–90% of the population (Rachman & de Silva, 1978). The experience of unwanted intrusive thoughts may be considered on a continuum, from an intrusive thought that is only fleetingly registered in an individual's mind to a clinically distressing recurrent obsession (Abramowitz, Whiteside, Kalsy, & Tolin, 2003; Purdon, 1999; Purdon & Clark, 1994). While thoughts of a disturbing nature are common and easily dismissed by most

individuals, current cognitive theories propose that individuals are more susceptible to developing clinically relevant obsessions when they misinterpret thoughts as overly significant or when they feel an inflated sense of responsibility for their thoughts (Rachman, 1998; Salkovskis, Shafran, Rachman, & Freeston, 1999).

Research has supported the notion that responsibility is important in the development and maintenance of obsessive-compulsive symptomatology in both clinical and non-clinical samples (Bouchard, Rhéaume, & Ladouceur, 1999; Wilson & Chambless, 1999), and has been associated with increased frequency of intrusions as well as distress (Rassin, Merckelbach, Muris, & Spaan, 1999). Individuals who endorse a sense of inflated responsibility also have a higher tendency to engage in thought-action fusion (TAF), a related cognitive bias that also appears to predispose individuals to developing obsessional thoughts (Amir, Freshman, Ramsey, Neary, & Brigidi, 2001). TAF refers to the propensity to inappropriately assume causal associations between one's thoughts and the

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external reality, considering thoughts as *a*) the moral equivalent of physical actions (*TAF-morality* – e.g., wishing harm on someone is equivalent to actually causing harm), or *b*) making a physical outcome more likely (*TAF-likelihood* – e.g., thought of a specific situation increases the probability that the situation will actually occur). Whilst intrusive thoughts are simply dismissed by most individuals, people high in TAF tend to assign special significance to the thoughts. Specifically, as individuals who endorse high levels of TAF beliefs are likely to feel extremely responsible for their thoughts, they may experience more discomfort and distress when thoughts of a disturbing or immoral nature do occur (Muris, Meesters, Rassin, Merckelbach, & Campbell, 2001). Subsequently, individuals high in TAF may be more likely to direct increased attention to such thoughts, resulting in increased re-occurrence of related thoughts (Rachman, Thordarson, Shafraan, & Woody, 1995). As such, TAF has been proposed as an individual risk factor that may lead to the development of OCD (Shafraan & Rachman, 2004; Valentiner & Smith, 2008).

Certain religions promote the view that thoughts are important and even morally equivalent to action. For example, some Christian teachings endorse the idea that thoughts and actions are judged as morally equivalent (e.g., Sermon on the Mount, “*You’re familiar with the command to the ancients, ‘Do not murder’. I tell you that anyone who is so much as angry with a brother or sister is guilty of murder.*” Matthew 5: 21–22). Thus, in particular religions, certain religious beliefs may play a role in the transformation of normally occurring intrusive thoughts into clinically distressing obsessions by emphasising the importance of thoughts through TAF (Abramowitz, Deacon, Woods, & Tolin, 2004; Shafraan, Thordarson, & Rachman, 1996). Research has demonstrated a relationship between one’s level of religiosity and obsessive compulsive (OC) symptoms and cognitions. Highly religious Protestants have been found to endorse more severe OC symptoms compared to less devout Protestants (Abramowitz et al., 2004), and relatedly, highly religious Catholics have been found to endorse greater OC-relevant beliefs (need to control thoughts, responsibility over thoughts) relative to less devout Catholics (Sica, Novara, & Sanavio, 2002). Level of religiosity has also been associated with OC beliefs in the form of TAF (Berle & Starcevic, 2005; Marino, Lunt, & Negy, 2008; Rassin & Koster, 2003). Research therefore suggests that the extent of religious devotion is associated with OC symptoms and beliefs (see Himle, Chatters, Taylor, & Nguyen, 2011 for a review). However, as there are substantial theological differences between different religions, the link between religiosity, TAF and OC symptoms may not be ubiquitous across all religions. There may be key differences between religious teachings concerning judgements about morality and the importance of thoughts. For example, Christianity places great emphasis on thoughts and intentions but relatively few behavioural prescriptions as one’s eternal status hinges on *belief* rather than *deeds* (Cohen, 2003). On the other hand, Judaism emphasizes action and behavioural adherence more than belief. A Judaic religious text, *Kiddushin 40a*, states that “*a good thought is regarded as a good deed...but He, does not regard a bad thought...as an actual deed*”.

To examine this issue empirically, Siev and Cohen (2007) compared Christians and Jewish (Orthodox, Conservative, Reform) on levels of TAF and reported that Christians scored higher on TAF-Moral and that religiosity only correlated with TAF beliefs in the Christian group. However, they did not find consistent differences on the other TAF subscales – Likelihood-Other, Likelihood-Self, and interpretation of the results was limited by the correlational nature of the design and by the lack of a measure of obsessive-compulsive symptoms. These limitations were partially addressed by a novel study by Berman, Abramowitz, Pardue, and Wheaton (2010). They employed an idiographic approach in which highly religious Protestants and Atheists/Agnostics were asked to generate negative

thoughts about a beloved family member (1. hoping the family member would be in a car accident, and 2. hoping to have sex with the family member) and to rate their associated anxiety, perceived moral acceptability, and perceived likelihood of the thought coming true (Berman et al., 2010). As expected, the Protestant group reported elevated TAF-Moral and engaged in more neutralising acts compared to the Atheist/Agnostic group, but mixed results were found for the in vivo ratings. Rating of anxiety and moral wrongness did not differ between the two groups when responding to the accident target thought, but the Protestant group rated the likelihood of this event occurring higher than the Atheist/Agnostic group. For the incest target thought, ratings of anxiety and likelihood did not differ, but the Protestant group rated the moral wrongness of this thought higher than the Atheist/Agnostic group. While demonstrating that highly religious respondents believed that writing and thinking about certain negative events was morally wrong and increased the likelihood of the event occurring, no measure of OCD was included to rule out a differential response due to OC symptoms. Additionally, Berman et al. (2010) did not include a comparison religious group, therefore the specificity of this effect to Christianity remains unknown. Most recently Inozu, Karanci, and Clark (2012) compared a sample of Christian and Muslim students on measures of OCD symptoms and beliefs. Although TAF beliefs were not assessed, the Authors reported that the observed relationship between religiosity and obsessionality was attenuated when accounting for related beliefs about mental control efforts and responsibility/threat estimation. Despite leading cognitive-behavioural models of OCD that implicate TAF-related appraisals and beliefs in the development and maintenance of the disorder (see Rachman, 1998), to our knowledge no research has experimentally investigated the mediating role of TAF on the relationship between religiosity and OC symptoms and cognitive phenomena.

The current study therefore aimed to provide a more stringent test of the role of TAF in conferring increased responsibility and guilt in particular religious groups by employing an experimental thought-induction protocol in Christian, Jewish, and Atheist/Agnostic religious groups. Based on previous research, it was hypothesized that religiosity (Santa Clara Strength of Religious Faith Questionnaire scores) would correlate with ratings of responsibility, thought-action fusion, and obsessive-compulsive symptoms, but only in the Christian group. It was further hypothesized that the Christian group would report elevated levels of thought-action fusion, particularly in relation to TAF-Moral in comparison to both the Jewish and Atheist/Agnostic group. To the extent that these two proposals were supported, it was further hypothesized that 1) the relationship between religiosity and obsessive-compulsive symptoms would be moderated by religious group, and 2) that response ratings (distress, guilt, responsibility, and efforts to suppress) to the experimental thought-induction protocol would be influenced by thought-action fusion beliefs. More specifically, it was hypothesized that if the indirect effect of religiosity on obsessive-compulsive symptoms via thought-action fusion was conditional (based upon Christian religious group), then the impact of religiosity on response ratings would be mediated by elevated TAF beliefs within this group. Finally, we explored whether response ratings to the experimental thought-induction protocol would differ based on religious affiliation. Based on the mixed findings of Berman et al. (2010), no specific hypotheses were made.

2. Method

2.1. Participants

Participants were 85 first-year Psychology students participating in return for course credit. The sample comprised of 50

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