



Mental contamination: The effects of religiosity



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ABSTRACT

Background and objectives: Mental contamination, which occurs in the absence of contact with a contaminant, has a moral element. Previous studies evoked feelings of mental contamination via listening to a scenario, which described a non-consensual kiss. Since mental contamination has a moral element, we tested the effects of the level of religiosity on feelings of mental contamination and related variables in an experimental design.

Methods: Female undergraduates of high religiosity ($n = 48$) and low religiosity ($n = 44$) were randomly assigned to listen to one of two audio recordings involving a consensual or non-consensual kiss from a man described as moral.

Results: Mental contamination feelings were evoked successfully in both groups. Effects of scenario condition and religiosity level were seen in mental contamination and related negative feelings. Participants who imagined a non-consensual kiss reported greatest feelings of mental contamination, and internal and external negative feelings. More importantly, high religiosity resulted in greater feelings of mental contamination, internal negative feelings, as well as urges to wash and actual washing behaviors.

Limitations: The current study was conducted on non-clinical Muslim females. This limits the generalization of the findings to the wider population.

Conclusions: Mental contamination and related feelings can be seen in different forms at different levels of religiosity.

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1. Introduction

Fear of contamination is most often affiliated with OCD, in which the content of obsessions includes intense and persistent thoughts or doubts about having been polluted or infected as a result of direct or indirect contact with a contaminant. Epidemiological research has indicated that fear of contamination is the most common OCD symptom and approximately 30–50% of patients with OCD experience a persistent fear of contamination and exhibit washing compulsions (Calamari et al., 2004; Foa & Kozak, 1995; Rasmussen & Eisen, 1992). Rachman (1994) pointed out the existence of the phenomenon of mental contamination or mental pollution, in which feelings of contamination can also arise and persist without physical contact with an external, observable contaminant. Even though both types of contamination evoke a strong feelings of dirtiness and an urge to clean oneself or the

surrounding environment, mental contamination has a moral aspect; hence it can elicit a sense of internal dirtiness (Fairbrother & Rachman, 2004; Herba & Rachman, 2007; Rachman, 1994).

Because mental contamination can be triggered by a perceived impurity, immorality, unpleasant memories, and aversive events such as sexual assault (Fairbrother, Newth, & Rachman, 2005), perceived mistreatment (Warnock-Parkes, Salkovskis, & Rachman, 2012), betrayal, or shameful acts (Coughtrey, Shafran, Lee, & Rachman, 2012), Fairbrother et al. (2005) developed a consensual and non-consensual scenario technique for studying mental contamination in a laboratory setting. Subsequent experimental studies that used the paradigm of the “dirty kiss” in non-clinical samples have consistently reported that those in the non-consensual condition reported significantly more feeling of internal dirtiness, felt more negative emotions (e.g., being upset, anxious, angry, ashamed, immoral, and sleazy) and reported a greater urge to wash (e.g., Elliott & Radomsky, 2009, 2012; Fairbrother et al., 2005; Herba & Rachman, 2007; Millar, Salkovskis, & Brown, 2016).

The findings from studies that used the paradigm of the “dirty kiss” support the moral aspect of mental contamination, and drawn

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attention toward whether rigid moral codes and/or strict value systems can predispose some subjects to suffer from more persistent and severe symptoms of mental contamination. [Rachman \(2006\)](#) suggested that if individuals feel that any act, thought, or image has violated one of their own moral standards they can feel mental contamination. Furthermore, in an experimental study with Israeli students ([Doron, Sar-El, & Mikulincer, 2012](#)), even morality is manipulated by a subtle task, participants in morality condition reported more contamination-related behavioral tendencies. Accordingly, [Herba and Rachman \(2007\)](#) examined the individual vulnerability factors for mental contamination including fear of contact contamination, disgust and anxiety sensitivity, fear of negative evaluation, sexual attitudes, and prior experience with unwanted sexual contact. They hypothesized that women with conservative attitudes toward sex would report more severe feelings of mental contamination after a sexual encounter because of conflict with their value system. Although the study failed to find a significant association between sexual attitudes and mental contamination indices, it underlined the importance of identifying variables that serve as predictors of mental contamination to better understand this phenomenon ([Elliott & Radomsky, 2009](#)). [Berman, Wheaton, Fabricant, and Abramowitz \(2012\)](#) extended this work by examining the relationship between mental pollution and three domains: religious, familial, and childhood trauma. Based on Rachman's arguments of the aggravating influence of religiosity on strict morality ([1994](#)), they hypothesized a positive association between mental pollution and degree of religiosity. Contrary to their hypothesis, mental pollution was not associated with religiosity, but was positively associated with exposure to childhood trauma and maladaptive guilt-induction strategies by one's parents. However, because of limited religious variability at the study site, their study was conducted on only members of Christian faith, so evidence for the generalizability of the results to different cultures and religious traditions is unknown. Hence, the authors strongly suggested replication of the findings in those with different religious affiliations.

Previous research suggests that the relationship between religiosity and OCD symptoms (e.g., [Abramowitz, Deacon, Woods, & Tolin, 2004](#); [Sica, Novara, & Sanavio, 2002](#)) and related beliefs (e.g., [Siev, Chambless, & Huppert, 2010](#); [Yorulmaz, Gençöz, & Woody, 2009](#)) might differ across religious practices. For example, [Cohen and Rozin \(2001\)](#) found that religiosity had a stronger association with thought-action fusion (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, Gencoz, and Woody \(2009, 2010\)](#) reported 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. [Inozu, Karanci, and Clark \(2012\)](#) found that highly religious Muslim students reported more severe compulsive symptoms as compared with highly religious Christian students. TAF and mental pollution both involve overestimating the significance and importance of the occurrence and content of thoughts, and the two concepts are positively associated ([Cougle, Lee, Horowitz, Wolitzky-Taylor, & Telch, 2008](#)). Therefore, one might reasonably expect that they would also show a similar relationship with religiosity ([Berman et al., 2012](#)). Although Berman et al.'s study did not find any significant association between mental pollution and religiosity, theirs was a questionnaire study conducted on only Christians. It may be that doctrinal differences among Christianity and other religions underlie these findings. For example, Christianity places higher value on individual conscience and maintaining certain beliefs than Islam ([Favier, O'Brien, & Ingersoll, 2000](#); [Sica et al., 2002](#); [Siev & Cohen, 2007](#)), whereas Islam is more ritualistic and is characterized by many pre-defined

behavioral requisites, rules, and rituals for worshipers to follow ([Ghassemzadeh et al., 2002](#); [Karadağ, Oğuzhanoglu, Özdel, Ateşçi, & Amuk, 2006](#); [Okasha, 2002](#); [Siev & Cohen, 2007](#)). Therefore, it is logical to expect different roles of religiosity in mental contamination across different religious affiliations.

Most of the research on religion and mental contamination is based on Christian, and to a lesser extent, Jewish samples; as such, the generalizability of these results to different cultures and religious traditions is unknown. Therefore, the present study extended previous studies (e.g., [Berman et al., 2012](#)) by examining the relationship between mental pollution and religiosity in Muslim students of high and low religiosity, using a non-consensual kiss paradigm developed by [Fairbrother et al. \(2005\)](#). Since Islam disapproves of physical and sexual intimacies before marriage ([İsrâ 17/32](#), [Furkân 25/68](#), [Mümtehine 60/12](#)), it was hypothesized that highly religious participants would exhibit significantly greater feelings of mental contamination than less religious participants. Based on previous studies, we also predicted that in both consensual and non-consensual kissing conditions, highly religious Muslim students would score significantly higher on all mental contamination indicators (i.e., internal negative emotions, external negative emotions, feeling of dirtiness, urges to wash) than students low in religiosity. Furthermore, while the highly religious group would not differ in mental contamination indicators between consensual and non-consensual kissing conditions, participants of low religiosity would report higher scores on all mental contamination indicators in the non-consensual kissing condition than the consensual kissing condition. We also expected that highly religious participants would generate higher perceived immorality scores for the man in the scenario, feelings of disgust, responsibility beliefs, feelings of violation, and washing behavior than the less religious participants.

2. Method

2.1. Screening study

To generate samples of high and low religiosity, an initial questionnaire screening was conducted of 476 undergraduate students from a large urban university in Turkey. The sample consisted of 67 males (14.1%) and 409 females (85.9%), with a mean age of 20.27 years ($SD = 1.83$). In terms of religious affiliation, 392 (82.4%) were Muslim, 34 (7.1%) were deist, and 24 (5%) were atheist. Twenty-six participants (5.5%) stated their religious affiliation as "other," indicating they pursued their own beliefs. The procedure for defining participants as high and low religiosity was identical to [Inozu, Karanci et al. \(2012\)](#), and [Inozu, Clark, and Karanci \(2012\)](#). The participants were asked to complete a battery of questionnaires, which included a demographics sheet that assessed age, sex, relationship status, ethnicity, religious affiliation, and five questions on religious behaviors and beliefs that assessed how often they attended a place of worship, prayed, read a religious text (Bible, Koran), gave money or volunteered their time, and the importance of religion in guiding their decisions and behaviors on a 5-point rating scale (i.e., 1 = Not at all important, 5 = Extremely Important). The low religiosity group was composed of participants who indicated that religion was not important in guiding their decisions and behaviors (i.e., a rating of 1), whereas the high religiosity group consisted of individuals who rated religious beliefs as very important (4) or extremely important (5) in guiding their decisions and behavior. Students who indicated an interest in further research participation and who met the inclusion criteria for high or low importance of religious beliefs were invited back for the main part of the study. All students provided informed consent before completing the questionnaires.

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