

Scrupulosity and obsessive-compulsive symptoms: Confirmatory factor analysis and validity of the Penn Inventory of Scrupulosity

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Abstract

The current study examined scrupulosity in 352 unselected college students as measured by the 19-item Penn Inventory of Scrupulosity (PIOS). Confirmatory factor analysis yielded support for a two-factor model of the 19-item PIOS. However, item-level analyses provided preliminary support for the validity of a 15-item PIOS (PIOS-R) secondary to the removal of items 2, 6, 15, and 10. The two domains of scrupulosity identified on the PIOS-R consisted of the Fear of Sin and the Fear of God. Both domains and total scrupulosity scores were strongly related to obsessive-compulsive symptoms. Scrupulosity also showed significant, but more modest correlations with a broad range of other measures of psychopathology symptoms (i.e., state anxiety, trait anxiety, negative affect, disgust sensitivity, specific fears). However, only obsessive-compulsive symptoms and trait anxiety contributed unique variance to the prediction of scrupulosity. Examination of specific obsessive-compulsive symptom dimensions revealed that only obsessions contributed unique positive variance to the prediction of Fear of God. However, OCD obsessions, washing, and hoarding symptoms contributed unique positive variance to the prediction of Fear of Sin. These findings are interpreted in the context of future research elucidating the relationship between scrupulosity and obsessive-compulsive symptom dimensions.

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Obsessive-compulsive disorder (OCD) is an anxiety disorder characterized by unwanted anxiety-evoking thoughts, ideas, and images (i.e., obsessions) that are subjectively resisted, and by urges to reduce the anxiety via some form of ritualistic behavior (compulsions). Research and clinical observations reveal that the themes of obsessive-compulsive symptoms vary widely (e.g., contamination, harm, symmetry; McKay et al., 2004), with one oft-observed focus being religion (i.e., *scrupulosity*; Abramowitz, 2001; Foa & Kozak, 1995; Greenberg, Witzum, & Pisante, 1987; Rachman, 1997). Common religious obsessions include the fear that one has or will commit sin (when in fact religious authorities would deem the person as inculpable), intrusive mental images of a blasphemous nature, and fears of punishment by God (Abramowitz, Huppert, Cohen, Tolin, & Cahill, 2002). Associated compulsions involve excessive repeating of religious practices (i.e., excessive praying) and asking for reassurances from clergy. Religious OCD symptoms usually extend beyond the common requirements of religious law and are focused on less central aspects of religion to the point of excluding other more important areas (Greenberg, 1984; Greenberg & Shefler, 2002). To illustrate, a Catholic man obsessively feared being punished by God if his parents did not attend church each Sunday, but thought nothing of lying and swearing to his parents (breaches of the fifth Commandment to honor thy father and mother) in his attempts to coerce them into attending.

Several studies suggest that scrupulosity is a common presentation of OCD. For example, Foa & Kozak (1995) found religion to be the fifth most common theme among 425 individuals with OCD (5.9% of patients endorsed it as their primary obsession). Antony, Downie, and Swinson (1998) also found that 24.2% of a sample of 182 adults and adolescents with OCD reported obsessions having to do with religion. Factor analytic studies have shown that religious obsessions load on a factor with sexual and aggressive obsessions (e.g., Mataix-Cols, Rosario-Campos, & Leckman, 2005; McKay et al., 2004). These factor analytic findings suggest that scrupulosity may represent more of an obsessional rather than compulsive OCD symptom cluster and treatments have been applied accordingly (Greenberg, 1987; Greenberg & Witzum, 2001).

The association between scrupulosity and sexual and aggressive obsessions suggests that an overly stringent moral code may be the link (i.e., sex and aggression is immoral) between the obsessional themes. Indeed, highly devout participants have been shown to report higher levels of scrupulosity (Abramowitz et al., 2002) and studies have shown that strength of religiosity significantly influences OCD symptoms (Abramowitz, Deacon, Woods, & Tolin, 2004; Khanna & Channabasavanna, 1988; Sica, Novara, & Sanavio, 2002). Despite evidence in support of scrupulosity as a unique OCD subtype, there remains a paucity of research examining its characteristic features and clinical correlates. Preliminary studies examining affective correlates suggest that degree of religious devotion in OCD is significantly related to feelings of guilt about committing sinful acts (Steketee, Quay, & White, 1991). There is also some evidence that feelings of disgust towards stimuli with moral implications (i.e., death, unusual sexual practices) are significantly related to scrupulosity (Olatunji, Tolin, Huppert, & Lohr, 2005).

A handful of studies has examined relationships between scrupulosity and OCD-related cognitive variables. For example, Tolin, Abramowitz, Kozak, and Foa (2001) found that in comparison with patients with contamination or symmetry-related obsessions, those with religious obsessions were more likely to show increased perceptual aberration and magical ideation, and decreased insight into the irrationality of obsessional fears. Individuals with intense religious scruples, relative to those with less religiosity, also evidence higher scores on measures of obsessiveness, and on dysfunctional beliefs about the overimportance of thoughts, the need to control unwanted intrusive thoughts, perfectionism, and responsibility (Abramowitz et al., 2004; Sica et al., 2002; Tek & Ulug, 2001). Similarly, Nelson, Abramowitz, Whiteside,

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