



## Scrupulosity and implicit and explicit beliefs about God



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### ARTICLE INFO

#### Article history:

Received 6 April 2015

Received in revised form

17 May 2015

Accepted 19 May 2015

Available online 27 May 2015

#### Keywords:

Religion

Scrupulosity

Implicit

Obsessive-compulsive Disorder

GNAT

### ABSTRACT

Dual-system models of cognition propose that the interplay between analytic and associative cognition determines emotions and behaviors. Scrupulosity, an OCD presentation dominated by religious or moral fears, involves fears that God is unreasonable and punitive, and previous research suggests that individuals with scrupulosity hold more negative concepts of God. The current research assessed if implicit associative aspects of these beliefs are relevant, both to bypass social desirability and to explore the role of non-conscious cognition. Participants were drawn from the Harvard Medical School Study on Judaism and Mental Health and completed an explicit assessment of beliefs about God, a related implicit association task (GNAT), and the Penn Inventory of Scrupulosity. Results indicated that explicit and implicit beliefs did not correlate, and that they both independently correlated with scrupulosity. Regression analyses indicated that only those with high explicit negative beliefs and relatively negative implicit associations reported elevated levels of scrupulosity. Beliefs about God, like other cognitive processes, appear to include both automatic and deliberate components that can be discordant, and symptoms of scrupulosity may require both explicit and implicit negative evaluations. Further research exploring the relevance of dual process models to scrupulosity, OCD, and affective disorders generally, appears warranted and necessary.

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### 1. Introduction

The observation that cognitive processes vary in the degree to which they are automatic and intuitive versus deliberate and reflective has generated a wealth of popular dual-system models (e.g., Gawronski & Bodenhausen, 2006; Kahneman, 2011; Smith & DeCoster, 2000), which posit that the mind is ruled by the interchange between two divergent mental systems – one that utilizes slow, rules-based logical analyses; and a second that employs fast, automatic associations and heuristics. Of course these accounts are not without controversy. For example, many dual-systems theorists suppose that these processes are distinctly organized and qualitatively different, while others suggest that these variations are better understood as dynamic properties of various psychological processes and not as dissociable “systems” (Keren & Schul, 2009). Nevertheless, it is widely acknowledged by all that the mind appears to be composed of a “cacophony of competing voices” (Carey, 2011) that can be reflective and associative to differing

degrees and that both of these methods regulate thought, feelings, and behavior. These ideas have strong parallels with clinical constructs such as automatic thoughts versus cognitive disputation (Beck, 1995), the emotional mind versus the rationale mind (Linehan, 2015), and emotionally driven versus goal directed behavior (Ellard, Fairholme, Boisseau, Farchione, & Barlow, 2010).

This notion of divergent conscious/non-conscious cognitive processes is particularly salient in domains such as stereotypes and discrimination where strongly-held and socially-sanctioned beliefs often are contradicted by experimentally manipulated behavior. Thus, the notion of distinguishing deliberate “explicit” attitudes from automatic “implicit” attitudes has been increasingly employed over the past two decades with fruitful results (Greenwald, Poehlman, Uhlmann, & Banaji, 2009). Several paradigms have been developed to measure these implicit attitudes such as sequential priming (Fazio, Jackson, Dunton, & Williams, 1995), the implicit association task (IAT; Greenwald, McGhee, & Schwartz, 1998), and the Go-No-Go Association Task (GNAT; Nosek & Banaji, 2001). While the theoretical meaning of these implicit attitudes is the subject of some controversy (De Houwer, Teige-Mocigemba, Spruyt, & Moors, 2009), it is by now firmly established that the IAT, GNAT and similar tools are pragmatic methods to assess for non-conscious attitudes and have considerable predictive validity as

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well as sensitivity to individual differences (Nosek & Greenwald, 2009). In this regard, implicit tasks may be ideally suited for measuring non-conscious psychopathology-related attitudes and cognitions.

Accordingly, over the past decade, there has been a surge of interest in applying these models and methods to psychopathology. A review of this literature conducted by Roefs et al. (2011) identified dozens of studies in diverse domains of psychopathology such as specific phobia, depression, and panic disorder that assessed implicit cognitions or attitudes. Although findings were somewhat inconsistent and validity of some implicit measures appeared questionable, this review concluded that those with particular disorders generally display related implicit associations, experimental manipulations of disorder-relevant states influence implicit measures, and implicit measures significantly predict specific psychopathological behaviors. The current study aimed to extend these theories and findings to scrupulosity in OCD.

### 1.1. Scrupulosity in OCD

Obsessive-compulsive disorder (OCD) is characterized by obsessions, which are recurrent, unwanted intrusive thoughts images, or urges that cause distress, and compulsions, which are repetitive behaviors or thoughts performed to reduce distress or prevent feared consequences (American Psychiatric Association, 2013). Scrupulosity is an OCD presentation in which religious or moral fears are prominent. OCD is heterogeneous, and although several symptom dimensions or subtypes are common (contamination, responsibility for harm, unacceptable thoughts, symmetry/exactness; e.g., Bloch, Landeros-Weisenberger, Rosario, Pittenger, & Leckman, 2008), core fears relating to religion or morality can manifest in any of them. For example, one scrupulous individual may obsess about contamination (i.e., contamination symptom dimension) with a religious theme or consequence (e.g., ritual impurity, sin, hell). Another may fear intrusive thoughts about wishing harm on friend (i.e., unacceptable thoughts symptom dimension) lest they render him immoral and worthy of Divine punishment. Therefore, scrupulosity is a category of core fear rather than a symptom subtype, per se, and can be associated with any symptom dimension (Siev & Huppert, in press).

Scrupulosity is perhaps the paradigmatic example of psychopathology entangled with culture and values. Obsessions focus on religious beliefs, behaviors, and outcomes, and the disorder can prove difficult to distinguish from the religion for patients and therapists alike (Rosmarin, Pirutinsky, & Siev, 2010). OCD masquerades as religion, with obsessions taking on the form of religious concerns, and compulsions hiding as religious ritual. Indeed, clinicians often struggle with treating scrupulosity, which is associated with poor treatment outcome in several studies of cognitive-behavioral therapy and pharmacotherapy (e.g., Alonso et al., 2001; Ferrão et al., 2006; Rufer, Grothausen, Mass, Peter, & Hand, 2005).

Although scrupulosity is usually related to religion, efforts to examine religious variables as causal risk factors for clinically meaningful symptoms of OCD have not yielded any evidence that religion leads to OCD (see, e.g., Huppert, Siev, & Kushner, 2007). Instead, religion influences the manifestation of symptoms among individuals who have OCD, and studies demonstrate that OCD symptoms with religious themes are common among highly religious individuals with OCD (e.g., Greenberg & Shelfer, 2002). On the other hand, many scrupulous individuals have fears that seem to imply that they believe that God is unreasonable or punitive, or at least strongly fear that that possibility. For example, an individual who fears going to Hell for violating the unpardonable sin by inadvertently disrespecting the Holy Ghost during everyday activities seems to imagine that God may see fit to exact eternal,

extreme punishment for something minor and unintended without considering the circumstances or intent of the perpetrator. As so characterized, God appears punitive and harsh, rather than understanding or forgiving, and these beliefs often contradict religious tradition and appear to be a key cognitive facet of scrupulosity.

Siev, Baer, and Minichiello (2011) therefore investigated beliefs about God among individuals with scrupulosity. They found that a more negative concept of God was associated with greater severity of scrupulosity; in contrast, a positive concept of God was unrelated to scrupulosity severity. However, Siev et al. (2011) measured explicit concepts of God by asking participants to rate their agreement with 13 descriptor words (e.g., *terrifying*, *compassionate*), and as discussed above, self-report scales directly access only conscious deliberate cognitive processes. This may be particularly limiting when measuring beliefs regarding God, since individuals may report the theological or philosophical “right answer” even if they do not implicitly experience God that way. For instance, someone may intellectually believe or have learned that God is compassionate and loving and therefore endorse agreement with *compassionate* and *loving* as descriptors of God, even without experiencing God as such personally. Similarly, one may believe that God is jealous and vengeful and rate Him as such, but not experience fear or anxiety about religion. Moreover, given the strength of religious social expectations in many cultures, responses to self-report scales measuring any aspect of religion and spirituality may be strongly influenced by social desirability and demand characteristics (Sedikides & Gebauer, 2010).

### 1.2. Interactions between implicit and explicit beliefs

If, as hypothesized, implicit and explicit beliefs relate to scrupulosity, various predictive models that explain their joint relationship are possible. For example, the model may be additive such that both implicit and explicit beliefs independently contribute to higher scrupulosity. Or, the relationship can be multiplicative such that only those with both negative implicit and explicit beliefs report higher scrupulosity. Previous research in other domains (Perugini, 2005) suggests that dual process effects are domain specific and in some areas their influence may be additive and in other multiplicative. For example, higher rates of smoking are found only among those with both positive implicit and explicit attitudes towards smoking (multiplicative model; Perugini, 2005), while for personality implicit and explicit measures incrementally predict behavior (additive model; Back, Schmukle, & Egloff, 2009). Thus, the current study also explored whether an additive or multiplicative models most accurately described the relationship between implicit and explicit belief and scrupulosity.

### 1.3. Current study

Given the prominence of religious beliefs in scrupulosity and the limited research described above, the current study aimed to utilize both self-report measures and a performance-based task (Positive–Negative God Go/No Go Association Task, Pirutinsky & Rosmarin, 2015) to assess the degree to which explicit beliefs and implicit associations to God relate to symptoms of scrupulosity in a community sample. We tested these ideas in the context of a larger study conducted exclusively within the Jewish community. Based on the research described above, we proposed two specific hypotheses: (A) given the strong theological and social pressures on explicit beliefs, explicit beliefs and implicit associations to God will only be weakly related; and (B) given previous research demonstrating the relevance of implicit processes to psychopathology and research correlating beliefs about God with scrupulosity,

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