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Magical thinking and obsessive–compulsive symptoms in Australia and Iceland: A cross-cultural comparison

Fjöla Dögg Helgadóttir^{a,*}, Ross G. Menzies^b, Danielle A. Einstein^c^a Department of Psychiatry, The University of Oxford, Warneford Hospital, Oxford OX3 7JX, United Kingdom^b Discipline of Behavioural and Social Sciences in Health, The University of Sydney, Australia^c Centre for Emotional Health, Macquarie University, Sydney, Australia

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ABSTRACT

A unique relationship between obsessive–compulsive symptoms and magical thinking has previously been discovered in both Australian undergraduate samples and a clinical sample. The aim of this paper is to explore the cultural dependency of this relationship. Icelandic culture was selected due to evidence of an elevated belief in telepathy and the paranormal. An Icelandic undergraduate sample was gender and age matched to an Australian sample from the [Einstein and Menzies study \(2004b\)](#). Results indicate that the Icelandic sample had significantly higher magical thinking, superstitious thinking, obsessive–compulsive symptoms, but was not significantly different for superstitious behaviour and the TAF-Likelihood questionnaires. In a forced simultaneous regression with obsessive–compulsive symptoms as the dependent variable, only two subscales of the DASS, stress and anxiety, as well as magical thinking continued to be correlated with obsessive–compulsive symptoms. In conclusion, magical thinking is a core construct in obsessive–compulsive symptomatology, and this relationship appears to cross cultural boundaries. In particular, a sample of Icelanders with higher levels of magical thinking also demonstrated higher levels of obsessive–compulsive symptoms.

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1. Introduction

Magical thinking (MT), in Western society, involves attributing the causality of events to forces not explained by the known laws of physics. Common examples include belief in the paranormal, astrology and dream interpretations. [Einstein and Menzies \(2004b\)](#) argue that the lack of direct investigations into the role MT in Obsessive–Compulsive Disorder (OCD) is due to the variety of terms affiliated to MT, such as psychosis proneness ([Thalbourne, 1985, 1994](#)), superstitious thinking ([Frost et al., 1993](#); [Leonard, Coldberger, Rapoport, Cheslow, & Swedo, 1990](#); [Shafraan, 1998](#)) and Thought Action Fusion (TAF) ([Rachman, 1993](#); [Rassin, Merckelbach, Muris, & Spaan, 1999](#); [Shafraan, Thordarson, & Rachman, 1996](#)). One of the most widely discussed constructs in the literature of cognitive behaviour therapy (CBT) for OCD is TAF and refers to the habit demonstrated by individuals with OCD rather than OCD individuals to fuse their thoughts with events.

When MT is held constant the relationship between TAF and OCD is found to be spurious, both in clinical ([Einstein & Menzies, 2004a](#)) and non-clinical ([Einstein & Menzies, 2004b](#)) populations. Furthermore, [Rees, Draper and Davis \(2010\)](#) conducted similar research in a

non-clinical sample and found that both MI and TAF had predictive power in explaining obsessive–compulsive symptoms. Nevertheless, MI had stronger predictive value for obsessive–compulsive symptoms than TAF. Finally, preliminary data suggest that targeting MT directly in cognitive therapy can significantly improve obsessive–compulsive symptoms ([Einstein, Menzies, St Clare, Drobny, & Helgadóttir, 2011](#)), without targeting the OCD directly.

To date, little research has explored possible cultural differences in levels of MT and its relationship to obsessive–compulsive symptom proneness. [Einstein and Menzies \(2004b\)](#) urged researchers to explore cross-cultural differences. Icelanders are an interesting case study, as they are more likely than individuals from other Nordic nations to report being superstitious, and are less likely to rule out the existence of ghosts and elves. In the World Value Survey (which included, among other countries, Scandinavian nations such as Finland, Norway, Sweden and Denmark), 78 per cent of Icelanders reported believing in life after death. This is much higher than in the other Nordic nations ([European and World Values Surveys Four-Wave, 2006](#)). Furthermore, studies of respondents in Iceland conducted in 1974, 2006, and 2007 confirmed strong beliefs in paranormal phenomena, telepathy, and fortune telling ([Gunnell, 2007](#); [Haraldsson, 2007](#)). For example, in the survey from 2006 including 662 people, only 2% reported that sending a telepathic message to other people was beyond possibility. This result holds across different genders,

* Corresponding author. Tel.: +44 1865 226234.

E-mail address: fjola.helgadottir@psych.ox.ac.uk (F.D. Helgadóttir).

ages and levels of education (Arnalds, Garðarsdóttir, & Teitsdóttir, 2008). One possible explanation for these peculiar phenomena is Iceland's unique cultural history. For example, there is a strong heritage in the traditional Icelandic sagas, which are high in magical content. Another possible explanation is related to Iceland's history as a nation dependent on dangerous open ocean fishing. Jahoda (1969, p. 127) explains how the anthropologist Bronislaw Malinowski observed that societies that caught fish in safe and easy locations, such as lagoons, were typically not associated with magical practises. However, those societies that relied on fishing in highly uncertain and hazardous circumstances were more likely to engage in magical rituals.

The first hypothesis of this study is that the prevalence of MT, as measured by the Magical Ideation Scale (MIS; Eckblad & Chapman, 1983), in an Icelandic population is expected to be higher than in a gender and age matched sample from the Einstein and Menzies study (2004b). Further, it was expected that related measures of Thought Action Fusion (Shafran et al., 1996) and superstition beliefs and behaviours (Frost et al., 1993) would also be higher in the Icelandic sample. The second hypothesis is that given the active relationship between MT and obsessive–compulsive symptoms, obsessive–compulsive symptoms should also be higher in the portion of the Icelandic sample with high MT measures. Finally, given the mounting evidence from regression studies that MT is the primary cognitive feature of some obsessive–compulsive symptoms (Amir, Freshman, Ramsey, Neary, & Brigidi, 2001; Einstein & Menzies, 2004a, 2004b; Einstein and Menzies, 2006, 2008; Einstein et al., 2011; Rees et al., 2010), it was hypothesised that MT would demonstrate a stronger relationship than other constructs, such as TAF and superstitious thinking, in the Icelandic sample.

2. Method

2.1. Participants

In total, 100 Icelandic university students responded to a call for participation. The aim of the data collection was to gather Icelandic participants who would be comparable with the dataset from the Einstein and Menzies (2004b) study. Of the 100 volunteers, 80 Icelandic participants were selected so that the gender and age characteristics of the sample would be consistent with the sample from the 2004b Australian study. The mean age of the Icelandic sample was 22.6 years ($SD=1.7$), and 74% were women. The mean age of the sample from the 2004b Australian study was 22.1 ($SD=2.0$), and 65% were women.

2.2. Procedure

Participants were recruited by an email that was sent to 700 students at the University of Iceland. In the email they were asked to volunteer to participate in a study that involved answering five online questionnaires, with a total of 211 questions. The participants were required to answer all questions in a single sitting, which took approximately 10–15 min to complete. The ethics committee of the Faculty of Social Sciences at the University of Iceland approved of the study.

2.3. Measures

The measures below were chosen to correspond with the measures used by Einstein and Menzies (2004b). In addition to these, the Depression Anxiety and Stress Scale (DASS) was included in the survey to explore its relationship with obsessive–compulsive symptoms. The scales were translated into Icelandic and then back-translated to confirm the accuracy of the initial translation.

Magical Ideation Scale (MIS Scale; Eckblad & Chapman, 1983). The MI Scale consists of 30 true–false items exploring beliefs in a number of MT aspects (e.g. thought transmission, spirit influences, astrology, good luck charms, and psychic energy). A sample item includes: "Horoscopes are right too often for it to be a coincidence". The scale was originally designed as a measure of psychosis proneness. It has demonstrated construct validity as a measure of schizotypy (Chapman & Chapman, 1985; Chapman, Chapman, & Miller, 1982), and adequate internal consistency (Eckblad & Chapman, 1983; Norman, Davies, Malla, Cortese, & Nicholson, 1996).

Lucky Beliefs Questionnaire (Lbel; Frost et al., 1993). The Lbel consists of 30 items, scored on a 5-point Likert scale, concerning a variety of superstitious beliefs. The measure was generated from a semi-structured interview on superstition and has particularly strong internal consistency of .95 (Frost et al., 1993).

Lucky Behaviours Questionnaire (Lbeh; Frost et al., 1993). The Lbeh is a companion to the Lbel. Like the Lbel, it consists of 30 items scored on a 5-point Likert scale. Items refer to superstitious behaviours carried out in response to superstitious beliefs. Subjects rate the frequency with which they engage in such behaviours. Internal consistency for the Lbeh is particularly strong (Frost et al., 1993).

Thought Action Fusion Scale (Revised) (TAF-R; Shafran et al., 1996) The TAF-R consists of 19 items divided into three scales. The TAF-Moral Scale assesses the belief that experiencing an intrusive thought is as morally unacceptable as acting on the thought. The TAF-Likelihood for Others Scale assesses the belief that an unacceptable thought about a negative event occurring to others makes the event more probable. The TAF-Likelihood for Self Scale assesses the belief that having an unacceptable thought about a negative event occurring to oneself makes the event more probable. The measure has been demonstrated to possess adequate reliability in student, adult and obsessional samples (Shafran et al., 1996).

Padua Inventory (PI; Sanavio, 1988). The PI consists of 60 items covering the full range of OCD symptomatology, and measures the severity of each symptom on a 0–4 point Likert Scale. It was developed as a measure of OCD proneness for use in normal samples. The instrument has adequate levels of internal consistency, test–retest reliability and convergent validity (Feske & Chamless, 2000; Macdonald & de Silva, 1999). Two-factor analytic studies have suggested four component scales: (1) checking behaviour; (2) impaired control over mental activities; (3) contamination concerns, and (4) fear of losing motor control (Norman et al., 1996; Sanavio, 1988).

Depression, Anxiety and Stress Scale (DASS; Lovibond and Lovibond, 1995a, 1995b). The DASS consists of 42 items divided into three scales. The response format is a 4-point scale measuring the frequency of an event in the preceding week. The answers range from "Did not apply to me at all" to "Applied to me very much, or most of the time". The scale aims to capture three dimensions of negative emotional states: depression, anxiety, and stress/tension. The instrument has excellent internal consistency and a replicable three-factor structure (Antony, Bieling, Cox, Enns, & Swinson, 1998; Brown, Chorpita, Korotitsch, & Barlow, 1997; Crawford & Henry, 2003).

3. Results

The Icelandic sample had significantly higher rates of MT compared to the Australian sample (see Table 1). A significant difference was also found in superstitious thinking and symptoms

Table 1
Comparison between Icelandic and Australian undergraduate sample.

	Icelandic sample (n=80)	Australian sample (n=80)	Significance
Magical ideation (MI)**	6.8 (4.4)	4.9 (3.4)	$F=9.016, p=.003$
Padua inventory (PI)**	31.5 (28.7)	20.53 (18.6)	$F=8.210, p=.005$
Superstitious thinking (Lbel)*	48.5 (20.9)	41.8 (12.1)	$F=6.081, p=.015$
Superstitious behaviour (Lbeh)	51.1 (15.0)	50.1 (14.6)	$F=.0370, p=.847$
TAF-Moral**	14.7 (9.9)	19 (9.5)	$F=7.807, p=.006$
TAF-Self	2.5 (3.0)	1.9 (2.6)	$F=1.987, p=.161$
TAF-Other	1.8 (3.3)	1.5 (2.5)	$F=.310, p=.576$

** Indicates statistical significance at the .01 level.

* Indicates statistical significance at the .05 level.

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