



Obsessional beliefs, religious beliefs, and scrupulosity among fundamental Protestant Christians



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ABSTRACT

While there has been substantial speculation about the relationship between scrupulosity and religion in the literature, few studies have directly examined this topic in non-clinical religious communities. The purpose of the present study is to examine obsessional beliefs, scrupulosity, and religious beliefs in a relatively large, homogeneous sample of fundamental Protestant Christians. In addition, this study included validated measures of religious commitment, level of religious fundamentalism, and degree of spiritual well-being. Results support the hypotheses that scrupulosity would be positively correlated with obsessional beliefs and negatively correlated with religious commitment and spiritual well-being. However, contrary to expectations, religious fundamentalism was not significantly related to scrupulosity. Implications of the findings are discussed.

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1. Introduction

Obsessions and compulsions containing religious themes, hypermorality, pathological doubt and worry about sin, and excessive religious behavior are referred to in the psychological literature as scrupulosity (Abramowitz, Huppert, Cohen, Tolin, & Cahill, 2002; Greenberg & Witzum, 2001). From the writings of Freud (1907) to recent times, there has been speculation that individuals from conservative religious groups, such as fundamental Protestant Christians, may be inclined to develop obsessive-compulsive disorder (OCD) in general, and scrupulosity (OCD-S) in particular (Rachman, 1997; Rasmussen & Tsuang, 1986; Steketee, Quay, & White, 1991). Studies have found that Protestant Christians may be particularly likely to hold beliefs that make them vulnerable to obsessional complaints (Abramowitz, Deacon, Woods, & Tolin, 2004; Berman, Abramowitz, Pardue, & Wheaton, 2010; Rassin & Koster, 2003). However, to date, no research has investigated associations between OCD-S, obsessional beliefs, and religious beliefs in a sample of fundamental Protestant Christians.

One relevant area of investigation is research on the relationship between obsessional beliefs and OCD. Obsessional beliefs are general propositions that may lead to the misappraisal of intrusive thoughts and have been proposed to be linked to the development and maintenance of OCD (OCCWG, 1997). A number of studies have documented a positive relationship between obsessional beliefs and OCD (Tolin, Brady, & Hannan, 2008; Tolin, Woods, & Abramowitz, 2003). Studies have also shown that obsessional beliefs are positively correlated with OCD-S in both non-clinical samples (Gonsalvez, Hains, and Stoyles, 2010) and patients with OCD (Nelson, Abramowitz, Whiteside, & Deacon, 2006). To date, no studies have examined obsessional beliefs specifically in a clinically-identified sample of patients with OCD-S.

Several authors have proposed that degree of religiosity (i.e., strength of religious adherence) is associated with OCD or OCD-S, however, research findings have been mixed. Some studies have found no relationship between religiosity and OCD/OCD-S (Nelson et al., 2006; Raphael, Rani, Bale, & Drummond, 1996; Rife & Lester, 1997; Tek & Ulug, 2001), while others have reported a significant relationship (Abramowitz et al., 2004; Corcoran & Woody, 2009; Sica, Novara, & Sanavio, 2002; Yorulmaz, Gencoz, & Woody, 2009). There are numerous potential reasons for inconsistent findings, including difficulty operationalizing and measuring a multifaceted construct like religiosity (Hill & Hood, 1999; Hill, 2005) and the broad array of research designs used in these studies. For example, religiosity was sometimes operationalized by behavioral criteria (e.g., church attendance) and other times defined as a self-appraisal

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(e.g., “How important are your religious beliefs to you?”). For the sake of clarity, the present study examines “religiosity” using *Worthington et al.’s* (2003) definition of “religious commitment,” specifically, “the degree to which a person adheres to his or her religious values, beliefs, and practices and uses them in daily living” (p. 85). Additional research is clearly needed to clarify the relationship between religiosity and OCD or OCD–S.

In addition to the small number of investigations that focus squarely on OCD–S, another limitation of the extant literature is lack of attention to concepts that may be related to, but distinct from, religiosity. Religious fundamentalism, for example, has sometimes been used interchangeably in the literature with the term religiosity. However, the two variables are not identical constructs. In contrast to religiosity, religious fundamentalism can be defined in the following way:

The belief that there is one set of religious teachings that clearly contains the fundamental, basic, intrinsic, essential, inerrant truth about humanity and deity; that this essential truth is fundamentally opposed by forces of evil which must be vigorously fought; that this truth must be followed today according to fundamental, unchangeable practices of the past; and that those who believe and follow these fundamental teachings have a special relationship with the deity. (Altemeyer & Hunsberger, 1992, p. 118).

In addition, although religiosity and religious fundamentalism may be related, it cannot be assumed that the relationship between religiosity and OCD–S is identical to that of fundamentalism and OCD–S. Several authors (*Rachman, 1997; Rasmussen & Tsuang, 1986; Salkovskis, Shafran, Rachman, & Freeston, 1999; Steketee et al., 1991*) have suggested that individuals from rigid, conservative, or fundamental religious backgrounds may have a tendency to develop OCD or OCD–S, but this topic has not been adequately examined.

Another potentially relevant concept, spiritual well-being, is referred to in the literature as the “perceived spiritual quality of life, as understood in two senses a religious sense and an existential sense” (*Paloutzian & Ellison, 1991, p. 2*). In contrast to religiosity, spiritual well-being involves people’s feelings about their relationship with God (or what they understand to be their spiritual being) and their quality of life satisfaction and purpose in life. To clergy or clinicians unfamiliar with OCD–S, the disorder could be misinterpreted as extreme religious devotion and the negative impact of OCD–S on emotional and spiritual functioning could be underestimated.

Very little is known about the relationship between spiritual well-being and OCD–S. It is reasonable to suggest, however, that OCD–S would have a negative impact on an individual’s spiritual well-being. There is some evidence that psychiatric symptoms (including OCD) are less severe in individuals with positive views and beliefs about life after death (*Flannelly, Ellison, Galek, & Koenig, 2008*). A study of an OCD sample found individuals with OCD–S were more likely to report that symptoms negatively impacted their religious experience than individuals with non-scrupulous OCD (*Siev, Baer, & Minichiello, 2011*). In addition, individuals with OCD–S who had a more negative concept of God tended to have more severe symptoms. These findings are consistent with studies that have suggested mental illness can interfere with healthy religious practice (*Lowe & Braaten, 1966; Stark, 1971*) and that individuals with OCD are more likely to experience religious conflict than other psychiatric groups (*Higgins, Pollard, & Merkel, 1992*). Nonetheless, to date, no studies have specifically examined the relationship between spiritual well-being and OCD or OCD–S.

The focus of the present study is on fundamental Protestant Christians. A diversity of denominations falls under the rubric of fundamental Protestant Christians, from fundamental Pentecostals to the Amish (*Hood, Hill, & Williamson, 2005*). *Ammerman* (1994) noted five core beliefs central to Protestant Christian fundamentalism: (a) evangelism (i.e., reaching out to “unbelievers” in order to help them become converted); (b) premillennialism (i.e., beliefs about the imminent apocalyptic destruction of the world and the second coming of Christ); (c) separatism (i.e., lives of believers should be distinct from nonbelievers — “unspotted from the world”); (d) inerrancy of scripture (i.e., the Bible is considered to be the inspired word of God and is without error); and (e) Biblical literalism (i.e., the words of the Bible are to be followed to the letter and not to be ignored).

Although no studies have focused specifically on OCD or obsessive-compulsive symptoms in fundamental Protestant Christians, some prior findings are relevant to the present investigation. Research has suggested that religious beliefs and affiliation may influence the salience of obsessional beliefs (*Siev & Cohen, 2007; Siev, Chambless, & Huppert, 2010*) and the degree to which certain types of OCD symptoms are expressed (*Abramowitz et al., 2002; Gonsalvez et al., 2010*). Protestant religiosity tends to place high value and morality on thoughts, motives, and intentions while Jewish religiosity tends to place emphasis on behavior and ritual (*Cohen & Rozin, 2001; Cohen, Hall, Koenig, & Meador, 2005*). Highly religious Protestants have been found to hold stronger beliefs about the significance of their thoughts (especially importance and control of thoughts) than do Catholic or non-religious individuals (*Abramowitz et al., 2004*). Findings that individuals who view intrusive thoughts as immoral may be inclined to respond to their intrusions by performing compulsions (*Valentiner & Smith, 2008*) may have important implications for highly religious Protestants.

Despite a growing number of studies on OCD–S in recent years (for a summary see *Miller & Hedges, 2008*), the literature is characterized by a notable absence of research using fundamental Protestant Christian samples, over-reliance on the use of college students samples, comparison groups compromised of heterogeneous religious traditions (e.g., Protestant, Catholic, Jewish), and non-validated measures of religious factors. The present study was designed to help address some gaps in the current literature by assessing a relatively large, homogeneous sample of fundamental Protestant Christians using validated measures of obsessional beliefs, religious beliefs (including religious fundamentalism, religious commitment, and spiritual well-being), general obsessive-compulsive symptoms (G-OCS), and scrupulosity obsessive-compulsive symptoms (S-OCS). Based on previous research and speculation in the literature, it was hypothesized that a positive correlation would be found between S-OCS and obsessional beliefs (*Hypothesis 1*) and religious fundamentalism (*Hypothesis 2*). Conversely, it was hypothesized that a negative relationship would be found between S-OCS and religious commitment, or religiosity, (*Hypothesis 3*) and spiritual well-being (*Hypothesis 4*), based on the perspective that increasing S-OCS would be related to distress and impairment and not facilitation of religious beliefs and practice. In order to inform future research, the present study also provides normative data on this sample of fundamental Protestant Christians.

2. Method

2.1. Participants

Participants were 302 adult members of a fundamental Protestant Christian denomination located in the United States. The denomination is of the Anabaptist tradition and, consistent with *Ammerman* (1994), holds to the five core beliefs central to Protestant Christian fundamentalism: (a) evangelism, (b) premillennialism,

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