Original Article

The Relationship between Obsessive-Compulsive Symptoms and Religious Attitudes

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Abstract

Objective: This study aimed to examine the relationship between obsessive compulsive symptoms and religious attitudes. **Method:** A total of 80 people, 40 females and 40 males, randomly selected between the ages of 18 and 65 participated in the study. Participants were given Sociodemographic Information Form, the Padua Inventory, and Ok Religious Attitude Scale. **Results:** Based on the findings, there was no statistically significant relationship between obsessive compulsive symptoms subscales and religious attitudes. According to results related to sociodemographic variables, no statistically significant difference was found between sociodemographic variables of the participants and obsessive compulsive symptoms. No statistically significant difference was found between the religious attitudes of the participants and their sociodemographic variables. **Conclusion:** Because the number of study for understanding these variable is limited in Turkey, It can be considered that the findings of the study related to obsessive-compulsive symptoms and religious attitudes is contributive in terms of providing further information for future research.

Keywords: *Obsessive-compulsive disorder, obsessive-compulsive symptoms, religious attitudes, religious compulsions, religious obsessions*

Introduction

Obsessive-compulsive disorder (OCD) is a psychiatric disorder caused by neurobiological dysfunctions. Obsession is a collection of all kinds of dreams, impulses, and thoughts that are a product of the individual's own mind, involuntarily and repetitive, persistent, and compelling. This situation is an event that specifically influences the functionality of the individual. Therefore, the individual tries to get rid of, remove, or keep this disturbing event from his mind, but on the contrary, this event occupies the mind of the individual.[1] The average age of onset of OCD is between 20 and 26, and symptoms usually settle in 2/3 of patients before the age of 25.[2]

Religious obsessions and compulsions, which are a subtype of OCD, are seen in an average of 5% of OCD patients.[3] Examples of the most common religious obsessions are blasphemy and disrespect for God and other religious elements, doubting, fear of doing things that are considered sin, the thought of being a sinner and having sinned without being aware of it, and obsessions that occur during washing rituals during preparation for prayers. Obsessions during the period can be listed as obsessions related to the fulfillment of any religious decree. Examples of common religious compulsions are repentance, prayer and repetition compulsions, and compulsions that occur in cleansing rituals.

OCD was once believed to be an uncommon disease.[4] Although there is no definite information about the process and onset of OCD, certain approaches have made proving statements. Accordingly, it has been discussed that OCD is not a homogeneous disease, that is, it is a heterogeneous condition.[5] The effects of social factors in the etiology of OCD have not yet been revealed in terms of

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its uncertainty. However, there is information about the social or environmental effects that may have role in the etiology of obsessive-compulsive personality.[6] Based on the few studies conducted about the related topic, it is thought that cultural differences may play a role in OCD etiology. However, no gender difference was found in OCD prevalence.[7]

OCD and religion have long been linked in the psychology research. However, the relationship between the two is still not fully understood.[8] Studies on the relationship between religiosity and religion based on OCD have often been conducted with Jewish or Christian participants selected from Western countries. There are very few comparative studies that Muslims have participated.[3]

It has been suggested that religion may play an important role in the development of some of the OCD cases. OCD can be seen commonly in people who have been raised as strictly religious.[9] Ritualistic practices (such as repetitive prayer) common in the Catholic faith were thought to be associated with increased OCD rates in sensitive individuals.[10] In fact, according to a study conducted in Egypt, the role of religious upbringing was clearly seen in the etiology of OCD.[4] While some of the studies on this topic indicate that OCD and religiosity are related to each other, some studies cannot find a relationship.[11]

Studies conducted in our country on this participant have shown that the reason for the lower rate of religious OCD compared to other countries (such as Saudi Arabia and Egypt) of the same religion; religious life and the concept in Turkey, people's role in influencing their living by understanding of religious factors in being at a different level in these countries, interpretation and may influence conditions such as sectarian changes brings to mind.[12]

In a study conducted in 2009, no significant difference was found between the level of obsessive thoughts and OCD symptoms between Turkish students and Canadian students. However, the rate of religious obsession between Turkish students and Canadian students was higher for Turkish students. When the groups were examined about obsession subscales, there was no difference between the two groups in the levels of obsession and compulsion symptoms, while significant findings were found about cultural differences between the two groups in the subscales of religious obsessions and obsessive thoughts. A significant positive correlation was found between religiousness level and religious obsession severity, OCD symptoms, and beliefs. This result supports similar previous studies.[3]

In another study conducted in Turkey on religious obsessions and compulsions in 2013, the rate of religious obsession in women was almost two and a half times higher than men, when obsessions were evaluated, it was found that 100% of obsessions of blasphemy and disobedience against God and an obsession of doubting was 71%. It was found mostly in men. Compulsions occurring during prayers with washing behavior were more common in women.[13]

This study is important in terms of helping to provide the necessary support for future studies on similar issues and to bring the subject of obsessive-compulsive symptoms and religious attitudes, which have been studied in a very limited number in our country, to the literature.

Considering in the context of the relevant literature, the purpose of this study is to examine the relationship between obsessive-compulsive symptoms and religious attitude.

Methods

The ethics committee approval has been obtained from the Uskudar University Committee on Non-Interventional Research Ethics (B.08.6.YÖK.2.ÜS.0.05.0.06/2018/965).

Ethics committee approval was obtained for this study, and informed consent forms were signed by all participants.

Mimar Sinan district in Kocaeli which is a province Korfez district was chosen as the center of the study for the sample group in this study. In the region selected as the research center, 80 people (40 women and 40 men) older than 18 and under 65 participated in the study. The inclusion criteria were determined as being in the 18 and 65 age range, being literate, and volunteering to participate in the study.

The study was conducted with randomly selected people in this specified region. Participants were first informed about the identity and qualification of the person conducting the study and then about the study to be conducted.

Measurement Instruments

Sociodemographic information form

The sociodemographic information form is a 7-item form (gender, age, marital status, educational status, employment status, occupation, and chronic illness) prepared by the researcher to determine the points that may affect or be related to the hypotheses in the study.

Padua inventory

The Padua Inventory is a scale that helps patients with OCD to determine the predominant symptom, as well as measuring the severity of the disease in general. Padua Inventory consists of 60 questions. These questions were created by selecting from among 200 different symptoms indicated by patients with OCD. Each question consists of 5 answers and only one is selected and answered. Each question is scored between 0 and 4 points according to the answer type. The way of answering the questions and scoring; It has been prepared as None (0) points, Very little (1) points, A lot (2) points, Quite a lot (3) points, and Excessive (4) points.[14] Since there is no overall cutoff score in the Padua Inventory, the average categories for the scores in this study were organized.

According to the scoring stated by Tan,[1] in this study, a category was prepared as follows, which is not certain but dependent on the estimation and average scoring:

- 0–40 average score = normal
- Average score of 41–70 = obsessive above than average
- Average score 71–85 = obsessive
- Average score of 86 and above = severely obsessive.

For subscales, subscales based on imprecise estimation and mean scoring are categorized as follows.

There are a total of 11 questions in the contemplation subscale, and the total score range that can be taken is 0–44 points. According to this score, an approximate average was taken and according to this, the 0–11 mean score range is normal; the 12–22 average score range is a little more obsessive than normal; the 23–33 average score range is obsessive; and the 34–44 average score range is seriously obsessive. It was calculated according to the subscale of having thoughts. There are a total of 10 questions in the washing/contamination subscale, and the total score range that can be obtained is 0–40 points. According to this score, an average score was taken and accordingly, the 0–10 mean score range is normal; the 11–20 average score range is a little more obsessive than normal; the 21–30 average score range is obsessive; and the 31–40 average score range is seriously obsessive. It was calculated according to the washing subscale. There are 8 questions in total in the control subscale, and the total score range that can be taken is 0–32 points. According to this score, an approximate average was taken and according to this, the 0–8 mean score range is normal; the 9–16 average score range is a little more obsessive than normal; the 17–24 average score range is the obsessive patient; and the 25–32 average score range is seriously obsessive. It was calculated according to the control subscale. There are a total of 6 questions in the impulses subscale, and the total score range that can be taken is 0–24 points. According to this score, an approximate average was taken and accordingly, the 0–6 mean score range is normal; the 7–12 average score range is a little more obsessive than normal; the 13–18 average score range is obsessive; and 19–24 average score range is seriously obsessive. It was calculated according to the impulses subscale. There are a total of 3 questions in the counting subscale, and the total score range that can be obtained is 0–12 points. According to this score, an approximate average was taken and accordingly, the 0–3 mean score range is normal; the 4–6 average score range is a little more obsessive than normal; the 7–9 average score range is obsessive; and the 10–12 average score range is seriously obsessive. It was calculated according to the counting subscale. There are a total of 3 questions in the precision (repetitive behavior) subscale, and the total score range that can be obtained is 0–12 points. According to this score, an approximate average was taken and accordingly, the 0–3 mean score range is normal; the 4–6 average score range is a little more obsessive than normal; the 7–9 average score range is obsessive; and the 10–12 average score range is seriously obsessive. It was calculated according to the repetitive behaviors subscale.

Ok-religious attitudes scale

Ok, developed this scale in 2011, based on behavioral knowledge and emotional elements that are emphasized in the field of social psychology, and it was prepared to measure the emotional, cognitive, behavioral, and relationship-related factors regarding religion. The scale, consisting of 6 positive and 2 negative questions in total, was named "Ok-Religious Attitude Scale" by combining with the surname of the person to avoid confusion with other religious attitude scales.

This scale, designed as Likert, is answered according to the frequency levels. Frequency levels are strongly disagree (1), disagree (2), somewhat agree (3), agree (4), and definitely agree (5). The alpha coefficient of the scale, which has four factors, was 0.90, and the percentage of explaining the total variance was 86. The way of scoring the scale is as follows: the lowest score with $8 \times 1 = 8$ and the highest score with $8 \times 5 = 40$. Accordingly, lower scores indicate that the level of religious attitude is low and higher scores indicate that the level of religious attitude is high. According to the average of the scores obtained from the options of the items in the scale, the level of religiousness of the individual can be approximately as follows:

- 1.00–1.49 average score = little or no religious person
- 1.50–2.49 average score = less religious
- 2.50–3.49 average score = moderately religious
- 3.50–4.49 average score = highly religious
- 4.50–5.00 average score = very religious.[15,16]

Data analysis

Statistical analysis of the data in the study was carried out using the SPSS 18 (SPSS Inc., 2009) software including independent t test, Pearson correlation, one way ANOVA, and Chi square tests.

Reference: SPSS Inc. Released 2009. SPSS Statistics for Windows, Version 18.0. Chicago: SPSS Inc.

Results

Sociodemographic variables

Based on the descriptive data obtained from the participants regarding their sociodemographic variables, 50% (n = 40) of the participants in the study were women and the other 50% (n = 40) were men, and the total number of participants was 80. The average age of the participants was determined as 27.7 ± 7.3. There is no statistically significant difference between the average age of women and men. 7.5% (n = 6) were primary school graduates, 41.3% (n = 33) were high school graduates, 48.8% (n = 39) were university graduates, and 2.5% (n = 2) also constitute graduate students, while

66.3% of the participants (53 people) were employed and 33.8% (27 people) were unemployed.

According to Table 1, 25% of the participants (20 people) were normal, 37.5% (30 people) were more obsessive than normal, 8.8% (7 people) were obsessive, and 28.7% (23 people) were scored as having severe OCD symptoms.

1.3% of the participants (n = 1) are little or no religious, 6.3% (n = 5) are poorly religious, 16.3% (n = 3) are moderately religious, 40% (n = 32) were quite religious, and 36.3% (n = 29) were found to be very religious or strictly believers. As a result of the t-test, no statistically significant difference was found between gender, educational status, age groups, marital status, employment status, and religious attitude ($P > 0.05$).

In Table 2, the relationship between the obsessive-compulsive subscales of the participants and their religious attitudes is shown with the Pearson correlation analysis results. According to the table, no significant relationship was found between the obsessive-compulsive symptoms and subscale symptoms and their religious attitudes.

Discussion

In this study, the relationships between obsessive-compulsive subscale symptoms and religious attitudes of randomly selected individuals were investigated. There is no scientific determination that indicates that religious attitude can cause religious OCD when looking at etiological explanations. In addition to this situation, there are not many differences between non-religious OCD and religious OCD due to etiological interventions and treatments in the studies conducted.[17] This situation supports the conclusion that there is no relationship between religious attitude and OCD in our study.

According to the study of Bayraktar in 2007, a significant relationship was not detected between the symptoms of OCD and prayers.[18] This study also supports our study with its findings.

The study conducted by Tek and Ulug found out that 42% of OCD patients had religious obsessions in Turkey. Afterward, the washing rituals required for all the participants to belong to the religion of Islam and to be able to worship according to Islam was carried out in accordance with Islamic rules in a specific order. Therefore, the contamination obsessions about religious issues among OCD patients may include the washing, counting, and checking compulsions. They stated that their compulsions were noticed. They underlined that washing behavior due to being unclean occupies a large place in Islamic practice, the concept of being clean in religious terms can easily be disrupted in some situations that may cause repetition of washing, and therefore, contamination and washing obsessions and repetition compulsions in OCD patients are in the line of religious ritual.

In this study, there is no relationship between religiousness and the clinical features of OCD, and the concept of religion may be a point where this disease can emerge and manifest rather than being a factor that determines OCD.[19] This study of Tek and Ulug also supports our research results.

In the study of Uyaver in 2010,[20] no significant difference was found between religious obsessions and sociodemographic characteristics. In addition, there was no statistically significant difference between the participants' religious obsessions and their level of OCD severity.[20]

According to the obtained data, no statistically significant difference was found between the religious obsession and knowledge about religion and belief in God. No statistically significant difference was found between the perceptions and attitudes indicating religiousness between the groups of participants with and without religious obsessions. The results of our study support the results of Tek and Ulug, Bayraktar, and Uyaver.[18-20]

Religion factor in OCD may vary from culture to culture, and the possible effects of this factor on OCD symptoms have also been investigated. According to studies conducted in Saudi Arabia and Egypt, obsessions are generally related to religious issues. It made us think that the issue of washing, which has an important place in Islam, may have an effect on this situation.

In the intercultural studies conducted by Yorulmaz, Gencoz, and Woody in 2010, the effect of being religious on OCD

Table 1: Distribution of participants by obsessive-compulsive symptom levels

	N	%
Normal	20	25
Obsessive above than average	30	37.5
Obsessive-compulsive disorder	7	8.8
Severe obsessive-compulsive disorder	23	28.7
Total	80	100

Table 2: The relationship between obsessive-compulsive symptoms and sub-scales of participants and their religious attitudes

	Obsessive-compulsive symptom severity	Intrusion	Contamination	Checking	Obssessive impulses	Counting	Repetition (accuracy)
Religious attitudes (r, P)	−0.061, 0.593	0.008, 0.943	0.203, 0.071	0.075, 0.506	−0.105, 0.354	−0.155, 0.169	−0.172, 0.128

*P<0.05. r: Correlation coefficient

symptoms was investigated. In this study, Turkish and Canadian participants were compared. According to the findings of the study, a significant relationship was found between OCD symptoms and the religiousness factor in the group with only Turkish participants. In addition, religion emerges as a factor that affects obsessions and compulsions in terms of content and severity. In fact, it is thought to be a factor that can affect cross-cultural differences in OCD symptoms.[21]

According to the nonclinical research of 298 Muslim participants aged 16–66, conducted by Ok and Goren in 2018;[22] a positive relationship was found between religiosity and OCD scores.[22] In addition, the relationship between OCD and religiosity in the study of Yorulmaz, Gencoz and Woody (2010) and Ok and Goren (2018) does not support our study. As a possible reason for this situation, it can be considered that the sociocultural structures of the participants and the scales used, as well as the difference in the number of participants, may have an effect.

This study was conducted with randomly selected individuals from Mimar Sinan district in Kocaeli province Korfez district. The results of this study may not reflect the general population. In the planning of the study, one of the limitations affecting this study was the fact that randomly selected individuals also did not want to participate in the study and could not fill in the scales appropriately and seriously, although they agreed to participate.

According to the results of this study, no statistically significant relationship was found between obsessive-compulsive subscale symptoms and religious attitudes. The relationship between OCD and religious attitude in different cultures and different religious beliefs should be examined with larger samples.

Patient informed consent

Patient informed consent was obtained.

Ethics committee approval

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Conflicts of interest

There are no conflicts of interest.

Author contribution subject and rate

Tayfun Cinar (50%): Design the research, data collection and analyses and wrote the whole manuscript.

Oguz Tan (20%): Organized the research and supervised the article write-up.

Remziye Keskin (15%): Contributed with comments on manuscript organization and write-up.

Gokben Hizli Sayar (15%): Contributed with comments on research design.

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