

Original Research Article

A Hospital Based Prospective Study to Evaluate Positive Role of Religiosity and Guilt in Symptomatology and Outcome of Obsessive-Compulsive Disorder

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Abstract

Background: Obsessive-compulsive disorder (OCD) is characterized by unwanted, repetitive and intrusive obsessions that are usually responded by compulsive behaviors to neutralize obsessions. People with religious OCD strongly believe in and fear punishment from a divine being or deity. Hence; the present study was planned and conducted for assessing the Positive Role of Religiosity and Guilt in Symptomatology and Outcome of Obsessive-Compulsive Disorder. **Materials & Methods:** A total of 50 subjects with presence of OCD were enrolled in department of Psychiatry at S.K. Government Medical College, Sikar, Rajasthan. Complete demographic and clinical details of all the subjects were obtained. Detailed history of all the subjects was recorded separately. All subjects voluntarily participated in this study and they were asked to complete the 4-scale self-report questionnaire (thought-action fusion questionnaire, scrupulosity questionnaire, feeling guilty questionnaire, and obsessive-compulsive scale). All the results were recorded in Microsoft excel sheet. Statistical analysis was done using SPSS software. **Results:** Correlation coefficient obtained while assessing the correlation of Religiosity and Symptomatology-Outcome of Obsessive-Compulsive Disorder was -1.226 while correlation coefficient obtained while assessing the correlation of guilt and Symptomatology-Outcome of Obsessive-Compulsive Disorder was -2.338. Significant correlation was obtained while correlating religiosity and guilty with Symptomatology-Outcome of Obsessive-Compulsive Disorder. **Conclusion:** Religiosity, spirituality, guilt and personal beliefs are important parameters of human experience and deserve greater consideration in the psychotherapeutic treatment of psychiatric disorders.

Keywords: Religiosity, Obsessive Compulsive Disorder.

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Introduction

Obsessive-compulsive disorder (OCD) is characterized by unwanted, repetitive and intrusive obsessions that are usually responded by compulsive behaviors to neutralize obsessions. Despite this general definition of OCD, it has also been known as a heterogeneous condition. In this regard, certain “mini models” of OCD for specific sign and symptom constellations have emerged, in particular those for contamination, hoarding, symmetry and ordering, repugnant obsessions, relationship obsessions, and postpartum presentations. One such particular phenomenon is scrupulosity, which refers to a tendency for being excessively conscientious and exact in one’s religious experience through recurrent and non-logical doubts about committing sin, and persistent fears of eternal damnation or divine punishment[1-3]. People with religious OCD strongly believe in and fear punishment from a divine being or deity. Experts estimate that anywhere between 5% and 33% of people with OCD may experience scrupulosity and the number likely rises to between 50% and 60% in OCD sufferers who come from within very strict religious cultures. Even people who are not particularly religious can suffer from scrupulosity because they worry about being morally compromised or unintentionally offending others. A common thread throughout the spectrum is the linking of thoughts and actions: people with scrupulosity believe their thoughts are the same as actions, so they

worry not just about what they have done, but also about what they have thought[4-7]. Hence; the present study was planned and conducted for assessing the Positive Role of Religiosity and Guilt in Symptomatology and Outcome of Obsessive-Compulsive Disorder

Materials & Methods

The present study was planned and conducted for assessing the Positive Role of Religiosity and Guilt in Symptomatology and Outcome of Obsessive-Compulsive Disorder. A total of 50 subjects with presence of OCD were enrolled in department of Psychiatry at S.K. Government Medical College, Sikar, Rajasthan. Complete demographic and clinical details of all the subjects were obtained. Detailed history of all the subjects was recorded separately. All subjects voluntarily participated in this study and they were asked to complete the 4-scale self-report questionnaire (thought-action fusion questionnaire, scrupulosity questionnaire, feeling guilty questionnaire, and obsessive-compulsive scale). All the results were recorded in Microsoft excel sheet. Statistical analysis was done using SPSS software. Univariate regression curve, Correlation coefficient and chi-square test were used for analysis of level of significance.

Results

The present study was undertaken for assessing the Positive Role of Religiosity and Guilt in Symptomatology and Outcome of Obsessive-Compulsive Disorder. Correlation coefficient obtained while assessing the correlation of Religiosity and Symptomatology-Outcome of Obsessive-Compulsive Disorder was -1.226 while correlation coefficient obtained while assessing the correlation of guilt and Symptomatology-Outcome of Obsessive-Compulsive Disorder was -2.338. Significant correlation was obtained while correlating religiosity and guilty with Symptomatology-Outcome of Obsessive-Compulsive Disorder.

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Variable	Correlation coefficient	p-value
Religiosity and Symptomatology-Outcome of Obsessive-Compulsive Disorder	-1.226	0.00*
Guilty and Symptomatology- Outcome of Obsessive-Compulsive Disorder	-2.338	0.00*

*: Significant

Discussion

Religion is a universal human pursuit, affecting many different cultural parameters, moral concepts, and ideals, and influencing human thinking and behavior by offering answers on the meaning of human existence[2]. Religion provides a comprehensive and sympathetic insight on the human orientation in the world and is an important element of human culture. The practice of dealing with the sacred sphere through ritual or nonritual cults, the interpretation of everyday and special experiences, the concordance with social norms, the contact with aesthetic and artistic expressions and symbols, as well as many other life domains, are all comparably embedded in this individual and complex system[7-10]. Hence; the present study was planned and conducted for assessing the Positive Role of Religiosity and Guilt in Symptomatology and Outcome of Obsessive-Compulsive Disorder. The present study was undertaken for assessing the Positive Role of Religiosity and Guilt in Symptomatology and Outcome of Obsessive-Compulsive Disorder. Correlation coefficient obtained while assessing the correlation of Religiosity and Symptomatology-Outcome of Obsessive-Compulsive Disorder was -1.226 while correlation coefficient obtained while assessing the correlation of guilt and Symptomatology-Outcome of Obsessive-Compulsive Disorder was -2.338. MujganInozu et al examined the roles of obsessive beliefs (OBs), thought-control strategies, and guilt in the relationship between these vulnerability factors and obsessive-compulsive symptoms (OCSs), specifically scrupulosity symptoms in a Muslim sample via SEM. The sample consisted of 273 university students who filled out a set of questionnaires. The results indicated that neuroticism and the degree of religiosity predict OBs that are positively associated with guilt and self-punishment both of which predict scrupulosity and other OCSs. Findings of the present study were discussed in the context of the related literature[11]. Silton et al examined the relationship between religiosity (assessed using a three-item scale designed for the study that queried participants about frequency of service attendance, perceived strength of religious devotion, and perception of the likelihood of the existence of God), beliefs about God (e.g., punitive, benevolent, disengaged), obsessive thoughts, and compulsive behaviours using a random community sample of American adults. Results indicated no relationship between religiosity and obsessive thoughts or compulsive behaviours. Belief in a punitive God was significantly, positively associated with both obsessive thoughts and compulsive behaviours. Belief in a benevolent God was significantly, negatively associated with obsessive thoughts and compulsive behaviours. Belief in a disengaged God was not significantly related to obsessive-compulsive symptoms[12]. In the present study, significant correlation was obtained while correlating religiosity and guilty with Symptomatology-Outcome of Obsessive-Compulsive Disorder. Saman Abdollahzadeh Davani et al investigated the relationship between feeling guilty and thought-action fusion by mediating obsessivecompulsive and scrupulosity among obsessive-compulsive patients. The population of this study was 35 patients with obsession and 35 normal subjects who were chosen through the purposive sampling method. After the diagnosis of their psychiatric disorder, the participants completed the Persian version of a 4-scale self-report questionnaire (thoughtaction fusion questionnaire, scrupulosity questionnaire, feeling guilty questionnaire, and Maudsley obsessive-compulsive scale). The findings showed that (1) feeling guilty by mediating scrupulosity has a significant indirect effect on thought-action fusion in patients with obsession; (2) feeling guilty by mediating obsessive-compulsive has a significant indirect

effect on thought-action fusion in patients with obsession. It seemed that feeling guilty along with scrupulosity and obsessive-compulsive can lead to thought-action fusion and increases nonsense beliefs (likelihood and moral thought-action fusion) in people with obsession[13].

Conclusion

From the above results, the authors concluded that religiosity, spirituality, guiltand personal beliefs are important parameters of human experience and deserve greater consideration in the psychotherapeutic treatment of psychiatric disorders.

References

- Greenberg D, Witztum E, Pisante J. Scrupulosity: Religious attitudes and clinical presentations. *British Journal of Medical Psychology*. 1987; 60:29-37.
- Endler NS, Kocovski NL. State and trait anxiety revisited. *J Anxiety Disord*. 2001; 15(3):231-245.
- Stein DJ. Psychobiology of anxiety disorders and obsessive-compulsive spectrum disorders. *CNS Spectr*. 2008; 13(9 Suppl 14):23-28.
- Hajcak G, Huppert JD, Simons RF, Foa EB. Psychometric properties of the OCI-R in a college sample. *Behaviour Research and Therapy*. 2004; 42:115-123
- Cannon WB. Bodily Changes in Pain, Hunger, Fear and Rage: An Account of Recent Researches into the Function of Emotional Excitement. New York, NY: D Appleton and Company, 1915.
- Martin EI, Ressler KJ, Binder E, Nemeroff CB. The neurobiology of anxiety disorders: brain imaging, genetics, and psychoneuroendocrinology. *Psychiatr Clin North Am*. 2009; 32(3):549-575.
- Shreve-Neiger AK, Edelstein BA. Religion and anxiety: a critical review of the literature. *Clin Psychol Rev*. 2004; 24(4):379-397.
- Boelens PA, Reeves RR, Replege WH, Koenig HG. The effect of prayer on depression and anxiety: maintenance of positive influence one year after prayer intervention. *Int J Psychiatry Med*. 2012; 43(1):85-98.
- Baker M, Gorsuch R. Trait anxiety and intrinsic-extrinsic religiousness. *J Sci Study Relig*. 1982, 119-122.
- Bergin AE, Masters KS, Richards PS. Religiousness and mental health reconsidered: a study of an intrinsically religious sample. *J Couns Psychol*. 1987; 34(2):197-204.
- MujganInozu, Yasemin Kahya, Orcun Yorulmaz. Neuroticism and Religiosity: The Role of Obsessive Beliefs, Thought-Control Strategies and Guilt in Scrupulosity and Obsessive-Compulsive Symptoms Among Muslim Undergraduates. *J Relig Health*. 2020; 59(3):1144-1160.
- Silton NR, Flannelly KJ, Galek K, Ellison CG. Beliefs about God and mental health among American adults. *Journal of Religion and Health*. 2014; 53:1285-1296.
- Saman Abdollahzadeh Davani, Mehdi Imani. Investigating the relationship between feeling guilty and thought-action fusion by mediating obsessive-compulsive disorder and scrupulosity. *J Adv Pharm Edu Res*. 2020; 10(4):150-154.

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