

## Zealously Obsessed

Imagine a 28-year-old firefighter. He lived a modest life while growing up as a Hasidic Jew, but converted to Christianity while in the Air Force nearly ten years ago. The first five months of his rebirth as a Christian consisted of normal daily activities and he seemed to enjoy the American dream; however, he soon became plagued by scrupulosity, or extreme obsessions and compulsions regarding religious and moral values. He prayed for hours on end to rid himself of mortal sin out of fear of receiving the ultimate punishment a Christian can receive, going to Hell, and memorized countless bible verses for the same reason. Although this man's conditions may seem to coincide with that of the normal obsessive compulsive disorder patients, doctors and psychologists are only barely scraping the surface of the intangible world of piety and religious upbringing's impact on obsessive compulsive disorder and how obsessive compulsive disorder manifests itself within the pious.

### **What is obsessive compulsive disorder?**

OCD differs from other mental diseases in that it involves the onset of obsessions, irrational fears that evolve into compulsions, repeated behavior. Most OCD sufferers obsess and have compulsions concerning a specific phobia. Common obsessions include fear of catching disease, fear of causing harm, believing that one must perform an activity a certain number of times to avoid a catastrophe, fear of throwing objects out, or intense distress if objects are out of place. These obsessions lead to compulsions, such as repeatedly washing one's hands until the skin becomes raw, checking, counting, hoarding of objects, and uncontrollable praying sessions (Van Duyne 37-38).

### *Scrupulosity*

Scrupulosity, a relatively common form of obsessive compulsive disorder, affects millions of Americans. Patients with scrupulosity develop extreme religious zeal, transforming religious beliefs and practices into uncontrollable compulsions. The sufferer experiences paranoia regarding saying or thinking something blasphemous. For example, if a married Christian man thinks of making love to another woman, he may compulsively pray for hours to rid himself of the thought and avoid eternal damnation for sinning, only to worsen his anxiety. Because many highly religious people are generalized as being "obsessed" with their religion, it becomes difficult to differentiate between the extremely devout and extremely obsessive compulsive. However, the

two are distinctly separated by the actual practices performed. In other words, the obsessive compulsive focus on one aspect of the religion while the pious will adhere to all parts of it.

### *Studies*

In 1927, Sigmund Freud stated that “religion is the universal obsessional neurosis”. Over the last few decades, psychologists have been attempting to prove or disprove Freud’s theories on religion and obsession. The expedition to this goal has become more complex as we begin to understand more about obsessive compulsive disorder. Methods of measuring the relationship between religion and mental health (specifically OCD) have also become more complex in measuring religiosity and obsessiveness. From these studies, it can be seen that those who are frequently involved in religious practices nearly always score higher on tests that measure obsessive traits, yet score lower than average OCD sufferers on measures of obsessional symptoms. These seemingly contradictory results require more research that yield more knowledge than we currently have (Lewis).

From January 1983 through October 1989, the St. Louis University Medical Center conducted a research project with a sample population of 86 patients with obsessive compulsive disorder, 73 patients with a panic disorder, and 292 with a mental disorder unrelated to anxiety (eg. eating disorders or bi-polar disorder). The goal of the research was to see if a relationship between religion and mental health exists, even though this trend has already been seen, but with sample sizes too small to be rendered statistically significant. Each patient answered a 114 personal history-related questionnaire with questions concerning current religious practices and religious upbringing. The study showed that religious conflict is in fact more closely related to OCD than to any other mental disorder tested (Higgins).

A 2002 study that compared the prevalence and severity of OCD in Catholics and nonreligious residents of a town in Italy showed that those who belonged to the Catholic Church were more likely to develop OCD, and the more devout Catholics showed more severe symptoms. The study was conducted by researchers who asked the aforementioned groups to record their everyday obsessions and compulsions (Randerson).

### *Analysis of studies*

Being pious does not only increase the risk of developing OCD, but also influences how OCD manifests itself within each patient. For example, patients who suffer from OCD due to their faith in Hinduism tend to be

obsessed with washing and cleaning, for Indian culture emphasizes cleanliness. Although every study conducted that compares the occurrence of OCD in faithful and unfaithful persons has shown the disorder to be ubiquitous in the faithful, all studies had small sample sizes. A study on Protestant Christians with a larger sample size demonstrated that OCD is more prevalent in Protestants than in any other religion. This phenomenon is thought to be caused by the emphasis Protestants put on one of OCD's main antagonists; any immoral thought is the same as immoral actions, and therefore Protestants may mentally obsess over forgiveness for evil thoughts (Abramowitz).

Not only can the onset of obsessive compulsive disorder be influenced by one placing emphasis on thoughts being as evil as actions, but also by the religious environment one grows up in. According to psychiatrist Lynne Drummond, many OCD sufferers grew up in strict, usually religiously, households where "actions were either right or wrong" (Randerson). The constant "is this the right thing to do?" feeling generated by the religious household leads to the gradual obsessions of having to do what is right, or, as the sufferer believes, dire consequences may ensue. A correlation between this and the religious motto of always doing the right thing is evident, only on a more extreme scale. Religious followers may obsess over being forgiven by their supreme deity for sins they may have committed, and these obsessions lead to compulsive actions of forgiveness (eg. praying, memorizing bible verses, or constant confession).

### *Causes*

The proposed causes of the disease are as diverse as the ways it manifests itself within different patients. Lynne Drummond also stated that "a patient must have a genetic predisposition to develop such symptoms [of OCD]" (Randerson). Drummond's theory has been shown by numerous studies, particularly those done with sets of twins, where genetics and environment are separated. Identical twins develop from the same embryo and therefore have the same genetic code, while fraternal twins develop from two entirely different embryos. In 1982, a study was performed with 30 OCD patients, 15 of whom had an identical twin while the other 15 had a fraternal twin. In the group with patients who had identical twins, 87% of the other twins also seemed to have OCD. However, only 47% of the twins of the members of the fraternal group also had OCD (Van Duyne 34).

As aforementioned by Drummond, many psychologists believe that OCD's causes lie in one's genetic code, leading to a chemical imbalance; however, these recent studies truly show a striking correlation between OCD

and religious stringency. At this current day and age and with scientists' inadequate knowledge of the brain and its processes, it remains impossible to know for sure if religion can lead to the development of OCD in patients with little to no genetic predisposition. Perhaps OCD itself can cause religious fanaticism.

### *Treatment*

Although doctors and psychologists have taken a keen interest in OCD for only the last few decades, a plethora of treatment methods for the disease already exist. Patients with OCD often have an imbalance of the neurotransmitter serotonin, leading to disorder in thought, mood, and behavior. Medications, such as Zoloft, help return serotonin levels to a close-to-normal state. Exposure with response prevention therapy is often employed in the fight against the life-altering disease. In this type of therapy, patients are exposed to controlled amounts of their fears, increasing the amount every therapeutic session. For example, a patient with a fear of dirt may be gradually exposed to more and more dirt until he sees that it occurs naturally and is commonplace. According to Dr. Ian Osborn, this therapy helps up to 80% of OCD sufferers, while medication alone helps 50-70% (Van Duyne 39). As with most mental diseases, though, a combination of medication and therapy acts as the best tool for OCD.

### **What the future holds**

Although nearly every study conducted that concerns the prevalence of obsessive compulsive disorder within religious patients has yielded the same results, more studies are needed to be conducted. A large problem with these studies is the bias involved. A 1999 study conducted by Maria Yossifova and Kate Miriam Loewenthal was aimed not to determine whether religion lays a foundation for OCD, but whether or not religion is seen to be associated with OCD (eg. the highly religious may be seen as obsessive). The study had 96 randomly selected college students (48 boys and 48 girls) "rate two case vignettes on each of four aspects of psychological health". In one vignette, the person was described as highly religious, and in the other, not religious. Each vignette shared an equal amount of OCD symptoms and the participants rated the case on "four 12 centimeter visual analogue scales, as follows: happy-sad, easy-going-obsessional, tense-relaxed, and psychological problems-no psychological problems". The results illustrate the unfortunate fact that highly religious peoples are perceived to be more likely to suffer from OCD than nonreligious peoples (Yossifova and Loewenthal). Hopefully scientists in the future will have the ability to answer the currently misunderstood world of religion and its impact on mental health.

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