Shorter communication

Is thought–action fusion related to religiosity? Differences between Christians and Jews

Jedidiah Sieva, Adam B. Cohen

Abstract

The purpose of this study was to evaluate the relationship between thought–action fusion (TAF) and religiosity in Christians and Jews (Orthodox, Conservative, and Reform). There is a growing body of evidence that suggests that religiosity is related to obsessive cognitions in Christian samples, but conceptual and empirical ambiguities complicate the interpretation of that literature and its application to non-Christian groups. As predicted on the basis of previous research, Christians scored higher than Jews on moral TAF. This effect was large and not explained by differences in self-reported religiosity. The Jewish groups did not differ from each other. Furthermore, religiosity was significantly associated with TAF only within the Christian group. These results qualify the presumed association between religiosity and obsessive cognitions. General religiosity is not associated with TAF; it rather depends on what religious group. Moreover, large group differences in a supposed maladaptive construct without evidence of corresponding differences in prevalence rates call into question the assumption that TAF is always a marker of pathology.

Keywords: Thought–action fusion; Obsessive-compulsive disorder; Religiosity; Cognitions; Cross-cultural; Morality

Introduction

The tendency to see thoughts as equivalent to behavior is known as thought–action fusion (TAF), which refers to the propensity to consider a mental event (a) the moral equivalent of a physical action and (b) as making a physical outcome more likely. In at least some cases, clinical populations—especially those with obsessive-compulsive disorder (OCD)—have been characterized as high in TAF (e.g., Shafran, Thordarson, & Rachman, 1996). There is considerable overlap between the construct of TAF and the tendency to judge people as morally responsible for their thoughts, an area that has been studied separately and in which religious group differences are evident in nonclinical populations (Cohen & Rankin, 2004; Cohen & Rozin, 2001). This is especially true of the first aspect of TAF: Thoughts are morally equivalent to action.
The extant literature is equivocal with respect to the relationship between religiosity and OCD, and limited with respect to that between religiosity and TAF. Although OCD symptom presentation varies by culture and religion (e.g., Okasha, Saad, Khalil, El-Dawla, & Yehia, 1984; Rasmussen & Tsuang, 1986), there is little evidence that prevalence rates for clinically significant OCD differ, except where overall rates for psychiatric illness do (Sica, Novara, Sanavio, Dorz, & Coradeschi, 2002). For example, the Cross National Collaborative Study (Horwath & Weissman, 2000; Weissman et al., 1994) found no differences in lifetime and annual prevalence rates of OCD across seven diverse nations, with the exception of Taiwan where rates of all psychiatric disorders are particularly low. Steketee, Quay, and White (1991) examined obsessive-compulsive symptoms and various measures of religiosity in a Christian sample and found no relationship between OCD and type of religion, but religiosity was associated with symptom severity.

Two other studies reported an association between obsessive-compulsive symptoms and religiosity in nonclinical Christian samples. Sica, Novara, and Sanavio (2002) found that highly or moderately religious Catholics showed more OCD symptoms and cognitions than did those with a low degree of religiosity. Using an undergraduate population, Abramowitz, Deacon, Woods, and Tolin (2004) examined the association between Protestant religiosity and OCD symptoms and cognitions and found that highly religious Protestants reported more pathological symptoms and cognitions than did moderately religious Protestants and atheists. In contrast, there was no difference in religiosity between an OCD group and panic disorder or healthy control groups in a Jewish sample (Hermesh, Masser-Kavitzky, & Gross-Isseroff, 2003).

Importance of thoughts was one of the constructs both Sica, Novara, and Sanavio (2002) and Abramowitz et al. (2004) found related to Christian religiosity, measured using the obsessive beliefs questionnaire (OBQ; Obsessive Compulsive Cognition Working Group, 2001). Using the TAF-scale (Shafran et al., 1996), Rassin and Koster (2003) evaluated the relationship between religiosity and TAF. The TAF-scale yields three subscales: one measures the perceived moral equivalence of thoughts and action, and two measure the perceived likelihood of thoughts leading to a physical outcome, whether for others or oneself. In a nonclinical, predominantly Christian sample, they found that religiosity correlated with TAF, especially on the morality subscale. As they note, however, not all religions may accentuate TAF cognitions.

Given previous research distinguishing Jews and Christians in terms of moral judgments about mental states, there is reason to believe that researchers should not assume a cross-religion commonality in terms of this construct. Religious groups differ in the extent to which they hold others responsible for mental states (Cohen & Rozin, 2001). For example, when presented with hypothetical vignettes, Protestants rated a target person more negatively than did Jews for thinking about committing an immoral action (e.g., thinking about having an extramarital affair), even though the groups did not differ in how they perceived the moral status of the relevant behaviors (e.g., actually having an affair). Furthermore, the group differences were partially mediated by ratings of the moral significance of thoughts and how likely thoughts are to lead to behavior. This discrepancy did not hold true, however, for positive intentions (Cohen, 2003; Cohen & Rankin, 2004; Cohen & Rozin, 2001).

Cohen and colleagues (Cohen, 2003; Cohen & Rankin, 2004; Cohen & Rozin, 2001) suggest that fundamental differences in religious doctrine account for the group differences in judgments about the morality of mentality. Christianity, and especially Protestantism, places great emphasis on thoughts and intentions. Often cited to illustrate this point is Jesus’ exhortation: “You have heard that it was said ‘you shall not commit adultery’: but I say to you, that everyone who looks on a woman to lust for her has committed adultery with her already in his heart” (Matthew 5:27–28; New American Standard Version). Moreover, at the core of Christian doctrine is the notion that one’s eternal status hinges upon belief in Jesus as savior, and there are relatively few behavioral prescriptions or restrictions, especially in Protestantism.

In contrast, Judaism tends to emphasize action and behavioral adherence much more than belief. Smart (1999) notes that “Judaism is characterized more by orthopraxy than by orthodoxy” (p. 184), and indeed the Rabbinic literature is predominantly behavioral and legalistic. There are myriad biblical and rabbinic commandments that regulate details of daily routine, and those few that apparently target mental states are typically interpreted as behavioral in classical Jewish texts. That Jews did not differ from Protestants when rating characters who had positive intentions is consistent with Talmudic thought as well, as is evident from a passage in Kiddushin 40a: “A good thought is regarded as a good deed…but that the Holy One, blessed be He, does not regard a bad thought…as an actual deed.”
In the present study, we evaluated the relationship between TAF and religious affiliation in a nonclinical sample of Jews and Christians affiliated strongly with their respective denominations. Specifically, the sample was comprised of four groups: Orthodox Jews, Conservative Jews, Reform Jews, and Christians. This investigation extends previous research in a number of important ways. First, to our knowledge this is the first study to examine TAF in a Jewish sample, and it is important to evaluate whether the association between religiosity and TAF reaches beyond Christian populations. Similarly, previous research refers vaguely to religiosity, under the apparent assumption that type of religiosity does not matter. For example, the abstracts for the articles by both Steketee and colleagues (1991) and Sica, Novara, and Sanavio (2002) both refer to religiosity without any specification of particular religion, let alone denomination, and psychology has a history of unintentionally assuming a Christian perspective when evaluating religious phenomena (e.g., Cohen, Hall, Koenig, & Meador, 2005; Snibbe & Markus, 2003). Therefore, a goal of this research was to assess whether the notion of religiosity as used in previous research can be extended to Jews in the context of OCD-related cognitions. A second related goal was to investigate group differences between Jews and Christians in terms of TAF, inasmuch as their presence would suggest cultural differences in a presumed marker of pathology, and question the appropriateness of that presumption.

A third goal was to examine whether Jewish denominations differ from each other in terms of TAF. Cohen and colleagues (Cohen, 2003; Cohen & Rankin, 2004; Cohen & Rozin, 2001) found evidence of differences in moral judgments using web-based Jewish samples that were not targeted to be particularly religious or observant. In fact, few of the Jewish participants were Orthodox, and Protestants scored higher than did Jews on measures of religiosity.

It is unclear whether and how more observant Jews would differ from Christians and other Jews, and three competing hypotheses seem entirely plausible. One possibility is that Jews of various denominations do not differ, perhaps by virtue of a pervasive emphasis on behavior rather than belief. A second possibility is that, similar to Christians, Orthodox Jews adopt more strict moral judgments than do other Jews. Traditional Jewish texts incorporate the idea of *hirhur*, that one is forbidden to fantasize about sin, and Orthodox Jews may by virtue of continual engagement in Talmudic study simply spend more time moralizing. Similarly, if moral TAF is related to religiosity, Orthodox Jews might appear similar to religious Christians if they are also more similar in terms of religiosity. A third possibility is that Orthodox Jews adopt less strict moral judgments of thoughts than do other Jews and Christians. Whereas non-Orthodox philosophy imposes a priori moral reasoning on religious practice, and leaves open room for independent judgments about what is moral, Orthodoxy extrapolates morality from the letter of the immutable law. For example, at the time it was founded in the late 1800s, Reform Judaism adapted or abandoned traditional practices that did not resonate with current notions of morality or spirituality. Conservative Judaism, while respecting the authority of traditional Jewish practices, also molds tradition to dovetail with what it sees as the morals of modernity (such as by allowing women to become rabbis). It is conceivable that the insistence, in Orthodoxy, upon strict and absolute adherence to behavioral practice further emphasizes the inextricable link between behavior and morality, and that Orthodox Jews assign moral responsibility for thoughts less than other Jews.

On the basis of previous research on TAF and religiosity, and given that Christians and Jews differ in how they make moral judgments on the basis of beliefs related to TAF, we predicted that Christians would score higher on TAF than Reform and Conservative Jews, particularly for the subscale that measures the perceived moral equivalence of thought and action. As previously noted, there were competing hypotheses for denominational differences between groups of Jews.

**Method**

**Participants**

As part of a larger study extending research on moral judgments about thoughts and intentions, participants were recruited for a web-based survey via snowball sampling through a number of religious community and campus groups and organizations. Solicitations to participate were sent to numerous listservs, community bulletins, and mailing lists, including student groups at the University of Pennsylvania and Yale University, community bulletins, affiliated groups (e.g., synagogue softball team lists), as well as personal
acquaintances. Solicitations requested that the individual take the survey and forward it to other people who share his or her religious background and affiliation. One of the drawbacks of snowball sampling is that the composition of the participant sample is not precisely known. Nevertheless, in light of the difficulty recruiting a sufficiently large sample of each denomination, especially Orthodox Jews, we decided to accept this limitation. Given the context of this investigation as part of a study of moral judgments, one must interpret the magnitude of the scores with caution. The TAF-scale was administered after participants attributed moral ratings to individuals in hypothetical vignettes. Although there were no group differences in terms of the makeup of the questionnaire, all participants were primed to think about moral judgments.

The sample consisted of 218 individuals who were divided into four religious groups: Orthodox Jewish, Conservative Jewish, Reform Jewish, and Christian. Details about the composition of each group are provided in Table 1. All participants indicated that they had at least some college education and the sample was overwhelmingly Caucasian in all groups. The Reform group included people who identified themselves as Reconstructionist. Following previous research (e.g., Abramowitz et al., 2004; Cohen & Rozin, 2001), we did not distinguish between Protestant denominations. The Christian group was comprised of individuals who identified themselves as members of both traditionally conservative and liberal sects, such as Baptist and Presbyterian, respectively, but there were not enough members of any given group to divide the Christian group further by denomination. In addition, considering that our sample included only eight Catholics, we chose to incorporate them in a general category of Christians. As a precaution, primary analyses were rerun without the Catholic participants and the results did not differ notably in magnitude or significance.

Measures

Thought–action fusion scale

The TAF-scale is a 19-item questionnaire designed to measure the TAF construct in relation to OCD (Shafran et al., 1996). In nonclinical undergraduate and adult community samples, factor analyses yielded three factors or subscales: moral, likelihood-others, and likelihood-self (Shafran et al., 1996). The moral subscale is comprised of questions that tap the belief that thoughts are morally equivalent to action, such as, “When I think unkindly about a friend, it is almost as disloyal as doing an unkind act.” Participants rate agreement on a 0 (Disagree Strongly) to 4 (Agree Strongly) scale. The two likelihood scales assess the belief that thinking about something makes it more likely to happen, either to others or oneself. Sample questions are, “If I think of a relative/friend falling ill this increases the risk that he/she will fall ill,” and “If I think of myself being injured in a fall, this increases the risk that I will have a fall and be injured.” Data from an obsessional sample yielded a two-factor solution, with the likelihood scales combined (Shafran et al., 1996). Internal consistency for the subscales was good or excellent both in the normative data (α between .75 and .96 for all scales in all samples; Rassin, Merckelbach, Muris, & Schmidt, 2001; Shafran et al., 1996) and as observed in the present study (α = .95, .96, and .88 for the moral, likelihood-others, and likelihood-self scales,

Table 1
Demographic group composition

<table>
<thead>
<tr>
<th></th>
<th>Orthodox</th>
<th>Conservative</th>
<th>Reform</th>
<th>Christian</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>83</td>
<td>54</td>
<td>34</td>
<td>47</td>
</tr>
<tr>
<td>Mean age (SD)</td>
<td>29.9 (8.4)</td>
<td>32.8 (10.9)</td>
<td>27.6 (9.7)</td>
<td>24.1 (7.3)</td>
</tr>
<tr>
<td>% female</td>
<td>30.1a</td>
<td>66.7b,c</td>
<td>79.4b</td>
<td>57.4c</td>
</tr>
</tbody>
</table>

Note: within rows, numbers that share a common subscript do not differ significantly at p < .05.

Group differences in age were analyzed via Tukey HSD tests, and group differences in gender composition were tested via chi-square analyses.

1Examples include the Yale Christian Fellowship and the Reform Jewish Community at the University of Pennsylvania. A detailed list of to whom the survey was sent is available upon request from the first author.
respectively). The wording of two questions that refer to obscene remarks, gestures, or thoughts in church was slightly altered to include other places of worship. The moral subscale was, a priori, deemed most relevant to this study.

**Religiosity measure**

Six questions were asked to measure religiosity (Cohen, Malka, Rozin, & Cherfas, 2006): “How religious are you?”; “How spiritual are you?”; “To what extent do you practice the requirements of your religion or faith?”; “To what extent do you believe in the teachings of your religion or faith?”; “How important a part of your identity would you say your religion or faith is to you?”; “If someone wanted to understand who you are as a person, how important would your religion or faith be in that?” Participants rated each question on a scale ranging from 1 (Not at All) to 5 (Extremely/Deeply). Responses were standardized and combined to form a single religiosity measure (α = .83).

**Results**

**Preliminary analyses**

Preliminary analyses revealed that the groups differed in terms of age, \( F(3,213) = 8.21, p < .001 \). Post hoc tests indicated that the Conservative Jewish group was significantly older than the Reform Jewish \((p = .048)\) and Christian \((p < .001)\) groups, and the Orthodox Jewish group was significantly older than the Christian group \((p = .003)\). Age was also correlated significantly with the moral subscale of the TAF-scale, \( r = .16, p = .02 \), presenting a potential confound. Primary analyses were rerun controlling for age, and did not change notably in size or significance (see Group differences in TAF). In addition, there were no significant correlations between age and moral TAF within any denomination, and all effects were small. Hence, the significant correlation across groups does not appear to indicate a true relationship between age and moral TAF; the effect is rather driven by differential group composition. Age did not correlate with either of the other subscales of the TAF-scale \((r's < .04, p's > .61)\) or the religiosity measure \((r = -.04, p = .53)\).

The groups also differed in terms of gender composition, \( \chi^2(3) = 32.10, p < .001 \). Point biserial correlations, however, indicated no significant relationship between gender and TAF across groups (all \( r's < .03, all p's > .69)\) or within any group (all \( r's < .24, all p's > .10)\). The within group correlations were even smaller for the moral subscale (all \( r's < .18, all p's > .20)\). Hence, any group effects on TAF are probably not due to differential age or gender composition.

**Group differences in TAF**

The means, standard deviations and test statistics for all four groups are reported in Table 2, as are the means and standard deviations from the normative data collected by Shafran et al. (1996) for comparison. The moral subscale of the TAF-scale was considered, a priori, of primary interest, and group differences were large and statistically significant, \( F(3,210) = 63.07, p < .001, \eta^2 = .47 \). Tukey HSD tests revealed that the Christian

<table>
<thead>
<tr>
<th></th>
<th>Orthodox</th>
<th>Conservative</th>
<th>Reform</th>
<th>Christian</th>
<th>( F(p) )</th>
<th>Normative data—Shafran et al. (1996)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAF-moral</td>
<td>12.76 (7.64) (a)</td>
<td>10.19 (8.80) (a)</td>
<td>9.26 (8.13) (a)</td>
<td>31.66 (11.97) (b)</td>
<td>63.07 (.&lt;.001)</td>
<td>12.74 (11.13)</td>
</tr>
<tr>
<td>TAF-likelihood others</td>
<td>1.46 (2.99) (a)</td>
<td>.56 (1.60) (a,b)</td>
<td>1.00 (1.76) (a,b)</td>
<td>.34 (1.11) (b)</td>
<td>3.29 (.02)</td>
<td>1.03 (2.14)</td>
</tr>
<tr>
<td>TAF-likelihood self</td>
<td>1.92 (2.64) (a)</td>
<td>1.70 (2.34) (a)</td>
<td>1.85 (2.97) (a)</td>
<td>1.33 (2.32) (a)</td>
<td>.55 (.65)</td>
<td>2.09 (2.49)</td>
</tr>
</tbody>
</table>

Note: within rows, numbers that share a common subscript do not differ significantly at \( p < .05 \).

Group differences were analyzed via Tukey HSD tests.
group scored significantly higher than all three Jewish groups \( (p < .001) \), who did not differ from one another. Controlling for age, religious group membership still predicted moral TAF and the effect size was little changed, \( F(3,207) = 58.79, p < .001, \eta^2 = .46 \).

It is worthy of note that the Christian sample scored considerably higher on the moral subscale than the obsessive sample in the normative data. This does not pose a direct challenge to either data set for two reasons: Our sample was recruited by virtue of strong religious affiliation, and participants were primed to think about the moral consequence of thoughts by earlier questions in the survey pertaining to the morality of mentality. Nevertheless, it raises a concern about the nature of this group. Considering the inherent uncertainty about the populations represented when using snowball sampling, it is possible that, unrelated to religious affiliation, this Christian sample is somehow more obsessive or pathological than the Jewish sample. Since, on the basis of previous research by Cohen and colleagues (Cohen, 2003; Cohen & Rankin, 2004; Cohen & Rozin, 2001), it was predicted only that Christians would score higher particularly on the moral subscale, the two other subscales of the TAF-scale were analyzed to test specificity and discriminant validity.

As can be seen in Table 2, the Christian group scored lower on both likelihood subscales than did the obsessional and community samples of Shafran et al. (1996) and all three Jewish groups in this study, suggesting that this group was not generally more obsessive, but rather specifically more likely to consider the moral equivalent of action. There was a small but significant difference between groups on the likelihood-others subscale, \( F(3,214) = 3.29, p = .02, \eta^2 = .04 \), with Orthodox Jews scoring higher than Christians \( (p = .03) \). There were no differences between groups on the likelihood-self subscale, and all religious groups in this study scored below the community sample. In short, on the basis of the two likelihood subscales of the TAF-scale, it seems reasonable to conclude that the elevations in moral TAF in the Christian group do not reflect a general relative increase in obsessive cognitions.

**Religiosity**

The groups differed in terms of religiosity, \( F(3,209) = 19.64, p < .001, \eta^2 = .22 \). The Orthodox Jewish \( (M = 1.98, SD = 2.90) \) and Christian \( (M = 1.72, SD = 3.66) \) groups scored higher than the Conservative Jewish \( (M = -2.03, SD = 4.66) \) and Reform Jewish \( (M = -2.33, SD = 4.27) \) groups \( (all \ p's < .001) \), with neither the former two, nor the latter two groups differed significantly from each other. The relationship between group membership and moral TAF was still large and significant when controlling for religiosity, \( F(3,203) = 56.11, p < .001, \eta^2 = .45 \). In fact, this effect was even stronger when Orthodox Jewish and Christian groups alone were compared, \( F(1,122) = 124.98, p < .001, \eta^2 = .51 \).

There was a significant correlation between religiosity and the moral subscale of the TAF across groups, \( r = .27, p < .001 \). In order to evaluate better the relationship between religiosity and moral TAF, this association was tested within each group. Religiosity was correlated with moral TAF in the Christian group \( (r = .44, p = .002) \). For all Jewish groups, however, the association was small \( (all \ r's < .14) \) and nonsignificant \( (all \ p's > .24) \). Since the association between religiosity and moral TAF appeared to be driven entirely by the Christian group, all Jews were combined into one group, and the difference in correlations was tested via moderated regression (Aiken & West, 1991). TAF was regressed on religious group \( (\text{Jewish or Christian}) \), religiosity \( (\text{centered}) \), and their interaction. The interaction term was significant, \( \beta = .18, t(207) = 3.10, p = .002 \), indicating a stronger relationship between religiosity and moral TAF among Christians than Jews.

**Discussion**

The purpose of this study was to examine the relationship between committed religious affiliation and TAF, a construct associated with OCD pathology in Christian samples. Considering that TAF is often considered a marker of psychopathology, large group differences in TAF would be of great clinical relevance and suggest that religiosity is not related to OCD relevant phenomena, per se. Furthermore, cross-cultural differences in presumed maladaptive or pathological processes are typically interpreted as suggestive that the processes are not necessarily maladaptive. Substantial religious differences call into question the pathology supposedly marked by the TAF construct, and demonstrate the need for clinicians to proceed with cultural sensitivity
when evaluating and treating OCD. This is particularly the case considering that prevalence rates of OCD do not differ much across numerous cultures (e.g., Weissman et al., 1994).

On the basis of previous research about how people assign moral responsibility to others for thoughts and intentions (Cohen & Rozin, 2001), we expected that Christians would score higher on the TAF-moral subscale than non-Orthodox Jews. This prediction was supported, and the effect was large. We had three competing hypotheses for how Orthodox Jews would score relative to Christians and other denominations of Jews, and this study yielded no significant differences among Jewish denominations, which all differed substantially and similarly from Christians. In fact, all Jewish groups scored approximately equal to or below the community sample used to establish normative data for the TAF-scale (Shafran et al., 1996), whereas the Christian sample scored higher than the obsessional sample from the normative data. Consistent with prediction, this was specific to the moral subscale; the Christian group scored lower than both normative groups and all Jewish groups in the present study on the other two subscales of the TAF-scale. Moreover, the Orthodox group scored significantly higher on the likelihood-others subscale than did the Christian group. We are not aware of a theoretical explanation for this finding, which was not predicted, and future research should confirm and explore this apparent discrepancy.

We also found an interaction between religious group membership and religiosity in predicting moral TAF. Religiosity was only related to moral TAF within the Christian group. Previous studies demonstrated a relationship between religiosity and OCD cognitions and symptoms in Christian samples, but those findings appear not to generalize to other religious groups. The present study is consistent with previous research in a Jewish sample that failed to find an association between OCD status and religiosity (Hermesh et al., 2003). On the basis of this study, it may be that religiosity is also not related to OCD symptoms in Jewish samples, and future research should examine this possibility directly.

In combination with research on the morality of mentality (Cohen, 2003; Cohen & Rankin, 2004; Cohen & Rozin, 2001), this study provides at least a partial account for previous findings linking Christian religiosity with OCD cognitions. Researchers should exercise care when evaluating and interpreting the relationship between religiosity and pathology. As is evident from this study, religiosity per se is not related to obsessive cognitions; it rather depends on religious group. In fact, this was dramatically evident in data collected from members of Judeo-Christian traditions, all of whom were highly educated, and many of whom were affiliated with common prestigious academic institutions. It is likely that the notion of religiosity generalizes even less well to more distinct religious groups. Religion and religiosity are not unitary constructs, whether in relation to positive or negative correlates of mental health, and this type of common overgeneralization is no more useful than considering the effects of culture on a variable, without specifying which culture (Cohen et al., 2005).

These results have broader implications for the role of TAF as a pathological cognitive construct. Although there is no question that TAF is a cognitive correlate of obsessional symptoms (e.g., Shafran et al., 1996) and that some forms of religiosity can be associated with both TAF and obsessional symptoms (e.g., Abramowitz et al., 2004), researchers should not be quick to pathologize culturally appropriate beliefs. Large cross-cultural differences in pathological correlates, without evidence of corresponding differences in prevalence rates of pathology, should suggest that researchers consider more nuanced accounts of the associations. These differences indicate the need for cultural sensitivity in dealing with clinical (and nonclinical) populations in terms of their beliefs about the moral weight of thoughts, fantasies, desires, and intentions. This might be clinically relevant, for example, during assessments and when implementing cognitive techniques for the treatment of scrupulosity. These data suggest that it may be inappropriate to seek to convince religious Christians that personally unacceptable obsessive thoughts do not matter. Clinical observation suggests that it might be more useful to help the individual externalize thoughts caused by OCD, and reinterpret their implications for the individual’s perceived self-worth. That is, thoughts matter, but are not the client’s fault. A critical component in the treatment of many forms of OCD is emphasizing the impossibility of perfection and the value of reasonable effort even without achieving perfection. Similarly, clinicians might focus less on whether thoughts matter and more on convincing such clients that the achievement of immediate perfection is a goal demanded by OCD, not religion. Another relevant, but generally applicable, technique is helping patients recognize the extreme standard to which they hold themselves. Individuals with OCD typically see themselves as responsible or unforgivable for mistakes that they allow for in others. Clinicians might stress...
forgiveness: A patient who does not perceive others who accidentally violate religious injunctions despite their best effort as damned, can learn to do the same for himself or herself.

The present study has several limitations. First, the use of snowball sampling makes it difficult to know precisely the makeup of each group. Although the groups were recruited via similar types of religious communities, it is possible that they differed in ways other than just religious affiliation. Second, we did not measure OCD symptomatology in this sample, and must exercise control in interpreting the clinical implications of this study with certainty. Third, the Christian sample was not large enough to divide by denomination, despite that sects vary considerably. Future research should give more attention to denominational differences within Christianity. Fourth, this sample was highly educated and likely predominantly from the northeastern United States, and it remains to be seen how these findings replicate in the same religious groups from other areas and socioeconomic groups. It is noteworthy that the original normative data were collected in western Canada. Similarly, the Orthodox group was recruited from organizations that are fairly integrated into general American society (e.g., campus groups). Considering that the Orthodox groups scored slightly higher—though not significantly so—on the TAF-scale than did the other Jewish groups, it is possible that more traditionally insular Orthodox would score higher. Finally, this study extends previous research with Christians to a Jewish sample and demonstrates that Christians and Jews differ in terms of TAF and its relationship to religiosity. Future investigations should broaden to include other religious groups, as well.

Acknowledgments

The authors wish to thank Dianne L. Chambless for guidance, suggestions, and comments on drafts of this paper.

References


