

## THE RELATIONSHIP BETWEEN INTERMITTENT EXPLOSIVE BEHAVIOR, RELIGIOUS OBSESSIONS AND DISGUST SENSITIVITY

Syed Muhammad Ali Shah, and Zaqia Bano  
Department of Psychology, University of Gujrat

### **ABSTRACT**

**Objectives:** This study aimed to explore the relationship between intermittent explosive behavior, disgust sensitivity and religious obsessions among adults.

**Design:** Correlation Design

**Place and Duration of study:** This study was carried out in Gujrat from March 2019 to March 2020.

**Subject and Method:** The sample of 184 adults was selected from different areas of district Gujrat to discover the association between intermittent explosive behavior, disgust sensitivity and religious obsessions. To find out the relation between variables, a demographic form, indigenous Intermittent Explosive Behavior scale (IEBS), Disgust Scale Revised (DS-R) and Indigenous Obsessive Compulsive Disorder scale were used. For statistical analysis linear regression analysis was used.

**Results and Conclusion:** The results show that intermittent explosive behavior is significant predictor of religious obsessions. While intermittent explosive behaviors showed to be insignificant predictor of disgust sensitivity and disgust sensitivity was significant predictor of religious obsessions. These results of the study would be helpful for further research and understanding of intermittent explosive behavior, disgust sensitivity and religious obsessions.

---

**Keywords:** Keywords: Disgust sensitivity; Religious Obsessions; Intermittent Explosive Behavior

## INTRODUCTION

Aggression is frequently observed negative cognitive emotional state. Further, oral and bodily combats with displeasure explosions are frequently observed but the more uncontrolled form of impetuous violence is intermittent explosive ailment. Intermittent Explosive Disorder (IED) displays re-current social outpourings and dearth of control over compulsions of hostility uttered by oral or bodily violence to other persons, possessions or animals. The key characteristic of intermittent explosive illness is the absence of control over imputiousness and resentment in response to individually practiced incitement (that is ecological stressors) that does not certainly outcome of a social outpouring. The irritation grounded destructive upsurges are typically spontaneous and not deliberate or persistent that reason important deficiency in psychosocial performance of a person. The individual experience emotional state of regret after the indications which seemed and ended in few minutes to hours (American Psychiatric Association, 2013). It frequently begin in finale years of childhood or teenage and rarely after of age forty (typical beginning age 14 years). It is relatively persistent throughout the progress of life and is linked with a considerable decline of daily functioning (APA, 2013; Coccaro, 2012; McCloskey et al., 2008).

Furthermore religious obsessions can lead to extreme violence. The feelings of being failed in religious rituals can cause serious conflict. Although, limited research is available on relationship of religious obsessions and aggression. One research explained that 35.5% patients diagnosed with obsessive compulsive disorder were also diagnosed with impulse control disorder (Fontenelle et al., 2005). Religion related obsessions usually do not seem like according to the demands of religious teachings. These sick thoughts focus more on minor requirements instead of important ones (Abramowitz, 2001). Fear of perpetrating sin is one of the common religious obsessions such as unwelcomed thoughts of wickedness or going to hell (Abramowitz et al., 2002). Religious obsessions represent important element of obsessive compulsive disorder (Greenberg et al., 1987). Past mental health philosophers like Janet willingly categorized religious obsessions as a mental health issue instead of religious matter (Greenberg et al; 1987; Freud, 1959).

Although few studies are conducted on the relationship between religion and obsessive compulsive disorder but in past decades there is a massive increase in the awareness about obsessive compulsive disorder. The epidemiology of obsessive compulsive disorder is found equal in cross cultural studies (Weisman

et al., 1994.). A study from Egypt showed that people diagnosed with obsessive compulsive disorder showed 60% religious obsessions (Okasha et al., 1994) while in Saudi Arabia this percentage was 50% (Mahgoub & Hafeiz, 1991). In Israel it was also 50% (Greenberg et al., 1987.) and in Bahrain 40% obsessions were religious form of obsessive compulsive disorder (Shooka et al., 1998).

Turkey provides the good opportunity to study the religious obsessions because of its uniqueness in Muslim world having large secular and liberal Muslim population. According to two studies as compared to other religious states Turkish patients of obsessive compulsive disorder had only 5 % to 11.1% religious obsessions that is approximatly similar to Western clinical population (Alptekin, 1991). However, some studies proposed high frequency of religious obsessions in obsessive compulsive disorder like in capital of Turkey such as Ankara 48% patients of obsessive compulsive disorder showed symptoms of religious obsessions (Tek et al, 1998). In Eastern Turkey this percentage was 34% (Tezcan & Millet, 1997.)

According to Darwin (1965), disgust is known as basic emotion since 1872 and has typical facial expression like other basic emotions (Ekman & Friesen, 1975). Disgust develops a disease-avoidance mechanism. Although disgust has normal functioning, evidences are showing disgust as the cause and maintenance of many kinds of psychopathology (Olatunji et al., 2009).

Disgust is involved in a number of phobias specifically spider phobia. Disgust is also associated with eremophobia, blood, injection, and injury phobia (Mark et al., 2008). The relationship between obsessive compulsive disorder and disgust sensitivity is high (Tolina, Woods & Abramowitz, 2006). This is why the religious obsession can be tested with disgust sensitivity.

Keeping in view the link of intermittent explosive behavior with religious obsessions and spiritual fascinations with disgust sensitivity in the literature, the purpose of present research was to find out the association between intermittent explosive behavior, antipathy, and religious obsessions in a non-clinical population. Unfortunately, perfound hostile conduct is not reflected as psychological ailment in emerging nations like Pakistan. The existing study will talk this concern among adults men and women. As in Pakistan previously, no research is available on disgust sensitivity. So that it is worthwhile to explore this association.

***Following hypotheses have been formatted:***

Intermittent explosive behavior would be a significant predictor of religious obsessions among adults

1. Intermittent explosive behavior would be a significant predictor of Disgust sensitivity among adults
2. Disgust sensitivity would be a significant predictor of religious obsessions among adults

**METHOD**

***Participants***

A sample of 184 participants (N=184) age range (18 to 45 years) were selected from different areas of Gujrat, Punjab, Pakistan through convenient sampling technique. Data was collected from public/private foundations and resident publics of Gujrat.

***Measures***

**1. Demographic Form**

Demographic form was used for collecting important data of the participants. Demographic sheet comprised; age, sex, birth number, qualification, occupation, marital status, siblings, residential region and socio economic status .

**2. Intermittent Explosive Behavior scale (IEBS)**

Urdu version Intermittent Explosive Behavior scale (IEBS) developed by Bano and Ali (2021) is a 17 Item self-report scale measuring intermittent explosive disorder related symptoms in non-clinical population. This is a 4 point likert scale which range from 0 (never) to 3 (always). Its internal reliability is  $\alpha=.87$ .

**3. The Disgust Scale-Revised (DS-R)**

The Disgust scale (Haidt et al., 1994) modified by Olatunji et al., 2005 is a 25 items scale. All items rated on five-point response option measures (0-4). Internal reliability of this scale is  $\alpha=.874$

#### **4. Obsessive compulsive disorder scale for Pakistan**

Obsessive compulsive disorder scale for Pakistan (Jabeen & Kousar, 2010) is 46 items scale. For this study only 12 items were used measuring religious obsessions. It is 5 point likert scale which ranged from 0 (not at all) to 4 (very much) Internal reliability of this scale is  $\alpha=.85$

##### ***Procedure***

All participants were required to sign an informed consent letter. Participants were debriefed about the purpose of the research and also ensured that they have rights to withdraw to participate in the research process anytime they want. Assessment questionnaires were administered in groups and individually. Participation of man and woman were engaged from diverse universities, campuses and societies of Gujrat. All respondents were also guaranteed privacy about the individual informations collected throughout the data gathering. Newly developed Intermittent Explosive Behavior scale (IEBS), Translated Disgust sensitivity scale, Indigenous obsessive compulsive disorder check list from which only religious obsessions related items were selected. To evade misinterpretation while interpreting, the statements were delivered, one by one, by the investigator. After the completion of the questionnaires, participants were given special thanks for participation and contribution in the study.

This study was conducted with careful consideration of wellbeing of its participants. In the entire course of this research, investigator preserved four main moral ideologies; respect for the individual's right, self-respect, accountability and honesty.

In order to interpret data, statistical analysis was conducted. Linear regression was used to measure the predictive relationship among intermittent explosive behavior, disgust sensitivity and religious obsessions. Descriptive and inferential was implied using statistics statistical package for social sciences (SPSS, V-21.0).

## RESULTS

**Table-1**  
*Frequencies of Demographic Characteristics of the Sample (N=184)*

Features	F	%
<b>Sex</b>		
Male	77	41.8
Female	107	58.2
<b>Age</b>		
18 Years	75	41.2
19-25	87	47.3
26-35	10	5.4
36-45	11	5.97
<b>No. of siblings</b>		
Single born	1	0.5
More than one	183	99.5
<b>Education</b>		
Matric	27	14.7
Intermediate	73	39.7
Bachelors	30	16.3
BS Honors/Masters	51	27.7
M.Phil./PhD	3	1.6
<b>Profession</b>		
Student	151	82.1
Job	17	9.2
House wife	16	8.7
<b>Marital Status</b>		
Married	25	13.6
Unmarried	159	86.4
<b>Area</b>		
City	107	58.2
Village	77	41.8
<b>Socio Economic Status</b>		
Upper class	10	5.4
Middle class	169	91.8
Poor class	5	2.7

**Table-2**

*Summary of Linear Regression Analysis of Intermittent Explosive Behavior as a Predictor of Religious Obsessions.*

Predictor	R	R <sup>2</sup>	Adj.R <sup>2</sup>	F	P
<b>Intermittent explosive behavior</b>	.212	.045	.040	8.598	.004

*Note p<.05, Table shows Intermittent explosive behavior a significant Predictor of Religious obsessions.*

The R square value specifies the portion of total alteration in the dependent variable, can be clarified by the autonomous variable. In this situation, 4.5% can be described. Adjusted R-square a modify form of R-square which is also 4% difference in data.

**Table 3**

*Summary of Linear Regression Analysis of Intermittent Explosive Behavior as Forecaster of Disgust Sensitivity*

Predictor	R	R <sup>2</sup>	Adj. R <sup>2</sup>	F	P
<b>Intermittent explosive behavior</b>	0.116	.013	.008	2.470	.118

*Note p<.05, Table shows Intermittent explosive behavior is insignificant Predictor of Disgust sensitivity.*

Above table delivers the R and R<sup>2</sup> values. The R signifies the association and is 0.116 which shows a no relationship. The R<sup>2</sup> value designates over-all change in the dependent variable by the self-governing variable. In this situation, 1.3% can be clarified with 8% alteration.

**Table 4**

*Summary of Linear Regression Analysis of Disgust Sensitivity as a Predictor of Religious Obsessions*

Predictor	R	R <sup>2</sup>	Adj. R <sup>2</sup>	F	P
<b>Disgust sensitivity</b>	.248	.062	.057	11.969	.001

.Note  $p < .05$ , Table shows Disgust sensitivity a significant Predictor of Religious obsessions.

Above table delivers the R and R<sup>2</sup> values. The R signifies the association and is 0.248 which shows a significant relationship. The R<sup>2</sup> value designates over-all change in the dependent variable by the self-governing variable. In this situation, 6.2% can be clarified with 5.7% alteration.

## DISCUSSION

Current study revealed the relationship of intermittent explosive behavior, religious obsessions, and disgust sensitivity among adults. First hypothesis was “Intermittent explosive behavior would be a significant predictor of religious obsessions among adults.” Results of current study reflected that intermittent explosive behavior is significant predictor of religious obsessions. There can be multiple reasons behind this relationship. Previous studies also showed the same results (Fontenelle et al., 2005).

Second hypothesis was “Intermittent explosive behavior would be a significant predictor of Disgust sensitivity among adults.” Results of current study showed insignificant relationship of intermittent explosive behavior with disgust sensitivity. The results were consistent with previous researches that the Disgust has negative relationship with aggression. Disgust sensitivity is associated with less trait of physical and verbal aggression, subjects having more disgust emotions and having less aggressive behavior to strangers on a reaction-time task. Further, disgust sensitivity connected with less violence against companions. Every type of disgust (moral, sexual, and pathogen disgust) had a similar impact on routine aggression when daily experiences triggered those specific categories (Pond et al., 2012)

Third hypothesis was “Disgust sensitivity would be a significant predictor of religious obsessions among adults.” This hypothesis was based on

evolution of theory (Rozin et al., 1997) and new works (Thorpe et al., 2003), a connection was forecasted that disgust sensitivity would be significantly predictor of religious obsessions. Hence, disgust sensitivity is proved as significant predictor of religious obsessions in current study.

The religious obsessions and disgust sensitivity both have some features in common like both are related to fear of contamination and fear of impurity, this common phenomena can lead to complex relation between disgust emotions and religious obsessions. Similarly both are related to obsessive compulsive disorder. In obsessive compulsive disorder religious obsessions and disgust are obsessive categories. Not only this the individuals having blasphemy obsessions can feel the extreme disgust emotions.

Another past study is consistent with results of current study, suggesting that disgust sensitivity is the perfect predictor of particular obsessions like washing and checking (Mancini et al., 2001). One Italian study proposed that people having strong religious ties show extreme moral standards. This can provide base in development of the obsessions (Sica et al., 2002). Further, one study in line of the current study showed that ethics aversion may be triggered by many provocations like dreadful opinions, profanity, dishonest persons, intolerable impulses without any physical touch with contaminant (Rachman, 1994).

Moreover, another study on Israeli clinical population suggested that intellectual assessment of hygiene and transparency can play a minor part in spiritual fascinations. Further, disgust and fear can work unitedly in development of religious obsessions (Wakszlak & Trope, 2009). A previous study proposed that fear and anxiety may be responsible for obsessions while disgust can work secondarily in particular obsessions (Thorpe et al., 2003) one study showed significant relationship between Disgust Sensitivity and Religious Obsessions, Disgust Sensitivity related to sex and death is associated with religious obsessions. Study also proposed that revulsion sympathy can be self-reliantly connected to spiritual fascinations (Olatunji et al., 2005).

### ***Conclusion***

The purpose of this study was to find out the relationship between intermittent explosive behavior, disgust sensitivity and religious obsessions. It is concluded that intermittent explosive behavior is significant predictor of religious obsessions. The current study would be helpful for further investigations and

clinical practices because it depicts the significant relationship of intermittent explosive behavior and religious obsessions in Pakistan.

### ***Limitations and recommendations***

The current study is a study investigating intermittent explosive behavior in relation with religious obsessions and disgust sensitivity. The sample size is small and taken from Gujrat. The intermittent explosive behavior with religious obsessions can also be tested in different cultures with different religious communities. Similarly, in current study relationship is found between disgust sensitivity and religious obsessions so the disgust sensitivity also must be tested with obsessive compulsive disorder.

### **REFERENCES**

Abramowitz, J. S. (2001). Treatment of scrupulous obsessions and compulsions using exposure and response prevention: A case report. *Cognitive and Behavioral Practice*, 8(1), 79-85.

Abramowitz, J. S., Huppert, J. D., Cohen, A. B., Tolin, D. F., & Cahill, S. P. (2002). Religious obsessions and compulsions in a non-clinical sample: The Penn Inventory of Scrupulosity (PIOS). *Behavior research and therapy*, 40(7), 825-838.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*. Washington, DC: APA.

Alptekin, K., (1991). Clinical Characteristics and Magnetic Resonance Imaging of the Brain in Obsessive Compulsive Disorder Žin Turkish.. Unpublished Dissertation, Dokuz Eylul University, Izmir.

Bano, Z., & Shah, M. A. (2021).Development of intermittent explosive behavior scale: A reliable measure. *Rawal Medical Journal*, 46(2), 403-406

Coccaro, E.F.(2012).Intermittent Explosive Disorder as a Disorder of Impulsive Aggression for DSM-5. *American Journal of Psychiatry*, 169(6), 577-88

Darwin, C. (1965). *The Expression of the Emotions in Man and Animals*. Chicago (University of Chicago Press).

Ekman, P., & Friesen, W. V. (1975). Unmasking the face: A guide to recognizing emotions from facial cues.

Fontenelle, L. F., Mendlowicz, M. V., & Versiani, M. (2005). Impulse control disorders in patients with obsessive-compulsive disorder. *Psychiatry and Clinical Neurosciences*, 59(1), 30-37.

Freud, S. (1959). Obsessive actions and religious practices. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume IX (1906-1908): Jensen's 'Gradiva' and Other Works* (pp. 115-128).

Greenberg, D., Witztum, E., & Pisante, J. (1987). Scrupulosity: Religious attitudes and clinical presentations. *British Journal of Medical Psychology*, 60(1), 29-37.

Haidt, J., McCauley, C., & Rozin, P. (1994). Individual differences in sensitivity to disgust: A scale sampling seven domains of disgust elicitors. *Personality and Individual Differences*, 16, 701-713.

Jabeen, S., & Kausar, R (2010). Development of Indigenous Obsessive Compulsive Disorder Symptom Checklist. *Pakistan Journal of Psychological Research*, 25(1), 01-18.

Mahgoub, O. M., & Abdel-Hafeiz, H. B. (1991). Pattern of obsessive-compulsive disorder in eastern Saudi Arabia. *The British Journal of Psychiatry*, 158(6), 840-842.

Mancini, F., Gragnani, A., & D'Olimpio, F. (2001). The connection between disgust and obsessions and compulsions in a non-clinical sample. *Personality and individual Differences*, 31(7), 1173-1180.

Mark, V.O., Peter, J.D.J., Maledon, L., & Wiljo, J.P.J., Theo, K.B.(2008). An internet-based study on the relation between disgust sensitivity and emetophobia. *Journal of Anxiety Disorders*, 22(3), 524-531.

McCloskey, M. S., Lee, R., Berman, M. E., Noblett, K. L., & Coccaro, E. F. (2008). The relationship between impulsive verbal aggression and intermittent explosive disorder. *Aggressive behavior*, 34(1), 51-60.

Okasha, A., Saad, A., Khalil, A. H., El Dawla, A. S., & Yehia, N. (1994). Phenomenology of obsessive compulsive disorder: A transcultural study. *Comprehensive psychiatry*, 35(3), 191-197.

Olatunji, B. O., Tolin, D. F., Huppert, J. D., & Lohr, J. M. (2005). The relation between fearfulness, disgust sensitivity and religious obsessions in a non-clinical sample. *Personality and Individual Differences*, 38(4), 891-902.

Olatunji, B.O., Unoka, Z. S., Beran, E., David, B., & Armstrong, T. (2009). Disgust Sensitivity and Psychopathological Symptoms: Distinctions from Harm Avoidance. *Journal of Psychopathology and Behavioral Assessment*, 31,137-142.

Pond Jr, R. S., DeWall, C. N., Lambert, N. M., Deckman, T., Bonser, I. M., & Fincham, F. D. (2012). Repulsed by violence: Disgust sensitivity buffers trait, behavioral, and daily aggression. *Journal of personality and social psychology*, 102(1), 175.

Rachman, S. (1994). Pollution of the mind. *Behaviour research and therapy*.

Rozin, P., Markwith, M., & Stoess, C. (1997). Moralization and becoming a vegetarian: The transformation of preferences into values and the recruitment of disgust. *Psychological Science*, 8(2), 67-73.

Shooka, A., Al-Haddad, M. K., & Raees, A. (1998). OCD in Bahrain: A phenomenological profile. *International Journal of Social Psychiatry*, 44(2), 147-154.

Sica, C., Novara, C., & Sanavio, E. (2002). Religiousness and obsessive-compulsive cognitions and symptoms in an Italian population. *Behaviour Research and therapy*, 40(7), 813-823.

Tek, C., Ulug, B., Ulusahin, A., Orhon, A., 1998. *Phenomenology of OCD in a Turkish sample*. Poster presentation. Annual Meeting of the American Psychiatric Association, Toronto, Canada.

Tezcan, E., & Millet, B. (1997). Phenomenology of obsessive-compulsive disorders. Forms and characteristics of obsessions and compulsions in East Turkey. *L'Encephale*, 23(5), 342-350.

Thorpe, S. J., Patel, S. P., & Simonds, L. M. (2003). The relationship between disgust sensitivity, anxiety and obsessions. *Behavior research and therapy*, 41(12), 1397-1409.

Tolina, D. F., Woods, C. M., & Abramowitz, J. S. (2006). Disgust sensitivity and obsessive compulsive symptoms in a non-clinical sample. *Journal of behavior therapy and experimental psychiatry*, 37(1), 30-40.

Wakslak, C., & Trope, Y. (2009). The Effect of Construal Level on Subjective Probability Estimates. *Psychological Science*, 20(1), 52-58.

Weisman, M. M., Bland, R. C., Canino, G. J., Greenwald, S., Hwu, H. G., Lee, C. K., ... & Yeh, E. K. (1994). The cross national epidemiology of obsessive-compulsive disorder. *Journal of Clinical Psychiatry*, 55(3 Suppl.), 5-10.