

Relationship between Thought-action Fusion (TAF), Morality, and Symptoms of Obsessive-Compulsive Disorder (OCD)

Syeda Javaria Bukhari ¹

ABSTRACT

Obsessive-Compulsive Disorder (OCD) appears in various forms and is often accompanied by Thought-Action Fusion (TAF), which involves considerations of morality or likelihood. Morality TAF refers to the belief that having a morally bad thought is equivalent to actually performing the action. Likelihood TAF, on the other hand, refers to the belief that thinking about a negative event increases the likelihood of it happening in reality. The purpose of this study is to explore the complex relationship between Thought-Action Fusion, specifically TAF Morality or TAF over religious issues, and the resulting feelings of guilt that manifest as OCD symptoms. Understanding these connections could provide insight into the psychological mechanisms underlying the development of OCD symptoms, potentially leading to more targeted interventions and treatment techniques. The sample consisted of 48 participants, ranging in age from 16 to 50 years old. Data was collected from the psychotherapeutic center of the Department of Psychology at the University of Peshawar and Khyber Teaching Hospital Peshawar. The data was analyzed using t-tests and ANOVA. The results revealed a significant positive correlation between TAF morality and guilt feelings in patients with obsessive-compulsive disorder.

Keywords: *Obsessive compulsive disorder, Thought Action Fusion, Thought suppression, Morality thought action fusion, Likelihood thought, Action fusion*

INTRODUCTION

Thought–action fusion (TAF) is defined as the inability to differentiate between thought of an action with the realization of the action. Shafran and Rachman (2004) defined TAF as one’s ability to believe that thought of any action is stronger than the real-life experience.

Thoughts are very powerful, which effect the reality (Rachman, 1993; Freud 1909). There are two elements of TAF, the likelihood and morality (Shafran, Thordarson, & Rachman, 1996a). TAF-Likelihood is the belief that the thought of an action increases the probability of the realization of the action, whereas, TAF-Morality refers to the experiences that the thought of any kind of immoral action is equal to acting out that

¹ Assistant Professor of Psychology, Shaheed Benazir Bhutto Women University Peshawar, **Corresponding Author’s Email:** javeriabokhari@gmail.com

thought. The TAF morality is found to link with an exaggerated sense of responsibility, while the TAF likelihood is associated with more thought suppression efforts, which in turn increase OCD symptoms. (Atlin & Gencos, 2010).

There are some coincidences that the thought of something actually causes that event which strengthens the relation between negative thought and negative event (Tallis, 1994; Rhéaume, Freeston, Léger, & Ladouceur, 1998). For example, thought of harm (car accident) and actual harm (people die in car accident).

TAF is a psychological error, which has been studied in relation with many other constructs like symptoms of obsessive-compulsive disorder (OCD) and religiosity. It has also been researched as a tendency to make the relationship between one's thoughts and environmental consequences. It is considered to be a dysfunctional belief linked with obsessive-compulsive disorder (OCD). While the TAF is commonly evaluated using the Thought-Action Fusion Scale (TAFS), it cannot fully reflect the actual experience of experimentally evoked TAF. (Lee et al., 2023)

Thought action fusion and OCD

Shafran et al (1996a) investigated the relation between thought action fusion and obsessive-compulsive disorder (OCD). Sample consisted of 147 OCD people and 190 students. Results revealed that TAF morality is high among OCD group as compared to student group, whereas TAF likelihood was high in students' group as compared to OCD group.

Some other researchers found the relation between TAF-Likelihood subscale and OCD than TAF-Morality (Berle & Starcevic, 2005; Shafran & Rachman, 2004). The relationship between TAF-Morality and OCD symptoms was studied among Turkish sample (n = 251). It was found that the link between TAF-Morality and OCD symptoms was high than TAF-Likelihood (Yorulmaz et al 2004).

Bailey et al. (2014) also found parallel findings regarding the stronger correlations between TAF-Morality and OCD symptoms. Zhu et al. (2017) examined both components of TAF and OCD among Chinese culture. Data was collected from undergraduate students (N=622). Results indicated correlation among TAF-Likelihood and OCD than TAF-Morality, which was contrary to previous studies.

Religiosity and OCD

Researchers are very interested to examine the correlation between religiosity and OCD (Abramowitz, Deacon, Woods, & Tolin, 2004; Freud, 1907; Lewis & Loewenthal, 2018; Raphael, Rani, Bale, & Drummond, 1996; Siev, Baer, & Minichiello, 2011; Sica, Novara, & Sanavio, 2002; Steketee, Quay, & White, 1991; Tek & Ulug, 2001). Siev, Abramovitch, Ogen, Burstein, Halaj & Huppert (2017) assessed the link between religiosity and OCD among Israeli population. Sample consist of 34 Muslims (17 men, 17 women) and 43 Jewish (20 men, 23 women). It was found that both groups were equally

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religious, however Muslims were high in Obsessive Compulsive symptoms and Thought Action Fusion.

There was another quantitative study conducted to determine the nature of the relationship between obsessive-compulsive disorder (OCD), measured by the Brief Obsessive-Compulsive Scale; and religiosity, measured on the Ok-Religious Attitude to Religion-Islam Scale; while checking for the role of personality traits, measured with the Big-Five Inventory. The survey was conducted on a sample of 298 Muslim non-clinical participants aged 16–66 years. The results confirmed the strong positive correlation between levels of religiosity and OCD scores. While Neuroticism and Conscientiousness played a role in the prediction of the OCD score, Agreeableness and Conscientiousness accounted for a small portion of religiosity along with the OCD score. The present findings may contribute to the understanding of OCD and its treatment among mental health practitioners, and improve the practices of religious ministries and religious instructors. (Ok & Goren, 2018).

Current Study

The aim of present study is to assess the relation between OCD symptoms and TAF-Morality. There have been a few studies which have found connection between Obsessive Compulsive Symptoms and Thought Action Fusion-Morality (Siev, et al., 2017). Yet, the current study hypothesized that Thought Action Fusion over religious issues is likely to generate guilt feelings leading to OCD hence, emphasizing the role of religiosity in the development of OCD symptoms.

METHODOLOGY

Participants and Procedure

The sample consists of 48 male and female subjects with OCD symptoms aged 16-50. The level of the severity of their symptoms ranged from mild and moderate to severe. A Comparative treatment strategy design was used for their treatment. The researcher randomly selected 2 hospitals of Peshawar which were well known to provide diagnosis and treatment of psychiatric disorders. They were Khyber Teaching Hospital and the psychotherapeutic center of the Psychology Department, University of Peshawar. The data was collected over the span of two years i.e. from May 2002 to April 2004. The OCD diagnosis and patient assessment were made on the basis of DSM-IV and ICD-10 criteria and also by using Patient information form, and other two tests; Yale Brown Obsessive Compulsive Scale and Human Figure Drawing Test.

Analysis

The researcher used the t-test in order to compare the difference between the severity of the OCD symptoms before and after taking treatment while using Yale Brown Obsessive Compulsive Scale (YBOCS) and Human Figure Drawing (HFD) Test. One-way , Anova was also used to measure the within and between differences among the four

groups receiving different forms of treatment including Cognitive Behavior Therapy, Psychotherapy (Eclectic approach), Medication and Placebo.

Measures

Diagnostic interview: The diagnostic interview is a clinical tool to measure the mental functioning of patients according to DSM-V or ICD-10.

Yale Brown Obsessive Compulsive Scale: Yale Brown Obsessive Compulsive (YBOCS) was developed at Yale university school of medicine, New Haven CT. The scale consists of 10 items rated on four points 0 (No symptoms) to 4 (Extreme symptoms) total range (0-40) (Goodman et al., 1989).

RESULTS

Table 1:

Total number of cases and percentages of OCD patients with respect to the two levels of guilt intensity

		<u>Guilt Intensity</u>		<u>Total</u>
		Present	Absent	
	Count	10	3	13
Moderate	% with Pretest Condition	76.9%	23.1%	100.0%
	Count	21	4	25
Severe	% with Pretest Condition	84.0%	16.0%	100.0%
	Count	9	1	10
Extreme	% with Pretest Condition	90.0%	10.0%	100.0%
	Count	40	8	48
Total	% with Pretest Condition	83.3%	16.7%	100.0

This table indicates that majority of the current study sample suffered from guilt feelings.

Table 2:

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Total number of cases and percentages of OCD patients with respect to two types of thought action fusion phenomenon

		<u>Types of TAF</u>			<u>Total</u>
		Moral TAF	Likely TAF	Both	
	Count	8	3	2	13
Moderate	% with Pretest Condition	61.5%	23.1%	15.4%	100.0%
	Count	15	4	6	25
Severe	% with Pretest Condition	60.0%	16.0%	24.0%	100.0%
	Count	4	1	5	10
Extreme	% with Pretest Condition	40.0%	10.0%	50.0%	100.0%
	Count	27	8	13	48
Total	% with Pretest Condition	56.3%	16.7%	27.1%	100.0

This table indicates that the major part of the current study sample suffered from moral TAF.

DISCUSSION

The current study examined the relationship between thought action fusion morality and the resultant guilt feelings which generated OCD symptoms. It was found out that individuals may experience intense guilt due to the belief that having intrusive, unwanted thoughts is equivalent to actually engaging in the feared actions. This cognitive distortion can lead to heightened guilt and distress, contributing to the cycle of obsessions and compulsions in OCD patients. Such patients indulge in compulsive acts so that they can neutralize the perceived moral consequences. It is suggested that the parents, teachers and the community religious leaders should exercise great care when guiding teenagers and adolescent through their psychological or emotional issues, as any form of negligence could result in serious consequences, potentially leading to the development of additional mental health problems. The present findings may contribute to the understanding of OCD and its treatment among mental health practitioners, in order to improve the practices of religious ministries and religious instructors.

Limitations

Due to the limited sample size and data collection sites, the study's generalizability is restricted. Future research with broader populations from various healthcare settings could provide a more comprehensive understanding of TAF morality's role in OCD.

CONCLUSION

The research concludes that OCD patients experience heightened guilt due to TAF morality, the belief that bad thoughts are the same as bad actions, particularly when those thoughts concern religious matters. This guilt can fuel the cycle of obsessions and compulsions in OCD as patients attempt to neutralize the perceived moral transgression

through their compulsions. The study highlights the importance of religious leaders and caregivers exercising caution when guiding individuals through emotional or psychological issues to avoid inadvertently contributing to OCD development.

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