



Development of a Novel Religious Addiction Scale Pilot Study

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ABSTRACT

This study sought to develop a religion addiction scale using a cross-sectional design with 74 participants from an online WhatsApp group. The analysis showed that most items met the .30 correlation value requirement, indicating high reliability. The scale demonstrated high internal consistency (Cronbach alpha = .97), making it a reliable tool for assessing religious addiction. Results showed that younger participants were more likely to exhibit religious addiction, while gender and religious affiliation did not significantly impact scores. Muslims had slightly higher scores than Christians, but the difference was not statistically significant. The study recommends using this scale to measure religious addiction, providing a valuable tool for researchers and clinicians.

INTRODUCTION

According to recent research, there appears to be a rise in religious commitment worldwide, with 45% of people indicating that religion plays a very important or major role in their lives (Gallop, 2020). The numerous advantages of religion, such as social support, cognitive function, and emotional meaning-making, are probably responsible for this trend (Csákányos, 2021). Faith can provide individuals with meaning, purpose, and a sense of community. However, when religious involvement becomes a harmful coping mechanism and leads to the negative consequences, it may be considered a form of addiction.

Excessive commitment to any activity, including religion, has the potential to result in addiction, according to Arterburn and Felton (2021). Both behavioural addictions (gambling, excessive internet use, etc.) and substance-based dependence (alcohol, narcotics, etc.) are included in this larger definition of addiction. These addictions can have a profound effect on mood because they provide momentary highs that are followed by cravings and unfavourable outcomes when the action is stopped. Like addictions to substances, addictions to religion can also show signs of tolerance and withdrawal. When people who are addicted to religion are unable to participate in their regular religious activities, they may exhibit withdrawal symptoms such as emptiness, guilt, or anxiety. This may cause people to develop a tolerance-like effect in which they search for more frequent or strong religious encounters in order to feel the same level of fulfilment or comfort.

LITERATURE REVIEW

According to (Taylor, 2002), religious addiction develops when someone uses religion as a means of escape. This implies that a religious addict seeks solace from the paranormal in order to deal with catastrophic life events. Although religious addiction may include using religion as an escape, this definition does not fully account for the range of experiences and complexity associated with this issue. Booth (1991) describes religious addiction as a struggle in handling life's challenges in a healthy manner, primarily due to unhealthy religious beliefs that contaminate one's life. This contamination can lead to feelings of isolation, disconnection from loved ones, and even from one's perception of God.

Roberts (1989) defined religious addiction as a belief system that lessens a person's capacity to recognize and manage the things in their environment, hence reducing their reliance on oneself. Roberts' concept emphasizes how losing one's independence and being more reliant on religious rituals or beliefs might result from a religious addiction. It also highlights how religious practices may make it more difficult for someone to learn constructive problem-solving techniques and deal with life's obstacles. But it runs the risk of pathologizing components of regular religious practice and could be used to harshly condemn those who get strength and comfort from their faith.

Dale et al (N.D) propose that religious addiction stems from an individual's fixation on pleasing God, driven by a desire to earn God's love through constant devotion and actions. However, this perspective may overlook other factors contributing to religious addiction, such as seeking comfort, escaping reality, or belonging. Additionally, the focus on individual motivations ignores the influence of outside forces, such as religious communities and leaders, that can foster unhealthy behaviours and beliefs.

In this study however, religious addiction can be defined as an excessive reliance on religious beliefs, institutions, and practices, leading to functional impairments, distorted realities, and unhealthy attachments. Religious addiction can interfere with daily life, impacting work, relationships, and personal well-being. The person can grow too dependent on religious practices or authorities, ignoring other crucial facets of life and possibly developing toxic codependent relationships. In such cases, religious practices may serve as a means of escapism, isolation, or a way to cope with life's challenges in an unhealthy manner, often resulting in feelings of alienation from self, others, and a higher power

Coping theory, developed by Lazarus and Folkman (1984), offers a valuable framework for understanding religious addiction. This theory focuses on how individuals manage stress and challenging life circumstances.

According to this perspective, individuals experiencing stress or difficulties may turn to religion as a coping mechanism. They may utilize their religious beliefs and practices to provide comfort, meaning, and a sense of control in the face of adversity. However, when this reliance on religious coping becomes excessive and unhealthy, it can lead to religious addiction.

Studies have looked at the relationship between religious coping mechanisms and mental health outcomes as well as the possibility that religious practices can result in addictive or maladaptive behaviours (Ahles et al., 2016; Bade & Cook, 2008; Francis et al., 2019; Mahamid & Bdier, 2021; Parament, 1997; Taylor, 2021). While many turned to religion for comfort and support during difficult times, some people tended to rely too much on religious coping strategies. This over-reliance on religion was associated with negative psychological effects, suggesting a potential link between distress and maladaptive religious coping.

Religion addiction is a growing concern that can have severe consequences, including broken relationships, financial ruin, and feelings of disconnection. When religious leaders who are also struggling with addiction hold positions of trust, they can cause significant harm. The issue has become a public safety concern in many countries. For instance, China has banned all religions (Griffiths, 2020), while other European nations have prohibited certain religious practices, such as wearing full-face veils in public (Aljazeera, 2019).

Despite its potential significance, the study of religious addiction remains a relatively under-researched area. This lack of robust, psychometrically sound assessment tools hinders our understanding of the phenomenon's causes, treatment implications, and prevalence. While some early efforts, such as Booth's (1991 tool), have been made it was created with

Christianity in mind, they might not be appropriate for non-Christians. Furthermore, its psychometric characteristics are still unclear. Their limitations in scope and psychometric properties necessitate further development in light of this, the current study aims to address this gap by contributing to the understanding of religious addiction through.

1. Developing a standard scale that will measure religion addiction
2. Determining the internal consistency of the developed religion addiction scale
3. Investigating the prevalence of religion addiction
4. Finding out the interactive effect of demographic variables on religion addiction.

METHODOLOGY

In the pursuit of understanding religious addiction, a systematic search was conducted on Google up until June 2023 using specific keywords such as “spiritual addiction,” “religion addiction,” and “religious addiction.” The search aimed to gather relevant studies and scholarly articles on the topic. Subsequently, a comprehensive literature review was carried out, drawing insights from various sources including works by Csákányos (2021), Roberts (1989), Toler (2019), and Wyner (2022). Due to the scarcity of research on this specific topic, expert consultations were conducted with subject-matter experts to ensure the breadth of coverage. A pool of items was subsequently developed to measure religious addiction.

The prepared items were subsequently submitted to a panel of five academic experts from the Departments of Religion and Psychology for content validity review. Feedback was sought on the clarity and ability of the items to effectively capture the concept of religious addiction. The expertise of these reviewers ensured that the instrument developed was rigorous and reliable in its assessment of religious addiction. Furthermore, the academic lecturers provided feedback on the suitability of the items, and those deemed inappropriate were subsequently removed from the scale. The initial scale consisted of 44 items, which were evaluated by academic lecturers to ensure that only appropriate items remained. After this process, the five-point Likert scale was deemed suitable for the study. To assess the normality of the data, skewness and kurtosis values were examined. Since all values fell within the range of ± 2.0 , it can be concluded that the assumption of univariate normality was met.

The sample consisted of 74 members from a WhatsApp group, with one of the authors being a member. The majority of participants (54) identified as Muslim. According to Kline (1994), the ideal number of participants for factor analysis is ten times the number of items. Given that our study had fewer participants than this threshold, further analysis using factor analysis was not feasible.

RESULT AND DISCUSSION

Table 1. Cronbach Reliability

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.965	.964	44

The above showed that the Cronbach reliability value of 0.965. since this is greater than 0.7, it means the items are internally consistent.

Table 2. Descriptive Statistics of Mean and Standard Deviation Scores of Each of the 44 Items for the Study

	Mean	S.D	Item-Total Correlation	Cronbach's Alpha if Item Deleted
1. Remembering the success of past spiritual experiences gives so much excitement.	3.49	1.601	.459	.961
2. I feel worried when I have a good reason not to go to church/mosque/religious gathering.	2.99	1.707	.638	.961
3.I don't mind skipping important things like school, work, and family duties to do religious things	2.36	1.559	.567	.961
4.I tend to prioritize my religious devotion over other areas of my life.	2.81	1.526	.620	.961
5. My religious devotion sometimes puts me in difficult financial situations	1.78	1.281	.536	.961
6Whenever I feel sad, singing religious songs makes me feel better right away	3.40	1.479	.536	.961
7. Sometimes I can't help but bring up religious quotes or sayings even when we're talking about something else	2.94	1.546	.602	.961
8. If a passage in the scriptures says 2+2 =5, I still believe it without questioning	2.39	1.675	.517	.961
9. Because I do religious things a lot, I cause problems for the people around me.	1.39	1.015	.435	.961
10. 1. I get angry when my family and friends advises me to reduce or stop my religious practices	2.22	1.513	.754	.961
11. Planning my next acts of faith is my regular concern	2.90	1.585	.709	.961
12. The thought of refraining from religious practices makes me nervous	3.14	1.586	.650	.961
13. I don't mind sleepless night because I stay up late praying	2.31	1.421	.665	.961
14. My religious group is more important to me than my friends and family	1.97	1.434	.733	.961
15. When I'm a little sick, going to church or mosque makes me feel better	2.53	1.491	.719	.961
16. I often want to talk about religion, even when everyone else is talking about something different.	1.94	1.393	.679	.961
17. I rely on my religious leader alone to make all the decisions about my personal life	1.31	.866	.386	.961
18. The people close to me complain about how much time I spend doing religious things	1.67	1.233	.552	.961
19. I feel angry when I am interrupted during Prayer	2.78	1.576	.689	.961
20. I have tried to control my religious devotion without success..	1.67	1.256	.499	.961
21. I get irritated when I don't engage in religious activities for long	2.72	1.663	.743	.961
22. I keep doing religious things despite its hurting other parts of my life	1.76	1.379	.685	.961
23. My faith has overshadowed other previously important life goals	1.74	1.332	.561	.961
24. I believe giving money to my religion is more important than paying off my debts, bills, and other owed expenses	1.43	.947	.392	.961
25. Religion helps me escape from the world and all its problems.	2.81	1.650	.706	.961
26. I'm always ready to explain things using religion, even when it's not really connected.	1.90	1.302	.693	.961
27. I never question the preacher opinion on non-religious matters	1.72	1.236	.493	.961
28. I stop being friends with people who are not devoted to religion	1.61	1.120	.634	.961
29. When someone says annoying things about my religion or prophet, it hurts my feelings	2.60	1.701	.735	.961
30. I always feel the urge to spend more time in religious activities	2.76	1.657	.725	.961
31. Even after I finish praying, I keep thinking about more things to pray for	2.64	1.656	.779	.961
32. I always follow the rules of my religion, no matter the consequence	2.39	1.506	.747	.961
33. I argue against scientific facts to defend my religion..	2.53	1.556	.641	.961
34. Sometimes I have to borrow money to give as an offering at church or mosque	1.49	1.113	.430	.961
35. I use religion to forget about my own problems	1.99	1.348	.566	.961
36 I always make sure people know what religion I belong to, no matter what we're talking about	2.17	1.592	.669	.961
37 Whenever I am sick, I first talk to my religious teacher for advice.	1.51	1.007	.490	.961
38. I stay in church or mosque longer than I planned to	1.89	1.359	.697	.961
39 I will still continue to fast even when it makes me sick.	1.58	1.172	.431	.961
40 I lie to my family about money spent on religion	1.21	.749	.260	.961
41. I feel really happy when I'm worshipping and really sad when I can't	2.90	1.696	.651	.961
42. 1. I really want to tell others about my religious beliefs, even if they don't want listen	2.38	1.578	.734	.961
43 People tell me I'm really religious and I don't care	2.53	1.618	.751	.961
44. I noticed that I'm not doing as well at work/school because I'm too focused on my religion	1.50	1.138	.474	.961

From the table above, the item-total correlation ranges from .266 to 0.779 which indicate that all items are discriminating well. Furthermore, the removal

of any individual items did not significantly increase the alpha value of the tool scale therefore all items are retained (Kline; 1986) on the other hand, it should be summarized in an easier to read table or graphs. You must not forget the numbers for every table and chart presented in your paper.

Table 3. Which Posited that there will be a High Prevalence Religious Addiction

Religion Addiction		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Addicts	4	5.4	5.4	5.4
	Asymptomatic	45	60.8	60.8	66.2
	Symptomatic	25	33.8	33.8	100.0
	Total	74	100.0	100.0	

(Applying a cut-off point of 1.0-2.33 on the religion addiction Scale, for no religion addiction symptoms, 2.34-3.67 for asymptomatic [at risk] action and > 3.67 religion addiction)

About four persons (5.4%) had showed high religion addiction. 45 persons (60.8%) showed were a symptom at I while 25(33.8%) were Asymptomatic.

Table 4. There will be Significant Demographic Difference on Religion Addiction

Variable	Types	N	Mean	S.D	F	P	Significance
gender	Male	56	2.0959	.88396	2.081	.154	Insignificant
	Female	18	2.4384	.85148			
Age	16-30	37	2.3231	.80482	3.164	.048	Significant
	31-45	21	2.2888	1.00533			
	46 and Above	16	1.7024	.76208			
Religion	Christian	54	2.2560	.81885	2.83	0.098	Insignificant
	Islam	10	2.7326	.84637			
Marital Status	Single/saperated	44	2.1339	.81071	0.283	.596	Insignificant
	Married/dating	30	2.2457	.98986			
Total		74	2.1792	.8829			

In the context of demographic characteristics Even though. female (M =2.4384, S.D =.85148) showed higher religion addiction than male (M= 2.0959, S.D =.88396), the mean of religion addiction scores was insignificant across gender, (p=.154). On the contrary, there was significant difference in religion addiction across age. the mean of religion addiction scores was highest among youth aged 16-30 (M = 2.32, S.D = 0.805) and it decreased slowly among those aged 31- 45. (M= 2.29, S.D = 1.005) while those over 46 years of age recorded the

lowest mean score of religious addiction ($M = 1.7024$, $S. D = 0.7621$). In addition, even though Muslims ($M = 2.736$, $S.D = .84637$) had a slightly higher score in religion addiction than Christian ($M = 2.256$, $S.D = .81885$), the difference was not significant at $p = 0.098$. Religion addiction did not differ by marital status.

The main goals of this study were to create a scale measuring religious addiction and investigate the frequency, and relationships between religious addiction and demographic characteristics. The results indicated that the scale employed in this study exhibited a high level of internal consistency, providing a reliable measure of religious addiction.

The findings revealed that a subset of the sample (5.4%) exhibited addictive behaviours related to religion, suggesting that some individuals may use religion excessively. Notably, the prevalence of religious addiction in this study was found to be higher compared to previous research (Kovács & Pikó, 2015), which reported a significantly lower rate (approximately 1%) of individuals exhibiting religious addiction. The study also identified a broader group exhibiting symptomatic behaviours (16.2%) related to religious addiction. These individuals may not meet the full criteria for addiction but still experience some concerning aspects. The remaining 60.8% of participants showed no symptoms. This disparity suggests that the prevalence of religious addiction may vary depending on the population and context being studied.

The study found no significant difference in religious addiction rates between genders, despite women scoring slightly higher. However, women's greater participation in religious activities like scripture study and meditation (Maselko & Kubzansky, 2006) might lead to a perception of higher addiction among them. Negative religious coping, such as viewing God as harsh and judgmental, is more common among women. (Maselko & Kubzansky, 2006) leading to a perception of greater dependence on religion.

The study found a clear link between age and religious addiction. Younger adults (16-30) showed the highest levels, with addiction gradually decreasing with age. This could be due to the lasting impact of childhood religious upbringing on young adults and the importance of identity formation during their developmental stage. Religion can offer a strong sense of purpose and belonging, potentially leading to more intense engagement in younger years. Societal pressures, academic stress, and social acceptance struggles may push them towards religion as a coping mechanism, leading to more intense engagement. In contrast, older individuals, having navigated these challenges, might have developed alternative coping strategies or support networks, reducing the risk of religious addiction. This aligns with Hackett et al. (2018) who found younger religious members holding stronger beliefs in their religion's exclusivity.

Notwithstanding the finding that Muslims scored higher on religious addiction, the difference was not statistically significant at $p > 0.05$. This suggests that both religious groups have unique practices and beliefs that can potentially lead to addictive behaviours. Furthermore, the study implies that both religious groups can experience religious addiction due to various factors,

including personal experiences, social influences, and psychological factors. This finding is not consistent with previous research (Hassan, 2002), which demonstrated that Australian Muslim respondents reported higher levels of religiosity compared to Australian Christians, as measured by the five dimensions of religiosity. The current study examines "religious addiction," a specific concept implying potentially unhealthy dependence. Hassan's (2002) research focuses on "religiosity," a broader term encompassing religious beliefs and practices. While high religiosity can be a risk factor for addiction, they're not the same thing.

Because the single and relationship groups' mean scores on the level of religious addiction differed only slightly, the finding is not statistically significant. Although there was a decrease in religious anxiety among those in relationships, the difference was not statistically significant ($p > 0.05$). Nevertheless, these results were in conflict with research demonstrating that married people are far more likely to be religious than single people. (Burge, 2023; Wolfinger & Wilcox, 2008). Religious engagement among parents and children may rise as a result of parents' greater propensity to raise their kids in a certain tradition.

CONCLUSIONS AND RECOMMENDATIONS

This study has some limitations that should be considered when interpreting its findings it is important to note that the concept of religious addiction is not widely accepted in the scientific community, and the validity and reliability of the measure used in this study have not been fully established in other culture. Therefore, the results of this study should be interpreted with caution, and further research is needed to confirm these findings. There is also a disadvantage to the study's use of self-reported data to document participants' opinions and actions. Even while this kind of self-reporting is used in a lot of social science research, the conclusions drawn from it are not always sufficient to explain the intricate psychological mechanisms that underlie the thoughts and actions of people. A couple other factors, such as differences in reporting styles or social desirability bias, could explain the somewhat higher results in females. A limited sample size and heterogeneity within the gender groups could be the two reasons why the results are not statistically significant more research with larger sample sizes.

FURTHER STUDY

This research still has limitations so further research needs to be done on this topic "Development of a Novel Religious Addiction Scale Pilot Study".

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