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Understanding Religious Addiction: A Factor-Analytic Approach and Its Implication

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ABSTRACT

This study examines the Religious Addiction Scale (RAS) among Nasarawa State University students, looking at its factor structure, reliability, and demographic determinants. Data were gathered from 476 students who were chosen by convenience sampling using a cross-sectional survey approach. The age categories of 16–18 years old (30.5%) and 19–21 years old (33.4%) were the most represented in the sample, which had 46% female participants and 65.8% single participants. Christians (62.6%) and Muslims (22.9%) made up the majority of the sample. For data analysis, the study used confirmatory factor analysis (CFA) and exploratory factor analysis (EFA). The RAS was found to have three factors: compulsive fanaticism (element 1), maladaptive sacrifice for faith (Factor 2), and emotional dependency (Factor 3). Cronbach's alpha for each element was acceptable (Cronbach's alpha = 0.861 overall; 0.852 for Factor 1, 0.73 for Factor 2, and 0.74 for Factor 3). Significant gender differences were observed, with married students exhibiting greater propensities for Maladaptive Sacrifice for Faith and female students scoring higher on Compulsive Fanaticism (mean = 19.68, SD = 7.33) than male students (mean = 17.80, SD = 6.79). There were no discernible variations in terms of age or religious affiliation. According to the study's findings, the RAS is a valid tool for assessing religious addiction and determining key elements that distinguish different student addiction degrees. In order to ensure holistic well-being, the findings suggest that religious addiction presents differently across demographic groups. This emphasizes the need for customized intervention strategies that address the particular vulnerabilities of female and married students. Such strategies should focus on the specific risks associated with gender and marital status, especially for female students and married individuals. Recommendations include the establishment of counseling services within educational institutions for managing religious addiction and promoting religious tolerance.

Keywords: Addiction, Compulsive Fanaticism, Factor Analysis, Psychometrics, Religiosity, Spiritual Psychopathy

1. Introduction

An extreme obsession with any activity that might have negative effects on both the addict and people around them is referred to as addiction (Sussman and Sussman, 2011). Beyond substance abuse, this compulsion can affect many facets of life. People may get caught up in a pattern of compulsive behavior linked to their religious beliefs, just as they can become addicted to substances like alcohol or drugs (New Choices Treatment Center, 2024). The definition of religious addiction, according to Arterburn and Felton (1995), is excessive devotion that is based on religious beliefs and frequently associated with strict family dynamics and disappointment in the past. Furthermore, according to Valleyspring Recovery (2024), religious addiction is the compulsive engagement in religious practices and beliefs to the point where it endangers one's health and capacity to function on a daily basis. In actuality, this viewpoint places a strong emphasis on the loss of control and the incapacity to moderate religious activities, which can result in social isolation, the disregard for one's own needs, and mental health problems like anxiety or depression that are brought on by feelings of guilt and perceived shortcomings in one's faith. Additionally, this study would adopt Uzoigwe's (2024) definition of religious addiction, which defines it as an over-reliance on religious practices, institutions, and beliefs that results in unhealthy attachments, distorted realities, and functional impairments. Notably, Uzoigwe (2024) also makes the observation that religious addicts might misread life events by using a purely religious perspective, which could cause them to diverge from making logical decisions.

The societal impact of religious addiction in Nigeria is profound, Olonade et al. (2021) posit that strong religious adherents are more likely to perceive diseases as a divine punishment. This perception can lead individuals to interpret health crises through a spiritual lens, reinforcing their beliefs about morality and sin. found that one in twelve religious women suffer from a prayer addiction, which may have an impact on other aspects of their lives. Addicts may also put off getting the medical attention they require for health issues in favor of excessive or fanatical prayer, ignoring obligations or time restraints, and transforming a good deed into a bad habit.In a similar vein, Egunjobi (2023) discovered that 13.4% of Christians suffer from a prayer addiction. The same authors described prayer addiction as having detrimental effects, such as neglecting oneself and other people or causing physical, emotional, or spiritual harm. Notably, these symptoms were present in 70.9%, 20.1%, and 33.2% of cases, respectively. Such behaviors can sometimes blur the line between healthy spiritual engagement and harmful religious obsession

There is a gap in our understanding of religious addiction because there are few standardized tools available to evaluate this phenomenon, despite its potential impact on individuals and communities. The 24-item Dimensions of Religiosity Scale (DR Scale), created by Diduca and Joseph (1997), evaluates four aspects of religious behavior and thought: emotional involvement, conviction, guidance, and preoccupation. But because of its focus on religiosity, lack of pathological focus, absence of compulsive behavior, and negative consequences, the DR Scale is not a useful diagnostic tool. Additionally, the Religious Methods of Coping(RMC) questionnaire was created by Paragment et al. (2001) to evaluate the different coping mechanisms people employ to manage stress. Although the RMC's emphasis on these elements might be pertinent to people who engage in excessive religious activity, its main objective is to evaluate how well people

manage their stress via faith; it does not examine the compulsive or dependent elements of addiction.

Abramowitz et al. (2002) developed the Padua Inventory for Scrupulosity, to assess scrupulous obsessions and compulsions. Remarkably, an overindulgent fixation on moral or religious matters characterizes both religious addiction and scrupulosity. While religious addiction is a more comprehensive term that involves emotional dependence on religious activities and may harm other areas of life, it is distinct from scrupulosity, an OCD subtype driven by anxiety and fear of punishment that requires evaluation and treatment of its own.

Lack of measuring instruments has impeded research and limited our understanding of addictive religious behaviors. Building on the lack of measurement tools, Uzoigwe (2024) developed The Religious Addiction Scale (RAS), which showed high internal consistency in a pilot study. Despite the fact that the RAS has demonstrated promise in measuring religious addiction, its factor structure has not been thoroughly examined, leaving a gap in our knowledge of the underlying theories that underlie this phenomenon. By performing a factor analysis of the RAS, this study seeks to close this knowledge gap by illuminating the latent constructs that underlie religious addiction and advancing knowledge of this intricate problem. Exploring the factor structure of the religious addiction scale is essential for accurately identifying its dimensions. A clear factor structure enables researchers to differentiate various aspects of religious addiction, while an unclear structure can result in unreliable measurements, compromising the validity of findings and making it difficult for practitioners to implement effective interventions. Establishing the reliability index of the religious addiction scale is also crucial for assessing its consistency. If researchers cannot trust the reliability of their instruments, it undermines the credibility of their conclusions and hampers the development of effective strategies to address religious addiction. Thus, evaluating the reliability index is a foundational step in enhancing the methodological rigor of research in this area.

Finally, investigating the demographic factors predicting religious addiction is vital for understanding how variables like age, gender, socioeconomic status, and cultural background influence individuals' experiences. Overlooking these factors may lead to generalized conclusions that fail to capture specific vulnerabilities and hinder the design of targeted interventions aimed at supporting those affected by religious addiction. The study is specifically intended to answer the following research questions.

i. What is the factor structure of the religious addiction scale?
ii. What is the reliability index of the religious addiction scale?
iii. What demographic factors might predict religious addiction?

2. Theoretical Framework

The coping theory, which was created by Lazarus and Folkman in 1984, outlines the methods people employ to deal with stress depending on how they perceive certain circumstances. They divide coping mechanisms into two categories: emotion-focused coping, which reduces emotional suffering, and problem-focused coping, which deals with the cause of stress. The study by Uzoigwe and Akawu (2023) indicates that the fear of hell and demonic influences can lead

individuals to perceive themselves as targeted for harm. In response to this psychological distress, individuals may gravitate toward emotion-focused coping mechanisms, such as increased prayer or reliance on religious rituals (Whitehead & Bergeman, 2020). According to Tajfel and Turner's (1979) Social Identity Theory, people's perceptions of themselves are influenced by their affiliations with particular groups, which can have an impact on both in-group and out-group dynamics. Fanatical actions that put group ideals first might result from a strong affinity with a religious or ideological group. Strong religious or ideological affiliation can result in fanatical actions that put the interests of the group before those of the individual (Tietjen, 2023). This hypothesis can improve knowledge of the factor structure and reliability of the Religious Addiction Scale and is helpful in investigating how group dynamics impact religious addiction.

3. Materials and Methods

Since Nasarawa State University (NSU) is situated in Keffi, just a few kilometers from the nation's capital, it offers a distinctive cultural setting that could affect students' religious practices and beliefs, making it the perfect choice for this study. Students enrolled at Nasarawa State University are the study's target respondents. The study is able to catch young adults in an educational setting by concentrating on the student population. Because it marks a crucial time of transition when people may firmly establish their religious identities and practices, this group is very pertinent. Moreove, Uzoigwe and Uzoigwe(2023) reported prevelance of religious related struggle among this population making them an ideal target for this study. Since religious addiction can have a major impact on social connections, academic performance, and mental health, it is crucial to understand it in the context of university life (Bosma, 2024). The study adopted a cross-sectional survey research design because it requires information to be gathered from a large number of respondents at a particular time. The study's population consisted of over 30,000 students from Nassarawa State University (Nasarawa State University, Keffi, n.d.: Sabi Abuja, 2024). Taro-Yamane’s formula was used to compute the sample size which was found to be 394. Because of the sensitivity of the issue, we predicted that many would wish to decline and therefore resolve to issue more questionaires. Issuing a superior number of questions than necessary serves as a compensatory mechanism towards absenteeism and partial completion of surveys assisting the researchers in meeting the target effective sample size.

Five hundred fifty questionnaires were distributed, with 74 participants opting out. A total of 476 eligible responses were analyzed for further study. Students were selected from various faculties and programs at Nasarawa State University to ensure a diverse range of experiences and perspectives related to religious addiction. The convenience sampling method was utilized to choose the respondents for this research due to the sensitive nature of the subject. The researchers interacted with students directly on campus during different events and academic activities, which facilitated the selection of participants who were eager to share their perspectives. Students who showed interest in participating were included in the research, ensuring that data was gathered from individuals who were actively interested in the subject matter. This method emphasized the readiness and willingness of participants to contribute while following ethical standards. Participants were also made aware of their right to withdraw from the research at any moment, further highlighting the significance of informed consent.

Instrument:

Uzoigwe (2024) created the 44-item Religious Addiction Scale (RAS), which uses a five-point Likert scale ranging from never(1) to always(5) to assess religious addiction. After reviewing the items for content validity, five academic lecturers from the Departments of Psychology and Religion reported that they were highly comprehensible and had the capacity to measure religious addiction. With item-total correlations ranging from 0.266 to 0.779 and a Cronbach's alpha value of 0.965, the final scale showed excellent internal consistency, demonstrating that all of the items are discriminating and effective in measuring the construct.

Participants

Variable	Frequency (n)	Percentage (%)
Age		
16-18 years	145	30.5
19 - 21years	159	33.4
22-24 years	79	16.6
25 years and above	33	6.9
Did not indicate	60	12.6
Sex		
Male	192	40.3
Female	219	46.0
Did not indicate	65	13.6
Marital Status		
Married	54	11.3
Single	313	65.8
Dating	57	12.0
Did not indicate	52	10.9
Religion		
christianity	298	62.6
Islam	109	22.9
Traditional	6	1.3
Did not indicate	63	13.3
Total	476	100.0

476 respondents provided demographic data for the survey, displaying a wide range of traits. The bulk were Christian (62.6%), single (65.8%), and female (46%). The age groups most represented were 16–18 years old (30.5%) and 19–21 years old (33.4%). Muslims (22.9%), traditional believers (1.3%), and non-religious people (13.3%) made up the remaining demographics.

4. Data Analysis and Presentations

Using the maximum likelihood technique and direct oblimin rotation, an exploratory factor was analyzed under the assumption of correlated factors (Tabachnick & Fidell, 2012). To evaluate whether data were suitable for dimensionality reduction, the Kaiser-Meyer-Olkin (KMO) measure and Bartlett's test of sphericity were used; a KMO value greater than 0.6 is advised (Finch, 2006).

To ascertain how many factors needed to be interpreted, the eigenvalues of the extracted factors were looked at. Finding the "elbow" in a scree plot, or the point at which the variance explained by each extra factor levels off, is used instead of extracting all factors whose eigenvalues are greater than 1 (Cattell, 1966). The percentage of variance that an item loads on that can be explained is indicated by its communality score. A score below 0.4 should be examined (Costello & Osborne, 2005). In some cases, items with communality scores below 0.4 were retained if they loaded cleanly on a factor and were necessary to maintain a minimum number of items on that factor (four). Finally, any items with cross-loadings (defined as >0.3 and at least half the size of the main loading) or low primary loadings (<0.5) were removed from the item set.

JAMOVI software was utilized to perform the Confirmatory Factor Analysis (CFA), and fit indices including the comparative fit index (CFI), Tucker-Lewis index (TLI), root mean square error of approximation (RMSEA), and standardized root mean square residual (SRMR) were utilized to estimate parameters. If CFI and TLI were greater than 0.90 and RMSEA and SRMR were less than 0.08, the fit was deemed satisfactory (Abad et al., 2011; Brown, 2015; Byrne, 2012). Furthermore, according to Hu and Bentler (1999), the upper bound of the RMSEA's 90% confidence interval shouldn't be greater than 0.08. Cronbach's alpha was used to evaluate the instrument items' internal consistency.

Result

Table 2 KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.96
Bartlett's Test of Sphericity	Approx. Chi-Square	8192.76
	df	946
	Sig.	.00

Source: Field Survey 2024

The KMO test measures the sampling adequacy of a correlation matrix. The result is 0.96, indicating excellent sampling adequacy, with a high probability (p-value = 0.00) that the correlations are not due to chance. The large chi-squared value (8192.76) further supports the significance of the correlations. This suggests that the dataset is suitable for factor analysis

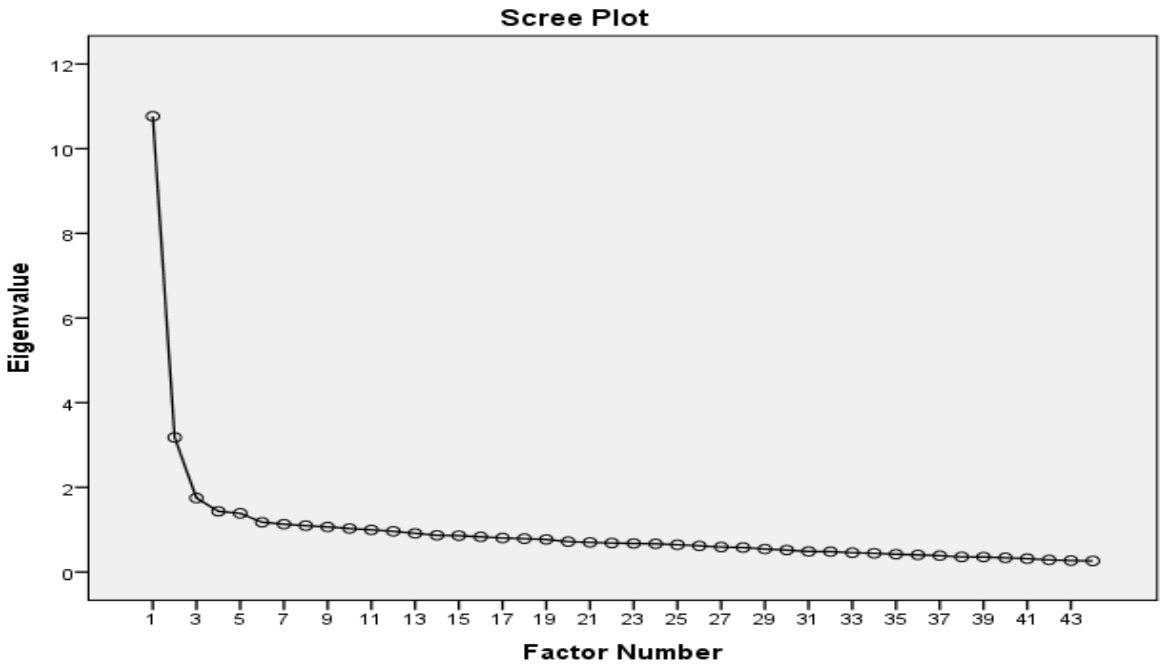
Table 3 KMO and Total Variance Explained

Total Variance Explained			
	Initial Eigenvalues		
Factor	Total	% of Variance	Cumulative %
1	10.76	24.46	24.46
2	3.18	7.22	31.69
3	1.75	3.97	35.66
4	1.43	3.20	38.92
5	1.38	3.15	42.07

6	1.17	2.67	44.74
7	1.13	2.56	47.31
8	1.0	2.49	49.81
9	1.06	2.42	52.22
10	1.02	2.33	54.56
11	.99	2.26	56.82
12	.96	2.18	59.01
13	.91	2.07	61.09
14	.86	1.97	63.06
15	.86	1.954	65.01
16	.83	1.88	66.90
17	.80	1.82	68.73
18	.78	1.78	70.51
19	.76	1.74	72.26
20	.72	1.61	73.89
21	.70	1.59	75.49
22	.68	1.55	77.04
23	.67	1.53	78.58
24	.66	1.51	80.09
25	.64	1.46	81.55
26	.61	1.40	82.95
27	.59	1.34	84.30
28	.57	1.31	85.62
29	.54	1.23	86.85
30	.52	1.18	88.03
31	.48	1.10	89.14
32	.48	1.09	90.23
33	.45	1.03	91.26
34	.44	1.00	92.27
35	.42	.95	93.23
36	.40	.92	94.15
37	.38	.88	95.03
38	.35	.81	95.84
39	.35	.80	96.65
40	.33	.76	97.41
41	.31	.71	98.13
42	.28	.65	98.78
43	.27	.61	99.40
44	.26	.59	100.00

Extraction Method: Maximum Likelihood.

The first factor accounts for 24.46% of the variance, while the second factor explains an additional 7.22%, resulting in a cumulative percentage of 31.69%. Subsequent factors show diminishing returns, with the first 10 factors collectively explaining 54.56% of the variance.



The eigenvalues of the first few factors (1-3) drop sharply before leveling off, forming a distinct elbow shape on the scree plot. This implies that three factors are the ideal number because that is when the eigenvalue decline flattens out, suggesting that factors beyond that point might not capture meaningfully more data.

Table 4: Factor Loading and Communality

ITEM	1	2	3	COMMUNALITY
Item 32: I always follow the rules of my religion, no matter the consequence	.62			.61
Item 31: Even after I finish praying, I keep thinking about more things to pray for	.57			.63
Item 33: I argue against scientific facts to defend my religion..	.55			.45
Item 29: When someone says annoying things about my religion or prophet, it hurts my feelings	.54			.46
Item 30: I always feel the urge to spend more time in religious activities	.53			.59
Item 42: I really want to tell others about my religious beliefs, even if they don't want listen	.51			.50
Item 40: I lie to my family about money spent on religion		.67		.49

Item 34: Sometimes I have to borrow money to give as an offering at church or mosque	.59		.43
Item 39: I will still continue to fast even when it makes me sick.	.59		.47
Item 44: I noticed that I'm not doing as well at work/school because I'm too focused on my religion	.51		.48
Item 9: Because I do religious things a lot, I cause problems for the people around me.	.50		.27
Item 6: Whenever I feel sad, singing religious songs makes me feel better right away		.67	.40
Item 1: Remembering the success of past spiritual experiences gives so much excitement.		.61	.59
Item 12: The thought of refraining from religious practices makes me nervous		.53	.37
Item 2: I feel worried when I have a good reason not to go to church/mosque/religious gathering.		.51	.34
Item 15: When I'm a little sick, going to church or mosque makes me feel better		.50	.49

Extraction Method: Maximum Likelihood.

Rotation Method: Oblimin with Kaiser Normalization.

Sixteen items loaded well in three factors. Six items make up the first factor, which indicates a strong religious commitment that may be combined with fundamentalism. High scorers on this factor typically place a high value on upholding religious doctrines (Item 32) and defending their religious convictions (Item 33). The second factor, which included five items, indicated a willingness to make substantial sacrifices for one's religion and highlights the disparity between religious and secular commitments. High scorers on this factor might compromise their personal lives by doing things like lying (Item 40), borrowing money (Item 34), fasting unhealthyly (Item 39), and sacrificing other aspects of their lives (Item 44). A propensity to turn to religion as a coping strategy is indicated by the third factor factor, which has four items. People who score highly on this factor are more likely to remember their positive spiritual experiences in the past (Item 1), participate in religious activities when they are feeling down (Item 12), and experience withdrawal-like symptoms when they stop participating in religious activities, such as anxiety and worry (Item 2).

Table 5: Factor Model

Measure	CFI	TLI	SRMR	RMSEA
	.96	.95	.046	.036

Based on the provided data, the 16 items – 3 factor model exhibit excellent fit to the data. The CFI and TLI values for both models are well above the recommended cutoff of .90, indicating that the models explain a substantial amount of the variance in the data compared to a null model. The SRMR values for both models are below the .08 threshold, suggesting a good fit between the model-implied covariance matrix and the observed covariance matrix. Similarly, the RMSEA values for both models are below .06, which indicates an excellent fit of the models to the data. Therefore factor is named compulsive fanatic, factor two is maladaptive sacrifice for faith and factor three is named emotional dependency.

Table 6: Descriptive statistics of Mean and Standard Deviation scores of each of the 16 items for the study.

	Mean	Std. Deviation	Skewness	Kurtosis	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
ITEM32	3.2566	1.35629	-.293	-1.055	.622	.847
ITEM 31	3.3758	1.35758	-.402	-1.024	.696	.843
ITEM 33	3.1535	1.35651	-.206	-1.152	.513	.852
ITEM 29	3.4211	1.41511	-.507	-1.027	.567	.849
ITEM 30	3.2769	1.35301	-.341	-1.043	.650	.846
ITEM 42	3.0802	1.39283	-.144	-1.213	.633	.846
ITEM 34	2.4320	1.39850	.540	-1.039	.436	.856
ITEM 40	2.0893	1.27656	1.018	-.059	.299	.862
ITEM39	2.5479	1.35061	.348	-1.157	.409	.857
ITEM 44	2.2851	1.30033	.671	-.735	.339	.860
ITEM 9	2.2588	1.33545	.742	-.686	.297	.862
ITEM 6	3.5317	1.40002	-.586	-.978	.455	.855
ITEM 1	3.4286	1.46277	-.537	-1.131	.379	.859
ITEM 12	3.2259	1.33238	-.263	-1.106	.492	.853
ITEM 2	3.2171	1.45821	-.232	-1.329	.447	.856
ITEM 15	3.2829	1.39584	-.305	-1.178	.597	.848

The majority of the items have low to moderate scores (between 2.2 and 3.5), meaning that they are typically in the middle of the scale. The highest mean was found in items 11 and 6, both from factor 1, while the lowest mean was found in items 9 and 40 (both from factor 2). Similar degrees of response variability are indicated by the standard deviation, which is comparatively constant across items. All of the items have normal distributions, according to the skewness and kurtosis values. Many of the items have negative skewness values, which suggest that respondents typically score less than or more neutrally than the mean. The majority of the items appear to have a

moderate to strong correlation with the total scale, based on the corrected item-total correlation values, which range from 0.29 to 0.69 suggesting that the scale has good internal consistency. Removing any single item would not significantly improve the reliability.

Table 7: Inter-Factor Correlation

		Inter-Factor Correlation		
Factor	Cronbach alpha(.86)	1	2	3
1	.85	1.000	.371	.473
2	.73	.371	1.000	.109
3	.74	.473	.109	1.000

The scale's internal consistency is indicated by the Cronbach alpha coefficient, which is 0.861 for the entire scale, 0.852 for factor 1, and 0.73 and 0.74 for factors 2 and 3, respectively. Each factor also exceeds the suggested value of 0.70. This implies that there is little measurement error and that the items measure the same underlying construct. Factor 1 and Factor 3 have a moderate to high correlation (0.473), but Factor 1 and Factor 2 have a moderate correlation (0.371). On the other hand, Factor 2 and Factor 3 have a low correlation (0.109), indicating little to no relationship.

Table 8: Factor Analysis for Demographic Characteristics and Religious Addiction

The		FACTOR1	FACTOR2	FACTOR3	FINALRAS
Total	Mean	18.69	11.10	15.98	45.73
	Std. Deviation	7.28	5.12	5.77	15.521
GENDER					
male	Mean	17.80	10.88	15.58	44.28
	Std. Deviation	6.79	4.840	5.483	14.43
female	Mean	19.68	11.15	16.46	47.18
	Std. Deviation	7.33	5.22	5.87	15.84
	F	5.644	2.989	2.928	4.825
	P VALUE	.004	.051.	.055	.008
	SIGNIFICANCT	**YES**	**NO**	**NO**	**YES**
Marital Status					
Single	Mean	16.70	8.46	16.03	41.20
	Std. Deviation	7.820	4.76	5.703	15.56
Married	Mean	19.00	11.31	15.99	46.23
	Std. Deviation	7.33	4.97	5.86	15.58
Dating	Mean	18.94	11.26	16.26	46.47

	Std. Deviation	5.96	5.10	4.97	13.24
	F	2.33	5.21	1.38	2.60
	P VALUE	.073	.002	.24	.051
	SIGNIFICANT	**NO**	**YES**	**NO**	**NO**
AGE					
16-18	Mean	18.72	10.65	16.21	45.59
	Std. Deviation	6.92	4.86	5.39	13.99
19-21	Mean	17.92	11.01	15.23	44.16
	Std. Deviation	7.70	5.54	6.29	17.27
22-24	Mean	20.38	11.34	17.26	49.00
	Std. Deviation	6.73	4.62	5.28	13.73
>25	Mean	18.09	9.28	15.90	43.28
	Std. Deviation	7.19	4.62	5.61	14.52
	F	1.93	1.14	2.07	1.5
	P VALUE	.104	.34	.08	.20
	SIGNIFICANT	**no**	**no**	**no**	**NO**
Religion					
christianiity	Mean	18.56	10.75	45.69	16.37
	Std. Deviation	7.29	5.19	5.99	15.71
islam	Mean	19.84	11.81	15.81	47.25
	Std. Deviation	6.73	4.67	4.92	13.83
Traditional	Mean	21.33	13.17	15.66	50.16
	Std. Deviation	5.96	4.88	2.42	12.00
	F	2.15	1.98	.45	1.18
	P VALUE	.09	.11	.71	.31
	SIGNIFICANT	**NO**	**NO**	**No**	**NO**

The research investigated the connection between demographic factors (gender, marital status, age, and religion) and religious addiction among students at Nasarawa State University, revealing important results that warrant attention. In particular, gender exhibited a notable difference in FACTOR1 (F(1, 392) = 5. 644, p =. 004), with female students indicating a mean of 19. 68 (SD = 7. 33) in contrast to male students, whose mean was 17. 80 (SD = 6. 79). Furthermore, the combined measure FINALRAS showed significance (F(1, 392) = 4. 825, p =. 008). Regarding marital status, FACTOR2 indicated significance (F(2, 391) = 5. 21, p =. 002), with married students recording a mean of 19. 00 (SD = 7. 33) compared to single (Mean = 16. 70, SD = 7. 82) and dating individuals (Mean = 18. 94, SD = 5. 96). On the other hand, age-related factors (FACTOR1: p =. 104; FACTOR2: p =. 340; FACTOR3: p =. 080; FINALRAS: p =. 200) and religion-related factors (FACTOR1: p =. 090; FACTOR2: p =. 110; FACTOR3: p =. 710; FINALRAS: p =. 310) did not show significant variations. As a result, while gender and marital status had a considerable effect on religious addiction, age and religious affiliation did not,

underscoring the significance of demographic factors when developing support interventions to enhance students' religious involvement and general well-being.

5. Summary of Findings

The research carried out on religious addiction among students at Nasarawa State University aimed to explore the factor structure, reliability, and demographic predictors of the religious addiction scale. Through thorough factor analysis, the study discovered a three-factor structure, namely: Compulsive Fanatic, which indicates a strong dedication to religious beliefs frequently associated with fundamentalism; Maladaptive Sacrifice for Faith, which emphasizes the considerable personal sacrifices individuals undertake for their religion; and Emotional Dependency, which highlights the inclination to seek emotional support from religious practices during difficult times. The dismissal of the null hypothesis, which suggested that no factor structure would exist, indicates that the concept of religious addiction is significantly multi-dimensional and merits additional investigation.

Regarding reliability, the religious addiction scale showed excellent internal consistency, as evidenced by an overall Cronbach's alpha of 0. 861. Each factor further displayed acceptable reliability, with values of 0. 852 for Factor 1, 0. 73 for Factor 2, and 0. 74 for Factor 3. These strong coefficients lend support to the alternate hypothesis, implying that the scale effectively captures the dimensions of religious addiction with minimal measurement error. This reliability emphasizes the scale's potential usefulness in both research and practical applications, allowing researchers to derive valid conclusions about tendencies of religious addiction among individuals.

The research also investigated demographic factors as predictors of religious addiction. Results indicated notable differences based on gender and marital status. Female students reported greater levels of compulsive fanaticism and overall religious addiction in comparison to male students, whereas married individuals showed increased vulnerability to maladaptive sacrifices for faith than their single or dating counterparts. However, age and religious affiliation did not produce significant differences in religious addiction scores. The study rejected the null hypotheses concerning the predictive influence of gender and marital status, while the hypotheses related to age and religion were accepted.

5.1 Discussions

The Religious Addiction Scale (RAS) determines three separate factors of religious addiction. The first factor, Compulsive Fanatic, indicates a strong dedication to religious beliefs, frequently showing as resistance to societal changes and emphasizing religious beliefs over the viewpoints of others, similar to religious intolerance. The second factor, Maladaptive Sacrifice for Faith, consists of actions motivated by faith that adversely affect personal well-being, relationships, or mental health, including neglecting individual needs, risking finances, or engaging in dishonest behaviors, illustrating a compulsion to place religion above all other considerations. The third factor, Emotional Dependency on Religion, represents reliance on religious activities as a means of coping with stress or negative emotions, resembling dependence, as evidenced by withdrawal symptoms when religious participation is interrupted.

The recognition of a three-factor structure for religious addiction (Compulsive Fanatic, Maladaptive Sacrifice for Faith, and Emotional Dependency) corresponds with findings from previous studies, such as the Problematic Internet Use Questionnaire (PIUQ-18) and Sheinov and Dziavitsyn's model for social media addiction. Both studies emphasize multidimensional constructs—obsession, neglect, and control disorder for PIUQ-18, and psychological state, communication, and information reception for social media addiction. In a similar fashion, the identified factors of religious addiction reveal analogous complexities in the underlying psychological and behavioral dimensions. This alignment implies that constructs related to addiction, regardless of their specific focus, generally encompass a variety of interconnected factors.

The Cronbach's alpha of 0. 861 for the religious addiction scale shows excellent reliability, paralleling outcomes in André et al. 's (2022) research on the Game Addiction Scale, which demonstrated high psychometric reliability (e. g. , CFI = 0. 974). The acceptable internal consistency of sub-factors in both studies reinforces the strength of the scales, illustrating their capability to accurately capture nuanced behavioral and psychological dimensions. Consequently, the findings affirm the applicability of three-factor addiction models across different domains and highlight the necessity of thorough validation in addiction research.

The differences in religious addiction based on gender and marital status resonate with André et al. 's (2022) results concerning gaming addiction and ADHD, which indicated gender-specific influences on overconsumption and emotional ramifications. Just as female adolescents experienced more emotional impacts in gaming, female students displayed greater levels of compulsive fanaticism in religious addiction. These findings contradict earlier research by Wolfinger and Wilcox (2008), which revealed that married individuals are more inclined to be religious than singles, possibly due to parents' higher likelihood of raising children within a particular tradition. The heightened vulnerability of married individuals to maladaptive sacrifices for faith reflects the importance of relational contexts in addiction behaviors, as evidenced in studies noting that social interactions affect addiction severity (Sheinov and Dziavitsyn, 2021). These similarities underscore the crucial role that demographic factors play in influencing addiction patterns across different behaviors and environments.

Age does not significantly affect the scores on each Factor or the overall religious addiction score. This indicates that religious addiction scores remain stable as individuals grow older. This finding contrasts with the results of Oniszczenko et al. (2014), who identified a slight negative correlation between age and religious fundamentalism. The results also diverge from those of Uzoigwe (2024), who found that younger adults (16-30) exhibited the highest levels of religious addiction, which steadily declined with age. In this study, religious affiliation did not serve as a predictor for religious addiction. This contradicts the research by Koopmans (2014), which indicated that religious fundamentalism was more common among Sunnite Muslims.

In summary, the research carried out on religious addiction among students at Nasarawa State University offers valuable insights into the demographic predictors and multifaceted structure of this phenomenon. The identification of three separate factors—Compulsive Fanatic, Maladaptive Sacrifice for Faith, and Emotional Dependency—highlights the intricate nature of religious addiction, representing a spectrum of behaviors and psychological dependencies. The strong

internal consistency of the Religious Addiction Scale further affirms the effectiveness of this instrument in evaluating the complexities of religious addiction, aligning it with other addiction models. The ramifications of these findings not only deepen the understanding of religious addiction but also stress the importance of demographic factors in shaping individual experiences. This research opens the door for additional studies on religious addiction, promoting a more detailed exploration of how various factors intersect and impact students' overall well-being in their religious paths.

The results indicate that gender and marital status considerably affect religious addiction, with female students showing greater levels of compulsive fanaticism and married individuals being more susceptible to maladaptive sacrifices for faith. These findings highlight the necessity for customized intervention strategies that cater to the specific risks encountered by various demographic groups. On the other hand, the absence of significant correlations between age and religious affiliation with religious addiction points out that these elements might not have a critical influence in this regard, suggesting that support efforts concentrated on younger demographics or certain religious communities may require reassessment.

5.2 Implication For Therapist

The research indicates that strategies for intervening in religious addiction should concentrate on tackling its three primary dimensions: Compulsive Fanaticism, Maladaptive Sacrifice for Faith, and Emotional Dependency. Targeted methods may involve fostering religious tolerance and balance for those exhibiting Compulsive Fanaticism to redduce numerous blasphemy-related killings (Omilusi & Ajibaye, 2022). motivating individuals to emphasize their personal well-being and social relationships to avert harmful sacrifices, and offering support to address emotional reliance on religion through alternative coping mechanisms. Demographic results reveal that women and married people are more susceptible, underscoring the necessity for customized interventions aimed at these populations, with a specific focus on assisting married individuals in evading adverse sacrifices and empowering women to harmonize religious commitment with other life responsibilities.

6. Recommendations and Limitations

The research indicates that intervention methods for religious addiction ought to concentrate on addressing its three primary aspects: Compulsive Fanaticism, Maladaptive Sacrifice for Faith, and Emotional Dependency. Potential strategies may involve fostering religious tolerance and equilibrium for those with obsessive dedication, motivating individuals to focus on personal health and social relationships to avert harmful sacrifices, and offering assistance to handle emotional reliance on religion through alternative coping mechanisms. Demographic results reveal that women and married people are more susceptible, underscoring the necessity for customized interventions aimed at these populations, with a special focus on aiding married individuals in steering clear of harmful sacrifices and enabling women to reconcile religious commitment with other life priorities.

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