


SCRUPULOSITY:

When OCD Gets Tangled In Religious And Moral Matters

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Scrupulosity? What's that?

The word "scruple" is derived from the Latin "scrupulus," a rough or hard pebble that causes discomfort if trodden on; a later meaning was a minute apothecaries' weight, one twenty-fourth of an ounce, so small as to affect only the most sensitive scales. The term in English acquired a moral interpretation of a thought or circumstance so insignificant as to affect only a very delicate conscience. In religious terminology a scruple is an "unhealthy and morbid kind of meticulousness, which hampers a person's religious adjustment."

Clinical Definition of Scrupulosity

- Obsessions and compulsions containing religious themes, hypermorality, pathological doubt/worry about sin, and excessive religious behavior.

Abramowitz, Huppert, Cohen, Tolin, & Cahill, 2002; Greenberg & Witztum, 2001

The Nature of the Problem

- ❖ Please remember all of us may temporarily struggle with a spiritual issue.
- ❖ Sometimes these misunderstandings can cause great anxiety.
- ❖ Going through such a struggle *does not* necessarily mean a mental disorder is present.

Does Religion Cause OCD?

- Purdon & Clark - "There is no evidence that religion causes OCD. However, your religious background and experience can influence the type of obsessional concerns that develop in people with OCD."
- Scrupulosity has been identified among followers of all of the major world religions.
 - The OCD will take on the characteristics of the person's religious and cultural beliefs.

Purdon & Clark (2006). Overstating Obsessive Thoughts, p. 94

Obsessive-Compulsive Disorder

- ❖ OCD manifests in a very wide variety of ways. For example:
 - ❖ Feeling contaminated & repeatedly washing one's hands.
 - ❖ Excessively checking locks, stoves, curling iron, etc.
 - ❖ Hoarding useless objects.

Definition of Obsessions

1. Repetitive and intrusive **thoughts, impulses, or images** that are experienced as intrusive and inappropriate and cause marked anxiety or distress.
2. The thoughts, impulses, or images are not simply excessive worries about real-life problems.

Definition of Obsessions Cont'd

3. The person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action.
4. The person recognizes the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in psychosis).

Definition of Compulsions

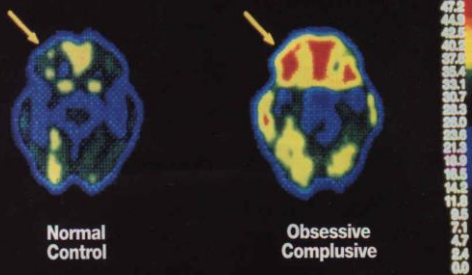
1. Repetitive **behaviors** (e.g. hand washing, ordering, checking) or **mental acts** (e.g. praying, counting, repeating words silently) the person feels driven to perform in response to an obsession, or in accordance to rules that must be applied rigidly.
2. The behaviors or mental acts are aimed at lowering anxiety and/or preventing some dreaded event.

PET Scan Of Non-OCD Vs. OCD Brain

Hyperfrontality

Obsessive Compulsive Disorder

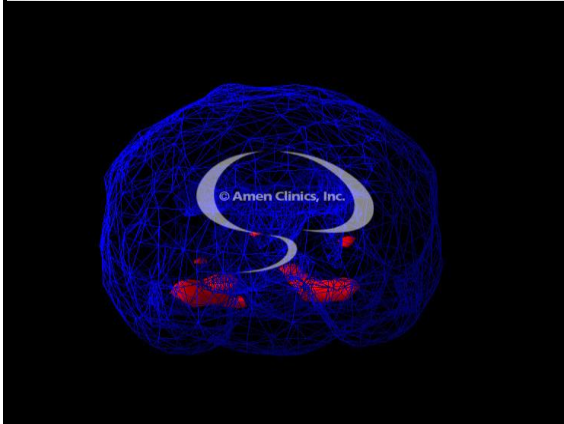
High Orbital Glucose Metabolism



UCLA School of Medicine

SPECT Scan Of A Brain Without OCD

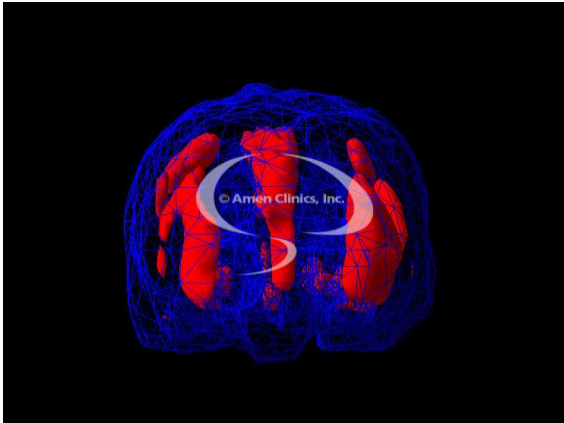
Front On View
from www.brainplace.com and Amen Clinics



**SPECT Scan Of A
Brain With Mild-moderate OCD**

Front On View

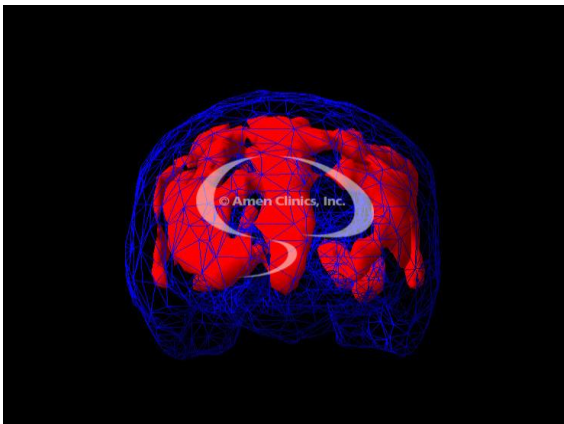
from www.brainplace.com and Amen Clinics



**SPECT Scan Of A
Brain With Severe OCD**

Front On View

from www.brainplace.com and Amen Clinics



**Examples Of
Scrupulous Symptoms**

Intrusive Religious Thoughts

- Worrying you might be praying to Satan instead of God.
- Worrying you didn't repent right.
- Worry about numbers like 666.
- Worry you will worship an idol.
- Worrying about if you fully had peace when you gave your vows before your baptism.
- Worries about fasting.

Intrusive Thoughts about Moral Issues

- **Motive Doubting**
 - Worrying you have been deceitful (or just lied).
 - Worrying about whether your motives are pure.
 - Reasoning backwards that if you feel uncertain, you must have done something wrong.
- **Intrusive Sexual Thoughts**
 - Worrying you might accidentally touch a child in the wrong way.
 - Worrying you get sexually aroused around children.
 - Worry you may be gay.
 - Worry you may actually be a child molester.

Impulses/Urges

- Worrying you might yell out a cuss word in church.
- Worrying you just gave a person "the finger."

Images

- Spontaneous sexual images of a religious figure.
- When one sees children playing, s/he gets sexual images in his/her mind wonders if they are perverted.

Compulsions

- Confessing things over and over again.
- Seeking reassurance from others about whether you sinned or not, etc.
- Refusing to sign your signature if you haven't read every word on a document.
- Calling people back to ask for forgiveness for things you might have done.... and they didn't know the problem occurred.
- Looking things up in the Bible to see if you have committed blasphemy against the Holy Spirit.
- Having to fold your hands in a certain way or else God will not hear your prayers.

Mental Rituals/Neutralization

- Trying to undo bad thoughts by thinking a good thought after a bad thought.
- Replaying situations over and over again to see if you sinned or not.
- Repeating words in your prayers such as saying, "In Jesus' name, in Jesus' name, in Jesus' name" Amen."
- Asking God for forgiveness over and over again just to be sure you didn't forget to ask... again.
- Trying to analyze and figure things out again and again in order to try to gain certainty.

Normal Religious Practice Vs. Scrupulosity

What differentiates the two?

Healthy Faith vs. Scrupulosity

1. **Fear:** A healthy faith is not associated with debilitating worry and fear.
2. **Entangling:** The more you focus on scrupulosity, the more entangling it is, and the worse it gets. It creates stress.
3. **Non-responsive:** Scrupulosity is not responsive to spiritual interventions.
 - For example, for the scrupulous person spiritual interventions (e.g., confession) may produce momentary relief, but the symptoms will return.

Healthy Faith vs. Scrupulosity cont'd

4. **Distress:** People enjoy and want to engage in normal religious practices, whereas people with scrupulosity perform the rituals to reduce anxiety/distress due to some feared consequence.
5. **Overdoing:** The individual's practices far exceed what is required by the particular religious group.
6. **Interferes:** Scrupulosity interferes with normal religious practice (e.g., the person does not attend church, does not partake of communion because of obsessional worries, etc.).

Healthy Faith vs. Scrupulosity cont'd

7. **Narrow:** The individual's beliefs and practices become very narrowly focused on "getting it right" and he or she loses sight of deepening their relationship with God.
8. **Overlooking:** The individual may focus so much time and energy on perfectly performing rituals that he or she overlooks more important aspects of faith (e.g. doing good toward others).

Healthy Faith vs. Scrupulosity cont'd

9. **OC-Cycle:** Scrupulosity closely resembles other subtypes of OCD in that there is an overt focus on compulsions (repeating prayers, checking, multiple confessions, reassurance seeking) in response to distressing intrusive, unwanted and repetitive thoughts, images or impulses.
10. **Other OCD:** People with scrupulosity often have other symptoms and/or subtypes of OCD.

Treating Scrupulosity

Aspects of Treatment

- In many ways, the treatment of scrupulosity is very similar to treating other forms of OCD.
 - Additional time and attention must be given to understanding and respecting the client's religious beliefs.
 - Collaboration with family members and clergy is an important aspect of treatment.
1. Differential Diagnosis/Accurate Diagnosis
 2. Assessment of OCD symptoms – see OCI-R/PIOS handout
 3. Education of client/supporters about OCD and its treatment
 4. Collaboration with clergy
 5. SSRI Medication started, if needed

Aspects of Treatment cont'd

6. Cognitive Treatment
 - Assessment of OC Belief System
 - Challenging Cognitive Distortions
 - Stopping mental rituals
7. Behavior Therapy - Exposure and Response Prevention
 - Assessment of patient readiness of ERP
 - Pushing past avoidance
 - Ending reassurance seeking
8. Relapse Prevention/Maintenance

The Core Treatment Team

- **Family member or close friend**
 - Willing to learn about OCD.
 - Will not accommodate the OCD or give reassurance.
 - Willing to attend sessions, as needed.
- **Physician/Psychiatrist**
 - Who will listen to your situation and treat you kindly.
 - Who understands medication dosing for SSRIs with OCD.
- **Clergy**
 - Willing to learn about OCD/scrupulosity.
 - Will not accommodate the OCD or give reassurance.

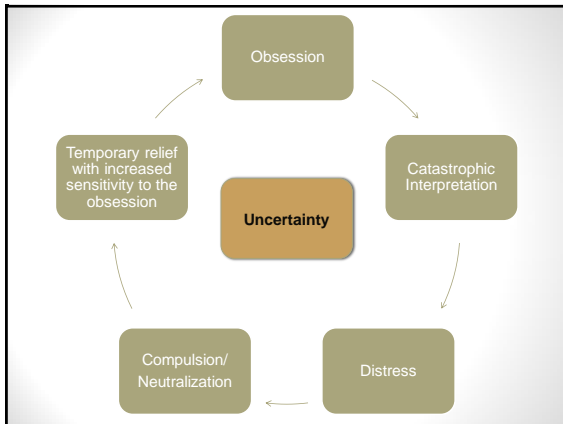
The Core Treatment Team cont'd

- **Counselor**
 - Who knows how to treat OCD using cognitive-behavior therapy.
 - Willing to communicate and collaborate with your clergy person.
 - Understands that OCD/scrupulosity is a mental condition and does not blame your spirituality.
- **Note:** It is important that Release of Information forms are signed so these individuals can talk to each other, as needed.

Family Involvement

- Research shows that emotional over-involvement and criticism *negatively affect* treatment and lead to higher relapse rates.
- Help family members to identify and stop any and all *reassurance giving* and compliance with the patient's compulsions.
 - See handout: "When Reassurance is Harmful"
- Educate family members about OCD, how to be both supportive and firm (without being critical).
- Be ready and willing to attend counseling sessions with the person with OCD.

Cognitive Model Of Obsessions



Common Thinking Errors In OCD

Overestimation of Threat

- People with this belief feel like something bad might happen at any time.
- They tend to worry about the most catastrophic outcomes.
- They overestimate how likely catastrophic things are to occur.

Inflated Sense of Responsibility

- They may believe they are responsible to foresee and prevent harm from coming to themselves and others.
- They worry about the consequences that might happen if they don't take action.
- They believe they are responsible for possible negative outcomes.

Intolerance of Uncertainty

- Their desire is for everything to be clearly black and white.
- They find uncertainty about things to be very scary.
- They believe ambiguity, change, and newness are threatening.
- They want to maximize predictability.

Perfectionism

- People with these beliefs have very high, rigid standards for themselves (and often others).
- They are worried about making any mistakes and feel like they need to know everything for certain.
- Often believe there is one right way for everything to be.
- Find it difficult to rest if they cannot achieve perfection.

Over-importance of Thoughts

- People with these beliefs pay too much attention to their thoughts and believe having certain thoughts means something bad about their character.
 - e.g., "The fact I had these thoughts means I must be an immoral person."
- They believe having a thought is the same thing as doing the action.
- They may believe having a thought makes it more likely for something to occur.

Control of Thoughts

- They believe they should have perfect control over all of their thoughts.
- They try very hard to suppress their thoughts and push thoughts they don't like out of their minds.

Correlations of the Major Variables with the Scrupulous Obsessing Factor

PIOS -- Fear of Sin	.915****
PIOS -- Fear of God	.827****
OCI-R --Total	.682**** ** Significant at the .005 level (2-tailed)
STAI-T -- Trait Anxiety	.502**** *** Significant at the .002 level (2-tailed)
OBC -- 44 Total	.449**** **** Significant at p < .0001 level (2-tailed)
OBC -- 44 RTE	.402****
OBC -- 44 PC	.392****
Beck Depression Inv.-II	.379****
OBC -- 44 ICT	.360****
Religious Fundamentalism Scale	.035 ($p = .549$, ns)
Religious Commitment Inv.-10	-.163**
SWBS -- Religious Well-Being	-.182****
SWBS -- Total	-.285****
SWBS -- Existential Well-Being	-.316****

Witzig (2004). Obsessional beliefs, religious beliefs, and scrupulosity among fundamental Protestant Christians.

Schwartz's Four Steps of Brain Lock

1. **Relabel** – Identify and label OC symptoms as obsessions and compulsions.
2. **Reattribute** – Externalize the OCD - "That's not me, it's OCD."
3. **Refocus** – Do the opposite of what OCD demands.
4. **Revalue** – Anticipate and accept OC symptoms will occur but you do not have to respond to them.

The Goal of Treatment for OCD

According to Mark Freeston:

- To set the goal of treatment at zero thoughts is a setup to make the person's first obsessional thought significant and upsetting.
- The most reasonable goal is: "Some thoughts of varying intensity and frequency with relatively little upset and no interference in day-to-day living."

Resources

• Adults with OCD:

1. Purdon, C., & Clark, D. (2005). Overcoming Obsessive Thoughts. New Harbinger Publications.
2. Schwartz, J. (1996). Brain Lock. Regan Books.
3. Hyman, B., & Pedrick, C. (2005). The OCD Workbook. 2nd Ed. New Harbinger Publications.

• Children with OCD

1. Chansky, T. (2000). Freeing Your Child from OCD. Time Books.

Exposure and Response Prevention

- ERP is the #1 most researched and validated treatment for OCD.
- It involved intentionally exposing oneself to a feared stimuli and waiting for physiological habituation to occur while NOT neutralizing in any way.
 - In vivo
 - Imaginal through loop text exposure.
- It is hard work... AND it is worth it!!!

Support Organizations

- Obsessive Compulsive Foundation
 - www.ocfoundation.org
- Scrupulous Anonymous
 - For Catholic patients with OCD/Scrupulosity
 - www.ligouri.org
- ACCFS website
 - [OCD & Scrupulosity in Adults](#)
 - OCD – Children/Adolescents
 - See handout - An Introduction to the 'Over-active Conscience': Understanding Scrupulosity and Obsessive-Compulsive Disorder

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