

Navigating religious scrupulosity

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Disclosures

Julia Carbonella, PhD, LP, and Johanna Younce, PhD, have each declared that they do not, nor does their family have, any financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the presentation.

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Learning objectives

Upon completion of the instructional program, participants should be able to:

1. Identify three primary ways in which scrupulous OCD differs from healthy religious practice.
2. Describe three clinical features and common comorbidities associated with scrupulosity.
3. Identify at least two considerations in applying ERP techniques for patients with scrupulosity in the context of major religious groups.

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What we'll cover in this webinar

- Understanding and assessing scrupulosity
- Common clinical features of scrupulosity
- Navigating treatment for scrupulosity

Our focus for the program is on the healthcare professional practicing in a clinical setting.

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Presenter subjectivities

Dr. Julia Carbonella

Professional identities

- Clinical Supervisor
- Licensed psychologist
- Scientist-practitioner

Personal identities

- She/her
- Second generation Asian-American
- Spouse; mom of 2

Dr. Johanna Younce

Professional identities

- Clinical Supervisor
- PhD
- Researcher


Personal identities

- She/her
- White, cis woman, Catholic upbringing
- Partner; dog mom

We acknowledge that our experience, intersectionality, privilege – and lack thereof – inform what we each bring to our research, clinical practice, and teaching

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Understanding and assessing scrupulosity



Please use the Q&A feature to send your questions to the moderator.

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What is scrupulosity?

“persistent doubts about sin and irresistible urges to perform excessive religious behavior”
(Abramowitz et al., 2002)

Religious scrupulosity – excessive concern for doing the correct thing in God’s eyes; the threat that an irreverent idea or imperfect religious practice could displease God or commit sin

Moral scrupulosity – concern for acting within strict bounds of personal morals, societal expectations, or legal standards; fear of being “bad” or evil




Image: Heath, C. <https://calumheath.tumblr.com/image/183565486269>

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Presentation of scrupulosity-OCD

Obsessions are intrusive thoughts, images or impulses that are recurrent and unwanted.

Examples of scrupulous obsessions:

- Intrusive mental images of a blasphemous nature
- Excessive doubt over whether one has committed sin
- Thoughts of swearing at God; thinking God is evil or bad
- Dwelling on feared consequences of not carrying out religious prayers “just right”
- Excessive guilt and desire to make up for past sins
- Fearing that sexual / impure thoughts constitute adultery and are sinful
- Unwanted intrusive images during prayer
- Sacriligious thoughts of making obscene gestures in religious places
- Over-concern with needing to “try harder” or “do better” or to be more spiritual

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Presentation of scrupulosity-OCD

Compulsions are repetitive behaviors or mental acts that one performs to reduce anxiety or to prevent bad things from happening.

Examples of scrupulous compulsions:

- Excessive repetition of religious practices/prayer
- Asking repeatedly about whether thoughts are sinful; confessing minor "bad" thoughts
- Avoiding symbols of evil
- Avoiding church or religious services
- Treating religious books or symbols with excessive care
- Atoning through cleansing or purifying rituals
- Acts of self-sacrifice or self-punishment to make up for sinful thoughts or actions
- Mental rituals – repeating certain prayers, passages or phrases; making pacts with God; neutralizing by replacing negative thoughts with positive ones

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Clinical characteristics of scrupulosity

- a) Symptoms are significantly time-consuming, distressing and/or impairing
- b) Is *not* responsive to spiritual interventions
- c) Performs rituals to mitigate fear/distress, not for enjoyment
- d) Other symptoms and/or subtypes of OCD are often present
- e) The individual's practices far exceed what is required by the religious group
- f) Interferes with typical religious practice
- g) Beliefs and practices become very narrowly focused on "getting it right"
- h) The individual may spend so much time and energy on perfectly performing rituals that they overlook more important aspects of faith
- i) Resembles other OCD subtypes in the form of overt or mental compulsions that temporarily reduce anxiety caused by unwanted intrusive thoughts, images or impulses

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Healthy spiritual practices vs scrupulosity?

Questions to ask:

- Do others in your faith community have the same beliefs and behaviors?
- Would 85% of your religious community perform the same behaviors as you?
- How much time do your beliefs/rituals consume? How much do they bother you?
90% of the population experience unpleasant, yet harmless intrusive thoughts
- Does the compulsive behavior far exceed the requirements of the religious law?
- Is the anticipated consequence in proportion to my actions?
- Does the ritualistic behavior have narrow or insignificant focus?
- Are you frequently reaching out to clergy/religious figures about minor matters, frequent confessions, compulsive prayer, and reassurance about thoughts or behaviors?
- Are other valued aspects of living being disregarded due to over-emphasis on religious issues?

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Validated ways to measure symptom severity

PIOS-R (Penn Inventory of Scrupulosity-Revised; Olatunji et al., 2007) – 0 to 4 Likert scale

- Fear of committing sin; Fear of punishment from God
- Assess presence of religious/scrupulous thoughts, but not severity or impairment
- Factor structure may be mediocre (Younce, 2023)
- Measure included in full article

DOCS-SR (Dimensional Obsessive-Compulsive Scale, Scrupulous or Religious Thoughts subscale; Wetterneck et al., 2021) – 0 to 4 Likert scale

- Rating frequency, intensity, duration, interference, resistance
- Future research: differences between religious groups, and between general population vs. clinical OCD
- Measure included in full article

Future measures could better capture moral scrupulosity

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Common clinical features of scrupulosity



Please use the Q&A feature to send your questions to the moderator.

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Prevalence of scrupulosity as a subtype of OCD

- Almost 1 in 4 individuals treated for OCD present with some religious scrupulosity symptoms (Olatunji et al., 2008)
- Potentially underestimated, as individuals experiencing scrupulosity may be more likely to seek religious guidance rather than clinical treatment (Miller & Hedges, 2008)
- Nearly a quarter of those with scrupulous OCD do not report a religious affiliation (Siev et al., 2020)
 - Further research warranted for secular moral scrupulosity
- Fifth most common subtype of OCD symptoms; individuals with religious symptoms endorse more categories of obsessions on the Y-BOCS (Nelson et al., 2006)
- In less secular societies: Higher rates of scrupulosity theme in individuals with OCD
 - 50-60% of OCD patients with scrupulosity theme in Saudi Arabia and Egypt, respectively (Mahgoub & Abdel-Hafeiz, 1991; Okasha et al., 1994)

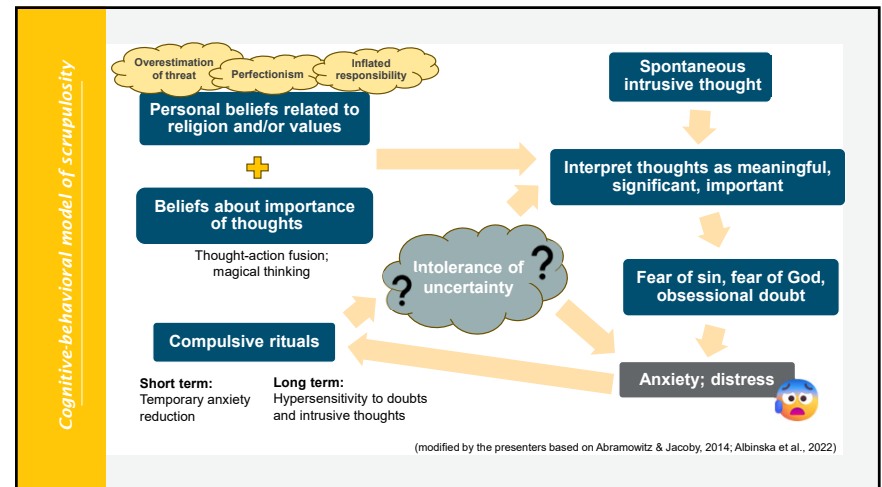
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Comorbidity

Scrupulosity has been associated with:

- Lower self-compassion (self-judgement, isolation, and over-identification), and spiritual/religious struggles (Moron et al., 2022)
- Moral thought-action-fusion (Siev et al., 2017)
- Mental contamination (Fergus, 2014)
- Obsessive-compulsive personality disorder (Fang et al., 2016)
- Perfectionism (Nelson et al., 2006)
- Schizotypal personality disorder, depression, anxiety symptoms (Siev et al., 2020)

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Relationship with religiosity

- Strong religious convictions do not cause OCD-scrupulosity (Siev, 2017)
- High levels of scrupulosity more common in traditional (vs. less traditional) societies (Greenberg & Huppert, 2010)
- Religious identity does not predict severity of OCD-scrupulosity, but may help shape how symptoms manifest (Buchholz et al., 2019)
 - e.g., Catholic customs may facilitate excessive prayer, confession, reassurance-seeking; Jewish customs may emphasize adherence to behavioral codes like purity, diet
- OCD symptom severity negatively related to spirituality; for religious individuals with OCD-related distress/impairment, spirituality (specifically universality) may help buffer negative impact on mental health (Henderson et al., 2022; Mancini et al., 2023)

"Instead of being a determinant of the disorder, religion appears to be just another area where OCD expresses itself." (Shams & Milosevik, 2013)

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Treatment implications

Individuals with scrupulous OCD may demonstrate:

- Lower insight and rigidity, particularly in those with more severe symptoms (Siev et al., 2020)
- Lower likelihood of seeking medication treatment (Siev et al., 2011)
- Poorer treatment response to ERP (Williams et al., 2014; Huppert & Siev, 2010)
 - Clinician unfamiliarity / discomfort?
 - Patients being less willing to challenge moral or religious beliefs?
 - Religious community may unintentionally or intentionally reinforce rituals?

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Navigating exposure treatment for scrupulosity

 Please use the Q&A feature to send your questions to the moderator.

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Exposure and Response Prevention

1. Exposure to obsessional content and/or feared stimuli
2. Prevent compulsions/safety behaviors
 - Choose a chair, sit with uncertainty
 - Continue exposure at least until expectancy violation occurs
3. Repeat



Picture: Taken from <https://www.buzzfeed.com/evelinamedina/chidi-the-good-place>
Scene from *The Good Place*

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Exposure and Response Prevention

Much simplified version of the CBT Model:

What are we learning?

- ✓ We cannot tolerate the anxiety
- ✓ Fears are reinforced
 - Only safe because of compulsion

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Exposure and Response Prevention

Prevent compulsions

What are we learning now?

- ✓ We CAN tolerate anxiety
- ✓ Feared outcome didn't happen – disconfirmation of belief

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Exposure and response prevention

<p>Common core fears:</p> <ul style="list-style-type: none"> • “I will go to Hell” • “I am a bad person” 	<p>Use in vivo and imaginal exposures:</p> <ul style="list-style-type: none"> • In vivo example: Writing a prayer “wrong” • Imaginal example: Detailed script about going to Hell
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This can be uncomfortable for the therapist!
 May be reticent to push patients far enough – resulting in poorer outcomes for scrupulosity treatment (Buchholz et al., 2019)

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Functional assessment

Similar to any other OCD theme, need to identify antecedents and consequences of target behaviors

- What situations trigger intrusive thoughts / anxiety?
- What are the interpretations of the thoughts?
 - What emotions result from interpretations?
- What behaviors are engaged in to respond to intrusive thoughts / decrease anxiety?
 - Do not forget about mental compulsions!
- What situations are *avoided* due to obsessions?

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Scrupulosity treatment considerations

- Engaging clients in treatment
- Therapist hesitancy to go far enough with ERP
- Where is the line that should not be crossed in exposures?
- Addressing mental compulsions
- Consulting with spiritual resources

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Engaging clients in treatment

1. Communicate goal of ERP

- It is not to become less religious
- To *return* to a healthy, authentic relationship with God / religion / values
 - Do things from a place of peace / joy instead of fear
 - OCD is antithesis of faith

"It's like putting in prayer coins and getting out reassurance."
 ~ Previous patient

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Engaging clients in treatment

2. Need to demonstrate cultural humility

- Not going to want to work with you if you don't fully respect their religious beliefs
- Do not try to convince them their religion is wrong

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Engaging clients in treatment

3. Can use Socratic dialogue if poor insight

- Their behaviors may be excessive
- Ask about someone they look up to – does that person do these same things?
- Is this the life your deity wants for you?
 - e.g., the Torah's "ways are pleasant ways" (Proverbs 3:17)

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Engaging clients in treatment

4. **Creative hopelessness** (borrow from ACT)

- How has that been working for you?
- Attempts to control, rationalize, or suppress obsessional thoughts have not worked
 - Don't try harder, try different

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Therapist hesitancy to go far enough with ERP

Need to go all the way to the top of the hierarchy

- Need to address "worst fear" – otherwise, OCD has a 'handhold'
- Just because the theme is religious/moral does not mean we do not push the envelope

Understand actual line between right and wrong in belief system – not OCD's line

- Consult with clergy on this

(Abramowitz et al., 2019)

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Where is the ethical line that should not be crossed?

Do not ask clients to flagrantly violate religious laws!

- Can ask to (temporarily) stop doing things not strictly required
- Can ask them to do things right up to the line (i.e., things that most people in their religion would not intentionally do but do not violate religious laws or values)
 - Still need overcorrection
 - Focus is on tolerating religious uncertainty of whether it's wrong, not doing things that are actually violations
 - Would not do exposure to grope a stranger; would do exposure to walk by a stranger with arms loose at sides
 - Acceptable level of risk

(Abramowitz & Hellberg, 2020)

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Addressing mental compulsions

Mental rituals common in scrupulous OCD:

- Mental reviewing situations to reassure self they did nothing wrong
- Attempts to suppress blasphemous or other intrusive thoughts they consider "wrong"
- Neutralizing a negative thought with an intentional positive thought

Thought suppression does not work

- White bear study (Wegner et al., 1987)

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Undoing mental compulsions

Mental rituals (usually) are too automatic to just not do them

- Instead of resisting, may need to start with undoing
 - Similar to cognitive restructuring
- If automatically provides mental self-assurance, undo the thought by challenging it
 - **Ritual:**
"I know I love God"
 - **To undo:**
Think to self, "I can't be sure that I truly love God enough"

Eventually, the automatic mental compulsions will be less automatic and will be able to truly "do nothing" in response to intrusions

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Consulting with spiritual leaders

- Clients typically turn to spiritual healers or leaders first (e.g., Al-Solaim & Loewenthal, 2011)
- Assists in engaging patient in treatment
- Be respectful of religion
 - Most leaders will work with you even if you are not of religion (Horwitz et al., 2019)
- Use spiritual leaders as resource for differentiating religious requirements from scrupulosity
 - Patient will likely have most strict perspective and not accept flexibility in religious law if it does exist
 - Able to learn the true "line" between right and wrong in context
- Can assist with assessment – those within a religious community are best equipped to identify what is outside norm (Horwitz et al., 2019)

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Coordinating with spiritual leaders

Provide education on OCD and how to support from an OCD lens

- More conservative clergy may be more likely to respond to the patient in ways inconsistent with ERP (Deacon et al., 2013; Jones et al., 2019)
- How to support without giving reassurance
- Encourage client to pray for grace and strength to accept / move on from intrusive thoughts without compulsions
- Communicating difference between healthy religious practice and scrupulosity
- Encourage return to faith

With our powers combined...

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Common presentations



Photo: David Shankbone

Judaism:

- Overconcern about Kosher laws – despite bitul and rov
- Adjusting and readjusting tefillin before prayer
- Saying the Shema with perfect focus
- Keeping Shabbat laws
- Repeating or restarting purity rituals
 - Doubts about whether one might have become unclean after washing
- Vows and concerns about honesty –avoiding committing to anything
- Over-asking halachic questions to rabbi

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Common presentations





Photo: Didier Descouens

Christianity:

- Concerns about one's commitment to God
 - "Do I love God enough?"
- Concerns about sexual purity (including normal sexual feelings)
- Constantly praying for forgiveness for potential sins
- Over-confessing to priests
- Reading Bible passages for reassurance
- Avoiding 666, images of the devil
- Fear one might accidentally let a demon into oneself
- Fear one is secretly the Anti-Christ

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Common presentations



How to Perform Wudu

Photo from: <https://zanzam.com/blog/purification-bath-in-islam/>

Islam:

- Correctly performing wudu (ablution) rituals before prayer
 - Repeating washing rituals
- Concern about becoming unclean after wudu while praying
 - What if a small drop of urine comes out and now I am unclean?
- Concern about intrusive doubts
- Doubt about fasting appropriately during Ramadan (i.e., swallowing saliva)
- Reassurance-seeking with imam or scholar
- Intrusive thoughts of "Dajjal"; an evil creature (similar to Anti-Christ)

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ERP consistent with religious teachings

Jewish requirement to ensure no bread in home before Passover:

"After conducting the search, one need **not be concerned** that perhaps a [rat] dragged leaven from house to house... placing leaven in a house that was already searched. As if so, one need also be concerned that perhaps leaven might have been dragged from courtyard to courtyard and from city to city. In that case, there is **no end to the matter**, and it would be impossible to rely on any search for leaven."

~ Mishna Pesachim 1:2

Maimonides on overcorrection:

"...Temperaments should be treated in this manner - if one was far over to one extreme, one should move oneself to the other extreme..."

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ERP consistent with religious teachings

Christian belief is that Jesus died for our sins

- Fully implies that God does not expect perfection from humans
- If perfection was possible, would have no need for God

"It is a fundamental truth that we cannot love God unless we believe in His love for us. Scrupulosity completely represses such a belief, and thus paralyzes all generous effort."

~ Father William Doyle (1897), *Scruples and Their Treatment*

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ERP consistent with religious teachings

Waswās al-qahri has been recognized in Islam since its conception

- Means "overwhelming whispers" in Arabic

"Allah has forgiven my Ummah for the thoughts that come to their minds, unless they act upon them or utter them." (Sunan an-Nasa'i 3434)

- A hadith frequently elaborated on by imams and scholars when discussing waswās

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Case example: Jacob

A: 34-year-old
 D: OCD, Depression (unspecified)
 D: No disability
 R: Conservative Jewish
 E: White, Jewish
 S: Middle Class
 S: Heterosexual, married
 I: No indigenous heritage
 N: USA, citizen
 G: Cisgender man

Had always been very conscientious – was frequently rewarded as a child for being well-behaved and very religious

Came from Reform Jewish family, became more Conservative when wife was first pregnant 5 years ago.

Became more and more concerned with raising child correctly and being a good role model

Began consulting rabbi on more and more things, spending significant amount of time on washing rituals, reciting the Shema repeatedly until feels that he was completely focused the whole time,

Rabbi eventually suggested getting mental health treatment.

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Assessment

Y-BOCS score of 22 (high end of "moderate")

Determined time spent on compulsions (3 hours/day)

Functional Assessment:

- Fear cues** = Engaging in religious rituals, doubt that rituals were done correctly, intrusive thoughts and doubts that he might have broken religious law
- Feared consequence** = fear of himself/child being condemned, being a bad person
- Compulsions** = reassurance-seeking with rabbi, repeating/re-doing religious rituals, mental review, avoidance of synagogue

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Consultation with rabbi

Rabbi familiar with scrupulosity and understood rationale to stop providing excessive reassurance

Discussed planned exposures beforehand to ensure no violations

Established goals in therapy to return to synagogue, engage in healthy religious practice

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Treatment

Develop exposure hierarchy (48 items)

- Say "I may be condemned by God"
- Pray the Shema once, no repeating or mental review
- Pray the Shema incorrectly/incompletely (or for only XX minutes/day)
- Write worst case scenario of being bad father and role model
- Say/write "I may have not done rituals perfectly today and God is displeased"
- Read examples/stories of others who have violated religious doctrines
- Look at video/photo of non-kosher food (bacon cheeseburger)
- Look at bacon cheeseburger next to photo of son
- Look at photo of temple; walk by temple; attend religious services for 10 minutes; attend full service with family
- Use a clean spoon designated for meat to put flour into a cake batter that has milk as another ingredient

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Treatment

Ritual prevention

- Tracked compulsions daily to increase awareness
- Limit reassurance-seeking from rabbi / wife to 1x/day
- Perform religious ritual 1x/day at most; perform it incompletely or incorrectly
- Interrupt mental review with timer
- Delay time between urge to wash and actually washing
- Undo compulsions by adding "I can't be certain" or "I may still be condemned"

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Treatment


- Began with psychoeducation and consulting with rabbi
- Tracking compulsions to increase awareness
- Values identification; motivational interviewing to increase engagement in ERP
- Collaborated on exposure to start with (4/7 SUDS)
 - Engage in exposure at minimum once/day – repeated trials
 - Move on from exposure when seeing decreased anxiety and safety learning
 - Emphasize response prevention
- Continued with increased difficulty
- Relapse prevention

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Time for questions and answers...

Please use the Q&A button to submit your question

If we don't get to your question, please feel free to send an email to webinars@rogersbh.org and we will follow-up with you



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Where to get additional information...

International OCD Foundation Clergy Packet:
<https://iocdf.org/wp-content/uploads/2022/04/Clergy-Packet.pdf>

Ten Commandments of the Scrupulous: https://scrupulousanonymous.org/wp-content/uploads/2015/10/Ten_Commandments_for_the_Scrupulous_2013.pdf

Psychoeducation article by Jon Hershfield: <https://www.sheppardpratt.org/news-views/story/moral-scrupulosity-ocd-part-one/>

Article describing scrupulosity in Islam to both clinicians and imams:
<https://yageeninstitute.org/read/paper/clinicians-imams-and-the-whisperings-of-satan>

Published journal article providing recommendations for adapting ERP to treat OCD in Ultra-Orthodox Jewish individuals: <https://www.fearcastpodcast.com/wp-content/uploads/2021/02/Huppert-Siev-Kushner-2007-tx-scrupulosity-in-orthodox.pdf>

Published journal article regarding bringing the Bible into OCD treatment:
https://www.monnicawilliams.com/articles/Leins+Williams_BibleOCD_2018.pdf


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About the presenters....

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