

Scrupulosity Support Group:

When OCD Gets Tangled in
Religious and Moral Matters

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Ted Witzig, Jr. Ph.D. – www.scrupulosity.org

Apostolic Christian Counseling and Family Services

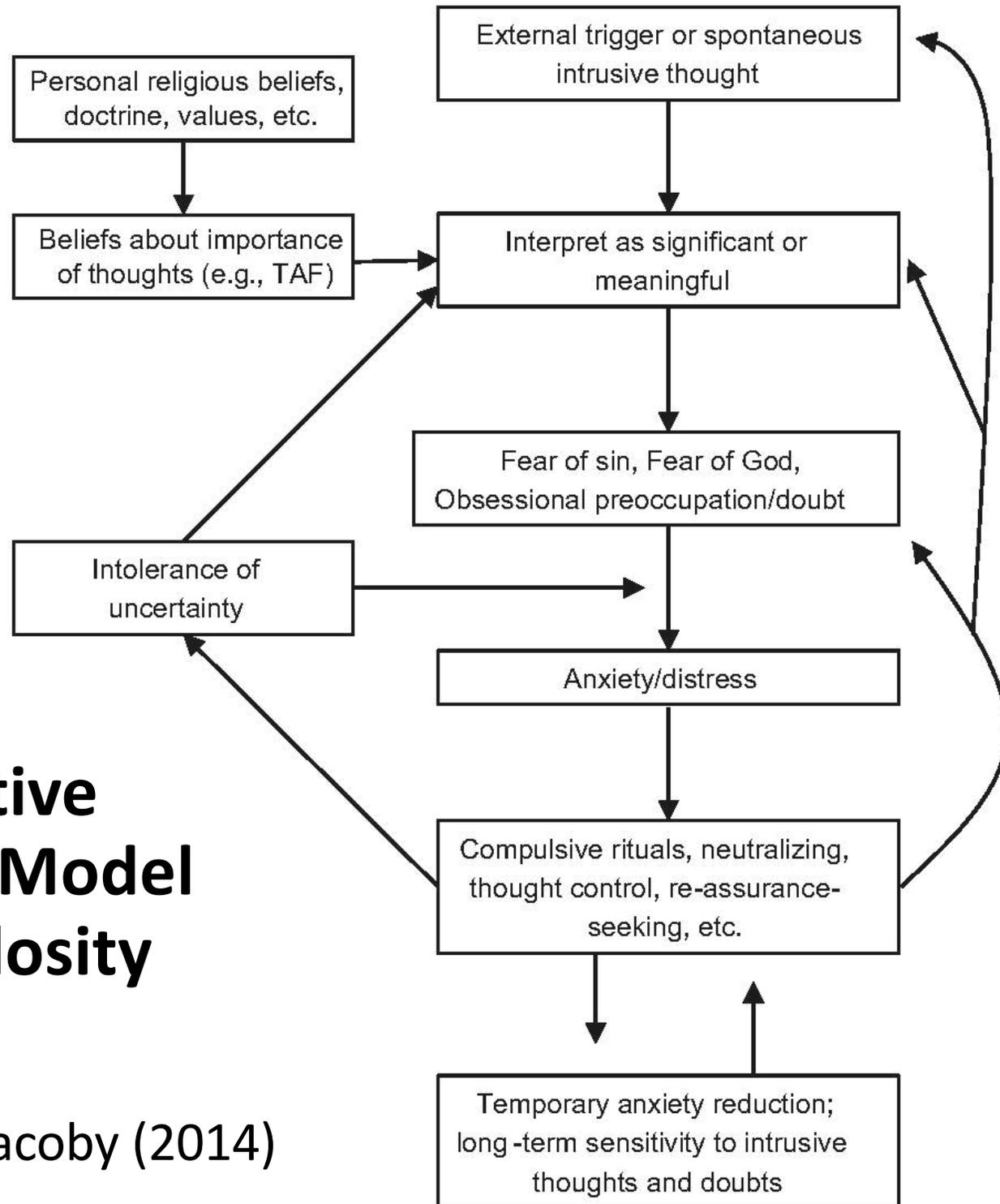
877-370-9988 -- office@accounseling.org

Clinical Definition of Scrupulosity

- **Definition:** *Obsessions and compulsions containing religious themes, hypermorality, pathological doubt/worry about sin, and excessive religious behavior.*
 - Symptoms follow along the lines of moral/religious teaching (e.g., don't lie, don't be impure, don't harm, motives) of a particular religious group.
 - Blasphemy/sacrilege
 - Sex/immorality
 - Violence/harm
 - Clean/unclean – Pure/impure

Does Religion Cause 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.
- *“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.”*



A Cognitive Behavioral Model of Scrupulosity

Abramowitz and Jacoby (2014)

**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.

A Team Approach to Treating Scrupulosity

Desired Characteristics of the Core Treatment Team

1. Family member or close friend

- Willing to learn about OCD.
- Willing to stop accommodating the OCD.
- Willing to stop giving in to reassurance seeking.
- Willing to attend sessions, as needed.

2. Physician/Psychiatrist

- Willing to listen to your situation and treat you kindly.
- Understands medication dosing for SSRIs with OCD.
- Note: primarily obsessional forms of OCD often require higher dosages.

3. Clergy

- Willing to learn about OCD/scrupulosity.
- Willing to not accommodate the OCD or give into reassurance seeking.

The Core Treatment Team cont'd

4. Counselor

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

Coping Statements for Scrupulosity

Dealing with Doubt and Uncertainty

1. Faith is not the absence of feeling uncertain. Faith is going forward through the uncertainty.
2. OCD wants me to believe that uncertainty and doubt are dangerous. While uncertainty is uncomfortable, it is not dangerous, and I can tolerate it.
3. My faith is what I believe, not what I feel.
4. Feelings are not facts.
5. OCD will always bring up another *What if . . . ?* Trying to nail down all of the *What if . . . ?* questions will lead me down a path of never feeling good enough or certain enough.

Dealing with Doubt and Uncertainty Cont'd

6. I can have faith and still feel uncertain. *Mark 9:24, "...Lord, I believe; help thou mine unbelief."*
7. God loves me completely, even when my feelings are uncertain and clouded by doubt.

Dealing with Intrusive Thoughts

1. Even though they feel real, intrusive thoughts (i.e., distressing thoughts or images with violent, sexual, or blasphemous content) say nothing about my true character.
2. The goal of the intrusive thoughts is to shock and scare me so I try to suppress or “fix” them. My goal is to identify them as “intrusive thoughts” and move on instead of fighting with them.
3. Having an intrusive thought does not make it more likely for me to act on it.
4. God understands that intrusive thoughts are distressing to me. He understands OCD better than anyone!

Dealing with Intrusive Thoughts Cont'd

5. OCD wants me to believe that worry, anxiety, and compulsions will protect me spiritually. That is all part of the trick OCD wants me to believe.
6. OCD wants me to fight with my thoughts and try to control and suppress them. OCD knows that by getting distressed and fighting with the thoughts I will refill the “gas tank” in the obsessional engine and keep it running.
7. Trying to prevent myself from ever having certain thoughts, images, and feelings only makes them worse.

Tips on Moving Forward

1. One of OCD's biggest tricks is asking me the question, "What if this fear isn't from OCD and it really is a serious issue?" Whenever this thought (or one similar) comes, I will treat it as OCD and not try to figure it out.
2. I will pray to God for grace and strength to accept/move on from intrusive thoughts without figuring them out and fight doing compulsions, neutralizing, or avoiding.
3. My goal is to "starve" OCD by not giving meaning to intrusive thoughts or doing compulsions.

Tips on Moving Forward Cont'd

4. I have two choices: (1) to chase after a feeling of certainty that never comes or (2) to choose to move forward through the uncertainty.
5. My goal is to focus on doing the tasks that I need to be doing in the present moment (studying, cooking, talking to a friend, working) instead of focusing on trying to figure out the uncertainty or fear.
6. I need to focus on the present moment and allow my thoughts to come and go.
7. Trying to figure it all out only makes it worse.
8. God understands that I don't understand.

Online Resources on Scrupulosity

- **Ted Witzig Jr. - OCD/Scrupulosity Info**
 - www.scrupulosity.org
 - Principles of Effective and Religiously-Sensitive Exposures
 - OCD and Scrupulosity Videos
 - Coping Statements for Christians With OCD and Scrupulosity
 - Religious and Moral Scrupulosity in Christians
- **Ian Osborn, MD**
 - <http://ocdandchristianity.com>
- **Peace of Mind Foundation – Videos**
 - <http://www.peaceofmind.com/education/types-of-ocd/immoral-or-scrupulous-thoughts/>
- **Two-Screen Method of Mindfulness**
 - <https://www.youtube.com/watch?v=H3FEMbMXv6Q>

Helpful Books for Treatment

- Harris, R. (2014) The Illustrated Happiness Trap: How to Stop Struggling and Start Living. Shambhala
- Knabb, J. (2016). Acceptance and Commitment Therapy for Christian Clients: A Faith-Based Workbook. Routledge. [Therapist Guide Available]
- Osborn, I. (2008). Can Christianity Cure OCD?: A Psychiatrist Explores the Role of Faith in Treatment. Brazos
- Purdon, C., & Clark, D. (2005). Overcoming Obsessive Thoughts. New Harbinger.
- Symington, S. (2019). Freedom from Anxious Thoughts and Feelings. New Harbinger.