SCRUPULOSITY AND OCD

INFORMATION PACKET FOR FAITH LEADERS

This packet contains a compilation of information from various resources, including the International OCD Foundation (IOCDF), the Anxiety and Depression Association of America (ADAA), and AnxietyCanada.
See page 16 for a full list of resources and references.

This packet is to provide you with information. The content is not a substitute for professional psychological advice, diagnosis, or treatment. Always seek the advice of your physician or a licensed mental health provider with any questions you may have regarding a psychological condition. Information enclosed is subject to change without notification.

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OBSESSIVE COMPULSIVE DISORDER

INFORMATION ON OBSESSIVE COMPULSIVE DISORDER

WHAT IS OBSESSIVE COMPULSIVE DISORDER?

Obsessive-compulsive disorder, commonly called OCD, appears in different ways, and not every person has the same symptoms; many people have combinations of various OCD symptoms. In general, those who have OCD suffer from unwanted and intrusive thoughts that they can't seem to get out of their heads (obsessions), often compelling them to repeatedly perform ritualistic behaviours and routines (compulsions) to try and ease their anxiety.

Most adults who have OCD are aware that their obsessions and compulsions are irrational, yet they feel powerless to stop them. They may spend several hours every day focusing on obsessive thoughts and performing seemingly senseless rituals to ward off persistent, unwelcome thoughts, feelings, or images. These can interfere with a person's normal routine, schoolwork, job, family, or social activities. Trying to concentrate on daily activities may be difficult.[1]

OCD occurs in approximately 2.3% of the population. That is, between 2 and 3 individuals out of every 100 people meets criteria for OCD in their lifetime. Research indicates that in any given 12-month period, approximately 1.2% of individuals – between 3 and 4 million adults in the United States – currently have OCD. Although OCD can occur at any age, there are two age ranges at which OCD tends to first appear: 1) Between the ages of 8 and 12, and 2) Between the late teens and early 20s.[2]

WHAT ARE OBSESSIONS?

Obsessions are recurrent and persistent thoughts, urges, or images that are experienced as outside the person's control. Individuals with OCD do not want these thoughts, and experience them as highly disturbing and/or distressing. Because obsessions are unwanted and distressing, people try to resist them, get rid of them, or reduce their distress in some way.

WHAT ARE COMPULSIONS?

Compulsions (commonly called rituals) are repetitive behaviours or mental acts that the person with OCD feels driven to perform in response to an obsession, and/or in accordance with rigid rules. Compulsions in OCD are performed with the intention of neutralizing, counteracting, and/or eliminating anxiety. Compulsions can also include avoidance of situations that trigger obsessions. Compulsions are time consuming and get in the way of important activities the person values. In most cases, individuals with OCD feel driven to engage in compulsive behaviour and *would rather not have to do* these time consuming (and in many cases, torturous) acts. In OCD, compulsive behaviour is done with the intention of trying to escape or reduce anxiety or the presence of obsessions.[2]

WHAT CAUSES OCD?

While the exact cause remains unknown, research suggests that both genetic predisposition and environmental stress play a role in the onset of OCD. According to the Diathesis-Stress model, individuals have varying levels of predisposition to the development of psychological disorders, based on a combination of biological and genetic traits. Specific to OCD, research suggests that genetic predisposition accounts for 27% to 47% of adult-onset OCD. In combination with genetic predisposition, stressful life events and other environmental factors appear to be implicated in the development and onset of OCD. While stress alone does not cause OCD, when an individual is genetically predisposed or has a subclinical case of the disorder, stressful events may precipitate symptoms.[2,5]

COMMON OBSESSIONS IN OCD[2]:

CONTAMINATION

- Body fluids (e.g., urine, feces)
- Germs/disease (e.g., herpes, HIV)
- Environmental contaminants (e.g., radiation)
- Household chemicals (e.g., cleaners, solvents)

LOSING CONTROL

- Fear of acting on an impulse to harm oneself
- Fear of acting on an impulse to harm others
- Fear of violent or horrific images in one's mind
- Fear of blurting out obscenities or insults
- Fear of stealing things

RELIGIOUS OBSESSIONS (SCRUPULOSITY)

- Concern with offending God or blasphemy
- Excessive concern with right/wrong or morality

OBSESSIONS RELATED TO PERFECTIONISM

- Concern about evenness or exactness
- Concern with a need to know or remember
- Fear of losing or forgetting important information when throwing something out
- Fear of losing things

UNWANTED SEXUAL THOUGHTS

- Forbidden or perverse sexual thoughts/images
- Forbidden or perverse sexual impulses
- Obsessions about homosexuality
- Sexual obsessions that involve children or incest
- Obsessions about aggressive sexual behaviour towards others

HARM

- Fear of being responsible for something terrible happening (e.g., fire, burglary)
- Fear of harming others because of not being careful enough (e.g., dropping something on the ground that might cause someone to slip and hurt him/herself)

OTHER OBSESSIONS

- Concern with getting a physical illness or disease (not by contamination, e.g. cancer)
- Superstitious ideas about lucky/unlucky numbers certain colors
- Doubt about having OCD

COMMON COMPULSIONS IN OCD[2]:

WASHING AND CLEANING

- Washing hands excessively or in a certain way
- Excessive showering, bathing, tooth-brushing, grooming, or toilet routines
- Cleaning household items/objects excessively
- Doing other things to prevent or remove contact with contaminants

CHECKING

- Checking that you did not/will not harm others
- Checking that you did not/will not harm yourself
- Checking that nothing terrible happened
- Checking that you did not make a mistake
- Checking your physical condition or body

OTHER COMPULSIONS

- Arranging/ordering things until it "feels right"
- Telling asking or confessing to get reassurance
- Avoiding situations that might trigger obsessions

MENTAL COMPULSIONS

- Mental review of events to prevent harm (to oneself/others, to prevent terrible consequences)
- Praying to prevent harm (to oneself/others, to prevent terrible consequences)
- Counting while performing a task to end on a "good," "right," or "safe" number
- "Cancelling" or "Undoing" (e.g., replacing a "bad" word with a "good" word to cancel it out)

REPEATING

- Rereading or rewriting
- Repeating routine activities (e.g., going in or out doors, getting up or down from chairs)
- Repeating body movements (e.g., tapping, blinking)
- Repeating activities in "multiples" (e.g., doing a task three times because three is a "good," "right," "safe" number)

SCRUPULOSITY

INFORMATION ON RELIGIOUS OBSESSIONS IN OCD

WHAT IS SCRUPULOSITY?

A form of Obsessive Compulsive Disorder (OCD) involving religious or moral obsessions. Scrupulous individuals are overly concerned that something they thought or did might be a sin or other violation of religious or moral doctrine.

Unlike normal religious practice, scrupulous behavior usually exceeds or disregards religious law and may focus excessively on one trivial area of religious practice while other, more important areas may be completely ignored. The behavior of scrupulous individuals is typically inconsistent with that of the rest of the faith community. Whereas a person with a tender conscience can be excessively detailed in their attempt to resolve religious uncertainty and can find comfort when advised by a religious leader, individuals with a scrupulous conscience suffer from undue fear associated with religious thoughts and cannot have their fear or concern resolved by competent explanation. Scrupulosity can be further identified by looking to the person's overall level of distress and impairment in functioning, such that they will experience interference with their normal routine, ability to engage in faith practice, schoolwork, job, family, social activities, and/or concentration as a result of their scrupulosity[2].

WHAT ARE COMMON OBSESSIONS IN SCRUPULOSITY?

- Whether you have confessed all known sins or not
- Whether you may have sold your soul to the devil
- Whether you perfectly understand every detail of your faith community's doctrine and teachings
- Sacrilegious or blasphemous intrusions (e.g., "God is really the evil one")
- Whether you are following 100% of your faith community's regulations
- Whether your prayers were completed perfectly or with enough sincerity
- That you have failed to adequately "earn" God's forgiveness
- That you have committed the unpardonable sin

WHAT ARE COMMON COMPULSIONS IN SCRUPULOSITY?

- Repeated trips to confession
- Avoiding the Holy Eucharist
- Repetitive praying or religious mantras (until it's "perfect" or "feels right")
- Seeking reassurance in conversation – looking for absolute certainty
- Excessive engagement in religious rituals, much more than others in the same faith community
- Inability to stop engaging in evangelism/charitable deeds when it's appropriate to do so
- Excessive research and rumination to answer spiritual questions

WHAT CAUSES SCRUPULOSITY?

The exact cause of scrupulosity is not known. Like other forms of OCD, scrupulosity may be the result of several factors including genetic and environmental influences. Research has consistently demonstrated that scrupulosity is an equal opportunity disorder. That is, there is currently no evidence to link scrupulosity to a specific religion or that that the moral or religious character of scrupulosity sufferers is any different from that of other people[2].

EXPOSURE AND RESPONSE PREVENTION

INFORMATION ON THE TREATMENT OF OCD AND SCRUPULOSITY

WHAT IS EXPOSURE AND RESPONSE PREVENTION (ERP)?

You may have heard of Cognitive Behaviour Therapy (CBT). CBT refers to a group of similar types of therapies used by mental health therapists for treating psychological disorders. The most important type of CBT for OCD is Exposure and Response Prevention (ERP).

Exposure is the process whereby an individual systematically confronts the thoughts, images, objects, and situations that cause anxiety and/or trigger obsessions. For example, an individual might touch a common-use doorknob (contamination obsessions), hold a sharp knife (fear of harming obsessions), or read religious scripture about going to Hell (religious obsessions).

Response prevention refers to making a choice not to do a compulsive behaviour once the anxiety or obsessions have been "triggered," but to instead allow oneself to feel the anxiety and experience habituation. *Habituation* refers to the decrease in anxiety with nothing but the passage of time.

HOW DOES ERP WORK?

In a typical OCD scenario (see Figure 1 below), an individual encounters an object or situation that evokes anxiety. To alleviate this anxiety, they engage in a compulsive ritual. While the ritual provides short-term relief from the anxiety, the long-term consequences are that the individual will 1) always feel anxious in that particular situation, 2) likely need to engage in more and more rituals to experience relief, and 3) avoid more situations/objects to avoid feeling anxious, which often reduces quality of life.

With ERP (see Figure 2 below), individuals learn to approach their feared situations through exposures, and practice preventing the rituals that they have used previously to reduce their anxiety. Instead of engaging in rituals, individuals are instead taught to fully experience their anxiety. Then, over time, they will experience a reduction in their anxiety through the process of habituation. By approaching their fears in this way, individuals learn that 1) the situations that they fear are not actually dangerous, 2) their anxiety will reduce on its own over time without the use of rituals, and 3) they are able to experience and tolerate feelings of anxiety. As a result, individuals experience reduced anxiety to the same stimulus over time and are able to approach more and more of their previously-feared situations, which often significantly improves overall quality of life.

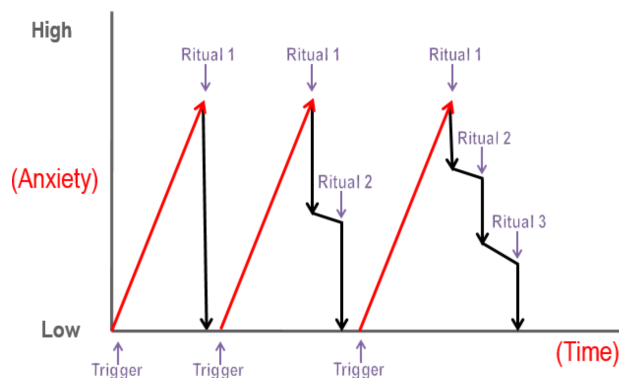

Figure 1. Typical OCD scenario

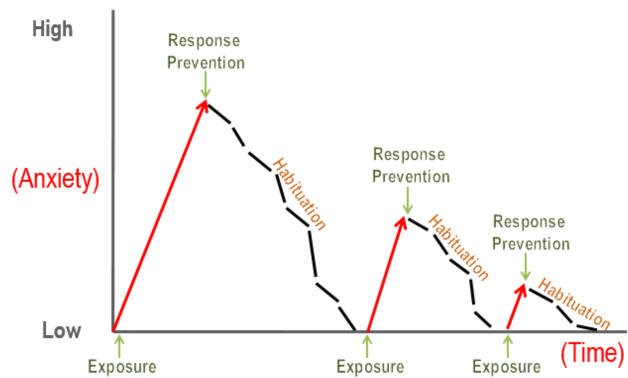

Figure 2. Exposure and Response Prevention

HOW IS TREATMENT IMPLEMENTED?

With ERP, we collaboratively develop a treatment plan with an individual that serves as the roadmap for recovery from OCD. The treatment plan consists of two main components: the exposure hierarchy and identification/elimination of rituals.

The *exposure hierarchy* is a document that lists possible exposure exercises that an individual may engage in during treatment. It includes a wide range of activities that would elicit low anxiety to extreme anxiety if approached without using any compulsive rituals. Exposure exercises are assigned if they would cause *challenging* but *manageable* levels of anxiety. This range is chosen to ensure that an individual is experiencing enough anxiety to benefit from the exposure, but not so much that they are likely to avoid their assignments or engage in rituals. Individuals are typically assigned 3-5 exposure exercises at a time and are asked to complete exposure exercises each day. When conducting exposure, individuals engage in the anxiety-provoking activity (e.g., hold on to a knife, write the word 'devil' on a sheet of paper, hold on to a garbage can), resist engaging in any compulsive rituals (e.g., checking, praying, mental reassurance), and stay in the situation until *either* anxiety decreases by at least 50% (e.g., until anxiety reaches a '4' if the peak anxiety was an '8') *or* the expectancy of a feared outcome has been violated (e.g., expecting that writing the word 'devil' for 5 minutes would result in demonic possession, then engaging in the writing exposure for 6 minutes). Exposures are discontinued (and new ones are initiated) once the individual is willing to experience the anxiety without using compulsions.

While in treatment, we strive for our clients to adhere to 100% ritual prevention. However, we recognize that individuals may be unable to fully adhere to "complete" ritual prevention. As a result, an individual's therapist may ask them to keep track of their rituals in a small notebook to increase awareness on how frequently their urges to ritualize are occurring, and to monitor how frequently they are engaging in (versus resisting) their urge to ritualize. Individuals are asked to eliminate their rituals as quickly as possible, and to practice ritual prevention throughout the day (i.e., not just during exposure trials). If an individual submits to completing a compulsive ritual, they are asked to 'spoil' or 'undo' it in some way (e.g., touch a contaminated object after hand washing).

ADDITIONAL TREATMENT COMPONENTS

Depending on an individual's specific needs, several adjunct treatment components may be prescribed.

MEDICATION

Medication treatment of anxiety is often used in conjunction with therapy. Medication may be a short-term or long-term treatment option, depending on severity of symptoms, other medical conditions, and individual circumstances.[1] Medications are recommended and prescribed by psychiatrists.

BEHAVIOURAL ACTIVATION

When people experience low mood and depression, they may increasingly disengage from their routines and withdraw from their environment. Over time, this avoidance exacerbates low mood as individuals lose opportunities to be positively reinforced through experiences of mastery, pleasant experiences, or social activity. Behavioural activation seeks to increase the patient's contact with sources of reward by helping them get more active and connect with their values and, in so doing, improve one's life context.[5]

SYMPTOM ACCOMMODATION

INFORMATION ON WHAT SYMPTOM ACCOMMODATION IS, WHY IT'S IMPORTANT TO REDUCE SYMPTOM ACCOMMODATION, AND TIPS FOR HOW TO DO SO

WHAT IS SYMPTOM ACCOMMODATION?

Symptom accommodation refers to specific behaviours of support persons to:

- Modify expectations, responsibilities, and functioning because of OCD and anxiety-related disorder symptoms, and/or
- Participate in OCD rituals or other anxiety-driven behaviours to reduce in-the-moment anxiety

Accommodation behaviours function like compulsions, serving to prevent or quickly alleviate the distress associated with intrusive thoughts. The only difference is that compulsions are performed by the individuals themselves, whereas symptom accommodation is undertaken by those in the individual's support network.

WHAT ARE SOME EXAMPLES OF SYMPTOM ACCOMMODATION?

GENERAL ACCOMMODATIONS

- Changing one's own daily routines and expectations due to anxiety (e.g. Priest changes work schedule to be available to an anxious parishioner for repeated confessions)
- Altering or reducing responsibilities owing to the individual's anxiety (e.g., absolving the person of the obligation to attend religious services or participate in religious fasting)
- Avoiding certain topics of conversation that may cause the individual to experience anxiety
- Providing repeated reassurance that the individual's fears and thoughts have no basis

SCRUPULOSITY-FOCUSED ACCOMMODATIONS

- Encouraging the use of prayer as a way to try to reduce tension or distress in the moment
- Participating in excessive conversations focused on if-then scenarios (e.g., "if I did this, then would I do x or y? And what if z was involved? How about w?")
- Providing specific guidance to the individual when they already know the answer
- Loosening up religious standards to accommodate an individual's mental health concerns when they can handle being held to the normative standard.
- Advising individuals to avoid situations that cause them anxiety or that trigger intrusive thoughts (e.g., encouraging an individual to leave their vocation as a priest when plagued with religious-themed intrusive thoughts)
- Agreeing to repeatedly pray with a parishioner or providing repeated blessings as a means of reducing tension or distress in the moment
- Repeatedly answering questions about 'correct' faith practices
- Providing lists of reassuring Bible passages
- Praising OCD scrupulosity symptoms as evidence of religious sincerity or commitment (analogous to praising an individual with anorexia for their weight loss).

WHY IS SYMPTOM ACCOMMODATION A PROBLEM?[6]

When you interact with someone that struggles with anxiety, you believe that your role is to provide comfort, reassurance, and a sense of safety. Above all, you want to support the individual and alleviate his or her suffering. However, when the person that you're connecting with has OCD or another anxiety-related disorder, shielding them from the things that trigger their fears is actually counterproductive to their recovery. Research consistently demonstrates that symptom accommodation is associated with increased symptom severity. Instead of decreasing distress, doing what comes naturally to comfort someone inadvertently strengthens their disorder.

Symptom accommodation also tends to escalate over time. What seems like a small and easy adjustment to make at first (e.g., providing a quick blessing), evolves into more elaborate and difficult accommodations (e.g., longer and more involved blessings according to rigid rules, frustrating and seemingly unending conversations about the meaning of a specific bible passage). Caregivers are often left asking themselves, "How did we get here?"

IMPACT OF SYMPTOM ACCOMMODATION ON TREATMENT OUTCOMES:

- Reduces the opportunity for an individual to learn that their feared outcomes don't actually occur (e.g., that saying a specific phrase keeps them from becoming possessed).
- Prevents an individual from experiencing a reduction in anxiety after facing their feared situation without avoidance or rituals – that is, it interferes with the process of habituation.
- Limits an individual's opportunity to learn to cope with distress, instead sending a message that difficult emotions (such as fear and doubt) need to be avoided and cannot be tolerated.
- Prevents an individual from building a sense of mastery and increasing their ability to cope with stressful situations.
- Leads to decreased motivation to change. If an individual is protected from the negative consequences of their symptoms through symptom accommodation, they are less likely to engage in treatment and work towards recovery.

IMPACT OF SYMPTOM ACCOMMODATION ON CAREGIVERS:

- Linked to more frustration and stress. Symptom accommodation consumes increasing amounts of time and attention, leading to unintended increases in distress.
- Increases conflict between the individual with OCD and the caregiver. Increased conflict is especially pronounced among those who disagree on the accommodations being given.

HOW COMMON IS SYMPTOM ACCOMMODATION?

Symptom accommodation is VERY COMMON. While we don't as of yet have specific rates of accommodation as observed amongst faith leaders, here are some specific research findings about accommodation of anxiety disorders generally:

- 97.3% of parents reported providing at least some accommodation of a child with anxiety.
- 76% of parents reported that they both participated in their family member's symptoms and changed family routines due to their family member's symptoms.
- 89% of adult patients diagnosed with OCD and their relatives reported receiving or providing anxiety accommodation within the past week

WHAT IS REASSURANCE SEEKING?

One of the ways in which your parishioner might seek to reduce their anxiety is through reassurance seeking. This is one of the most common expressions of symptom accommodation, and involves asking you lots of questions, asking the same question repeatedly, or seeking physical comfort. Reassurance seeking serves to reduce anxiety through increasing certainty about a feared situation by gaining perspective from a trusted source. It may also work to reduce anxiety by transferring perceived responsibility of a feared outcome to another person. Although providing answers to (often simple!) questions may seem harmless, providing reassurance serves to maintain the anxiety disorder cycle.

It can be difficult to tell which questions are appropriate to answer, and which questions are attempts at gaining reassurance. Below is a list to help determine whether a question is appropriate to answer and when to resist the ritual:

Information Gathering	***Reassurance Seeking***
Asks a question once	Repeatedly asks the same question
Asks a question to be informed	Asks a question to feel less anxious
Asks people who are qualified to answer the question	Often asks people who are unqualified to answer the question
Asks questions that are answerable (e.g., what did Jesus teach about loving God?)	Often asks questions that are unanswerable (e.g., what does God think about having doubt?)
Seeks the truth	Seeks a desired answer
Accepts relative, qualified, or uncertain answers when appropriate	Insists on absolute, definitive answers whether appropriate or not
Pursues only the information necessary to form a conclusion or make a decision	Indefinitely pursues information without ever forming a conclusion or making a decision

***Adapted from the Anxiety Disorders Center, St. Louis Behavioural Medicine Institute**

Becoming familiar with these differences is important, however it is imperative to remember that even questions that appear to be information gathering can serve as reassurance! Exploring the function *behind* the question with your parishioner may serve as a more effective method of identifying – and ultimately reducing – reassurance seeking. To help determine the function of a question:

- Ask: Why? For example, "*Why do you want me to answer that question?*"
- Ask: What? For example, "*What will an answer do for your anxiety?*"

After some education, the parishioner should be able to identify his/her reason for asking as either satisfying curiosity (i.e., information gathering) or for anxiety reduction (i.e., reassurance seeking). If they are not able to identify the function of the question they are asking:

- Wait. Give yourself some time before you answer. All questions do not need to be answered immediately; you are allowed some time. If the purpose of the question was to reduce anxiety, then a period without an answer would likely increase anxiety. If simply curiosity, not providing an answer is not likely to cause any change in emotion. Sometimes the question may even be forgotten. An important aspect of waiting is encouraging the parishioner to reflect on why he or she is asking the question and to build awareness of reassurance seeking behaviours.

HOW CAN FAITH LEADERS REDUCE SYMPTOM ACCOMMODATION?

Reducing accommodation is a gradual process that should be done collaboratively with the individual in treatment, their family members, and the treatment team. It is important for everyone to work together in the fight against anxiety, placing everyone on the same team against the anxiety symptoms.

Below are some examples for ways to start reducing accommodations and support treatment progress. Talk with the parishioner and their treatment team to determine specific strategies for their recovery.

- Encourage the parishioner to seek religious counsel from a single faith leader or confessor
- Encourage the parishioner to reduce the frequency of confessions. It may be helpful to set a specific schedule that becomes less frequent over time (e.g., weekly for one month, bi-weekly for 2 months, then transitioning to monthly, etc.).
- Have a plan if the parishioner becomes upset or overwhelmed. This could include reminders that they can cope with anxiety, reminders of their treatment goals, and/or timely disengagement if the parishioner is having only anxiety-driven conversations.
- Reduce outright avoidance by *shaping* behaviour. For example, if the thought of going into a church is too overwhelming, encourage smaller, more manageable steps – sitting on the front steps of the church, sitting in the alcove, sitting in the church when it is empty – and allow habituation to occur.
- You should prepare the parishioner for accommodation reduction through good communication. Discuss the changes that will be made at home while they are in treatment.

Always remember that consistency is key when reducing accommodations. Many caregivers will "break down" and provide accommodations or reassurance if the individual has had a particularly challenging day, if they are emotionally upset, or if they are in a hurry or late for a task that needs to get done. This is understandable, as it can be very difficult for caregivers to hold firm when faced with another's distress. Nevertheless, it is necessary to remain consistent with the plan that has been established with the treatment team so as to help the individual fight back against OCD/anxiety. In particular, once an accommodation has been removed, it should not be re-introduced. If the reduced accommodations are consistently overwhelming, talk with the parishioner and their treatment team about how to make the accommodation reduction process more manageable.

HOW CAN FAITH LEADERS REDUCE REASSURANCE SEEKING?

Reducing reassurance seeking is crucial to treatment success, and should include as many support persons as possible. When the parishioner comes to you for reassurance, you can try responding with "*What do you think?*" in order to give them the opportunity to answer the question themselves. Other options include:

- Asking: "*Have I already answered that?*"
- Saying: "Maybe, maybe not" or "It's possible"
- Saying: "I don't have an answer for that"
- Or simply pointing out that they are seeking reassurance, and therefore, it would not be helpful for you to provide an answer

Most importantly, make a plan with the treatment team and the parishioner while they are in treatment to determine how reassurance seeking will be handled going forward.

REASSURANCE AND ACCOMMODATION VERSUS VALIDATION

Not providing someone with reassurance or accommodation when they are in distress can feel mean. However, it is important to remember that one can be empathic without being accommodating. The use of *validation* can especially helpful when a parishioner is struggling.

Reassurance and accommodation serve to remove doubt, fear, or distress. They are verbal and non-verbal actions that are done in an attempt to artificially reduce anxiety, or to offer certainty when certainty is not available.

Validation, instead, refers to the provision of acceptance, support, and confirmation. It is a message to another person that his or her emotions, thoughts, and behaviours have causes and are understandable in the current context. Validation takes the individual's emotional and behavioural response seriously, without discounting or trivializing their experience. Validation is non-judgmental; it acknowledges someone else's point of view, conveying understanding and empathy without trying to fix things or disregard their experience. The act of providing validation includes three important steps:

- *Active observing:* First, gather information about what is happening in the moment. Listen to what the parishioner is thinking and feeling; observe what they are doing.
- *Reflection:* Check in with them about what they are experiencing. For example, "I want to make sure I understand. You're feeling anxious because you are scared about offending God, right?"
- *Direct validation*: Try to understand the situation from the parishioner's point of view, even if it doesn't make sense to you. Respond with caring. For example, "I'm not surprised that you want to give up; every day is a huge challenge for you to make it through with all of the anxiety you've been experiencing. I know you can do this. I'm here to support you."

By responding with validation instead of reassurance, you can continue to support and care for the people of your parish while simultaneously helping them to move forward in breaking free from anxiety.

LEARNING TO TOLERATE ANOTHER'S ANXIETY

It is understandable that you may struggle with this new approach to dealing with anxiety. It can be VERY difficult to see someone struggling, and it makes perfect sense that you want to do whatever you can in the moment to help alleviate their distress. Unfortunately, as described throughout this packet, symptom accommodation contributes to *worsened symptoms*, *lack of treatment progress*, and even *premature dropout from treatment*. Remember that the ultimate goal is to decrease anxiety and anxiety-driven behaviours in the long-term, and that you all are working together towards this goal! Like any goal worth having, this includes feeling *some discomfort now for less discomfort later*.

Here are some tips when witnessing another person's distress:

- Reflect the emotion that you see without offering advice or distraction (e.g., "I can see how hard this is for you" and "I'm here to help you fight against your OCD").
- Be aware of your body language and tone of voice when interacting with someone who is anxious. Keep a calm demeanor (resist pacing, tensing up, etc.) and calm, even speech (instead of using a rapid, high pitched, or frustrated tone). Practice your poker face!
- Challenge your own thoughts about anxiety. Remember that anxiety is NOT dangerous, even though the person with whom you're working *feels* that it is. Remind yourself that the presence of the parishioner's anxiety in a given situation is not an accurate indicator to the *actual safety* of the situation.

QUESTIONS FOR CLERGY

Do you feel as though you are "walking on eggshells" with the parishioner? What would life look like if you were not doing that?

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How would your time be spent if you weren't providing accommodations (including giving reassurance)?

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What are some accommodations that are being made for your parishioner?

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Do you have any questions for the parishioner's treatment team?

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GUIDELINES/SUGGESTIONS PROVIDED BY THE TREATMENT TEAM FOR REDUCING ANXIETY-BASED ACCOMMODATIONS

RESOURCES

FIND OUT MORE INFORMATION FROM THESE ORGANIZATIONS

ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA

[1]Founded in 1979, The Anxiety and Depression Association of America (ADAA) is an international nonprofit organization and a leader in education, training, and research for anxiety, OCD, PTSD, depression, and related disorders.

[2]The mission of the International OCD Foundation is to help everyone affected by obsessive compulsive disorder (OCD) and related disorders to live full and productive lives. Our aim is to increase access to effective treatment, end the stigma associated with mental health issues, and foster a community for those affected by OCD and the professionals who treat them.

Managing Scrupulosity is a service from Fr. Thomas M Santa, C.Ss.R., the priest director of the monthly newsletter "Scrupulous Anonymous." This newsletter, a pastoral service from Liguori Publications (A Roman Catholic Media Company), has been published since 1964. Fr. Santa has ministered to people with scrupulosity for more than 20 years.

[4]A registered charity and not-for-profit organization, Anxiety Canada was established in 1999 by a group of concerned individuals, family members, and health professionals. The association's mission is to promote awareness of anxiety disorders and support access to proven evidence-based resources and treatment.

AMERICAN PSYCHOLOGICAL ASSOCIATION

[5]APA is the leading scientific and professional organization representing psychology in the United States, with more than 115,700 researchers, educators, clinicians, consultants and students as its members.

[6]For a review on the impact of symptom accommodation, see: Kagan, E., Frank, H., & Kendall, P. (2017). Accommodation in youth with OCD and anxiety. *Clinical Psychology: Science and Practice, 24*(1), 78-98.

10 COMMANDMENTS FOR THE SCRUPULOUS

1 Without exception, you shall not confess sins you have already confessed

Perhaps the most persistent experience of the scrupulous condition is doubt accompanied by never-ending anxiety: "Have I thoroughly and completely confessed my sins?" That's why scrupulosity is often called the "doubting disease." Doubt-generated anxiety deprives us of the peace of Christ, our birthright through grace. When doubt and/or anxiety are removed from the equation, the scrupulous condition—although not healed—is significantly reduced. Resisting the urge to confess doubtful sin or sins you've already confessed is a pastoral remedy that will bring peace. When you refuse to engage the feeling of doubt and thereby resist the urge to animate and energize your scrupulosity, the wave of anxiety passes over you—and you can enjoy the peace that inevitably occurs. Yes, it is difficult. Yes, it is fearsome. Yes, it takes practice. But it can be achieved, and the result is gratifying.

2 You shall confess only sins that are clear and certain

This commandment gets to the heart of the scrupulosity struggle by directing the scrupulous conscience to accept that doubtful sins don't count. You needn't confess some-thing that does not clearly and certainly exist. In fact, it's harmful to confess that which is doubtful. Such a practice is not at all helpful and must be resisted. I can almost hear some of you saying, "I'm not sure whether I doubt that I sinned or that I'm trying to fool myself into believing that I'm doubting I sinned." Simply having that thought demonstrates your doubt. That's where this commandment comes into play: You shall confess only sins that are clear and certain. Many people with scrupulosity think that people who don't have scrupulosity are somehow completely free of doubt . But it's a myth that a healthy state of mind exists in which everything is clear, black and white, and know-able without any sense of struggle. Some people do live in such a state, but they have a condition that's just as problematic as OCD. Doubt is natural and normal. It's not an indication of sinfulness—it's an indication of humanness. This second commandment also encourages clear and certain confession. Th e penitent states his or her sinful-ness clearly and without hesitation, excuse, or innumerable details. If the confessor is unsure of what you're clearly con-fessing, it's his responsibility to ask for clarification. If he doesn't ask for clarification, have every confidence that you have been clearly and certainly understood.

3 You shall not repeat your penance or any of the words of your penance after confession—for any reason.

Within the sacrament of reconciliation, it's the confession of sins and the absolution of the priest—not the perfect or imperfect act of the person who confesses—that take away the sin. Penance is an act "performed by the penitent in order to repair the harm caused by sin and to re-establish habits befitting a disciple of Christ" (1494). It is distinct from the absolution of sin and the reception of the sacrament of reconciliation. Absolution is not dependent on the completion of penance, whether performed deliberately or accidentally, perfectly or imperfectly. Let there be no confusion in this matter. Even the most perfect act of penance performed with due diligence, without distraction, and with no stumbling upon words or concepts, would be imperfect. Only Jesus Christ, through his passion, death, and resurrection, is capable of the perfect act of satisfaction. We can participate in his saving action, but it's his saving action, not ours. It's not dependent on our thoughts or feelings; it's pure gift—sanctifying grace, manifested and received.

You shall not worry about breaking your pre-Communion fast unless you put food and drink in your mouth and swallow as a meal.

Much of the anxiety about breaking the fast before Communion centers on extraneous matters. For example, lipstick and lip balm aren't food. Prescription medicines aren't food even if they're flavored. Snowflakes aren't food. You cannot break your fast unless you deliberately choose to eat in the same way you'd choose to eat a meal or a snack. No second thoughts are allowed regarding accidental swallowing of things that aren't considered food. In any event, no penalty of sin is attached to the breaking of the fast. The fast is not a moral obligation as such; it's a devotional practice intended to show additional respect for the sacrament of the Eucharist in the form of holy Communion. The elderly, the infirm, and those who care for them can receive the Most Holy Eucharist even if they have eaten something within the preceding hour. That the Code of Canon Law itself notes exceptions to the application of the devotional practice clearly underlines the practice as a discipline of the Church.

You shall not worry about powerful and vivid thoughts, desires, and imaginings involving sex and religion unless you deliberately generate them for the purpose of offending God.

All people have vivid thoughts and desires. The power of human imagination reflects our ability to dream and create. Since it's a gift from God, imagination gives glory and honor to God when we use this gift in service of our brothers and sisters. This powerful gift is deeply dependent on our sensory perceptions. What we see, feel, hear, smell, and taste is part of what it means to be a living being. It's how God intended human life to be. For example, we take a break in the afternoon from work and walk outside for a quick breath of fresh air. Out of the corner of our eye, we see a young woman who is vibrant, full of energy, and very appealing. She reminds us of ourselves when we were about her age or perhaps reminds us of our beloved spouse, and we find ourselves daydreaming of a time long in the past. That daydream may bring back an emotional experience that was part of our relationship, and we're now vividly and powerfully remembering and enjoying it. Did we somehow provoke this memory and choose to set our imaginations on a path that recalls the vivid details of a long-ago moment? No, we chose to take a walk and get a breath of fresh air. This interplay between thoughts, feelings, imagination, and all of our creative and sensory responses is completely normal. This is the way God intends us to experience and enjoy life. People who don't experience life in this way have a severe physical and/or pathological illness. Most of our experiences aren't as highly specialized and focused as this. Usually we're not focusing on one sensory expression but are rather experiencing the full range of such expressions in all we experience. Occasionally, we deliberately focus our sensory skills on one particular activity or experience. Other times our sensory gift s focus our attention in a manner that isn't deliberate or freely chosen but is nonetheless fully experienced and perhaps even enjoyed.

Complementary moments can occur at any time and place. To avoid them, should we choose out of an abundance of caution to eliminate such experiences from our life? No. Th at is most certainly not God's will. When all is said and done, it's not the memory or the sensory perception that people with scrupulosity fear most. They don't even fear the sin. What people with scrupulosity fear more than anything else is not being fully in control. Their error, which is not deliberate or sinful, is in perceiving that people who don't have scrupulosity are always fully in control of their senses, their imaginations, and their responses. But nothing could be further from the truth. Part of God's creation includes the daily experience of not being in control of everything.

You shall not worry about powerful and intense feelings, including sexual feelings or emotional outbursts, unless you deliberately generate them to offend God.

Everything I've shared with you that concerns thoughts and desires is also directly applicable to feelings and emotions. Often a specific thought or desire is also accompanied by feeling and/or emotion. God gave us the ability to express our emotions, and doing so gives direct glory and honor to God. On very rare occasions it may be appropriate to stifle a feeling or expression as inappropriate; however, it's usually healthy to permit feelings and emotions to be expressed. For example, it would be inappropriate to burst out laughing at an event in which silence is the expected and normal response. Such an outburst would be correctly identified as immature. This commandment would be unnecessary if we were simply concerned about forming proper social skills. However, many people with scrupulosity choose to stifle, ignore, or downplay intense feelings and emotions for no other reason other than an aversion to feeling as though they've lost control. Many people with scrupulosity believe that loss of a persistent sense of discipline somehow displeases the Lord and that it can never be appropriate to be intentionally expressive. But nothing could be further from the truth. If a joke is funny, laugh hard. If you feel anger because you've been wronged, then anger is the correct response. If you feel sad and begin to cry, let yourself cry. Laughing, crying, and being angry are not sinful acts—not mortal, serious, or venial.

You shall obey your confessor when he tells you never to repeat a general confession of sins already confessed to him or another confessor.

A key component of scrupulosity is the seemingly never-ending impulse to repeat certain behaviors based on the misconceived notion that if a single act is performed perfectly, all doubt will be settled once and for all. Repetition is not the solution. It's a harmful manifestation of the obsessiveness and compulsiveness that accompany scrupulosity. Repetition is the disorder itself cleverly masquerading as an antidote to doubt, fear, and anxiety. The entire scenario is made more complicated when penitents try to get around the rule by seeing additional confessors. It's at least less than honest to seek out another confessor to engage in the repetitive behavior. It might even be a form of deceitful enterprise. Repeating confessions, whether to the same confessor or a variety, is harmful and not conducive either to spiritual growth or the healthy management of scrupulosity. Repetition isn't an act of piety or devotion; it's an act of desperation that leaves both the confessor and the penitent unsatisfied and unfulfilled. The general confession isn't a sacramental remedy; it simply fuels the obsession and compulsion. The doubt returns with even more energy and potential for continued injury. Related to repetition of confession is the impulse to repeatedly examine your conscience—to mine your conscience for sin. For people with scrupulosity, the examination of conscience is counterproductive. Engaging in either the examen or the general confession isn't recommended and shouldn't be part of your spiritual practice. Leave all sins you've confessed in a sacramental confession in the hands of the Lord. Trust in his loving mercy and forgiveness. Finally, it is necessary to follow the spiritual counsel of your confessor in all matters of conscience. If you've established a relationship of confidence and trust with your confessor, remember that he has your best needs in mind at all times. He's helping you manage your scrupulous conscience. He's leading and guiding you with a patient and understanding heart. He's one of the avenues of God's good grace that's been given to you. When you choose a path that isn't supported by God's strong and guiding hand, you take a step backward in your own spiritual growth and development. It's most certainly not a sin to choose not to follow his directives, but it's counterproductive and not at all helpful.

When you doubt your obligation to do or not do something, you will see your doubt as proof that there is no obligation.

Doubtful laws and obligations do not bind the scrupulous conscience. St. Alphonsus Liguori taught that this moral principle is the "habitual will of the scrupulous person not to offend God." St. Alphonsus was intimately familiar with the struggles of the scrupulous conscience. He understood that scrupulous men and women want above all else to please God. In the language of his century, this was called "habitual desire." For example, if a person does not know for certain whether it is or is not a day of obligation, that person should understand that no obligation exists. The reasoning behind this is that if the person knew without a doubt that it was a holy day of obligation, the question of attending or not attending Mass wouldn't even come up, because people with scrupulosity habitually seek to obey all the laws of the Church without question. As saint, Doctor of the Church, bishop, and moral theologian, St. Alphonsus was (is) uniquely qualified to teach authoritatively on the formation of a moral conscience. It's good to know that this very wise saint's teaching is so clear and straightforward.

When you are doubtful, you shall assume that the act of commission or omission you're in doubt about is not sinful, and you shall proceed without dread of sin.

The purpose of this commandment is to free us from the paralyzing fear and anxiety that are often part of scrupulosity. St. Alphonsus says, "Scrupulous persons tend to fear that everything they do is sinful. The confessor should command them to act without restraint and to overcome their anxiety." In other words, people in the grip of fear and anxiety caused by scrupulosity should deliberately act against the impulse that paralyzes them and instead choose a path that could lead to health and freedom. Alphonsus continues, "The confessor may command the scrupulous to conquer their anxiety and disregard it by freely doing whatever it tells them not to do. The confessor may assure the penitent that he or she need never confess such a thing." Alphonsus says the paralyzing experience of rigidity and anxiety is based on "groundless fear." The fear and anxiety are not guilt or remorse felt as a result of an action or inaction on the part of the penitent. The fear and the anxiety are merely symptoms of scrupulosity. The inability to judge the difference between the reality of sin and the fear of sin is a symptom of scrupulosity. St. Alphonsus says that when this happens, both the confessor and penitent should presume that the power of grace is at work in the life of God's people and not assume there is sin where no sin has occurred. To sum it up: When making assumptions, assume grace, not sin.

You shall put your total trust in Jesus Christ, knowing he loves you as only God can and that he will never allow you to lose your soul.

One of the most powerful experiences we can have is realizing we're loved by the Lord exactly as we are—not as we one day might be. When we experience this reality through the gift of God's grace, we begin to experience the freedom and confidence of faith that come with this blessing. This blessing is not reserved for a chosen few. It is intended for all of God's people in all times and in all places. Scrupulosity distorts the fiber of grace that enables the gift of God's life and the gift of the Spirit, twisting them into an obstacle to God's grace and life. When that happens, we experience God's love as a cancer that must be removed. But nothing could be further from the truth. God's love sustains and nourishes us. God's Word can remove the darkness that envelops our perceptions and judgments about ourselves and our relationship with God. Begin with Isaiah 43:1–4. The words of the Lord will speak to you, reminding you that "you are precious in my eyes." This essential insight correctly places the emphasis on God's love for his people and his creation, not on our own ability or inability to love.

-Adapted from Fr. Thomas M. Santa, CSsR, © 2013 Liguori Publications