

Scrupulosity in patients with obsessive–compulsive disorder: Relationship to clinical and cognitive phenomena

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Abstract

Scrupulosity is often encountered among individuals with obsessive–compulsive disorder (OCD), yet relatively few studies have examined this particular symptom presentation. Using a large sample of OCD patients, the present investigation examined (a) the relationship between religiosity and scrupulosity, (b) the association between scrupulosity and the severity of OCD, anxiety, and depressive symptoms, and (c) the connection between scrupulosity and cognitive domains related to OCD. Scrupulosity was correlated with obsessional symptoms and several cognitive domains of OCD, including beliefs about the importance of, and need to control intrusive thoughts, an inflated sense of responsibility, and moral thought–action fusion. These results are examined in terms of cognitive behavioral conceptualizations of OCD and the treatment implications of these findings are discussed.

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Obsessive–compulsive disorder (OCD) is an anxiety disorder involving (a) persistent unwanted anxiety-evoking thoughts, ideas, and images (i.e., obsessions) that are subjectively resisted, and (b) urges to reduce this anxiety via some other thought or behavior (i.e., compulsive rituals). The themes of OCD symptoms vary widely (e.g., contamination, aggression; for a review see McKay et al., 2004) with one of the more recalcitrant presentations involving obsessions and compulsions concerned with religion (e.g., Akhtar, Wig, Varma, Pershad, & Verma, 1975). Religious OCD symptoms, often referred to as *scrupulosity*, typically involve “seeing sin where there is none” and are frequently focused on minor details of the person’s religion, to the exclusion of more important areas. Examples include unwanted sacrilegious obsessional thoughts (e.g., about the Devil), excessive doubt regarding whether one has committed a sin (e.g., daydreaming while praying), and religious behavior taken to extreme (e.g., excessive confession).

Several studies suggest that scrupulosity is a common presentation of OCD.¹ Examining the content of obsessions among 425 individuals with OCD, Foa and Kozak (1995) found religion to be the fifth most common theme, with 5.9% of patients endorsing it as a *primary* obsessional symptom. Antony, Downie, and Swinson (1998) found that 24.2% of a sample of 182 adults and adolescents with OCD reported obsessions having to do with religion (not necessarily their primary obsession). Yet, despite the prevalence and recognition of scrupulosity as a presentation of OCD, relatively few studies have examined its cognitive and affective correlates.

Previous research suggests that a patient’s religious denomination and strength of religiosity can influence his or her OCD symptoms (Abramowitz, Deacon, Woods, & Tolin, 2004; Khanna & Channabasavanna, 1988; Sica, Novara, & Sanavio, 2002) and clinical observations indicate that scrupulosity is often inadvertently reinforced by the teachings of the individual’s religion. Furthermore, fear and intolerance of uncertainty (often seen in individuals with scrupulosity) result in distorted perceptions of the boundary between normal religious behavior and obsessive–compulsive symptoms (Greenberg, 1987) which may complicate cognitive behavioral therapy. As has been the case for other OCD symptom subtypes such as hoarding (Steketee, Frost, Wincze, Greene, & Douglass, 2000) and severe obsessions (Freeston et al., 1997), a clearer understanding of scrupulosity may facilitate the development of more effective treatment strategies for this particular presentation.

¹ Scrupulosity, with a focus on morality, is also mentioned in *DSM-IV-TR* as a symptom of obsessive-compulsive personality disorder (OCPD). However, whereas the thoughts and doubts pertaining to morality are experienced as *unwanted* and *unwelcome* (i.e., “ego-dystonic”) in OCD, they are experienced as consistent with the person’s world view (i.e., “ego-syntonic”) in OCPD. More specifically, scrupulous thoughts, ideas, and images (i.e., obsessions) in OCD are associated with (a) anxiety and fear, (b) subjective resistance (i.e., they elicit rituals and neutralizing responses), and (c) other types of obsessions (e.g., sexual, violent; McKay et al., 2004). In contrast, the scrupulous ideation in OCPD (a) does not evoke anxiety or fear, (b) is not subjectively resisted, and (c) is not associated with violent and sexual obsessions.

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