



Scrupulosity: A cognitive-behavioral analysis and implications for treatment



Jonathan S. Abramowitz*, Ryan J. Jacoby

University of North Carolina at Chapel Hill, Campus Box 3270 (Davie Hall), Chapel Hill, NC 27599, United States

ARTICLE INFO

Article history:

Received 11 September 2013

Received in revised form

29 December 2013

Accepted 30 December 2013

Available online 4 February 2014

Keywords:

Scrupulosity

OCD

Obsessions

Compulsions

Religion

Thought-action fusion

ABSTRACT

Scrupulosity involves obsessive religious doubts and fears, unwanted blasphemous thoughts and images, as well as compulsive religious rituals, reassurance seeking, and avoidance. This article provides a comprehensive review of the nature of scrupulosity, including (a) a detailed clinical description, (b) information about how to differentiate scrupulosity from normal religious practice, (c) cross cultural aspects of scrupulosity, and (d) the relationships between scrupulosity and religiosity. Next, evidence is presented in support of scrupulosity as a presentation of obsessive compulsive disorder (OCD), and a cognitive-behavioral model of scrupulosity extending current models of OCD is outlined. In this model, the influence of religion on the misinterpretation of unacceptable intrusive thoughts, the ways in which symptom content depends on one's religious identification, and the role of intolerance of uncertainty are emphasized. Finally treatment implications are discussed for applying exposure and response prevention and cognitive techniques to the specific concerns relevant to scrupulosity.

© 2014 Elsevier Inc. All rights reserved.

1. Introduction

More and more, the collection of signs and symptoms that we call obsessive-compulsive disorder (OCD) is becoming recognized as highly heterogeneous. Accordingly, various “mini models” of particular presentations of this problem have emerged, such as those for contamination (Rachman, 2004), checking (Rachman, 2002), hoarding (which is no longer considered a primary symptom of OCD; Frost & Hartl, 1996), symmetry and ordering concerns (Summerfeldt, 2004), repugnant obsessions (Rachman, 2003), relationship obsessions (Doron, Szepeswol, Karp, & Gal, 2013), and postpartum presentations of OCD (Fairbrother & Abramowitz, 2007). These models are grounded in empirical evidence and are continually evaluated and reformulated. In many cases, they have also led to the development of treatment programs for relatively homogeneous manifestations of OCD. One such presentation that is well-known to clinicians and researchers, but has been relatively understudied and lacks such a well-articulated conceptual mini model, is *scrupulosity*—obsessions and compulsions having to do with religion and morality. In this article, we review the current state of knowledge of scrupulosity and apply the cognitive-behavioral framework for understanding OCD to conceptualizing the development and maintenance of this particular presentation

of the problem. The application of this conceptual model to the treatment of scrupulosity is also described.

2. The nature of scrupulosity

2.1. Clinical description

Scrupulosity literally means *fearing sin where there is none*. Common religious obsessions include recurrent doubts that one has committed sins or moral transgressions by mistake or without realizing it (e.g., “Was I cheating on the test when I gazed quickly around the room?”), intrusive sacrilegious or blasphemous thoughts and images (e.g., “The devil is helping me get through the day”), doubts that one is not faithful, moral, or pious enough (“What if I don't really love God as much as I should?”), fears that one didn't perform a religious prayer or ceremony properly (“What if my mind wandered while I was worshipping?”), and persistent fears of eternal damnation and punishment from God (“What if I'm not saved?”). Common religious compulsive rituals include excessive praying, repeating religious rituals and bible verses until they are done or said “perfectly”, seeking unnecessary reassurance from clergy or loved ones about salvation or other religious matters, and excessive or inappropriate confession. Individuals with scrupulosity often avoid situations and stimuli that trigger their obsessions and compulsions, such as places of worship, bibles and other religious icons, listening to sermons, reading

* Corresponding author. Tel.: +1 919 843 8170; fax: +1 919 962 2537.

E-mail address: jabramowitz@unc.edu (J.S. Abramowitz).

religious literature, and anti-religious or sinful materials (e.g., pornography, alcohol, books about atheism or the devil).

2.2. Presentations of scrupulosity

As with other presentations of OCD, scrupulosity is highly idiosyncratic and heterogeneous. Whereas one patient might turn to religious icons as a way of *relieving* obsessional fear, another might avoid such icons because they *trigger* unwanted blasphemous thoughts. Clinical observations suggest at least four (sometimes overlapping and not mutually exclusive) presentations of this problem:

- (a) Generally ego dystonic intrusive thoughts (e.g. sex, violence, immoral acts, etc.) that are interpreted at least in part within a religious framework. The content of such thoughts might not be specifically religious, but the appraisals of the thoughts and associated ritualistic and neutralizing behaviors usually involve religious themes. For example, a man evaluated in our clinic experienced unwanted obsessional thoughts about engaging in sexual behavior with his sister. He appraised these thoughts as “abominations” and “sent by the Devil”, and he engaged in repeated prayer when they occurred.
- (b) Ego dystonic thoughts specific to religion (e.g. images of Jesus having an erection on the cross) that would be generally considered blasphemous, and rituals and neutralizing strategies that may or may not involve religious themes. For example, an Orthodox Jewish woman we evaluated experienced distressing obsessional images of desecrating the Torah scrolls in her synagogue. To relieve her obsessional guilt, she avoided the synagogue, but engaged in compulsive hand washing rituals, as well as checking (calling the synagogue) and seeking reassurance (from the rabbi) that she, in fact, had not acted on her obsessions by mistake.
- (c) Ego syntonic thoughts of a religious nature, perhaps concerning questions of faith or interpretations of texts, which develop into obsessions; and checking and reassurance-seeking rituals. For example, a Roman Catholic man found himself considering that abortion could be justified in some instances (which is contrary to the Church's stance). This led him to question his own faith and compulsively seek reassurance from his Priest that he was still a good Catholic.
- (d) Obsessional doubts about whether religious rules and commandments have been followed correctly, or whether one is “faithful enough”. The person desires to act in accordance with his or her religion, but fears he or she is not. For instance, a devoutly Mormon woman had obsessional doubts that she had sinned by masturbating each time she wiped her genitalia after using the bathroom. She engaged in confession and reassurance-seeking rituals, and avoided her place of worship.

2.3. Measurement of scrupulosity

Abramowitz, Huppert, Cohen, Tolin, and Cahill (2002) developed the only psychometrically validated self-report measure of scrupulosity available to date—the Penn Inventory of Scrupulosity (PIOS). Using factor analysis, these authors identified two overarching cognitive dimensions of scrupulosity: (a) the fear of having committed a religious or moral sin, and (b) the fear of punishment from God. In many cases, the “sins” feared by individuals with scrupulosity represent relatively minor religious or moral transgressions that are either pardonable or not of central importance to overall religious observance. Examples include the accidental or unavoidable violation of the Sabbath, mispronunciation of a word during prayer, experiencing unbidden “lustful” images or sensations of sexual arousal outside

of marriage, and swallowing one's saliva on a day of fast. The individual is also usually perceived as inculpable (or easily pardoned) by others of the same religion, including religious authorities (although in some instances, the person's religious community reinforces the person's concern over sin, as is discussed further below). Nevertheless, the scrupulous patient experiences intense guilt and anxiety and may take extreme measures to reduce this distress through compulsive ritualizing and reassurance seeking.

2.4. Scrupulosity and other aspects of OCD

Data from various clinics indicate that although scrupulosity can overlap with any other presentation of OCD (e.g., contamination; Nelson, Abramowitz, Whiteside, and Deacon, (2006)), it is most prominent among patients whose primary symptoms involve unacceptable obsessional thoughts (e.g., pertaining to sex and violence; Abramowitz, Franklin, Schwartz, and Furr, (2003), Rachman, 2003). Although it does not appear to indicate a more globally severe form of OCD (Siev, Baer, & Minichiello, 2011a; Tek & Ulug, 2001), scrupulosity is associated with increased depressive and anxious symptoms (Nelson et al., 2006) as well as obsessive-compulsive personality traits (Siev, Steketee, Fama, & Wilhelm, 2011b). Tolin, Abramowitz, Kozak, and Foa (2001) also found that independent of the severity of OCD symptoms, patients with religious obsessions had poorer insight, more perceptual distortions, and more magical ideation than did those with other types of obsessions. Considering that scrupulosity involves the perception of sin, fear of violating (or having violated) religious standards, and fear of punishment from God, it is not surprising that affected individuals experience a great deal of guilt, anxiety, and interference with their ability to practice their religion (Siev et al., 2011a), in addition to impaired social and occupational functioning.

2.5. Scrupulosity versus normal religious practice

In some instances it is challenging to distinguish scrupulosity from healthy religious practices, especially since the content of scrupulous obsessions and compulsions often has some basis in conventional religious belief and practice. Moreover some members of the individual's religious community might unsuspectingly support or encourage the patient's scrupulous behavior, perceiving it simply as overzealous (yet innocuous) religious adherence. The person with scrupulosity, however, typically has excessive and rigid (obsessional) concerns regarding a few particular facets of religious practice, which ironically may interfere with other (often more important) aspects of observance. For example, one patient in our clinic described such an extreme fear of being punished for having unwanted “impure” thoughts when she entered a place of worship that it resulted in her missing worship services altogether. Healthy religious observance, on the other hand, is generally typified by more moderate and flexible approaches to most areas of religious belief and practice, viewing perfect adherence as more of an ideal than as an imperative that is necessary to avoid subjective guilt or the threat of severe punishment. Another potential marker of scrupulosity is the degree of distress associated with religious practice even if the individual does not exceed standards, per se. That is, healthy religious practice is usually associated with positive emotions, whereas religious compulsive rituals are usually associated with fear and anxiety (Greenberg & Shefler, 2008).

2.6. Prevalence

The available evidence suggests that religious obsessions and compulsions are a fairly prevalent manifestation of OCD. In the DSM-IV field trial, for example, which was conducted in the United

Download English Version:

<https://daneshyari.com/en/article/912255>

Download Persian Version:

<https://daneshyari.com/article/912255>

[Daneshyari.com](https://daneshyari.com)