

CHAPTER II

Scrupulosity: When OCD Gets Religious

We can't solve problems by using the same kind of thinking we used when we created them.

—Albert Einstein

Over the past twenty years, scrupulosity has come to be viewed as OCD with a religious theme. It is a condition of “seeing sin where there is none” (Ciarrocchi 1998, 8). Scrupulosity has a very long history. The writings of various major figures in the Roman Catholic and Protestant Churches reveal that these individuals struggled with scruples—ethical or moral considerations that block action, and the historical predecessor of what we now call scrupulosity. For example, John Bunyan, author of *Pilgrim's Progress*, Protestant theologian Martin Luther, and Saint Ignatius Loyola, founder of the Jesuit order, were all tormented by unacceptable thoughts, images, and urges that sound eerily like OCD symptoms as they are described today (Ciarrocchi 1998; Seuss and Halpern 1989).

People with religious obsessions and compulsions are ruled by an overly strict and rigid code of religious, moral, or ethical conduct. Rather than subscribing to religious precepts and laws as guides for living a richer, more peaceful and spiritually fulfilled life, people with scrupulosity become victims of their own beliefs. Their standards and beliefs typically go well beyond those of even the most devout within their religion. They live in a relentless, tortured state of vigilance, always alert to the possibility of committing some immoral or blasphemous act and being punished harshly for it. This robs them of peace of mind. Here are some examples of scrupulosity:

- Repeatedly attending confession to request forgiveness for sins and transgressions for which one has already been forgiven.
- Excessively worrying about having a sexual thought while looking at another person's spouse for fear of violating the commandment "Thou shalt not covet another man's wife."
- Repeatedly reciting the Lord's Prayer over and over until each word is pronounced "perfectly" and without experiencing even the slightest distraction. If any distraction occurs or the words aren't pronounced perfectly, the cycle of prayer must begin again.
- Constantly checking the ground to avoid stepping on an object resembling the sign of the cross and thus desecrating an important symbol.
- Meticulously avoiding swallowing one's own saliva in order to follow the requirement to abstain from eating or drinking during the Jewish celebration of Yom Kippur.

DIFFERENTIATING BETWEEN STRONG RELIGIOUS BELIEFS AND SCRUPULOSITY

Psychiatrist David Greenberg (1984) described five essential principles for distinguishing normal religious beliefs and practices from pathological or overly scrupulous beliefs and practices:

- In scrupulosity, religious practices go far beyond the requirements of religious law and custom, and people may act "more Catholic than the pope." For example, a person who adheres to a kosher diet might try to hold his or her breath when walking by a nonkosher butcher shop for fear of inhaling the "essence" of meat that isn't kosher.
- In scrupulosity, beliefs or practices have an overly narrow, trivial focus. In prayer, excessive attention is devoted to "saying it right" or "perfectly," rather than seeing prayer as a way of developing a relationship with God.
- Healthy religious beliefs don't interfere with the normal practice of the religion, whereas scrupulosity OCD frequently interferes with practicing the religion, such as when a person with blasphemous thoughts avoids going to church altogether.
- The person with scrupulosity spends excessive time and energy on minute, trivial aspects of religious observance, often ignoring more important aspects of spiritual life, such as charity for the less fortunate.
- In scrupulosity, the excessive preoccupation with doing religious rituals until they are "just right," praying repetitively, and confessing unnecessarily resembles the typical symptoms of OCD, such as checking, repeating, and asking for reassurance. Like the typical behaviors of OCD, overly scrupulous behaviors are repetitive, persistent, and unwanted.

Does having strong religious beliefs increase the likelihood of having scrupulosity OCD? Because OCD is seen as a neurobehavioral disorder, a biological predisposition is a necessary factor in developing OCD. Therefore strong religious beliefs cannot be considered to be the cause of OCD. They are only the grist for the OCD mill in a person who is biologically predisposed to it. OCD is sometimes called “the doubting disease,” and as such, it attacks, undermines, and wreaks havoc with the very foundation of who you are and who you know yourself to be. For those who don’t have strong religious beliefs, OCD will take a different form, such as contamination fears or checking compulsions. Scrupulosity OCD takes well-intended beliefs and precepts and blows them out of proportion. The moral and spiritual aspects of the individual’s character become fused with the OCD and become distorted and corrupted.

HYPERMORALITY AND HYPERRESPONSIBILITY

Hypermorality and hyperresponsibility are major behavioral characteristics of people with scrupulosity OCD and can manifest in ways that don’t have an overtly religious theme. *Hypermorality* involves an excessive preoccupation with the fear of doing something morally wrong, reprehensible, or condemnable. These individuals set excessive, unrealistically rigid and narrow standards in the areas of their lives touched by the OCD. Here are some examples of hypermorality:

- Checking sales receipts laboriously to make sure an error wasn’t made in your favor, for fear that this is the equivalent of stealing
- Reviewing conversations you had with others over and over in your mind to be absolutely sure that you didn’t inadvertently tell a lie

People who are *hyperresponsible* have an overly unrealistic sense of accountability. They take on responsibilities that realistically belong to others or take responsibility for things that are beyond anyone’s reasonable control. Here are some examples of hyperresponsibility:

- Constantly checking the ground for stray sharp objects that could cause injury if someone were to step on them
- Checking every piece of garbage numerous times to make sure recyclable items are separated, then carrying them by hand to a recycling site to ensure they are not lost, thereby contributing to pollution
- Taking in many stray animals, to the point of endangering your health and your family’s

Hyperresponsibility is not to be confused with being highly virtuous or compassionate about the welfare of others. Although people with scrupulosity certainly aren’t lacking in compassion for others, they are driven to extremes of worry and anxiety mainly out of fear of possible condemnation. They may be afraid of going to hell, angering God, or living with perpetual feelings of guilt for their failure to protect others from harm or endangerment. Basically, their excessive concern for the well-being of others is an outgrowth of their constant fear for their own fate.

THE SELF-DIRECTED PROGRAM FOR SCRUPULOSITY

To break free from scrupulosity, your self-directed program will be very similar to that outlined in part 2 of the book, with one important difference: It's a good idea to work with a spiritual advisor, as you'll probably feel reluctant to do some of the exposure and response prevention exercises proposed in this chapter out of concern that they are morally, ethically, or spiritually wrong. Or you may fear that changing your behavior will do damage to your spiritual identity and beliefs. So, for scrupulosity OCD, the steps involved in the self-directed program are as follows:

1. Find a spiritual advisor.
2. Keep a daily record of your obsessions and compulsions.
3. Make a target obsessions list.
4. Make a target compulsions list.
5. Devise an exposure and response prevention plan and carry it out.

Step 1. Find a Spiritual Advisor

Choose a trusted, prudent person to serve as your spiritual advisor and guide you through the religious, moral, and ethical challenges you'll experience while doing the self-directed program. This person should have religious beliefs similar to yours and a basic understanding of OCD, and scrupulosity in particular. You may choose your counselor, pastor, rabbi, or other clergy person. Or it could be your spouse or a parent, relative, or close friend. For the time being, you will need to follow your advisor "as a sheep follows a shepherd."

If you're doing the self-directed program with a therapist, ask if you can bring your advisor to counseling sessions to assist the therapist in your treatment. A trained behavior therapist knowledgeable about OCD will welcome this collaboration. Discuss each exposure task and, for each, ask, "Is this morally acceptable for me to do?" Adjust the tasks until you find those that are morally, ethically, and spiritually acceptable both to you and your advisor.

Whether working with a therapist or on your own, commit to making a sincere attempt to complete the self-directed program you'll develop in the following pages. There will be times when you will doubt your advisor's guidance. However, with time the OCD will weaken and your true moral and spiritual identity will emerge. In the meanwhile, model your behavior after your advisor's example and trust your advisor to guide you as you move ever closer to breaking free from scrupulosity.

To begin, write the names of people you know who might serve as your advisor for these exercises and make a commitment to choose one of these people to act as your advisor as soon as you can.

Step 2. Keep a Daily Record of Your Obsessions and Compulsions

If you have scrupulosity, you probably spend excessive time, effort, and energy warding off thoughts, images, or urges that you consider to be dangerous, unacceptable, offensive, repulsive, or disgusting. These are the obsessions, and they cause intense anxiety and shame. In an effort to neutralize the distress associated with these thoughts, you engage in rituals, either overt or covert; these are the compulsions of scrupulosity.

Before you can develop an effective self-directed program, you need to identify your obsessions and compulsions, the situations that trigger them, and the discomfort associated with those situations. For one week, use the Scrupulosity Monitoring Form to keep a record of your obsessions. Make several copies to last the week, and carry the form with you every day. (You may also use your journal to do the exercises in this chapter.)

Whenever you encounter a situation that triggers obsessive thoughts or worries, record the date in the first column and briefly describe the situation in the second column. Then, in the third column, rate the degree of distress these thoughts cause you by assigning a SUDS rating from 0 to 100, where 0 is no distress and 100 is the greatest distress possible. In the fourth column, write the obsession that arises: thoughts, images, or urges that increase anxiety. In the fifth column write the associated compulsion: excessive thoughts, images, or behaviors intended to neutralize the obsessive concern. We've provided an example to help you see how to use the form.

Scrupulosity Monitoring Form (Example)				
Date	Situation that triggers discomfort	SUDS level (0-100)	Obsession	Compulsion
9/21/09	<i>Thought about an attractive person other than my spouse.</i>	95	<i>I'm having an impure thought and God will punish me.</i>	<i>Prayed for 75 minutes, until it felt right.</i>
9/21/09	<i>Looked at my infant's genitals.</i>	85	<i>Maybe I'm enjoying looking and will go to hell for that.</i>	<i>Avoided touching the baby or going into the baby's room.</i>
9/22/09	<i>Went for a walk.</i>	90	<i>I must never step on any living thing. That would violate God's commandments.</i>	<i>Kept my eyes on the ground, watching everything I walked on.</i>

9/23/09	<i>Sitting in church, looked up at the image of Jesus.</i>	75	<i>I feel like shouting obscenities at the image of Jesus.</i>	<i>Attended confession three times this week to confess my blasphemous thoughts.</i>
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Scrupulosity Monitoring Form				
Date	Situation that triggers discomfort	SUDS level (0-100)	Obsession	Compulsion

Step 3. Make a Target Obsessions List

Using the monitoring form you completed in step 2, make a list of your obsessions and rank them in order of the amount of distress they cause you. This is similar to the anxiety/exposure hierarchies from chapter 6. Together with the target compulsions list in step 4, it will help you design an effective program of exposure and response prevention. Here's an example list of target obsessive thoughts, followed by a blank form for you to fill out.

Target Obsessions List (Example)

Obsessive thought, image, or urge	SUDS level (0-100)
<i>Maybe I don't understand this particular passage of scripture and I won't go to heaven after all.</i>	100
<i>I'm having an impure thought and God will punish me.</i>	95
<i>Maybe I told a lie without knowing it. That would certainly mean that I'm a bad person.</i>	95
<i>I must never step on any living thing. That would violate God's commandments.</i>	90
<i>Maybe I'm enjoying looking and will go to hell.</i>	85
<i>What if I lose control and shout obscenities at the image of Jesus?</i>	75

Target Obsessions List

Obsessive thought, image, or urge	SUDS level (0-100)

Step 4. Make a Target Compulsions List

Now use your monitoring form to make a list of your compulsive behaviors and rank them in order of the amount of distress you would feel if you didn't carry out each compulsion. With avoidance, this can be a little tricky. For example, if the compulsion is something like not going to church, not carrying out that compulsion would mean going to church. In the right-hand column estimate (it doesn't have to be exact!) the amount of time that your compulsions take up in an average day. If the compulsion involves *not* doing something, estimate how many times per day (or week) you avoid that activity. (If you don't practice them daily, estimate your average for an entire week.)

Target Compulsions List (Example)		
Compulsive behavior	SUDS level if you don't do it (0-100)	Time expended or number of times avoided
<i>Praying for long periods, until it feels right</i>	100	<i>Most of the time</i>
<i>Repeating "God forgives me" 24 times</i>	100	<i>4 hours per day</i>
<i>Attending confession frequently to confess blasphemous thoughts</i>	95	<i>90 minutes a day, every day</i>
<i>Repetitively reading the same scriptures over and over until I understand them perfectly</i>	95	<i>2 hours per day</i>
<i>Avoiding touching the baby or going into the baby's room</i>	90	<i>About 4 times per week</i>
<i>Keeping my eyes on the ground, watching everything I walk upon</i>	85	<i>All the time when outside</i>

Target Compulsions List

Compulsive behavior	SUDS level if you don't do it (0-100)	Time expended or number of times avoided

Step 5. Devise and Carry Out an ERP Plan

Now it's time to devise a strategy for doing ERP based on your lists of target obsessions and compulsions. To begin with, you'll target the items on your lists that cause a lower level of distress. As you master those, you can gradually move up to dealing with more difficult items.

Here are some key points to keep in mind to ensure that your ERP program is most effective:

- Exposure must be prolonged and repeated—between one and a half and three hours per day, for four to seven days or longer. However, do note that there is no definitive length of time for any given exposure exercise; the key is to remain in the anxiety-provoking situation until your SUDS level diminishes considerably, by at least half. This indicates that you've achieved a significant level of habituation, or what Joseph Ciarrocchi calls the "remedy of nervous system boredom" (1995, 76).
- The exposure must be acceptable to you and not violate your core religious beliefs. This can be tricky. Remember that OCD behaviors are excessive, unwanted, persistent, and not based on the true requirements of a religious or spiritual practice. It's important to separate out OCD behaviors from behaviors that are appropriate expressions of true religious or spiritual belief. Your spiritual advisor or therapist can be invaluable in assisting you in

sorting this out, and can also help you find the courage to take the bold steps necessary in confronting your OCD-based scrupulous ideas and behaviors.

- For obsessions regarding feared situations that are difficult to replicate (for example, the fear of going to hell), use imaginal exposure, as outlined in chapter 7. Imaginal exposure will help you hold these uncomfortable or frightening thoughts in your mind with less discomfort.
- As you expose yourself to anxiety-provoking situations, work to reduce your compulsive rituals gradually on a day-by-day, week-by-week basis. Review chapter 6 for how to do response prevention; the following examples will also provide guidance.
- If you feel unsure or unsafe when blocking a ritual, the general rule is do the opposite of whatever scrupulous behavior your OCD mind tells you to do. Over four hundred years ago, Saint Ignatius Loyola, the founder of the Jesuit order, gave the same advice to his scrupulous followers (Ciarrocchi 1995). For example, if your compulsion is to repeat a specific prayer, said “just right,” several times a day, refrain from doing so. Or if you feel compelled to repeat going to confession to make absolutely certain that the priest heard your confession correctly, resist this urge with all of your might.

To help you devise a self-directed ERP plan for scrupulosity, we've included a couple of case examples with the details of their ERP plans. A planning worksheet for your own use appears a bit later in the chapter.

Mark's Experience

Remember Mark from chapter 1? A thirty-five-year old businessman, husband, and father of two children, he had a history of OCD that had been well controlled for many years. Because of a job transfer, he and his family moved to a new community and joined a new church. After a few weeks of attending services, Mark started having a disturbing intrusive thought during Sunday services: “What if I lose control and shout obscenities at the image of Jesus in the stained glass window above the pulpit?” The thought made him increasingly uncomfortable because he feared that he'd lose control during services and embarrass himself and his entire family. In response, he repeated the Lord's Prayer over and over to himself to gain a sense of control over his thoughts. After a few weeks, this strategy began to fail him, and his fears increased. Seeking reassurance, he began attending confession for these thoughts, appearing repeatedly at the pastor's door day after day to request a confessional. While confession gave him some relief for a day or two, the thoughts and urges returned, worsening each time he attended church. Eventually he stopped going to church altogether, which upset his wife and drew criticism from his parents and siblings, who knew nothing of his struggle with OCD.

Mark's ERP consisted of exposure to his horrific, blasphemous thoughts, along with response prevention that involved stopping his multiple confessions and avoidance of church services. Mark's plan, which he worked out in conjunction with his spiritual advisor, involved confronting his disturbing thoughts by first writing them repeatedly, and then listening to an audio recording of the thoughts. In Mark's case, it made sense to separate out the exposure and response prevention elements when drafting his plan, as the two were somewhat independent. Here's an example worksheet showing Mark's ERP plan.

Mark's Scrupulosity ERP Planning Worksheet

Target obsessive thoughts, images, or urges: *Intrusive urge to shout obscenities at the image of Jesus.*

Target compulsions: *Attending confession repeatedly, repeating the Lord's Prayer until it sounds right, avoiding attending church services*

ERP strategy: *Expose myself to my horrific thoughts for increasing amounts of time; practice repeating the thoughts while in church. Reduce and eventually stop all reassurance seeking through confession.*

SUDS before starting ERP: 90

How long (minutes or hours) per exposure, or target SUDS level: *45 to 90 minutes per day, or until my SUDS level is reduced by half in each session*

How often (times per day or week): *Once a day*

Target SUDS level: 0-20

Avoidances to be stopped: *I must attend church services regularly and tolerate the urge to shout obscenities. I must also refrain from trying to suppress blasphemous thoughts.*

Additional instructions: *Discuss exposures with my spiritual advisor before proceeding! Discuss guidelines for appropriate use of confession and prayer with him.*

Carrying Out Mark's Exposure Plan

Week 1, days 1-3: Write down my blasphemous thoughts on paper repeatedly, one at time, 20 times each, focusing hard on the content of the thought and evaluating my SUDS level after every 20 repetitions. Continue with the first thought until my SUDS level reduces by half, then move on to the next thought and do the same thing.

Week 1, days 4-7: On day 4, make an audio recording of my blasphemous thoughts, repeating each one 20 times. Continue until my SUDS reduces by one-half. Then, move on to the next thought. Listen to this recording on days 5 through 7.

Week 2, days 1-4: While holding a picture of Jesus in my hand, listen to the audio recording of my blasphemous thoughts. Repeat each thought until my SUDS level reduces by half.

Week 2, days 4-7: Listen to the recording of my blasphemous thoughts while sitting in an empty church. While listening, look at the image of Jesus until my SUDS level reduces by half.

Week 3, days 1-4: Listen to the recording of my blasphemous thoughts while sitting in church during actual services. While listening, look at the image of Jesus until my SUDS level reduces by half.

Carrying Out the Response Prevention Plan

Week 1: Reduce confessions to two per week; reduce Lord's Prayer to twice per day.

Week 2: Reduce confessions to one per week; reduce Lord's Prayer to once per day (a normal prayer schedule).

Week 3 and beyond: Stop all compulsive confessing, praying, and avoidance of church services.

Lydia's Experience

Lydia provides another example of doing ERP with scrupulosity OCD. Lydia's obsession involved an excessive and literal adherence to the religious and moral principle "Thou shalt not kill." Specifically, she thought she might accidentally, without realizing it, step on bugs or small animals while walking on city streets. The thought that she might have violated this sacred principle caused her enormous guilt and anxiety. She struggled to neutralize her worry by always keeping her eyes focused on the pavement immediately in front of where she walked. If it occurred to her that she might have been distracted for a moment, she turned around, retraced her steps, and checked the pavement for signs of a crushed bug to reassure herself that nothing horrible had happened. As a result, a simple walk down the street took a great deal of time, so she was consistently late for social and work-related appointments. As her checking became more extensive, her anxiety escalated and she began to incorporate more and more compulsions, such as carrying a crucifix in her hand and praying once she arrived at her destination. After a while, she couldn't walk anywhere without assistance from a trusted friend or family member who could reassure her that nothing terrible happened.

Lydia's ERP strategy involved exposure to the doubts that she had possibly stepped on small bugs in her path, combined with response prevention in the form of resisting her urges to look down when walking, retrace her steps, use safety signals, and pray in response to her worries. Because Lydia's compulsions were closely interwoven with her obsessions, her plan was simpler than Mark's; exposure and response prevention occurred at the same time. Here's an example worksheet showing what she and her therapist came up with.

Lydia's Scrupulosity ERP Planning Worksheet

Target obsessive thoughts, images, or urges: *If I cause the death of any living thing, even without knowing it, I'm a murderer and I'll be punished.*

Target compulsions: *Looking down while walking outside, retracing my steps, checking for signs of dead bugs or animals, touching the crucifix in my pocket, praying to myself*

ERP strategy: *Accept the uncertainty that I may accidentally cause the death of a living thing while walking outside. Walk for increasing lengths of time without retracing my steps and checking the ground for dead bugs or animals.*

SUDS before starting ERP: 95

How long (minutes or hours) per exposure, or target SUDS level: *30 minutes per day, or until my SUDS goes down by at least half in each session*

How often (times per day or week): *Two sessions per day for 3 to 4 weeks*

Target SUDS level: 20

Avoidances to be stopped: *I won't avoid walking outside.*

Additional instructions: *Discuss exposure with my spiritual advisor before proceeding. Avoid saying prayers repeatedly while doing the exposure or holding any safety objects my OCD relies upon, such as my grandmother's crucifix.*

Carrying Out Lydia's Plan

Day 1: *Walk for 5 minutes without looking down or retracing my steps.*

Day 2: *Walk for 10 minutes without looking down or retracing my steps.*

Day 3: *Walk for 20 minutes without looking down or retracing my steps.*

Day 4: *Walk for 40 minutes without looking down or retracing my steps.*

Day 5: *Walk for 80 minutes without looking down or retracing my steps.*

Days 6-9: *Walk for 80 minutes without looking down, retracing my steps, or holding the crucifix.*

Days 9-12: *Walk for 80 minutes without looking down, retracing my steps, holding the crucifix, or saying prayers silently to myself.*

Developing Your ERP Plan for Scrupulosity

As you saw in the sample worksheets, sometimes exposure and response prevention can be combined in a single plan. Other times it's clearer to draft one plan for exposure and another for response prevention. We've designed the worksheet with separate spaces for those two elements to make it flexible, but it's fine for you to create a simpler plan, as Lydia did. Make copies of the blank form so you can use it repeatedly.

Scrupulosity ERP Planning Worksheet

Target obsessive thoughts, images, or urges: _____

Target compulsions: _____

ERP strategy: _____

SUDS before starting ERP: _____

How long (minutes or hours) per exposure, or target SUDS level: _____

How often (times per day or week): _____

Target SUDS level: _____

Avoidances to be stopped: _____

Additional instructions: _____

Carrying Out the Exposure Plan

Day or week 1: _____

Day or week 2: _____

Day or week 3: _____

Day or week 4: _____

The Response Prevention Plan

Day or week 1: _____

Day or week 2: _____

Day or week 3: _____

Day or week 4: _____

Using Imaginal Exposure with Scrupulosity

As you saw in Mark's example, it may be difficult to use real-life scenarios to confront feared situations in scrupulosity OCD. Mark used techniques from chapter 10, on horrific thoughts, to confront his intrusive thoughts. You can also use more in-depth imaginal exposure, as described in chapter 7, to help you habituate to intrusive, blasphemous thoughts. This approach is particularly useful if the obsessive fears involve some sort of suffering or condemnation far in the future. Lydia decided to use this approach to enhance her real-life ERP. Here's what she came up with. (Refer back to chapter 7 for full instructions.)

1. **The triggering situation:** *While walking down the street downtown and talking to my husband, I suddenly feel something underfoot. Not thinking anything about it, I keep walking for fifteen minutes.*
2. **Initial fearful thought:** *Then the thought occurs to me: What if I stepped on a small animal or insect and killed it?*
3. **Emotional reactions and physical symptoms:** *Suddenly, my body breaks out in a sweat, my heart starts pounding, and I start shaking with fear.*
4. **Additional fearful and doubting thoughts:** *I'll never know for sure what happened.*
5. **Urges to ritualize, without following through:** *I want to go back and retrace my steps, but I know it's impossible to do that now.*
6. **What this would say about me if the worst happened:** *I'm a hypocrite and an evil person for being so casual, so uncaring about possibly killing a living thing.*
7. **Core fear or worst-case scenarios:** *I must live forever with the guilt of knowing that I killed a living thing. I will be condemned by God for my transgressions and be denied his eternal grace.*

Using Lydia's example as your guide, write your own imaginal exposure script, including plenty of details to give it an added sense of drama and emotion. Then follow the instructions in chapter 7 for using your narrative to conduct imaginal exposure.

You can double up, doing both imaginal exposure and ERP during the same period of time. Or if you're too anxious to do ERP initially, you can start with imaginal exposure for a few weeks as a way to ease you into ERP. Either way, remember that the goal isn't to get rid of your obsessive thoughts; rather, it's to learn to not buy into their irrational content. With time and practice, you'll be able to disengage from your obsessive thoughts more easily, leaving more time to live the life you value, including practicing your faith in a healthier and more wholesome manner.

Troubleshooting ERP for Scrupulosity OCD

To gain the most from exposure, be sure to avoid engaging in any safety behaviors or using safety signals when doing exposure. As in other forms of OCD discussed in this book, having your partner or spouse nearby may make your exposure feel safer. Other forms of safety seeking that commonly occur with scrupulosity include saying prayers silently over and over or relying on religious objects such as pendants, a rosary, or prayer beads. Despite their symbolic or sentimental value, using these objects in a compulsive way to relieve anxiety prevents you from attaining maximal benefit from the exposure experience. You must eventually relinquish reliance on any these safety signals and challenge yourself to do the exposures without them.

CAN YOU DO ERP FOR SCRUPULOSITY AND STILL BE SPIRITUAL?

Psychiatrist and author Dr. Ian Osborn researched how leaders from many branches of Christianity have dealt with their obsessive-compulsive disorder over the centuries. Martin Luther, John Bunyan, Saint Thérèse of Lisieux, Saint Ignatius of Loyola, Saint Jane Frances de Chantal, and Saint Alphonsus Liguori came to similar conclusions, all without cognitive behavioral therapists, and most without adequate spiritual counsel.

In his book *Can Christianity Cure Obsessive-Compulsive Disorder?* Dr. Osborn states, “After successfully treating his own obsessive-compulsive disorder, Ignatius counseled others on how to overcome similar problems... It boils down to two principles. First, it is necessary to identify the source of a scruple (or obsession), that is, what exactly is causing the anxiety and disquiet. Secondly, one must oppose the scruple by acting in a manner contrary to it, such as stopping excessive confessions. Perhaps this great Catholic saint deserves to be called the first OCD behavioral therapist” (2008, 139).

The advice is the same for people of any faith. In fact, Cherry had been giving similar spiritual advice to people who emailed her with problems with scrupulosity for years before Dr. Osborn’s book was published. The obsessions and compulsions were always similar: “Have I lost my salvation?” “Did I commit an unforgivable sin?” “Am I saved?” “If I don’t pray, read my Bible, or recite verses, won’t something terrible happen?” These people were almost always surprised by Cherry’s advice: Stop praying the moment you feel you must continue praying. Stop reading the Bible verses you feel compelled to read. Stop doing whatever spiritual activity you feel you just have to do for fear of something terrible happening. While on the surface this may look like abandoning spiritual practices, in these situations the practices are no longer spiritual activities; they’re rituals—symptoms of obsessive-compulsive disorder.

The point isn’t to abandon all spiritual activities. It’s important to develop new spiritual activities that are *different* from those affected by your OCD rituals and compulsions. For example, set aside some

quiet time each day for reading spiritual texts and praying. If reading and praying aren't for you or are affected by your OCD, spend this time meditating. You could also get involved in a local church, synagogue, or other type of faith community as a means of expressing your spirituality. In the following space (or in your journal), brainstorm a list of some fulfilling spiritual activities that could serve as alternatives to those affected by your OCD:

You may ask, "Isn't that avoidance?" It isn't. The goal is to maintain and broaden your spirituality while doing the challenging work of ERP around those worship activities that are most affected by your OCD. Initially, you may experience an increase in anxiety and worry as you make fundamental changes in your spiritual practice. This is normal, and a sign that positive changes are taking place. Stick with it! It will get easier with time. Write your worrisome thoughts down in your journal and come back to them during your quiet time to challenge or dispute them.

A THERAPY OF TRUST

Dr. Osborn discusses responsibility modification therapy, an approach in which accountability is transferred to someone else (2008). This approach isn't often used in traditional cognitive behavioral treatment for OCD because of the obvious shortcomings: A person willing to assume responsibility isn't always available, and therapists typically want clients with OCD to become more independent of external sources of accountability in their lives, not less so.

As mentioned, Martin Luther, John Bunyan, and Saint Thérèse of Lisieux all had what we now know as OCD. Although they lived in different centuries and had great influence on different Christian denominations, each included a type of responsibility modification strategy in his or her theology because this is the way all of them broke free from their OCD. Responsibility modification involves giving the responsibility for all obsessional fears completely and absolutely to God. Dr. Osborn describes a three-step process for doing this that can also be used by people of other faiths:

1. Recognize obsessions when they strike. (For example, "What if I'm not going to heaven?" or "What if something really will happen to my mother if I don't repeat these verses?")
2. Transfer responsibility to God. (For example, "I'll turn it over to God to decide whether I'm going to heaven.") Leave the matter there.
3. Affirm your faith and trust by resisting all behavior that aims to seek certainty, such as repetitive praying that must be done "just right." (For example, "Because I trust God, I'll resist rereading and repeating a scriptural passage.") If this feels difficult, remember that compulsions undermine genuine faith and strengthen the grip of OCD symptoms.

According to Dr. Osborn, believers have another incentive for resisting compulsions: “In doing so they demonstrate or prove, both to God and themselves, how much they trust him and love him” (2008, 145). In a personal communication, Dr. Osborn expanded on that, saying, “The trust is not that the obsessional fear won’t come true, although there is a sense of hope for that. The trust is that whatever God arranges to happen will be for the person’s best—even if for reasons not understood, the worst fears come true.” In the process of eliminating rituals entirely, Dr. Osborn recommends trying to win small, daily victories over OCD by, for example, shortening the time spent on rituals or postponing them.

Keys to Breaking Free from Scrupulosity

- In ERP for scrupulosity, you aren’t planning to act on your fearful thoughts, only to think about them. Discuss the relationship between thoughts and actions with your spiritual advisor. You will progress further once you can accept that thoughts do not equal actions.
- If you have difficulty resisting a ritual, try postponing, delaying, or changing it. If you usually do a ritual quickly, do it very slowly. If you recite a phrase or prayer to yourself (for example, “I love you Lord. Please let me bring about good and not harm. Don’t let anything bad happen because of what I do”), sing it to yourself or change it in some other way, for example, leaving out a word so it sounds “imperfect.”
- Tell your spiritual advisor, friends, and family members to reassure you only once when you request reassurance. And keep in mind that rephrasing the question or asking a second person to get another reassuring answer is self-defeating and won’t help you get better. Think about your questions before you ask them and resist the urge to ask to relieve your anxiety. The discomfort will be short-lived compared to the persistent suffering that comes with giving in to your compulsive need for certainty.
- When you want to avoid a situation or activity, remember that you pay a price for avoidance. If you feel an urge to do something to alleviate your anxiety, fight that urge with everything you have. The anxiety always goes down eventually if you resist. If you aren’t sure what you should do, consult your spiritual advisor or ask yourself, “What would a reasonable, prudent person do in this situation?”
- If you find an exposure too threatening, break it down into smaller steps that are easier to manage and master.

CHALLENGE OCD DAILY

To overcome scrupulosity, it's important to make ERP a central part of your life. Daily, find the courage to place yourself in situations that will trigger symptoms. Avoid avoidance! When doing ERP, expect and even invite and welcome discomfort. Don't expect to feel good while you're doing ERP—you won't. You will, however, begin to feel good, even great, as you experience small, gradual successes in letting go of obsessions, eliminating rituals, and reclaiming your true spiritual self. When you aren't doing ERP tasks, occupy yourself with the present moment and day-to-day activities. Notice your surroundings and pay attention to conversations around you. Observe details. Allow uncomfortable thoughts to pass through your mind like distant clouds crossing the sky. Accepting obsessive thoughts for what they are—just thoughts—and not reacting to them will weaken them, whereas fighting against them strengthens them, causing them to grow and multiply.

Practice the art of letting go, in this case letting go of your need for certainty. Religious belief requires faith. If you had total certainty in your life, you wouldn't have a need for faith. Let go of your extreme and compulsive religious rituals and develop a more personal faith. Find ways to replace your religious rituals with sincere spiritual practices. For example, you might spend more quality time with your children, do volunteer work, spend time with a lonely person, or help a neighbor.

HELP FOR FAMILY AND FRIENDS

The biggest question you have is probably *why*. Why does your loved one have this type of OCD? Your loved one's religion is one of the most important parts of his or her life, so why would the OCD attack there? That is precisely why it attacks there. OCD often attacks the part of a person's life that matters the most. Don't think of this as a sign of weak faith; view your loved one's scrupulosity as another collection of OCD symptoms to be tackled.

As part of your loved one's recovery from scrupulosity, he or she may need, at least for a while, to do things that seem foreign to your notion of religious practice: praying less, reading scripture less, or attending worship services or confession less often or even not at all until the OCD symptoms let up. Don't misinterpret this as a loss of faith. Instead, read this chapter carefully and then discuss it with your loved one. When religious practices are excessive, they represent OCD symptoms, not religious observances. During this time, it's important that your loved one consult with a spiritual advisor. This advisor should be your loved one's primary source of advice in these matters.