

A FAITH LEADER'S GUIDE TO SCRUPULOSITY OCD



UTAH  **OCD**
AWARENESS

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Table Of Contents

- 01. Introduction
- 02. A Quick Guide To Scrupulosity & OCD
- 08. What Is OCD?
- 14. What Is Scrupulosity OCD?
- 17. Evidence-Based Treatment
- 22. OCD And The Brain
- 28. OCD And Feelings

- 30. OCD And Faith
- 32. Help For Faith Leaders
- 36. Reassurance Seeking
- 38. Summary
- 39. Resources
- 40. References

Introduction

As a faith leader you may feel mixed emotions when you listen to the sufferer confess repeatedly and beat themselves up for their perceived sins and unworthiness. Your heart goes out to them. You may feel helpless as you listen to them, unable to reason and help them appropriately. You know they are stuck unable to find joy in their faith and overall life, and you simply don't know how to help them.

This booklet is aimed to help you guide congregants who may struggle with religious anxiety or righteous perfectionism. The clinical term is scrupulosity OCD. It will provide important information about OCD and specifically scrupulosity OCD so that you can best support the OCD sufferer. This booklet will also provide resources for you and the scrupulous congregant.

FREQUENCY

1 in 100
Adults

1 in 200
Children

GENETIC ROLE

27 - 47%
Adults

45 - 65%
Children

Scrupulosity OCD can be excruciating for someone whose greatest desire is to be a faithful follower of God, but perceive they are never good enough in the sight of God. They, their family members, and many faith leaders may often misunderstand this type of mental health challenge. Because the treatment for OCD is counterintuitive, their own problem-solving strategies and the well-meaning advice from others may lead the scrupulous congregant to become more stuck in the scrupulosity OCD trap.

Treatment allows those suffering to change their relationship with the unpleasant internal experiences (e.g., anxiety and uncertainty), and find joy in what matters most to them.

A Quick Guide to Scrupulosity & OCD

What You Need to Know

- Religious anxiety or righteous perfectionism is a type of OCD. The clinical name is Scrupulosity OCD.
- OCD is a neurological condition. It is not the person's fault that they have OCD. OCD may target what they care about the most. Their worries (obsessions) may be related to or triggered by any event in their everyday life.
- OCD has nothing to do with the person's character or worth. It has to do with a neurological dysfunction in the brain structures and chemicals. Research also shows that OCD is most likely a genetic predisposition. Sufferers may have a close or distant relative with OCD or related disorders.
- OCD will exhaust those that struggle with OCD every day. The anxiety and tormenting thoughts may lead them to internal and external rituals. These compulsions (avoidant, public and private behaviors) will provide relief — at least temporarily. They wish there was a magic pill or treatment that could take their suffering away permanently.
- They hope that “things will get better.” They may experience “good days,” but most of the time they suffer because the intrusive thoughts and the uncertainty they feel about them is incessant.

- Medication is helpful in treating Obsessive Compulsive Disorder, but it is often not enough. There might be some individuals who are fortunate to find relief from most of their symptoms once they start medication. Because OCD is also a behavioral challenge, medication doesn't take care of the unhelpful habits OCD has created. Psychotherapy is necessary.



- Avoidant and compulsive (private and public) behaviors heighten their symptoms. They need a treatment that will help them understand how to decrease and eventually eliminate those unhelpful behaviors (compulsions).
- Exposure and Response Prevention (ERP) is the psychotherapy of choice for OCD. Cognitive Behavioral Therapy (CBT) that includes ERP will provide the best opportunity to change their brain pathways. Be aware that not all CBT skills that are normally used for treating depression, anxiety and other disorders, are effective in treating OCD.
- OCD is a complicated illness. Those struggling with OCD need to find a mental health provider who understands what elements of CBT are useful for treating OCD.
- Research shows that implementation of Acceptance and Commitment Therapy (ACT) as an exposure modality has shown to enhance the opportunity for success in treatment.



Signs That Someone Needs Professional Help

- Scheduling a confession appointment more frequently than other congregants
- Insisting they have sinned, but you have determined they haven't
- Exhibiting excessive worry, fears, and anxiety
- Expressing being overwhelmed by life
- Thoughts and emotions seem to be getting in the way of living their everyday life
- Seeming to be absent minded most of the time, even when you are having a conversation with them
- Expressing apathy about life
- Loss of interest in activities they used to be passionate about and enjoy
- Sharing how anxious, sad and overwhelmed they feel every day
- Sudden weight loss or gain
- Unable to fall asleep or stay asleep most of the time
- Avoidant and isolating behaviors
- Relationship difficulties
- Family and friends have expressed their concern about their loved one's wellbeing
- Experiencing suicidal thoughts, even when they don't have a specific plan for those thoughts

What to Say When Congregants Don't Believe Therapy Can Help Them



Ask them what they would do if they were experiencing a heart problem. Would they want to seek medical treatment and why?

You can acknowledge that their spiritual habits can certainly help them feel closer to God and receive God's strength in their adversity.

Nevertheless, they probably would still want to seek professional help.

When their lifestyle and function in their everyday life is affected by a problem with their heart or another part of their body, they would seek help. Ask them if they would be willing to seek professional help when experiencing a mental health challenge. Emphasize that there is no difference, and that they can receive guidance from a psychotherapist just like they do from a medical provider.

Validate them, support them and offer assistance in finding a mental health provider who understands scrupulosity OCD and knows how to treat it.

How You Can Support Those Struggling With Scrupulosity OCD Or Other Forms Of OCD

- Remember that you can't help them all by yourself, OCD sufferers need professional help.
- Continue to be supportive - provide a listening ear and validate their struggles.
- Encourage them to seek appropriate treatment. Share information with the congregant and their family regarding finding a specialist in OCD.
- Educate yourself regarding their mental health challenge so you can understand this clinical condition and know how to best support them.
- Err on the side of bringing professionals into the person's life. There is a fine line between someone saying, "I'm having a bad day" and truly having a serious condition. When someone doesn't know how to solve it, they need to find the appropriate treatment.



Questions That Congregants Should Ask Potential Mental Health Providers



What is the percentage of clients the clinician treats with OCD?



If it's less than 25% they are most likely not specialized in treating OCD.



What types of therapy do they use to treat OCD?



Specialized clinicians treat OCD by using Exposure and Response Prevention (ERP), Cognitive Behavior Therapy (CBT), and Acceptance and Commitment Therapy (ACT). These are evidence-based therapeutic practices for OCD and anxiety disorders. When clinicians do not mention ERP, they most likely do not know how to treat OCD.



Can the therapist provide an example of skills they teach their clients?



An experienced therapist should be able to provide an overall view of what to expect in treatment, and examples of skills their clients learn during treatment. They should also be able to briefly share how they implement ERP.

TIPS

Beware of clinicians who promise to eliminate anxiety and OCD from the person's life.

Most patients need a minimum of 12 weeks of therapy to learn enough tools to start living a values-focused life despite having OCD.

Look for clinicians that will provide skills so those struggling can learn to see their thoughts and feelings with a different mindset.

Ask how they go about encouraging their clients to live a values-centered life even when unpleasant thoughts and feelings are present.

What Is OCD?

The Doubting Illness

OCD has been called “the doubting disease.” Uncertainty is the driving force behind it. The OCD sufferer's worries and fears (i.e., the obsessions) target the things that matter most to them. They may constantly obsess about the past or the future. The need to know the consequences of their fears leads them to immerse themselves in repetitive “safety” behaviors or rituals (i.e., compulsions) like ruminating or seeking reassurance from others.

OCD leads them to doubt themselves and to believe that they are the exception to the rule.

No matter what their mind comes up with, whatever they do is never enough to satisfy the uncertainty they feel. They try to use logic, but they are caught in what feels like a trap. Their incessant doubts can feel unbearable and are often painful. They wish they had the absolute answer and could move on with their lives.



Misconceptions About OCD

14 - 17 Years



**From onset of symptoms
to receiving adequate
professional help**

The presence of anxiety alone does not mean someone has obsessive-compulsive disorder. Many may exhibit signs of OCD. In order to determine whether they actually have OCD, they must consider the degree of disruption to their lives.

Some may excessively check the locks, the stove, or the appliances to make sure there won't be a fire or robbery. These are the types of repetitive OCD rituals most people can easily identify with. However, it is not always obvious when someone has OCD. Some with OCD may curb their excessive worries (obsessions) with additional thoughts to counteract those worries, which become compulsions. This process becomes an internal cycle.

OCD can go undiagnosed because it is often misunderstood. It has been reported that it takes an average of fourteen to seventeen years from the time OCD symptoms begin before a person gets adequate professional help. Loved ones, faith leaders, and even the clients themselves often don't realize their excessive thinking and feelings of uncertainty may indicate a clinical condition.

Traits Of OCD



A Genetic Predisposition

Studies show that genetic factors play a role in the development of OCD. While some people may have close relatives (e.g., parents and siblings) who struggle with OCD, others report they are the only ones struggling with the disorder. However, this latter group reports having family members who are challenged by other mental health conditions, such as anxiety and depression. It is not clear why some individuals end up with OCD when their family members don't.



A Neurological Condition

Research shows that the basal ganglia and other structures in the brain, such as the orbital cortex, striatum, caudate nucleus, and thalamus are affected in those who suffer from obsessive-compulsive disorder. Communication between these structures is critical. With OCD, this communication is disrupted.



A Behavioral Challenge

When they experience painful thoughts that don't align with the person they are or want to be, they may feel they need to change something, which leads them to engage in safety behaviors (compulsions) in an attempt to find mental, emotional, and physical relief. The more they give in to these behaviors, the stronger the compulsions become, making OCD a behavioral disorder.

A Two-Part Problem



There are two aspects of the OCD experience: the obsessions (the ongoing anxious and fearful thoughts) and the compulsions (the private or public measures someone takes to alleviate the distress they experience because of anxious and fearful thoughts). The OCD sufferer's ability to function is disrupted when the rituals they engage in to find relief from anxiety, uncertainty, guilt, shame, and many other emotions take over their lives.

As mentioned, compulsions may be public, for example repeatedly asking their best friend if they think they are a bad person. Private compulsions are done internally, like incessantly picking apart their thoughts to figure them out. They may also obsess about why they cannot control their thoughts and spend hours scrutinizing the answers their mind comes up with. It doesn't matter how long they search their mind for reassurance or how long it takes them to find the answer on the internet or in any other place; the answers can't eliminate the uncertainty and anxiety.

If someone has OCD and doesn't get appropriate treatment, the symptoms are likely to increase and become debilitating. The good news is that even though OCD is a chronic illness, it is treatable. Those struggling with OCD can learn how to change their relationship with uncertainty and live a meaningful and values-focused life.

Types Of OCD

There are multiple types of OCD. Most people who struggle with scrupulosity OCD also deal with subsets depending on the content of their thoughts and what themes their obsessive-compulsive disorder is targeting. Below is a short list of the most common obsessions individuals experience with other forms of OCD and the compulsions those suffering with OCD employ.

Common Obsessions	Examples
Religious	Fears around having blasphemous thoughts
Contamination	Fears around environmental contaminants
Losing Control	Fears around acting on impulses to harm others or self
Harm	Fears around harming others when not careful enough
Sexual	Fears around inappropriate sexual behavior with others
Superstitious or Magical	Excessive worry around objects and other situations
Health	Excessive worry around their physical well-being
Perfectionism	Questioning whether you have told the truth perfectly
Neutral	Excessive awareness of your thought process

Types of Compulsions	Examples
Mental/private	Mentally reviewing past events
Behavioral/public	Shaking one's head to "get rid" of a thought
Reassurance-seeking	Can be both private and/or public
Avoidant Behaviors	Staying away from loved ones for fear of harming them

Is It OCD?



It is OCD when the individual's thoughts are not aligned with the person's values, or who the person is or wishes to become. The thoughts they experience are disgusting, unwanted, and tormenting. Because of this conflict, they have a strong urge to get rid of the thoughts in any possible way, only to get frustrated because no matter how hard they try, those thoughts come back. They experience anxiety, guilt, and shame, among other emotions. They often wonder, "If I cannot get rid of these thoughts, does that mean I want them?" They are distraught by the unpleasant and unwanted intrusive thoughts.

It is **not** OCD when individuals are contemplating behaviors related to their desires. They may experience inappropriate thoughts but they are not disturbed by them. Their thoughts are aligned with who they are or want to be. For example, when someone is thinking and considering an inappropriate behavior. They may plan and even act on the thought (e.g., having an extramarital affair). The person may feel distress as they consider the consequences of acting on their thoughts or desires, but they are not overwhelmed by the thoughts or emotions like individuals who struggle with OCD.

What Is Scrupulosity OCD



LATIN - SCRUPULUM
A SMALL, SHARP STONE

Understanding Scrupulosity

Scrupulosity is “a habitual state of mind that, because of an unreasonable fear of sin, inclines a person to judge certain thoughts or actions as sinful when they are not, or that they are more gravely wrong than they really are.” (Thomas M. Santa, *Understanding Scrupulosity: Helpful Answers for Those Who Experience Nagging Questions and Doubts*, Second Edition (Liguori, MO: Liguori/Triumph, 2007, 7s.)

When people are scrupulous, they want to be exact in the way that they conduct themselves when it comes to their religion, their morals, or both. Their anxious mind targets the things that matter most to them. The constant need to live their morals and religion perfectly and feeling like they are falling short leads them to experience anxiety, uncertainty, and sometimes depression.

Thoughts such as, “I know others can’t be perfect, but I know better! Others will be disappointed in me. I should be perfectly obedient! I’ve been blessed, so God expects more from me!” may be prevalent in individuals who struggle with scrupulosity OCD.

Why Is Scrupulosity Misunderstood?

A person's religion and/or morality are involved in scrupulosity OCD. This clinical condition can be misunderstood and mistreated. Outwardly the individual looks like they are devout and living their values. But inside, the individual is buried under the weight of their worries and obsessions.

Family members and faith leaders may inadvertently reinforce the individuals' obsessions and compulsions when they tell them, "Of course, you are a good person!" They feel reassured for a few minutes until the OCD brings uncertainty again. Because the reassurance gives them peace, they start to seek after it to suppress their worries and obsessions. But, eventually the worries and obsessions return, leading them to seek for reassurance again.

"She/He is such a devoted member!"

**"My faith has taught me
I need to be pure."**

**"I just want to do what's
right!"**

**"God expects more
from me."**



**"I'm not trying hard
enough."**

"It's my fault."

**"I'm feeling embarrassed
and ashamed!"**

Common Misconceptions

Indications A Person May Be Struggling With Scrupulosity OCD

- Extreme avoidance of circumstances that may bring about their unwanted thoughts and feelings
- Confessing to get reassurance that they wouldn't or didn't commit a certain sin, or to find relief from unwanted thoughts and feelings
- Repeating religious rituals until they feel God has listened to and accepted their prayers and/or offerings
- Engaging in behaviors that help them remember they did not do anything sinful
- Continually criticizing or inflicting physical punishment on themselves for immoral thoughts, past or future immoral misdeeds, or as "motivation" to be a better person
- Washing or bathing to "get rid of" unwanted "sinful" thoughts, feelings, and sensations
- Bargaining with God to ensure forgiveness and find relief from intense guilt and other unwanted emotions
- Excessive and repetitive behaviors or thoughts about how they can make things better or undo "bad" thoughts and feelings
- Continually asking God for forgiveness for the same transgression
- Constantly reviewing their thoughts and feelings to ensure themselves they haven't acted in opposition to their religious beliefs
- Sacrificing joy and earthly privileges to show God their devotion and/or repentance
- Excessive "altruistic" behaviors that reassure them that they are good individuals
- Constantly reviewing possible scenarios and preparing for the worst

Evidence-Based Treatment For OCD

What Is ERP?

The gold standard treatment for obsessive-compulsive disorder is ERP. This means that the OCD sufferer learns to face their fears and then chooses to respond differently. They knowingly choose to not give in to private or public compulsions that get them stuck in the OCD cycle.

The exposures they choose are connected to their obsessions. For example “I am not worthy of praying.” They don’t need to come up with “new obsessions” or do exposures unrelated to their lifestyle. In this case, they would pray and choose to not give in to the compulsions.



What Will Exposures Look Like For Someone With Scrupulosity OCD?

Situation: When someone prays and their attention drifts to intrusive thoughts, anxiety and guilt will most likely ensue. They may worry that God is trying to tell them that they “should not have those thoughts and that they need to repent.” They may get stuck praying and repenting compulsively until they “feel” God has forgiven them.

Exposure: The OCD sufferer can choose to pray as usual and when intrusive thoughts show up, they can acknowledge that this has happened, and finish their prayer without repenting. They will most likely feel the urge to repent and give in to other private or public compulsions. Instead, they can choose to not engage in their regular compulsions.

Response Prevention: They can acknowledge the thoughts and feelings that they are experiencing. They can create space within themselves for the unpleasant emotions and sensations instead of trying to get rid of them. When they find it difficult, they can remember why they are doing the exposure (to connect with God instead of being ruled by the scrupulous mind). They can lean in to the uncertainty and practice willingness skills instead of engaging in their usual compulsive behaviors.



Why Is ERP Effective?

The mind's inherent job is to protect us from discomfort and danger. When someone struggles with OCD, their mind is working overtime. Thoughts that appear useful such as: "Your intrusive thoughts will show up at church, you'd better stay home today!" may lead them to avoidant and compulsive behaviors.

When they avoid situations and become stuck in the scrupulosity OCD trap, they are not able to disrupt the beliefs and expectations of the scrupulous mind.

However, ERP helps those struggling with OCD become proactive in doing what matters to them. When they are triggered by something and face their fears, they are able to discover that they can continue to live a values-focused life even when those unpleasant thoughts and feelings are present.

They can be willing to interact with the experiences they care about and choose to reject their mind's unhelpful advice. They can discover that they have the inner wisdom to handle any situation even when it seems terrifying.

ERP is not about facing their fears and powering through the situation. They already do that every day. ERP can provide long-lasting results and enable them to live a richer and fuller life, even when the OCD mind is giving them unhelpful thoughts.

What Should The Scrupulous Person Expect In Treatment?



Treatment can help the scrupulous individual understand how the mind and the body function together. They can expect an overall understanding of how feelings, thoughts, sensations, and urges are part of the human experience.

The treatment needs to match the person's life experiences, values, and learning style.

Just attending a 50-minute session once a week is not enough. The therapist will encourage the OCD sufferer to practice the skills that they are learning in sessions at home, as well as to start engaging in values-centered activities they enjoy. Just like learning an instrument or any other skill, treatment requires a lot of practice and consistency.

How Will The Skills Learned In Therapy Help The OCD Sufferer?

They will learn skills to:

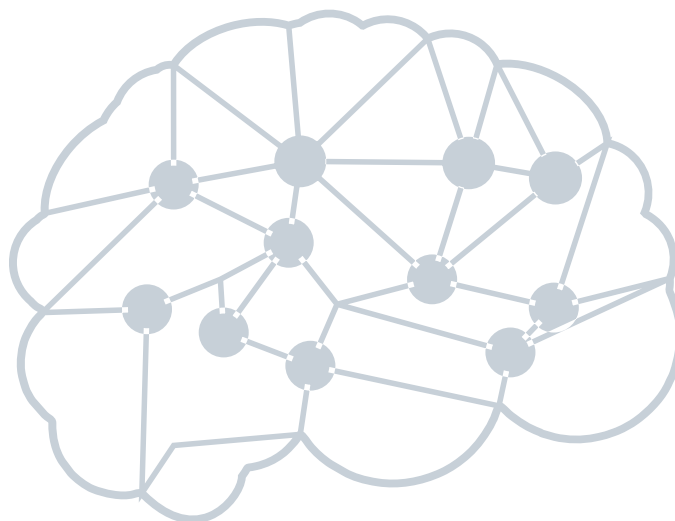
- Become disentangled from their thoughts, feelings, sensations, and urges related to events that are getting in the way of them finding joy and vitality in their daily lives.
- Connect with the present moment and anchor themselves when the scrupulosity storms are present.
- Separate themselves from the unhelpful thoughts and recognize that they have a choice regarding how to respond to their thoughts, feelings, and other internal experiences.
- Reconnect with their values and do what matters most in their lives; which may have been absent because they have been spending their precious time fighting their thoughts and feelings.
- Stay on the path they wish to have in life and not the detour to where scrupulosity OCD has taken them.
- Revisit situations and experiences they've been avoiding because scrupulosity OCD has gotten in the way of their lives. For example, if they have not been attending a place of worship because their scrupulous mind has been telling them that they are unworthy to attend, they may choose to attend those places and practice openness and willingness skills.
- They will discover that life is still beautiful despite adversity. They will learn to embrace whatever comes because they have the tools to respond willingly and flexibly to what shows up in any areas of their lives.

OCD And The Brain

The amazing brain, with its billions of neurons and trillions of connections and cells is part of who we are. But we are not our brain, just like we are not our stomach or the other parts of our bodies. They are part of us, but we are not them.

The mind is the result of what occurs in the brain all day long. Thoughts, emotions, urges, memories, and sensations are the internal, private events that occur through the mind. The mind produces internal experiences all day long and offers us advice when it perceives something is wrong. We could say the mind is an adviser and protector designed to help us survive the world around us. When we feel anxious, guilty, or inadequate, our mind automatically gets ready to protect us. Our instinct is to listen to it even when there is no apparent physical danger.

OCD sufferers have an overprotective mind. The intrusive thoughts or unwanted feelings or sensations lead them to be on high alert. The OCD mind insists they should not have those thoughts or feelings. They experience extreme anxiety as if they were in front of a tiger, but it is the OCD mind creating the alert response in their bodies.



Thoughts Vs. Facts

Thoughts are words, opinions, evaluations or assumptions related to how we may feel in that moment. Some thoughts are about facts and others are not, but thoughts are not facts. We also experience images and memories. These are also products of our minds. They are part of our inside world and are natural, internal, private events.

Facts are events that occur on the outside world –a tangible world outside of ourselves. Thoughts on the other hand, are part of our inside world. Thoughts are internal experiences just like feelings, bodily sensation, and urges. Memories, judgments, or assumptions are thoughts and internal natural and private events too. They are not facts.

“

The mind loves
telling stories;
in fact, it never
stops.

Russ Harris



Why Are Individuals With OCD So Fearful Of Their Thoughts?

Individuals who struggle with OCD often react to their unpleasant thoughts. They may say, “I’m bad because a swear word showed up when I was praying.” They question why they experience these thoughts.

When they are unable to control their initial thought, they start worrying or obsessing about it. Soon enough they feel distraught about the thoughts and engage in behaviors that are unhelpful (compulsions) in order to find relief. These compulsions keep them stuck in the OCD trap.

Some people may categorize their thoughts as “bad” because of the relationship they have with them. Every human being attaches meaning to anything and everything because of our experiences and our capacity for language, but these connections are not always helpful.

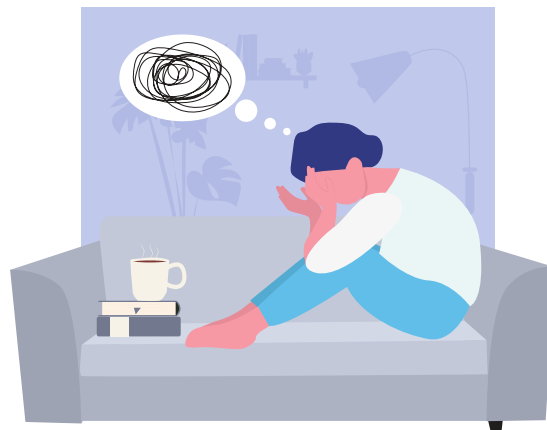
For example, if someone says the word taxes, and an individual who struggles with moral scrupulosity hears that word, their OCD mind may lead them to become anxiously fixated on the time they thought they cheated on their taxes. They probably didn’t, but just hearing the word creates intense anxiety, doubt, and guilt. They get caught up in the meaning their mind has linked to that word.



Does Everyone Have Unwanted Thoughts?

It has been said that fish don't know they are swimming in water; they just swim in it naturally unaware of that fact. It has also been said that our thoughts are our water. Most of us are swimming in our thoughts and quite often unaware of them. It is our natural state.

Those who do not have OCD have thoughts similar to those who struggle with OCD. These thoughts may be random, weird, disturbing, immoral, unwanted, or distressing. The difference is that for someone with OCD, those thoughts are stickier because the scrupulous mind tells them they shouldn't have them. And the more they try to get rid of them, the stickier they get.

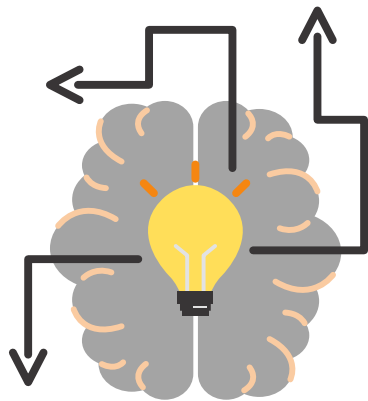


Why Is It So Hard To Have Pure Thoughts?

It is impossible! We are all having an experience with a mortal body and mind. Everybody at one time or another will have random, weird, and disturbing "bad" thoughts because we are imperfect human beings. That is not the problem. The problem is what we do after we have those thoughts that can create a challenge. The person with scrupulosity obsesses about being a good enough person and when "ugly" thoughts show up, they usually blame themselves for them. As they try to get rid of them and aren't able to and shame takes over. They believe they should be able to "control" their thoughts.

The only thing they know to do is to try to stop them, but there is little success with that approach. Unfortunately, the moment they believe they should not have them, that's the moment they inadvertently begin to reinforce the thoughts and feelings. Subsequently, they get stuck in an endless cycle with those unwanted thoughts.

Is It Possible To Delete Thoughts And Memories From Our Mind?



We simply cannot delete our thoughts, feelings, or other internal experiences from our minds. We are continually creating relationships between things. That's just the way our minds operate because we have language, the ability to communicate, remember, and relate anything to everything

The good news is that individuals who struggle with OCD can learn that they don't have to be bound by the rules their mind is trying to impose upon them like: "I shouldn't have these intrusive thoughts! I'm bad because I can't get rid of them!" Sufferers can become flexible with what their mind tells them.



Nothing fixes a thing so intensely in the memory as the wish to forget it.

Michel de Montaigne

Why Do OCD Sufferers Get Stuck In The Past?

We all get fused with our thoughts. Scrupulous individuals will usually get fused more often when events inside or outside themselves evoke anxiety and uncertainty ("Am I bad because I cannot control those sexual images?") When they become stuck with their thoughts and feelings, they may react as if those thoughts and feelings represent who they are. They haven't learned that though their thoughts and feelings are part of them, they are not those internal events.

The good news is that they can learn to become unstuck from the unhelpful thoughts and feelings and whatever else is occurring internally at any given moment.



What About All The Scriptures That Mention Thoughts?

Many individuals feel ashamed, guilty and sometimes tormented when reading Proverbs 23:7, “For as he thinketh in his heart, so is he...” They start labeling themselves as wicked and unworthy of blessings. They conclude, “My thoughts are impure, so I must be impure.” This is a misunderstanding. It is not about the thoughts we have because we cannot control the thoughts that show up despite us not wanting to have them. It is what we do with our thoughts that matters. This and other similar verses from scriptures can create a surge of anxiety, shame, and guilt for someone who struggles with scrupulosity OCD. Sufferers feel disgusted with themselves and question their worthiness and may even decide to avoid all faith related activities.

OCD And Feelings

What Matters More, How We Feel Or How We Respond?

When someone wrongs us, we may feel angry. Is this wrong? No! But if we get stuck in our emotions and react inappropriately, this can be a problem.

Sometimes the behaviors we choose to express—our anger, sadness, anxiety, and even happiness—can be damaging. The way we respond (e.g., yelling or hurting someone when we are angry) is what gives some feelings a negative reputation. Feelings in and of themselves are neither good nor bad. It is when we respond to them without awareness that we create difficulties. We all have a choice when it comes to how we respond to our feelings.

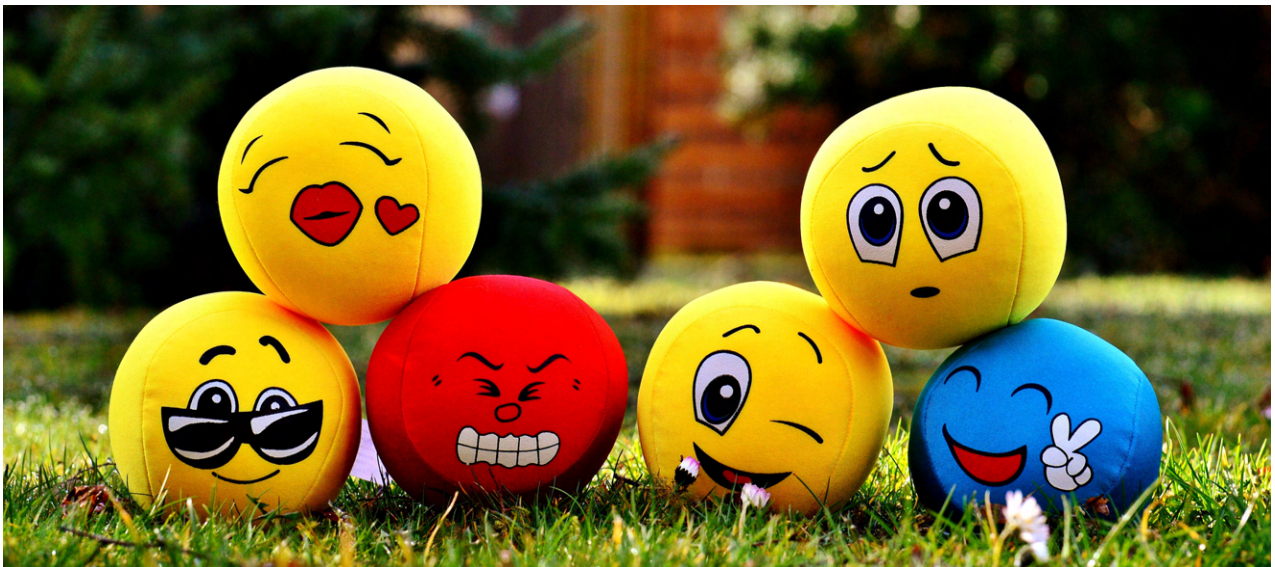
A variety of feelings will show up throughout the day, and different circumstances can determine how we feel. At times we may be able to control external situations so we can avoid certain feelings, but other times we simply cannot. Though avoidance can be helpful at times (e.g., when we are in real danger), it may not be the best option when it gets in the way of living meaningfully. Unfortunately, OCD sufferers usually opt for avoidance, but the pain is still present and they end up missing out on living the life they wish to have.



Shouldn't We Be Able To Control Our Feelings So We Can Avoid The "Bad" Ones?

Most of us grew up believing that anger is a “bad” feeling. Our natural and human tendency is to act on that emotion. We may emotionally or physically hurt someone when we are angry. The behavior is the problem. If instead of yelling, we were to excuse ourselves and walk away to cool off, then our behavior would not be a problem. Anger is an emotion. What we choose to do with about our anger is a behavior.

When we try to suppress and numb a feeling, we end up suppressing all of them and depression can ensue.



OCD And Faith

Is OCD A Faith Problem?

When someone is struggling with scrupulosity OCD, they may feel like they are stepping into the darkness. They may understand the meaning of faith, yet, when they experience the urge to live perfectly before God and others, it's difficult for them to focus on their faith.

They may feel discouraged when they do their best to live their faith and continue to feel guilty and anxious. They are uncertain whether they have committed an offense against someone, especially against God. They may feel like they are never good enough.

What matters is that individuals recognize their challenge is OCD and not a faith problem. OCD twists things around in their mind; they become fused with their thoughts and feelings and believe they are the culprit for these internal experiences. That is OCD!

Encourage the scrupulous person to focus on their faith and what they want their life to be about instead of the obsessions and compulsions brought about by the OCD.



When Congregants Say that God Is Absent

Sometimes individuals with scrupulosity OCD report that they are not able to feel God's presence in their lives. They feel discouraged and have a sense of hopelessness. They wonder if they are doing something wrong or aren't worthy of having the Holy Spirit with them. No matter how hard they try, they still don't feel God's presence.

Sometimes people will report that they are doing everything they can do such as studying their scriptures and praying, and still cannot feel the Holy Spirit in their lives. OCD is getting in the way of their ability to feel God's presence because they are preoccupied with trying to control the unpleasant and unwanted thoughts and feelings. They are getting stuck in the scrupulosity trap.

Religiosity Vs. Scrupulosity OCD

Religiosity is a sincere desire to abide by one's faith and religious principles for various reasons: reverence, respect, salvation, connection, communication, belonging, etc. Individuals feel joy, peace, and flexibility despite their mistakes and imperfection. When aware of their challenges or mistakes, they can follow their faith's recommended behaviors, like repenting, confessing, making amends, and move on with their lives without revisiting the past obsessively and compulsively.

Scrupulosity is rigidity in following one's faith and religious principles to gain salvation. Sufferers may obsess about offending God and fear punishment. They are unable to tolerate uncertainty regarding how God sees them and whether they are worthy enough to receive God's blessings. Their behaviors are driven by fear, guilt, anxiety, shame, and uncertainty. They are unable to distinguish thoughts from facts. Despite following their faith's recommended behaviors, they are unable to get past their mistakes and continue to become stuck in the scrupulosity trap.

Tips For Faith Leaders

What Can You Do To Help Your Congregant When They Are In Treatment?

- Continue to learn and review what scrupulosity is and how it affects the scrupulous congregant's life.
- Remember to validate instead of reasoning, reassuring, and accommodating their unhelpful behaviors caused by the OCD. Validating is acknowledging how the person feels and what they are going through. Continue to provide hope, encouragement, and comfort during difficult times.
- Remind them that “doing” is the key to success. Though the thoughts are tormenting, and the feelings seem intolerable, together with their mental health provider they will learn how to respond to the OCD mind in a different way.
- Encourage them to practice the skills they are learning in treatment, so they don't continue to fall into the OCD trap which leads them to be rigid in their lives. The effectiveness of CBT, ERP and ACT skills can make a difference in their lives when they do their exposures every day.
- Invite them to use their faith and trust the process.
- Let the congregant know that you are willing to meet with the treatment provider so they can understand yours and the congregant's religious beliefs. Also ask for the clinician to share tips on how you can support the scrupulous congregant without accommodating and reassuring them.
- Invite them to put forth their best effort and discuss the ways they can have a meaningful and rich life despite OCD.

Ideas To Share Regarding Scriptures

Invite the scrupulous congregant to consider this question: What would the Almighty care most about –what we think or what we do?

Quite often, the OCD sufferer believes that God cares most about what they think. They usually mention the scripture verses addressing thoughts. Indeed, if we were to spend our time, focus and energy on thinking and contemplating a sinful behavior, these thoughts aren't helpful at all. Likewise, it isn't helpful when one spends most of their time obsessing and worrying about whether they are being 100% pure with their thoughts.

Is it possible that God cares more about what we DO with our time, energy and focus? Why would the Almighty care more about that? Is it better to spend all day thinking pure thoughts or engaging in kind and loving deeds?

Some OCD sufferers may say they believe God expects them to do both. Is that possible or effective? Are they aware their OCD is magnifying and twisting their thoughts?

Why Is It So Difficult For The Sufferer To Recognize They Didn't Sin?

The urge to ruminate, review, reason, obsess, and figure something out takes the OCD sufferer into a maze of despair. No matter how hard they try to overcome the urge to find certainty, the results are only more doubts.



When their mind insists that, “You should’ve known better,” or “You need to make sure you confessed every single detail,” they can become stuck in the scrupulosity OCD trap.

When they keep looking back to review every single detail, something new will always come up. They wonder why that detail wasn't obvious before. Maybe it wasn't there, but their mind continually creates new thoughts, memories and possibilities that becomes a labyrinth to solve –and it's unsolvable because it's OCD.

Would It Be Helpful To Remind Them Of The Attributes Of The Holy Spirit?

Many sufferers often confuse the OCD for the voice of the Holy Spirit and sometimes even the voice of the devil. Discuss with them the tenets of your faith and share with them what you believe regarding the Holy Spirit. Does the Holy Spirit reveal, testify, comfort, guide, teach, sanctify, and bring peace and joy even in difficult times?

Quite often individuals do not realize that their behaviors are done to appease the OCD. The habits that seem helpful on the surface are being done with rigidity.

Because the thoughts the person experiences are not aligned with the type of person they are or wish to become in their lives, they experience great distress and believe it may be the Holy Spirit admonishing them. It's OCD!



Why Do Scrupulous Congregants Continue To Confess Despite The Reassurance I Give Them?

Reassurance seeking is a compulsion and many individuals who struggle with scrupulosity OCD, are constantly worried about whether they have done something wrong and whether they need to confess. They often aren't sure if their behavior was sinful or not. Their anxiety, guilt, and doubt regarding whether it was sinful leads them to talk to their faith leader repeatedly. They usually cannot tolerate not knowing if they are worthy in the sight of God. They wish to know with a hundred percent certainty that they haven't done something that could anger God.

Individuals who struggle with OCD cannot tolerate uncertainty and feel the urge to confess to anyone about their perceived sins so they can feel reassured they are still "good in the sight of God or others." The problem is that no matter how often someone gets reassured, the OCD mind will provide another doubt that will lead the person to question their past behavior and wonder if they actually did something wrong or if they confessed everything to their faith leader.

Thus, the person may come back to confess again and again, adding more details regarding their perceived sin. There may be times of course when the person may have done something wrong and repenting and confessing is a helpful option.

The problem is that despite confessing they believe they didn't repent enough or confess everything to their faith leader and thus, they continue to experience uncertainty and the urge to confess again.

Going back in time to change the unchangeable only keeps them stuck into the scrupulosity trap. Sometimes they may want to review their behaviors. "Did I just do something inappropriate? "Did I mean it?" These are doubts that the OCD mind provides, and when they believe those thoughts, they get stuck again.

Reassurance Seeking

Why Reassurance is Unhelpful

Reassurance seeking is a compulsion for those struggling with OCD that can be both public and private. They cannot stand the uncertainty of OCD and seek reassurance from family members, friends, and faith leaders. The reassurance such as: "You are a good person." or "You are worthy." may satisfy them momentarily, but eventually another doubt will arise. They then will seek reassurance for the new doubt and the cycle continues. Reassurance seeking may become very difficult to decrease or eliminate.

What You Can Do Instead Of Providing Reassurance?

Continue to validate, listen, and ask them what they are learning in their treatment. For example, "I can see this is really hard for you. I understand scrupulosity OCD is a real challenge in your life. I know this is difficult. God is aware of your pain and suffering. You are not alone. Many people are suffering like you are. I am here for you. What can I do? Would you like to share with me what your clinician said you could do when you have the urge to confess?"

What To Share With The Family Members

Because clinical scrupulosity involves obsessions and compulsions surrounding faith and morality, it can be missed and misunderstood. Family members and friends may interpret the sufferer's scrupulosity as devotion and inadvertently reinforce their obsessions and compulsions by giving them reassurance every time they ask for it.

Even so, they are interested in their loved one's well-being and can be there for the individual in their difficult journey. They don't have to do this alone! Invite the individual to share with you and their loved ones what they are learning and doing to live more meaningfully. The information below will help you and those interested in the individual's welfare to distinguish between the compulsions and the legitimate need for information.

Information Seeking Vs. Reassurance Seeking

The following chart may be helpful so you and loved ones can be aware if the OCD sufferer is seeking for information or reassurance.

An Information-Seeker:	VS	A Reassurance-Seeker:
Asks a question once		Repeatedly asks the same question
Asks questions to be informed		Asks questions to feel less anxious
Accepts the answer provided		Responds to an answer by challenging the answerer, arguing, or insisting the answer be repeated or rephrased
Asks people who are qualified to answer the question		Often asks the question of those unqualified to answer it
Asks answerable questions		Often asks unanswerable questions
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
Distinguishing Information-Seeking and Reassurance- Seeking		

Summary

Support The Congregant

- Educate yourself regarding their mental health challenge.
- Recommend professional help.
- Talk with their therapist at least once and maintain communication as needed.
- Meet with the OCD sufferer for support as needed.
- Validate and provide hope instead of reassurance and reasoning.
- Encourage the scrupulous congregant to focus on the process and continue to practice the skills they are learning in treatment.
- Ask them to share with you what they are learning and how this knowledge and practice is making a difference in their connection with God and their overall life.
- Invite them to focus their time and energy in doing what matters most in their life despite the unpleasant thoughts and feelings.
- Ensure the scrupulous congregant is receiving emotional support from family members and friends.

Resources

Websites

- [International OCD Foundation - https://iocdf.org/](https://iocdf.org/)
- [Faith and OCD Resource Center - https://iocdf.org/faith-ocd/](https://iocdf.org/faith-ocd/)

Books

- [ACT for Clergy and Pastoral Counselors: Using Acceptance and Commitment Therapy to Bridge Psychological and Spiritual Care – Edited by Jason A. Nieuwsma, Robyn D. Walser, and Steven C. Hayes](#)
- [Imperfectly Good: Navigating Religious and Moral Anxiety to Release Fear and Find Peace - by Annabella Hagen](#)
- [Understanding Scrupulosity: 3rd Edition of Questions and Encouragement by Rev. Thomas Santa](#)
- [The Happiness Trap: How to Stop Struggling and Start Living \(2nd Edition\) by Russ Harris](#)
- [Living Beyond OCD Using Acceptance and Commitment Therapy by Patricia E. Zurita Ona](#)
- [Get Out of Your Mind and Into Your Life: The New Acceptance & Commitment Therapy by Steven C. Hayes](#)
- [When A Family Member Has OCD: Mindfulness and Cognitive Behavioral Skills to Help Families Affected by Obsessive-Compulsive Disorder by Jon Hershfield](#)

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