The History and Contextual Treatment of Scrupulous OCD

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Disclosures

- Dr. Sisemore has published:
  - “I Bet I Won’t Fret” (New Harbinger)
  - “Free from OCD” (New Harbinger

Rationale of the Presentation

- Daunting expectation to honor the spirituality of all counselees
  - Key is to be accepting and work in context
    - Can't be expert on all forms of religion/spirituality
    - Genuine inquisitive, "teach me" approach recommended
- Persons from the monotheistic religions tend to come not just with "spiritual" leanings, but with doctrinal beliefs underlying these
- This greatly impacts the area of scrupulosity
- So, we will
  - Explore Christian thought on scruples
  - Note some exemplars
  - Offer some "inside" suggestions and ideas
  - Demonstrate these in contexts of CBT and ACT

What is a Scruple?

- Seeing sin where there is none
- "Sin phobia"
- Latin *scrupulum*
  - Small, sharp stone
  - Thus, like walking with a pebble in one's shoe
- Fits with trend in OCD to feel excessive responsibility and need to control
- If meaning modulates emotion, then religious obsessions will evoke great emotion

- Identified in other monotheistic religions also
  - Jews (e.g., Huppert, Siev, & Kushner, 2007)
  - Muslims (Inozu, Clark, & Karanci, 2012)
- A tendency to blame religion, but no more than
  - Counting OCD to be blamed on math class
  - Or germ forms of OCD on parents who make kids wash hands
- *We'll see how Christian ideology can both trigger and help with scrupulous OCD*

View of Catholic Moral Theologians

- Formulated as early as 15th and 16th Centuries
  - Though likely scruples evident prior to that
  - Several theories of why scruples became an issue
- Theology related it to moral reasoning
- Covered under topic of “conscience”
- People were obligated to follow conscience
  - Yet person was to properly inform conscience
- So, called it “erroneous conscience”
  - Freed the person to act without resolving the doubt

20th Century Moral Theology

- Jones & Adelman (1959)
  - Drew from theology and psychology
  - Saw scrupulosity as more fear than error
  - Biological causes
    - Manic-depressive impulses, pressure on brain, anemia, abnormal irritability
  - Personality causes
    - Vivid fantasies, excessive feeling in proportion to thinking, excessive introspection
  - Character causes
    - Secret pride, lack of confidence in divine mercy
  - Guidelines are similar to behavior therapy

Greenberg (1984): Normal vs. Pathological Religious Principles

- Compulsive behavior goes beyond the requirements of religious law
  - “more Catholic than the pope”
- Compulsive behavior has more narrow focus
  - Worry about one “sin” but not others
- May focus on what is trivial to religious practice
- Important areas of religion may be ignored
- Repeating and checking may have prominent role

Potential Triggers in Christianity

Catholicism

- Doing of good works as part of salvation
- Value of formal confession
- Blasphemous thoughts

Protestantism

- Fear of committing the unforgivable sin (Matthew 12:31)
- Assurance of salvation
- Blasphemous thoughts

Catholic Tradition: St. Ignatius of Loyola

- B. 1491; founded Jesuits
- Troubles worsened more when silent and reclusive
  - Though evident early in life
- Thoughts of sins from earlier in life
- Distrusted advice from confessors/directors
- Key discovery: scruples as temptations, not sins
- Wrote *Rules for Scruples*

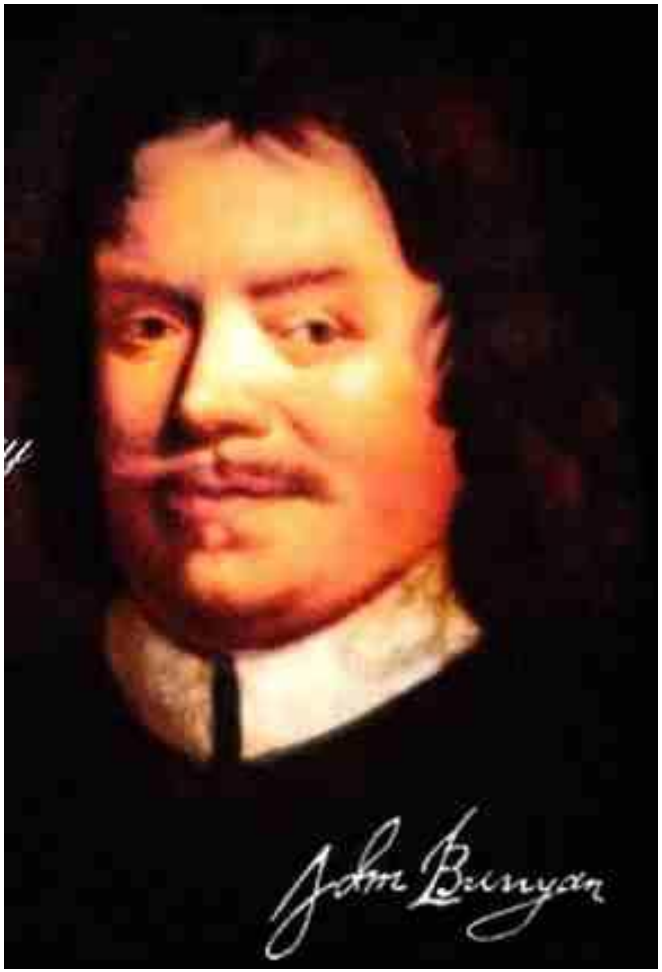
Saint Thérèse of Lisieux

- B. 1874
- Onslaught of agonizing thoughts at age 12
- Triggered by a sermon on God's wrath and a retreat
- Then period of terrible scruples about her behavior
- Confessed these to her sister
  - Who tried to "cure" her by limiting how many
- Joined Order of Carmelites Discalced (OCD!)
- Her "Little Way" emphasized God's mercy
- Namesake of Mother Teresa

Protestant Tradition: Martin Luther

- B. 1493
- Drew attention from Erik Erikson (1958)
  - “obsessive scrupulosity”
  - “compulsive” confessing
  - But saw much worse
- Luther scholars reject Erikson on the larger issues
- Yet clearly terrible suffering, suicidal
- At 32 had insight of faith in God to provide righteousness *by faith*
- Changed his life and greatly decreased scruples

John Bunyan



- B. 1628
- English Puritan beset by doubts/scruples
  - Even Wm. James noted this
- Obsessions hit at about age 21
  - "Floods of blasphemies"
  - Compulsively recited Bible verses
- Tried essentially an "exposure therapy" of not fighting troubling verse
- Had mystical experiences
- Insight from Luther:
  - Jesus steps in to bear responsibility for our sin; yielding control
- Shared in *Grace Abounding to the Chief of Sinners*

Themes in the Stories

- Scruples as temptations, not sins
- Moved from focus on a judging God to a God of mercy
- And receiving grace rather than earning God's approval
- Trust in God rather than directly conquering obsessions
  - A relinquishing of efforts to control
  - Thus has feel of acceptance and willingness
- Freed to pursue lives of spiritual value

Insight from Jeremy Taylor

- Anglican clergyman near Bunyan's time
  - Wrote *Ductor Dubitantium* (c. 1660)
- Scrupulous conscience can be acted against (committed action/exposure)
  - Like a woman scared to handle a dead chicken
- Also consult prudent guide

- Advice
  - Meditate on God's goodness
  - Consider laws have merciful interpretations
  - Lay aside the scruples
  - Pray for God's wisdom as substitute to the scruple
  - Focus more on larger sins
  - Avoid austerities and mortifications
  - Avoid long-term vows
  - Kindle love for a merciful God

Summary

- Seeing as temptations not sin
  - Thus accepting, not fighting
- Meditation on God's goodness
- Focus on faith over works
  - Surrendering control
- Greatest commandment is love
- Acting on faith to live the Christian life

A Mini-Toolkit for Working with Christians

- Distinction between temptation and sin
- Salvation given by God versus earned
- Jesus' temptation as model
  - Teaches Satan put ideas in his head but he did not sin
- Jesus as model of committed action
  - (Hebrews 12: 1-3) endured cross for joy set before him
- Shifting compulsive prayers to thankful ones
  - Faith in forgiveness contra obsessive feelings
- Doctrinal paradox
  - Observe how obsessive thoughts may contradict other held beliefs
    - Sisemore client
- Spiritual self as context for accepting scruples (defusion)
- Biblical models of those who failed and reinstated
  - Abraham, Moses, David, Peter
- Endurance metaphors like story of Joseph
- Working with spiritual leaders on questions you may not be able to answer, or if patient does not accept your thoughts on spiritual matters

CBT approach

- Cognitive behavioral therapy (CBT) with exposure and response prevention (E/RP) has been identified by researchers as the gold standard for treatment of OCD (Abramowitz, 2006; Foa et al., 2005).
- Researchers have acknowledged the need for adaptations to CBT with E/RP protocol to increase the acceptability of the treatment procedures to religious guidelines (Huppert, Siev, & Kushner, 2007)

Intervention Approach CBT Principle I

- Research and clinical work have identified numerous strategies that may be particularly helpful in working with scrupulous symptoms of OCD.
- The assessment of the patient's theology and spiritual perspective
  - assists in understanding the patient's specific cultural and religious background
  - respectively learn from client
  - enhances sensitivity to the unique aspects of the patient's faith (Huppert et al., 2007)

Intervention Approach CBT Principle 2

- Within the assessment process, it is important to gather an understanding of:
  - how patient's specific religious institution handles "bad thoughts"
  - how the patient's spiritual leaders and/or faith doctrines influence how the patient interprets and copes with intrusive scrupulous thoughts (Abramowitz et al., 2004).

Intervention Approach CBT Principle 3

- Assessing cognitive styles will be helpful in identifying specific cognitive domains to address in therapy (OCCWG,2005)
  - May help identify a cognitive bias towards inflated responsibility and threat estimation
- In developing the treatment plan, work within the individual's religious laws and traditions in order to establish rapport and enhance motivation to engage in therapy (Huppert et al., 2007).

Intervention Approach CBT Principle 4

- Use of cognitive strategies to challenge erroneous or irrational beliefs is encouraged to “detoxify” the obsession (Salkovskis,1999)
  - E.g. change the notion that thought = sin
- Within scrupulous OCD, the clinician has the goal of challenging irrational cognitions while allowing the patient to adhere to one’s faith and spiritual practices
- May involve distortions of actual doctrine (a judging God vs. a loving/forgiving/graceful God)
- Or attention to minutiae while overlooking major moral expectations

Intervention Approach CBT Principle 5

- While generating cognitive strategies, it is important to focus on the irrational and/or exaggerated concerns about the *meaning* of the thoughts, rather than beliefs about the religion itself (Purdon,2004)
- Avoid engaging in religious debate with patients,
  - instead to help the patient to identify the nature and function of the thought, and how one deals with the thought, and the intent of the thought (Huppert et al., 2007)
- Separate thought from intent
  - E.g. a temptation, not a sin just to think it
  - Or, to think it is not to believe it

Exposure and Response Prevention Principle 1

- Use of behavioral strategies, namely exposure and response prevention exercises, is the second core component of CBT treatment for OCD.
- The cognitive piece sets this up by helping the Christian client to see the thoughts as obsessions, not sins or genuine beliefs
- Consider God with them as they go through exposure
  - Psalm 23: God with them through valley of shadow of death
    - And prepares table before them in presence of enemies

Exposure and Response Prevention Principle 2

- Tailoring exposures to the specific feared stimuli is of utmost importance and requires creativity in identifying situations that “violate OCD law” but not religious law” (Huppert et al., 2007).
- Types of exposures may include
  - listing blasphemous thoughts
  - recording these thoughts on audiotape
  - repeatedly listening to thoughts until habituation to the anxiety has occurred (Purdon, 2004)

Exposure and Response Prevention Principle 3

- Spiritual leaders may also be helpful in the creation of response prevention guidelines.
  - religious representatives will provide insight into how to differentiate healthy prayer from ritualistic, compulsive prayer (Garcia, 2008).
  - It may be helpful to highlight that compulsive rituals are actually serving as a barrier to spiritual connection because they are driven by obsessive thoughts rather than simple desire to connect with God (Huppert et al., 2007)

Acceptance an Commitment Therapy

- **"ACT uses acceptance and mindfulness processes and commitment and behavioral activation to produce psychological flexibility."** (Hayes, Strosahl, & Wilson, 2012, p. 97)
- Psychological flexibility is established through a balance of six core ACT processes (Hayes , Luoma, Walser, 2007).
- Key differences from CBT
  - Accepting rather than controlling suffering
  - Acting in valued ways, despite suffering

Six Core Therapeutic Processes of ACT

Acceptance

- For clients suffering from scrupulous OCD, the acceptance process involves an active an aware embrace of his or her irrational cognitions, instead of the client avoiding these intrusive thoughts.
- Acceptance methods in ACT involve exercises that encourage rich, flexible interaction with previously avoided experience (Hayes , Luoma, Walser, 2007).
- Mindfulness exercises common here
- Metaphor also useful in ACT (Eifert & Forsyth, 2005)

Six Core Therapeutic Processes of ACT

Cognitive Defusion

- Defusion refers to the process of creating nonliteral contexts in which language can be seen as active, ongoing, relational process that is historical in nature and present in the current moment (Hayes , Luoma, & Walser, 2007)
- Therefore, placing these bad thoughts in a nonliteral context allows the client to be aware of what his or her mind is saying, but not be a slave to it and loosen the relationship to these intrusive thoughts, creating greater flexibility (Hayes, Luoma, & Walser, 2007).

Six Core Therapeutic Processes of ACT

Being Present

- This process of ACT challenges the client to live in a climate of present moment awareness of his or her religiously- related thoughts, images or rituals.
- According to (Hayes , Luoma, & Walser, 2007, pg.19)
  - "When in contact with present moment, humans are flexible, responsive, and aware of the possibilities and learning opportunities afforded by the current situation...Without adequate contacts with present moment, behavior tends to be more dominated by fusion, avoidance, and reason giving, resulting in more of the same behavior that occurred in the past".

Six Core Therapeutic Processes of ACT

Self as Context

- This process encourages the client to look at him or herself independent from his or her religious obsessions and compulsions.
- ACT uses metaphors and exercises to allow the client to contact his or her sense of *self as context,* which is a continuous and secure I from which events are experienced, but that is also distinct from those events (Hayes, Luoma, & Walser, 2007).

Six Core Therapeutic Processes of ACT

Defining Valued Directions

- Values clarification asks patient to step back and look at what gives life meaning
- A person with scrupulous OCD might have “values that are not in the ACT sense, such as, “ If I don’t value X, I will go to hell,” “I value X because God requires it of me and if I do not value this Q will happen,” and “ An obedient child of God would value X.”
- In the ACT sense, values are choices and they answer the question, “In a world where you could choose to have your life be about something, what would you choose?” (Wilson & Murrell, 2004, pg. 135)
- Thus they are choosing to live in accord with Christian faith as they understand it

Six Core Therapeutic Processes of ACT

Committed Action

- This process looks much like traditional behavior therapy.
- Committed Action encourages the client to commit to change through homework in behavior change goals
- These move the Christian client into a life pursuing the positive virtues of faith (love, mercy, kindness, etc.) rather than overfocus on the negative effects of sin

Summary

- Scrupulosity/OCD a disorder of faith before a psychiatric disorder
- Historic treatments surprisingly accurate
- Bridging insights from within the tradition with modern EBTs can prove helpful

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