Domesticating Scrupulosity

Robert N. McCauley

Center for Mind, Brain, and Culture

Emory University

George Graham

former Professor of Philosophy

University of Alabama Birmingham,

Wake Forest University

and

Georgia State University

Domesticating Scrupulosity

<u>Introduction</u>

"The facts of the world," wrote William James, "in their sensible diversity are always before us, but the philosophic need craves that they should be conceived in such a way as to satisfy the sentiment of rationality. The philosophical quest . . . is the quest [for that] conception" (James 2003, p. 372).

Owen Flanagan has been on a creative philosophical quest throughout his long and distinguished career. He has written about a wide range of problems in philosophy of mind, ethics, moral psychology, science, the philosophy of mental illness, and religion. A distinctive and synoptic philosophical picture has emerged from Owen's discussions of philosophical problems: a theory that combines realism about phenomenal consciousness with a multi-disciplinary pluralism about scientific understanding, an account of the reason responsiveness of persons that acknowledges human susceptibility for mental disorder and distress, a tale of the human desire for religious transcendence alongside a skepticism about theism, and an ethics of human behavior with distinctive turns into the topics of the meaning of life and culturally situated moral virtues.

An explanatory pluralist methodology, in the form of his "natural method", plays a prominent role in Owen's analyses from topic to topic (see Flanagan 2000, pp. 13-17). One of the benefits of a proper form of explanatory pluralism, according to Owen, is that it can provide us with an analysis of what may be learned both from abnormal cases of a phenomenon of, say, disorders of cognition or decision making as well as from functional or normal cases of the same. We ourselves are independently attracted to a pluralistic conception of things and, like Owen, especially when it comes to matters of mind (see McCauley and Graham 2020). As Owen (Flanagan 2000, p. 14) puts things, the method "consists of seeking consistency and equilibrium among different modes of analysis applied to the study of some mental phenomenon."

The chapter to follow embraces a pluralistic methodology as we examine a pathological form of religiosity known as scrupulosity and what we call its "domestication." The chapter gives us a welcome opportunity to help to honor our dear and deeply admired friend and to try to sculpt a philosophic contribution which is expressive of some of the philosophic interests and sympathies that we share with him.

<u>PART 1: Religious Obsessions and Compulsions</u>

Scrupulosity Abounding

The relentlessness of the moral and spiritual tacking by the seventeenth century Puritan writer, John Bunyan, in his memoir, *Grace Abounding to the Chief of Sinners* (1666/1987)*,* is nothing short of dizzying. Bunyan wrote this autobiographical work during his twelve year stay in the Bedfordshire jail as, arguably, a prisoner of conscience. (This is when Bunyan also began work on his best known book, *The Pilgrim's Progress from This World, to That Which is to Come*.) He had joined a small congregation of Puritan non-conformists and eventually became a preacher. Technically, his preaching was in violation of laws aimed at insuring the preeminence of the Church of England. The authorities' zeal for

enforcing such laws, however, increased considerably with King Charles II's restoration in 1660, when Bunyan was prosecuted. Bunyan was held because of his refusal to discontinue his preaching. For so steadfast and devoted a prisoner of religiously-informed conscience, whose imprisonment left his wife and four children without any means of support, the spiritual life Bunyan portrays in *Grace Abounding* seems unexpectedly wobbly.

That impression is, no doubt, partly a function of the conventions of conversion narratives. Bunyan begins *Grace Abounding* by discussing his first three decades, including his service in his late teens in the Parliamentary army during the first of the English Civil Wars in the 1640's. Of a piece with those narrative conventions, Bunyan establishes in the opening pages the moral waywardness of his youth, stating that as a child he had "few equals . . . for cursing, swearing, lying and blaspheming the holy name of God." He also covers the requisite episodes when, his ungodliness notwithstanding, it appeared, retrospectively, that God had saved him from a premature death. Bunyan does comment, though, that throughout his youth he was regularly terrified by "fearful dreams" and "dreadful visions" of devils attempting to enlist him and that he was "greatly afflicted and troubled with the thoughts of the day of judgement . . . fearing that it would be my lot to be found at last amongst those devils and hellish fiends" (1666/1987, p. 8).

Bunyan indicates that it is during his twenties that his engagement with religious ideas and practices becomes simultaneously more serious and more fraught. He discusses numerous episodes that illustrate his spiritual vacillation. He also describes his many efforts to forego the delights he took in what he had come to regard as problematic entertainments such as dancing, bell ringing, and playing games.

His account of the latter, in particular, is characteristic of the tenor of the remainder of the book. In an episode concerning game playing, he alternates between the highs of godly endeavor and the lows of sinful conduct twice in a matter of hours. He describes his brooding on the local parson's Sunday morning sermon about failures to honor the Sabbath day, but having shaken off the sermon's effect over lunch, he returns that afternoon to playing games. But, as noted, it does not end there. Bunyan then reports that in the midst of his afternoon sport he hears a heavenly voice questioning the fate of his soul. Instead of what is, presumably, an astonishing experience proving transformative and redirecting his life forevermore, he decides in fairly short order to charge ahead with his no longer so innocent merriment, reasoning that "I had as good be damned for many sins, as to be damned for few" (Bunyan, 1666/1987, p. 11). His maturational religious ardor had failed him by lunchtime and not even hearing an admonishing heavenly voice could revive it in the afternoon.

Such spiritual oscillations are routine stuff in Christian conversion narratives. Driven by reliance on the law, or belief in good works, or pride, or misunderstandings about Christian salvation, or failures of faith, or doubt, humans fail to accept the grace of God. With sudden conversion, descending to some lowest of low points before finally accepting God's grace is fairly standard fare. Bunyan's conversion, however, is more gradual.

What is striking about *Grace Abounding* is Bunyan's recounting of what seem to be ceaseless rounds of expressions of surety in his salvation undone by some new temptation from Satan, or inspired dedication subverted by some new (often Biblically informed) recognition of error, or feelings of spiritual triumph followed by nearly instantaneous doubt. Even as Bunyan addresses and encourages his readers, he repeatedly acknowledges his struggles to escape his constantly recurring doubts, noting,

for example, that temptations to betray Christ "sometimes . . . run in my thoughts not so little as a hundred times together" (1666/1987, p. 36).

Intense feelings of guilt or recurring doubts about one feature or another of the formula for salvation, especially arising so soon and so consistently after all too brief moments of religious confidence, are a characteristic symptom of what has come to be regarded as a pathological form of religiosity known as *scrupulosity.* It does not seem unfair to assert that, no less than grace, evidence of scrupulosity abounds in Bunyan's book as well.

Characterizing Scrupulosity

Scrupulosity, according to the DSM-5, is a form of OCD, combined with excessive conscientiousness.[1] In one memoir an OCD patient drolly describes scrupulosity as "OCD plus Jesus" (Wortman 2012, p. 2). We shall take up both scrupulosity and OCD in greater detail further on, but for now we simply wish to convey a sense of the scrupulosity that Bunyan's memoir seems to illustrate.

Instead of worries about contamination, physical security, or social well-being, which are salient concerns in other forms of OCD, it is disquiet about religious or moral matters, which preoccupy the scrupulous. Usually they are tormented by both. A cognitive model of scrupulosity allows that "one's religious beliefs and values influence the misinterpretation of normally occurring unwanted thoughts as potentially sinful or foreboding of divine punishment" (Abramowitz & Jacoby, 2014, p. 147). Scrupulous individuals fret incessantly about committing religious or moral offenses or overlooking religious or moral obligations. As with other forms of OCD, scrupulous people often focus on matters that other (in this case) religious people regard as minor or trivial (e.g., daydreaming during prayer). The scrupulous neither distinguish between accidental and intentional violations of religious prescriptions nor mark their comparative importance. They see "sin where there is none" and live in unending fear of divine punishment for their lapses (Nelson et al. 2006, pp. 1072, 1082-83).

That is largely because *they exhibit all of the other prominent patterns associated with OCD*. The scrupulous are entangled in a web of psychological dispositions that are mutually reinforcing (Summers & Sinnott-Armstrong 2015). Scrupulous individuals accord great moral and causal significance to their thoughts. They agonize about their inability to control their thoughts and, particularly, their problematic intrusive thoughts, which they do not want. All of that leads to constantly performing rituals and pursuing reassurance wherever it can be found to relieve intense anxiety arising from their obsessive thoughts about sin and about failures to fulfill religious obligations. These measures are endlessly duplicated because their effects are quickly undone by the scrupulous' thoroughgoing "intolerance of uncertainty" about what are, in this case, matters for which no certainty can be obtained (Abramowitz & Jacoby 2014, pp. 140-45; Summers & Sinnott-Armstrong 2015, pp. 950-51). Their characteristic, if misplaced, perfectionism forbids tolerating any doubts. Jonathan Abramowitz and Ryan Jacoby (2014, p. 145) comment that "it is as if those with scrupulosity have *lost their faith in faith*."[2]

Pathological Religiosity or the Protestant Order of Salvation?

---

[1] Excessive conscientiousness is a trait more directly associated, perhaps, with Obsessive Compulsive Personality Disorder (OCPD), a less severe, less persistent, and less troubling condition that, otherwise, resembles OCD.
[2] Arguably, these apparently hyper-religious individuals are *less* religious than their non-scrupulous brethren!

Exhibiting obsessions and compulsions with regard to religious matters has historically been termed as having "scruples," and exhibiting such scruples qualifies as *scrupulosity*, according to Joseph Ciarrocchi (1995), when it satisfies the following conditions (enlisted from Greenberg 1984):

* The scruples' focus is comparatively narrow.

* The surrounding religious community regards the concerns as quite minor.

* The obsessions interfere with "normative religious practice."

* The subjects themselves find their scruples troubling.

* The scruples are accompanied by other symptoms of OCD.

Throughout *Grace Abounding* Bunyan wrestles with what he regards as his habitual sinfulness, his persistent doubts, his constant worries about blasphemy, his incessant urges to engage in all of these untoward thoughts and behaviors, and the recurring guilt associated with each that he feels (1666/1987, pp. 27 and 64; Cefalu, 2010, p. 117; Ciarrocchi, 1995, p. 36).

That dizzying frequency and the consistency with which such matters arise in *Grace Abounding* constitute ample evidence of the *intrusiveness* of these thoughts. Sometimes Bunyan (e.g., 1666/1987 p. 36) ascribed these temptations and impulses to the influence of Satan, but with all of the moral, religious, and ritual expectations that many religions impose (there is nothing unique about Christianity here), they are fully sufficient on their own without references to demons, to raise innumerable occasions for apprehensions (Abramowitz & Jacoby, 2014, p. 144; Nelson et al., 2006, p. 1072). *Grace Abounding* is crammed with biblical citations, upon which Bunyan continually ruminates, but just as often he reports that these passages have "darted" to mind (1666/1987, p. 53), i.e., they have intruded unbidden. Considered reflectively they may provide assurance, but as unwanted intrusions they, in effect, indict him for some additional way he has fallen short.

Bunyan's memoir also includes multiple instances of one of that pattern's characteristic consequences, viz., his unending need to *seek reassurance* about his salvation (Bunyan, 1666/1987, p. 19). For example, Bunyan states that scriptural affirmations of God's redemption "would make me make a little stop, and, as it were, look over my shoulder behind me, to see if I could discern that the God of grace did follow me with a pardon in his hand, but I could no sooner do that, but all would be clouded and darkened again" (1666/ 1987, 43-44). *Grace Abounding* contains dozens of passages in which Bunyan reports recurrent cycling through moments of religious conviction undone by fears, disquiet, and doubts, only to have some further scripture, experience, reflection, or ritual offer some reassurance. Bunyan remarks that "my peace would be in and out sometimes twenty times a day" (1666/1987, p. 53). Spirituality of this sort is not just exhausting, it is frequently depressing (Flannelly 2017, pp. 245-46).[3]

Most people, who suffer from OCD and who are reflective, eventually come to *recognize* many of the patterns characteristic of this disorder *as patterns*. Bunyan readily perceived his penchant for entertaining the same bothersome thoughts over and over again, his distress both about those thoughts and about having those thoughts, the various measures (seeking reassurance, carrying out rituals) that

---

[3] Bunyan is not unique. Martin Luther describes many of the same symptoms in his autobiographical writings.

he undertook to ameliorate those negative effects, and the failures of those measures to provide any long term relief from that distress. It seems unlikely that Bunyan was unclear about the fact that consciously recognizing these patterns, in and of itself, does not help to eliminate them.

Whether Bunyan or other seminal figures in the history of Protestantism (e.g., Luther) are well-understood as exemplars of scrupulosity as a form of *pathological* religiosity is not an uncontroversial matter. Paul Cefalu cautions against applying contemporary standards anachronistically. He holds that figures from Reformation Protestantism exemplified a "rather common form of excessive . . . *non-pathological,* religiosity," which constitutes a crucial stage in what Cefalu calls "the Protestant order of salvation" (2010, p. 114).

This is born, in no small part, of the especial prominence that the leaders of the Reformation attach to scripture. Luther championed the authority of the Bible over the pronouncements of the church. At various points in the Christian Bible, though, Jesus not only warns against sinful actions; he also warns against sinful *thoughts*, declaring, for example, in *Matthew 5:28* that a male who even looks at a female lustfully has already committed adultery with her "in his heart." He suggests that thoughts about bad actions can be as bad as the bad actions themselves. Thinking about doing something sinful and actually doing it carry comparable moral gravity. This is the moral variant of what is known as "thought-action fusion" (TAF). Roz Shafran and her colleagues (1996, p. 379) define *moral TAF* as "the belief that having an unacceptable thought is the moral equivalent of carrying out the unacceptable or disturbing action." The other variant of TAF is *likelihood TAF*, which is the belief that thinking about some untoward event makes it more likely to occur. With both forms of TAF people's own thoughts drive their sense of causal and moral responsibility.

Cefalu maintains that for these early modern figures this religious obsessiveness fits "into a larger life-narrative, [as] a necessary means to a spiritual end" (Cefalu, 2010, p. 115). Only after experiencing the futility of trying to follow God's commandments in every respect and, thereby, coming to appreciate their inevitable and thorough-going failure to do so do these individuals surrender themselves to salvation by grace alone, through faith alone, in Christ alone, on the basis of scripture alone (e.g., Preus 2016). Cefalu comments that for these Protestants "only an abdication of creaturely willfulness to impel one's salvation can prepare the individual to receive transformative bestowals of divine grace. . . . this . . . stage is, counterintuitively, achievable through the very means of non-pathological obsessive religiosity . . . " (Cefalu, 2010, p. 117).[4] It is only through realizing the ineffectiveness of their scrupulous attempts to follow every commandment, to meet every religious and moral demand, to live a perfect life (e.g., (Bunyan, 1666/1987, p. 24) that they come to "relinquish subjective agency . . . Scrupulosity is the positive condition of its own negation and eventual supercession" (Cefalu, 2010, p. 119). Their scrupulosity creates the opening, via their recognition of the hopelessness of their own efforts, for them to gain salvation by submitting to and receiving the grace of God. On the one hand, Cefalu emphasizes that this non-pathological Protestant order of salvation is the key to their ultimate spiritual success, though he acknowledges, on the other hand, that *nothing follows from that about their liberation from scrupulosity*. That concession is crucial. We will suggest, by contrast, that with regard to scrupulous individuals such as Bunyan (and probably Luther) this is better

---

[4] How relevant such arrangements may be for non-scrupulous Protestants, i.e., the vast majority of Protestants, would seem a different matter.

understood not as non-pathological religiosity, but as what we call the *religious "*domestication" of (pathological) scrupulosity.

Scrupulosity across Religious Cultures

On the assumption that rates of OCD in the sixteenth and seventeenth century German and English populations did not vastly exceed those reported today, Cefalu's claim that the religious obsessiveness characteristic of scrupulosity was a "necessary means to a spiritual end" is hyperbolic. Not even most Protestants, then or now, suffer from scrupulosity. That would imply that alternative routes to that spiritual end were and are available to Protestants.

Behind Cefalu's overstatement, though, is a general point that is worthwhile. Different cultural circumstances may lead to different standards for what counts as pathological religiosity (Fiske & Haslam, 1997). Norms about such matters, just like norms pertaining to religious people hearing voices -- as Luhrmann's (2012) study demonstrates, may vary across cultures. Something like the patterns in the mental lives and conduct of people with OCD that are idiosyncratic and profoundly troubling can prove normative and affirming within accommodating frameworks that religions provide (Dulaney & Fiske 1994, p. 249). Inquirers should be wary of false positives. Routine ritual performance can appear easily enough to an outsider to be scrupulous preoccupation. In short, culture matters.

In the case of early Protestantism, Cefalu proposes that it is the emerging understanding in the Reformation of scripture and of Christian life that makes for religious arrangements that yield patterns associated with OCD. He comments: "What early modern non-pathological obsessiveness shows is that a culture's organizing worldview can create both the conditions under which obsessions and compulsions might emerge, as well as historically particular evaluative criteria that might depart from 21st-century measurements of OCD" (Cefalu, 2010, p. 123).

This pertains directly to the third of Ciarrocchi's (1995, p. 123) criteria of scrupulosity above, i.e., scrupulous obsessions' interference with "normative religious practice." Religious representations and arrangements that result in the widespread cultivation of religious obsessions and compulsions in a population may well shift what counts as normative religious practice and, thus, the norms that delineate what counts as pathological religiosity as well. The sort of cultural domestication of scrupulosity that Cefalu proposes, however, *does not cure it*. His wavering assurance of his salvation notwithstanding, Bunyan remains a captive of his mental disorder. Instead, such domestication enables the scrupulous to proceed less conspicuously and even, perhaps, to go undetected in a larger population of participants whose mental lives and behaviors, as the result of the prevailing religious representations, mimic many of the features of the scrupulous.

We suspect that Cefalu's discussion of the impact of the Protestant order of salvation is only a beginning. In what follows, we will sketch a case for the broader application of Cefalu's speculation about the ability of some religious and cultural arrangements to encourage and, therefore, to regularize religious obsessions and compulsions. The regularization of such thought and conduct, however, does not relieve the distress of the scrupulous.

First, research on *contemporary* Protestantism demonstrates the same patterns. Moral TAF plays a no less salient role in Protestant theology today than it did more than four centuries ago. Comparative research indicates that Protestant participants in the United States, Netherlands, and

Belgium show greater levels of religiosity than participants from other religious groups and that they are far more likely to subscribe to moral TAF (Rassin & Koster 2003; Abramowitz et al., 2004, p. 74). Abramowitz and his colleagues (Abramowitz et al., 2004) provide evidence from a collection of self-report measures that highly religious Protestants not only exhibit a host of obsessional symptoms but experience them with significantly greater severity than do either Protestants of more moderate religiosity or agnostics and atheists. Abramowitz and Jacoby (2014, pp. 141 and 144) also subscribe to the view that with at least some religious systems (including, presumably, numerous contemporary Protestant variants) scrupulosity can arise among those predisposed to OCD as the result of fervent religiosity within the pursuit of conventional religious forms.

Nor among Christians are such religiously abetted obsessions confined to Protestantism. Although his ideological foe, Luther's Catholic contemporary, Ignatius Loyola, also constantly doubted his salvation. Like Luther, for example, he repeatedly confessed the same sinful incidents. Prior to the Reformation early modern Catholicism was already well-acquainted with scrupulosity. In the fifteenth century theologians had invented the notion of an "erroneous conscience" to be applied to scrupulous individuals. That principle held that people manifesting scrupulosity *incorrectly* judged the moral and religious matters that burdened their religious lives, and the Church allowed priests to exempt the scrupulous from "laws and practices required of the non-scrupulous" (Ciarrocchi, 1995, pp. 48-49). Ciarrocchi argues that the development of these special measures furnishes plentiful historical evidence of the long-standing recognition of the troublesomeness of scrupulosity.

Rates of scrupulosity among Muslims may be even higher than those found in Christian groups. Not only does Islam have warnings about sinful thoughts, the most prevalent versions of Islam also generally have more ritual requirements about purity and prayer than do the most prevalent versions of Christianity. In one recent set of studies Muslims in Turkey exhibited higher levels of OCD symptoms than did the researchers' Christian participants in Canada for every domain tested, including moral TAF (Yorulmaz et al., 2009, pp. 403-404). Studies of OCD across cultures also seem to indicate that OCD patients in majority-Muslim countries are more probable than OCD patients in other cultures to report specifically *religious* obsessions (Abramowitz & Jacoby, 2014, p. 142; also see Zohar et al., 2005, pp. 858-59).

Just like the evidence about scrupulosity in the Protestantism of the sixteenth and seventeenth centuries, finally, this is unlikely to turn on anything *unique* about Islam. Abramowitz and Jacoby (2014, p. 144) review how Christianity (both Protestant and Catholic), Islam, Judaism, and Hinduism each offer conspicuous resources for preoccupying the scrupulous.

PART 2: OCD and Cognitive Models Thereof

OCD

Although OCD encompasses a host of different behaviors, thoughts, and feelings, some commonalities are identifiable. People experience persistent, unwanted obsessions that provoke anxiety that they resist by seeking relief through carrying out compulsive behaviors or thoughts (though either obsessions or compulsions can arise independently of the other). The obsessions are intrusive thoughts, images, or impulses that are ego dystonic, i.e., distressing. The compulsions are ritualized

behaviors or thoughts that temporarily relieve such obsession-driven anxieties but that are detrimental in the long-term.

Both the obsessions and the compulsions can take a variety of forms, which, at least collectively, appear to cut across cultures (Rapoport and Fiske 1998, p. 168):

> Obsessive–compulsive disorder symptoms have been classified into a number of common subtypes, including contamination obsessions with cleaning compulsions; accidental harm obsessions with checking compulsions; aggressive, sexual, and religious obsessions associated with compulsions to prevent negative outcomes; symmetry obsessions with ordering and arranging compulsions; and doubting or perfectionism obsessions with counting and repeating compulsions (Huppert et al. 2007, p. 926)

Ciarrocchi holds that the range of possible materials populating those obsessions and compulsions is "infinite" [5] (1995, p. 21; also see Singer 2015, pp. 4-5).

OCD's potential for disruptiveness can be difficult to imagine. David Eilam and his colleagues (2006, p. 469) supply a diary entry of a patient describing how turning on her television involves, *each time*, roughly a half hour of causally unrelated, repetitive, ritualized behaviors that she must go through. Burdened for years, often decades, by unrelenting obsessions and often complicated, time-consuming, and completely irrelevant compulsions that trouble every aspect of their lives can be profoundly depressing. OCD and major depression are comorbid with estimates running as high as two thirds of OCD patients experiencing at least one episode of major depression in their lives (Seligman et al. 2001, p. 207; Ruscio et al. 2010, p. 58). In extreme cases patients have even resorted to suicide.

Earlier editions of DSM classified OCD among anxiety disorders, but DSM-5 (American Psychological Association, 2013) accords OCD its own category. Cognitive models have provided insight about how the contents of various OCD symptoms are linked to a range of psychological findings (Salkovskis 1985; Rachman & Shafran 1998). The problem is not that people with OCD experience unwanted intrusive thoughts. *That* is an ordinary phenomenon -- estimated to arise in ninety percent of the population (Summers & Sinnott-Armstrong 2015, p. 949). These cognitive models propose, instead, that the problems begin when people with OCD incorrectly assess the relative importance of their intrusive thoughts. They assume, first, that the risks to their or others' biological, psychological, or social welfare, to which these troubling thoughts pertain, are sound and, second, that they bear

---

[5] A recent attempt to order this heterogeneous collection of symptoms (Schulze et al. 2018) used exploratory factor analysis and Bayesian structural equation modeling to ascertain underlying factors that inform the range of particular symptoms connected with OCD from one sample of patients, which were cross-validated with a second sample. This analysis arrived at ten first order factors:

Keeping Order	Pure Repetition
Magical Thinking	Mental Urges
Mental Exactness	Sexual Obsessions
Aggressive Impulses	Responsibility
Somatic Obsessions	Cleanliness

which, upon further analysis, reduced to four second order factors: Contamination, Taboo Thoughts, Responsibility, and Incompleteness (where the latter factor includes diverse miscellaneous symptoms).

responsibility personally for any unhappy consequences, for themselves or for others, of failures to mitigate such threats. People with OCD also grievously misjudge the protection from such outcomes furnished by, what are for everyone else, *routine* precautions. This appears to arise from (perhaps in different circumstances) either a failure to recognize the successful completion of the precautionary measure or a failure to remember carrying it out. Perhaps not initially, but eventually, most people with OCD come to understand these patterns,[6] but, by itself, understanding them is not enough to bring about meaningful behavioral change.

Obsessions

Obsessions are not merely exaggerated worries about actual problems the person faces. They are unwanted, intrusive mental events, the experience of which individuals find discomfiting. Resources that have been counted do not require recounting, and more recounting, and more recounting. Thoroughly clean things do not need to be thoroughly cleaned repeatedly. If five cleanings are not enough to address the nagging doubt about cleanliness, why would a sixth or a sixteenth or a sixtieth cleaning suffice? (Wortman 2012, pp. 198-99). Obsessions may not even be about empirically possible risks. One memoir recounts the author becoming obsessed with the possibility that a scenario from a science fiction novel he had read might someday be realizable, its physical implausibility notwithstanding (Wortman 2012, pp. 31-32).

The pitilessness of the anxieties associated with obsessions can, for a time, thoroughly obscure the bearing of reasons on those obsessions' pointlessness (Summers & Sinnott-Armstrong 2015, p. 958). People with OCD often attach unmerited significance to their thoughts, including distressing thoughts that simply pop into mind. When thoughts are informed by good reasons, they *can* be important. The importance in question here, however, arises exclusively from people simply *having* thoughts that they find disturbing or believe violate some norm that they embrace. In OCD nothing more than the fact that such a thought has *occurred* is the ground for its putative importance. People with OCD are not impervious to reasons. Arguably, they *overreact* to what are otherwise reasonable concerns. Because their reactions are so overwhelmingly driven by the mere occurrence of such thoughts, though, the scrupulous basically fail to be reason-responsive (Summers & Sinnott-Armstrong 2015).

For many OCD patients their eventual recognition of the unreasonableness of it all only contributes to their disquiet. Sooner or later, they come to comprehend the senselessness of their fears and the absolute irrelevance from an instrumental standpoint of many of their compulsions (Brakoulias & Starcevic 2010). Success at turning on a television set does not depend in any way upon touching the curtain across the room, moving the lamp three times, and nine hand-washings in the previous thirty minutes (Eilam et al. 2006, p. 469). Recognizing the irrationality of obsessive fears and the futility of compulsive rituals only adds to the sense of helplessness and anxiety that the person feels (Singer 2015, p. 40).

Obsessions are frequently unwanted *thoughts*. OCD exploits the facts that thoughts are cheap and that thoughts are a good deal less controllable than we customarily presume. As one example goes, try not to think of an elephant. At any given moment, *most* people find it challenging to suppress particular thoughts or images on demand (Wegner et al. 1987). They find it especially difficult to subdue

---

[6] Culture can play a role here, though. See, for example, Okasha et al. 1994, pp. 195-96.

unwanted thoughts about perils. Attempting to suppress it seems as likely to endow the thought with greater vitality as it is to squelch it (Ciarrocchi 1995, p. 160).

Compulsions

Obsessions almost always engender compulsions, though perhaps as many as half of OCD patients have at least one compulsion without an associated obsession (Szechtman & Woody 2004, p. 112). Still, careful clinical scrutiny usually uncovers a corresponding obsession (Ruscio et al. 2010, p. 56). People with OCD experience compulsions to act or think in ways that are stereotyped, which they inevitably repeat over and over, in response to some persistently recurring obsession. Repetition is such an obvious feature of OCD that some researchers have simply proposed measuring its severity by how much time the repetitious behaviors consume.

Repetitive behaviors or thoughts are compulsions when they result from an internal impetus to act or think in some way or other in response to an obsession, when they are undertaken in order to reduce the disquiet associated with that obsession or to prevent some worrisome outcome, and when, in less fraught contexts, the agent judges those actions as "excessive, exaggerated, and . . . senseless" (Rachman 2002, p. 627). The six most frequent compulsions are checking, washing, counting, asking or confessing, establishing and preserving symmetry and precision, and hoarding (Polimeni et al. 2005, 659), though hoarding has been classified as an identifiable disorder itself in DSM-5. Compulsive acts constitute personal rituals that are rigid, stereotyped responses to obsessions. Experimental comparisons of OCD patients and controls carrying out various ritualized motor tasks, such as filling a pet's water bowl, indicate just how much time and effort OCD patients devote to *non-functional* actions, relative to controls. Non-functional, ritualized behaviors constituted more than half of OCD patients' motor acts in these tasks (Zor et al. 2009).

Logic is not enough. Usually sooner, but nearly always later, people with OCD come to appreciate how illogical their compulsions are (Feygin et al. 2006, p. 855; Flannelly 2017, p. 97). Often their compulsive rituals have no connection whatsoever with their putative goal (Nielbo & Sørensen 2011, p. 20). Most people with OCD are keenly aware of the uselessness of their behaviors, yet as Ciarrocchi (1995, p. 113) stresses with regard to scrupulosity, attempting to argue people out of their cycles of obsessions and compulsions is almost always fruitless. Their problem is not exclusively intellectual or even cognitive. It also has a significant emotional dimension.

Whether they constitute rationally justifiable measures or not, compulsions are reinforcing, since they (temporarily) relieve the anxiety the obsession provokes. Parents check on sleeping infants to make sure that they are breathing. The act of checking produces the sight of the infant, who is breathing and well. It reassures anxious parents and relieves their distress. That relief, however, is only *temporary* (Seligman et al., p. 212). The relief from the checking is only good so long as the infant is in sight. Returning to other tasks permits the anxiety to recur. That *never* ceases to be true.

But things are even worse; not only does this cycle permit the return of the anxiety, it *encourages* it. That carrying out the compulsive act brings relief in the short term to the anxiety that the obsession occasions vindicates the existence of the anxiety. The relief that the compulsive act produces seduces patients into inferring that the anxiety was warranted and merited the checking. It thereby reinforces the obsession in the longer haul, which prolongs the time for the cement around the obsessive-compulsive cycle to cure and harden. (See Summer & Sinnott-Armstrong 2015, p. 960.)

Theorizing about Underlying Cognitive Mechanisms

The tremendous variability of obsessions and compulsions poses formidable theoretical challenges concerning the mechanisms that figure in OCD. Progress depends on finding stable patterns underlying that diversity. Across cultures six traits, which we have already at least touched upon, appear to inform the innumerable pairs of obsessions and compulsions that OCD patients manifest (Nelson et al. 2006, p. 1073; Fontenelle et al. 2004). They are:

(1) an inflated sense of personal responsibility

(2) attributing undue importance to (the occurrence of) thoughts (and their contents)

(3) excessive concern with controlling thoughts

(4) overestimation of hazards

(5) intolerance of uncertainty

(6) (misplaced) perfectionism

Cognitive models about aspects of OCD, in addition to bridging the phenomenology and neuropsychology of OCD, open a further avenue of inquiry. Since they appeal to the operations of cognitive mechanisms that *all* humans possess, they situate the features of OCD on a continuum with the mental lives and conduct of the general population (Sica et al. 2002, p. 815; Zor et al. 2009, p. 296). The non-clinical population appears to experience uninvited negative thoughts and impulses far more regularly than generally assumed. Periodically experiencing intrusive thoughts about dangers, which people either find only temporarily troublesome or dismiss immediately, probably constitutes an *intermediate* position on this continuum. Remember that ninety percent of human beings report experiencing intrusive thoughts (Feygin et al. 2006, p. 856). In a summary of papers examining hundreds of participants from thirteen different countries, David Clark and Adam Radomsky (2014) note that majorities of respondents in all thirteen disclosed that they spontaneously experienced such unpleasant, unbidden thoughts. Experimentally induced stress on participants, who have not been diagnosed with OCD, increases both the frequency and the troublesomeness of such intrusive thoughts (Seligman et al. 2001, p. 211). Under normal circumstances, though, non-clinical populations face such thoughts much less often than people with OCD. They also experience far less psychological turmoil and find such thoughts easier to reject (Ciarrocchi 1995, p. 25; Feygin et al. 2006, p. 856).

Pierre Liénard and Pascal Boyer emphasize that at particular points in human life-history, experiencing such unwanted thoughts is the *rule* rather than the exception. Most parents-to-be and parents of infants, especially, experience the same kinds of unsolicited, unwelcome thoughts. In their cases, though, these thoughts tend to center overwhelmingly on "unacceptable ideas, thoughts, urges, and images about infants" (Liénard & Boyer 2006, p. 819). This sort of preoccupation with the welfare of offspring is *common* among parents of children at this most vulnerable stage of life.

Security Motivation Systems

OCD is estimated to vex between one and three percent of human beings at some point in their lives (Zor et al. 2009, p. 288). That range seems to hold across cultures (Polimeni et al. 2005, p. 656). That base rate substantially surpasses standard estimates of the mutation rate (Polimeni et al. 2005),

which indicates that this disorder may have connections with adaptive traits that inform human psychology and that have resulted from natural (or, perhaps, cultural) selection. We have just noted one finding that points in that direction. Even for the general population obsessions tend to arise at points in life that are critical to successful reproduction.

Henry Szechtman and Erik Woody (2004, p. 114; Woody & Szechtman 2011) advance a security motivation theory of OCD that pinpoints how the system misfires. They cite various evolved, automatic, domain specific, psychological systems associated with several sources of jeopardy to human survival and reproduction. They describe the operations of these psychological systems as fast and largely isolated informationally, i.e., information in other parts of the cognitive system does not usually affect their operations.

One argument for their evolutionary roots that advocates repeatedly advance (e.g., Boyer 2018) picks up on threats that humans find automatically absorbing. Humans find predators, contaminants, contagious disease, social affronts, and harm to offspring transfixing. By contrast, many far more dangerous modern perils such as cars, cigarettes, air pollution, and electrical hazards often leave people completely unmoved.

These security systems are concerned with *evolutionarily significant* dangers. These security motivation systems should be vigilant, very fast, and not be terribly discriminating. Their operations should not depend upon reflective consultation of memories or inductions from previous encounters with the danger in question. Any errors they make should be false positives (which are *far* less costly than false negatives). These security related systems should be keenly sensitive to what are often oblique and subtle indications of potential peril – a motion of the bushes, an unfamiliar odor, an unexpected sound from behind. Szechtman and Woody comment that these systems should be easily triggered but should deactivate only gradually, possessing an "easy-to-turn-on, hard-to-turnoff quality" (2004, p. 114).

Turning these systems *on* means that organisms are poised *to act in quite specific ways*, depending upon the threat -- whether to surveil the surroundings, or to become inconspicuous, or to flee predators, or to guard resources, or to avoid contaminants, or to evade hazardous organisms. It is the *specificity* not only of those automatic precautionary actions, but of the patterns of learning, the processing principles, and the particular impairments associated with these systems that Boyer and Liénard seize upon as evidence of those systems' relative autonomy and domain specificity (2006, pp. 602-03). Experimental evidence pertaining to precautionary rules reveals that such matters elicit the same remarkably elevated performance with conditional inference that other evolutionarily salient topics do (Fiddick et al. 2000).

None of this is dysfunctional. Attention and rapid response to such dangers, on balance, are good things. They enhance fitness. At least two problems, though, arise with OCD. The first concerns a misappraisal of circumstances. Patients devote a great deal of time, attention, and resources to matters that do not merit such outlays. The second problem is *how to turn these systems off*. Both problems are consistent with OCD patients' sense that things are somehow always wanting and that tasks and arrangements are forever incomplete, provoking compulsions to do more (Zor et al. 2009, pp. 295-96).

A combination of four considerations, according to Szechtman and Woody, are responsible for things constantly feeling amiss. First, OCD patients feel concern because they, like everyone sooner or

later, face circumstances (legitimate dangers or not) that activate their threat-specific psychological systems pertaining to predation, contamination, access to resources, etc. Szechtman and Woody's second factor is grounded on a logical point. Nothing in the external environment can supply air-tight assurances against these potential pitfalls. Because it is logically impossible to definitively establish the absence of dangers on the basis of environmental inputs, *the termination of these systems' processing must be based on something other than environmental stimuli* (Woody & Szechtman 2006, p. 634). With no possible environmental input logically sufficient to justify shutting down the systems' operations (checking the stove does not change the stove), they reason that "goal completion is normally signaled by an endogenously generated terminator (experienced as a feeling of knowing) . . . " that should arise on the basis of carrying out the precautionary behavior (Szechtman & Woody 2004, p. 116). That *internal* device that shuts down these systems' operations is their third factor. Under normal operating procedure, it shuts the system down upon completion of the precautionary behavior (*not* on the basis of any change in the environment). The fourth and pivotal factor is that with OCD patients something about that device is faulty, such that they are unable to obtain closure; they are unable generate, experience or, perhaps, recall that *feeling of knowing* (Szechtman & Woody 2004, p. 113).

Thus on Szechtman and Woody's theory, when, in the presence of *perceived* dangers, evolved security systems alert people with OCD, those people are unable to resolve the attendant anxieties. They cannot relieve the distress about the perceived hazard, because *they do not experience the feeling of knowing* either that adequate precautions are in place, or that such precautions have been taken, or that compelling evidence indicates that the threat is no longer plausible. Ultimately, on Szechtman and Woody's view (2004, p. 123), the problem is about the absence of an emotional signal.

That illustrates these systems' informational encapsulation. Patients with OCD may *consciously understand* that reasonable measures have been taken to nullify a potential threat, but *they do not experience the characteristic feeling of knowing* that should accompany that internal device's termination of operation (Szechtman & Woody 2004, p. 122).

PART 3: Religions Encourage Obsessions and Compulsions

Striking Resemblances

The behavioral and phenomenological profiles associated with OCD include abundant representation of beliefs and practices that mirror many religious beliefs and practices. Correspondingly, features of many religious beliefs and practices coincide with those behavioral and phenomenological profiles of OCD.

Their *behavioral* similarities are sometimes striking. That many religious activities closely resemble OCD patients' compulsive behaviors is uncontroversial. Consider the morning hand-washing ritual of Orthodox Jews:

> . . . in the morning, one should wash their hands in the following manner. Before washing, one should avoid touching their mouth, nose, eyes or ears, and wash the hands as follows (for individuals who are right-handed): (1) Pick up the cup with the right hand and fill it with water. (2) Pass it to the left. (3) Pour water over the right hand and pass the cup to the left. (4) Alternate back and forth to

> wash three times on each hand. (5) The blessing over washing hands is then
> recited and the impure water should be discarded immediately. If the impure
> water is touched, it may require rewashing. (Huppert et al. 2007, p. 930)[7]

This ritual is no less rigid and nearly as repetitive, and many parts of it are just as unnecessary as the OCD patient's ritual for turning on her television.

Decontaminating, cleansing, bathing, and purifying things and people by some means or other are standard fare in the ritual systems of all of the largest religions and of countless smaller religions throughout history. Religious ritual is not the only human activity as remote from rationally guided instrumental action as the compulsions of OCD patients are, but neither games, nor sports, nor the arts turn so unfailingly, as religious rituals do, on engaging the same security motivation systems implicated in OCD.

Religions have so reliably evolved to include rituals,[8] because, by signaling the need to deal with possible dangers, rituals are practices that are capable of *arresting human attention*. Boyer and Liénard (2006, pp. 609-10) describe this as their capacity to achieve "cognitive capture" of humans' security motivation systems. Cultural representations mimic some cue from the collection of stimuli that activate the system. Crucially, these maturationally natural sensitivities and the associated precautionary imperatives and default inferences are *automatic and beyond conscious control* (McCauley 2011). Religious representations' engagement of humans' security motivation systems makes rituals "attention-grabbing, intuitively appropriate, and compelling" (Liénard & Boyer 2006, p. 814; Boyer & Liénard 2006, pp. 611 and 640). These are just the properties that make religious representations cognitively enticing and give them a *transmission advantage* in the *de facto* competition to communicate and spread cultural representations in populations of human minds (Liénard & Boyer 2006, p. 823). The conception of those rituals as appropriate precautionary behaviors and the careful specification of their details endow them with an unavoidable psychological salience and urgency (Boyer & Liénard 2006, p. 609).

Religious rituals that piggyback on the sensitivities of humans' security motivation systems activate the psychological process that Boyer and Liénard call "ritualization." Ritualization results in parsing actions at uncharacteristically low levels, overwhelming working memory, demoting goals, and thoroughly distracting conscious cognition, all of which collectively renders participants thoroughly receptive to religious authorities' accounts of what has transpired (Schjoedt et al. 2013).

The *phenomenological* profiles of OCD and of many aspects of religious life are similar too. One prominent feature is the emphasis that many of the most successful religions place on *explicit* versions of moral TAF. Boyer argues that conceiving of gods as persons is the most salient feature of religions and that humans' cognitive systems for managing in the social world automatically represent "the extent to which other people have strategic information" and what strategic information they have (2001, p.154). Strategic information is any information available to an agent about some situation that

---

[7] See Wortman 2012, pp. 35-36 for an illustration from Catholicism bearing on the same point.
[8] Exceptions are few -- the Society of Friends, i.e., the Quakers, might qualify as a partial exception.

"*activates the mental systems that regulate social interaction,*" such as theory of mind (Boyer 2001, p. 152). What counts as strategic information can change, since whether something qualifies depends upon the social context and its impact on a person's social inference systems. As Boyer (2001, p. 152) observes, "if the literary preferences of your dinner companion have no special effect on the ongoing interaction, then it remains plain information; but it becomes strategic information if it triggers inferences about what to do next." The key point is that an overwhelming majority of the most successful religions have gods who have *full access* to strategic information. These gods not only know what we do, they also know what we think. They know every piece of strategic information there is. Since these gods are also the putative authors of human morality, they are morally interested parties. They know every morally relevant detail about human beings' actions and *about their states of mind* informing those actions. The gods also police them. Human beings are every bit as responsible for their sinful thoughts as for their sinful actions. They deserve divine punishments no less for the former than the latter, and one is no less obvious than the other *to gods who have full access to strategic information*.[9]

Morally interested, thought-monitoring gods set the stage for religiously induced moral TAF, but in the event any ambiguity remains, many religions' explicitly affirm it. The proscription against covetousness, for example, is the prohibition of *a state of mind*.

Can Religion Cause Scrupulosity and Domesticate OCD in the Bargain?

This overlap between features of religions and features of OCD behaviorally and phenomenologically convinces researchers about their connections, but clarifying what those connections might be is complicated. One question is whether religions and religiously inspired moral TAF, in particular, can *cause* scrupulosity, construed as the religious expression of OCD. *That* question, however, is ambiguous. We take up two possible interpretations -- both endorsed by Abramowitz and Jacoby. Both also count as species of what we have referred to as the "domestication" of OCD expressed as scrupulosity.[10]

Can religious arrangements and, in particular, religiously inspired moral TAF . . .

(1) maintain and exacerbate existing scrupulosity?
(2) increase the rate at which OCD is expressed as scrupulosity?

Testimonies by the likes of Bunyan and Luther offer striking evidence for responding affirmatively to interpretation (1) -- making for the first species of domestication. Their cases make sense of asking whether religious representations can incite misinterpretations of wayward intrusive thoughts, thereby maintaining or even exacerbating scrupulosity where it already exists in people with

---

[9] Ara Norenzayan's (2013) Big Gods theory and its intellectual progeny (Norenzayan et al. 2016) touch upon related topics, but that theory's focuses on the gods' monitoring of humans' *behaviors*. We suggest elsewhere (McCauley & Graham 2020) that religiously induced moral TAF and the moral monitoring of *thoughts* can also play a significant role in the persistence of religions.

[10] Such domestication of OCD is to be contrasted with what we call "enlistment" (for which we argue in McCauley & Graham 2020). Enlistment is the thesis that religious arrangements elicit features of scrupulosity directly, though only temporarily, in the *general* population.

OCD. What their works and lives show is that some religious arrangements serve to channel, maintain, and probably exacerbate pre-existing cases of scrupulosity.

Especially when it is explicitly affirmed by the Ruler(s) of universe, religiously inspired moral TAF has at least *two important psychological corollaries* that echo familiar patterns with OCD. When peoples' fates for eternity might turn on the moral and religious statuses of their thoughts, it undoubtedly reinforces any existing convictions and probably instills new-found convictions, first, about those thoughts' significance and, second, about the importance of their control.

Abramowitz and Jacoby (2014) hold that such religiously inspired moral TAF and these corollaries incite misinterpretations of wayward intrusive thoughts that *maintain and probably exacerbate scrupulosity where it already exists*. (Other researchers concur, e.g., Ciarrocchi 1995, pp. 123-24; Steketee et al. 1991, p. 360.) Multiple studies indicate that OCD symptoms are amplified in religiously scrupulous individuals. Compared to other OCD patients, these people manifest less insight about the irrationality of their obsessions and more perceptual distortions and magical ideation, such as likelihood TAF (Abramowitz & Jacoby 2014; Nelson et al. 2006). They also have an elevated sense of the significance of their thoughts, of their need to control their thoughts, and of their personal responsibility. Those effects, in turn, seem to lead to comparatively greater perfectionism in this population as well (Yorulmaz et al. 2009). The evidence, overall, seems in line with Abramowitz and Jacoby's suggestion. It points to aggravated versions of familiar patterns.[11] In such religious contexts the scrupulous might go unnoticed, blending in with mainstream participants (Abramowitz & Jacoby 2014, p. 141). Distinguishing the scrupulous from the religiously dedicated might prove challenging at best, especially in the short-run.

That religious manifestations of OCD will turn on the cultural context and the distinctive contents of the local religion is not too controversial, but interpretation (2) of the causal question considers a stronger version of domestication. It asks whether some religious arrangements and religiously inspired moral TAF, in particular, can increase within a culture the rate of scrupulosity *among people with OCD*. Or, more generally, can some religions increase the rate among those with OCD at which that disorder gets expressed as scrupulosity?

Abramowitz and Jacoby propose that religiously inspired miss-readings of everyday intrusions increase the probabilities that intrusive thoughts "may develop into clinical obsessions" (2014, p. 142). They suggest, in effect, that religiously inspired moral TAF is likely to *increase the rate in a culture at which OCD receives religious expression as scrupulosity*.

Assessing this possibility is abetted by cross-cultural comparisons, since, presumably, some religions may be more likely than others to generate such responses among those with OCD. Although comparisons across cultures suggest that on many fronts -- including everything from the topics of intrusive obsessions, to the major categories of compulsions, to the core traits listed earlier (page 11) -- OCD varies little (Rapoport & Fiske 1998; Fontenelle et al. 2004; Huppert et al. 2007), studies of different cultures and religions suggest that they *do* substantially influence whether OCD symptoms are manifested religiously (Abramowitz et al. 2004, p. 71; Tek & Ulug 2001, p. 106; Steketee et al. 1991, p.

---

[11] Some studies of OCD and religion in some cultures have not yielded evidence associating levels of religiosity and religious obsessions (e.g., Tek & Ulug 2001).

360; Yorulmaz et al. 2009, pp. 401-02; Zohar et al. 2005, pp. 858-59). The rates of scrupulosity among people with OCD vary considerably between religions and between cultures. Nearly a quarter of OCD patients in one large American study showed *some* religious obsessions and nearly six percent of American patients in an even larger study showed religious obsessions *primarily* (Nelson et al. 2006). By contrast, studies in Egypt and Saudi Arabia have found rates of religious scrupulosity, i.e., OCD patients showing religious obsessions primarily, as high as *sixty* percent among their patient populations (Okasha et al. 1994; Abramowitz & Jacoby 2014). The greater prominence of religions endorsing moral TAF in some cultures results in higher rates *of manifestations of OCD as scrupulosity* in those cultures (Greenberg & Shefler 2002; Yorulmaz et al. 2009).

These two forms of domestication, though, fall short of Cefalu's (2010, p. 117) claim for religious arrangements capable of yielding a "non-pathological obsessive religiosity." We have already noted, first, that such arrangements may mainstream scrupulosity, but they do not cure it. Here we briefly scout a second counter-argument. Religions often pose barriers in the treatment of scrupulous patients. The simple availability of clergy or other religious leaders can serve to intensify OCD in religious followers (Abramowitz & Jacoby 2014, p. 146). These people can be sources of reassurance when responding to compulsive consultations. Unbeknownst to sympathetic clergy (initially at least), their reassurances provide the temporary relief that reinforces the scrupulous individual's compulsive consultations. (Both Luther and Loyola would confess the same sinful incidents repeatedly.) Ironically, clergy's misplaced support can constitute a means for "recovery avoidance" in their scrupulous followers (Singer 2015, p. 157). Huppert and his colleagues outline the importance of enlisting the rabbis of scrupulous Orthodox Jews in the administration of their treatment. Getting the rabbis to *refuse* to answer their scrupulous followers' questions is a way to signal to those followers that "they are dealing with OCD and not true religious issues" (Huppert et al. 2007, p. 937).[12]

To adapt a metaphor from Norenzayan (2013), with regard to religiously-induced scrupulosity, their apparent concerns for fighting fires notwithstanding, religions are the arsonists.

References

Abramowitz, J. S., Deacon, B. J., Woods, C. M., and Tolin, D. F. (2004) "Association between Protestant Religiosity and Obsessive–Compulsive Symptoms and Cognitions" *Depression and Anxiety* 20 p. 70-76.

Abramowitz, Jonathan S. and Jacoby, Ryan J. (2014). Scrupulosity: A Cognitive-Behavioral Analysis and Implications for Treatment, *Journal of Obsessive-Compulsive and Related Disorders* 3, 140-149.

---

[12] They report that, frustrated from endless appointments with scrupulous members of their communities, the rabbis usually welcome this approach. (Also see Ciarrocchi 1995, pp. 76-77.)

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

Boyer, Pascal   (2001). *Religion Explained: The Evolutionary Origins of Religious Thought*. New York: Basic Books.

Boyer, P. (2018). *Minds Make Societies: How Cognition Explains the Worlds Humans Create*. New Haven: Yale University Press.

Boyer, Pascal and Liénard, Pierre. (2006). Why ritualized behavior? Precaution Systems and action parsing in developmental, pathological and cultural rituals. *Behavioral and Brain Sciences*, *29*(06), 595-650.

Brakoulias, V. and Starcevic, V. (2010). "The Characterization of Beliefs in Obsessive–Compulsive Disorder" *Psychiatric Quarterly* 82 (2) 151-161.

Bunyan, John. (1666/1987). *Grace Abounding to the Chief of Sinners*. London: Penguin.

Cefalu, Paul. (2010) "The Doubting Disease: Religious Scrupulosity and Obsessive-Compulsive Disorder in Historical Context" *Journal of Medical Humanities* 31 p. 111-125.

Ciarrocchi, J.W. (1995) *The Doubting Disease: Help for Scrupulosity and Religious Compulsions,* Mahwah, New Jersey: Paulist Press.

Clark, D. A., & Radomsky, A. S. (2014). Introduction: A global perspective on unwanted intrusive thoughts. *Journal of Obsessive-Compulsive and Related Disorders, 3*(3), 265-268.

Dulaney, S. and Fiske, A. P. (1994). "Cultural Rituals and Obsessive-Compulsive Disorder: Is There a Common Psychological Mechanism?" *Ethos* 22 (3), 243-283.

Eilam, D., Zor, R., Szechtman, H., and Hermesh, H. (2006). "Rituals, stereotypy and compulsive behavior in animals and humans," *Neuroscience and Behavioral Reviews* 30, 456-471.

Feygin, D.L., Swain, J.E. and Leckman, J.F. (2006). "The normalcy of neurosis: Evolutionary origins of obsessive–compulsive disorder and related behaviors," *Progress in Neuro-Psychopharmacology & Biological Psychiatry* 30, 854-864.

Fiddick, L., Cosmides, L., and Tooby, J. (2000). No interpretation without representation: The role of domain-specific representations and inferences in the Wason selection task. *Cognition* 77(1): 1–79.

Fiske, A. P. and Haslam, N. (1997). "Is Obsessive-Compulsive Disorder a Pathology of the Human Disposition to Perform Socially Meaningful Rituals? Evidence of Similar Content" *The Journal of Nervous and Mental Disease* 185 (4), pp. 211-222.

Flanagan, O. (2000). *Dreaming Souls: Sleep, Dreams, and the Evolution of the Conscious Mind*. Cambridge, MA: The MIT Press

Flannelly, Kevin J. (2017). *Religious Beliefs, Evolutionary Psychiatry, and Mental Health in America: Evolutionary Threat Assessment Systems Theory*. Cham, Switzerland: Springer.

Fontenelle, L. F., Mendlowicz, M. V., Marques, C., and Versiani, M. (2004). Trans-cultural aspects of obsessive–compulsive disorder: a description of a Brazilian sample and a systematic review of international clinical studies. *Journal of Psychiatric Research* 38, 403–11.

Greenberg, D. (1984). Are religious compulsions religious or compulsive? *American Journal of Psychotherapy* 38, 524-532.

Greenberg, D. and Shefler, G. (2002). "Obsessive compulsive disorder in ultra-orthodox Jewish patients: A comparison of religious and non-religious symptoms," *Psychology and Psychotherapy: Theory, Research and Practice* 75, 123-130.

Huppert J.D., Siev, J., and Kushner, E.S. (2007). "When Religion and Obsessive–Compulsive Disorder Collide: Treating Scrupulosity in Ultra-Orthodox Jews" *Journal of Clinical Psychology* 63(10), 925-941.

James. W. (2003). The sentiment of rationality. In: A. Rorty, ed., *The Many Faces of Philosophy: From Plato to Arendt*, pp. 370-373. Oxford: Oxford University Press.

Liénard, P. and Boyer, P. (2006). "Why Collective Rituals? A Cultural Selection Model of Ritualized Behavior," *American Anthropologist* 108(4), 814-828.

Luhrmann, T. (2012). *When God Talks Back: Understanding the American Evangelical Relationship with God.* New York: Alfred E. Knopf.

McCauley, R. N. (2011). *Why Religion Is Natural and Science Is Not.* New York: Oxford University Press.

McCauley, R. N. and Graham, G. (2020). *Hearing Voices and Other Unusual Experiences: What Mental Abnormalities Can Teach Us about Religions.* New York: Oxford University Press.

Nelson, E. A., Abramowitz, J. S., Whiteside, S. P., & Deacon, B. J. (2006). Scrupulosity in patients with obsessive–compulsive disorder: Relationship to clinical and cognitive phenomena. *Journal of Anxiety Disorders, 20*(8), 1071-1086. doi:https://doi.org/10.1016/j.janxdis.2006.02.001

Nielbo, Kristoffer L. and Sørensen, Jesper. (2011). "Spontaneous processing of functional and non-functional action sequences," *Religion, Brain & Behavior* 1 (1): 18-30.

Norenzayan, Ara. (2013). *Big Gods: How Religion Transformed Cooperation and Conflict*. Princeton: Princeton University Press.

Norenzayan, A., Shariff, A. F., Gervais, W. M., Willard, A. K., McNamara, R. A., Slingerland, E., and Henrich, J. (2016). The cultural evolution of prosocial religions. *Behavioral and Brain Sciences* 39: 1-19.

Okasha, A., Saad, A., Khalil, A. H., Seif El Dawla, A. and Yehia, N. (1994). "Phenomenology of obsessive-compulsive disorder: a transcultural study." *Comparative Psychiatry* 35(3): 191-197.

Polimeni J., Reiss J.P. and Sareen J. (2005). "Could obsessive–compulsive disorder have originated as a group-selected adaptive trait in traditional societies?" *Medical Hypotheses* 65, 655-664.

Preus, Stephen. (2016). *Sola Gratia*. https://lutheranreformation.org/theology/sola-gratia/

Rachman, S. (2002). A cognitive theory of compulsive checking. *Behaviour and Research Therapy* 40, 625-639.

Rachman, S., & Shafran, R. (1998). Cognitive behavioural features of obsessive–compulsive disorder. In R. Swinson, M. Antony, S. Rachman, & M. Richter (eds.), *Obsessive–compulsive disorder: theory, research and treatment*. New York: Guilford Publications, pp. 51-78.

Rapoport, J. and Fiske, A. (1998). "The New Biology of Obsessive-Compulsive Disorder: Implications for Evolutionary Psychology" *Perspectives in Biology and Medicine* 41(2), 159-175.

Rassin, E. and Koster, E. (2003). The correlation between thought–action fusion and religiosity in a normal sample. *Behavior Research and Therapy*, 41:361–368.

Ruscio, A. M., Stein, D. J., Chiu, W. T., and Kessler, R. C. (2010). The epidemiology of obsessive-compulsive disorder in the National Comorbidity Survey Replication. *Molecular Psychiatry* 15 (1): 53-63.

Salkovskis, P. M. (1985). Obsessional–compulsive problems: A cognitive-behavioral analysis. *Behaviour Research and Therapy*, *23*, 571–583.

Schjoedt, Uffe, Sorensen, Jesper, Laigaard Nielbo, Kristoffer, Xygalatas, Dimitris, Mitkidis, Panagiotis, Bulbulia, Joseph. (2013). "Cognitive Resource Depletion in Religious Interactions." *Religion, Brain & Behavior* 3(1), 39-55.

Schulze, Daniel, Kathmann, Norbert, and Reuter, Benedikt. (2018). Getting it just right: A reevaluation of OCD symptom dimensions integrating traditional and Bayesian approaches. *Journal of Anxiety Disorders* 56, 63-73.

Seligman M.E.P., Walker E.F., Rosenham D.L. (2001). *Abnormal Psychology*. New York: WW Norton & Company.

Shafran, R., Thordarson, D. S., and Rachman, S. (1996). Thought-action fusion in obsessive compulsive disorder. *Journal of Anxiety Disorders* 10 (5): 379-91.

Sica, C., Navara, C., and Sanavio, E. (2002). Religiousness and obsessive–compulsive cognitions and symptoms in an Italian population. *Behaviour Research and Therapy* 40, 813-823.

Singer, J. (with Gillihan, S.J.). (2015). *Overcoming OCD: A Journey to Recovery*. Lanham, Maryland: Rowman & Littlefield.

Steketee, G., Quay, S., and White, K. (1991). "Religion and Guilt in OCD Patients," *Journal of Anxiety Disorders* 5, 359-367.

Summers, Jesse & Sinnott-Armstrong, Walter (2015) Scrupulous agents, *Philosophical Psychology*, 28:7, 947-966, DOI: 10.1080/09515089.2014.949005

Szechtman H, and Woody E. (2004). "Obsessive–Compulsive Disorder as a Disturbance of Security Motivation," *Psychological Review* 111(1), 111-127.

Tek, C. and Ulug, B. (2001) "Religiosity and religious obsessions in obsessive-compulsive disorder," *Psychiatry Research* 104, 99-108.

Wegner, Daniel M., Schneider, David J., Carter, Samuel R., and White, Teri L. (1987). Paradoxical effects of thought suppression. *Journal of Personality and Social Psychology* 53 (1): 5-13.

Woody, E. Z. and Szechtman, H. (2006) "Uncertainty and rituals" *Behavioral and Brain Sciences* 29(6), 634-635.

Woody, E. Z. and Szechtman, H. (2011). Adaptation to potential threat: The evolution, neurobiology, and psychopathology of the security motivation system. *Neuroscience and Biobehavioral Reviews* 35 (4), 1019-1033.

Wortman, F. (2012) *Triggered: A Memoir of Obsessive-Compulsive Disorder.* New York: St. Martin's Press.

Yorulmaz O., Gencoz T., and Woody S. (2009) "OCD cognitions and symptoms in different religious contexts" *Journal of Anxiety Disorders* 23, 401-406.

Zohar A, Goldman E, Calamary R, & Mashiah M. (2005). "Religiosity and obsessive–compulsive behavior in Israeli Jews," *Behaviour Research and Therapy* 43, pp. 857-868.

Zor, R., Keren, H., Hermesh, H., Szechtman, H., Mort, J., Eilan, D. (2009) "Obsessive–compulsive disorder: a disorder of pessimal (non-functional) motor behavior" *Acta Psychiatrica Scandanavica*, 120 (4), 288-298.