

AJP WEBINAR
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Religiosity, Scrupulosity and Obsessions: Clinical Conundrums in the Treatment of Obsessive-Compulsive Disorder

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PRESENTATION OUTLINE

- OVERVIEW OF OBSESSIVE-COMPULSIVE DISORDER (OCD)
 - SUBTYPES OF THE CONDITION
 - CURRENT STATUS OF THE DIAGNOSIS
 - CURRENT EVIDENCE-BASED PSYCHOSOCIAL TREATMENT
- COMMON COMPLEXITIES IN THE DIAGNOSIS
 - SCRUPULOSITY
 - RELIGIOSITY
 - OVERVALUED IDEATION
- DISTINGUISHING AMONG RELIGIOSITY, SCRUPULOSITY, AND OBSESSIONS IN JEWISH CLIENTS

Lab Students

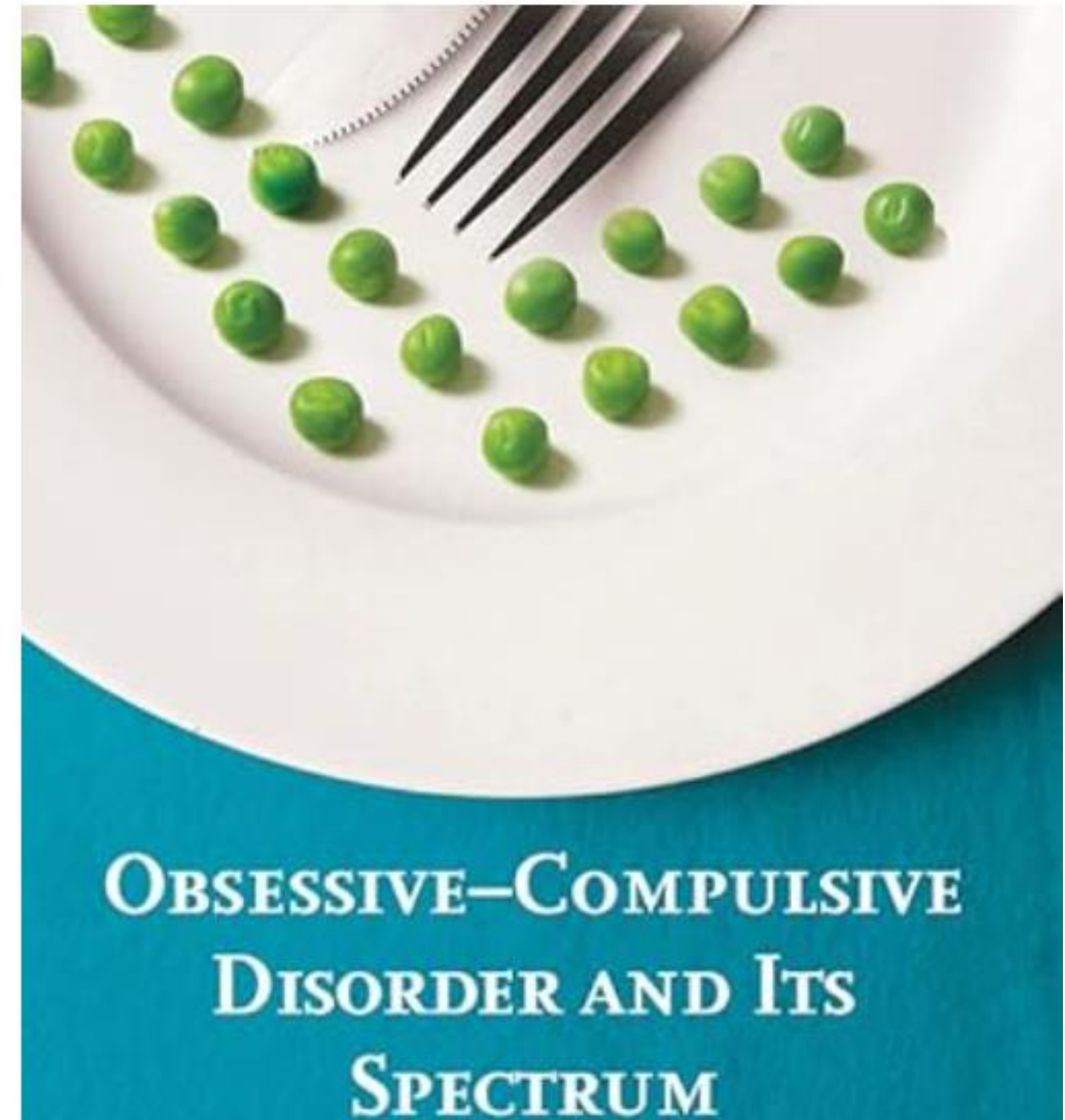
- HALEY WARD, 2ND YEAR DOCTORAL
- NIKKI KAISER, 1ST YEAR DOCTORAL
- NIKOLA RADOSAVLJEVIC, INCOMING DOCTORAL STUDENT
- KATIE MUSCHALIK, 1ST YEAR MA
- ERIN MORAN-MEDER, MA (JUST GRADUATED)
- PORTIA RANDALL, 1ST YEAR MA
- CHRISTIAN SIBEL, UNDERGRADUATE
- ARABELLE ROSSI, UNDERGRADUATE
- JULIA RYBALOV, UNDERGRADUATE
- KATELYNN RUBINO, UNDERGRADUATE

Longtime Collaborators

- JONATHAN ABRAMOWITZ, PHD, UNC-CHAPEL HILL
- AMITAI ABRAMOVITCH, PHD, UNIVERSITY OF TEXAS-AUSTIN

WHAT IS OCD?

- IN THE DSM-5, IT IS THE CENTRAL DIAGNOSIS IN A CLASS CALLED THE OBSESSIVE-COMPULSIVE AND RELATED DISORDERS (OCRD)
- MARKED BY INTRUSIVE AND UNWANTED THOUGHTS (OBSESSIONS) THAT MAY OR MAY NOT BE ACCOMPANIED BY RITUALS (COMPULSIONS) DESIGNED TO STOP THE OBSESSIONS
- EXTREMELY COMPLEX CONDITION WITH A WIDE RANGE OF CLINICAL PRESENTATIONS



SUBTYPES OF OCD

Three Broad Categories

- Contamination Obsessions with Cleaning/Washing Rituals
 - Harm/Blasphemy/Taboo Ideas with Checking Rituals
 - Obsessions with Symmetry and Ordering Rituals
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- Note: Prior subtyping research included hoarding. Hoarding is now a separate diagnosis in DSM-5

Additional Clinical Complexities in OCD:

- Scrupulosity
- Excessive religiosity
- Overvalued Ideas (referred to as 'poor insight' in DSM-5)
- "Not Just Right Experiences" (also known as 'incompleteness' and 'reward insensitivity')



EVIDENCE-BASED TREATMENT FOR OCD

- EXPOSURE WITH RESPONSE PREVENTION
 - MODERN APPROACH EMPHASIZES NEW LEARNING, NOT FEAR EVOCATION
 - EFFICACY WELL ESTABLISHED
- SPECIALIZED COGNITIVE THERAPY
 - BASED ON SEVERAL KEY COGNITIVE DIMENSIONS
 - TARGET THROUGH BEHAVIORAL EXERCISES AND PRACTICE IN CHALLENGING ASSUMPTIONS
 - COGNITIVE DIMENSIONS: INFLATED RESPONSIBILITY, PERFECTIONISM, OVERESTIMATION OF THREAT, INTOLERANCE OF UNCERTAINTY, IMPORTANCE AND CONTROL OVER THOUGHTS

THE CURRENT DSM MODEL PATHOLOGIZES THE IDEA OF OBSESSIONS

CONSIDER THE FOLLOWING BRIEF TRUE STORY:

ANDREW WILES, PROFESSOR OF MATHEMATICS AT PRINCETON AND
OXFORD

WILES SPENT 7 YEARS WORKING TIRELESSLY, AND LARGELY IN SECRET, ON
SOLVING FERMAT'S LAST THEOREM

THE BENEFITS OF SOLVING FERMAT'S LAST THEOREM? USED IN
EVERYDAY CRYPTOGRAPHY, CYBERSECURITY, ADVANCED COMPUTER
CODING, AND OPENED UP AN ENTIRE NEW REALM OF ADVANCED
MATHEMATICS

WHAT WOULD THE DSM DO WITH ANDREW WILES?

ABRAMOVITCH, A., ABRAMOWITZ, J.S., & MCKAY, D. (IN PRESS). OBSESSIVE-COMPULSIVE AND RELATED DISORDERS: A CRITICAL REVIEW OF THE
DIAGNOSTIC CLASS. *CLINICAL PSYCHOLOGY: SCIENCE & PRACTICE*.

BACK TO COMMON COMPLEXITIES IN OCD

- SCRUPULOSITY
- OVERVALUED IDEATION
- RELIGIOSITY
- OF NOTE: RELIGIOUS OBSESSIONS CAN OCCUR IN NON-RELIGIOUS CLIENTS; SCRUPULOSITY CAN BE HIGHLY CIRCUMSCRIBED; AND OVERVALUED IDEATIONS CAN BE UNRELATED TO PRESENTING SYMPTOMS

COMPLEXITIES

CULTURAL KNOWLEDGE TO PREVENT OVER-PATHOLOGIZING

WITHOUT CULTURAL KNOWLEDGE, THESE MEN WOULD BE POTENTIALLY ASSESSED AS:

- RELIGIOUSLY OBSESSED
- EXCESSIVELY SCRUPULOUS
- HIGHLY OBSESSIONAL



AN ILLUSTRATION: THE SAME BEHAVIOR WITH THREE POTENTIAL MEANINGS

- *SAYING THE SH'MA AT BEDTIME*

RELIGIOUS

SCRUPULOUS

OBSESSIONAL



CAN CLINICIANS TELL THE DIFFERENCE?

IT'S RELIGIOUS

SHOULD BE OUR INITIAL ASSUMPTION



IT'S OBSESSIONAL

KNOWLEDGE NECESSARY FOR THE
CLINICIAN
ABOUT TIME TO COMPLETE,
OTHER POTENTIAL DEVIATIONS
FROM 'TYPICAL'



IT'S SCRUPULOSITY

RELIGIOUS DEMANDS BEYOND
CULTURAL STANDARDS

DRAW ON ASSESSMENT TOOLS TO
DETERMINE

RELIGIOUS

O C D

O C D

Assessment - Covering all the bases

- ASSESS OCD SYMPTOMS
 - YALE-BROWN OBSESSIVE-COMPULSIVE SCALE (Y-BOCS)
 - OBSESSIVE-COMPULSIVE INVENTORY-12
 - DIMENSIONAL OBSESSIVE COMPULSIVE SCALE
 - ASSESS SCRUPULOSITY
 - PENN INVENTORY OF SCRUPULOSITY-REVISED (PIOS-R)
 - OVERVALUED IDEAS
 - OVERVALUED IDEAS SCALE
 - BROWN ASSESSMENT OF BELIEFS SCALE
 - ASSESS RELIGIOSITY
-

TREATMENT

- CAN YOU DO EXPOSURE?
- CAN YOU DO COGNITIVE THERAPY?
- WHO CAN YOU CONSULT?



ILLUSTRATIVE CASE EXAMPLE

CLIENT: AVIV

BACKGROUND:

- AGE 18 AT THE TIME OF INITIATING TREATMENT
- FAMILY MODERN ORTHODOX
- BOTH PARENTS HAVE ADVANCED DEGREES
- PRIMARY SYMPTOMS
 - RITUALISTIC PRAYER
 - DEMANDS GREATER RELIGIOUS OBSERVANCE BY THE FAMILY
 - CHECKING RITUALS (I.E., REPEATED TOUCHING OF THE MEZZUZAH)
 - CONTAMINATION FEAR/WASHING RITUALS (MOSTLY) SEPARATE FROM RELIGIOUS BEHAVIORS

• NOTE: NAME, AGE, AND SOME SYMPTOMS HAVE BEEN ALTERED TO PROTECT CLIENT IDENTITY

BEFORE ANY ASSESSMENTS

FUNCTIONAL & VALUE CONSIDERATIONS

RESOLVE THE FOLLOWING KEY ISSUES:

- WHAT ASPECTS OF HIS BEHAVIOR ARE DUE TO THE HIGHER RELIGIOSITY OF HIS FAMILY?
- WHAT ASPECTS OF HIS BEHAVIOR ARE DUE TO SCRUPULOSITY (IN THIS CASE, PRECISION)?
- WHAT ASPECTS OF HIS BEHAVIOR ARE OBSESSIONAL, AS PER THE DSM-5?



ASSESSMENT FINDINGS

- BASELINE Y-BOCS: 25
- OCI-12: 19 (MODERATE SEVERITY¹)
- OVIS: 3.2 (LOW²)
- PIOS-R³:
 - FEAR OF SIN (10 ITEMS): 20 (MAX: 40)
 - FEAR OF G_D (5 ITEMS): 20 (MAX: 20)

¹BASED ON SEVERITY BENCHMARKS IN ABRAMOVITCH, A., ABRAMOWITZ, J., & MCKAY, D. (2021). THE OCI-12: A SYNDROMALLY VALID MODIFICATION OF THE OBSESSIVE-COMPULSIVE INVENTORY-REVISED. *PSYCHIATRY RESEARCH*, 298, 113808.

²NEZIROGLU, F.A., MCKAY, D., STEVENS, K.P., YARYURA-TOBIAS, J.A., & TODARO, J.(1999). THE OVERVALUED IDEAS SCALE: DEVELOPMENT, RELIABILITY, AND VALIDITY.BEHAVIOUR RESEARCH AND THERAPY, 37, 881-902.

³HUPPERT, J. D., & FRADKIN, I. (2016). VALIDATION OF THE PENN INVENTORY OF SCRUPULOSITY (PIOS) IN SCRUPULOUS AND NONSCRUPULOUS PATIENTS: REVISION OF FACTOR STRUCTURE AND PSYCHOMETRICS. *PSYCHOLOGICAL ASSESSMENT*, 28, 639–651.

TREATMENT OF AVIV

EXPOSURE FOR CLEANLINESS:

- PORTION RELATED TO RELIGIOUS CONCERNS (I.E., MORNING HAND WASHING, BEFORE AND AFTER MEALS)
- MIRRORS THE CLEANLINESS STANDARDS OF PARENTS (ACCEPTABLE TO CLIENT)
- PORTION UNRELATED TO RELIGIOUS CONCERNS - GENERAL HYGIENE - WAS MORE CHALLENGING DUE TO CONCERNS OVER PURITY



TREATMENT OF AVIV

CHECKING RITUALS AND DEMANDS ON FAMILY

- *PART 1*: HE HAD RATIONAL RECOGNITION THAT HE COMPLETED A RELIGIOUS RITUAL (I.E., TOUCH MEZZUZAH). REHEARSED STATING THAT HE DID NOT TOUCH IT IMMEDIATELY AFTER DOING SO (SIMILAR FOR OTHER RITUAL ACTS)
- *PART 2*: DEMANDS ON FAMILY - COGNITIVE THERAPY RELATED TO RESPONSIBILITY FOR THE RELIGIOUS OBSERVANCES OF PARENTS AND BROTHER



TREATMENT OF AVIV

RITUALISTIC/PERFECTIONISTIC PRAYER:

- DIRECT CONSULTATION WITH FAMILY RABBI
 - AVIV PARTICIPATED IN THE CONSULTATION (AFTER PROVIDING CONSENT)
 - EXPLAINED THE CONCEPT OF EXPOSURE TO THE RABBI
 - DISCUSSED THE POTENTIAL FOR EXPOSURE RELATED TO PERFECTIONISM IN PRAYER
- CONCLUDED PRAYERS COULD BE DELIBERATELY RECITED INCORRECTLY EXCEPT FOR THE WORD FOR G_D
- AVIV ACCEPTED THE INTERVENTION, REDUCED THE TIME FOR PRAYER TO WHAT IS TYPICAL IN COMMUNITY



END OF TREATMENT (24 SESSIONS)

- Y-BOCS: 9
- OCI-12: 4 (MILD SEVERITY)
- OVIS: 1.1
- PIOS 3:
 - FEAR OF SIN (10 ITEMS): 8 (MAX: 40)
 - FEAR OF G_D (5 ITEMS): 7 (MAX: 20)

- TREATMENT CONCLUDED 5 YEARS AGO; HE MEETS WITH ME PERIODICALLY FOR OTHER GENERAL LIFE ISSUES. HE IS NOW MARRIED AND A RABBI



CONCLUSIONS

- THE DSM MODELS OF OCD PATHOLOGIZE RELIGIOUS AND SCRUPULOSITY CONCERNS
- CAREFUL CULTURAL AND RELIGIOUS ASSESSMENT CAN INFORM AN APPROACH TO TREATMENT PROPERLY AND SENSITIVELY
- AVAILABLE ASSESSMENT TOOLS MAY STILL OVER-PATHOLOGIZE
- CONDUCTING EVIDENCE-BASED TREATMENT, TAILORED TO THE CULTURAL AND RELIGIOUS NEEDS OF THE CLIENT, CAN ADDRESS THE PRESENTING SYMPTOMS
- CONSULTATION WITH MEMBERS (CLERGY, OTHER LEADERS) OF THE COMMUNITY ESSENTIAL FOR PROPER CARE

Thank You

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QUESTIONS?