

The “Gold Standard” of Treatment

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Exposure, Response, and Prevention therapy is considered the “gold standard” of psychological treatment for OCD/scrupulosity. The results of the proper use and application of ERP therapy suggest it is equal to or superior than pharmacotherapy. These significant results encourage educated therapists to use ERP therapy to help a person living with the disorder.

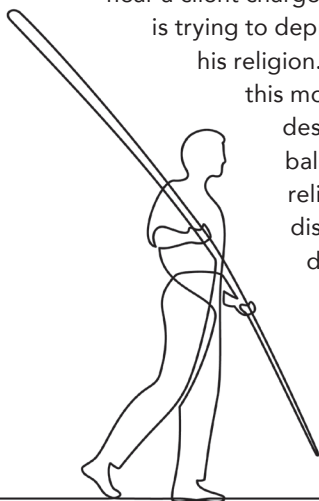
Unfortunately, sometimes the primary experience of this therapy produces pushback from clients. ERP therapy often uses religious imagery or directly confronts out-of-control compulsions, so it is not uncommon to hear a client charge that the therapist is trying to deprive the client of his religion. To the contrary, this mode of therapy is designed to restore a balanced application of religious practices and disciplines. It does not destroy them.

To help the community better understand ERP therapy,

I will attempt to place it into a helpful context. I am particularly concerned with men and women who will not engage in a therapy that will help them because they believe that scrupulosity is their “cross to bear.” It most certainly is not. It is a serious disorder that needs to be managed.

A client may wonder if he or she and the therapist share the same religion. The client wants to know if the therapist fully understands the religion’s doctrines and practices. My response is that scrupulosity is about anxiety, fear, and shame. It uses skewered and misrepresented religious thoughts and images to provoke and maintain anxiety. Rather than be concerned with a therapist’s religious beliefs, I believe it is far more important that the therapist be highly trained and skilled in applying ERP therapy. Well-trained and skilled professionals will recognize there is a significant difference between authentic religious practices and the practice generated by OCD/scrupulosity. Ideally, a spiritual director or a trusted friend might be included in the ERP intervention to comfort and encourage.

ERP therapy requires the therapist to understand well the specific manifestation of scrupulosity that is present. This suggests that time will have been devoted to the process of listening that leads to understanding. The therapist needs to understand precisely how a



person is suffering. This will require significant time building a relationship of trust and vulnerability. In short, ERP therapy must be targeted so it is respectful of and effective in the healing process.

For a therapist to suggest ERP therapy without a full understanding of the specific content and how the scrupulosity is being manifested and experienced would be counterproductive. While insignificant improvement might take place, there is a real chance that the therapy would instead produce the dreaded response, "You are trying to make me lose my religion."

Once a qualified therapist has been chosen, and the necessary time has been devoted to listening and understanding, it is helpful for the person who is suffering to have the therapeutic approach explained in a way that will help calm anxiety and hesitations. If the therapist helps the person who is suffering to understand that Exposure is the process through which you confront the thoughts, images, objects and situations that make you anxious, and the necessary time is spent in sorting through all of the different options, trust will grow and develop. Once the most helpful images, objects, and situations are identified, then the response-prevention process can be explained.

The second element in the application of ERP therapy is response prevention. That element entails learning to resist engaging in compulsive behavior that artificially reduces anxiety. For example, the sufferer slowly appreciates and understands the use and practice of a religious discipline that helps rather than harms. This outcome is measured by identifying the improvements in quality of life and the improvement in co-morbid conditions like depression and anxiety.

Practical applications might include learning to reduce the frequency of confession, eliminating compulsive prayer and replacing it with a practice

that is not motivated by fear but rather by faith, learning to resist the need to constantly seek reassurance, and reducing the avoidance of triggers that induce intrusive thoughts. ERP can help a person eliminate the internal analysis undertaken to determine whether there is sin in any action, thought, or desire. This practice is why scrupulosity is often identified as the "doubting disease."

The few words in this column might help place ERP therapy into a perspective that could lead to more understanding and appreciation of the real value the therapy offers to the person who is suffering with scrupulosity. However, recognizing the value of something does not necessarily lead to its acceptance or use. The decision to engage in ERP is often a very difficult decision for the person who suffers. It is completely understandable. There will be real emotional and psychological pain and struggle in the process of engaging in ERP

therapy. Many people report that it was the most difficult process that they have ever engaged in. On the other hand, those same people freely admit that though it was difficult, it was worth every minute. The relief and the management skills wrought from the application of the ERP process are spiritual gifts of healing that many thought was something they could never experience. It is simply that life-changing.

It should also be noted that ERP therapy must be applied again and again in order to maintain a strong level of confidence and health. OCD is relentless and never gives up. The healthy response, using the lessons learned from your ERP experience and the spiritual lessons and applications you might have learned through spiritual direction, demands a lifelong commitment. Maintenance of the disorder must be practiced or the symptoms will return, often much worse. ✨

***ERP therapy is
designed to restore a
balanced application
of religious practices
and disciplines.***

St. Alphonsus' Scrupulosity

In 1729, Alphonsus Liguori was in the grip of scruples that had begun to manifest themselves before his ordination. In one form or another, they would remain with him until his death. They affected him with varying degrees of intensity. The weather was believed to be responsible for an intensification of his worries during autumn.

His scruples were at their most distressing for about ten years. After that, the therapy of blind obedience to his directors enabled him to come to terms with himself and his doubts. He still struggled with his conscience, but to a large extent his personal sufferings and embarrassment had ended.

Periodic outbreaks of scrupulous anxiety occurred throughout his life, but he coped, with the help of his directors of conscience. The agitation of the months preceding his death was caused more by a medical condition than by scruples.

The classic manifestations of the scrupulous conscience center on one's past sins, even though confessed and absolved; sexual sins, usually of thought; and a morbid fear of committing sin at the moment.

The first indication of scrupulosity is an interminable turning back to past sins, real or imaginary, which no assurance from one's confessor can relieve. Once one anxiety is removed, the tortured mind of the scrupulous person finds some aspect that seems not to have been properly understood or considered.

The description of Alphonsus' scruples and mental anxieties, which he recorded for us in his notebook, reads like a classical clinical case history, illustrating every possible aspect

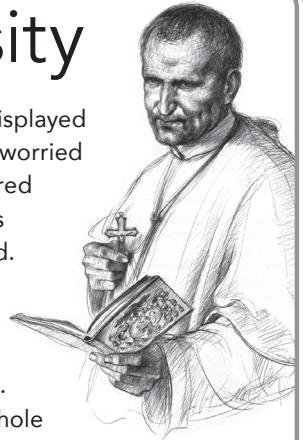
of this condition. He displayed all the symptoms—he worried about the past, he feared committing sin, he was anxious, never satisfied. One doubt would get resolved and another immediately began tormenting him.

Free for a while, the whole cycle began again—doubts, fear of having offended God, the possibility of damnation. Then, once more: consultation, advice, everything clear, peace of conscience restored only momentarily. His directors tried to give him a formula that would cover all eventualities but, of course, in vain. By its very nature, the scrupulous conscience will not be reassured; the advice itself, its meaning and interpretation, becomes a source that drives the anxiety deeper.

His scrupulosity ranged over all aspects of his life, past and present, as well as his ministry. His sensitivity about his own and others' sexuality tormented him. Worries about his university doctorate studies assailed him. So did tax obligations on the family property.

Then, ordination brought a new, extensive field of worries to Alphonsus. ✨

(Continued next month)



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Q. *I frequently make New Year's promises. Even with my best intentions, I often fail to implement them as the year unfolds. Is it necessary for me to confess these promises in confession?*

A. No, it is not necessary to confess such promises. Every person in the world probably makes some kind of promise, to themselves, at the beginning of the new year. Not all such promises are kept. Both the making and the breaking of intentions are normal and common. These are examples of normal human weakness, not sin. We are often unable to implement things in our life that are helpful. Regardless, we get up and try again.



Q. *I care for my aging mother in her home. She has demonstrated dementia and other struggles that often make the caregiving difficult at best. I find myself getting upset and angry. Am I breaking the commandment to "honor your father and mother" when I react this way? I am really confused over this.*

A. You honor your mother by engaging in her constant care. You are showing great love and devotion with a very difficult task. Everything you are feeling is the result of the difficulty of what you have committed to do. Your anger is not a sin. It is a manifestation of God's grace.



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