Lutheran clergy members' responses to scrupulosity: The effects of moral thought–action fusion and liberal vs. conservative denomination

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A B S T R A C T

Obsessive–compulsive disorder with primary religious themes, also known as scrupulosity, is an understudied problem that poses unique clinical challenges owing to the potential conflicts between the requirements of exposure and response prevention and adherence to religious law. Although previous discussions have highlighted the potential role of clergy members in the maintenance and treatment of this problem, empirical research has not examined religious authorities' attitudes and behaviors toward scrupulous parishioners. The present study investigated moral thought–action fusion, view of God, and responses to a hypothetical parishioner with scrupulosity among 70 clergy members affiliated with liberal or conservative denominations of the Lutheran church. Pastors affiliated with the more conservative denomination evidenced higher moral thought–action fusion, belief in a micro-managing God, and responses to a scrupulous parishioner that risk reinforcing compulsive rituals and the fear of sin (e.g., admonitions of God's expectations for purity in thought and deed, advising regular confession of sinful thoughts). Moral thought–action fusion fully mediated denominational differences in potentially problematic responses to a scrupulous parishioner. Implications for collaborative efforts between mental health professionals and clergy members to improve the prevention and management of scrupulosity are discussed.

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1. Introduction

Obsessive–compulsive disorder (OCD) is an anxiety disorder involving recurrent and anxiety-provoking intrusive thoughts, impulses, or images (obsessions) and repetitive behaviors or mental acts performed to reduce obsessional distress (compulsions; American Psychiatric Association, 2000). Research has identified OCD as a symptomatically heterogeneous disorder with a variety of central domains, including contamination, responsibility for causing harm, order and symmetry, hoarding, and unacceptable thoughts (Abramowitz, Taylor, & McKay, 2009). A relatively under-researched manifestation of OCD is a primary focus on religious themes, also known as scrupulosity. This form of OCD is characterized by persistent anxiety related to sin, blasphemy, and punishment from God, along with compulsions involving excessive engagement in religious atonement rituals (Abramowitz, Huppert, Cohen, Tolin, & Cahill, 2002). Between 5.0% and 33.0% of individuals with OCD report obsessions with religious themes (Miller & Hedges, 2008), and approximately 6% experience religious obsessions as their primary OCD-related concern (Foa & Kozak, 1995).

Scrupulosity is characterized by the tendency to "judge personal behavior as immoral that one's faith community would see as blameless" (Ciarrocchi, 1995, p. 5). Individuals with scrupulosity experience pathological uncertainty regarding whether trivial actions or fleeting, unintentional blasphemous thoughts are sinful and risk God's condemnation (Nelson, Abramowitz, Whiteside, & Deacon, 2006). The belief that thoughts are the moral equivalent to actions, known as moral thought–action fusion (Shafran, Thoradson, & Rachman, 1996), likely prompts scrupulous individuals to be exquisitely sensitive to unacceptable religious thoughts. The view of God as punishing and deeply concerned with the righteousness of all individuals' thoughts and actions may lead scrupulous individuals to engage in excessive moral rumination or restitution-seeking, often acting out religious rituals such as prayer and confession at a level far beyond that observed in individuals without excessive religious concerns (Miller & Hedges, 2008). Because these rituals are negatively reinforced by the reduction in distress they produce, they may become habitual strategies for coping with the fear of sin. Excessive engagement in religious compulsions may promote hypervigilance to potentially unacceptable thoughts and actions, thereby providing a continual reminder of one's moral failings (Deacon & Nelson, 2008). Habitually responding to perceived moral transgressions with religious rituals may also prevent scrupulous individuals from learning to tolerate the uncertainty associated with not knowing whether particular thoughts or actions are sinful and risk God's disapproval, as well as becoming more accepting of the minor imperfections in thought and deed that characterize human existence.

Scrupulosity appears most prevalent among individuals who belong to religious denominations whose doctrine emphasizes the moral equivalence of thoughts and actions (Abramowitz, Deacon, Woods, & Tolin, 2004) and the view of God as harsh or exacting (Siev, Baer, & Minichiello, 2011). To illustrate, scrupulous symptoms are more frequent among Protestants and Catholics than Jews (Abramowitz et al., 2002) and are positively associated with higher religiosity among Protestants (Abramowitz et al., 2004) and Catholics (Sica, Novara, & Sanavio, 2002). Similarly, moral thought–action fusion appears higher among Christians than Jews (Siev & Cohen, 2007) and is positively correlated with religiosity among Christians (Rassin & Koster, 2003; Siev, Chambless, & Huppert, 2010; Siev & Cohen, 2007; Yorulmaz, Gencoz, & Woody, 2009). The specific association between scrupulosity and devout Christianity is consistent with Christian doctrine that explicitly equates sinful thoughts and actions. For example, in the Sermon on the Mount, the Bible quotes Jesus as stating, "You have heard that it was said 'you shall not commit adultery'; but I say to you, that everyone who looks on a woman to lust for her has committed adultery with her already in his heart" (Matthew 5: 27–28; New American Standard Version).

Individuals with scrupulosity often seek the assistance of religious authorities who in turn may play an important role in the maintenance of the disorder. Well-meaning clergy members can provide advice that inadvertently maintains or exacerbates scrupulous symptoms (Huppert & Siev, 2010). Recommendations to engage in more intensive prayer, confession, or study of religious canon might strengthen compulsive rituals. Similarly, admonitions of God's wrath and expectations for purity in word and deed might reinforce the fear of sin and moral thought–action fusion. Some clergy members may discourage help-seeking from a therapist based on the belief that scrupulosity is a spiritual issue outside the purview of mental health professionals. Although empirical research has not yet examined the attitudes and behaviors of clergy members toward scrupulosity, it is possible that the same characteristics associated with scrupulous concerns among religious individuals are associated with negative clergy responses to scrupulous parishioners. Specifically, clergy members from more conservative Christian denominations with higher moral thought–action fusion and belief in a harsh, punishing God might be more likely to respond to individuals with scrupulosity in ways that maintain or exacerbate the disorder.

Exposure and response prevention (ERP) is a form of cognitive-behavioral therapy characterized by repeated and prolonged exposure to feared stimuli in the absence of avoidance, compulsions, and other strategies for reducing anxiety and neutralizing perceived threat (Kozak & Foa, 1997). The application of ERP to scrupulosity typically involves exposure to potentially blasphemous or sinful thoughts and actions accompanied by the reduction or prohibition of compulsions such as ritualistic prayer, confession, and reassurance seeking. Although ERP is the most empirically supported psychological treatment for OCD (Abramowitz et al., 2009), this approach may be less effective in the context of scrupulosity (Alonso et al., 2001; Ferrão et al., 2006). To illustrate, Mataix-Cols et al. (2002) found that individuals with religious and sexual obsessions had the lowest response rate to ERP of any symptom-specific OCD group, with only 21% of patients showing a 40% or greater decrease in symptoms measured by the Yale–Brown Obsessive–Compulsive Scale (Goodman et al., 1989).

Scrupulosity poses a number of unique challenges to the successful implementation of ERP. Due to the abstract and inanimate nature of religious concerns, exposure which reproduces the distressing situation and disconfirms the feared outcome may be impossible to sufficiently enact (Miller & Hedges, 2008). Rituals associated with scrupulosity such as prayer and confession may be culturally reinforced, leading individuals to question the pathological nature of their symptoms and the wisdom of decreasing their frequency during response prevention. Additionally, clinicians may have difficulty implementing ERP in a manner that is sufficiently respectful of the religious values of scrupulous patients. The successful delivery of this treatment requires the therapist to understand and respect the nature and scope of religious law to which the sufferer adheres. Although an ultimate goal of ERP is to empower patients to practice their religion in a healthy and fulfilling manner, clinicians who fail to provide a culturally-sensitive treatment rationale or push the boundaries of perceived sinful acts during exposure tasks may be considered by their patients to be assaulting religion (Abramowitz, 2001).

ERP for scrupulosity may be facilitated by the involvement of a religious authority capable of deeming the treatment acceptable (Elliott & Radomsky, 2008; Greenberg & Shefler, 2008; Miller & Hedges, 2008). Huppert and Siev (2010) recommend including the patient's personal religious authority in discussions of the rationale for ERP and the range of proposed exposure tasks. Clergy members may encourage ambivalent patients to engage in the treatment and provide temporary leniency in religious law for its successful delivery. Involving clergy members allows the patient and therapist to determine the limits of acceptable spiritual risk for planning exposure tasks. In addition, clergy members may facilitate response prevention by setting limits on their provision of reassurance to the patient and by discouraging excessive engagement in culturally sanctioned religious rituals. Although enlisting the assistance of personal religious authorities may improve outcomes in ERP, this strategy requires that clergy understand and endorse the ERP approach to scrupulosity. Unfortunately, empirical research has not examined clergy attitudes toward scrupulosity, and the degree of compatibility between the ERP approach and the manner in which clergy members understand and respond to scrupulous parishioners is largely unknown. As a result, little scientific evidence exists to inform efforts to improve the effectiveness of ERP by increasing its religious sensitivity and by highlighting clergy-level ideological barriers that might be addressed with psychoeducation and improved dialog and collaboration between therapists and religious authorities.

The present study was conducted to empirically examine clergy members' scrupulosity-related beliefs (e.g., moral thought–action fusion, view of God), responses toward a hypothetical parishioner with scrupulosity, and familiarity with ERP. Clergy members from two denominations of the Lutheran Church participated in a web-based survey. Participants included clergy from the Evangelical Lutheran Church of America (ELCA), and the Lutheran Church—Missouri Synod (LCMS); the LCMS is considered conservative whereas the ELCA is liberal in comparison (Iannaccone, 1994). The present study tested the following hypotheses, derived from previous research examining features associated with scrupulosity among religious individuals: (a) compared to ELCA clergy, LCMS clergy would report higher moral thought–action fusion and a more negative (harsh, punishing, micromanaging) view of God, (b) LCMS clergy would be more likely to respond to a hypothetical parishioner with scrupulosity in a manner inconsistent with the ERP approach, (c) moral thought–action fusion and negative view of God would be positively associated with ERP-inconsistent responses to a scrupulous parishioner, (d) moral thought–action fusion and negative view of God would mediate the difference between LCMS and ELCA clergy in ERP-inconsistent responses to a scrupulous parishioner. Clergy members' familiarity and experience with scrupulosity and ERP were also explored.

2. Method

3.1. Participants

Study participants were clergy members from two denominations of the Lutheran Church. Participants were recruited from online directories of the Lutheran Church—Missouri Synod (LCMS; ⟨www.lcms.org⟩) and the Evangelical

Lutheran Church in America (ELCA; ⟨www.elca.org⟩). A total of 1751 emails were sent to clergy members, including 876 LCMS pastors and 875 ELCA pastors. Of these, 88 were returned due to delivery failure. 78 participants initiated the survey, and the 70 clergy members who completed all survey items constituted the final sample. The sample included 38 LCMS pastors and 32 ELCA pastors and comprised 4.2% of all valid email contacts.

Participants ranged in age from 29 to 84 (M=35.76, SD=11.71) and the sample was 91.4% male (n=64). 67 participants (95.7%) described themselves as Caucasian. A terminal master's degree was earned by 59 (84.3%) participants; the remainder earned a doctoral degree (15.7%; n=11). Clergy members reported an average number of 130.16 attendees (SD=122.71) at weekly worship services. The LCMS and ELCA samples did not differ significantly with respect to age, t (68)=1.55, p=.13, education, X^2 (1)=.41, p=.38, or average attendance at weekly worship services, t (68)=.80, p=.43. Given that the LCMS ordains male ministers only, all women in the sample were ELCA clergy. Accordingly, significantly more LCMS clergy were men (100%) than ELCA clergy (81.3%; n=26).

3.1. Measures

2..1. Thought-action fusion scale (TAFS; Shafran et al., 1996)

The TAFS is a 19-item measure of the tendency to believe that thoughts are equivalent to actions. Twelve items assess the belief that thoughts are the moral equivalent of actions ("moral thought–action fusion"), and seven assess the belief that thinking about harm occurring to oneself or others increases the likelihood of harm ("likelihood thought–action fusion"). Respondents rate agreement with each item on a likert-type scale from 0 ("disagree strongly") to 4 ("agree strongly").The TAFS has been validated in clinical and student samples and has good psychometric properties (e.g., Rassin, Merckelbach, Muris, & Schmidt, 2001; Shafran et al., 1996). The TAF Total scale (α=.93), TAF Moral subscale (α=.97), and TAF Likelihood subscale (α=.83) demonstrated adequate internal consistency in the present study.

The TAFS includes two items with religious themes: (a) "Having obscene thoughts in a place of worship is unacceptable to me" (item 16), and (b) "Having a blasphemous thought is almost as sinful to me as a blasphemous action" (item 18). Five additional items with religious themes were added to the TAFS in order to assess scrupulosity-specific thought–action fusion in greater depth. These additional items included: (a) "If I have a blasphemous thought, God will punish me as severely as if I had done a blasphemous action," (b) "Having obscene sexual thoughts is as unacceptable to God as engaging in obscene sexual activity," (c) "If I have sinful thoughts in a place of worship, God will view me as harshly as if I had engaged in sinful behaviors," (d) "When I think about violent action, God will view me as harshly as if I had committed a violent action," and (e) "In God's eyes, wishing harm on someone is almost as bad as doing harm." The seven items assessing scrupulosity-related moral thought–action fusion were summed to form the "TAF Religion" scale. The TAF Religion scale had excellent internal consistency (α=.93).

2.2.2. View of God inventory (VGI; Ironson et al., 2011)

The VGI consists of 12 items assessing respondents' perceptions of God as positive (e.g., benevolent, forgiving) and negative (e.g., harsh, judgmental, punishing). The measure has two 6-item subscales, including the Positive View of God scale (sample item: "I see God as merciful") and the Negative View of God Scale (sample item: "I see God as a harsh judge"). Respondents indicate their degree of agreement with each item on a scale from 0 ("strongly disagree") to 4 ("strongly agree"). Ironson et al. (2011) found that the VGI had adequate internal consistency and convergent validity with other measures of religiosity. Internal consistency in the present study was adequate for the Positive View of God scale (α=.73). However, the Negative View of God Scale demonstrated poor internal consistency (α=.41). Accordingly, this scale was not used in subsequent analyses.

The belief that God closely monitors individuals' thoughts and actions and is quick to attribute sin to minor failures has been implicated as a cognitive bias associated with scrupulosity (Abramowitz, 2008). Accordingly, four additional items were constructed for the present study to assess belief in a micromanaging God deeply concerned with individuals' thoughts and actions. These items included: (a) "I believe that every action I take has significance in God's eyes," (b) "Even brief, minor sins will be taken seriously by God," (c) "I believe that God is aware of every action that I take," and (d) "I believe that God is deeply concerned with even my small actions." These items were summed to form the micromanaging view of God scale. This scale had adequate internal consistency (α=.80) and was used to test the hypothesis that compared to ELCA clergy, LCMS clergy members would evidence a more negative view of God.

2.2.3. Case vignette

Participants were presented with the following vignette depicting a help-seeking parishioner with scrupulosity:

A devout attendee at your place of worship comes to you for help, fearing that she may be going crazy. She states that during the worship service, she can't get unwanted thoughts of cursing God out of her mind. These thoughts cause a great deal of anxiety. Although she used to read scriptures three times daily, she has since stopped because she gets unwanted thoughts of desecrating the pages. The majority of her free time used to be spent on religious activities; however she cannot do them now without having unwanted blasphemous phrases such as "the devil will defeat God" enter her mind. She feels guilty about her decreasing religious involvement and worries that God is angry with her. She spends between 6 and 8 h a day engaged in ritualistic prayers during which she asks God to forgive her and not to punish her harshly. More and more of her time has been consumed with analyzing the content and sinfulness of her thoughts, such that she now has difficulty concentrating on her job or any other tasks.

Clergy members subsequently rated their likelihood of engaging in 16 different actions to assist the individual described in the vignette (see Table 3). The items were presented in randomized order and were answered on a 5-point likert-type scale ranging from 0 ("strongly disagree") to 4 ("strongly agree"). Four items assessed the likelihood of referring the parishioner to various mental health professionals (e.g., "I would recommend that she visit a mental health professional affiliated with our religious denomination"). An additional four items assessed responses that were deemed, on an a priori basis, to be consistent with an ERP approach to scrupulosity (e.g., "I would reassure her that God understands the difference between unwanted sinful thoughts and deliberate sinful thoughts"). Lastly, eight items consisted of actions that were considered, on an a priori basis, to be inconsistent with the ERP approach, such as warning the parishioner that God expects purity in thought and deed, warning that sinful thoughts risk God's punishment, and encouraging more intensive prayer and deeper study of religious canon.

The four items deemed consistent with the ERP approach to scrupulosity failed to form an adequately reliable subscale (α=.24) and, together with the four treatment referral items, were analyzed individually. The eight items considered inconsistent with the ERP approach to scrupulosity were summed to form the ERP-Inconsistent Responses scale. This scale demonstrated adequate internal consistency (α=.73).

2.2.4. Experience with scrupulosity

Participants were asked six questions about their experience with scrupulosity and ERP. Three yes/no questions assessed familiarity with scrupulosity as a mental health problem, familiarity with ERP, and history of being approached for help by a parishioner with scrupulosity. Clergy who had been approached by at least one parishioner seeking help for scrupulosity were asked three follow-up questions: (a) "Approximately how many parishioners have approached you for help with scrupulosity," (b) "What percentage of parishioners who approached you for help with scrupulosity did you refer to a mental health professional," and (c) "Considering ONLY those parishioners whom you referred to a mental health professional, in what percentage of cases did you intentionally refer the parishioner to a mental health professional who provided Exposure and Response Prevention (also known as Exposure Therapy)?"

1.2. Procedure

Potential participants received an email invitation to an online research survey about scrupulosity. Individuals were informed, "the goal of the study is to improve communication between clergy members and treatment providers in order to make effective help more available to individuals who suffer from scrupulosity." The link to the survey, hosted by Survey Monkey ⟨www.surveymonkey.com⟩, was included in the invitation. Following informed consent, clergy members who initiated the survey completed a demographics form and all measures in the order presented above, and were debriefed. Individuals were not compensated for their participation. This study was approved by the University of Wyoming institutional review board.

3. Results

3.1. Descriptive statistics

Means and standard deviations for belief measures, and zero-order correlations between them, are presented in Table 1. Mean TAF Moral subscale scores approximated those obtained in samples of OCD patients (McLean et al., 2001; Rassin et al., 2001; Storch, Abramowitz, & Keeley, 2009), whereas TAF Likelihood subscale scores were below the mean for normal controls found in previous research (Rassin et al., 2001). Mean scores on the Positive View of God scale were similar to those obtained by Ironson et al. (2011); M=25.15, SD=4.92 in a sample of 101 HIV positive patients. TAF Religion and TAF Moral subscales were strongly correlated with each other. The TAF Moral and TAF Religion scales evidenced significant, moderate correlations with

the Micromanaging View of God scale. TAF Likelihood subscale scores were not significantly correlated with either view of God scale. Positive View of God scale scores were not significantly correlated with any other belief measure. Age was not significantly correlated with any of the TAF or VGI scales (all $ps > .30$).

3.5. Differences between ELCA and LCMS clergy

Independent samples t-tests were conducted to test the hypothesis that conservative (LCMS) clergy members would obtain higher scores than liberal (ELCA) clergy members on indices of moral thought–action fusion and a micromanaging view of God. Results from these analyses appear in Table 2. Non-significant between-group differences were evident on the TAF Likelihood and Positive View of God scales. As hypothesized, LCMS clergy members evidenced significantly higher scores than ELCA clergy members on the TAF Moral and TAF Religion scales, as well as the Micromanaging View of God scale (all p's < .001). Effect sizes (d) were calculated as the difference between group means divided by the pooled standard deviation. Based on Cohen's (1988) conventions (small=.2, medium=.5, large=.8), each hypothesized between-group difference demonstrated a large effect size. The largest effect size ($d=1.11$) was obtained on the Micromanaging View of God scale. Descriptive statistics reported in Table 2 indicate a small degree of variance surrounding group means on this measure. These findings suggest that despite the relatively small mean difference between LCMS and ELCA clergy members on the Micromanaging View of God scale, there was a high degree of consistency within each clergy group on this measure.

Table 1
Means, Standard Deviations, and Zero-order Correlations between Belief Measures.

Measure	M (SD)	1	2	3	4	5	6
1. TAF total	26.21 (13.70)	–					
2. TAF moral	23.57 (13.07)	.97**	–				
3. TAF likelihood	2.64 (3.40)	.31*	.06	–			
4. TAF religion	14.44 (7.84)	.72**	.79**	−.12	–		
5. Positive god	28.77 (2.09)	−.01	−.01	.02	−.12	–	
6. Micromanaging god	17.22 (2.68)	.48**	.51**	.00	.57**	.20	–

TAF=thought–action fusion; Positive God=Positive view of God scale; Micromanaging God=Micromanaging view of God scale.

* $p < .01$.
** $p < .001$.

Table 2
Means, standard deviations, t-tests, and effect sizes (d) for differences between ELCA and LCMS clergy members on study measures.

Measure	ELCA clergy (n=32)		LCMS clergy (n=38)		t (68)	p	d
	M	SD	M	SD			
TAF total	20.53	11.79	31.00	13.50	3.42	< .001	.82
TAF moral	17.31	10.83	28.84	12.57	4.07	< .001	.98
TAF likelihood	3.22	3.76	2.16	3.03	−1.31	.20	.31
TAF religion	10.56	7.16	17.71	6.90	4.25	< .001	1.02
Positive view of God	28.91	1.67	28.66	2.40	.49	.62	.12
Micromanaging view of God	15.81	2.98	18.42	1.67	4.61	< .001	1.11

Note. ELCA=Evangelical Lutheran Church in America; LCMS=Lutheran Church—Missouri Synod; TAF=thought–action fusion.

Table 3
Means, standard deviations, t-tests, and effect sizes (d) for differences between ELCA and LCMS clergy members on responses to the case vignette.

Item	ELCA clergy (n=32)		LCMS clergy (n=38)		t (68)	p	d
	M	SD	M	SD			
Referral to mental health professional							
I would recommend that she visit a mental health professional affiliated with our religious denomination.	2.88	.66	3.03	.88	.80	.43	.19
I would recommend that she visit a secular mental health professional.	2.97	.97	2.13	1.14	3.27	.002	.79
I would recommend that she visit a mental health professional with expertise in dealing with this issue, regardless of that professional's religious affiliation.	3.41	.71	2.44	.98	4.61	< .001	1.12
I would recommend that she not involve a mental health professional in her spiritual issues.	.53	.95	.82	1.03	−1.18	.24	.29
Responses consistent with ERP approach							
I would reassure her of the forgiving, merciful nature of God.	3.91	.30	3.87	.34	.49	.63	.12
I would reassure her that God understands the difference between unwanted sinful thoughts and deliberate sinful thoughts.	3.19	.86	3.21	1.07	−.10	.92	.02
I would reassure her that God will not punish her for unwanted sinful thoughts over which she has little control.	3.22	.97	2.95	1.18	1.03	.31	.25
I would recommend that she stop praying for forgiveness for these sinful thoughts.	1.35	.90	.55	.69	4.17	< .001	1.01
Responses inconsistent with ERP approach							
I would recommend that she engage in more intensive prayer.	.91	.82	1.05	.93	.69	.49	.16
I would recommend that she engage in deeper study of religious canon.	1.06	.76	1.24	1.15	.73	.47	.18
I would warn her that God expects purity in both thought and deed.	.56	.62	1.10	1.18	−2.34	.02	.56
I would warn her that sinful thoughts risk God's punishment.	.38	.49	.74	1.06	−1.78	.08	.42
I would recommend that she pray to God for forgiveness of her sinful thoughts.	2.22	.97	2.58	1.29	−1.30	.20	.31
I would recommend that she stop attending worship services until the problem goes away.	.50	.67	.32	.77	1.05	.30	.25
I would recommend that she attempt to replace her sinful thoughts with pious thoughts.	1.59	.98	1.97	1.35	−1.38	.19	.32
I would recommend that she regularly confess her sinful thoughts to me.	1.47	.98	2.50	1.06	−4.19	< .001	.99

Note. ELCA=Evangelical Lutheran Church in America; LCMS=Lutheran Church—Missouri Synod; ERP=exposure and response prevention.

3.5. Responses to the case vignette

Table 3 presents descriptive statistics, as well as test statistics for between-group comparisons, on the 16 items assessing responses to the scrupulosity case vignette. Although endorsement of items recommending referral to a mental health professional was generally high, LCMS clergy members were significantly less likely than ELCA clergy to recommend referral to a secular mental health professional ($d=.79$) or referral to an expert mental health professional regardless of that professional's religious affiliation ($d=1.12$). Lutheran clergy groups did not differ significantly regarding recommendations for referral to a mental health professional affiliated with their own religious denomination. Among the four items assessing responses consistent with the ERP approach to scrupulosity, significant between-group differences were only evident on one item: LCMS clergy members were significantly less likely than ELCA clergy members to recommend that the parishioner stop praying for forgiveness for her sinful thoughts ($d=1.01$). A significant between-group difference was evident on the ERP-Inconsistent Responses scale, t (68)$=2.59$, $p=.01$, $d=.62$. As hypothesized, LCMS clergy members ($M=19.50$, $SD=5.08$) were more likely to recommend actions inconsistent with the ERP approach to scrupulosity than ELCA clergy ($M=16.69$, $SD=3.76$).

3.5. Association between belief measures and responses to the case vignette

Zero-order correlations were computed between belief measures and scores on the ERP-Inconsistent Responses scale. Significant correlations with the ERP-Inconsistent Responses scale were obtained for the TAF Moral scale ($r=.50$, $p < .001$) and TAF Religion scale ($r=.50$, $p < .001$). ERP-Inconsistent Responses were not significantly correlated with the TAF Likelihood scale ($r=.10$, $p=.40$), Positive View of God scale ($r=.18$, $p=.15$), or the Micromanaging View of God scale ($r=.22$, $p=.07$).

A hierarchical multiple regression analysis was conducted to examine the relative contributions of Lutheran denomination and moral thought–action fusion to ERP-Inconsistent responses to the case vignette. Predictor variables were entered in two blocks. In the first block, denomination (represented by a dummy code in which 1=ELCA and 2=LCMS) was entered as a predictor. In the second block, the TAF Moral and TAF Religious scales were simultaneously entered as predictors. Table 4 presents the results of this analysis. In the first step, denomination explained a significant portion of the variance ($R^2=.09$) in ERP-Inconsistent Actions scale scores, F (1, 68)$=6.71$, $p=.01$. In the second step, the TAF Moral and TAF Religious scales explained an additional 19.4% of the variance in ERP-Inconsistent Actions scale scores, F

Table 4
Denomination and moral thought–action fusion as predictors of ERP-inconsistent responses to a case vignette.

Predictor	$R^2\Delta$	B	SE B	β	t
Step 1	.09*				
Denomination		2.81	1.09	.30	2.59*
Step 2	.19**				
Denomination		.58	1.11	.06	.52
TAF Moral		.09	.06	.26	1.50
TAF Religion		.16	.10	.27	1.59

TAF=thought–action fusion. Denomination was represented by a dummy code in which 1=ELCA and 2=LCMS.

* $p < .05$.
** $p < .001$.

(2, 66)$=8.91$, $p < .001$. Neither TAF scale explained significant, unique variance in the second step (both p's $> .10$).

A mediational analysis using SPSS macro and procedures for testing mediation (Preacher & Hayes, 2004; Preacher, Rucker & Hayes, 2007) was conducted to examine whether moral thought–action fusion mediated the significant difference between LCMS and ELCA clergy on the ERP-Inconsistent Actions scale. The association between denomination and scores on the ERP-Inconsistent Actions scale became non-significant ($\beta=.06$, $p=.61$) after controlling for TAF Moral and TAF Religion scores. The total indirect path from the difference between denominations to ERP-Inconsistent Actions scale scores fear via Moral and Religions TAF scale scores was significant, $\beta=2.24$, $SE=.72$, $p=.002$. Thus, significant, full mediation was demonstrated. The overall regression accounted for 28.4% of the variance in ERP-Inconsistent Actions scale scores, F (3, 66)$=8.70$, $p < .001$.

3.5. Familiarity with scrupulosity

25 participants (35.7%) reported familiarity with scrupulosity as a mental health problem. Only five (7.1%) were familiar with ERP. A minority of participants ($n=14$; 20%) reported having been approached by a parishioner for help with scrupulosity. These individuals reported assisting an average of 3.0 ($SD=1.84$) parishioners with scrupulosity, an average of 35.0% ($SD=40.16$) of whom were referred to a mental health professional. No clergy members reported having referred a parishioner for ERP.

4. Discussion

The present study examined moral thought–action fusion, view of God, and responses to scrupulosity in a sample of clergy members affiliated with liberal or conservative denominations of the Lutheran church. Consistent with Christian doctrine equating sinful thoughts and actions, clergy members evidenced high levels of moral thought–action fusion that were comparable to those observed among individuals with OCD (e.g., Storch et al. (2009)). As hypothesized, moral thought–action fusion was substantially higher in clergy affiliated with the more conservative LCMS denomination. This difference was evident for unacceptable thoughts with both religious and non-religious themes. Although the view of God as benevolent and merciful was similar across denominations, LCMS pastors reported stronger belief in a micromanaging God deeply concerned with individuals' minor thoughts and actions. These findings were consistent with study hypotheses and suggest that clergy members who adhere to more conservative doctrinal views are particularly likely to endorse beliefs about God and morality thought to be associated with scrupulous concerns among religious individuals (Abramowitz, 2008; Miller & Hedges, 2008).

Previous discussions (e.g., Huppert & Siev, 2010) have noted that clergy members may unintentionally maintain or exacerbate scrupulous symptoms among sufferers by providing advice that promotes compulsive rituals and the fear of sin. The present study tested the hypothesis that responses to a hypothetical parishioner with scrupulosity would be associated with clergy members' denomination and beliefs about morality and God. LCMS pastors were significantly less likely than ELCA pastors to recommend referral to a mental health professional not affiliated with their own denomination. Consistent with the lack of group differences on the Positive View of God scale, LCMS and ELCA clergy were equally likely to provide reassurance to the parishioner regarding God's merciful nature. However, as hypothesized, LCMS clergy were more likely to support recommendations inconsistent with the ERP approach such as warning the parishioner of God's

expectations for purity in thought and deed and advising regular confession of sinful thoughts. These recommendations have the potential to reinforce the distress elicited by unacceptable, intrusive religious thoughts by emphasizing their sinful nature and potential to provoke God's wrath. Moreover, advice to increase engagement in religious atonement rituals might strengthen the vicious circle of scrupulous obsessions and compulsive reassurance seeking (Huppert & Siev, 2010). Overall, these findings suggest that conservative clergy members are more likely to view scrupulosity as a spiritual problem for which referral to an outside mental health professional is unwarranted, and are more likely to provide advice that has the potential to reinforce scrupulous concerns among their parishioners.

As hypothesized, higher moral thought–action fusion was significantly associated with greater likelihood of providing advice inconsistent with the ERP approach to a scrupulous parishioner. Unexpectedly, belief in a micromanaging God demonstrated a small and non-significant association with ERP-inconsistent responses. These discrepant findings may be explained by differences in the constructs assessed by the measures of thought–action fusion and view of God used in this study. The TAFS Moral and Religious scales assessed concerns about the immorality of unacceptable thoughts and the threat of God's punishment for them, whereas the Micromanaging View of God scale assessed God's hypervigilance to one's thoughts and actions without regard to the consequences. Accordingly, it is likely that potentially negative responses to scrupulous parishioners (e.g., encouraging increased involvement in religious rituals) among Lutheran clergy are specifically influenced by concerns about the potentially dire spiritual consequences associated with immoral thoughts.

The significantly greater endorsement of ERP-inconsistent responses among LCMS clergy, compared to ELCA clergy, was attributable to higher moral thought–action fusion in the former group. This result supports the hypothesis that strong belief in the moral equivalence of thoughts and actions is responsible for the greater tendency of conservative clergy members to respond to scrupulous parishioners with advice that may reinforce the fear of sin (e.g., recommending increased involvement in compulsive religious rituals). Findings from the present study are consistent with previous research demonstrating that scrupulous concerns are particularly elevated among highly religious individuals belonging to Christian denominations whose doctrine emphasizes the sinful nature of unacceptable thoughts (Abramowitz et al., 2004; Sica et al., 2002). Thus, not only do devout Christians appear at higher risk of scrupulous symptoms than adherents of less conservative religions (e.g., Abramowitz et al., 2002), but clergy members from conservative Christian denominations may especially be likely to exhibit ideological and behavioral responses to scrupulous parishioners that serve to exacerbate their religious concerns. Future research should examine this possibility.

The present findings may be useful in informing efforts to facilitate collaboration between clergy members and mental health professionals. Both parties have the goal of helping patients/parishioners better attain their religious aims (Huppert & Siev, 2010), and efforts to increase dialog between clergy and ERP therapists may be mutually beneficial. Results of this study suggest that clergy members may benefit from understanding the manner in which certain behavioral responses (e.g., warning of God's expectations for purity in thoughts and actions, recommending increased engagement in compulsive religious rituals) associated with moral thought–action fusion may exacerbate scrupulous concerns among their parishioners. The present findings further suggest that most Christian clergy members are unfamiliar with the ERP approach to scrupulosity and may benefit from education about the nature of this approach and the manner in which their involvement can facilitate its success. Similarly, findings from this study highlight

potential clergy-level barriers that therapists need to consider in increasing the religious sensitivity of ERP. Clergy members from conservative Christian denominations who emphasize moral thought–action fusion may have difficulty accepting the legitimacy of ERP that fails to adequately respect the boundaries of religious law. Enlisting the assistance of such clergy may require the therapist to demonstrate appreciation of the nature and scope of religious law to which the patient is bound, and to discuss the range of spiritually acceptable exposure tasks that may be attempted in ERP. Specific strategies for facilitating such dialog are discussed by Huppert and Siev (2010) and Huppert, Siev, and Kushner (2007).

The present study has a number of limitations. The response rate to email solicitations was low (4.2%), and individuals who elected to participate may not be representative of the general population of ELCA and LCMS clergy. It is possible that our web-based survey methodology may have biased the sample toward "tech savvy" clergy members. The inclusion of only Lutheran clergy prohibits direct conclusions regarding the attitudes and behaviors of clergy members from other Christian denominations. Despite this limitation, recruitment of liberal and conservative clergy from two branches of the same denominational family improves upon previous research in which multiple denominations with diverse doctrinal views were combined into a single Protestant group (e.g., Abramowitz et al. (2004)), and in which a heterogeneous Protestant group was compared to Catholics and Jews (e.g., Siev et al. (2010)). The present study used several novel measures whose psychometric properties and validity have not been established in previous research. Although the present findings support the reliability and validity of the TAF Religion and Micromanaging View of God scales, the four vignette items deemed consistent with the ERP approach did not form an adequately reliable subscale and our decision to analyze them individually is based on the questionable assumption of their construct validity. Because only 20% of participants had been approached for help by a scrupulous parishioner, responses to the vignette were hypothetical for most clergy members and may or may not reflect actual behavior. Lastly, this study did not assess the full range of variables related to clergy members' attitudes and behaviors toward scrupulosity and ERP. Future research might examine additional variables of interest such as the experience of scrupulous concerns (Abramowitz et al., 2002), perceptions of scrupulosity as a spiritual vs. mental health problem, attitudes toward the theory and practice of ERP, and willingness to assist with specific aspects of ERP (e.g., providing temporary leniency in religious law, encouraging the temporary reduction or elimination of compulsive religious rituals).

This study extends previous qualitative research (e.g., Greenberg and Shefler (2008), Hepworth, Simmons, and Marsh (2010)) by providing the first empirical investigation of clergy members' attitudes and behaviors related to scrupulosity. The present findings underscore the contribution of moral thought–action fusion to clergy members' responses to parishioners with scrupulosity and highlight possible mechanisms via which well-meaning clergy may inadvertently reinforce scrupulous concerns. It is hoped that the present findings will promote improved understanding and future collaborative efforts between clergy members and mental health professionals to better prevent and treat the problem of scrupulosity.

5. Note

1. The TAF Moral and TAF Religion scales contain two overlapping items (#'s 16 and 18). Rather than remove these items from the TAF Moral scale, scores were calculated with these items included in order to facilitate direct comparisons with previous research. All analyses including the TAF Moral scale were

repeated with removal of the two religion items from the scale, and results in each case were essentially identical to those reported above.

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