Recognition of scrupulosity & non-religious OCD in an international sample of Orthodox & non-Orthodox Jews

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Scrupulosity and Treatment Outcomes

- Religious symptoms are common in OCD
  - 24-33% in North America (Antony, Downie, & Swinson, 1998; Abramowitz, et al., 2002)
  - As high as 83% in the Middle East Middle East (Greenberg & Shefler, 2002)

- Religious symptoms predict poorer treatment outcome in OCD even after controlling for symptom severity (Mataix-Cols, Marks, Freist, Kobak, & Baer, 2002; Nelson, Abramowitz, Whiteside, & Deacon, 2006)

Role of Community Attitudes

- May normalize symptoms given likeness to religious practices
- May be viewed as an indication of piety & be culturally reinforced
- May lead to viewing professional treatment as an affront to religious values and lifestyles
- May decrease motivation and lead to poor insight

Jewish Community

- Orthodox Jews
  - Hassidic, Yeshiva Orthodox, Modern Orthodox
  - Cardinal doctrine: The *Torah* & *Talmud* (Hebrew Bible & Oral Tradition) and all their commandments are Divinely originated and are hence obligatory (Schnall, 2006)

- Non-Orthodox Jews
  - Conservative, Reform, Reconstructionist, Jewish Renewal, and unaffiliated Jews
  - Cardinal doctrine: The *Torah* is not immutable and the *Talmudic* understanding of commandments is not legally binding (Waxman, 1958; Meyer, 1988)

Hypotheses

- Orthodox Jews
  - Would be reluctant to label religious symptoms (scrupulosity) as OCD compared to non-religious symptoms
  - Would be less likely to recommend professional treatment for religious symptoms

- Non-Orthodox Jews
  - Would be equally likely to label religious and non-religious symptoms as OCD and recommend professional treatment for them

Method

- Procedure
  - Internet-based study
  - Demographics
  - Participants randomized to view scrupulosity or non-religious OCD case vignettes
  - Questionnaire

OCD Vignettes – "Binyamin"

- Scrupulosity: excessive religious rituals surrounding prayer
- Non-religious OCD: safety concerns/checking behaviors
- Expert review process

Method

Questionnaire

- Appraisal of OCD
  - How likely do you think it is that Binyamin is experiencing obsessive-compulsive disorder? (4-pt: very likely - very unlikely)

- Attitudes towards professional treatment
  - 9-item scale – e.g., If I were experiencing these problems, I would try and get help from a professional therapist as soon as possible (6-pt: totally agree to totally disagree)
  - Internal consistency moderately high ($\alpha = .82$)

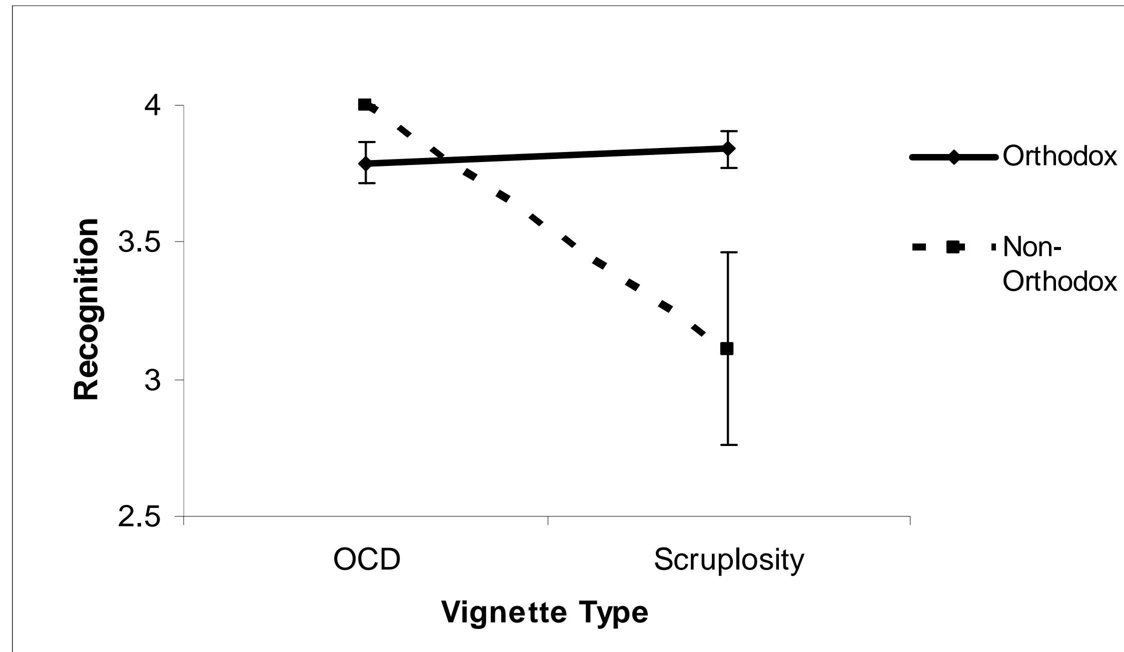
Participants

- Study sample: $n = 93$
  - 65.6% female ($n = 61$)
  - Age: $M = 39$; $SD = 14$; Range = 19-71 years
  - 81.7% College Diploma/University Degree (n = 76)
  - 65.6% married (n = 61)
  - Nationality:
    - USA n=67
    - Canada n=15
    - Europe n=6
    - Israel n=4
    - Australia n=1

Participants

- Affiliation
  - Orthodox: n = 70, of which 30% Hassidic/Yeshiva Orthodox
  - Non-Orthodox: n = 23
- Exclusion Criteria
  - Professional or volunteer experience with the mentally ill
  - Personal diagnosis of OCD
  - "Other" affiliation

Results: Recognition of OCD



Main effect for religious affiliation ($F(1, 89) = 4.71$, $p = .03$, $\eta^2 = .10$)

Main effect for vignette type ($F(1, 89) = 12.05$, $p = .001$, $\eta^2 = .04$)

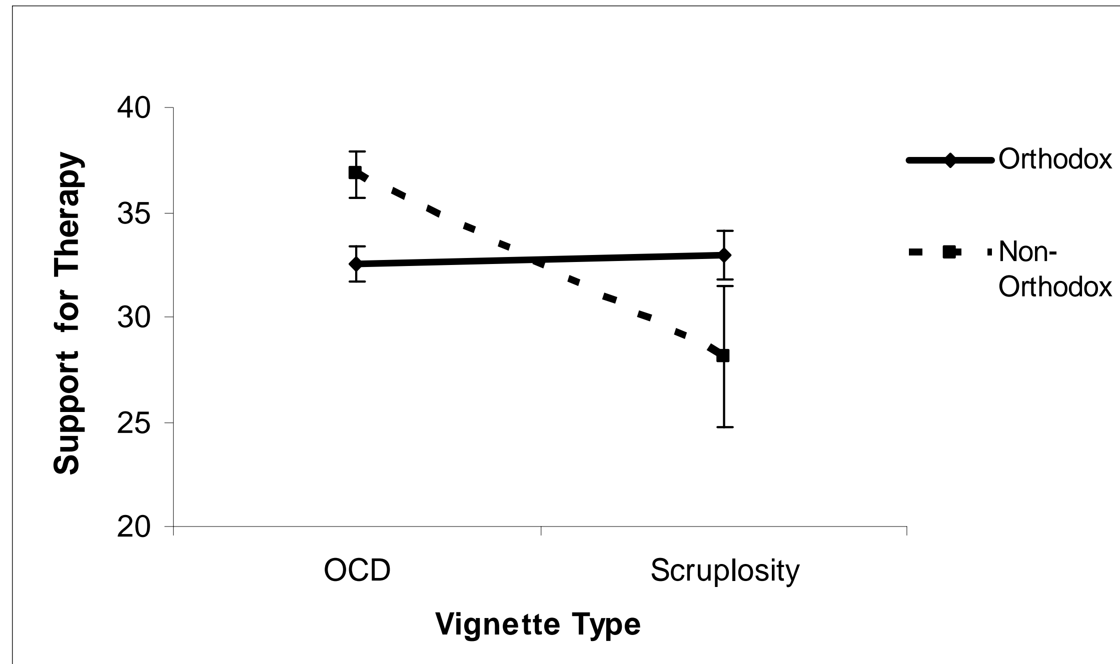
Interaction between factors ($F(1, 89) = 15.39$, $p < .001$, $\eta^2 = .13$)

Results: Recognition of OCD

- Orthodox Participants
  - Religious vignette – 84% "very likely OCD"
  - Non-religious vignette – 82% "very likely OCD"
  - Not statistically different – χ^2[3, N = 70 = .86, p = .65]

- Non-Orthodox Participants
  - Religious vignette – 44% "very likely OCD"
  - Non-religious vignette – 100% "very likely OCD"
  - Significantly different – (χ^2(3, N = 23) = 9.94, p = .02)

Results: Support for Treatment



No main effect for religious affiliation (F (1, 89) = 0.37, p = .84)

Main effect for vignette type (F (1, 89) = 7.20, p = .009, η^2 = .07)

Interaction between factors, F (1, 89) = 8.59, p = .004, η^2 = .08.

Results: Support for Treatment

- Orthodox Participants
  - Equal support for professional treatment in scrupulosity and non-religious OCD (t [68] = .27, p = .79, η^2 = .001)
- Non-Orthodox Participants
  - Less support for professional treatment in scrupulosity compared to non-religious OCD (t [21] = 2.79, p = .011, η^2 = .27)

- Note: Attitudes towards professional treatment significantly correlated with appraisal of OCD (r = .47, $p < .001$)

Discussion

- Results did *not* support hypotheses
  - Orthodox Jews were *equally* likely to recognize/recommend treatment for religious and non-religious symptoms of OCD
  - Non-Orthodox Jews were *less* likely to recognize/recommend treatment for scrupulosity compared to non-religious OCD

- Possible conclusions
  - Orthodox Jews' strict adherence to religious law may increase sensitivity to normal religious practice and thus enhance identification of scrupulosity
  - Non-Orthodox Jews may be reticent to describe scrupulosity as OCD out of fear of disrespecting bona fide religious standards

Discussion

- Clinical Implications
  - It is possible that non-religious therapists are more likely to "normalize" scrupulosity compared to non-religious symptoms

- Additional Implications
  - Orthodox Jews in the sample were welcoming of professional treatment overall
  - Scrupulosity was highly identifiable among Orthodox Jews

Discussion

- Limitations
  - Internet-based recruitment
  - No direct assessment for knowledge of OCD or religious practices

- Future directions
  - Comparison of scrupulosity, non-religious OCD, normative religious practice and non-religious practice vignettes
  - Identify which specific markers promote/interfere with recognition of scrupulosity (e.g., subjective distress, time spent on compulsions, interference with daily activities, interference with religious practice, cultural abnormality)

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