Reframing Scrupulosity: Conceptualizing Faith Development in Spiritual but Not

Religious Obsessive-Compulsive Disorder

Adam Brandt, PhD, LCMHC

North Carolina Central University

Abstract

Scrupulosity, a subtype of obsessive-compulsive disorder (OCD), involves intrusive thoughts and compulsions often associated with religious content. While extensive research has examined scrupulosity in relation to individuals who identify with a particular religion, little attention has been paid to its manifestation among those who identify as spiritual but not religious (SBNR). This conceptual gap overlooks a growing demographic whose spiritual practices may still evoke obsessive doubt and spiritual fear. Additionally, existing literature rarely explores how scrupulous thinking may be reinforced rather than challenged within one's spiritual or religious environment, complicating traditional treatment approaches, such as exposure and response prevention (ERP). This article introduces Fowler's (1981) *Stages of Faith* as a psycho-spiritual framework that can complement ERP by contextualizing clients' faith development within broader patterns of meaning-making and spiritual evolution. Through a de-identified clinical case study, this paper highlights the unique presentation of SBNR scrupulosity and offers an integrative, developmentally informed model for clinicians treating religious and spiritual OCD symptoms.

Keywords: Obsessive-compulsive disorder; OCD; scrupulosity, faith development

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Scrupulosity is a subtype of obsessive-compulsive disorder (OCD) characterized by intrusive thoughts often related to one's moral or religious beliefs (Abramowitz et al., 2004; Fergus & Rowatt, 2014). These obsessions usually focus on perceived "sins" or moral failures, sometimes extending beyond what one's faith community deems problematic (Abramowitz & Jacoby, 2014). While existing literature has explored scrupulosity as it relates to people identifying with a particular religion (McIngvale et al., 2017), there is limited attention to how scrupulosity manifests in individuals who identify as spiritual but not religious (SBNR). By associating moral obsessions with religious clients and religious content, this implication creates a conceptual blind spot as it excludes SBNR experiences (Fergus & Rowatt, 2014), despite evidence (presented later in this article as a case example) that these individuals can suffer from the same intrusive, spiritually themed obsessions.

Furthermore, most research focuses on cases where the client's obsessions around perceived shortcomings are *not* recognized as problematic by their religious community. Far less attention has been given to individuals whose obsessive concerns are reinforced by their spiritual or religious environment (Ciarrocchi, 1995). In the latter case, traditional treatment approaches, such as exposure and response prevention (ERP), may fall short without the help of spiritually attuned frameworks. While ERP helps the client with OCD through behavioral intervention, it falls short in helping clients understand how their spiritual community intersects with psycho-spiritual development.

While ERP is beneficial for all subtypes of OCD, adding an auxiliary faith development model may be necessary to address clients' spiritual development, as it relates to their scrupulosity OCD. Fowler's (1981) Stages of Faith is a psycho-spiritual development model that may be helpful for clients experiencing OCD-related inflection points within their faith system, especially when those inflection points may be exacerbated by their faith community. Stages of

Faith provides clients with both a developmental roadmap and language to understand their

spiritual growth, which may be beneficial for those experiencing spiritual/religious scrupulosity

OCD.

        This article addresses two key gaps: (1) the recognition of scrupulosity OCD in SBNR

individuals and (2) the integration of Fowler's (1981) Stages of Faith as a spiritually informed

developmental framework to support clients experiencing spiritual incongruence with their faith

communities as it relates to their scrupulosity OCD. Using a de-identified clinical case with client

permission, this article aims to assist OCD-informed therapists in broadening their

conceptualization and enhancing treatment approaches for clients affected by scrupulosity

OCD, both for religious and SBNR clients.

Scrupulosity OCD

        Scrupulosity is commonly defined as "fearing sin where there is none" (Abramowitz &

Hellberg, 2020). Within the context of obsessive-compulsive disorder (OCD), scrupulosity refers

to obsessions and compulsions centered on moral and religious correctness. These perceived

"sins" can include unwanted sacrilegious/blasphemous thoughts (e.g., cursing God, thinking

"Mary is a slut," etc.) (Abramowitz & Jacoby, 2014). They can also include extreme attention to

religious rituals (e.g., anxious thoughts about performing a religious ritual wrong or eating a Tic

Tac during a fast) (Abramowitz, 2001). Obsessions can also include uncertainty of one's eternal

destination (e.g., "How do I know for certain I'm going to heaven?") (Abramowitz & Hellberg,

2020). Scrupulosity can include worrying about perceived moral failings from a religious

disposition (e.g., "If I watched a movie with sexual themes and enjoyed it, is that wrong?").

Common compulsions include avoiding OCD triggers, which may mean avoiding religious

services or avoiding situations that may elicit an obsession (e.g., attending a yoga studio to

avoid sexual thoughts) (Abramowitz, 2017). Compulsions can also include excessive praying,

scripture reading, confessing, and reassurance seeking to neutralize the anxiety caused by the

obsession (Abramowitz & Hellberg, 2020). Ironically, compulsions may lead the client to either

actively avoid religious services and disciplines or excessively attend and perform these

disciplines, whichever helps the client assuage their anxiety most (Abramowitz & Hellberg,

2020). While it may be hard to differentiate between healthy spiritual growth and religious

scrupulosity, healthy spiritual growth is marked by positive mind states and personal

development; the latter is punctuated by anxiety, rigidity, and avoidance (Abramowitz & Jacoby,

2014; Greenberg & Shefler, 2002).

As mentioned earlier, the literature generally makes little reference to scrupulosity OCD

that is spiritual but not religious (SBNR). Rather than theoretically describing SBNR

scrupulosity, this article will illustrate SBNR scrupulosity through a case study. With permission

from the client discussed in this case study, his name and other personal details have been

changed to protect his confidentiality. This case study describes the process of 1. Identifying

SBNR scrupulosity with this client and 2. using Fowler's Stages of Faith (a faith development

framework) to help the client understand their spiritual evolution within a psycho-spiritual

framework. However, before describing these two processes, further clarification of Fowler's

Stages of Faith is needed.

Stages of Faith

James Fowler's (1981) influential book, *Stages of Faith,* outlines a developmental model

of faith that can be helpful in understanding where and how spiritual or religious scrupulosity

OCD intersects with this developmental framework. His theory proposes six stages of faith

development, each representing a progression toward greater moral insight, deeper

compassion, broader multicultural awareness, and a more complex spiritual perspective.

Fowler's framework is often used to analyze how individuals either continue to develop or

remain stagnant in their faith journey. Notably, his model highlights that transitions between

stages are frequently prompted by shifts in relationships, cultural or political events, and

environmental changes, which challenge people to adapt their worldview to new perspectives.

In the context of scrupulosity OCD, spiritual or religious obsessions can arise from value

conflicts as people transition from one faith stage to the next, which will be illustrated in the following case example.

Rather than defining faith as inherently religious, Fowler views it as a structure through which people search for meaning in life. He represents faith as a triangular system involving the self, other people, and a shared center of values and power (see Figure 1; Fowler, 1981).

Figure 1

Fowler's (1981) Faith Diagram
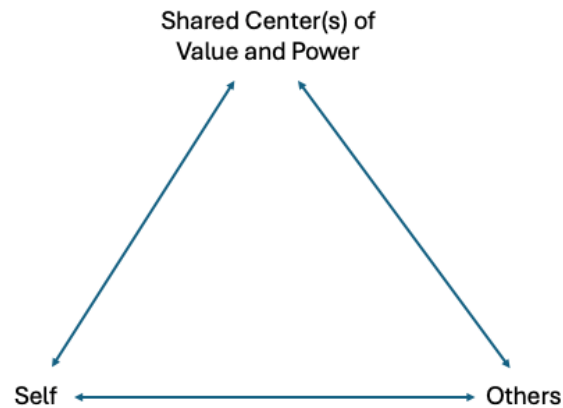
In this sense, faith is communal; it emerges within groups that share common sources of values and power. Thus, faith can be expressed in any belief system or community where individuals actively engage with and commit themselves to a shared vision of ultimate significance. This shared vision could be feminism, a political ideology, or a significant cultural group and movement. All of these can serve as a faith system for people invested enough in that community. The case example presented later in this article uses a faith system that is not inherently religious to illustrate both SBNR scrupulosity OCD and faith systems that are not religious.

As far as how people experience and move through their faith system, Fowler identifies six stages in this faith developmental process, with suggested ages by which many of his participants experienced each faith stage:

1. Intuitive-Projective (ages 3–7): In this earliest stage, young children encounter religious and spiritual ideas through images, stories, and experiences, largely shaped by parents. Their thinking is influenced by the unconscious, as their ego has not yet developed defenses against unconscious material.

2. Mythic-Literal: Common among school-aged children, this stage emphasizes fairness and reciprocity. God is often envisioned in human-like form, and metaphors or symbols are taken at face value.

3. Synthetic-Conventional: Emerging in adolescence (and sometimes lasting into adulthood), this stage emphasizes conformity to authority, tradition, and community values. Critical reflection is minimal, and individuals rarely question their inherited faith structures. At this level, people also tend to have a limited understanding of the broader sociopolitical realities shaping the lives of those with different identities.

4. Individuative-Reflective (often ages 25–40): This stage often begins after a disorienting experience, such as encountering hypocrisy in religious authority, leaving home, or meeting people from different belief systems. Individuals critically examine and take ownership of their faith, questioning inherited values and deconstructing traditional symbols or rituals.

5. Conjunctive: Frequently appearing in midlife, this stage embraces paradox and complexity. While acknowledging the critical reflection of stage four, individuals also recover an appreciation for the symbolic and mystical aspects of faith. This perspective is marked by cultural humility, openness to truth in other traditions, and participation in a larger multicultural community.

6. Universalizing: Rare and often associated with moral exemplars like Jesus, the Buddha, Mahatma Gandhi, Martin Luther King Jr., or Mother Teresa, this stage reflects a radical commitment to justice, compassion, and the recognition of all humanity as one interconnected community. Fowler noted that none of his 359 research participants had reached this level.

Despite the limitations of his largely homogeneous research sample, primarily White, American participants with a Judeo-Christian background, Fowler's theory remains both comprehensive and dynamic. The stages are clearly defined, build upon one another, and align with other developmental frameworks such as those of Piaget, Kohlberg, and Erikson, enhancing their credibility and intuitive appeal.

Unfortunately, the faith stages do privilege a theistic framework with "God" language in the stages' characterizations. Although Fowler notes that faith is not inherently religious, he uses theistic language, which ignores SBNR faith development and religions with no deity (i.e., Buddhism) (Brandt, 2022). In the following case example, the language describing these faith stages will need to be modified to include faith systems that have no deity.

A particularly significant aspect of the theory is its portrayal of movement between stages as fluid rather than linear. Fowler describes the progression as bow-shaped, beginning in communal identity, stretching into individual exploration at stage four, and then returning toward community integration in later stages. He also presents faith development as a spiral process, where individuals may revisit themes from earlier stages in new contexts rather than advancing in a straight line. For example, conversion experiences might temporarily shift someone back to earlier stages as they navigate the complexities of a new belief system.

For clients whose faith community reinforces scrupulosity OCD by encouraging more moral and religious rigidity, this developmental model has clinical significance in demonstrating how clients experience this tension, especially as they progress from stage 3 (synthetic-conventional) to stage 4 (individuative-reflective). At stage 3, the community reinforces and

socializes clients into faith norms and values. However, stage 4 presents both intrapsychic and interpersonal tension as clients critically examine their own values and experience tension from their community for moving toward a more authentic position that may be at odds with community norms. Tolerating uncertainty is a necessary process in reshaping beliefs/values, and this process is also necessary to OCD recovery and spiritual development.

As an interpretive tool, Fowler's model is helpful in analyzing personal stories and qualitative data about faith by situating them within developmental processes (Brandt, 2022). The theory also identifies catalysts for stage transitions, which can inform therapists with strategies to help people grow toward more advanced levels of faith. Ultimately, Fowler's stages promote values such as openness to diverse perspectives, critical self-reflection, cultural humility, universal compassion, communal connection, and an embrace of paradox. Rather than aligning with any ideological position, the model points toward a distinct trajectory of spiritual development that transcends partisan or sectarian divides.

SBNR Scrupulosity OCD: A Case Study

Rather than theoretically describing SBNR scrupulosity OCD and how Stages of Faith can be helpful for clients experiencing this disorder, the following case study illuminates the lived experience of a client experiencing both SBNR scrupulosity OCD and Stages of Faith as an intervention to help normalize and conceptualize his faith trajectory:

Ryan is a 33-year-old male in active recovery from an alcohol-related substance use disorder. He regularly attends Alcoholics Anonymous (AA) meetings and has strong relationships within the AA community. He sought out my counseling services to help him with OCD related symptoms after his past counselor referred him to see an OCD specialist.

Ryan said he's experiencing OCD concerns over specific pleasures, specifically his enjoyment of sugar, sex, and coffee. His OCD manifests by distorting conventional enjoyment of sugar, coffee, and sex to a belief that he is "addicted" to these pleasures. He worries about being "on the wrong path spiritually" and that the anxiety he feels after he enjoys these

pleasures is subverting his peace. He concludes that these pleasures are addictions he needs to abstain from, and his conclusions are often reinforced by his AA community, which tends to reinforce the idea that any pleasure that contributes to his anxiety could be a potential addiction.

Ryan often feels guilty when he does not attend AA meetings, and he regularly confesses his struggle with his enjoyment of sugar, sex, and coffee. He also tries several times to abstain from these pleasures, even though he is not consuming them at a rate that is any cause for clinical concern. He reports having visited a therapist specializing in "sex addictions" only to be told by that therapist that his behavior is not clinically concerning or addictive. When he feels anxious, due to his thoughts of having a possible addiction, he associates this anxiety with being "spiritually disconnected."

After meeting with me and receiving some psychoeducation around OCD, we concluded that his SBNR obsessions around being on "the wrong spiritual path" due to his perceived addiction to sugar, sex, and coffee are consistent with the scrupulosity OCD subtype. We also identify his avoidance of these pleasures, repeated confessing, and reassurance seeking with AA community members and therapists around his perceived addiction as accompanying compulsions.

Ryan and I work together to unpack the ways his faith system operates within an AA framework. Using Fowler's faith system model (an individual connected to a community through a shared center of values and power), Ryan starts identifying his AA community's shared center of values and power. He identifies the following shared values: confession, accountability, consistent meeting attendance, framing behaviors through an addiction lens, abstinence only, identification with being an addict, admission of powerlessness over substances, and working the 12 steps. He identifies the sponsors, the big book, and a higher power as the shared center of power.

After Ryan understands his faith system within AA, we explore his faith development within the Stages of Faith. Ryan begins to consider how his AA community reinforces his

scrupulosity OCD by trying to keep him at the synthetic-conventional faith stage (stage 3). At this faith stage, the norms and values of the AA community are held without critical examination. Within his AA community, the anxiety he feels surrounding his use of sugar, sex, and coffee is due to his problem with addiction. There is little discussion of moderation or the continuum of problematic use because, from Ryan's perspective, his AA community takes a dichotomous approach to addictions (e.g., either you are addicted or you are not, or either you are abstaining or are in active addiction). Additionally, more accountability and meeting attendance are reinforced because of the perceived addiction concerns. When Ryan starts questioning some of these values and adding nuance, he naturally faces resistance from his community because he is deviating from the prescribed path and values that his community holds.

Looking at stage 4, the individuative-reflective stage, Ryan begins to understand that his questioning of AA values is a healthy part of his faith development and expected at this point in his faith stage. As he begins to examine these values critically, he concludes that harm reduction may be appropriate for some cases of addiction. He begins to explore the nuances of substance use as a continuum of appropriate to problematic behaviors, which subvert his AA community's categorical "addict" or "nonaddict" dichotomous thinking.

Upon further reflection, Ryan holds on to some of his AA values. He reaffirms that abstinence from alcohol use is still the best approach. He also continues to check in with his community occasionally when he needs support, but he asks less for their advice around his OCD worries (using sugar, sex, and coffee). Furthermore, he finds other members of AA who have also done some of their own critical examination of their faith values, thereby deepening his community within AA by finding others who are on a similar faith development stage.

In summary, Ryan begins to understand how his OCD scrupulosity manifests as a result of his AA community pulling him away from his newly developing faith values. He recognizes that the value incongruencies he sometimes feels between himself and his AA community do not imply "spiritual disconnection" but, in fact, quite the opposite. Instead, the tension is

recontextualized as a normal and necessary part of his own faith development within the Stages of Faith model.

Discussion

The present case study expands the conceptualization of scrupulosity by illustrating its manifestation among individuals who identify as spiritual but not religious (SBNR). Although scrupulosity has traditionally been framed within religious contexts, Ryan's experience demonstrates that obsessive concerns related to moral or spiritual "purity" can also emerge within non-religious spiritual systems. This observation broadens the diagnostic and theoretical boundaries of scrupulosity OCD, emphasizing the necessity of considering diverse belief frameworks, including those outside organized religion, when assessing and treating obsessive-compulsive phenomena.

In Ryan's case, his participation in Alcoholics Anonymous (AA) provided both a supportive and reinforcing context for his scrupulous fears. The AA community's values of confession, abstinence, and moral accountability aligned with his obsessive concerns regarding perceived "addictions" to sugar, sex, and coffee. This dynamic illustrates how a spiritual or recovery community may inadvertently reinforce maladaptive beliefs that maintain obsessive-compulsive cycles. Specifically, the dichotomous thinking inherent in some AA interpretations (e.g., "addicted" versus "not addicted") may exacerbate the intolerance of uncertainty central to OCD (Brandt & Smestad, 2024).

Integrating Fowler's (1981) *Stages of Faith* as a conceptual framework allowed for a developmentally informed interpretation of Ryan's spiritual and psychological experiences. From this perspective, Ryan's increasing discomfort within his AA community reflected a transition from Fowler's *synthetic-conventional* stage (Stage 3), characterized by conformity to community norms, toward the *individuative-reflective* stage (Stage 4), marked by self-examination and critical reflection. This developmental movement often entails tension between personal authenticity and communal belonging, a process that can manifest as existential anxiety or

spiritual distress (Fowler, 1981). Recognizing this transition reframed Ryan's symptoms not as evidence of spiritual regression but as indicators of faith maturation and individuation.

Clinically, this developmental lens complemented the behavioral principles of exposure and response prevention (ERP), which remains the gold-standard treatment for OCD (Abramowitz, 2017). While ERP targets symptom reduction through habituation to feared stimuli, Fowler's model contextualized Ryan's distress within a broader process of spiritual evolution. This integration promoted self-compassion, reduced shame, and provided a framework for Ryan to reinterpret his intrusive thoughts as part of normative spiritual development rather than moral failure. Such an approach aligns with growing calls for spiritually integrated psychotherapy models that honor clients' meaning systems while maintaining empirical grounding (Brandt & Smestad, 2024).

Theoretically, this case underscores the value of incorporating faith development theory into OCD treatment with spiritually engaged clients. Fowler's model offers clinicians a structured means of differentiating between spiritual crisis and psychopathology, particularly in cases where religious or spiritual communities reinforce scrupulous patterns (Abramowitz & Hellberg, 2020). By framing spiritual tension as a developmental phenomenon, therapists can reduce client resistance, normalize ambivalence, and foster greater psychological flexibility, all of which enhance treatment efficacy.

Limitations

Although Fowler's model attempts to universalize the faith experience, the privileging of theistic language to describe some of the faith stages may create unnecessary barriers in helping clients adapt their belief system to this model. Additionally, the word "faith" may pose a barrier for non-religious or SBNR clients due to its religious connotations, even though Fowler's definition is not inherently religious. Perhaps describing faith or faith development as a belief system or spirituality, and spiritual development, may be a more inclusive way to communicate some of these ideas to non-religious clients.

Additionally, this article uses a single case study to illustrate the connection between faith development and SBNR scrupulosity OCD. This case cannot be generalized to a population also experiencing SBNR scrupulosity OCD or in AA communities. The client's reports in this article are also subjective and may contain inconsistencies and bias, framing his progress in a positive light to conform to the therapist's expectations.

Finally, the therapist's dual role as both clinician and author introduces interpretive bias. While reflexivity and transparency were prioritized in the analytic process by having the client read and approve the case study, the therapist's theoretical orientation and familiarity with Fowler's (1981) faith development model certainly influence the interpretation of the client's experiences through a developmental lens.

Recommendations for Further Research

Future research should empirically examine how SBNR scrupulosity manifests, including its cognitive content, compulsive behaviors, and the sociocultural contexts that reinforce these patterns. Mixed-method approaches that integrate qualitative narratives with standardized OCD measures could help establish construct validity for this emerging subtype.

Research should explore the clinical integration of faith development theory within OCD treatment. While exposure and response prevention (ERP) remains the most empirically supported intervention for OCD (Abramowitz, 2017), its application to spiritually embedded obsessions may be strengthened by incorporating frameworks such as Fowler's (1981) Stages of Faith. Empirical studies comparing traditional ERP with spiritually integrated ERP protocols could clarify whether developmental and existential framing enhances treatment adherence, therapeutic alliance, and symptom reduction among spiritually engaged clients.

Additionally, greater attention should be given to how religious and spiritual communities, including programs such as Alcoholics Anonymous, shape the maintenance or alleviation of scrupulosity symptoms. Longitudinal and ethnographic research may clarify how community norms emphasizing confession, abstinence, and moral vigilance can either reinforce

obsessive-compulsive cognitions or facilitate adaptive faith development. Such findings could guide clinicians in helping clients balance community participation with individual psychological growth.

Conclusion

Scrupulosity OCD extends beyond traditional religious and moral frameworks, encompassing spiritually oriented systems such as those found among SBNR populations. The present case demonstrates that spiritual communities, while often protective and supportive, can inadvertently sustain obsessive-compulsive dynamics through rigid moral expectations or dichotomous belief structures. Clinicians must therefore remain attentive to the ways spiritual environments intersect with OCD symptomatology.

The integration of Fowler's *Stages of Faith* within an ERP framework offers a promising, developmentally sensitive approach for conceptualizing and treating scrupulosity in diverse populations. This dual framework supports clients in reframing intrusive spiritual doubts as markers of growth, rather than signs of spiritual deficiency. By combining empirically supported behavioral techniques with psycho-spiritual meaning-making, therapists can more effectively address both the cognitive-behavioral and existential dimensions of scrupulosity.

Future research should further investigate the role of faith development in obsessive-compulsive processes across varied cultural and spiritual contexts. Empirical studies examining the integration of developmental faith models with evidence-based OCD treatments could advance both theoretical understanding and clinical practice. Such interdisciplinary inquiry will enhance clinicians' ability to provide culturally and spiritually competent care to individuals experiencing scrupulosity within both religious and non-religious frameworks.

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