

Religious scrupulosity and Pentecostalism: A transcendental phenomenological approach

Nicholas Antonio Inclan

School of Behavioral Sciences, Liberty University

Author Note

Nicholas Antonio Inclan

I have no known conflict of interest to disclose.

Correspondence concerning this article should be addressed to Nicholas Antonio Inclan

Email: ninclan@liberty.edu

Abstract

Obsessive-compulsive disorder (OCD), although extensively documented within scientific literature, remains a complex psychiatric disorder to investigate, assess, and treat. One such reason for these difficulties is the heterogeneity of presentation. Indeed, OCD is recognized in the literature as a heterogeneous neuropsychiatric disorder, presenting with a wide variety of symptoms. A specific manifestation of OCD that remains insufficiently studied is religious scrupulosity (RS). RS is acknowledged within the scholarly literature for its core features linked to OCD, such as obsessions and compulsions; nonetheless, the primary content of the symptoms pertains to an individual's religious affiliation. RS, arguably recognized as one of the earliest manifestations of OCD, remains an underexplored presentation of OCD. Although many studies have explored diverse religions, to the best of my knowledge, there has been no documented representation of a specific Christian denomination within the scientific literature. That denomination is Pentecostalism, a distinctive denomination within Christianity. Consequently, this research proposal seeks to address this gap in the existing literature by investigating the phenomenology of RS among adults diagnosed with OCD, who predominantly exhibit RS and are affiliated with Christian Pentecostalism. The research proposal aims to address this gap by applying a transcendental-phenomenological approach. This qualitative approach will provide the literature with a comprehensive account of the lived experiences of individuals with RS from a Christian Pentecostal perspective. Furthermore, it will establish a foundational basis within the scientific literature upon which subsequent research can be developed.

Keywords: obsessive-compulsive disorder, religious scrupulosity, Christianity, mental health, Pentecostalism, transcendental phenomenology, psychological phenomenology

Religious scrupulosity and Pentecostalism: A transcendental phenomenological approach

OCD is a debilitating psychiatric condition that impacts individuals globally (Johnson & Borgogna, 2025). Indeed, the estimated prevalence of OCD is between 1% to 3% of the population (Abramowitz & Buchholz, 2020; Johnson & Borgogna, 2025). The severity of OCD symptoms varies widely, ranging from subclinical levels to severe clinical manifestations. Severe manifestations of OCD symptoms often lead to significant impairment across several life domains, such as school, work, family, leisure time, and relationships (Abramowitz & Buchholz, 2020).

The core characteristics of OCD, as outlined by the Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychiatric Association [APA], 2022), are obsessions and compulsions. Obsessions, as delineated by the DSM (APA, 2022), constitute persistent and recurrent thoughts, images, or urges that individuals perceive as intrusive, distressing, and unwanted, subsequently eliciting significant distress or anxiety. Moreover, the individual's cognitive activity is characterized as undesirable, and considerable efforts are made to disregard, suppress, or neutralize it (APA, 2022). The later efforts undertaken to suppress, neutralize, or dismiss the cognitive activity are a second core characteristic of OCD, known as compulsive behaviors (APA, 2022). These behaviors are defined as either repetitive physical behaviors, such as checking, washing, or reciting prayers aloud, or cognitive behaviors, such as praying or repeating a word to oneself mentally (APA, 2022). A distinguishing characteristic of compulsive behaviors is the persistent urge or desire that compels an individual to engage in the behavior, often driven by an obsession or strict adherence to rules (APA, 2022). Compulsive behaviors or mental patterns are distinguished by the functional roles they serve. Specifically, these behaviors, whether physical or cognitive, act as mechanisms to prevent perceived harm and alleviate

anxiety or distress; however, such behaviors are not practically associated with the actual reduction of anxiety, distress, or the prevention of feared events or situations (APA, 2022).

Although the fundamental features of OCD encompass obsessions and compulsions, there exists a considerable variety in the presentation of symptoms. Indeed, within the scientific literature, OCD is known as a heterogeneous psychiatric disorder as it has been identified to present through idiosyncratic symptom clusters or dimensions (Williams et al., 2013; Abramowitz & Jacoby, 2014; Abramowitz & Hellberg, 2020; Ayoub et al., 2024). Given the heterogeneous dimensions and symptom clusters of OCD (Williams et al., 2013; Abramowitz & Jacoby, 2014; Abramowitz & Hellberg, 2020; Ayoub et al., 2024), numerous gaps persist within the existing literature, as several presentations of OCD continue to be inadequately addressed.

One underinvestigated presentation of OCD is RS (Greenberg et al., 1987; Abramowitz et al., 2002; Toprak et al., 2024; Ayoub et al., 2024; Siev et al., 2025). RS is considered a presentation of OCD (Siev et al., 2021; Wetterneck et al., 2021; Siev et al., 2025) that can manifest across any OCD dimension (Abramowitz & Jacoby, 2014; Buchholz et al., 2019), though it has been identified within the literature to align predominantly with the unacceptable/taboo cognitive dimension of OCD (Williams et al., 2013; Buchholz et al., 2019; Wetterneck et al., 2021; Ayoub et al., 2024). Furthermore, the presentation of RS is inherently heterogeneous (Abramowitz & Jacoby, 2014; Abramowitz & Hellberg, 2020), thereby contributing to the existing gap in the scientific literature concerning this manifestation of OCD. One reason for RS's heterogeneous presentation is that symptoms are associated with the religious or cultural context in which an individual is embedded (Siev et al., 2012; Abramowitz & Jacoby, 2014; Abramowitz & Buchholz, 2020). Indeed, as outlined in the literature, individuals suffering from RS who are affiliated with Judaism are more concerned with washing

rituals (Siev et al., 2012; Siev et al., 2017). In contrast, individuals experiencing RS who are affiliated with Christianity may exhibit greater concern regarding taboo thoughts (Siev et al., 2012; Siev et al., 2017). Although the literature addresses RS within Christianity (Huppert & Siev et al., 2010; Chan, 2025; Johnson et al., 2024; Johnson & Borgogna, 2025), a particular denomination of Christianity, namely, Christian Pentecostalism or Pentecostal, remains inadequately studied from a scientific perspective. Indeed, to the best of my knowledge, there are no scientific investigations in the literature on RS and Christian Pentecostalism. The current document aims to address this gap in the academic literature by proposing a transcendental-phenomenological research approach (Neubauer et al., 2019; Creswell & Poth, 2023) for examining the lived experiences of RS among individuals affiliated with Christian Pentecostalism. The research questions include: How do Pentecostal Christian adults diagnosed with OCD with a primary presentation of RS articulate their lived experiences with RS? How do Pentecostal Christian adults diagnosed with OCD with a primary presentation of RS describe what living with religious scrupulosity means to them?

Literature Review

Early Reports of Scruples

Scrupulosity, although not a widely recognized term, has been in use for centuries (Greenberg et al., 1987). The term 'scruple', originating from the Latin 'scrupulus', historically referred to a small, rough pebble that causes considerable discomfort (Weisner & Riffel, 1960). Subsequent use of the term was linked to weight measurements, which were found to be negligible on the most sensitive scales (Greenberg et al., 1987). From these initial usages, the term 'scrupulous' further evolved, acquiring a moral connotation of minimal significance; so negligible as to have an impact on only the most sensitive conscience (Weisner & Riffel, 1960).

Scruples, although not initially linked to religion, eventually acquired substantial significance within a religious framework. Within the scientific literature, an early work by Weisner and Riffel (1960) characterized scrupulosity as a dysfunctional, morbid, and pathological form of meticulousness that substantially impairs religious adjustment. Weisner and Riffel (1960) further delineate a theological perspective of scrupulosity, which encompasses fears and insecurities that motivate an individual to develop a dysfunctional perspective regarding religious matters. The dysfunctional perspective encompasses the perception of malevolence in the absence of actual malice, the perception of grave sin where none exists, and the experience of an overwhelming religious duty where such obligation is unwarranted (Weisner & Riffel, 1960).

Early reports of scruples predated the psychopathological definition of obsessive concerns by approximately two centuries (Greenberg et al., 1987). Indeed, as delineated by Greenberg et al. (1987), the term 'scruples' was documented as early as the 17th century, primarily associated with indecisiveness and excessively religious concerns. Various initial descriptions of scrupulosity were provided by religious authorities, including Jeremy Taylor and John Moore, during the 1600s, both of whom served as bishops in their respective eras (Greenberg et al., 1987). Taylor's characterization of scruples was imbued with an emotional perspective regarding the excessive experience of fear related to daily activities such as eating and sexual relationships with a legal spouse (Greenberg et al., 1987). In contrast, Bishop Moore delineated scrupulosity within a religious context that aligns with a definition of obsessions, particularly emphasizing that individuals often experience blasphemous thoughts originating in their minds, despite not desiring to have them (Greenberg et al., 1987).

Two prominent figures in Christianity, Ignatius of Loyola and Martin Luther, have arguably provided among the earliest descriptions of scrupulosity (Greenberg et al., 1987). Ignatius described in his experience that he often had thoughts that did not originate within himself, and he feared that he might have sinned (Greenberg et al., 1987). From these thoughts, Ignatius described experiencing uncertainty about the subject, often concluding that he was contending with a scruple (Greenberg et al., 1987). Furthermore, Ignatius categorized scruples regarding the experience of fear associated with the potential to commit sin. Such fear motivates an individual to demonstrate to themselves that a sin has not occurred; if the individual can attain this level of 'proof', then all is deemed well. Conversely, if not, scrupulosity ensues, manifesting specifically in religious-oriented penitential behaviors (Greenberg et al., 1987). These experiences of Ignatius were similar yet distinct from Martin Luther's encounter with scrupulosity (Greenberg et al., 1987).

Renowned for initiating the Protestant Reformation, Martin Luther's encounter with scrupulosity occurred several years earlier during his tenure as a dedicated Catholic monk (Greenberg et al., 1987; Osborn, 2008; Osborn, 2023). Luther's symptoms of scrupulosity manifested as obsessive concerns about attaining justification (Greenberg et al., 1987; Osborn, 2023). It has been reported that Luther engaged in obsessive and excessive religious practices, specifically confession, to attain justification in God's eyes (Greenberg et al., 1987; Osborn, 2023). Luther was not primarily concerned with whether he had committed sins; rather, his obsessive preoccupations were with whether he had adequately confessed them (Greenberg et al., 1987; Osborn, 2023). Greenberg et al. (1987) describe that Luther would dedicate hours, occasionally up to six, attempting to recall all sins he may or may not have committed, only to depart from the confessional experience still uncertain whether he had absolved himself of all

confessed sins. Although these accounts date back several centuries, it is regrettable that individuals in the modern era persist in experiencing comparable obsessive religious concerns (Abramowitz et al., 2002; Abramowitz et al., 2004; Abramowitz & Jacoby, 2014; Buchholz et al., 2019; Abramowitz & Hellberg, 2020; Ayoub et al., 2024; Sharma et al., 2025; Chan, 2025; Matthews & Sarawgi, 2025; Raj et al., 2025).

Scrupulosity in Modern Literature

Within contemporary scholarly discourse, the examination of scruples transitioned from a religious context to the domain of scientific psychological literature at the beginning of the 19th century (Weisner & Riffel, 1960). Indeed, as described by Weisner and Riffel (1960), Pierre Janet published a monumental work in 1908 that was among the first to characterize symptoms of scrupulosity from a psychological perspective. Over the past century, various conceptualizations of scrupulosity have been proposed, integrating perspectives from psychodynamic (Weisner & Riffel, 1960), cognitive (Salkovskis & Warwick, 1985; Rachman, 1997), and cognitive-behavioral (CB) approaches (Abramowitz & Jacoby, 2014). Furthermore, contemporary literature has examined several factors related to the expression of scrupulosity, including religiosity (Abramowitz et al., 2004; Siev et al., 2017; Buchholz et al., 2019; Henderson et al., 2020; Inozu et al., 2020; Moroń et al., 2022; Bailey et al., 2023; Raj et al., 2025) and scrupulosity across religions (Siev et al., 2010; Buchholz et al., 2019; Ayoub et al., 2024).

Scrupulosity and Religiosity

Numerous scholarly investigations over the past few decades have examined the relationship between religiosity and scrupulosity (Abramowitz et al., 2002; Abramowitz et al., 2004; Gonsalvez et al., 2010; Inozu et al., 2012; Bailey et al., 2023; Ayoub et al., 2024; Raj et

al., 2025). Early investigations regarding the association of religiosity, scrupulosity, and obsessive-compulsive (OC) symptoms were conducted by Abramowitz et al. (2002) and Abramowitz et al. (2004). In developing the Penn Inventory of Scrupulosity (PIOS), a significant difference was observed in the Fear of God subscale between highly devout and less devout participants (Abramowitz et al., 2002). These results were further supported by a subsequent study by Abramowitz et al. (2004), which showed that individuals in a highly religious group demonstrated significantly higher OC symptom scores than less religious individuals and individuals with no religious affiliation. These findings were further substantiated by a study conducted by Gonsalvez et al. (2010), which demonstrated that participants' level of faith was positively correlated with higher levels of scrupulosity, after controlling for obsessive beliefs. A further notable finding of the study by Gonsalvez et al. (2010) is that the nonclinical participants exhibited scrupulosity according to the PIOS. These findings were also observed in the study by Inozu et al. (2012). As discussed by Inozu et al. (2012), the identification of scrupulosity within nonclinical samples indicates a dimensional perspective of the construct of scrupulosity, thereby prompting a future research inquiry into whether heightened levels of scrupulosity may serve as a risk factor for religious individuals developing OCD. In addition to findings that scrupulosity was present in nonclinical samples, results from the study by Inozu et al. (2012) further demonstrated that scrupulosity was elevated among participants who identified as highly religious, regardless of their religious background.

A more recent study by Raj et al. (2025) corroborates previous research (Abramowitz et al., 2002; Abramowitz et al., 2004; Gonsalvez et al., 2010; Inozu et al., 2012), indicating that, in comparison to individuals with low religious orientation, highly devout religious individuals exhibited elevated levels of scrupulosity. Furthermore, the study by Raj et al. (2025) revealed an

increase in the severity of obsessions and compulsions among individuals with strong religious devotion and beliefs. The findings of Raj et al. (2025) were consistent with those of a prior study conducted by Bailey et al. (2023). Indeed, Bailey et al. (2023) conducted a mediational analysis examining the relationship among religiosity, RS, and mental health impairment within the Latinx community. The study demonstrated that elevated scores on a religious commitment scale correlated with higher scores on the PIOS and consequently resulted in increased mental health impairment (Bailey et al., 2023). It is important to note that a nuanced finding was identified by Bailey et al. (2023) regarding the relationship between religiosity and mental health impairment. The findings suggested that RS fully mediated the relationship between religiosity and clinically significant mental health impairment (Bailey et al., 2023).

Though these studies (Abramowitz et al., 2002; Abramowitz et al., 2004; Gonsalvez et al., 2010; Inozu et al., 2012; Bailey et al., 2023; Raj et al., 2025) endorse a significant positive relationship between religiosity and scrupulosity, it is important to note that the body of literature demonstrates mixed findings (Siev et al., 2017; Henderson et al., 2022; Bailey et al., 2023). Siev et al. (2017) discuss how numerous studies have been unable to establish positive correlations between OCD and religiosity, asserting that it is most probable that individuals who are religious and exhibit OCD will typically manifest OCD symptoms within a religious theme.

Further, as discussed by Henderson et al. (2022), mixed findings can be attributed to several factors. Such factors include the mixed operationalization of religiosity, the closely related construct of spirituality, and the use of highly fundamental religious participants (Henderson et al., 2022). Henderson et al. (2022) further highlight an example of potentially erroneous measurement of religiosity, suggesting that in some studies (Steketee et al., 1991; Abramowitz et al., 2002), religiosity was measured too simplistically. Furthermore, Henderson et

al. (2022) argue that religiosity, a complex construct, has traditionally been represented as unidimensional in prior studies.

In summary, the literature on RS and religiosity presents mixed findings (Siev et al., 2017; Henderson et al., 2022; Bailey et al., 2023; Raj et al., 2025). One perspective on interpreting these findings is opportunistic. From this standpoint, the mixed results emphasize the intricacy of RS and highlight the ongoing need for further research in this field. The present study aims to accomplish this objective.

Scrupulosity Across Religions

Though RS is historically associated with Christianity, as in the accounts of Ignatius and Martin Luther (Weisner & Riffel, 1960; Greenberg et al., 1987; Osborn, 2008; Osborn, 2023), the literature reveals that RS is not exclusive to one religion (Abramowitz et al., 2002; Inozu et al., 2012; Abramowitz et al., 2014; Buchholz et al., 2019; Inozu et al., 2020; Henderson et al., 2022; Raj et al., 2025). Indeed, the body of literature has demonstrated that RS is associated with individuals who practice Christianity (Abramowitz et al., 2002; Abramowitz et al., 2014; Buchholz et al., 2019; Abramowitz & Hellberg, 2020), Judaism (Abramowitz et al., 2002; Abramowitz et al., 2004; Buchholz et al., 2019; Abramowitz & Hellberg, 2020), Hinduism (Abramowitz et al., 2014), Catholicism (Hepworth et al., 2010; Abramowitz et al., 2014; Abramowitz & Hellberg, 2020) and Islam (Inozu et al., 2012; Inozu et al., 2020; Rosli et al., 2021; Raj et al., 2025).

An important facet to consider regarding RS across diverse religions is how symptoms manifest. Indeed, as discussed by numerous scholars in the literature (Abramowitz et al., 2002; Abramowitz et al., 2004; Witzig et al., 2013; Abramowitz & Jacoby, 2014; Siev et al., 2017; Buchholz et al., 2019; Abramowitz & Hellberg, 2020; Inozu et al., 2020; Ayoub, 2024),

religious affiliation is a crucial factor to consider regarding RS. This is highlighted in the studies conducted by Abramowitz et al. (2002), Abramowitz et al. (2004), Inozu et al. (2012), Rosmarin et al. (2010), Huppert and Fradkin (2016), and Rosli et al. (2021). These studies, among others that examine differences in religious affiliation (Abramowitz & Jacoby, 2014; Buchholz et al., 2019; Abramowitz & Hellberg, 2020), demonstrate the idiosyncratic presentation of RS.

Research has demonstrated that individuals across religious affiliations exhibit distinct expressions of RS (Inozu et al., 2012; Buchholz et al., 2019). This differentiation is evident in a study by Inzou et al. (2012), which found that individuals who were highly devout Muslims scored notably higher on a psychometric inventory assessing the Fear of God than participants identified as highly devout Christians. In addition to the notable differences in how Muslims scored compared to Christians when assessing their Fear of God, other differences were identified (Inozu et al., 2012). Indeed, results further revealed a difference in obsessiveness, with highly devout Christian participants demonstrating a stronger relationship between obsessiveness and scrupulosity compared to highly devout Muslim participants (Inozu et al., 2012). These findings regarding the different expression of scrupulosity across religious affiliation were further supported by subsequent studies (Huppert & Fradkin, 2015; Buchholz et al., 2019; Ayoub et al., 2024). In a study by Ayoub et al. (2024), participants affiliated with Islam were asked about blasphemous or skeptical thoughts about their religious texts or prophetic sayings; the majority denied experiencing such thoughts. These findings are significant, as they illustrate a consistent pattern in the literature regarding variations in religious affiliation, given that numerous studies have indicated that blasphemous and skeptical attitudes towards religious elements tend to be more closely associated with Protestant

Christianity than with other religions (Abramowitz et al., 2004; Witzig et al., 2013; Abramowitz & Buchholz, 2020).

In summary, the body of literature presents a consistent depiction of RS expression across various religions (Abramowitz et al., 2002; Inozu et al., 2012; Witzig et al., 2013; Huppert & Fradkin, 2015; Buchholz et al., 2019; Abramowitz & Buchholz, 2020; Ayoub et al., 2024; Raj et al., 2025). In this regard, the current proposal aims to investigate further these religious distinctions, with particular emphasis on Christianity. Given the diversity among Christian denominations, several have been neglected in the study of RS. This research aims to address this notable gap by examining the phenomenology of RS within Pentecostal Christianity, a denomination that has received minimal to no scientific attention on the subject.

Problem Statement

A significant issue encountered in the scientific investigation of RS is the idiosyncratic presentation of symptoms (Toprak et al., 2024; Siev et al., 2025). Indeed, OCD is characterized by considerable phenomenological symptom variability (Abramowitz et al., 2014; Ayoub et al., 2024), and this feature is also observed in RS symptoms (Toprak et al., 2024; Siev et al., 2025). Though RS has been investigated for several decades (Greenberg, 1984; Greenberg et al., 1987; Abramowitz et al., 2004; Bourke, 2009; Siev et al., 2017; Chan, 2025; Raj et al., 2025), it remains an understudied presentation of OCD (Toprak et al., 2024; Ayoub et al., 2024; Siev et al., 2025). The existing literature has identified that religious (Yorulmaz et al., 2009; Inozu et al., 2012; Buchholz et al., 2019) and cultural (Silva, 2006; Nicolini et al., 2018) characteristics significantly influence the presentation of RS. Indeed, although the fundamental symptomatology of RS encompasses obsessions and compulsions (Raj et al., 2025), the specific content of these obsessions and compulsions is typically influenced by the individual's religious

or cultural environment (Rosli et al., 2021; Moroń et al., 2022). In addition to the diverse content, empirical investigations have established that aspects of RS are experienced differently across various religions (Abramowitz et al., 2002; Inozu et al., 2012; Witzig et al., 2013; Huppert & Fradkin, 2015; Buchholz et al., 2019; Abramowitz & Buchholz, 2020; Ayoub et al., 2024; Raj et al., 2025). Findings from a study conducted by Inzou et al. (2012) demonstrated a significant divergence in the expression of scrupulosity between highly devout Muslims and highly devout Christians. The study conducted by Inozu et al. (2012) and other literature (Buchholz et al., 2019; Abramowitz & Buchholz, 2020) highlight how religion influences the expression of RS. Collectively, the literature (Huppert & Siev, 2010; Inozu et al., 2012; Buchholz et al., 2019; Abramowitz & Buchholz, 2020) underscores the significance of further investigation into RS, considering the symptom variability linked to doctrinal differences among various religions. To the best of my knowledge, Christian Pentecostalism, a particular religious denomination within Christianity, lacks scientific representation concerning RS. Therefore, this research proposal intends to address the existing gap in the literature by examining RS with a specific focus on Christian Pentecostalism.

The rationale for investigating RS within Christian Pentecostalism is justified for multiple reasons. First, as previously mentioned, conducting a scientific investigation of RS with an emphasis on Christian Pentecostalism addresses a notable gap within the existing literature. To the best of my knowledge, no scholarly studies have examined the phenomenology of RS in this population. Furthermore, given that a challenge in the psychotherapeutic assessment and treatment of RS is to differentiate symptoms from normative practices (Siev et al., 2017; Siev et al., 2021; Matthew & Sarawgi, 2025), the proposed research may offer both mental health professionals and church pastors, leaders, and care teams improved insights into the

phenomenon, thereby informing assisting parties with appropriate information. Lastly, given the absence of existing literature on the phenomenology of RS within Christian Pentecostalism, the proposed research will make a vital contribution to the scholarly literature, establishing an academic foundation for future research.

Purpose of Study

The purpose of the research proposal herein is to investigate the phenomenology of RS among individuals affiliated with Pentecostal-oriented Christianity. To the best of my knowledge, no prior literature has examined RS within Christian Pentecostalism. The research proposal aims to broaden the existing body of literature concerning RS in general and establish an academic foundation for future investigations into the phenomenology of RS among individuals affiliated with Pentecostal-oriented Christianity. The proposed study will address this gap by investigating the following questions: How do Pentecostal Christian adults diagnosed with OCD with a primary presentation of RS articulate their lived experiences with RS? How do Pentecostal Christian adults diagnosed with OCD with a primary presentation of RS describe what living with religious scrupulosity means to them?

Methods

The purpose of this research proposal is to investigate the phenomenology of RS among individuals affiliated with Pentecostal-oriented Christianity. The study will employ a primary qualitative research methodology, phenomenology (Moustakas, 1994; Neubauer et al., 2019; Creswell & Poth, 2023; Savin-Baden & Major, 2025). Within the phenomenological qualitative approach, transcendental phenomenology, also known as psychological phenomenology (Creswell & Poth, 2023) or descriptive phenomenology (Neubauer et al., 2019), will be employed.

Design and Methodology

Although the phenomenology of RS has been examined for several decades (Greenberg, 1984; Greenberg et al., 1987; Abramowitz et al., 2004; Bourke, 2009; Siev et al., 2017; Chan, 2025; Raj et al., 2025), the cultural (Silva, 2006; Nicolini et al., 2018) and religious variations (Yorulmaz et al., 2009; Inozu et al., 2012; Buchholz et al., 2019) render it a complex psychological disorder to investigate. Christian Pentecostalism is a religious orientation that, to my knowledge, lacks qualitative investigations concerning RS. The application of transcendental phenomenology (Moustakas, 1994; Neubauer et al., 2019; Creswell & Poth, 2023; Savin-Baden & Major, 2025) will provide the research with comprehensive qualitative methodologies that adequately address the existing gap in the literature, establish an academic foundation for the scientific investigation of RS within Christian Pentecostalism, potentially serve as a resource for mental health practitioners and church pastoral care teams within Christian Pentecostalism, and offer a descriptive essence statement of the lived experience with RS among individuals in Christian Pentecostalism.

I will employ scientific methodological rigor in the implementation of transcendental phenomenology, ensuring congruent philosophical alignment throughout the study. Indeed, as discussed by Neubauer et al. (2019), philosophical congruency is critically important within all implementations of phenomenology. An essential element of the philosophy underlying phenomenology is understanding the appropriate ontological and epistemological assumptions. Indeed, as discussed by Neubauer et al. (2019), it is essential to recognize that, from a phenomenological research perspective, the participant's subjective perception of the phenomenon of interest constitutes the focus of the scientific investigation. Neubauer et al. (2019) further elaborate on a concept initially discussed by Edmund Husserl, namely, inner

evidence, stating that the phenomenon should be examined within the participant's consciousness where the experience occurs. Furthermore, Neubauer et al. (2019) assert that, to understand the phenomenon, it should be investigated scientifically, grounded in the personal experiences and lived realities of the individual experiencing it.

A further critical element of the philosophy underlying phenomenological research is understanding the researcher's role, or axiology. Indeed, the concept of epoché developed by Husserl requires researchers to identify their presuppositions and biases and to actively eliminate them (Moustakas, 1994). Savin-Baden and Major (2025) further elaborate on the concept of epoché by using an alternative term, 'bracketing,' which denotes that the researcher should set aside any preconceived notions about the phenomenon under investigation and suspend judgment to observe it with clarity. Neubauer et al. (2019) assert that the primary objective of bracketing is to access the participant's lived experience of the phenomenon pre-reflectively, without introducing any preconceived notions, theories, definitions, or hypotheses into the phenomenological investigation. Although bracketing, as delineated by Husserl, is regarded as challenging, Husserl asserted that it is essential for appropriately perceiving the phenomenon and that the researcher must remain vigilant in their bracketing efforts (Neubauer et al., 2019). To this end, I will endeavor to conform to the appropriate phenomenological philosophical assumptions delineated by Neubauer et al. (2019) and Savin-Baden and Major (2025).

Participants and Recruitment

Specific criteria will be used to evaluate participant inclusion. These criteria encompass individuals aged 18 years or older who attend a Pentecostal-oriented church and have been diagnosed with OCD, with a primary obsessional theme related to religious or moral concerns. If the potential participant has not been diagnosed with OCD with a primary obsessional theme

related to religious or moral concerns but affirms experiencing what they describe as obsessive religious or moral concerns and claims to respond to those concerns with behaviors intended to seek reassurance or diminish their obsessiveness, I will conduct a brief psychiatric evaluation utilizing my clinical expertise in psychopathology, to determine their eligibility for inclusion in the study. The brief psychiatric evaluation will include only those participants who do not affirm an OCD diagnosis with primary obsessional themes related to religious or moral concerns. In addition, the brief psychiatric evaluation will employ the PIOS (Abramowitz, 2002) and the Yale-Brown Obsessive Compulsive Scale (YBOCS; Goodman et al., 1989; Anholt et al., 2010) to assess the participant's fit with the study's objective. The PIOS and YBOCS were selected as instruments to assess potential participants' fit with the study's objective, as both have been used in previous empirical investigations of RS and demonstrate acceptable psychometric properties (Henderson et al., 2022; Bailey et al., 2023). Exclusion criteria shall encompass participants diagnosed with comorbid disorders, specifically bipolar disorder, schizophrenia, or personality disorder. Comorbid diagnoses may complicate the formulation of a phenomenological essence statement of participants' lived experiences with RS.

The study aims to recruit between eight and twelve participants, which falls within the acceptable range for phenomenological research methodologies (Creswell & Poth, 2023; Pitney et al., 2024). Furthermore, recruiting eight to twelve participants aligns with the fundamental characteristics of qualitative research, specifically the aim to elicit and synthesize comprehensive details regarding the individual's lived experience with the phenomenon (Creswell & Poth, 2023). Maintaining a range from eight to twelve participants aligns with a qualitative research approach, affords sufficient focus to extract critical data that will ultimately constitute the essence statement, and provides satisfactory data for theme saturation (Creswell & Poth, 2023).

Procedures

Participant Recruitment

A variety of recruitment strategies will be used to recruit participants, including purposive, convenience, and snowball sampling (Creswell & Poth, 2023). First, given the precise demographic focus of Christian Pentecostalism, I will use Google Maps to identify Pentecostal-affiliated churches in Louisville, Kentucky. Several search strings will be used within Google Maps to identify church organizations that adhere to Christian Pentecostalism. The search strings include “Pentecost”, “Pentecostal”, and “Pentecostalism.” From the Google Maps results, a curated list of church organizations will be developed, and each will be contacted individually. Preliminary outreach to prospective churches will be conducted through each church's administrative office. Contact details for each prospective church will be obtained from Google Maps or, where available, from the church's official website. Multiple communication strategies will be employed to establish initial contact with the prospective church, including sending an email to the church's designated administrative email address, making a telephone call to the church's administrative office, and sending a physical letter via the United States Postal Service (USPS). If no response is received within one week following the initial email, a subsequent follow-up email will be sent. Furthermore, two separate telephone calls will be arranged. The second call will be made only if the initial call fails to establish contact with the church administration office. This subsequent call will be scheduled approximately two weeks after the initial call was made.

The information to be provided to each church via telephone, email, or letter will comprise a summary of the objective and purpose of the study, along with my contact information. If the prospective church does not establish contact within 40 days of sending the

initial letter via USPS, I will consider the church as uninterested and will cease any further attempts at communication. Churches interested in obtaining further information about the study will engage with me through one of three proposed methods: facilitate a presentation to be delivered to the congregation regarding the study, or supply the church administration and pastoral team with information about the study for dissemination among their congregation, via a virtual meeting and a PowerPoint slide.

In accordance with the aim of a phenomenological research approach, which aims to elucidate the essence of lived experiences of the same phenomenon among numerous individuals within Christian Pentecostalism (Croswell & Poth, 2023; Savin-Baden & Major, 2025), I will endeavor to recruit participants from the same church organization. If this objective is not achievable, I will seek participants from additional Pentecostal churches identified through Google Maps. The same contact procedures will be utilized to establish communication with any additional churches.

Data Collection, Instruments, and Materials

Upon recruiting eight and twelve prospective participants, I will email each a link to complete several digital documents. The documents will include informed consent, the PIOS (Abramowitz, 2002), basic demographic survey questions, a question regarding a diagnosis of OCD, and the primary OCD theme the participant struggles with. The question regarding diagnosis and OCD theme is as follows: “Have you ever been diagnosed with obsessive-compulsive disorder?” and “Is the primary obsessive content you struggle with related to your religious faith?” Participants who respond affirmatively regarding a diagnosis of OCD with a primary concern involving religious-oriented obsessions and compulsions will coordinate with me via email to establish a date for a face-to-face interview, conducted either via Zoom or in

vivo. Participants who did not affirm a diagnosis of OCD but achieved a score of 23 or higher on the PIOS (Abramowitz, 2002) will similarly coordinate with me through email to schedule the interview. Although these participants did not confirm a diagnosis of OCD, a PIOS score of 23 or higher suggests significant interference from scrupulosity symptoms (Shapiro et al., 2013).

The decision to interview participants for primary data collection is consistent with the phenomenological research approach (Creswell & Poth, 2023; Savin-Baden & Major, 2025). Indeed, interviewing the participant enables a deeper understanding of the participant's perspective, with the objective of elucidating the significance of the participant's lived experience regarding the phenomenon (Creswell & Poth, 2023). The Zoom option is provided solely for participants' convenience. Those who choose to participate in a face-to-face in vivo interview will meet at my office. The advantages of conducting face-to-face interviews via Zoom or in vivo facilitate the inclusion of additional data points within the phenomenological study. Indeed, as Savin-Baden and Major (2025) delineate, interviewees tend to communicate through their body language, and researchers are advised to observe these behavioral responses during the interview. Savin-Baden and Major (2025) enumerate several physiological data points to consider during the interview process. These encompass facial expressions, eye contact (where applicable), and body posture (Savin-Baden & Major, 2025).

The face-to-face interview, whether via Zoom or in person, will follow a semi-structured format. The semi-structured interview was selected for multiple reasons. Firstly, given participants' time commitments, a semi-structured interview allows for the exploration of particular topics and greater depth as the interview unfolds (Savin-Baden & Major, 2025). Indeed, although the semi-structured interview commences with a predetermined list of questions, the initial inquiries are crafted to be open-ended, thereby encouraging the participant

to engage in a dialogue that enables them to comprehensively articulate the depth and significance of their lived experience with the phenomenon (Savin-Baden & Major, 2025). Furthermore, this approach provides discretion regarding how to follow up on participants' responses (Savin-Baden & Major, 2025). It enables refocusing the participant, if necessary, and ensures a thorough exploration of the pertinent aspects of the participants' lived experiences concerning the phenomenon (Savin-Baden & Major, 2025). In addition, for those who have not exclusively affirmed they have been diagnosed with OCD or have primary obsessive and compulsive concerns regarding their religious faith, the semi-structured interview allows the use of other instruments such as the PIOS (Abramowitz, 2002) and the YBOCS (Goodman et al., 1989; Anholt et al., 2010) to ascertain to what degree the participant may be struggling with OCD and in particular RS. In these instances, my clinical experience in assessing OCD will be employed, offering a distinctive advantage to the interview process; however, it may also introduce bias. I will remain vigilant of potential biases throughout this segment of the interview, should they manifest.

During the semi-structured interview, in addition to taking notes on the interviewee's responses and body language, the interview will be audio- and video-recorded. Digitally recording the interview offers several advantages. Indeed, one such advantage is the ability to produce a comprehensive transcript after the interview has been completed (Savin-Baden & Major, 2025). Having an audio recording of the interview allows for the entire interview to be iteratively reviewed during the data analysis phase (Savin-Baden & Major, 2025). This allows further analysis of any points of confusion that may have arisen during the interview and to identify and reflect on key data points discovered during the live interview (Savin-Baden & Major, 2025). Furthermore, video recording provides another opportunity to analyze body

language post-interview, which might have been overlooked during note-taking. It is important to acknowledge, however, that video recording can serve as a source of distraction, given that a video camera is more invasive compared to a digital audio recording device (Savin-Baden & Major, 2025). I will assess participants' comfort levels regarding video recording prior to the interview and will refrain from recording if the participant expresses discomfort.

Data Protection and Informed Consent

Concerning recruitment protections, it is essential to uphold the integrity of informed consent and data security (Creswell & Poth, 2023). Participants shall receive a formal presentation and documentation elucidating the study's objectives, procedures, and potential risks. Once participants have been informed of the study's objective, procedures, and potential risks, they will be provided with an informed consent document devoid of complex psychological terminology prior to participating in the study. Individuals who elect not to complete the informed consent documentation will not be eligible to participate in the study.

Concerning the data security of participant information, all data shall be securely stored on a password-protected local computer. Furthermore, informed consent documents, digital recordings, and researchers' notes will be stored digitally separately, each assigned a unique identifier that links the data to the participant. Additional backup copies will be created using a suitably de-identified method (Creswell & Poth, 2023) and stored on an external storage device, such as a USB flash drive, with access protected by password encryption. Lastly, printed hard copies of audio recording transcripts and notes will be securely stored at my local office within a locked filing cabinet, behind a locked office door, and behind a secured building entrance.

Data Analysis

Data analysis will adhere to the revised Stevick-Colaizzi-Keen method as delineated by Moustakas (Creswell & Poth, 2023). This methodology provides a structured framework for systematically examining data collected during the interview process. The framework comprises approximately six steps. The initial stage involves sharing my personal encounter with the phenomenon under investigation (Creswell & Poth, 2023). This step, also referred to as bracketing, grants the opportunity to deliver a comprehensive account of my experiences with the phenomenon and to endeavor to set aside or bracket personal experiences, thereby focusing exclusively on the participants' lived experiences with the phenomenon (Neubauer et al., 2019; Creswell & Poth, 2023; Savin-Baden & Major, 2025). The next step, known as horizontalization, is to identify and develop a list of significant statements within the data (Creswell & Poth, 2023). The concept of horizontalization in this phase entails eliminating any hierarchical ordering of the statements provided by participants, as each significant statement is regarded as possessing equal value and importance (Creswell & Poth, 2023). Subsequently, I will proceed to develop larger units, commonly referred to as meaning units or themes (Creswell & Poth, 2023). These units of meaning serve as the foundation for interpretation and constitute a significant step in discerning the essence of the phenomenon (Creswell & Poth, 2023). The subsequent two steps, which involve creating a description of what the participants experienced and how they experienced it, constitute the core elements in developing the universal essence statement (Neubauer et al., 2019; Creswell & Poth, 2023). The 'what' description provides a textural description of the phenomenon, whereas the 'how' description supplies a structural description of the phenomenon (Creswell & Poth, 2023). The final phase, the development of the essence statement of the phenomenon, combines both textual and structural descriptions derived from participant data (Savin-Baden & Major, 2025). The essence statement will constitute the final product of the

current proposed study, offering the reader an insight into the participants' experiences and the manner in which they experienced the phenomenon (Creswell & Poth, 2023; Savin-Baden & Major, 2023).

Conclusion

RS is a complex multifactorial phenomenon that has been documented through the centuries (Weisner & Riffel, 1960; Greenberg et al., 1987). Despite the lengthy history of RS within the literature (Weisner & Riffel, 1960; Greenberg et al., 1987), several gaps persist (Toprak et al., 2024; Ayoub et al., 2024; Siev et al., 2025). A significant factor contributing to the gap in the literature is the variation in beliefs and religious practices across different religious groups (Abramowitz et al., 2004; Witzig et al., 2013; Abramowitz & Jacoby, 2014; Siev et al., 2017; Buchholz et al., 2019; Abramowitz & Hellberg, 2020; Inozu et al., 2020; Ayoub, 2024). Indeed, although RS is regarded as a manifestation of OCD and is characterized by the core components of OCD, namely obsessions and compulsions (Siev et al., 2021; Wetterneck et al., 2021; Siev et al., 2025), the manner in which RS is expressed exhibits considerable individual variability (Williams et al., 2013; Abramowitz & Jacoby, 2014; Abramowitz & Hellberg, 2020; Ayoub et al., 2024). Research has demonstrated that an individual's religious affiliation influences how RS is expressed (Abramowitz & Hellberg, 2020; Inozu et al., 2020; Ayoub, 2024). Further, given the complexities of RS, research has demonstrated mixed results regarding the role of religiosity within RS (Siev et al., 2017; Henderson et al., 2022; Bailey et al., 2023). Though several studies endorse a positive association between religiosity and RS (Abramowitz et al., 2002; Abramowitz et al., 2004; Gonsalvez et al., 2010; Inozu et al., 2012; Bailey et al., 2023; Raj et al., 2025), others show no significant association (Siev et al., 2017). Notwithstanding the mixed outcomes, numerous opportunities remain to advance scientific understanding of RS.

The present proposal seeks to capitalize on these opportunities to expand the literature on RS in several ways. Firstly, due to variations in religious beliefs and practices across different faiths (Abramowitz et al., 2004; Witzig et al., 2013; Abramowitz & Jacoby, 2014; Siev et al., 2017; Buchholz et al., 2019; Abramowitz & Hellberg, 2020; Inozu et al., 2020; Ayoub, 2024), several Christian denominations have been insufficiently examined. One such denomination, the present proposal aims to investigate, which currently lacks representation within the scientific literature, is Christian Pentecostalism. Indeed, to the best of my knowledge, no studies have thus far been undertaken to investigate the phenomenon of RS among individuals affiliated with Pentecostal-oriented Christianity. Further, the present proposal seeks to conduct a first-of-its-kind qualitative study, specifically, from a transcendental phenomenological approach (Moustakas, 1994; Neubauer et al., 2019; Creswell & Poth, 2023; Savin-Baden & Major, 2025). A transcendental-phenomenological approach offers several advantages (Moustakas, 1994; Neubauer et al., 2019; Creswell & Poth, 2023; Savin-Baden & Major, 2025). First, it facilitates an in-depth analysis of the lived experiences of individuals purportedly struggling with RS within the Pentecostal Christian community. This detailed exploration of lived experiences will yield a comprehensive understanding of what it means to live with RS within Pentecostalism and its significance to individuals (Neubauer et al., 2019; Creswell & Poth, 2023; Savin-Baden & Major, 2025). Second, a transcendental-phenomenological approach will contribute an essence statement to the literature, capturing the universal essence of lived experience with RS within a Pentecostal-oriented religious framework (Neubauer et al., 2019; Creswell & Poth, 2023; Savin-Baden & Major, 2025). Third, this approach will introduce RS into the scientific discourse within Pentecostalism, thereby establishing a foundation for future scholarly inquiry. Finally, conducting a transcendental phenomenological analysis may yield benefits not only in academic

research but also in clinical and spiritual domains. Indeed, examining RS within Pentecostalism through a transcendental-phenomenological lens has the potential to yield valuable insights for clinicians, Pentecostal church leaders, and pastors seeking to serve better and support individuals experiencing RS.

References

Abramowitz, S. J., Huppert, D. J., Cohen, B. A., Tolin, F. D., & Cahill, P. S. (2002). Religious obsessions and compulsions in a non-clinical sample: The Penn Inventory of Scrupulosity (PIOS). *Behaviour Research and Therapy*, 40(7), 825-838.
[https://doi.org/10.1016/S0005-7967\(01\)00070-5](https://doi.org/10.1016/S0005-7967(01)00070-5)

Abramowitz, S. J., Deacon, J. B., Woods, M. C., & Tolin, F. D. (2004). Association between Protestant religiosity and obsessive-compulsive symptoms and cognitions. *Depression and Anxiety*, 20(2), 70-76. <https://doi.org/10.1002/da.20021>

Abramowitz, S. J., Fabricant, E. L., Taylor, S., Deacon, J. B., Mckay, D., & Storch, A. E. (2014). The relevance of analogue studies for understanding obsessions and compulsions. *Clinical Psychology Review*, 34(3), 206-217. <https://doi.org/10.1016/j.cpr.2014.01.004>

Abramowitz, S. J., & Buchholz, L. J. (2020). Spirituality/religion and obsessive-compulsive-related disorders. In *Handbook of Spirituality, Religion, and Mental Health* (pp. 61-78).

Abramowitz, S. J., & Hellberg, N. S. (2020). Scrupulosity. In *Advanced Casebook of Obsessive-Compulsive and Related Disorders* (pp. 71-87).

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders*. In Text rev.) (5th ed.). Author.

Anholt, G. E., Oppen, P. v., Cath, D. C., Smit, J. H., Boer, J. d., Verbraak, M., & Balkom, A. v. (2010). The Yale-Brown Obsessive-Compulsive Scale: Factor Structure of a Large Sample. *Frontiers in Psychiatry*, 1. <https://doi.org/10.3389/fpsyg.2010.00018>

Ayoub, R. A. W., Jalbout, E. D. J., Maalouf, N., Ayache, S. S., Chalah, A. M., & Rassoul, A. R. (2024). Obsessive-compulsive disorder with a religious focus: An observational study. *Journal of Clinical Medicine*, 13(24), 7575. <https://doi.org/10.3390/jcm13247575>

Bailey, C., Venta, A., Baumgartner, M., Mercado, A., Colunga-Rodríguez, C., Ángel-González, M.,...Sarabia-López, E. L. (2023). Religiosity and religious scrupulosity as markers of poor mental health in the Latinx community: A mediation model. *Practice Innovations*, 8(1), 23-33. <https://doi.org/10.1037/pri0000208>

Bourke, J. (2009). Divine madness: The dilemma of religious scruples in twentieth-century america and britain. *Journal of Social History*, 42(3), 581-603. <https://doi.org/10.1353/jsh.0.0152>

Buchholz, L. J., Abramowitz, S. J., Riemann, C. B., Reuman, L., Blakey, M. S., Leonard, C. R., & Thompson, A. K. (2019). Scrupulosity, religious affiliation and symptom presentation in obsessive compulsive disorder. *Behavioural and Cognitive Psychotherapy*, 47(4), 478-492. <https://doi.org/10.1017/S1352465818000711>

Chan, C. H. (2025). Comparing qualitative and quantitative research findings on scrupulosity among hong kong catholics and protestants. *International Journal of Practical Theology*, 29(1), 119-142. <https://doi.org/10.1515/ijpt-2024-0034>

Cougle, R. J., Purdon, C., Fitch, E. K., & Hawkins, A. K. (2013). Clarifying relations between thought-action fusion, religiosity, and obsessive-compulsive symptoms through consideration of intent. *Cognitive Therapy and Research*, 37(2), 221-231. <https://doi.org/10.1007/s10608-012-9461-8>

Creswell, J. W., & Poth, C. N. (2023). *Qualitative Inquiry and research design* (5th ed.). SAGE Publications, Inc.

Gonsalvez, J. C., Hains, R. A., & Stoyles, G. (2010). Relationship between religion and obsessive phenomena. *Australian Journal of Psychology*, 62(2), 93-102. <https://doi.org/10.1080/00049530902887859>

Goodman, W. K., Price, L. H., Rasmussen, S. A., Mazure, C., Fleischmann, R. L., Hill, C. L.,...Charney, D. S. (1989). The Yale-Brown Obsessive Compulsive Scale. *Archives of General Psychiatry*, 46(11). <https://doi.org/10.1001/archpsyc.1989.01810110048007>

Greenberg, D. (1984). Are religious compulsions religious or compulsive: A phenomenological study. *American Journal of Psychotherapy*, 38(4), 524-532.
<https://doi.org/10.1176/appi.psychotherapy.1984.38.4.524>

Greenberg, D., Witztum, E., & Pisante, J. (1987). Scrupulosity: Religious attitudes and clinical presentations. *British Journal of Medical Psychology*, 60(1), 29-37.
<https://doi.org/10.1111/j.2044-8341.1987.tb02714.x>

Henderson, C. L., Stewart, E. K., Koerner, N., Rowa, K., Mccabe, E. R., & Antony, M. M. (2022). Religiosity, spirituality, and obsessive-compulsive disorder-related symptoms in clinical and nonclinical samples. *Psychology of Religion and Spirituality*, 14(2), 208-221.
<https://doi.org/10.1037/rel0000397>

Hepworth, M., Simonds, M. L., & Marsh, R. (2010). Catholic priests' conceptualisation of scrupulosity: A grounded theory analysis. *Mental Health, Religion & Culture*, 13(1), 1-16. <https://doi.org/10.1080/13674670903092177>

Huppert, D. J., & Siev, J. (2010). Treating Scrupulosity in Religious Individuals Using Cognitive-Behavioral Therapy. *Cognitive and Behavioral Practice*, 17(4), 382-392.
<https://doi.org/10.1016/j.cbpra.2009.07.003>

Huppert, D. J., & 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(6), 639-651. <https://doi.org/10.1037/pas0000203>

Inozu, M., Clark, A. D., & Karanci, N. A. (2012). Scrupulosity in Islam: A comparison of highly religious Turkish and Canadian samples. *Behavior Therapy*, 43(1), 190-202.

<https://doi.org/10.1016/j.beth.2011.06.002>

Inozu, M., Kahya, Y., & Yorulmaz, O. (2020). Neuroticism and religiosity: The role of obsessive beliefs, thought-control strategies and guilt in scrupulosity and obsessive-compulsive symptoms among muslim undergraduates. *Journal of Religion and Health*, 59(3), 1144-1160. <https://doi.org/10.1007/s10943-018-0603-5>

Johnson, A. L. D., Borgogna, C. N., Ingram, B. P., Warlick, C., Spencer, D. S., Mims, E. C.,... Nielsen, A. J. (2024). The scrupulosity obsessions and compulsions scale: A measurement of scrupulosity within an OCD framework. *Journal of Obsessive-Compulsive and Related Disorders*, 43, 100918.

<https://doi.org/10.1016/j.jocrd.2024.100918>

Johnson, L. A. D., & Borgogna, C. N. (2025). Scrupulosity, religious prompting confusion, and religious prompting distress: An exploratory look at confusing scrupulosity with god in undergraduate students. *Spirituality in Clinical Practice*.

<https://doi.org/10.1037/scp0000403>

Mathews, E. R., & Sarawgi, S. (2025). From doubt to direction: Untangling pediatric scrupulosity. *Children*, 12(4), 528. <https://doi.org/10.3390/children12040528>

Mauzay, D., & Cuttler, C. (2018). Dysfunctional cognitions mediate the relationships between religiosity, paranormal beliefs, and symptoms of obsessive-compulsive disorder. *Mental Health, Religion & Culture*, 21(8), 838-850.

<https://doi.org/10.1080/13674676.2019.1583176>

Moroń, M., Biolik-Moroń, M., & Matuszewski, K. (2022). Scrupulosity in the network of obsessive-compulsive symptoms, religious struggles, and self-compassion: A study in a non-clinical sample. *Religions*, 13(10), 879. <https://doi.org/10.3390/rel13100879>

Moustakas, C. (1994). *Phenomenological research methods*. SAGE Publications, Inc.

Nelson, A. E., Abramowitz, S. J., Whiteside, P. S., & Deacon, J. B. (2006). Scrupulosity in patients with obsessive-compulsive disorder: Relationship to clinical and cognitive phenomena. *Journal of Anxiety Disorders*, 20(8), 1071-1086.
<https://doi.org/10.1016/j.janxdis.2006.02.001>

Neubauer, E. B., Witkop, T. C., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, 8(2), 90-97.
<https://doi.org/10.1007/s40037-019-0509-2>

Nicolini, H., Salin-Pascual, R., Cabrera, B., & Lanzagorta, N. (2018). Influence of culture in obsessive-compulsive disorder and its treatment. *Current Psychiatry Reviews*, 13(4), 285-292. <https://doi.org/10.2174/2211556007666180115105935>

Osborn, I. (2008). *Can Christianity cure obsessive-compulsive disorder?: A psychiatrist explores the role of faith in treatment*. Brazos Press.

Osborn, I. (2023). *Martin luther's obsessive-compulsive disorder: How the great reformer cured ocd and what he learned*. OCD Resources Publishing.

Pitney, W., Parker, J., Mazerolle, S., & Potteiger, K. (2024). *Qualitative research in the health professions* (1 ed.). Routledge. <https://doi.org/10.4324/9781003526100>

Rachman, S. (1997). A cognitive theory of obsessions. *Behaviour Research and Therapy*, 35(9), 793-802. [https://doi.org/10.1016/s0005-7967\(97\)00040-5](https://doi.org/10.1016/s0005-7967(97)00040-5)

Raj, R., Khanam, A., Wani, A. Z., & Haq, I. (2025). Scrupulosity in OCD and its association with religiosity and guilt – an exploratory study in Kashmir, North India. *Mental Health, Religion & Culture*, 1-15. <https://doi.org/10.1080/13674676.2025.2451905>

Rosli, M. N. A., Sharip, S., & Thomas, S. N. (2021). Scrupulosity and Islam: A perspective. *Journal of Spirituality in Mental Health*, 23(3), 255-277. <https://doi.org/10.1080/19349637.2019.1700476>

Rosmarin, H. D., Pirutinsky, S., & Siev, J. (2010). Recognition of scrupulosity and non-religious ocd by Orthodox and non-Orthodox Jews. *Journal of Social and Clinical Psychology*, 29(8), 930-944. <https://doi.org/10.1521/jscp.2010.29.8.930>

Salkovskis, M. P., & Warwick, C. M. H. (1985). Cognitive therapy of obsessive – compulsive disorder: Treating treatment failures. *Behavioural and Cognitive Psychotherapy*, 13(3), 243-255. <https://doi.org/10.1017/S0141347300011095>

Savin-Baden, M., & Major, C. H. (2025). *Qualitative research: The essential guide to theory and practice* (Second ed.). Routledge.

Silva, D. P. (2006). Culture and obsessive–compulsive disorder. *Psychiatry*, 5(11), 402-404. <https://doi.org/10.1053/j.mppsy.2006.08.006>

Siev, J., Chambless, L. D., & Huppert, D. J. (2010). Moral thought–action fusion and OCD symptoms: The moderating role of religious affiliation. *Journal of Anxiety Disorders*, 24(3), 309-312. <https://doi.org/10.1016/j.janxdis.2010.01.002>

Siev, J., Huppert, J. D., & Zuckerman, S. E. (2017). *Understanding and treating scrupulosity* (Vol. 1). Wiley-Blackwell.

Siev, J., Rasmussen, J., Sullivan, W. D. A., & Wilhelm, S. (2021). Clinical features of scrupulosity: Associated symptoms and comorbidity. *Journal of Clinical Psychology*, 77(1), 173-188. <https://doi.org/10.1002/jclp.23019>

Siev, J., Berman, H. A., Rasmussen, J., & Wilhelm, S. (2025). Obsessional cognitive styles in scrupulosity and contamination OCD. *Behaviour Research and Therapy*, 193, 104821. <https://doi.org/10.1016/j.brat.2025.104821>

Shapiro, J. L., Krompinger, W. J., Gironda, M. C., & Elias, A. J. (2013). Development of a scrupulosity severity scale using the Pennsylvania Inventory of Scrupulosity-Revised. *Journal of Obsessive-Compulsive and Related Disorders*, 2(4), 420-424. <https://doi.org/10.1016/j.jocrd.2013.08.001>

Sharma, A., Lone, Z. A., & Singh, A. (2025). Scrupulosity in obsessive-compulsive disorder patients: A systematic literature review and bibliometric analysis from 2000 to 2023. *Journal of Neonatal Surgery*, 14, 170-181.

Steketee, G., Quay, S., & White, K. (1991). Religion and guilt in OCD patients. *Journal of Anxiety Disorders*, 5(4), 359-367. [https://doi.org/10.1016/0887-6185\(91\)90035-R](https://doi.org/10.1016/0887-6185(91)90035-R)

Toprak, B. T., & Özçelik, N. H. (2024). Psychotherapies for the treatment of scrupulosity: a systematic review. *Current Psychology*, 43(26), 22361-22375. <https://doi.org/10.1007/s12144-024-06040-2>

Weisner, M. W., & Riffel, A. P. (1960). Scrupulosity: Religion and obsessive compulsive behavior in children. *American Journal of Psychiatry*, 117(4), 314-318. <https://doi.org/10.1176/ajp.117.4.314>

Wetterneck, T. C., Rouleau, M. T., Williams, T. M., Vallely, A., Torre, L. T. J., & Björgvinsson, T. (2021). A new scrupulosity scale for the dimensional obsessive-compulsive scale

(docs): Validation with clinical and nonclinical samples. *Behavior Therapy*, 52(6), 1449-1463. <https://doi.org/10.1016/j.beth.2021.04.001>

Williams, T. M., Mugno, B., Franklin, M., & Faber, S. (2013). Symptom dimensions in obsessive-compulsive disorder: Phenomenology and treatment outcomes with exposure and ritual prevention. *Psychopathology*, 46(6), 365-376.

<https://doi.org/10.1159/000348582>

Witzig, F. T., & Pollard, A. C. (2013). Obsessional beliefs, religious beliefs, and scrupulosity among fundamental Protestant Christians. *Journal of Obsessive-Compulsive and Related Disorders*, 2(3), 331-337. <https://doi.org/10.1016/j.jocrd.2013.06.002>

Yorulmaz, O., Gençöz, T., & Woody, S. (2009). OCD cognitions and symptoms in different religious contexts. *Journal of Anxiety Disorders*, 23(3), 401-406.

<https://doi.org/10.1016/j.janxdis.2008.11.001>