

**A Psychological and Biblical Integrative Exploration of Religious Scrupulosity Obsessive
Compulsive Disorder**

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I have no known conflict of interest to disclose.

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Abstract

Discussed herein is an integrative analysis between a biblical perspective and a scientific perspective regarding religious scrupulosity obsessive-compulsive disorder (RSOCD). RSOCD is a subtype of obsessive-compulsive disorder (OCD) and is characterized by the debilitating experience of obsessions and compulsive behaviors regarding religious and moral content. A scientific review of RSOCD was conducted. In the scientific review, several core cognitive mechanisms are discussed, including thought-action fusion, the importance and control of thoughts, inflated responsibility, intolerance of uncertainty, and perfectionism. A biblical analysis was also conducted alongside the scientific review of the core cognitive mechanisms, major biblical themes, and gaps in the biblical knowledge base regarding RSOCD. Although the Bible does not explicitly address the fundamental cognitive mechanisms of OCD, the core aspects of these mechanisms are examined from a biblical standpoint. Furthermore, an integrative review was presented that discussed the alignment and misalignment between the Bible and the scientific literature regarding RSOCD. Major integrative conclusions were discussed, along with identified discrepancies between a biblical perspective and the scientific literature. Lastly, the integrative review identified emergent knowledge gaps in the Bible regarding RSOCD, as well as several avenues for future research into an integrative investigation of RSOCD within Pentecostalism.

Keywords: obsessive-compulsive disorder, religious scrupulosity, Christianity, mental health, Pentecostalism, integration, biblical analysis

A Psychological and Biblical Integrative Exploration of Religious Scrupulosity Obsessive Compulsive Disorder

Religious scrupulosity (RS) is a subtype of obsessive-compulsive disorder (OCD) characterized by obsessions and compulsions related to religious and moral content (Yorulmaz et al., 2009; Witzig et al., 2013; Pirutinsky et al., 2015; Raj et al., 2024). The presentation of RS has been characterized by pathological doubt and concern about committing sins, hypermorality, a pathological experience of guilt, and anxiety related to religious adherence to one's beliefs, as well as excessive religious behaviors (Witzig et al., 2013). The complexity inherent in investigating RS is further compounded by the heterogeneity of symptoms (Yorulmaz et al., 2009; Inozu et al., 2012; Buchholz et al., 2019). Indeed, scholarly literature indicates that RS is not confined to a single religion and has been examined across several of the world's principal faiths, including Christianity (Witzig et al., 2013; Buchholz et al., 2019), Islam (Inozu et al., 2012; Inozu et al., 2020), and Judaism (Abramowitz & Hellberg, 2020). Given the considerable variation in symptom presentation and religious affiliation, RS continues to be an underexplored manifestation of OCD (Sharma et al., 2025). Consequently, further research is essential to broaden the scientific literature concerning RS.

Scientific Review

RS has been known for several centuries (Greenberg et al., 1987), though it was not always associated with the pathological expression of religious beliefs. Indeed, the term scrupulosity derives from the Latin word 'scrupulus', which denotes a small, coarse pebble that induces significant discomfort or interference when walking (Weisner & Riffel, 1960). The term increasingly came to be associated with psychological literature characterized by distorted judgments (Weisner & Riffel, 1960). These judgments lead the scrupulous individual to perceive

certain aspects of morality or religion as salient, even though they are in fact regarded as negligible or insignificant (Weisner & Riffel, 1960). As the body of research on scruples increased, it has subsequently been recognized in contemporary literature as a thematic presentation of obsessive-compulsive disorder (OCD; Fang et al., 2016; Siev et al., 2017), which may manifest within a moral or religious context (Nelson et al., 2006). Contemporary literature continues to align with earlier scholarly works (Weisner & Riffel, 1960), characterizing scrupulosity as the fear of sin despite the absence of sin (Abramowitz & Jacoby, 2014; Abramowitz & Buchholz, 2020; Moron et al., 2022; Matthews & Sarawgi, 2025) and experiencing religious or moral obligation where no obligation is warranted (Abramowitz & Jacoby, 2014).

A review of the scientific literature indicates that ongoing investigation into RS is beneficial. Indeed, scrupulosity has been empirically associated with elevated levels of negative affect, in particular, anxiety, depression, guilt, shame, suicidality, and lower levels of life satisfaction (Abramowitz & Jacoby, 2014; Johnson et al., 2024). RS has also been acknowledged as being associated with hopelessness, despair, and susceptibility to the development of anhedonia (Miller & Hedges, 2008). Furthermore, individuals experiencing difficulties with RS find it challenging to derive satisfaction from their religious practices and faith (Abramowitz & Jacoby, 2014). Considering the distress and discomfort caused by symptoms of RS, individuals frequently resort to the regrettable avoidance of religious activities and refrain from certain aspects of their faith due to fears of triggering debilitating symptoms (Abramowitz & Jacoby, 2014). Other sufferers of RS may hyperfocus on a minor aspect of their religious belief while forsaking the more important components, thereby being unable to fully enjoy the benefits of

practicing their faith, in fear of making an unforgivable mistake (Horwitz et al., 2019; Matthews & Sarawgi, 2025).

In other respects, augmenting the scientific literature concerning RS may bear substantial clinical and ministerial implications. Indeed, a challenge confronting clinicians and ministerial leadership is distinguishing between normative religious practices and RS symptoms, as the latter closely resemble the former (Horwitz et al., 2019; Abramowitz & Buchholz, 2020; Siev et al., 2021). This aspect is further complicated as research has identified that those suffering from RS have poorer insight into their suffering and symptoms compared to other OCD sufferers (Tolin et al., 2001; Miller & Hedges, 2008; Greenberg & Huppert, 2010; Horwitz et al., 2019; Siev et al., 2021; Chen et al., 2025). Furthermore, given the tendency to interpret pathological manifestations of religious practices as normative, ministerial leaders may inadvertently regard RS symptoms as religious fervor, thereby praising and encouraging RS sufferers to persist in their pathological expressions of religion (Abramowitz & Jacoby, 2014; Siev et al., 2017; Abramowitz & Buchholz, 2020; Matthews & Sarawgi, 2025; Raj et al., 2025). In reality, these manifestations may be symptoms of RS, inadvertently encouraging RS symptoms and thereby maintaining and strengthening the disorder (Abramowitz & Jacoby, 2014; Siev et al., 2017; Abramowitz & Buchholz, 2020; Matthews & Sarawgi, 2025).

Taken together, the research suggests that although RS has been acknowledged for centuries (Greenberg et al., 1987), individuals affected by RS continue to demonstrate significant pathological levels of guilt, anxiety, distress, and shame, and report diminished life satisfaction (Abramowitz & Jacoby, 2014; Johnson et al., 2024). Moreover, findings indicate that distinguishing between normative religious practices and pathological expressions of religion remains challenging, and both clinicians and ministerial leaders could benefit from a clearer

understanding of how to differentiate between them (Horwitz et al., 2019; Abramowitz & Buchholz, 2020; Siev et al., 2021). Therefore, the importance of this subject lies in its central aim of assisting individuals with RS and equipping clinicians and ministerial leaders with the skills necessary to support those in their care.

Core Cognitive Constructs

Within the extant body of scholarly literature, core cognitive constructs have been empirically linked to OCD. These include thought-action fusion (Shafran et al., 1996; Rassin et al., 1999; Cogle et al., 2013; Bailey et al., 2014; Siev et al., 2017; Purdon, 2023), inflated responsibility (IR; Rachman et al., 1995; Obsessive Compulsive Cognitions Working Group [OCCWG], 1997; OCCWG, 2005; Salkovskis et al., 1999; Abramowitz et al., 2004; Frank & Davidson, 2014; Collins & Coles, 2018; Mitchell et al., 2020; Purdon, 2023), perfectionism (Myers et al., 2008; Allen & Wang, 2014; Allen et al., 2023), intolerance of uncertainty (IOU; OCCWG, 1997; Abramowitz et al., 2004; OCCWG, 2005; Frank & Davidson, 2014; Knowles & Olatunji, 2023; Wheaton, 2023), and importance and control of thoughts (ICT; OCCWG, 1997; Abramowitz et al., 2004; OCCWG, 2005; Myers et al., 2008; Frank & Davidson, 2014; Purdon, 2023). Considering that RS is classified as a subtype of OCD (Yorulmaz et al., 2009; Witzig et al., 2013; Pirutinsky et al., 2015; Raj et al., 2024), these cognitive constructs are directly relevant to RS. Furthermore, numerous studies have utilized psychometric inventories to evaluate core cognitive constructs of OCD while investigating RS (Abramowitz et al., 2004; Yorulmaz et al., 2010; Siev et al., 2011; Inozu et al., 2012; Witzig & Pollard, 2013; Fergus, 2014; Wetterneck et al., 2021; Siev et al., 2025).

The core cognitive constructs, TAF, IR, IOU, perfectionism, and ICT, have achieved a broad scientific consensus within an international community of psychologists researching their

correlation with OCD, exhibiting minimal theoretical dissent (Shafran et al., 1996; OCCWG, 1997, 2001, 2003, 2005). As delineated by Frank & Davidson (2014), there are theoretical distinctions among the psychometric instruments employed to assess these constructs.

Furthermore, certain constructs have been recognized as sharing common characteristics, including TAF, ICT, perfectionism, and IOU (OCCWG, 1997; OCCWG, 2001; OCCWG, 2005; Frank & Davidson, 2014). Generally, however, the core cognitive constructs associated with OCD are conceptualized similarly (OCCWG, 2005).

Inflated Responsibility

IR is recognized as associated with heightened responsibility regarding undesirable or distressing cognitions (OCCWG, 1997; Abramowitz et al., 2004). The individual interprets unwanted or distressing cognitions as their own responsibility and perceives them as a perceived danger they may cause (OCCWG, 1997). This heightened sense of responsibility also encompasses perceived acts of omission and commission, in which the individual experiences a pathological sense of responsibility for failing to avert harm or for causing it (Abramowitz, 2004; OCCWG, 2001; Frank & Davidson, 2014; Purdon, 2023).

Perfectionism

In relation to OCD, a definition of perfectionism holds that there is a perfect answer to all problems. Furthermore, perfectionism holds that perfect performance is both possible and necessary, and that minor mistakes result in major consequences (OCCWG, 1997; Frank & Davidson, 2014). The expression of perfectionism can involve completing a compulsion until it feels “just right” or completing a task without making a mistake (Abramowitz et al., 2004).

Thought-Action Fusion

TAF pertains to distorted beliefs regarding cognitions (Shafran et al., 1996), and it is broadly acknowledged to consist of two primary components: moral thought-action fusion and likelihood thought-action fusion (Shafran et al., 1996; Berman et al., 2010). Moral TAF is adequately defined as the belief that unacceptable and reprehensible thoughts are morally equivalent to engaging in reprehensible actions (Shafran et al., 1996; OCCWG, 1997; Cogle et al., 2013). Conversely, likelihood TAF is generally understood as the belief that experiencing a negative thought increases the likelihood of its occurrence (Shafran et al., 1996; Cogle et al., 2013).

Intolerance of Uncertainty

IOU is associated with the notion that experiencing uncertainty is intolerable and potentially hazardous (OCCWG, 1997; Frank & Davidson, 2014). Furthermore, individuals with RS who have little tolerance for uncertainty, experience significant decision-making distress, exhibit increased apprehension, and harbor substantial doubt about the correctness of their choices (OCCWG, 1997; Frank & Davidson, 2014). IOU is characterized by three categories of beliefs: diminished tolerance for uncertainty, intolerance of ambiguity, and a pursuit of absolute certainty (OCCWG, 1997; Frank & Davidson, 2014; Salkovskis & Millar, 2016).

Importance and Control of Thoughts

ICT relates to the overestimation of the importance of cognitive activity, including thoughts, images, and impulses (OCCWG, 1997, 2001). Individuals suffering from OCD hold the belief that the presence of cognitive activity is inherently significant and meaningful (OCCWG, 1997). Furthermore, it holds that such cognitive processes should be subjected to control (OCCWG, 1997/2001; Abramowitz, 2004).

Operational Definitions

Core constructs of OCD TAF, IR, perfectionism, ICT, and IOU have garnered substantial scientific inquiry over the past thirty years (Freeston et al., 1994; Rachman et al., 1995; Shafran et al., 1996; OCCWG, 1997, 2001, 2003, 2005; Salkovskis et al., 2000; Abramowitz et al., 2010; Frank & Davidson, 2014). These investigations have led to the development of psychometric inventories that facilitate the empirical measurement of these constructs. These psychometric inventories include the Intolerance of Uncertainty Scale (IUS; Freeston et al., 1994), the Responsibility Appraisal Questionnaire (RAQ; Rachman et al., 1995), the Thought-Action Fusion Scale (TAFS; Shafran et al., 1996), the Responsibility Attitude Scale (RAS; Salkovskis et al., 2000), the Responsibility Interpretations Questionnaire (RIQ; Salkovskis et al., 2000), the Obsessive Beliefs Questionnaire (OBQ-44; OCCWG, 2005), and the Dimensional Obsessive Compulsive Scale (DOCS; Abramowitz et al., 2010). Notably, several of these psychometric inventories are empirically designed to assess multiple constructs. Indeed, inventories such as the OBQ-44 (OCCWG, 2005), DOCS (Abramowitz et al., 2010), RAS (Salkovskis et al., 2000), and RIQ (Salkovskis et al., 2000) were developed to assess constructs including perfectionism, IOU, IR, and ICT. Whereas other psychometric inventories, such as the TAFS (Shafran et al., 1996) and the IUS (Freeston et al., 1994), were developed to measure single constructs such as TAF and IOU.

General Scientific Conclusions

The existing body of literature on RS has identified several general conclusions regarding the conceptualization of RS, primary cognitive mechanisms, variation across religious affiliations, high religious adherence, and treatment challenges (Witzig et al., 2013; Abramowitz & Jacoby, 2014; Siev et al., 2017; Matthew et al., 2025).

Conceptualization

RS has been identified as a subtheme of OCD (Yorulmaz et al., 2009; Witzig et al., 2013; Abramowitz & Jacoby, 2014; Siev et al., 2017; Pirutinsky et al., 2015; Abramowitz & Hellberg, 2020; Moron et al., 2022; Raj et al., 2024). In accordance with the presentation of OCD, individuals experiencing RS exhibit both obsessive and compulsive symptoms that are predominantly rooted in religious themes (Yorulmaz et al., 2009; Witzig et al., 2013; Pirutinsky et al., 2015; Raj et al., 2024). Both obsessions and compulsions interfere with daily functioning and religious practices (Abramowitz & Jacoby, 2014). Modern psychopathological definitions describe scrupulosity as the fear of sin without any actual sinful behavior (Abramowitz & Jacoby, 2014).

Core Cognitive Mechanisms

The body of literature concerning RS has delineated several key cognitive mechanisms, notably TAF, ICT, IOU, perfectionism, and IR (Nelson et al., 2006; Abramowitz & Jacoby, 2014; Abramowitz & Hellberg, 2020; Purdon, 2023). These mechanisms have been identified as significant contributors to the development and maintenance of RS (Abramowitz & Jacoby, 2014; Buchholz et al., 2019; Matthews & Sarawgi, 2025). In addition, these mechanisms generally involve distorted and faulty beliefs related to various religious elements and doctrines of one's religious affiliation (Abramowitz & Jacoby, 2014; Siev et al., 2017).

Variability Across Religions

Within the literature, presentations of RS differ substantially across religious affiliations (Yorulmaz et al., 2009; Yorulmaz et al., 2010; Siev et al., 2017). Indeed, although the primary symptoms of RS continue to be obsessions and compulsions, the specific content of these obsessions and compulsions is influenced by religious themes associated with an individual's religious affiliation (Abramowitz et al., 2002; Yorulmaz et al., 2009; Abramowitz & Jacoby,

2014; Siev et al., 2017; Buchholz et al., 2019). Research has identified that symptoms pertaining to Christians primarily concern cognitive aspects, such as dysfunctional beliefs regarding cognitions (Witzig & Pollard, 2013); individuals from a Jewish affiliation generally grapple with issues related to ritual purity (Huppert & Fradkin, 2016); and individuals practicing Islam generally face challenges with ritualistic practices such as prayer (Rosli et al., 2021).

Treatment Challenges

Research indicates several challenges in diagnosing and treating individuals with RS (Abramowitz et al., 2002; Wetterneck et al., 2021; Buchholz et al., 2019). These challenges include poorer insight (Tolin et al., 2001; Greenberg & Huppert, 2010; Abramowitz & Jacoby, 2014; Abramowitz & Hellberg, 2020; Siev et al., 2021), reluctance towards psychotherapeutic engagement (Nelson et al., 2006), difficulties in distinguishing between normative and pathological religious engagement (Cefalu, 2010; Rosmarin et al., 2010; Abramowitz & Jacoby, 2014; Abramowitz & Hellberg, 2020; Wetterneck et al., 2021; Matthews, 2025), and variability across different religious affiliations (Abramowitz et al., 2002; Yorulmaz et al., 2009; Abramowitz & Jacoby, 2014; Siev et al., 2017; Buchholz et al., 2019). Taken together, these challenges render RS a complex psychiatric disorder that warrants further exploration.

Religious Adherence and Associations with Scrupulosity

The degree of religious adherence has also been a common conclusion in the extant literature on RS. Notably, the results vary across studies and populations (Abramowitz & Buchholz, 2020). Several studies have reported that high religious adherence is positively correlated with RS symptoms (Abramowitz et al., 2002; Gonsalvez et al., 2010; Inozu et al., 2012; Raj et al., 2025). However, the research does not make a causal claim about high religious adherence; rather, it indicates a positive correlation (Abramowitz & Buchholz, 2020). In

addition, mixed and contradictory results have been reported regarding religious adherence and symptoms of RS (Abramowitz & Buchholz, 2020). Given these mixed findings, further research is necessary to clarify the relationship between religious adherence and RS.

Leaps in Logic

The existing body of literature on RS collectively addresses potential gaps in logic and erroneous assumptions in data interpretation (Tek & Ulug, 2001; Inozu et al., 2012; Buchholz et al., 2019; Abramowitz & Buchholz, 2020). For example, if one were to examine a small subset of the literature on high religious adherence and the symptoms of RS, such as articles by Greenberg & Huppert (2010), Raj et al. (2025), and Sharma et al. (2025), it would be easy to misinterpret the data and conclude that high religious adherence causes RS. However, a synthesis of the literature indicates that high religious adherence does not cause RS (Huppert et al., 2007; Al-Solaim & Loewenthal, 2011; Pirutinsky et al., 2015; Siev et al., 2017; Wetterneck et al., 2021; Ayoub et al., 2024); rather, it is positively associated with RS symptoms (Abramowitz et al., 2002; Inozu et al., 2012; Pirutinsky et al., 2015; Abramowitz & Buchholz, 2020). An additional consideration is that a gap in reasoning may have represented a significant logical leap in interpreting normative religious practices that induce RS symptoms. Nonetheless, the existing literature emphasizes the importance of assisting clinicians, church leaders, and individuals experiencing RS in distinguishing between normative and pathological religious practices (Horwitz et al., 2019; Abramowitz & Buchholz, 2020; Siev et al., 2021).

Although synthesizing the literature helps prevent logical leaps and misinterpretation of data, one area that may be susceptible to misinterpretation and, consequently, lead to a leap in reasoning is the review of comparative studies concerning denominational patterns and the severity of RS. Indeed, depending on the study, results have identified that Muslims (Inozu et al.,

2020), Protestants (Abramowitz et al., 2002), or Catholics (Buchholz et al., 2019) experience the highest rates of RS. These mixed findings suggest that the logic linking specific doctrines to higher rates of RS may be erroneous, or that the results could be attributable to the unique sample characteristics. Another area that may be subject to misinterpretation and potentially lead to fallacious reasoning concerns the samples employed in most of the literature on RS. As discussed by Henderson et al. (2020) and Al-Solaim & Loewenthal (2011), a substantial proportion of studies have utilized non-pathological university students from Western institutions. This limited diversity in the sample may limit the generalizability of findings related to RS and restrict the applicability of the resulting conclusions.

Gaps in Knowledge

Within the literature, RS has been identified across several religious orientations (Inozu et al., 2012; Inozu et al., 2020; Abramowitz et al., 2014; Abramowitz & Jacoby, 2014; Buchholz et al., 2019; Abramowitz & Hellberg, 2020). A characterization of RS that may be applied across all religious contexts is the intersection of religious values, cultural factors, and psychopathological factors (Pirutinsky et al., 2015). Given the diversity of presentations across religious affiliations (Inozu et al., 2012; Inozu et al., 2020; Abramowitz et al., 2014; Abramowitz & Jacoby, 2014; Buchholz et al., 2019; Abramowitz & Hellberg, 2020), this results in several gaps in the scientific literature regarding RS. One such area that has received limited investigation is the examination of OCD-relevant obsessive beliefs (OB) among Protestant Christians, particularly those from a Pentecostal background. Indeed, research indicates a positive correlation between highly devout Protestant Christians and OCD-relevant OB (Abramowitz et al., 2004). These OCD-relevant OB have subsequently been theorized to increase the risk of developing clinical obsessions (Abramowitz et al., 2004); however, to my

knowledge, Pentecostalism has not yet been specifically examined in scientific studies concerning RS and OCD-relevant OB.

A further reason to target Pentecostalism in exploring RS is its historical stance on psychology and religious doctrines. Indeed, Pentecostal culture is broadly acknowledged for its historically rooted opposition to psychiatry and psychology (Dobbins, 2014). Dobbins (2014) explores how questions that evoke guilt or doubt can arise from seeking mental health services. Several of these doubt-provoking questions concern the individual's capacity to trust God more fully and whether they have been living in accordance with God's will (Dobbins, 2014). Furthermore, Dobbins (2014) argues that erroneous Pentecostal teachings and doctrines often lead Pentecostal believers to develop cognitive patterns indicative of magical and superstitious thinking. Arguably the psychological environment that is generated from Pentecostal teaching and doctrines that often lead to magical and superstitious thinking (Dobbins, 2014) could be a prerequisite for the development of OCD-relevant-obsessional beliefs (OB) and RS symptoms. This theoretical claim is supported by the collective body of literature, which has demonstrated that religion significantly influences how OCD-relevant OB could manifest in religious individuals (Abramowitz et al., 2004; Huppert et al., 2007; Al-Solaim & Loewenthal, 2011; Pirutinsky et al., 2015; Siev et al., 2017; Abramowitz & Buchholz, 2020; Wetterneck et al., 2021). Considering these reasons collectively, it is advisable to investigate RS within Pentecostalism.

Biblical Review

Core Cognitive Constructs

Several key cognitive constructs have been identified in the maintenance and development of religious scrupulosity obsessive-compulsive disorder (RSOCD). These

constructs include TAF, ICT, IR, perfectionism, and IOU (OCCWG, 1997; Frank & Davidson, 2014). While these cognitive constructs have garnered scientific empirical attention (Shafran et al., 1996; OCCWG, 1997, 2001, 2003, 2005; Salkovskis et al., 1999; Abramowitz et al., 2004; Frank & Davidson, 2014; Knowles & Olatunji, 2023; Wheaton, 2023), to the best of my knowledge, they have not been subjected to a review from a biblical perspective specifically related to RSOCD. The Bible does not explicitly identify the aforementioned constructs; however, it provides descriptions that characterize them. It is noteworthy that several of these constructs share characteristics, including IR, TAF, and ICT (Rachman, 1993; Rachman, 1996; OCCWG, 1997, 2001, 2003, 2005). Therefore, the biblical verses examined in relation to these constructs can be used to characterize each.

Thought Action Fusion

TAF has been identified in scientific literature as related to distorted beliefs about the experience of cognitions (Rachman, 1993; Shafran et al., 1996; Rachman et al., 1999). Furthermore, empirical evidence indicates that TAF comprises two primary components: likelihood thought-action fusion and moral thought-action fusion (Shafran et al., 1996). Likelihood TAF pertains to the belief that having a thought or experiencing a thought increases the probability that the thought will occur (Shafran et al., 1996; Frank & Davidson, 2014). Moral TAF relates to the belief that experiencing an immoral thought is equivalent to engaging in immoral actions (Shafran et al., 1996; Frank & Davidson, 2014; Hezel et al., 2019). Rachman (1993) first discussed the notion of moral TAF, characterizing it as a psychological fusion of cognition and action. The experience of moral TAF is often entangled with an exaggerated sense of responsibility for immoral thoughts, which leads individuals to judge themselves for having

such thoughts and to develop distorted self-appraisals, concluding that they are immoral for having them (Rachman, 1993; Tallis, 1994).

The latter component of TAF, moral TAF, although not explicitly referenced in the Bible, is arguably depicted therein. Indeed, a description of moral TAF can be found in Jesus's teachings during the Sermon on the Mount, particularly when Jesus addressed the issue of adultery (New Living Translation, 1996/2004, Matthew 5:27-28). In this teaching, Jesus initially reaffirms the commandment concerning adultery, stating that one should not commit adultery, and emphasizing that this commandment was not new, as He addressed the audience with this information, which was previously known (New Living Translation, 1996/2004, Matthew 5:27). Nevertheless, Jesus further elaborates on this teaching by introducing a new standard to be observed, asserting that any individual who merely gazes upon a woman with lust has indeed committed the act of adultery (New Living Translation, 1996/2004, Matthew 5:28). Once again, although this passage does not explicitly mention the construct TAF, it arguably delineates its essence, namely, that having an immoral thought is equivalent to engaging in immoral behavior (Rachman, 1993, 1999; Shafran et al., 1996; OCCWG, 1997; Hezel et al., 2019; Siev et al., 2022).

Inflated Responsibility

IR, though closely related to TAF (Rachman, 1995; Rachman, 1999), is a distinct construct of OCD (OCCWG, 1997; Mitchell et al., 2020). IR refers to the experience of an exaggerated sense of responsibility for unwanted intrusive cognitive activity, including actions or omissions (Rachman, 1993). IR also encompasses the misinterpretation of cognitive activity. Specifically, during episodes of intrusive cognitive activity, individuals tend to misjudge their presence and excessively blame themselves for engaging in such activity (Salkovskis, 1985;

OCCWG, 1997; Salkovskis et al., 2000). Furthermore, given the conviction that cognitive activity is of considerable importance, individuals often feel an excessive sense of responsibility to engage in certain compulsive behaviors (Salkovskis, 1985; Rachman & Shafran, 1999). These compulsive cognitive or external behaviors are undertaken under the distorted belief that they are responsible for the cognitive content, and they are intended to neutralize the cognitive activity in some manner, or, if related to self-harm or harm to others, to prevent such harm (Salkovskis, 1985; Rachman & Shafran, 1999).

As previously stated, analogous to TAF, IR is not explicitly identified in the Bible; however, numerous passages imply IR's involvement, particularly in the context of cognitive activity (New Living Translation, 1996/2004, Colossians 3:2, Philippians 4:8). Indeed, in his letter to the saints at Colossae, the Apostle Paul discusses the idea of setting one's mind on things that are not relevant to living a new life in Christ (New Living Translation, 1996/2004, Colossians 3:2). In addition, the Apostal Paul not only informs believers that their minds should be set on things relevant to their new life in Christ, he follows this up with the instruction to keep them set (AMP, 2015, Colossians 3:2). Further, in his letter to the saints at Philippi, the Apostal Paul provided a similar prescription (New Living Translation, 1996/2004, Philippians 4:8). Indeed, the Apostle Paul once more prescribes that believers think on specific things that are of value and significant to the new life in Christ, rather than on things of insignificant value (New Living Translation, 1996/2004, Philippians 4:8). Although the Apostle Paul does not provide a specific list of items to consider, he does describe them as true, pure, just, lovely, kind, winsome, and gracious (New Living Translation, 1996/2004, Philippians 4:8). As previously mentioned, though these verses do not specifically name IR, the implication of these passages (New Living Translation, 1996/2004, Colossians 3:2, Philippians 4:8) is that believers should take

responsibility for their thoughts, specifically cultivate acceptable thoughts, and be mindful of what they think about.

Importance and Control of Thoughts

ICT constitutes a psychological construct recognized in the maintenance and development of OCD (OCCWG, 1997; Frank & Davidson, 2014; Wahl et al., 2020; Sandstrom et al., 2024). ICT refers to the dysfunctional belief that cognitive activities, including thoughts, images, and impulses, are prominent and that these cognitive processes should be subject to control (OCCWG, 1997, 2005; Wahl et al., 2020; Sandstrom et al., 2024). This construct closely resembles TAF and IR, as it emphasizes taking responsibility for experiencing cognitive activity, especially of a repugnant nature (Olatunji et al., 2019; Sandstrom et al., 2024). Furthermore, ICT encompasses the dysfunctional belief that individuals ought to exercise control over their cognitive processes (OCCWG, 1997). This maladaptive belief attributes responsibility for the occurrence of intrusive, unwanted cognitive activities to the individual experiencing them, and additionally imposes on the individual the obligation to regulate such activities (OCCWG, 1997).

Like TAF and IR, ICT is not explicitly named in the Bible, but several passages arguably describe it. Indeed, in his letter to the church assembly at Corinth and the saints throughout Achaia, the Apostle Paul discusses the importance of thoughts (AMP, 2015, 2 Corinthians 10:5). He elucidates a circumstance wherein an individual bears the responsibility of acknowledging every thought and rendering it obedient to Christ (AMP, 2015, 2 Corinthians 10:5). Although not explicitly articulated, this passage corresponds closely with ICT, as it underscores the significance of first assessing thoughts and subsequently exercising control over them through their capture (AMP, 2015, 2 Corinthians 10:5). Further in Proverbs 4:23 (AMP, 2015) this passage involves again guarding one's heart. Furthermore, the language employed in the

Amplified version (AMP, 2015, Proverbs 4:23) utilizes expressions that convey the utmost significance. These expressions include “with all vigilance” and “above all that you guard.” These verses, akin to the others examined, imply that cognitive activity, including thoughts, images, and impulses, is significant, that individuals are accountable for their occurrence, and that it is imperative to govern one’s thoughts with the utmost care and vigilance.

Perfectionism

Perfectionism manifests in several distinct ways. Firstly, it holds that one’s performance must be immaculate, with minor errors regarded as significant failures (OCCWG, 1997). Furthermore, as Rachman (1997) elucidates, perfectionism encompasses the aspiration to attain moral impeccability in both conduct and cognition. Additionally, individuals often set excessively high standards for themselves and experience considerable distress and anxiety about the risk of disappointing themselves and others if these standards are not met (Allen et al., 2023).

The Bible alludes to several instances of the construct of perfectionism, not by explicitly identifying it, but by describing how one should conduct oneself. Indeed, in the Sermon on the Mount, as Jesus addresses his followers, he states that their conduct should be perfect, as God himself is perfect (New Living Translation, 1996/2004, Matthew 5:48). In the Amplified version (Amp, 2015), this verse is expanded on by including several facets of one’s life that should be perfect. These facets include perfection in the mind, in character, and “reaching the proper height of virtue and integrity” (Amp, 2015, Matthew 5:48). Furthermore, Jesus concludes his sermon on perfectionism by setting God as the benchmark to which individuals should aspire (New Living Translation, 1996/2004, Matthew 5:48). Regarding RSOCD, perfectionism becomes distorted, as individuals suffering from RSOCD develop a skewed belief that they should be perfect or strive for perfection as prescribed by the Bible.

Intolerance of Uncertainty

IOU is characterized by the inability to tolerate uncertainty and the perception that it may pose hazards (OCCWG, 1997). Individuals with low tolerance for uncertainty frequently engage in behaviors that reduce uncertainty, as they hold the dysfunctional belief that they are incapable of tolerating or coping with it (Knowles & Olatunji, 2023). Individuals with low tolerance for uncertainty often struggle with decision-making because they adhere to the maladaptive belief that certainty is a prerequisite in ambiguous situations (OCCWG, 1997).

As with the other dysfunctional beliefs discussed, the Bible does not explicitly name the construct IOU. However, the Bible addresses the importance of learning to tolerate uncertainty more effectively. Indeed, in Matthew 6 (New Living Translation, 1996/2004), Jesus again speaks to the crowd gathered about the experience of tolerating uncertainty about their earthly provisions. Such provisions included what to eat, what to drink, and what to wear (New Living Translation, 1996/2004, Matthew 6:31). Though Jesus does not explicitly mention the IOU construct, he addresses its core by emphasizing the importance of learning to tolerate uncertainty about the source of earthly provisions (New Living Translation, 1996/2004, Matthew 6:31). This teaching to the crowd about tolerating uncertainty was further articulated when Jesus commanded his disciples to go out to preach and announce the kingdom and God, and to bring healing to those who would receive them (New Living Translation, 1996/2004, Luke 9:2). Indeed, in his instructions to the disciples, though he did not explicitly mention the importance of tolerating uncertainty, he implicitly conveyed this message by instructing them not to bring provisions for their journey (New Living Translation, 1996/2004, Luke 9:3-4).

Major Biblical Themes

Upon reviewing the Bible in relation to the fundamental cognitive constructs of OCD and RS, it becomes evident that it does not explicitly identify the constructs of interest, nor does it specifically mention RS. Although RS and the constructs are not explicitly named in the Bible, several passages nevertheless relate to them. Indeed, a biblical theme emerges when reviewing passages that arguably describe constructs such as TAF (Shafran et al., 1996), ICT (OCCWG, 1997), and IT (Rachman, 1995, 1999). Given that these constructs have been recognized in the scientific literature as sharing similar characteristics (Rachman, 1993; Rachman et al., 1995; OCCWG, 1997), it is unsurprising that a common theme emerges when examining these constructs from a biblical perspective. The primary theme is the importance of one's thoughts, which requires ongoing and meticulous evaluation. The scriptures thematically related to these constructs include Matthew 5:27-28, Romans 8:5-7, Romans 12:2, Colossians 3:2, Philippians 4:8, 2 Corinthians 10:5, Proverbs 4:23, Proverbs 23:7, Isaiah 26:3, and 1 Peter 1:13 (New Living Translation, 1996/2004). Thematically, these scriptures underscore the importance of engaging in meta-cognition, that is, reflecting on one's own thought processes. Subsequently, these verses collectively underscore the significance of thoughts, emphasizing that individuals should aim to control and direct them, and that thoughts bear the same moral responsibility as actions.

An additional theme emerges regarding the toleration of uncertainty, which is related to the cognitive construct IOU. Indeed, scriptural verses such as Matthew 6:31, Luke 9:2, Proverbs 27:1, and Philippians 4:6 (New Living Translation, 1996/2004) suggest that it is in humans' best interest to learn to tolerate uncertainty and to rely on God to provide when the knowledge of provisions is unknown. Once more, although the Bible does not depict IOU as discussed in the scientific literature, these verses allude to the notion that God has designed humanity with the necessary emotional and psychological capacity to endure uncertainty.

Lastly, when considering RS, the cognitive constructs of OCD, and a biblical perspective, a higher-order biblical theme emerges. The theme concerns the awareness of adopting dysfunctional beliefs. Indeed, collectively, the cognitive constructs TAF, IR, ICT, IOU, and perfectionism focus on maladaptive beliefs that result in adverse behavioral and psychological patterns. TAF constitutes the dysfunctional belief regarding the fusion between thought and action (Shafran et al., 1996); IR is the distorted belief that one bears excessive responsibility for preventing or causing harm and assumes responsibility for inappropriate thoughts (Rachman, 1993); ICT embodies the dysfunctional belief that thoughts possess exceptional importance and that one should have absolute control over and the ability to direct their thoughts (OCCWG, 1997); IOU signifies the dysfunctional belief that the experience of uncertainty is intolerable and unmanageable (Frank & Davidson, 2014); and perfectionism reflects the dysfunctional belief that one must be morally perfect in both thought and action (OCCWG, 1997).

The theme of adopting dysfunctional beliefs is evident not only throughout the aforementioned scriptures but also in the Apostle Paul's letter to the churches in Galatia. In Galatians 2:11–21 and Galatians 3:1-14 (New Living Translation, 1996/2004), Paul emphasizes the importance of recognizing dysfunctional beliefs and how they can lead people astray, using the example of the Apostle Peter. In this example, the dysfunctional belief discussed is the reinstatement of the belief that one can be justified as righteous solely through adherence to the law of Moses, implying a forsaking of the work of Christ Jesus. Indeed, the Apostle Paul writes, “If you, though born a Jew, can live [as you have been living] like a Gentile and not like a Jew, how do you dare now to urge and practically force the Gentiles to [comply with the ritual of Judaism and] live like Jews?” (AMP, 2015, Galatians 2:14).

Furthermore, the Apostle Paul directly addresses the dysfunctional belief of abandoning the work of Christ Jesus and reverting to a ritualistic lifestyle centered on law observance by stating: “For if justification (righteousness, acquittal from guilt) comes through [observing the ritual of the law], then Christ (the Messiah) died groundlessly, in vain, and without purpose. [His death was then wholly superfluous.]” (AMP, 2015, Galatians 2:21). This discourse continues to Galatians 3 (New Living Translation, 1996/2004), wherein the Apostle Paul applies his prior example of Apostle Peter to the churches of Galatia, which were evidently experiencing a comparable circumstance, embracing a dysfunctional belief about attaining righteousness through observance of the Law. Apostle Paul states, “You crazy Galatians! Did someone put a hex on you? Have you taken leave of your senses? Something crazy has happened, for it’s obvious that you no longer have the crucified Jesus in clear focus in your lives” (Message Bible, 2019, Galatians 3:1). Further, the Apostle Paul poses a rhetorical question highlighting how dysfunctional their beliefs have become: “Are you going to continue this craziness?” and provides a statement about their current state of belief “For only crazy people would think they could complete by their own efforts what was begun by God.” (Message Bible, 2019, Galatians 3:2-4). Likewise, the Apostle Paul explains the general direction of this situation, stating, “rule-keeping does not naturally evolve into living by faith but only perpetuates itself in more and more rule-keeping.” (Message Bible, 2015, Galatians 3:12). This suggests that individuals persisting in this dysfunctional belief will continue to reinforce it, remaining indefinitely dependent on their performance to attain righteousness.

Taken together, these scriptures show a parallel to RSOCD. Indeed, the themes emerging throughout the Bible point to core cognitive constructs of RSOCD, and to symptoms of RS-

OCD, specifically, adopting dysfunctional beliefs and the perpetuation of rule-keeping that lead to an endless cycle of despair, anxiety, and distress.

Biblical Gap in Knowledge

Upon reviewing the Bible regarding RSOCD and the core cognitive constructs of OCD, ICT, TAF, IR, IOU, and perfectionism, several significant gaps are evident. Indeed, a knowledge gap exists concerning how religious environments interact with psychological vulnerability mechanisms. Although the Bible is abundant in doctrinal, moral, and devotional content, it does not specify how psychological vulnerability mechanisms distort, filter, and augment religious content.

Furthermore, the mechanisms underlying RS (ICT, IOU, IR, TAF, and perfectionism) are not explicitly delineated in the Bible. A careful examination of the Bible suggests that scriptural passages address these mechanisms only in a loose manner; the Bible does not discuss them explicitly. Lastly, an additional facet not addressed in the Bible, which pertains to RSOCD, concerns the appropriate distinction between normative religious practices and symptoms of RSOCD. Indeed, since RSOCD symptoms are inherently religious, external observation alone is inadequate to ascertain whether a religious practice has become pathological. Taken together, these knowledge gaps remain significant in the investigation of RSOCD, as they will provide greater clarity for clinicians and church leadership and contribute valuable insights to the literature, thereby further assisting individuals with RSOCD.

Integrative Review

Alignment Between the Bible and Scientific Literature

RSOCD comprises several cognitive constructs. These constructs include TAF (Rachman, 1993; Shafran et al., 1996), IOU (OCCWG, 1997; Knowles & Olatunji, 2023;

Wheaton, 2023), ICT (OCCWG, 1997; Abramowitz et al., 2004; Purdon, 2023), IR (Rachman, 1993, 1995), and perfectionism (OCCWG, 1997; Myers et al., 2008; Allen & Wang, 2014; Allen et al., 2023). In examining these constructs from both scientific and biblical perspectives, it is evident that scientific research has extensively investigated them (Rachman, 1993, 1995; OCCWG, 1997, 2001, 2003, 2005; Shafran et al., 1996; Salkovskis, 1999; Frank & Davidson, 2014), whereas, the Bible, arguably describing these constructs, does not provide explicit definitions. There is, however, evidence that scientific definitions align with biblical descriptions when these constructs are compared, but not across all constructs.

Thought-Action Fusion

TAF represents a cognitive construct that, while not explicitly delineated in the Bible, can arguably be interpreted as being described therein in a manner consistent with both scientific and Biblical perspectives. Indeed, TAF is scientifically defined as a psychological fusion between thought and action (Rachman, 1993; Shafran et al., 1996; Rassin et al., 1999; Frank & Davidson, 2014; Siev et al., 2017). There are two subcomponents to TAF: moral TAF and likelihood TAF (Shafran et al., 1996). Moral TAF is characterized by the belief that experiencing an immoral or taboo thought is morally equivalent to committing a taboo or immoral act (Shafran et al., 1996; Rassin et al., 1999; Siev et al., 2017). Likelihood TAF is the dysfunctional belief that having a thought increases the probability of the occurrence of the thought (Shafran et al., 1996; Rassin et al., 1999; Siev et al., 2017). An example of moral TAF includes the thought that having sexual activity with someone is morally equivalent to engaging in sexual conduct with that individual. Conversely, an example of a likelihood TAF is the belief that the probability of harm to a family member increases when one has the thought of that harm.

Although the Bible does not explicitly define TAF, its biblical and scientific concordance is evident in Matthew 5:28 (New Living Translation, 1996/2004), which specifically describes moral TAF. Indeed, while instructing the assembled crowd, Jesus states, “But I say, anyone who even looks at a woman with lust has already committed adultery with her in his heart.” (*New Living Translation*, 1996/2004, Matthew 5:28). This verse obviously does not explicitly mention TAF but arguably describes the essence of moral TAF. Indeed, this teaching includes aspects related to moral TAF, such as immorality not solely arising from external conduct but also originating from immoral thoughts and internal desires (New Living Translation, 1996/2004, Matthew 5:28). Taken together, this evidence indicates a general agreement between the scientific definition of TAF and its Biblical description.

Inflated Responsibility

IR bears similarities to TAF in that it is not explicitly delineated in the biblical text; however, it is arguably depicted in a way that loosely aligns with scientific understanding. From a scientific perspective, IR is characterized by an exaggerated sense of responsibility for intrusive cognitive activity, encompassing both actions of commission and omission (Rachman, 1993). Furthermore, IR involves intrusive cognitive processes that are misinterpreted, leading the individual to ascribe an exaggerated sense of responsibility for harm to themselves or others arising from these intrusive thoughts (Rachman, 1993; Salkovskis, 2000). Additionally, when intrusive activity is misappraised, the misappraisal ascribes responsibility to the individual experiencing it; consequently, the individual internalizes blame for the intrusive activity (OCCWG, 1997; Salkovskis, 2000).

When considering IR from a Biblical perspective, one can find, at best, limited agreement and alignment with a scientific perspective. In passages such as Colossians 3:2 and Philippians

4:8 (AMP, 2015), one can see that the Apostle Paul emphasizes the importance of thoughts. Although the Apostle Paul does not explicitly discuss intrusive activity and the misjudgment associated with an inflated sense of responsibility, it is arguable that these passages imply that individuals should assume responsibility for their cognitive processes. Indeed, the Apostle Paul in Colossians 3:2 and Philippians 4:8 (AMP, 2015) assigns responsibility for cognitive activity to the individual. An apparent alignment is not achieved when comparing a Biblical perspective of IR with a scientific perspective, as these passages, along with others identified in the scripture, do not specifically address the misappraisal of an exaggerated sense of responsibility for cognitive activity that has been discussed in the scientific literature (OCCWG, 1997; Salkovskis, 2000). However, a generous interpretation of scripture may lead to the conclusion that there is a limited, narrow agreement between a biblical and a scientific perspective on IR.

Importance and Control of Thoughts

Similar to IR and TAF as a cognitive construct of OCD, yet recognized as distinct, ICT exhibits a moderate alignment between its scientific definition and a Biblical perspective. Within the scientific literature, ICT is defined as a metacognitive belief that cognitions are important and that the individual bears responsibility for directing the control and content of their cognitive activity (OCCWG, 1997; Frank & Davidson, 2014). This metacognitive belief includes that thoughts are of great significance and merit high regard (Rachman, 1997). Consequently, it involves a dysfunctional belief that is critical for regulating one's thoughts, particularly when the thought is deemed inappropriate or detrimental (OCCWG, 1997). These beliefs further contribute to the ongoing surveillance and assessment of thoughts that influence the appraisal process, determining how intrusive activity is evaluated and assigned significance (OCCWG, 1997).

ICT is not explicitly recognized from a Biblical perspective. However, a Biblical analysis reveals that numerous passages indicate the essence of ICT. Indeed, scriptural verses such as 2 Corinthians 10:5, Proverbs 4:23, Proverbs 23:7, Philippians 4:8, Colossians 3:2, and Romans 12:2 (AMP, 2015) underscore the significance of thoughts and emphasize the need to deliberately control them. Specifically related to the metacognitive belief in the importance of thoughts, Proverbs 23:7 (AMP, 2015) highlights a significant passage on how one should consider their thoughts, noting that an individual's thoughts are important to evaluate because they reflect one's true character. Furthermore, Romans 12:2 (AMP, 2015) underscores the significance of thoughts, as the Apostle Paul articulates to the believers in Rome, outlining a process for further transformation. Indeed, the Apostle Paul acknowledges that transforming one's thought patterns constitutes a fundamental aspect of divine transformation (New Living Translation, 1996/2004, Romans 12:2). Although the Apostle Paul does not explicitly state that thoughts themselves are significant, Romans 12:2 (New Living Translation, 1996/2004) suggests that thoughts are important, warrant evaluation and transformation, and that a change in thoughts can lead to Godly conversion.

Regarding the metacognitive belief in controlling thoughts, a biblical analysis reveals several verses that emphasize the importance of thought control. Indeed, in his second letter to the church assembly at Corinth and throughout Achaia, Apostle Paul expounds upon how Christians should engage in what he described as "warfare" (AMP, 2015, 2 Corinthians 10:3-5). In this passage, the Apostle Paul writes, "... we lead every thought and purpose away captive into the obedience of Christ" (AMP, 2015, 2 Corinthians 10:5). Although this passage does not explicitly define ICT, it suggests that Christians should engage in various metacognitive skills. These competencies encompass identifying thoughts, evaluating them for congruence with

Christ, and practicing thought suppression. This discourse on the importance and suppression of thought is also implied in the Apostle Paul's epistle to all the saints in Christ at Philippi (AMP, 2015, Philippians 1). Indeed, similar to the Apostle Paul's instruction to the church assembly at Corinth (AMP, 2015, 2 Corinthians 10:5), he provides encouragement to deliberately control what one should think, stating "... think on and weigh and take account of these things [fix your minds on them]. (AMP, 2015, Philippians 4:8). Taken together, a moderate alignment and agreement between a Biblical perspective and a scientific perspective of ICT is observed. Indeed, though the Bible does not explicitly define the scientific term ICT, several passages address its essence.

Perfectionism

Perfectionism, one of the six belief domains of OCD identified by the OCCWG (1997), exhibits two levels of alignment with a Biblical analysis: one in which alignment is not attained and another characterized by limited alignment. Although perfectionism is recognized as a multidimensional construct (Allen et al., 2014), there is a general consensus that neurotic (Frost et al., 2002) or maladaptive perfectionism (Allen et al., 2014) contributes to OCD and other psychopathologies. Regarding OCD, perfectionism has been characterized as the dysfunctional belief that making errors or being imperfect is intolerable (Nelson et al., 2006). Additionally, it encompasses the belief that a perfect solution is attainable for every problem, that perfect behavior is worth striving for, and that minor mistakes are unacceptable and will result in significant consequences (OCCWG, 1997).

From a biblical analysis, the construct of perfectionism as identified by Nelson et al. (2006) and the OCCWG (1997) does not align with a biblical perspective. Indeed, in numerous passages throughout the New Testament, a remarkable theme emerges that believers are regarded

as perfect, cleansed, forgiven, and complete (New Living Translation, 1996/2004, Hebrews 10:10, 14; Colossians 2:9-10; 1 Corinthians 6:17), by faith alone, regardless of their behaviors or thoughts. In the book of Hebrews (New Living Translation, 1996/2004, Hebrews 10), the author elucidates the significance of understanding Jesus's sacrifice and its implications for the Law of Moses and for the divine relationship with God. This is observed in Hebrews 10:9-10 (AMP, 2015), as the author directly addresses the implications of Christ's sacrifice, stating, "He cancels the first covenant in order to put the second into effect" and that "God's will was for us to be made holy by the sacrifice of the body of Jesus Christ, once for all time." This is further substantiated later in the same chapter, where the author explicitly elaborates on the implications of Jesus's sacrifice, stating, "For by that one offering he forever made perfect those who are being made holy" (New Living Translation, 1996/2004, Hebrews 10:14). This analysis clearly reveals a misalignment between the construct of perfectionism associated with OCD and a biblical perspective. Indeed, the analysis indicates that, as delineated in these scriptures, perfectionism conclusively suggests that believers are perfected in Christ once and for all (New Living Translation, 1996/2004, Hebrews 10:10, 14). Conversely, perfectionism, as defined in the scientific literature, entails the maladaptive belief that one must continually strive for perfection and that not being perfect will result in punitive consequences (OCCWG, 1997; Frost et al., 2002; Allen et al., 2014; Frank & Davidson, 2014).

Regarding limited alignment with perfectionism, this is arguably achieved in Jesus's Sermon on the Mount (AMP, 2015, Matthew 5:48). As the crowds gathered about Jesus, he states "You therefore must be perfect [growing into complete maturity of godliness in mind and character...] as your heavenly Father is perfect" (AMP, 2015, Matthew 5:48). Limited alignment is observed, as one might interpret this scripture verse to suggest that perfection is attainable and

worthy of pursuit, by one's own self-effort, thereby motivating diligent efforts towards perfection due to the inherent perfection of God Himself. Compared with the scientific definition of perfectionism (Nelson et al., 2006; Allen et al., 2014; Frank & Davidson, 2014), the alignment is minimal, as both perspectives imply that perfection is achievable and worth pursuing through self-effort. It is important to note that only minimal alignment is achieved when interpreting Matthew 5:48 (AMP, 2015) as suggesting that believers are required to pursue perfection, which alludes to a broader theme in scripture concerning dysfunctional beliefs.

Intolerance of Uncertainty

The IOU is a construct related to OCD that achieves no alignment from a Biblical perspective. Indeed, as outlined by OCCWG (1997), IOU entails low tolerance for uncertainty, thereby affecting decision-making processes. Furthermore, the dysfunctional belief that certainty must be attained prior to making decisions underpins IOU (OCCWG, 1997). IOU has also been defined as behavioral attempts to control ambiguous situations and avoid uncertainty, as well as cognitive appraisals that view uncertainty negatively as reflecting poorly on one's character (Tolin et al., 2003). The OCCWG (1997) delineated several core beliefs concerning IOU, including the necessity of certainty, the assertion that, in ambiguous circumstances, individuals lack the capacity to navigate them effectively, and the view that functional responsiveness to ambiguity is not attainable.

From a biblical perspective, IOU is clearly inconsistent with scientific definitions. Indeed, several scriptures discussing uncertainty outline the opposite of IOU, namely, the belief that one is able to tolerate the experience of uncertainty, and when faced with ambiguous uncertain situations, one should be willing to face uncertain situations even when regarding daily provisions (*New Living Translation*, 1996/2004, Luke 9:2). Further, the biblical perspective

considers experiencing uncertainty as an opportunity to learn how to better tolerate such experiences and to avoid being consumed by concerns regarding material necessities (New Living Translation, 1996/2004, Luke 9:2). When juxtaposed to the scientific definition in context to RSOCD, it becomes clear that the biblical perspective encourages the belief that one is able to tolerate the experience of uncertainty while as defined in the scientific literature, IOU involves the belief that one is not able to tolerate uncertainty and that uncertainty should be avoided rather than pursued (OCCWG, 1997; Frank & Davidson, 2014).

Discrepancies

Considering the conclusions from the biblical and scientific literature on RSOCD, a discrepancy exists in the teaching and discussions regarding the importance and control of thoughts. Although both the Bible and scientific literature emphasize the importance of thoughts, a notable discrepancy becomes evident: the Bible concludes with advocacy for the suppression of thoughts, evaluation of thoughts, responsibility for thoughts, and exertion of control over thoughts (AMP, 2015; Colossians 3:2, Philippians 4:8, 1 Peter 1:13, Romans 12:2, 2 Corinthians 10:5, Matthew 5:27-28, Isaiah 26:3, Proverbs 4:23, Proverbs 23:7, and Romans 8:5-7). Conversely, the scientific literature regarding RSOCD, while discussing the significance and regulation of thoughts, centers on how such beliefs about thoughts are dysfunctional, deleterious, and contribute to the maintenance of RSOCD symptoms (Salkovskis, 1985, 1989; Rachman, 1993; Shafran et al., 1996; OCCWG, 1997; Abramowitz & Jacoby, 2014; Abramowitz & Hellberg, 2020).

Given this significant discrepancy, it may be due to a straightforward reason. That reason is simply that the Bible is not a source of knowledge about psychopathology. Indeed, although the Bible does mention negative affectivity, such as fear, anxiety, and worry (AMP, 2015,

Matthew 6:25-34; 1 John 4:18; 1 Peter 5:6-7), contains profound insights into life, human nature, original sin, salvation, and the church (Erickson, 2013), and emphasizes the importance of cognitions (AMP, 2015, Colossians 3:2, Romans 12:2, 2 Corinthians 10:5), it is not a diagnostic manual for assessing, evaluating, and treating psychological disorders. As such, the discrepancy highlights an arguably significant limitation of biblical knowledge. Indeed, this limitation has purportedly resulted in many Christian individuals suffering from psychopathologies understood within a limited biblical framework, thereby leaving individuals without hope or guidance on how to experience relief from their psychological ailments. Related to RSOCD, the literature substantiates this point, with numerous articles discussing how religious leaders may inadvertently or unintentionally endorse behaviors that, while seemingly reflect devout religious beliefs, are indicative of RSOCD (Abramowitz et al., 2002; Huppert et al., 2007; Huppert & Siev, 2010; Rosmarin et al., 2010; Abramowitz & Jacoby, 2014; Abramowitz & Buchholz, 2020; Fite et al., 2021; Johnson et al., 2024; Johnson & Borgogna, 2025; Hamlaoui et al., 2025; Raj et al., 2025; Matthews & Sarawgi, 2025). Taken together, this underscores a notable benefit of adopting an integrative approach that combines the Bible with scientific literature regarding RSOCD. The integrative approach provides a comprehensive perspective on RSOCD, enabling individuals potentially affected by it to acquire a well-founded knowledge base informed by both the Bible and scientific literature. This approach fosters a life deeply rooted in faith and offers an empirical framework to differentiate between normative religious practices and symptoms of RSOCD.

Major Integrative Conclusions

In examining key conclusions and claims in both the scientific literature and the Bible about RSOCD, several points emerge. These include the belief in the over-importance of

thoughts, the necessity of tolerating uncertainty, and the recognition of the development of dysfunctional beliefs. Although reviewing these claims reveals areas of agreement and disagreement, it also demonstrates the importance of integration and that both the scientific literature and the Bible remain important sources of information about the phenomenology of RSOCD.

The Belief in the Over-importance of Thoughts

One of the initial conclusions is the significance of thoughts. Indeed, when considered from a Biblical perspective, several scripture verses emphasize the importance of thoughts in both the Old and New Testaments. These scripture verses include Colossians 3:2, Philippians 4:8, 1 Peter 1:13, Romans 12:2, 2 Corinthians 10:5, Matthew 5:27-28, Isaiah 26:3, Proverbs 4:23, Proverbs 23:7, and Romans 8:5-7 (AMP, 2015). In relation to the initial conclusion, two secondary claims arise from the analysis of these scriptures: that thoughts should be considered significant and that individuals should regulate and direct their thinking, thereby implying responsibility for their thoughts. Although these scripture verses exhibit overlapping characteristics, particularly regarding the significance of thoughts, several passages address the importance of thoughts without explicitly discussing the necessity of direct control over them; these include Romans 12:2, Matthew 5:27-28, and Proverbs 23:7 (AMP, 2015).

Upon examining Matthew 5:27-28 and Proverbs 23:7 (AMP, 2015), these passages specifically highlight that an individual's thoughts not only disclose their true nature but also constitute sinful conduct. Indeed, Proverbs 23:7 states, "For as he thinks within his heart, so is he," while Matthew 5:28 affirms, "But I say to you, that everyone who so much looks at a woman with evil desires for her has already committed adultery with her in his heart." (AMP, 2015). Although not explicitly articulated, the underlying implication of these verses suggests

that thoughts hold significant importance, merit serious consideration, and require one to maintain perpetual awareness of them. This notion is further supported by Romans 12:2, which states, “Do not be conformed to this world...but be transformed (changed) by the [entire] renewal of your mind [by its new ideals and its new attitude] (AMP, 2015). As observed, this verse further emphasizes the importance of thoughts by ascribing specific transformative powers to them. Furthermore, this verse emphasizes that thoughts are a crucial transformative tool, as they prevent an individual from conforming to the world. It suggests the importance of consistently monitoring one’s thoughts, evaluating whether they align with societal norms, and taking appropriate action to amend them if necessary.

Several biblical verses support the secondary assertion that individuals should regulate and guide their thought processes. These verses encompass Colossians 3:2, Philippians 4:8, 1 Peter 1:13, 2 Corinthians 10:5, Proverbs 4:23, and Romans 8:5-7 (AMP, 2015). Collectively, they illustrate the theme that thoughts should be regarded as highly significant, warranting continuous conscious evaluation, and that thoughts must be controlled and deliberately directed. Verses that underscore the significance of directing one’s thoughts include Romans 8:5, which states, “but those who are according to the Spirit ... set their minds on and seek those things which gratify the [Holy Spirit]...”, Colossians 3:2, which advises, “And set your minds and keep them set on what is above,” and Philippians 4:8, which encourages, “...think on and weigh and take account of these things [fix your minds on them]” (AMP, 2015). In addition to directing and controlling thoughts, scriptures such as 1 Peter 1:13, which states “Brace up your mind,” 2 Corinthians 10:5, which advises, “... and we lead every thought and purpose away captive into the obedience of Christ,” and Proverbs 4:23, which emphasizes, “... Keep and guard your heart

with all vigilance and above all that you guard” (AMP, 2015), underscore the significance of safeguarding one's thoughts and inhibiting those that may be considered problematic.

Conversely, regarding the assertion of the significance of thoughts related to the scientific literature on RSOCD, the level of agreement with the Bible is moderate. Indeed, several cognitive mechanisms have been identified in the scientific literature concerning the pathogenesis of OCD (OCCWG, 1997; Frank & Davidson, 2014), which are arguably closely aligned with the depiction in the Bible regarding the significance and management of thoughts. These mechanisms include TAF, IR, and ICT (Rachman, 1993; Rachman et al., 1995; Salkovskis et al., 1999; OCCWG, 1997, 2001, 2003, 2005). TAF encompasses two beliefs: the notion that merely having a thought about harming someone or about a harmful event occurring increases the likelihood that the thought will become reality, and the belief that experiencing an immoral thought is equivalent to committing an immoral act (Rachman, 1993; Shafran et al., 1996). ICT encompasses the meta-cognitive belief that intrusive activity is inherently significant. Additionally, it asserts that certain thoughts deemed inappropriate or undesirable should be regulated, as there is a prevailing belief that such thoughts may lead to catastrophic consequences (OCCWG, 1997). IR encompasses two propositions concerning personal accountability for experiencing inappropriate and undesirable thoughts (Rachman, 1993). Firstly, it posits that if an individual believes they have influence over an adverse event, they should assume full responsibility for preventing it. Secondly, it encompasses the belief concerning errors of omission, whereby an individual is held responsible for actions they did not undertake but considered necessary (Salkovskis, 1985, 1989; Rachman, 1993; OCCWG, 1997). Collectively, these cognitive mechanisms are recognized as metacognitive beliefs, which encompass the belief that thoughts are significant, the expectation that individuals should assume

responsibility for their thoughts, the notion that negative or inappropriate thoughts ought to be regulated, and the belief that thoughts carry the same moral weight as actions (Salkovskis 1985, 1989; Rachman, 1993; Rachman et al., 1995; Shafran et al., 1996; Salkovskis et al., 1999; OCCWG, 1997; Frank & Davidson, 2014).

Taken together, though there is apparent convergence between the Bible and the scientific literature regarding the significance of thought, distinct conclusions emerge. From a biblical perspective, one may conclude that thoughts are of significant importance, deserve exceptional merit, require regulation, and should be guided to align with the life of Christ. In other words, a biblical perspective advocates for the belief that thoughts should be regarded as significant, worthy of evaluation, and subject to control and guidance as necessary. Conversely, though the scientific literature recognizes cognitive mechanisms that seemingly align with the Bible, the misalignment occurs as the scientific literature regarding RSOCD concludes that placing excessive emphasis on thoughts as significant and deserving of evaluation can be deleterious (Salkovskis, 1985, 1989; Rachman, 1993; OCCWG, 1997; Frank & Davidson, 2014). Indeed, the key distinction is that thoughts, especially intrusive and unwanted ones, should not be regarded as important or significant, and efforts to control or suppress them should be avoided.

Importance of Tolerating Uncertainty

An additional conclusion identified in both the Bible and the scientific literature concerns IOU. From a scientific perspective, IOU comprises three main beliefs: that certainty is required before making a decision, that one cannot handle unpredictability, and that one will function poorly in inherently ambiguous conditions (OCCWG, 1997). Furthermore, those who hold these

beliefs are inclined to engage in behaviors or cognitive processes, such as rumination and worry, to diminish uncertainty (Knowles & Olatunji, 2023).

In contrast, although the Bible does not explicitly mention the cognitive mechanism IOU, it references several passages that emphasize the significance of improving one's ability to tolerate uncertainty (AMP, 2015, Matthew 6:31, Luke 9:2, Proverbs 27:1, and Philippians 4:6). The references highlighting the importance of understanding how to tolerate uncertainty exemplify a convergence point between the scientific literature and the Bible. Indeed, although the scientific literature addresses the dysfunction associated with beliefs about IOU (OCCWG, 1997; Frank & Davidson, 2014; Knowles & Olatunji, 2023), it also emphasizes its importance in psychotherapeutic treatment for individuals, enhancing their capacity to tolerate uncertainty. This process facilitates the development of new beliefs about tolerating uncertainty (Abramowitz & Jacob, 2014; Abramowitz & Hellberg, 2020; Matthew et al., 2025). Taken together, the Bible and scientific literature closely align concerning the concept of IOU; however, in the context of psychotherapeutic treatment. Although the Bible does not explicitly mention the cognitive mechanism of IOU, both sources emphasize the importance of learning to better tolerate ambiguity and developing a belief in one's capacity to navigate unpredictability.

Awareness of Developing Dysfunctional Beliefs

Lastly, a common conclusion found in both the scientific literature and the Bible regarding RSOCD pertains to the recognition of adopting or developing dysfunctional beliefs. From a biblical perspective, this conclusion is demonstrated in Galatians chapters 2 and 3 (Message Bible, 2019). The Apostle Paul, in his epistle to the church in Galatia, issues a cautionary message regarding individuals who promote erroneous assertions about attaining perfection through self-reliance, thereby neglecting the work of Christ (Message Bible, 2019).

The Apostle Paul is concerned that a maladaptive belief that neglects the work of Christ is being adopted within the church body in Galatia (*New Living Translation*, 1996/2004). In his warning, the Apostle Paul affirms that God provides the Holy Spirit not through the adoption of a belief in self-reliance, but through the belief concerning the work of Christ Jesus (*New Living Translation*, 1996/2004, Galatians 3:5).

When Galatians chapters 2 and 3 (Message Bible, 2019) are juxtaposed with the scientific literature regarding RSOCD, convergence is observed, as the scientific literature supports the Bible's view that dysfunctional beliefs are deleterious (OCCWG, 1997; Frank & Davidson, 2014). Numerous research studies examine how beliefs such as TAF, IR, ICT, IOU, and perfectionism are detrimental and function as risk factors for the development and maintenance of RSOCD (Salkovskis, 1985, 1989; Rachman, 1993; OCCWG, 1997; Abramowitz & Jacob, 2014; Frank & Davidson, 2014; Knowles & Olatunji, 2023; Abramowitz & Hellberg, 2020; Matthews et al., 2025). Taken together, though the Bible and the scientific literature do not explicitly align in terminology, they align in the overarching conclusion regarding the awareness of adopting and developing dysfunctional beliefs.

Emergent Gaps and Future Directions

An integrative analysis of the Bible and scientific literature concerning RSOCD reveals a notable gap in the biblical knowledge base. Indeed, the disparity concerns the biblical teachings on the significance and regulation of thoughts. Several biblical passages converge on a central theme throughout both the Old and New Testaments, emphasizing the importance of thoughts, the responsibility for one's thoughts, and the need for control over them. These verses include, but are not limited to, Colossians 3:2, Philippians 4:8, 1 Peter 1:13, Romans 12:2, 2 Corinthians 10:5, Matthew 5:27-28, Isaiah 26:3, Proverbs 4:23, Proverbs 23:7, and Romans 8:5-7 (AMP,

2015). Collectively, these verses underscore the significance for Christians of safeguarding their thoughts, maintaining continuous vigilance over their mental processes, critically evaluating their thoughts, and, if necessary, exercising control and guidance over their mental activity. This biblical perspective has been further disseminated within the Christian community, with prominent preachers aligned with Pentecostal theology emphasizing the significance of thoughts, the importance of exercising control over one's thoughts, and conceptualizing the mind as the central control mechanism that the enemy, the devil, seeks to dominate (Dollar, 2008; Winston, 2008). Although this principle is widely endorsed and substantiated throughout the Bible and within the church body (Dollar, 2008; Winston, 2008), an alternative perspective emerges when integrating the scientific literature regarding RSOCD.

Indeed, upon reviewing the scientific literature on RSOCD and the importance and regulation of thoughts, it becomes evident that this body of work addresses a significant gap in the biblical context and in the teachings of the body of Christ. Specifically, the scientific literature claims that beliefs regarding the significance of thoughts, assuming responsibility for them, and attempting to suppress and control thoughts are regarded as detrimental (Rachman, 1993, 1995; Shafran et al., 1996; OCCWG, 1997; Frank & Davidson, 2014; Abramowitz & Jacoby, 2014). Furthermore, these beliefs have been demonstrated to contribute to psychological and emotional suffering for many individuals (Salkovskis, 1985, 1989; Rachman, 1993, 1995; Buchholz et al., 2019; Siev et al., 2017; Siev et al., 2021; Matthews et al., 2025). In addition, the scientific literature has revealed that engaging in such thought suppression behaviors, both cognitive and external, can develop the intensity and severity of RSOCD symptoms (Abramowitz & Hellberg, 2020). Furthermore, a significant body of scientific literature addresses the unfortunate circumstances that arise when religious leaders are unfamiliar with the

symptoms of RSOCD. Indeed, the literature indicates that religious leaders may inadvertently contribute to the exacerbation, development, maintenance, and intensification of underlying symptoms of RSOCD by extolling religious-oriented behaviors that ostensibly align with biblical teachings but are, in fact, symptomatic of RSOCD (Abramowitz et al., 2002; Huppert et al., 2007; Huppert & Siev, 2010; Rosmarin et al., 2010; Abramowitz & Jacoby, 2014; Abramowitz & Buchholz, 2020; Fite et al., 2021; Johnson et al., 2024; Johnson & Borgogna, 2025; Hamlaoui et al., 2025; Raj et al., 2025; Matthews & Sarawgi, 2025).

Given this notable gap in biblical knowledge, future research could investigate metacognitive beliefs about the importance and control of thoughts across various Christian denominations. One such denomination that, to my knowledge, has received no empirical scientific investigation concerning RSOCD is Pentecostalism. Apart from the paucity of empirical research on Pentecostalism and RSOCD, qualitative research conducted within a Pentecostal church community has revealed that members are instructed to interpret internal experiences within a closed, leader-regulated interpretive framework (Inbody, 2015). Within this enclosed, leader-regulated interpretive framework, members are encouraged to adopt the leader-regulated interpretive vocabulary, are discouraged from utilizing alternative, non-spiritual appraisals of internal stimuli, and are guided to assess all internal stimuli as potentially meaningful (Inbody, 2015). As the existing body of literature concerning RSOCD underscores the importance and regulation of thoughts as a risk factor contributing to the development of OCD (Salkovskis, 1985, 1989; Rachman, 1993; Rachman et al., 1995; Shafran et al., 1996; Salkovskis et al., 1999; OCCWG, 1997; Frank & Davidson, 2014), future research has the potential to provide valuable insights into the adverse effects of enclosed, leader-regulated interpretative frameworks within Pentecostalism pertaining to RSOCD. Furthermore, an

additional research avenue could involve examining the fundamental cognitive constructs of OCD, TAF, ICT, IR, IOU, and perfectionism in relation to the leader-regulated interpretative framework of Pentecostalism. To the best of my knowledge, the core cognitive constructs of OCD, TAF, ICT, IR, IOU, and perfectionism have not been empirically investigated within a Pentecostal denominational community. Further investigation could yield valuable insights into which core cognitive constructs, if any, are most prevalent within a Pentecostal-oriented community.

Conclusion

The integration of biblical perspectives with scientific literature on RSOCD remains a significant endeavor. Indeed, when conducting a biblical and scientific analysis of RSOCD, several notable conclusions emerge that mutually support each other. These include awareness of the development of dysfunctional beliefs and the importance of tolerating uncertainty. Understanding this congruence between biblical teachings and scientific findings has important implications for future research into RSOCD, such as informing future studies on the psychotherapeutic treatment of RSOCD, particularly on how to effectively leverage the integration of both approaches to assist individuals suffering from RSOCD.

Furthermore, integration is significant because it elucidates discrepancies between the Bible and the scientific literature. These discrepancies facilitate a more in-depth analysis of their origins and serve as a foundation for subsequent investigations. Such further inquiries may yield valuable insights that inform future research concerning psychotherapeutic approaches to assist individuals suffering from RSOCD. Recognizing deficiencies underscores the significance of integrative research. Consequently, an integrative strategy that combines biblical insights with scientific literature offers researchers, clinicians, pastors, and laypersons a unique perspective to

support individuals experiencing RSOCD. Taken together, given the significance of analyzing both the Bible and the scientific literature on RSOCD, as well as the implications for assisting church members who may struggle with RSOCD, it is both appropriate and prudent to recommend pursuing future integrative research.

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