

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

David H. Rosmarin

McLean Hospital/Harvard Medical School

Steven Pirutinsky

Teachers College, Columbia University

Jedidiah Siev

Massachusetts General Hospital/Harvard Medical School

World Congress of Behavioral and Cognitive Therapies

Boston, MA – June 4, 2010

Scrupulosity and Treatment Outcomes

- Religious symptoms are common in OCD
 - 24-33% in North America (Antony, Downie, & Swinson, 1998; Abramowitz, et al., 2002)
 - As high as 83% in the Middle East Middle East (Greenberg & Shefler, 2002)
- Religious symptoms predict poorer treatment outcome in OCD even after controlling for symptom severity (Mataix-Cols, Marks, Freist, Kobak, & Baer, 2002; Nelson, Abramowitz, Whiteside, & Deacon, 2006)

Role of Community Attitudes

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

Jewish Community

- Orthodox Jews



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

- Non-Orthodox Jews



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

Hypotheses

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

Method

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

OCD Vignettes – “Binyamin”

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

Method

Questionnaire

- Appraisal of OCD
 - How likely do you think it is that Binyamin is experiencing obsessive-compulsive disorder? (4-pt: very likely - very unlikely)
- Attitudes towards professional treatment
 - 9-item scale – e.g., If I were experiencing these problems, I would try and get help from a professional therapist as soon as possible (6-pt: totally agree to totally disagree)
 - Internal consistency moderately high ($\alpha = .82$)

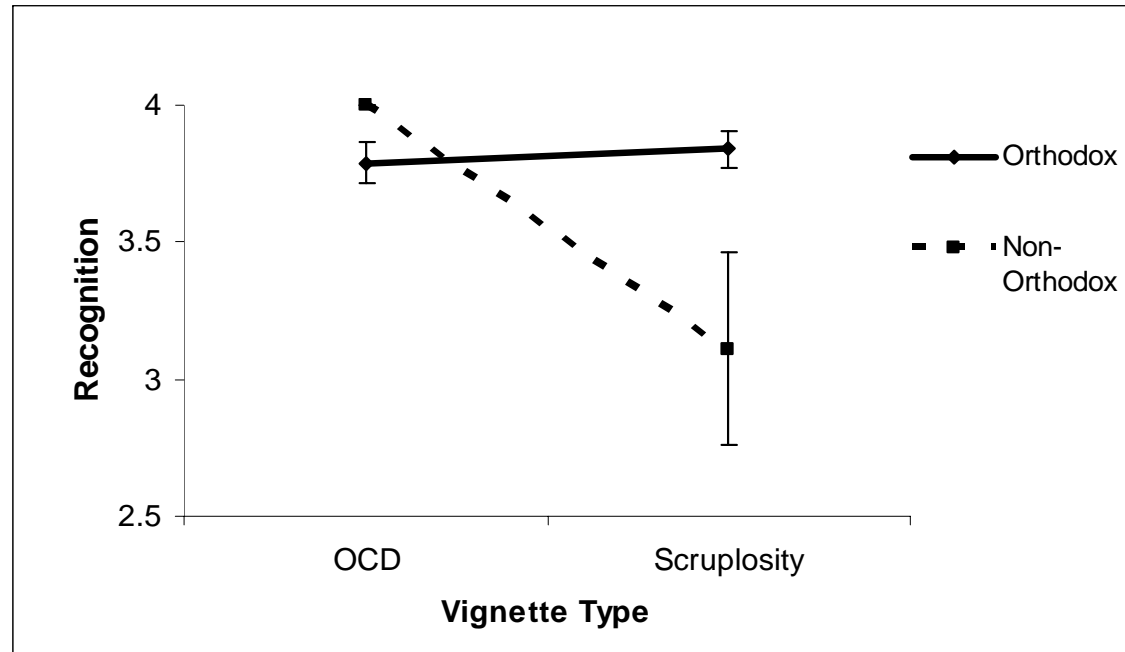
Participants

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

Participants

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

Results: Recognition of OCD



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

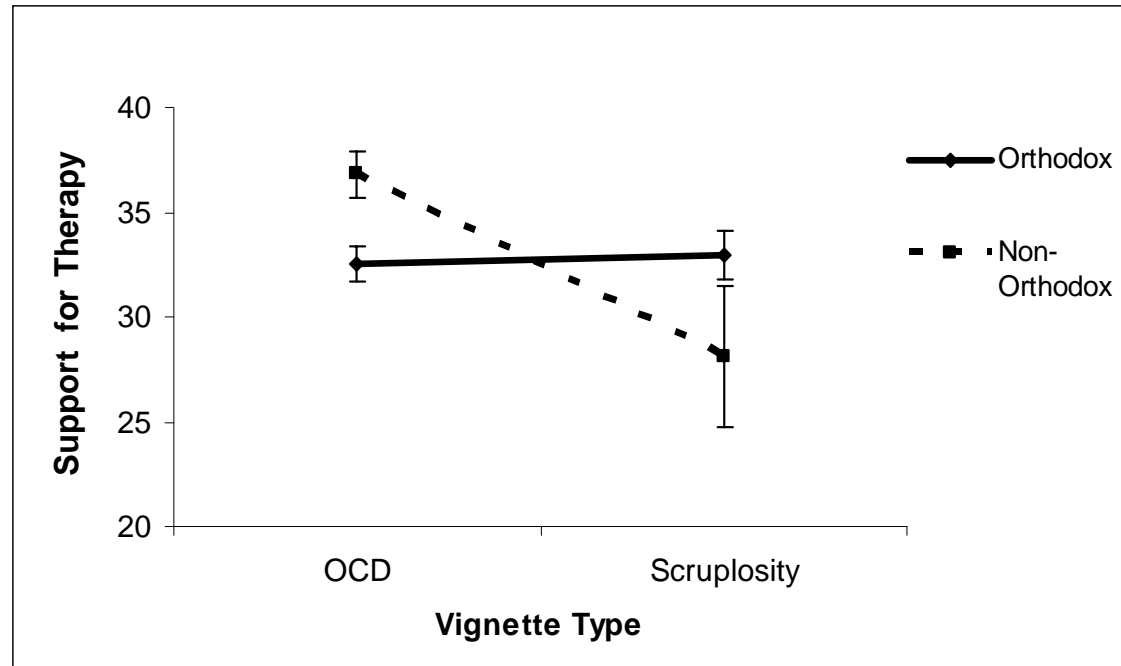
Main effect for vignette type ($F(1, 89) = 12.05, p = .001, \eta^2 = .04$)

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

Results: Recognition of OCD

- Orthodox Participants
 - Religious vignette – 84% “very likely OCD”
 - Non-religious vignette – 82% “very likely OCD”
 - Not statistically different – $\chi^2[3, N = 70 = .86, p = .65]$
- Non-Orthodox Participants
 - Religious vignette – 44% “very likely OCD”
 - Non-religious vignette – 100% “very likely OCD”
 - Significantly different – $(\chi^2(3, N = 23) = 9.94, p = .02)$

Results: Support for Treatment



- No main effect for religious affiliation ($F(1, 89) = 0.37, p = .84$)
- Main effect for vignette type ($F(1, 89) = 7.20, p = .009, \eta^2 = .07$)
- Interaction between factors, $F(1, 89) = 8.59, p = .004, \eta^2 = .08$.

Results: Support for Treatment

- Orthodox Participants
 - Equal support for professional treatment in scrupulosity and non-religious OCD ($t [68] = .27, p = .79, \eta^2 = .001$)
 - Non-Orthodox Participants
 - Less support for professional treatment in scrupulosity compared to non-religious OCD ($t [21] = 2.79, p = .011, \eta^2 = .27$)
-
- Note: Attitudes towards professional treatment significantly correlated with appraisal of OCD ($r = .47, p < .001$)

Discussion

- Results did *not* support hypotheses
 - Orthodox Jews were *equally* likely to recognize/recommend treatment for religious and non-religious symptoms of OCD
 - Non-Orthodox Jews were *less* likely to recognize/recommend treatment for scrupulosity compared to non-religious OCD
- Possible conclusions
 - Orthodox Jews' strict adherence to religious law may increase sensitivity to normal religious practice and thus enhance identification of scrupulosity
 - Non-Orthodox Jews may be reticent to describe scrupulosity as OCD out of fear of disrespecting bona fide religious standards

Discussion

- Clinical Implications
 - It is possible that non-religious therapists are more likely to “normalize” scrupulosity compared to non-religious symptoms
- Additional Implications
 - Orthodox Jews in the sample were welcoming of professional treatment overall
 - Scrupulosity was highly identifiable among Orthodox Jews

Discussion

- Limitations
 - Internet-based recruitment
 - No direct assessment for knowledge of OCD or religious practices
- Future directions
 - Comparison of scrupulosity, non-religious OCD, normative religious practice and non-religious practice vignettes
 - Identify which specific markers promote/interfere with recognition of scrupulosity (e.g., subjective distress, time spent on compulsions, interference with daily activities, interference with religious practice, cultural abnormality)

Comments/Questions: drosmarin@mclean.harvard.edu

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

David H. Rosmarin

McLean Hospital/Harvard Medical School

Steven Pirutinsky

Teachers College, Columbia University

Jedidiah Siev

Massachusetts General Hospital/Harvard Medical School

World Congress of Behavioral and Cognitive Therapies

Boston, MA – June 4, 2010