Devotion, Coping, Compulsion, and Conscience: A Christian Law–Gospel Framework for Discernment in the Counseling Session

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Abstract

When a religious client presents with intense, distressing religiosity, the counselor faces a discernment problem that the clinical, the religious-coping, and the pastoral-theological literatures each illuminate only in part. The same fervor may express mature devotion, religion pressed into service as emotional coping, the religious-obsession subtype of obsessive-compulsive disorder (scrupulosity), or a genuine crisis of conscience—what the Lutheran tradition calls Anfechtung. This paper argues that intensity is the wrong axis on which to sort these states and assembles, from three largely separate bodies of research, an account of how they differ in direction, cognition, and function. It then advances two contributions a confessional standpoint is positioned to make. The first is methodological: a disciplined act of naming, borrowed from mediation and grounded in the affect-labeling literature, that functions simultaneously as a gentle intervention and a diagnostic probe, together with an explicit boundary condition—client insight—beyond which the move fails, and itself becomes diagnostic. The second is theological: a Law–Gospel analysis that distinguishes absolution, grounded outside the self, from compulsive reassurance —an endless internal loop —and proposes permeability to grace—the capacity to receive and retain assurance—as the criterion that most sharply separates faith and Anfechtung from scrupulous OCD.

Keywords: scrupulosity, religious OCD, religious coping, Anfechtung, Law and Gospel, affect labeling, insight, Christian counseling

Devotion, Coping, Compulsion, and Conscience: A Law–Gospel Framework for Discernment in the Christian Counseling Session

A devout client sits across from the counselor and describes a religious life of unusual intensity: long hours of prayer, a recurring fear of having sinned in ways he cannot quite name, a restless need to be certain of God's favor. The intensity is not in question. The question is what intensity means. The same observable fervor may be the visible edge of mature devotion; of religion pressed into service as a way to manage unbearable feeling; of the religious-obsession subtype of obsessive-compulsive disorder, known clinically as scrupulosity; or of a genuine crisis of conscience—what Martin Luther and the confessional tradition after him called Anfechtung, the terror of a soul that believes itself condemned before God. The counselor's first task is therefore not to treat but to discern, because each of these states calls for a different response, and a response fitted to the wrong state can deepen the very suffering it means to relieve.

This discernment challenge sits at the crossroads of three literatures that seldom interact: clinical research on OCD and scrupulosity, the psychology of religious coping, and pastoral-theological work on conscience, doubt, and assurance. Each sheds light on part of the problem, but none alone shows counselors how to distinguish among all four states in real time. Clinical studies typically compare only two states at once—such as devotion and scrupulosity or positive and negative coping—and offer neither an integrated framework for discernment nor meaningful engagement with a Law–Gospel or theology-of-the-cross perspective. That gap is where a confessional contribution can be especially useful. Confessional Lutheran soul-care literature has already begun applying these theological frameworks to Christian counseling (Marrs, 2019); this paper extends that work by distinguishing among the four states.

This paper makes that integration and then presses past it. I argue, first, that intensity is the wrong axis on which to sort these states, and assemble from the three literatures an account of how they differ along three better axes: direction (whether the religiosity is oriented toward God or toward relief), cognition (the appraisals and beliefs that drive the behavior), and function (what the religiosity is for). Second, I propose two contributions a confessional standpoint is positioned to make. One is methodological—a disciplined act of naming, drawn from the practice of mediation and grounded in the affect-labeling research, that serves at once as a gentle intervention and diagnostic probe, bounded by an honest limit in the form of client insight. The other is theological—a Law–Gospel analysis that distinguishes absolution, grounded outside the self, from compulsive reassurance, an endless internal loop, and that proposes permeability to grace as the criterion that most sharply separates faith and Anfechtung from scrupulous OCD. Throughout, Scripture is quoted in the New International Version.

The Wrong Axis: Why Intensity Cannot Sort the Four States

The intuitive move is to read intensity as the diagnostic signal—to suppose that devotion shades into pathology somewhere along a single dial, and that the counselor's task is to locate the client on it. Literature warns repeatedly against precisely this. Bailey et al. (2023) found that it was religious scrupulosity, not religiosity as such, that carried the association with impairment; the apparent signal that religion harms mental health largely disappeared once scrupulosity was modeled separately. The clinician who treats fervor itself as the problem, therefore, risks two opposite errors at once—pathologizing healthy devotion, or missing genuine illness dressed in pious language.

Direction and cognition, not intensity, separate devotion from its counterfeit. Inozu et al. (2025) showed that scrupulosity, and not religiosity, predicts distress through cognitive

mediators such as fear of self and inferential confusion—mechanisms that belong to the disorder rather than to faith. Most tellingly, Witzig and Pollard (2013) found scrupulosity negatively correlated with religious commitment and spiritual well-being. Scrupulosity, on this evidence, is not mature devotion intensified but something inversely related to it. This is the strongest empirical warrant for treating true devotion and scrupulosity as distinct poles rather than as two points on a single continuum, and Miller and Hedges (2008) provide a useful definitional anchor for the clinical conceptualization that follows. The two claims that scrupulosity is inversely related to devotion and that it is itself a graded, dimensional phenomenon are compatible rather than competing: scrupulous cognition is detectable across non-clinical community samples and not only in the clinic (Morón et al., 2022), so the disorder names the severe end of a dimension that is distinct from devotion in kind, not merely in degree.

The same distinction, in older vocabulary, lies in the psychology of religious orientation. Allport's contrast between intrinsic religion—faith as an end, lived for its own sake—and extrinsic religion—faith as a means to comfort, status, or security—meta-analyzed by Donahue (1985) and refined in the faith-maturity research of Salsman et al. (2005), is essentially the devotion-versus-coping axis under a different name. Bartz's (2021) 17-year longitudinal data are pertinent here: intrinsically devout believers remained within the normal range of adjustment across decades, evidence that mature devotion is not a disorder waiting to declare itself. Theologically, this is unsurprising. The confessional tradition has never measured faith by its felt intensity; faith is reception—the heart clinging to a promise outside itself—not the magnitude of religious feeling. Intensity is, for both the clinician and the theologian, exactly the wrong place to look.

The OCD Signature: Phenomenology and Diagnostic Markers

If intensity is the wrong axis, the counselor needs better markers. The clinical literature provides the clearest set of markers for one of the four poles—scrupulous OCD—and those markers are worth stating precisely, because they are largely what the other three states lack. A meta-analysis by Audet et al. (2023) distinguished obsessions from the ordinary intrusive thoughts that nearly everyone experiences by a cluster of features: the thought is experienced as unacceptable, uncontrollable, alien to the self (ego-dystonic), saturated with guilt, and, decisively, without basis in the here-and-now. Belloch et al. (2012) treat this ego-dystonic versus ego-syntonic dimension as the core continuum on which the clinical character of an intrusion is read. The pastoral significance is immediate: the scrupulous client is tormented by a thought he himself regards as foreign and abhorrent, which is very different from the believer convicted by a sin he recognizes as his own.

Beneath the obsession sit two well-supported cognitive engines. Intolerance of uncertainty—the inability to bear not-knowing—is a robust cognitive vulnerability for OCD (Knowles & Olatunji, 2023; Pinciotti et al., 2021). Thought–action fusion—the appraisal that thinking a thing is morally equivalent to doing it, or makes it more likely—turns ordinary blasphemous or immoral intrusions into apparent evidence of guilt. When comparing scrupulous clients, contamination-OCD clients, and healthy controls with equal symptom severity, Siev et al. (2025) found that the scrupulous group exhibited distinctively elevated beliefs about the importance and control of thoughts, moral thought–action fusion, and inflated responsibility. Julien et al. (2007) had earlier established an appraisal model explaining why normal intrusions become obsessions through dysfunctional appraisal, rather than through the content of the thought itself.

McCauley and Graham (2020) name the structural feature that matters most for discernment. Because intolerance of uncertainty lies beneath the disorder, the reassurance and rituals the client performs to settle doubt can never resolve it; relief is brief, and the doubt returns, often stronger. This is the clinical analog of a theological pattern the confessional tradition knows well—assurance grounded in self-inspection that always evaporates—and the resemblance will become the hinge of the argument below.

Religion as Emotional Coping: Negative Coping and Spiritual Bypass

The third pole is the subtlest because it can look identical to devotion from the outside and coexist with both devotion and OCD within the same person. Here, the question is neither intensity nor cognition but function: what is the religiosity doing for the person? Pargament et al.'s (1998) foundational work distinguished between positive and negative patterns of religious coping. Negative religious coping—spiritual discontent, reappraising events as God's punishment, demonic reappraisal, and the like, captured by the Brief RCOPE (Pargament et al., 2011)—is a robust predictor of poor adjustment across meta-analyses (Ano & Vasconcelles, 2005) and longitudinal studies (Bockrath et al., 2021). McConnell et al. (2006), in a national sample, linked negative coping specifically to obsessive-compulsiveness and anxiety, building a bridge between these poles.

A second, overlapping construct names the same pole from another angle. Spiritual bypassing—using belief and practice to avoid difficult emotional and developmental work—was operationalized by Fox et al. (2017) along two facets, psychological avoidance and spiritualizing, which Fox et al. (2019) found to mediate spirituality's effects on depression, anxiety, and stress. Cashwell et al. (2011) warn that counselors themselves can unwittingly reinforce bypass by colluding with the client's spiritual reframe rather than attending to the underlying feeling.

Huguelet and Mohr (2013) describe the clinical gray zone in which religion functions simultaneously as a coping resource, a source of comfort, and a self-regulation strategy—often all at once in a single patient—and argue that spiritual assessment ought to be routine rather than exceptional. Mancini et al. (2023) sharpen the point about scrupulosity: it was negative, not positive, religious coping that mediated the link between scrupulosity and poor mental health, thereby locating the harm in the coping style rather than in faith as such. The discriminating question for this pole is therefore teleological—is the practice aimed at God, or at the management of affect? A confessional reader will recognize this as a version of the Reformation's own question: whether the heart seeks God for God's sake or uses God as an instrument, a subtle idolatry in which one's own peace becomes the thing actually worshiped.

Anfechtung and the Terrified Conscience: The Pastoral-Theological Pole

The fourth pole is the one that the clinical databases cover least, and the confessional counselor is best equipped to name. Anfechtung—Luther's word for the spiritual assault in which the conscience, under the accusation of the Law, despairs of standing before God—is not pathology. It is the proper terror of the sinner who has heard the Law and not yet heard the Gospel, and the tradition treats it as a station on the way to faith rather than a disorder to be cured. The Law, on this reading, does exactly what it is meant to do: "through the law we become conscious of our sin" (Romans 3:20). A confessional Lutheran soul-care treatment of this pole is offered by Marrs (2019), who places Anfechtung at the center of Christian counseling, frames the Law's accusation and the Gospel's absolution as the proper response, and warns against the iatrogenic counsel—pray harder, examine yourself more closely—that deepens rather than relieves the terror. This is not a modern reconstruction imposed on the sources but a recovery of the tradition's own center of gravity. Rittgers (2014) shows that consoling the

conscience crushed by the Law was the formative pastoral problem out of which Luther's distinction of Law and Gospel, and his focus on confession and absolution, actually grew—theology shaped in the care of terrified consciences rather than applied to them afterward—and the post-Reformation Lutheran casuistry that followed (Mayes, 2011) was likewise a literature written to instruct and console troubled consciences, evidence that the church holds very old resources for precisely the discernment this paper attempts. That the Law–Gospel distinction remains actively debated within Lutheranism, in its proper ordering and balance (Dolamo, 2018), does not unsettle the narrow pastoral use pressed here, which is its least controversial core: the Law accuses, and the Gospel absolves.

There is a real pastoral-theological literature on this pole, though it mostly lives outside clinical journals. Strehle (2024) traces the doctrine of assurance and shows how the reflexive turn inward—inspecting one's own motives and faith to verify one's standing—breeds doubt rather than settling it. Mossi's (1996) review of Ciarrocchi's The Doubting Disease and Chan's (2025) work on the spiritual-direction tradition situate "scruples" within centuries of pastoral practice; Taylor (2024), writing for Christian nurses, names Luther, Bunyan, and Ignatius as figures who would today likely be diagnosed, and warns against the iatrogenic counsel to simply pray more and longer.

Clergy are first responders, and the empirical evidence shows they can make matters worse. Deacon et al. (2013), studying Lutheran clergy, found that more conservative pastors held higher moral thought–action fusion and a more micromanaging image of God, and were correspondingly more likely to give advice—such as repeated confession of sinful thoughts—which risks reinforcing the compulsion. The denominational difference was fully mediated by moral thought–action fusion: the pastoral reflex itself, not the doctrine in the abstract, became the

mechanism of harm. Jones et al. (2019) found most imams similarly unfamiliar with scrupulosity-as-OCD or with exposure-based treatment, and Fuselier et al. (2026) have opened the clinician side of the collaboration question.

Here, the theological frame does diagnostic work that the clinical literature cannot supply on its own. The pastoral instinct to absolve—to answer terror with the announcement of forgiveness—is exactly right for Anfechtung and can be exactly wrong for OCD. For the conscience genuinely terrified by the Law, absolution is the cure: "there is now no condemnation for those who are in Christ Jesus" (Romans 8:1). For the scrupulous client whose terror is driven by intolerance of uncertainty, the same absolution, offered as information that might finally settle the doubt, is consumed like every other reassurance and leaves the person no freer. The two terrors look alike and require opposite responses, and no one in the literature has specified how to tell which terror is in the room. That is the discernment task to which the rest of this paper turns.

Cross-Cutting Moderators

Before turning to the method, several variables deserve attention because they affect all four poles at once and color how each presents itself. A negative image of God tracks scrupulosity severity (Siev et al., 2011). Self-compassion buffers the path from maladaptive perfectionism to scrupulosity (Polhill et al., 2025) and functions as a bridge between obsessive-compulsive symptoms and religious struggle (Morón et al., 2022), while punitive early maladaptive schemas correlate with scruples (Morón et al., 2025). These are not separate poles, but dimmer switches on the whole room: a punishing God-concept, a perfectionistic conscience, and a deficit in self-compassion will intensify devotion, coping, and compulsion alike.

Theologically, each names a place where the Law has been heard without the Gospel, which is to say, a place where grace has not yet been allowed to do its proper work.

From Construct to Measure: Instruments for Assessing and Differentiating the Four States

The distinctions drawn so far are conceptual, but most of them have validated psychometric counterparts, and assembling those measures into a deliberate battery is the empirical complement to the discernment task developed below. Two cautions frame the whole enterprise. First, no single instrument sorts all four states; this is not a gap in the measures but a confirmation of the paper's thesis that devotion, coping, compulsion, and conscience are not points on one continuum and cannot be read off one dial. Second, the validated tools cluster on the three states the clinical and religious-coping literatures have studied—scrupulosity, the OCD substrate, and religious coping—while the pole the confessional counselor is best equipped to name, Anfechtung, has no dedicated measure at all. A battery, therefore, informs discernment without ever replacing it. What follows maps the principal instruments onto the axes already established—direction, cognition, and function—and onto the four poles and their moderators, with attention throughout to what each measure can and cannot discriminate.

Scrupulosity and Its Obsessive-Compulsive Substrate

The most direct measure of the compulsive pole is the Penn Inventory of Scrupulosity (PIOS; Abramowitz et al., 2002), a 19-item self-report scale whose two factors—fear of having sinned and fear of punishment from God—name the religious content of the obsession with some precision. The revised 15-item form (PIOS-R; Olatunji et al., 2007) improved the factor structure and correlates near-perfectly with the original, and a residential-sample study identified a score of 24 out of 60 as the threshold for clinically significant scrupulosity. The PIOS is the most widely used and validated scrupulosity measure, but its discriminant validity is uneven across

traditions: it separates scrupulous from non-scrupulous obsessions well in Christian respondents and far less well in Jewish and non-religious ones (Huppert et al., 2016), a limitation that bears directly on any cross-tradition use and that the present confessional framing should hold in view. Because scrupulosity is a subtype rather than a freestanding disorder, a PIOS profile is best read against a measure of the broader OCD substrate: the clinician-rated Yale–Brown Obsessive Compulsive Scale (Y-BOCS; Goodman et al., 1989) remains the standard index of obsession and compulsion severity, and the self-report Dimensional Obsessive-Compulsive Scale (DOCS; Abramowitz et al., 2010) locates symptoms across four dimensions, of which the "unacceptable thoughts" dimension is the one under which scrupulous obsessions fall. Reading the PIOS alongside the DOCS situates the religiosity within OCD rather than within faith—precisely the move the "wrong axis" argument requires.

The Cognitive Engines

The two appraisal mechanisms identified earlier as the engines beneath the obsession are themselves measurable, and their elevation alongside scrupulosity is among the better quantitative signals that the disorder, rather than devotion, is in view. The Obsessive Beliefs Questionnaire (OBQ-44; Obsessive Compulsive Cognitions Working Group, 2005) indexes three belief domains—inflated responsibility and overestimation of threat, perfectionism and intolerance of uncertainty, and the importance and control of thoughts—which correspond closely to the distinctively elevated obsessional styles Siev et al. (2025) found in scrupulous clients. Intolerance of uncertainty, the vulnerability that explains why reassurance can never settle doubt (McCauley & Graham, 2020), is captured by the 12-item Intolerance of Uncertainty Scale (IUS-12; Carleton et al., 2007), which includes prospective and inhibitory subscales. Thought–action fusion, the appraisal that thinking a blasphemous or immoral thought is

tantamount to enacting it, is measured by the Thought-Action Fusion Scale (Shafran et al., 1996), whose moral subscale is the more pertinent here. None of these beliefs is unique to OCD, so no cognitive measure can, by itself, separate faith from its counterfeit; their diagnostic value is conjunctive—high obsessional beliefs co-occurring with high scrupulosity and a recognizable ego-dystonic intrusion point toward the disorder, whereas devotion is not characterized by inflated responsibility for one's own thoughts.

Insight: The Boundary Condition Operationalized

The constraint that governs the naming move—whether the client has enough observing distance to entertain an account of his own experience—has a standard clinical measure in the Brown Assessment of Beliefs Scale (BABS; Eisen et al., 1998), a seven-item, clinician-administered interview that rates conviction, perspective-taking, and recognition of a psychological cause, and that classifies insight categorically from excellent through good, fair, and poor to absent or delusional. The Y-BOCS likewise carries a single insight item that offers a quick index. Because scrupulosity OCD is specifically associated with poorer insight (Chen et al., 2025) and because poor insight predicts greater severity, more chronicity, and reduced treatment response (Catapano et al., 2010; Visser et al., 2017), a formal insight rating is not an optional refinement in this population but the very variable that tells the counselor whether insight-dependent talk—including a carefully placed naming—can be expected to land at all. Insight is dynamic (Eisen et al., 2001); therefore, the BABS is most useful when administered repeatedly rather than once.

Religious Coping, Struggle, and Bypass

The functional pole—religion pressed into the service of affect management—is the one the religious-coping literature has instrumented most fully. The Brief RCOPE (Pargament et al.,

2011) separates positive from negative religious coping, and it is the negative subscale (spiritual discontent, reappraising hardship as divine punishment, demonic reappraisal) that carries the link to obsessive-compulsiveness and anxiety (McConnell et al., 2006). The 26-item Religious and Spiritual Struggles Scale (RSS; Exline et al., 2014), itself a development of the Brief RCOPE, resolves struggle into six domains—divine, demonic, interpersonal, moral, ultimate meaning, and doubt—of which the divine and doubt subscales are the most theologically charged. Notably, these last two will register Anfechtung and scrupulous doubt alike: the RSS measures the experience of struggle but cannot, on its own, adjudicate whether a given divine or doubt struggle is the proper terror of a conscience under the Law or the insatiable doubt of the disorder, which is exactly the discrimination the Law–Gospel analysis below is meant to perform. Spiritual bypass, the avoidant variant of this pole, is operationalized by the Spiritual Bypass Scale (Fox et al., 2017), whose psychological-avoidance and spiritualizing facets quantify the deflection a counselor will otherwise only sense.

The Healthy Pole and the Cross-Cutting Moderators

Mature devotion, the state most easily pathologized, is best evidenced indirectly—by measures of the construct to which scrupulosity is inversely related. Allport and Ross's (1967) Religious Orientation Scale operationalizes the intrinsic–extrinsic distinction that is the devotion-versus-coping axis under its original name; the Religious Commitment Inventory (RCI-10; Worthington et al., 2003) indexes the commitment that Witzig and Pollard (2013) found negatively correlated with scrupulosity; and the Faith Maturity Scale (Benson et al., 1993) captures the mature faith associated with normal-range adjustment. A profile combining high intrinsic orientation, high commitment, or high faith maturity with low scrupulosity is the quantitative signature of devotion proper. The moderators named earlier are likewise measurable:

a punishing or distant God-concept, which tracks scrupulosity severity (Siev et al., 2011), can be assessed with the God Image Inventory (Lawrence, 1997), and the self-compassion that buffers perfectionism's path to scruples (Polhill et al., 2025; Morón et al., 2022) with the Self-Compassion Scale (Neff, 2003). These instruments do not sort the poles so much as adjust the brightness of the whole room, consistent with their role in the framework as dimmer switches rather than categories.

What the battery cannot supply is the criterion this paper will argue is the sharpest separator of all. No validated instrument measures permeability to grace—the capacity to receive and retain an absolution grounded outside the self. The measures above can locate a client on each pole and quantify each engine, but the movement that most cleanly distinguishes faith and Anfechtung from scrupulous OCD—whether the announced word of forgiveness is taken in and held, or taken in and immediately spent—has no psychometric counterpart, a gap the closing sections take up directly. Used with that limit in mind, the battery is best understood as triangulating the discernment that the naming move performs in real time, not as a substitute for it.

Naming as Discernment: A Mediator's Move and Its Boundary Condition

One concrete step toward telling these four states apart—true devotion, religion functioning as emotional coping, the religious-obsession subtype of OCD, and a genuine crisis of conscience—is to do, in the counseling room, what a mediator does at the table: surface the implicit and name it. The counselor articulates the pattern, feeling, or underlying conflict that the client has been living with but not stating, and then attends closely to how the client receives it. The naming is, at once, a gentle intervention and a diagnostic probe; what it reveals is not only the content of the client's distress but the client's relationship to it.

There is a respectable empirical basis for treating naming as more than a rhetorical nicety. Putting feelings into words—affect labeling—reliably attenuates emotional reactivity, dampening limbic response and recruiting prefrontal regulation (Lieberman et al., 2007; Torre & Lieberman, 2018), and it does so as a form of implicit regulation: it works even though people do not believe it will and do not experience it as a deliberate coping move (Lieberman et al., 2011). Crucially, the effect has been translated into exposure-based treatment, where labeling fear during exposure improved subsequent fear regulation (Kircanski et al., 2012). Naming, then, is low-threat, often unobtrusive, and continuous with the acceptance and defusion work that already carries acceptance-and-commitment approaches to OCD (Twohig et al., 2018).

The picture is not uniformly favorable, however, and the discipline of the move depends on taking the complications seriously rather than overselling the technique. In two experiments, Nook et al. (2021) found that naming the emotion evoked by aversive images impeded subsequent regulation by both cognitive reappraisal and mindful acceptance, apparently because naming an affective state can "crystallize" it and render it more resistant to change. The tension with the down-regulation findings is instructive rather than disqualifying: it suggests that naming is most useful as a brief, low-dose move that opens a small reflective distance, and least useful when it hardens into a fixed verdict the person then carries and defends—exactly the difference the disciplines below are built around. A second finding points the other way, specifically toward the counselor's role. Shamay-Tsoory and Levy-Gigi (2021) showed that interpersonal affect labeling—one person naming another's feeling—reduced distress more than self-labeling, and that its effectiveness rose with the regulator's empathy. The naming proposed here is interpersonal in just this sense: it is the counselor, not the client, who articulates the pattern, and its therapeutic value is bound up with the counselor's empathic accuracy rather than with the

client's own verbal effort. What follows is an attempt to discipline the move so that it discriminates well, and to mark honestly the condition under which it fails.

A Ladder of Naming

It helps to distinguish four levels at which a counselor might work, because each does different work and is appropriate to a different pole. They form a rough ladder, ascending from the most affectively immediate to the most theologically freighted:

- *Naming the emotion.* "There is real fear under this." This is affect labeling proper—it lowers arousal and creates the minimum distance required for any further reflection.
- *Naming the pattern.* "Each time you seek certainty, the relief is brief and the doubt returns stronger." This is the clinical formulation made shared and explicit; it is also the first point at which insight is genuinely tested.
- *Naming the conflict.* Here, the mediator's frame earns its place. The counselor separates the client's stated position ("I need to know I am forgiven") from the underlying interest (peace before God), and names the gap between them—because in compulsion, the position can be satisfied endlessly while the interest is never touched. The scrupulous person can be understood as trapped in an unwinnable internal negotiation in which a demanding, micromanaging image of God (Deacon et al., 2013) holds the rest of the self hostage.
- *Naming the spiritual reality.* "This terror is about your standing before God." Reserved for genuine Anfechtung, and answered not with more naming but with the Gospel.

The ladder is not climbed mechanically. Its point is that insight is the rung the client must already be standing on for the higher moves to land—a constraint developed in the boundary condition below.

The Response as Data

Because naming asks the client to consider an account of their own experience offered from outside it, the quality of the reception sorts the poles with some reliability. The believer in faithful struggle, and the person whose devotion is mature, tends to recognize the naming, hold it, and often feel relief at being understood; the naming opens reflection and the person remains oriented toward God rather than toward the relief itself. The client with OCD who retains insight can come to see the loop as a loop, which is the prognostically favorable case: the naming becomes a shared formulation on which exposure and response prevention or acceptance work can be built. The client whose religiosity functions as avoidance tends to deflect naming the avoidance back into spiritual language—the spiritualizing facet of spiritual bypass (Fox et al., 2017)—which is itself informative. And the client with poor or absent insight cannot step back at all: the naming is argued with, rejected, or, most tellingly, converted on the spot into a fresh demand for reassurance ("but is it really just a loop—are you sure—so I am all right?").

Name the Loop, Not the Sin

A confessional counselor must keep two senses of naming rigorously apart, because they pull in opposite directions. The naming intended here is the defusing kind: it puts distance between the person and the intrusive thought—"you are having the thought that you have sinned" rather than "you have sinned"—which is precisely what cognitive defusion accomplishes in acceptance-based treatment and what affect labeling accomplishes neurally. This is categorically different from the naming proper to the Law, whose office is to convict: "through

the law we become conscious of our sin" (Romans 3:20). The error to avoid is meeting a scrupulous conscience—already crushed under an accusing, over-active sense of guilt—with more naming of sin, which only deepens the pit and, as the empirical clergy literature shows, risks reinforcing the very compulsion (Deacon et al., 2013).

This is where the discernment matters most, and where the Law–Gospel distinction does real diagnostic and pastoral work. Genuine Anfechtung is not relieved by defusion; it is answered by absolution—"there is now no condemnation for those who are in Christ Jesus" (Romans 8:1)—and by the love that, in being received, "drives out fear" (1 John 4:18). Pathological doubt, by contrast, cannot retain that assurance: the reassurance and the ritual are always undone by the underlying intolerance of uncertainty (McCauley & Graham, 2020), so the Gospel, offered as though it were information that might finally settle the doubt, is consumed like every other reassurance and leaves the person no freer. The counselor's task is to discern which terror is in the room—and the response to a carefully placed naming is one of the better instruments for telling.

Name It Once: The Co-Option Trap and the Mediator's Discipline

Even an accurate naming can be recruited into the disorder. "Tell me again that it is only the OCD" is not insight; it is the compulsion wearing the formulation as a costume. Two findings discipline the move accordingly. First, affect labeling's benefit is immediate rather than durable and is strongest when it is minimal rather than exhaustive (Vine et al., 2018)—a caution that converges with the experimental finding that naming can crystallize rather than loosen an affective state when it is over-elaborated (Nook et al., 2021); over-elaborated, repeated naming does not compound the gain and may simply feed the demand for certainty. Second, providing reassurance is among the best-documented therapist errors in OCD treatment (Gillihan et al.,

2012). The practical rule, then, is to name once, clearly, and then hold the line—declining to re-litigate the point on demand. This is response prevention by another name, and it is also the mediator's discipline: a mediator does not reopen a settled question or supply the resolution the parties must reach themselves. A counselor formed in that discipline is, helpfully, natively non-reassuring.

The Boundary Condition: Insight

The move has a real limit, and it should be stated plainly rather than smoothed over: naming presupposes enough insight—enough observing distance from one's own experience—for the client to entertain the account being offered. Where insight is poor or absent, naming does not land. This is not a marginal subgroup. Roughly a fifth to nearly a half of younger patients, and a substantial minority of adults, present with poor or absent insight (Selles et al., 2018), and scrupulosity OCD specifically is associated with worse insight (Chen et al., 2025). The prognostic stakes are well established: poor insight predicts greater severity, greater chronicity, and reduced response to pharmacological and psychotherapeutic treatments (Catapano et al., 2010; Visser et al., 2017), a pattern confirmed in a meta-analysis (Gan et al., 2022).

Two qualifications keep this from becoming a counsel of despair. First, insight is dynamic, not fixed: it commonly shifts over the course of illness and improves as symptoms improve (Eisen et al., 2001), and improvement in insight during treatment is itself a predictor of better outcome (Tjelle et al., 2025). Naming a low-insight client's pattern is therefore not futile—it is simply not a one-shot probe; it becomes a slow, repeated move conducted alongside structured exposure rather than in its place (Middleton & Hezel, 2019). Second, the technique's dependence on the person is general, not peculiar to OCD: emotion labeling potentiates regulation in some populations but not others (Fitzpatrick et al., 2019), and labeling helps under

high distress but can be counterproductive under low distress (Levy-Gigi et al., 2022). The implication for the present framework is clean: when naming repeatedly fails to land, that failure is itself diagnostic. It points away from insight-dependent talk and toward intensive, structured treatment, pharmacological augmentation, and coordinated care with clergy—and thus the boundary condition of this move becomes the hinge connecting the discernment task to the pathways that follow.

Pathways Forward: ERP, ACT, and the Difference Between Absolution and Reassurance

Exposure and response prevention works for scrupulosity, but the therapeutic move is counter-intuitive. The cognitive–behavioral conceptualization of the disorder is by now well specified (Abramowitz & Jacoby, 2014), and the task it sets is to disentangle genuine religious observance from compulsive ritual and to help the client resist the latter while preserving the former (Huppert & Siev, 2010; Siev et al., 2015). The principle is to violate the compulsion, not the faith, and to do so in collaboration with the client's pastor wherever possible. The recurring pitfall—documented across OCD generally (Gillihan et al., 2012) and shown to trip up clinicians themselves (Volpacchio et al., 2026)—is the provision of reassurance, which relieves anxiety briefly and entrenches the cycle. This is exactly why a pastor's repeated absolution, offered on demand, can feed scrupulous OCD even as the identical words heal a terrified conscience.

Acceptance approaches shift the goal from relief to values. Adding acceptance and commitment therapy to ERP matches ERP outcomes while emphasizing psychological flexibility (Twohig et al., 2015, 2018), and meta-analyses support acceptance- and mindfulness-based programs for OCD (Bürkle et al., 2025; Soondrum et al., 2022). For a confessional frame, this is fertile ground: ACT's core of valued action under aversive private experience sits remarkably close to the doctrine of vocation—acting in love toward God and neighbor while the intrusive

doubt remains unresolved, rather than waiting for the doubt to clear first. This is a theology of the cross applied to symptom management: God is served not in the achievement of inner certainty but precisely in the midst of weakness, for "my grace is sufficient for you, for my power is made perfect in weakness" (2 Corinthians 12:9).

The deepest question this raises is whether absolution is categorically different from compulsive reassurance, and the Law–Gospel distinction supplies an answer that the clinical literature cannot. Reassurance-seeking is an internal loop: it grounds assurance in the self's own verification and so must be repeated, because the verification never quite holds—the very pattern Strehle (2024) describes as the collapse of assurance built on self-inspection. Absolution is structurally opposite. It is extra nos (Marrs, 2019), a word spoken from outside the self, grounding assurance not in the client's certainty but in Christ's promise—a verdict the person receives rather than produces, for "the Spirit himself testifies with our spirit that we are God's children" (Romans 8:16). In principle, then, the Gospel is not simply more reassurance. The diagnostic subtlety is that the disorder can nonetheless consume even the external Word as if it were information, because intolerance of uncertainty converts every word—including the promise—into one more datum to be checked.

Permeability to Grace: A Proposed Discriminating Criterion

This yields the criterion that, I propose, most sharply separates the four states: permeability to grace—the capacity to receive and retain assurance. True faith and genuine Anfechtung are permeable. The announced forgiveness, once heard, can land and hold; the terror of the Law is answered by the Gospel, and the person rests, even if the rest is later assaulted again. Scrupulous OCD is impermeable. The same word is taken in and immediately leaks out, because the disorder cannot tolerate the uncertainty the promise asks the person to live with.

Religion functioning as emotional coping presents a third profile: the word is received but instrumentally valued for the comfort it yields rather than for the One it announces—so that assurance is retained only as long as it is doing affective work.

The criterion is not yet operationalized. It has clear clinical analogs—insatiable reassurance-seeking and assurance grounded in self-inspection that collapses (Strehle, 2024)—but no validated measure; building one would be a genuine contribution to a literature that pairs the four states two at a time and never integrates them. A first version need not be invented from nothing. Permeability could be approximated by combining measures the field already trusts—reading positive against negative religious coping on the Brief RCOPE (Pargament et al., 2011), the divine and doubt subscales of the Religious and Spiritual Struggles Scale (Exline et al., 2014), and self-compassion (Neff, 2003), which sits as a near neighbor of scrupulosity and religious struggle in network models (Morón et al., 2022)—and, decisively, by tracking these over time rather than once: whether an announced assurance, having been received, is retained across days or is spent within them. Operationalizing the construct from existing, validated scales would discipline it against the charge of being merely theological and would let the proposal be tested rather than only asserted. Permeability also reframes the boundary condition of the naming move, because insight and permeability are kin. Where the client can hold a naming, he can likely hold an absolution; where naming is converted on the spot into a fresh demand for certainty, the Gospel will be converted the same way, and the indication is for structured, exposure-based treatment and coordinated pastoral care rather than for more words of comfort that the disorder will only spend.

Limitations and Open Questions

Several limitations bound these proposals. The four-cell typology should be read in the spirit in which it is offered: it is a conceptual and theological ordering advanced in response to the definitional confusion the clinical literature itself reports (Toprak et al., 2024), not an empirically validated taxonomy, and its categories are directions for discernment rather than diagnostic bins. Treatment evidence specific to scrupulosity, moreover, remains thin; a recent systematic review located only about thirteen studies, with little conceptual or measurement consensus (Toprak et al., 2024), and most differentiation studies are cross-sectional, self-report, and drawn from undergraduate or non-clinical samples. Measurement also does not travel well: the Penn Inventory of Scrupulosity discriminates better for Christian than for Jewish or non-religious respondents (Huppert et al., 2016), so cross-tradition claims rest on uneven instruments.

There are population gaps as well. Confessional Protestant—and specifically Lutheran—populations are nearly absent from the empirical record; the one Lutheran study (Deacon et al., 2013) concerns clergy attitudes rather than parishioner experience or care outcomes, and the evidence base is overwhelmingly Western and high-income. Little is known about how a confessional theology of grace shapes either the presentation of scrupulosity or the response to treatment, which is precisely the standpoint from which this paper writes and which it cannot yet test. Finally, the naming protocol and the permeability-to-grace criterion advanced here are theoretical proposals rather than validated instruments; they await empirical examination, ideally within the integrative and relational treatment models now emerging (Coughtrey et al., 2026; Young et al., 2025).

Conclusion

Return to the client across the room. The counselor's first task was discernment, and the four states—devotion, coping, compulsion, and conscience—cannot be distinguished by the

client's fervor. They are distinguished instead by direction, cognition, and function: whether the religiosity is oriented toward God or toward relief, what appraisals drive it, and what it is finally for. A disciplined act of naming, borrowed from mediation and grounded in the affect-labeling research, gives the counselor an instrument that is at once a gentle intervention and diagnostic probe; the quality of the client's reception sorts the poles, and the move's own failure—where insight is poor—becomes the hinge that points toward structured treatment and coordinated pastoral care. To these, the confessional standpoint adds what the clinical literature lacks: a Law–Gospel analysis that distinguishes absolution from reassurance, and the proposal that permeability to grace is the criterion that most sharply separates faith and Anfechtung from scrupulous OCD.

The counselor formed in this framework serves, finally, not by resolving the client's uncertainty but by pointing—again and again, from outside the self—to the One whose grace does not depend on the client's ability to be certain of it. That is the theology of the cross in the counseling room: power made perfect not in the achievement of inner assurance but in weakness, where the Word is received as gift rather than seized as proof, and where "my grace is sufficient for you" (2 Corinthians 12:9) is offered to a conscience that cannot yet hold it, in the hope that, in time and by grace, it will.

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Appendix

Assessment Instruments Referenced in This Paper

The table below catalogues the validated instruments cited in the section on measurement, organized by the construct and pole each addresses. It is offered as a reference map rather than a test packet: item content is not reproduced here, because most of these measures are copyrighted and available only through their original publications or licensed distributors, and they should be obtained and administered under those terms and within the user's scope of practice.

Instrument	What it measures (and pole)	Format and notes	Primary reference
Penn Inventory of Scrupulosity (PIOS / PIOS-R)	Religious scrupulosity: fear of having sinned; fear of punishment from God (the compulsive pole)	19-item (PIOS) / 15-item (PIOS-R) self-report; PIOS-R cutoff ≈ 24/60; discriminates best in Christian samples	Abramowitz et al. (2002); Olatunji et al. (2007)
Yale–Brown Obsessive Compulsive Scale (Y-BOCS)	Severity of obsessions and compulsions (the OCD substrate)	10-item clinician-rated interview; includes a single insight item	Goodman et al. (1989)
Dimensional Obsessive-Compulsive Scale (DOCS)	OCD severity across four dimensions, incl. unacceptable / taboo thoughts (locates scrupulosity within OCD)	20-item self-report; four subscales	Abramowitz et al. (2010)
Obsessive Beliefs Questionnaire (OBQ-44)	Responsibility/threat; perfectionism/certainty; importance & control of thoughts (cognitive engine)	44-item self-report; beliefs not unique to OCD	Obsessive Compulsive Cognitions Working Group (2005)
Intolerance of Uncertainty Scale (IUS-12)	Intolerance of uncertainty: prospective and inhibitory (cognitive engine)	12-item self-report; short form of the 27-item IUS	Carleton et al. (2007)
Thought-Action Fusion Scale (TAF)	Thought–action fusion: likelihood and moral subscales (cognitive engine)	Self-report; moral subscale most	Shafran et al. (1996)

		pertinent to scrupulosity	
Brown Assessment of Beliefs Scale (BABS)	Insight / delusionality of a focal belief (the boundary condition for naming)	7-item clinician interview; bands from excellent to absent insight	Eisen et al. (1998)
Brief RCOPE	Positive and negative religious coping (the functional pole)	14-item self-report; the negative subscale carries the risk link	Pargament et al. (2011)
Religious and Spiritual Struggles Scale (RSS)	Divine, demonic, interpersonal, moral, ultimate-meaning, and doubt struggles	26-item self-report; divine and doubt subscales are the nearest proxy for Anfechtung	Exline et al. (2014)
Spiritual Bypass Scale (SBS)	Spiritual bypass: psychological avoidance and spiritualizing (coping-as-avoidance)	Self-report; two facets	Fox et al. (2017)
Religious Orientation Scale (ROS)	Intrinsic vs. extrinsic religiousness (the devotion pole / healthy end)	Self-report; the devotion-vs-coping axis under its original name	Allport & Ross (1967)
Religious Commitment Inventory (RCI-10)	Religious commitment: intrapersonal and interpersonal (devotion)	10-item self-report	Worthington et al. (2003)
Faith Maturity Scale (FMS)	Mature faith (devotion)	Self-report; associated with normal-range adjustment	Benson et al. (1993)
God Image Inventory (GII)	Image and experience of God (cross-cutting moderator)	Self-report; a punishing/distant God-concept tracks scrupulosity	Lawrence (1997)
Self-Compassion Scale (SCS)	Self-compassion (cross-cutting moderator / buffer)	26-item self-report	Neff (2003)

Two absences in the table are themselves substantive. There is no validated, dedicated instrument for Anfechtung; the divine and doubt subscales of the Religious and Spiritual

Struggles Scale are the closest available proxies, and they cannot distinguish the proper terror of a conscience under the Law from the insatiable doubt of the disorder. Likewise, the criterion this paper proposes as the sharpest separator of the four states—permeability to grace, the capacity to receive and retain an absolution grounded outside the self—remains unoperationalized; constructing and validating such a measure, ideally by combining the religious-coping, struggle, and self-compassion measures above and tracking them over time, would be a genuine contribution to a literature that, at present, pairs these states two at a time and never integrates them.