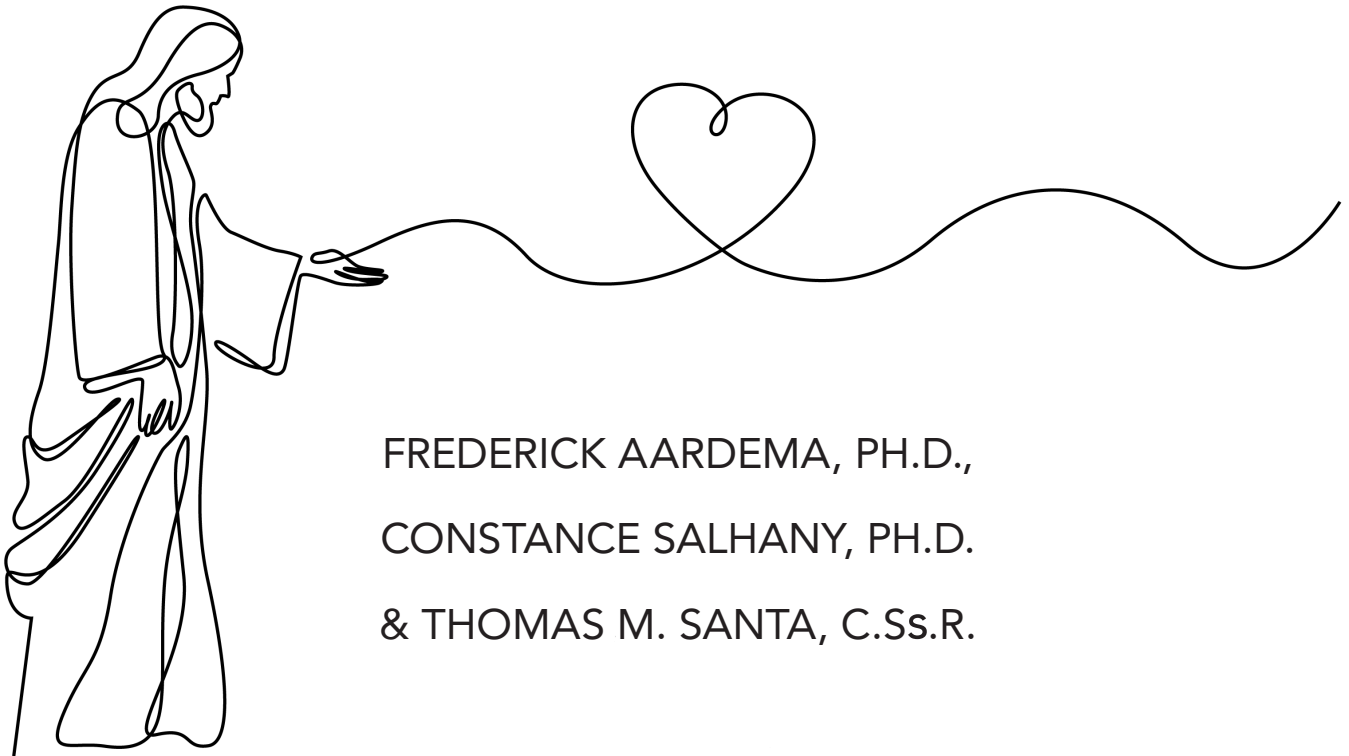


Revisiting “Ten Commandments for the Scrupulous” through the Lens of Inference-Based Cognitive Behavioral Therapy



FREDERICK AARDEMA, PH.D.,
CONSTANCE SALHANY, PH.D.
& THOMAS M. SANTA, C.Ss.R.

“They repent when they have not sinned, and accuse themselves without form or matter;
their virtues make them tremble and in their innocence they are afraid.”

— Jeremy Taylor (cited in Hunter & McAlpine, 1963, pp. 163–164).

Contents

Introduction: Continuing a Pastoral Legacy Through the Lens of I-CBT	3
I-CBT and the Ten Commandments: A Shared Focus on Clarity and Trust	4
Commandment One	4
Commandment Two	5
Commandment Three	6
Commandment Four	6
Commandment Five	7
Commandment Six	7
Commandment Seven	8
Commandment Eight	8
Commandment Nine	9
Commandment Ten	9
Conclusion: I-CBT and the Path Beyond Scrupulosity	10

Introduction: Continuing a Pastoral Legacy Through the Lens of I-CBT

Rev. Thomas M. Santa, C.Ss.R.'s *Ten Commandments for the Scrupulous* (2013) has long served as a practical guide and source of relief for those suffering from scrupulosity. Building on Rev. Donald Miller, C.Ss.R.'s 1968 version, Fr. Santa updated and refined these principles for modern audiences, offering pastoral wisdom to help people navigate the relentless doubts that define this condition. This article revisits Fr. Santa's commandments through a contemporary psychological lens—specifically, **Inference-Based Cognitive Behavioral Therapy (I-CBT)**—as a way of continuing his legacy of compassionate guidance.

Scrupulosity is not only a spiritual struggle but also a recognized form of Obsessive-Compulsive Disorder (OCD), characterized by intrusive doubts about sin, morality, confession, personal worthiness, or spiritual failure. Historically, scrupulosity may be the earliest documented form of OCD, with descriptions dating back to early Christian and medieval writings. As discussed in *The Menace Within: Obsessions and the Self* by Dr. Frederick Aardema, early spiritual texts often describe individuals tormented by blasphemous or forbidden thoughts, accusing themselves of sins they had not committed—a phenomenon that closely parallels modern understandings of OCD. Jeremy Taylor's 17th-century observation, quoted above, captures the essence of this experience: the tragic tendency to mistake innocence for guilt and virtues for flaws.

While obsessional doubts feel like moral warnings, I-CBT shows they are rooted in reasoning and imaginative distortions—a confusion between imagination and reality—rather than in genuine spiritual failings. Fr. Santa's pastoral writings resonate with this perspective, as he consistently emphasizes clarity, trust, and the futility of endless self-accusation.

When the *Ten Commandments for the Scrupulous* were first written, their advice aligned with the predominant clinical treatments of the time, such as Exposure and Response Prevention (ERP) and Acceptance and Commitment Therapy (ACT). These approaches remain widely used and effective. In recent years, however, I-CBT has emerged as a novel, evidence-based treatment

for OCD that shifts the focus from exposure and habituation to the reasoning errors at the heart of obsessional doubt.

I-CBT is rooted in the understanding that OCD is fundamentally a disorder of false and artificially created doubt, disconnected from present reality and sensory experience. As Dr. Frederick Aardema, co-founder of I-CBT, has described, obsessional doubt arises from inferential confusion—a process by which imagined, hypothetical possibilities are mistaken for real threats or moral failings.

While all evidence-based approaches seek to help individuals stop giving obsessive doubts undue importance, I-CBT offers a unique explanation for how these doubts come to feel relevant in the first place. A key contribution of I-CBT is its focus on how individuals with OCD mistake abstract, hypothetical possibilities for real probabilities, treating these imagined scenarios as if they were relevant moral doubts. Instead of engaging with the content of these doubts, I-CBT helps individuals step back from the obsessional narrative and reconnect with the evidence of their senses and their authentic experience.

Importantly, I-CBT is value-neutral. It does not attempt to challenge or alter religious beliefs or moral values, nor does it require exposure to unwanted thoughts or acceptance of anything contrary to one's values. Instead, it targets the process by which OCD hijacks reasoning, creating confusion between imagination and reality. This makes I-CBT highly compatible with faith traditions, as it helps individuals reconnect with the clarity of direct experience, restoring peace and trust while stepping out of the false, imagined doubts that distort their practice of faith.

The aim of this article is to provide insights on Fr. Santa's commandments through the lens of I-CBT, highlighting the natural complementarity between his pastoral wisdom and I-CBT's focus on correcting reasoning and imaginative distortions. Many of Fr. Santa's observations—such as his emphasis on what is “clear and certain” or the pointlessness of repetitive confession—resonate strongly with I-CBT's approach to obsessive doubt.

Faith, at its heart, involves trust—even when complete certainty is absent. Scrupulosity, by contrast, demands answers to doubts that were

never real to begin with. By integrating Fr. Santa's spiritual guidance with I-CBT's reasoning-based framework, we aim to help people distinguish between genuine moral reflection and OCD's false alarms, freeing them to live and practice their faith with confidence, compassion, and peace.

I-CBT and the Ten Commandments: A Shared Focus on Clarity and Trust

Fr. Santa's *Ten Commandments for the Scrupulous* offer practical, pastoral guidance for quieting the endless cycle of "what ifs" that plague those with scrupulosity. His commandments encourage trust, clarity, and an honest acceptance of what is real and certain, rather than being consumed by hypothetical fears or imagined sins. Inference-Based Cognitive Behavioral Therapy (I-CBT) shares this same foundation, although it approaches the issue from a psychological rather than theological standpoint.

I-CBT views scrupulosity as a problem of reasoning and imagination rather than belief. Obsessional doubt does not arise from genuine moral failings but from a reasoning error in which abstract, hypothetical possibilities are mistaken for real threats. For example, a person may begin to doubt whether they offended God, not because of any concrete action or evidence, but because their imagination constructs a "what if" scenario that feels compelling. This confusion is not about faith or values; it arises when an unjustified doubt replaces direct experience with imagined possibilities, giving these doubts a false sense of urgency and relevance.

In this way, I-CBT complements Fr. Santa's guidance. While the *Ten Commandments for the Scrupulous* invite individuals to let go of unnecessary guilt and trust in God's mercy, I-CBT equips them with tools to recognize and step out of the obsessive narrative that fuels doubt. Both perspectives emphasize the importance of clarity—seeing what is actually present rather than what is imagined—and both encourage a return to trust, whether that trust is placed in divine grace, in one's own senses, or in the reality of the present moment.

Commandment One

"You Shall Not Confess Sins You Have Already Confessed."

Fr. Santa emphasizes that a confession made sincerely and clearly is valid the first time. For the scrupulous person, however, OCD generates obsessional doubt—a sense that the confession "didn't count" or "wasn't complete," which drives the urge to repeat it. In I-CBT terms, this urge is not a sign of unresolved sin but the result of reasoning and imaginative distortions, where the mind gives weight to imagined scenarios ("Maybe I left something out," "What if I wasn't fully honest?") as if they were real evidence. This is often called reverse reasoning, where a feeling of doubt ("I don't feel forgiven") is mistakenly treated as proof that forgiveness did not occur.

I-CBT highlights that obsessional doubt is artificially created—it arises not from genuine moral discernment but from a reasoning and imaginative process disconnected from the senses and from reality. The sense of incompleteness or lingering anxiety after confession is not a moral warning but a symptom of OCD's obsessional narrative. Each repetition of confession attempts to resolve a problem that never truly existed.

Resisting the urge to re-confess is, therefore, an act of trust in what is real and complete, rather than in the imagined imperfections OCD presents. By not repeating confession, the individual steps outside the obsessional narrative and aligns with what they know to be true—the original confession was valid. I-CBT reframes this stance as choosing evidence from the here-and-now (the fact of having confessed) over "what if" thinking. As Fr. Santa writes, "when you refuse to engage the feeling of doubt...the wave of anxiety passes." Recognizing that the doubt is artificial, not a true moral signal, is a key step in breaking OCD's reasoning cycle.

Commandment Two

"You shall confess only sins that are clear and certain."

Fr. Santa emphasizes that doubtful sins "don't count" and that confessing what is uncertain can be harmful rather than helpful. This wisdom aligns closely with I-CBT, which teaches that obsessional doubt is not evidence of wrongdoing but the product of reasoning and imaginative distortions. Obsessional doubt is not a moral signal; it does not reveal the presence of sin or moral failure. Instead, it reflects a breakdown in imagination and reasoning—where abstract and hypothetical scenarios are treated as if they were concrete realities.

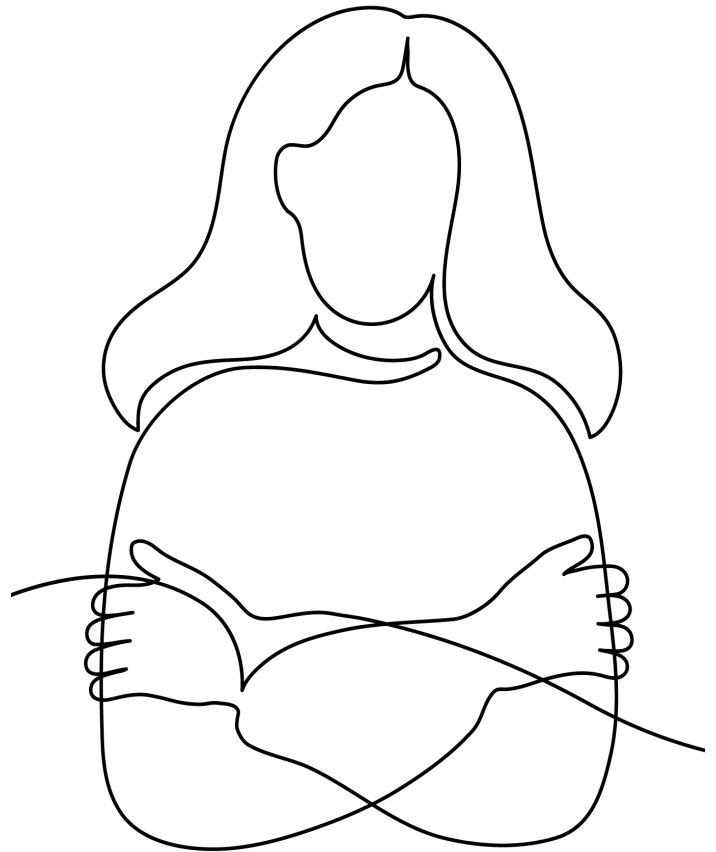
From an I-CBT perspective, obsessional doubts are often abstract and disconnected from direct evidence. They rarely concern real-life uncertainty, which arises from situations that can be resolved by observation or action. Instead, they thrive on the *idea* of something being wrong:

- "Maybe I sinned but didn't notice it."
- "What if I secretly intended to do wrong?"
- "Perhaps I'm just trying to convince myself I didn't sin."

These doubts are rooted in imagination, not reality. They exist in a mental "what if" space, detached from the here-and-now. In I-CBT, this arises from dismissing direct experience—the evidence of the senses, memory, and self-knowledge—and replacing it with abstract reasoning or moral hypotheticals.

Fr. Santa's call to confess only what is clear and certain aligns with the I-CBT principle of trusting what is real, direct, and observable rather than what is imagined. If a sin is not clear, it falls into the realm of abstract possibility, which does not require confession. Feelings of doubt, unease, or guilt are not evidence of wrongdoing—they are symptoms of OCD's obsessional narrative. As I-CBT puts it, feelings are not facts.

When scrupulous doubts arise, one can presume innocence and rely on the clarity of prior actions and intentions rather than chasing hypothetical wrongdoing. As Fr. Santa notes, doubt itself is part of being human, not proof of sinfulness. I-CBT expands on this by explaining that obsessional doubt is not even normal doubt—it is artificially created by the imagination and sustained by distrust of the senses and self. Recognizing this distortion allows the person to return to reality and anchor themselves in their true moral intent.



Doubt itself is part
of being human, not
proof of sinfulness.

Commandment Three

"You shall not repeat your penance or any of the words of your penance after confession—for any reason."

Fr. Santa, following Fr. Miller's earlier guidance, reminds us that penance does not need to be performed flawlessly or repeated for the sacrament to be effective. The grace of absolution does not depend on perfect concentration or exact words; it flows from the sacrament itself. Yet for the scrupulous person, the mind often generates "what if" narratives: *What if I didn't say it perfectly? What if I missed a word? What if it doesn't count?* This leads to compulsive repetition, which is essentially a form of mental checking.

In I-CBT, repetition is understood as an attempt to "fix" a problem that never actually existed. The doubt that drives repetition is imaginary, created by the obsessional narrative rather than by real evidence of error. Repeating the penance is like wiping a television screen with your hand in hopes of changing the channel—it does nothing to address the root issue because the problem exists only in the mind's imagined scenarios. You cannot resolve an imaginary doubt through repeated action; the solution is to step back into reality and recognize that nothing was wrong in the first place.

I-CBT teaches that compulsive repetition arises from giving weight to *what if* possibilities rather than trusting what is already completed. The focus shifts from participation in grace to achieving a subjective "just right" feeling. Ironically, the more one repeats, the more the doubt grows, as the act of repetition signals to the brain that something is truly wrong.

To counter this, I-CBT reframes penance as an act of trust rather than performance. Once completed, it is complete—whether or not it felt perfect. By refusing to repeat penance, the individual practices "exiting the bubble"—stepping out of imagination and back into the reality of a sacrament that was already valid and sufficient.

Commandment Four

"You shall not worry about breaking your pre-Communion fast unless you deliberately eat or drink in your mouth and swallow as a meal."

Fr. Santa reassures that breaking the pre-Communion fast is not something that occurs by accident or through trivial actions, like swallowing saliva or using lip balm. The fast is an intentional, devotional practice, and it is only broken through deliberate acts of eating or drinking. For the scrupulous person, however, the mind often invents "what if" scenarios: *What if I swallowed something accidentally? What if I broke the fast without realizing it? What if God sees my carelessness as a sin?* These doubts arise not from real evidence but from abstract reasoning disconnected from reality.

From an I-CBT perspective, these doubts are classic examples of obsessional reasoning—they start with the imagined possibility of wrongdoing and treat that possibility as if it were real. OCD's obsessional narrative dismisses the evidence of the senses (e.g., "I didn't eat or drink anything") and replaces it with hypothetical fears ("What if I somehow did and didn't notice?"). The person becomes stuck in their imagination, treating every small sensation or vague memory as potential proof of failure.

I-CBT emphasizes that real uncertainty can be resolved by looking to the present reality and direct evidence. For example, one can easily know whether they have eaten or drunk something deliberately. Obsessional doubt, by contrast, never deals with real uncertainty—it manufactures an imaginary problem and then demands an impossible level of proof to resolve it. Trying to answer these "what if" questions only strengthens the doubt, because the doubt was never based on reality to begin with.

The key, as both Fr. Santa and I-CBT suggest, is to trust one's intentions and the direct evidence of the moment. If no deliberate action was taken, then the fast is intact. Attempting to mentally "check" or review every detail of the past hour is like trying to solve an imaginary puzzle—it only keeps you stuck inside the obsessional narrative. The path to peace lies in returning to reality, recognizing that the doubt is artificially created, and trusting both your lived experience and your sincere intent.

Commandment Five

"You shall not worry about powerful and vivid thoughts, desires, and imaginings involving sex and religion unless you deliberately generate them for the purpose of offending God."

Fr. Santa reminds us that vivid or powerful thoughts—especially those involving sex or religion—are not sinful unless they are deliberately generated with the intention of offending God. Yet for the scrupulous person, the sudden appearance of such thoughts can feel deeply disturbing, as if their mere presence is proof of wrongdoing. This is precisely where I-CBT provides a critical insight: these thoughts are not signals of hidden intent or moral failure—they are phantom thoughts, mental constructs born from the obsessional doubt itself.

In I-CBT, what many call "intrusive thoughts" are not random or autonomous. They are imagined constructs created by the obsessional narrative. Once OCD plants the seed of doubt—"What if I'm blasphemous?" or "What if I'm perverse?"—the mind becomes hyper-focused, scanning for evidence of danger or hidden intent. This very act of checking and monitoring creates vivid mental images or sensations, which are then mistaken as independent proof of sin. OCD flips the cause and effect: the doubt creates the thought, but it feels as though the thought came first, validating the fear. This reasoning error is called *Reversing Causal Direction*.

Fr. Santa's guidance to not worry about these thoughts or imaginings aligns perfectly with I-CBT's principle of recognizing these experiences as products of imagination, not reality. They do not reflect your true self, intentions, or values. They are the echo of OCD's story, not evidence of sin. Trying to suppress or analyze them only strengthens the illusion, while acknowledging their false origin weakens their power.

The key is to step back and recognize the trick at play. These thoughts and sensations are constructed by the mind's immersion in doubt—not proof of wrongdoing. Just as phantom sensations in contamination fears (e.g., feeling sticky or dirty) are illusions, so too are these mental images or feelings of moral failure. I-CBT invites the person to exit the narrative and return to the reality of their true moral intent, which remains unblemished.

Commandment Six

"You shall not worry about powerful and intense feelings, including sexual feelings or emotional outbursts, unless you deliberately generate them to offend God."

Fr. Santa reminds us that feelings—whether joy, anger, sadness, or even strong sexual emotions—are not sinful in themselves. They are part of the natural range of human experience and, when expressed appropriately, give glory to God. Many scrupulous individuals, however, fear that the mere presence of strong feelings is evidence of moral failure or spiritual weakness. They may try to suppress, control, or neutralize these feelings out of fear that losing emotional control somehow displeases God.

In I-CBT, this suppression of natural feelings is understood as a disconnection from original experience—the direct, unfiltered perception of reality as it is. Before doubt arises, feelings are simply felt experiences, neither good nor bad. It is only when OCD introduces obsessional doubt—"What if my anger is sinful?" "What if this feeling means I am corrupt?"—that emotions are misinterpreted as dangerous or morally suspect. I-CBT teaches that obsessional doubt is not a moral signal, but a combination of reasoning and imaginative distortions that replace reality with "what if" scenarios.

Just as Father Santa encourages us to laugh freely at a joke or cry when we feel sad, I-CBT emphasizes reconnecting with the original experience of the moment without overanalyzing it. Feelings are transient, not verdicts on character. Anger, joy, or arousal arise naturally from life's situations, but OCD magnifies them, asking for impossible certainty: "What if this feeling means I want something bad?" In reality, feelings are simply signals of being alive—what matters is intention and deliberate choice, not the presence of emotion itself.

By allowing emotions to flow without judgment, the individual moves out of the obsessional narrative and returns to the here-and-now. Both Father Santa's pastoral advice and I-CBT agree that the key to peace is trusting direct experience rather than mistrusting it through the lens of OCD.

Commandment Seven

"You shall obey your confessor when he tells you never to repeat a general confession of sins already confessed to him or another confessor."

Fr. Santa highlights how the scrupulous person often feels compelled to repeat general confessions, as though doing it "one more time" might finally resolve an imagined incompleteness. But as he wisely points out, repetition is not a remedy—it is the problem itself. The doubt that drives the repetition is not a true moral issue but an illusion created by scrupulosity.

In I-CBT, this compulsion is understood as the result of false doubt, not just due to any rigid need for certainty. The individual acts as if something is unresolved when, in fact, nothing needs fixing—the confession was already complete and valid. The obsessive urge to "go back and check" or confess again is like trying to fix a problem on a blank page: there is nothing there to fix. I-CBT shows that repeating confession is a way of engaging with the obsessional narrative—feeding an imaginary problem instead of recognizing that the doubt itself is baseless.

Obedying the confessor's instruction to stop repeating confessions is therefore a way of returning to reality. It means trusting what is already known and experienced—"I confessed, I received absolution, it is done"—rather than being pulled into endless "what if" scenarios. I-CBT frames this as refusing to reason from imagination and instead relying on direct evidence (the memory of the confession and the sacrament itself).

Fr. Santa also warns against trying to sidestep this commandment by seeking other confessors. I-CBT would describe this as compulsive reassurance-seeking driven by a false belief that resolution lies in more confession, when the real solution is to recognize there was never a real problem in the first place. Trusting the confessor's guidance is not about perfection—it is about refusing to participate in OCD's cycle of invented doubts.

Commandment Eight

"When you doubt your obligation to do or not do something, you will see your doubt as proof that there is no obligation."

Fr. Santa draws on the teaching of St. Alphonsus Liguori, who recognized that the scrupulous person's habitual will is to avoid offending God. When a doubt arises about an obligation, this very doubt reveals that there is no obligation—because if there were a clear duty, the person would already act without question. This principle is deeply reassuring for those trapped by scrupulosity, where doubt is mistaken for moral responsibility.

From an I-CBT perspective, this aligns with the understanding that OCD hijacks a person's values and sense of responsibility, turning them inward as a weapon. The person's genuine desire to be good and faithful becomes misapplied to abstract, imagined scenarios:

- "What if I failed to honor this holy day without realizing it?"
- "Maybe I had an obligation I didn't know about, and I've already sinned."

These doubts are not rooted in real-world obligations but stem from reasoning and imaginative distortions, where the mind invents hypothetical obligations detached from evidence. OCD thrives on this by conflating moral values with the endless pursuit of imaginary "what ifs."

I-CBT teaches that moral reasoning must be grounded in original experience—in what is directly known and observable, not in hypothetical constructs. If you cannot clearly identify the obligation in the present moment, the doubt itself is proof that the "obligation" is part of OCD's narrative, not reality. In this sense, I-CBT helps the individual reclaim their values, reminding them that faithfulness does not mean endlessly scanning for moral traps, but living according to what is real, here and now.

By seeing doubt for what it is—a misapplication of values rather than a true moral warning—the person can step out of the cycle of fear and return to authentic trust. This is fully in line with Fr. Santa's teaching: when the doubt itself is the only "evidence" of wrongdoing, there is no obligation.

Commandment Nine

"When you are doubtful, you shall assume that the act of commission or omission you're in doubt about is not sinful, and you shall proceed without dread of sin."

Fr. Santa advises that when doubt arises about whether something was sinful, the safest and healthiest approach is to proceed as though no sin has occurred. For the scrupulous person, this may feel counterintuitive, because the doubt itself feels morally urgent. Yet as Fr. Santa notes, these doubts are not a sign of moral failure—they are part of the scrupulous condition itself, driven by fear rather than reality.

From an I-CBT perspective, the key is recognizing that everything stems from the initial obsessional doubt. OCD creates a false question—"What if I sinned?" or "What if I failed to do something I should have?"—even when there is no real event or evidence to support it. In omission doubts especially, OCD treats the absence of clear memory or evidence as proof that something must have gone wrong. I-CBT teaches that this reasoning is inverted: the absence of evidence means there is no reason to engage the doubt, not that the doubt is valid.

Once the initial doubt is seen for what it is—a mental fabrication rather than a real moral issue—the rest of the cycle begins to collapse on its own. Anxiety, dread, and compulsions are all fueled by this false starting point.

This is why both I-CBT and Fr. Santa encourage moving forward without engaging the doubt. There is nothing to resolve because nothing is wrong. When you stop trying to answer the doubt, the accompanying fear and compulsions lose their power. Instead of endlessly analyzing intentions or replaying events, you simply acknowledge: *"This is just OCD talking, not reality."*

In this sense, obeying this commandment is not denial but clarity. It is choosing to treat false alarms as false and trusting that genuine moral concerns do not arrive in the form of relentless "what if" scenarios.

Commandment Ten

"You shall put your total trust in Jesus Christ, knowing he loves you as only God can and that he will never allow you to lose your soul."

Fr. Santa reminds us that the heart of faith is trust—trust that God's love is constant, unconditional, and not dependent on our feelings or performance. Many people with scrupulosity struggle to believe this because OCD distorts their perception of grace, turning God's love into a source of fear and self-accusation. As Fr. Santa writes, "God loves me exactly as I am... He walks with me each step of the way." This is the truth that OCD tries to obscure.

From an I-CBT perspective, obsessional doubt generates false alarms about salvation. The mind imagines scenarios such as *"What if God rejects me?"* or *"What if I didn't do enough to be saved?"* and treats these hypothetical fears as though they were real. This reflects what I-CBT calls a confusion between imagined possibilities and reality. The presence of doubt is not a sign that grace is absent; it is simply the result of distorted reasoning and imagination.

I-CBT helps individuals recognize that no amount of mental checking, repeated prayer, or endless reassurance can create salvation or prove God's love. These compulsive attempts only strengthen the illusion that something is wrong. Salvation is not attained through mental effort but received through grace and entrusted to Divine Mercy. By stepping out of the obsessional narrative, the person can return to the lived reality of faith: a relationship grounded in trust rather than fear.

To follow this commandment from an I-CBT perspective is to see the doubt for what it is—an illusion—and to rest in the truth of God's presence and love, even when OCD tries to claim otherwise.

Conclusion: I-CBT and the Path Beyond Scrupulosity

Fr. Santa's *Ten Commandments for the Scrupulous* offers timeless pastoral wisdom: trust, clarity, and freedom from the endless loops of fear. Viewed through the lens of Inference-Based Cognitive Behavioral Therapy (I-CBT), these principles gain an additional psychological dimension—one that focuses not on theology or morality, but on the reasoning and imaginative distortions that drive obsessive doubt.

I-CBT is not about accepting uncertainty, challenging values, or changing beliefs. In fact, people with scrupulous obsessions are often deeply committed to their values, sometimes to the point of being misled by their own sincerity. The real issue is not rigidity, but doubt—false, artificially created doubt that masquerades as moral concern. I-CBT helps individuals recognize that these doubts are not spiritual warnings but mental fabrications, created by a reasoning process that confuses imagined “what if” scenarios with reality.

When the illusion of doubt is seen for what it is, the entire chain of anxiety, dread, and compulsions begins to unravel. Both Fr. Santa's guidance and I-CBT point toward the same freedom: the ability to live in alignment with one's faith and values without being hijacked by obsessive questioning.

For those seeking additional support, the following steps may help:

- Find a faith respecting ICBT therapist at www.icbt.online, which offers resources and a directory of therapists that offer ICBT.
- Self-help: The *Resolving OCD Series* (Vol 1 and 2), written by Dr. Frederick Aardema, provides a detailed, step-by-step framework for dismantling obsessive doubt through the ICBT approach.
- Spiritual support: Pair ICBT with trusted spiritual direction to ensure that your faith and mental health efforts complement each other.

- Pastoral community: The website www.scrupulousanonymous.org offers a wealth of resources, including the free monthly *Scrupulous Anonymous* newsletter, decades of Q&A, and articles offering spiritual encouragement to complement both ICBT and pastoral guidance.

In the end, both I-CBT and Fr. Santa emphasize the same truth: faith is not found in compulsive checking or in answering every doubt, but in the clarity that comes from trusting what is real. By combining pastoral wisdom with a reasoning-based therapeutic approach, individuals can move beyond OCD's false alarms and reclaim a life of confidence, peace, and authentic spiritual connection.

FREDERICK AARDEMA, M.A., Ph.D., Clin. Psychologist

Full Professor Department of Psychiatry and Addiction; Faculty of Medicine | University of Montreal; clinical Researcher; Montreal Mental Health University Institute; Research Center Director, Obsessive Compulsive Disorders, Clinical Study Center.

CONSTANCE SALHANY, Ph.D., A-CB

Licensed psychologist, treating individuals with a broad range of anxiety and depressive disorders. She is the Founder and Director of Emmaus CBT/Cognitive Therapy of Staten Island and an adjunct professor at the College of Staten Island, and she trains psychiatric medical residents in CBT.

THOMAS M. SANTA, C.Ss.R., M.Div., MRE.

President and Publisher, Liguori, Publications; Director of *Scrupulous Anonymous*; and *Managing Scrupulosity*.

References and Resources

- Aardema, F. (2024). *Resolving OCD: Understanding your obsessional experience* (Vol. 1). Mount Royal Publishing.
- Aardema, F. (2024). *Resolving OCD: Advanced Strategies for Overcoming Obsessional Doubt* (Vol. 2). Mount Royal Publishing.
- Aardema, F., & O'Connor, K. (2007). The menace within: Obsessions and the self. *Journal of Cognitive Psychotherapy: An International Quarterly*, 21(3), 182–197.
- Hunter, R., & MacAlpine, I. (Eds.). (1963). *Three hundred years of psychiatry, 1535–1860*. Oxford University Press.
- Santa, T. M. (2013). *Ten commandments for the scrupulous*. Liguori Publications.
- Santa, T. M. (2025). *Understanding scrupulosity* (4th ed., rev.). Liguori Publications.
- Santa, T. M. (2025). *A guide for the scrupulous: Spiritual practices, critical beliefs and helpful prayers*. Liguori Publications.
- Scrupulous Anonymous. (n.d.). Monthly newsletter and resources. Retrieved from <https://www.scrupulousanonymous.org>
- ICBT Online. (n.d.). Therapist directory, resources, and more information on the Resolving OCD Series. Retrieved from <https://www.icbt.online>

