

From the Director's Desk *The Work of Transition Continues*

Dear Friends,

This is our first newsletter of 2009, and the beginning of a new year seems an appropriate time to discuss changes and transitions.

Clearly, the new year ushered in significant changes for my family and me. It marked the beginning of my work as the Clinical Director of the Program for Psychology and Religion on the fifth of January. Just before Christmas, we boxed up our belongings, loaded them into a moving truck, and embarked on a journey across the state of Missouri from Kansas City to St. Louis. We had been planning and preparing for a couple of months, so (although it took a good deal of physical effort and good ol' fashioned hard work) the actual move went pretty smoothly.

At the same time, the Program for Psychology and Religion also has been preparing for the transition in leadership. In the last newsletter, Dr. Margolis discussed the transition to a three person leadership team and introduced you to each member. I am most honored to be collaborating with Sister Therese Anne Kiefer, ASC and Martha Vatterott. Their history with the program and expertise in their respective areas of leadership are significant assets.

The preparation and the talents of these women, and the entire Psychology and Religion team, have made the transition smooth. I anticipate a great 2009 for the Program and, most importantly, for all those we serve. .

Still, there is always more work to be done. The work of my family's move was not complete when we arrived in St. Louis; the unpacking and organizing goes on (and on and on) and my wife, my son, and I will only gradually become familiar with our new community. Similarly, I know there is much to be accomplished at the Behavioral Medicine Institute. I will work hard to learn how best to nurture the working relationships and clinical services of the Program for Psychology and Religion, and I very much look forward to meeting each of you.

Before, during and after this transition, the mission of commitment of the Program remains constant: We seek to provide the highest quality psychological, medical and spiritual care to women and men religious, clergy, and all people of faith.

Although I have not yet had the privilege to meet many of you personally, please do not hesitate to call on me whenever I can be of assistance. Whether it is to consider a question about a difficult situation, to arrange for an assessment, or to plan for a referral for treatment, I invite and welcome your calls. I am looking forward to collaborating with you to provide care for those who serve so many and so well, through 2009 and beyond.

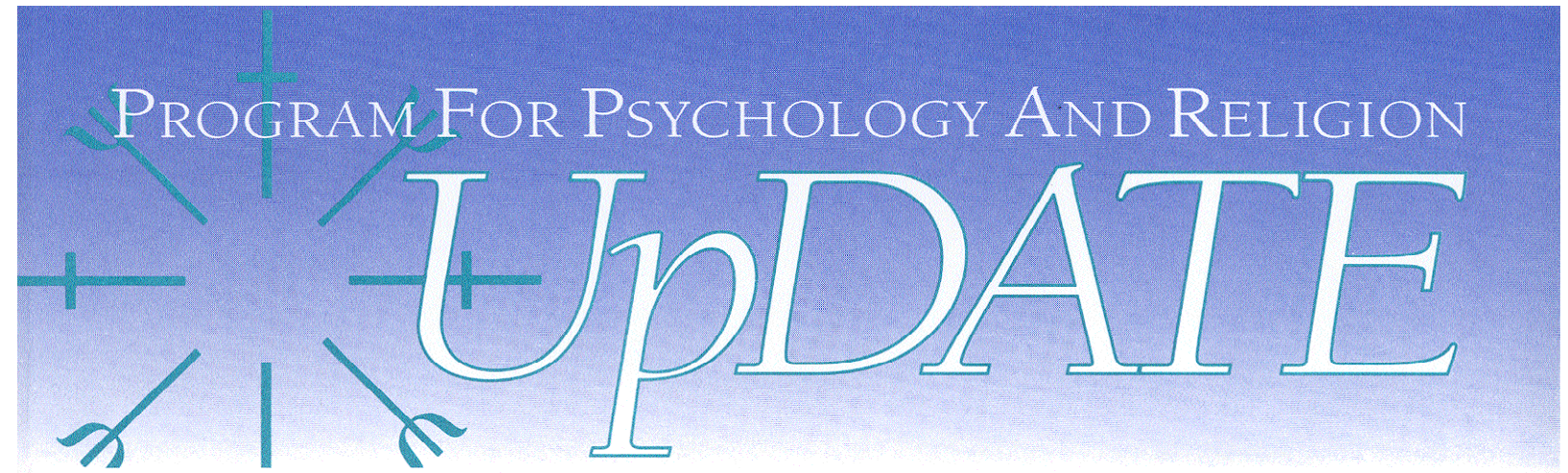
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Treating Scrupulosity

Authors: C. Alec Pollard, Ph.D. and Paul Duckro, Ph.D.

From the scientific perspective, scrupulosity is a form of obsessive-compulsive disorder (OCD). Symptoms may be mental or behavioral compulsions. Examples of mental compulsions include repetitive or excessive praying, visualizing sacred images or reciting passages from Scripture. Examples of behavioral compulsions include cleansing rituals, excessively seeking the Sacrament of Reconciliation, seeking reassurance or engaging in personal sacrifice or mortification.

It is not always easy to differentiate healthy from unhealthy religious expression. However, in addition to the excessive or repetitive nature of the thought or behavior, scrupulosity is often reflected in the very narrow focus of the religious concerns of the affected person.

That being said, persons who suffer from scrupulosity are in good company. The problem has afflicted some very well-known teachers of the faith including St. Ignatius Loyola and St. Alphonsus Liguori.

Scrupulosity responds to the same treatments used with other forms of OCD. Exposure and response prevention is the primary psychotherapeutic intervention and selective serotonin reuptake inhibitor is the primary class

of medication used. Exposure and response prevention includes facing thoughts or external situations that trigger anxiety while refraining from mental or behavioral compulsions.

Nonetheless, there are some unique challenges to successful treatment of scrupulosity.

Overcoming distrust

The scrupulous patient may be distrustful of the therapist's expertise or motivation when dealing with religious content. When working with a scrupulous person I try to anticipate these concerns and address them in the beginning.

"I" [the first person refers to author CAP throughout the article] suggest that it is a distraction to be concerned about my religious faith and practice. My role is not to be a religious expert, but a psychologist with expertise in OCD. I speak to the patient about my commitment to be respectful of his or her faith and of my experience working successfully with persons of many faiths.

In addition, I reiterate my readiness to work with leaders from the individual's faith community, whether on the treatment team at BMI or from their own community, to sort out healthy reli-

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Addiction to Perfection

The Still Unravished Bride

Author: Marian Woodman

Gary Mitchell's article on perfectionism led me to recall this book by Marian Woodman. Marian was trained at the C.G. Jung Institute in Zurich. She practices as a Jungian Analyst in private practice in Toronto and writes on women's issues. Her first book, *The Owl Was a Baker's Daughter: Obesity, Anorexia, Nervosa and the Repressed Feminize* focused on eating disorders and weight issues.

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gious beliefs from OCD. If we can treat the latter, the former will be all the stronger.

Separating religious faith from OCD

Before beginning the critical work of exposure and response prevention, it is necessary for the patient to make an intellectual distinction between beliefs and practices that represent healthy faith and those that are truly expressions of OCD.

Unless the patient can make that distinction, he or she is unlikely to fully engage in therapy. I direct the patient to make the distinction in two stages.

First, it is necessary to learn more about OCD. Required reading is a book by Dr. Joseph Ciarrochi (The Doubting Disease) and materials from Scrupulous Anonymous (Redemptorists). The patient must make an effort to name his or her own obsessions and compulsions, and then to begin to outline ideas about what must be done to face them for what they are.

Second, patients must articulate the truth of their own religious beliefs. It is necessary to find the healthy expression of their religious faith, the expression into which personal failings and doubts can be incorporated.

Scrupulous persons often lack confidence in their own judgment when it comes to religious faith. The process of articulating the healthy essence of their faith may require much support and input from respected, balanced religious leaders.

The point is not to seek “answers” from such persons, which would only perpetuate the incessant questioning that characterizes scrupulosity, but assistance in bringing out core principles from which moral decisions can

be made.

Involving the community

Leaders and peers in faith are also important in creating a milieu in which recovery will be facilitated.

I often meet with those close to the patient to educate them about the unproductive and sometimes harmful effects of providing reassurance, nagging, or otherwise trying to soothe or suppress obsessions and compulsions. I provide alternative ways of responding, ways that are more likely to encourage the scrupulous person to face his or her fears.

“In the usual application of exposure and response prevention, the patient will see that the feared consequences do not occur.”

Facing vague or unobservable consequences

In the usual application of exposure and response prevention, the patient will see that the feared consequences do not occur. That is not possible if the stated consequences are spiritual or will occur only after death.

Since these consequences are most often the ones found among persons suffering with scrupulosity, the focus is shifted to facing the anxious state of uncertainty or doubt. Thus, scrupulous persons are learning to live with their own imperfection and limitations as human beings. In the end, they come to rely on God’s mercy, unconditional caring, and faithful presence, which is not a bad foundation for any person of faith!

In summary, although scrupulosity presents some unique and difficult challenges in treatment, therapists who are comfortable with the interface of psychology and religion and willing to work in collaboration with others who have expertise in religion and spirituality can effectively address those challenges and effectively help the scrupulous person.

Addiction continued from front page

In *Addiction to Perfection*, Marian offers a challenge: change the dominant values in our culture.

She points to what she sees as a great and overbalanced emphasis on productivity, pursuit of goals, intellectual excellence and spiritual perfection. She laments the loss of earthy, communal values, sometimes honored in name but less so in action. These values she believes to be traditionally recognized as the heart of the feminine.

In examining the nature of this imbalanced set of values and in considering ways to regain the natural balance of masculine and feminine, Marian uses dreams, literature, and rituals to mine the resources of the human psyche.

This book will be of interest to both men and women who want to consider the ways in which culture influences perfectionism.

Published by INNER CITY BOOKS, Box 1271, Station Q, Toronto, Canada M4T 2P4 (ISBN 0-919123-11-2) and available from online booksellers.

Reviewed by Sister Therese Anne Kieter, ASC

Just Ask



Q: I have lost a large amount of weight in the past. I kept it off for months, perhaps even for one year, but it did not last. In fact, by year 3, I gained practically all of it back. Is the weight loss plan at St. Louis Behavioral Medicine Institute any different? Why would I be more successful this time at keeping the weight off?

A: Your question is a good one, and very much to the point. You are not alone. Many people have lost weight only to regain most of the weight lost over the next few

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years. It is discouraging, but regaining weight, although common, is not inevitable. Research demonstrates that persons who learn, adopt and maintain significant changes in lifestyle do achieve successful weight loss over the long term. What constitutes significant changes in lifestyle? We include enhanced diet, frequent moderate exercise, modified cognitive and behavioral habits, improved affective state via individual therapy, heightened sense of meaning via spiritual direction, and strong community support via group sessions.

The program accomplishes these goals over three phases:

The initial stay, the length of which is individualized according to your personal needs; in this phase, new knowledge, habits and attitudes are incorporated.

Intensive follow-up, which consists of weekly, bi-monthly and then monthly visits with therapist and dietician; the visits may be in person or by way of the telephone.

Long-term follow-up, for maintenance of gains; in this phase the frequency and nature of contact with program personnel is tailored to fit your individual needs.

As you can see, one of the great strengths of the program, a quality that sets it apart from other of its type, is the individualized nature of the intervention. Everything is built around the unique person that you are.

Thank you for your question. If you would like to explore participation in the program in more detail, we are ready to assist. Please call the director, Christopher Grimes, personally at 314-534-0200

Just Ask is a regular feature of UpDATE. To submit a question, write to Sr. Therese Anne Kiefer, ASC at kiefert@adorers.org.

MINDFUL EATING

10 Steps towards an improved relationship with food for those prone to overeat

by Ryan M. Niemiec, Ph.D. rmjn@sbcglobal.net

- 1. Before the meal.** Recite to yourself like an antiphon: “mindful choices—mindful portions.” Ask God to bless the meal and all those present in it and with you.
- 2. “Be with” the food.** Do you take food for granted, or can you actually experience gratitude for the grace of having food to eat? Consider your relationship with the food, those who prepared it, and the One who creates it.
- 3. Practice consciousness.** Eat slowly enough to remain aware of what you are doing and what the food is doing to you. Are you simply eating as a functional act, of quieting your hunger urges, or can you appreciate the wonder of its existence, its arrival at your table and its quality?
- 4. “Catch and release.”** Notice when you are distracted or when you drift into automatic thoughts or unconscious drifting. When you catch yourself in such a state, unhook your mind like a fish from the line, let go the distractions, and come back attentively to the eating of your food.
- 5. Heighten sensual awareness.** Exercise during the meal to sharpen your senses. For example, if you are drinking V8 juice, try to notice the taste of each of the eight vegetables. Savor the tastes of each before you swallow.
- 6. Interrupt automatic activity.** Place your utensils on the plate or table between each bite. Experience the chewing. Comment on the experience of the food to others or to yourself. Take time to share conversation. Take a few conscious, slow breaths before the next bite.
- 7. Visualize.** How did the Lord pick up the bread and the wine? How did He consider them, bless them and offer them? How would you receive them from Him? Be there as you share a meal with your sisters and brothers.
- 8. Pay attention to hunger cues.** Periodically rate how hungry you are as the meal progresses. Use a scale from 1-10. Take a break. Give your brain the time (up to 15 minutes) necessary for it to receive the “gut feeling” that you are full.
- 9. Be aware of temptations to rush.** Internal and external cues will intervene, urge you to finish what remains in a final “sprint” before folding your napkin and getting up. Resist. If you must stop early, “leave some on the table.” (Bad counsel when playing a football game, good counsel when eating.)
- 10. After the meal.** Sit, breathe, and experience the effect of the food on your body, mind and spirit. Give thanks before going on.