Chapter-1

Introduction

Scrupulosity

Scrupulosity is the part of obsessive compulsive disorder. This type of OCD includes both religious and moral obsessions. An individual with scrupulosity are excessively concerned, worried about that approximately everything they did or they supposed might be considered as a sin or maybe it violate the religious and moral principle (Siev, 2022).

The word scrupulosity is unoriginal from a Latin word called “scrupus” it means a sharp stone, point toward an intense pain on the conscience. According to the religious perspective, the term scrupulosity is known as scruples, but knows the word scruple is generally mention as a disturbing of the sense of right and wrong rather than a disorder. Scrupulosity is characterized by guilt or obsession and compulsions. The obsessions in scrupulosity are linked with religious and moral problems. Even though, scrupulosity can affect the nonreligious individuals, but frequently it is associated to religious beliefs. Scrupulosity is individually stressful, dysfunctional and frequently goes along with substantial damage in social functioning (Hedges & Miller, 2008).

In scrupulosity, an individual’s obsessions mainly focus on their religious and morals fears, like fear of being evil person or fear of heavenly payback for their sins. Even though, scrupulosity can affect the nonreligious individuals, but frequently it is associated to religious beliefs. It is not compulsory, that any obsessive compulsive behavior that is linked with religion is the sign of scrupulosity. For example, it is not scrupulosity if a person repeat the religious requirement sake for surety that they done

properly. Furthermore, religiosity may affect that in what way OCD establish but there is no supported connection between the harshness of OCD and religiosity and also only the small association between the latter and scrupulosity (JD et al., 2007).

According to Abramowitz and Buchholtz (2020), scrupulosity is recurrently mentioned as “fearing sin where there in none”. There is approximately four presentation of scrupulosity that clinical observation indicates such as: ego-dystonic intrusive thoughts about sex, ego-dystonic thoughts are those who are particular toward religion, ego-syntonic thoughts of religious nature, obsessional worries. Ego-dystonic intrusive thoughts include sexual characteristics, fierceness, and dishonest performance. it is take to mean at least in part within a religious background. Ego-dystonic thoughts particular to religion include the pictures of holy figures and saints that would be reelected as an irreligious, go along with formalities/rituals and also defusing plans that may or may not include religious subjects. Ego-syntonic thoughts of a religious nature include the thoughts that are regarding faith or understanding of text, which then change into obsessions and also checking or reassurance-seeking formalities. Obsessional worries regarding weather the religious principles and orders have been correctly tailed or weather one is faithful enough (Abramowitz & Jcoby, 2014).

Dimensions of scrupulosity

In the foregoing readings, two dimensions of scrupulosity is recognized by using Pen Inventory of scrupulosity (Abramowitz et al., 2002). On clinical sample or non-clinical sample, merely psychometrically authenticated self-report measure of scrupulosity is: first one is fear of sin. Fear of sin mean having the fear of committed a

moral or religious sin. And the second is fear of punishment. In this fear, person feels fear of punishment from Allah (Olatunji et al., 2007).

According to the current authentication of PIOS, it is indicated that PIOS is made up of two aspects such as: fear of Allah and fear of immorality. The symptoms of scrupulosity which are clinically relevant contain a sturdy fear of punishment from Allah and an absence of Allah recognition, powerful obsession with evading corrupt thoughts, persistent fear of having erotic thoughts, strong feeling of guilt and fear of do something that is immoral without aware of it (Fradkin & Huppert, 2016). In existing operationalizing, scrupulosity is cured as measurement that going from fewer suspicious related to immoral toward extreme (Abramowitz et al. 2002). Individuals who are identified as other obsessive-compulsive disorder presentation or any other disorder such as anxiety, depression were reported low by PIOS contrast toward those who are sorrow from clinically related religious scruples (Siev et al., 2011).

As stated to the broad-spectrum cognitive behavioral methodology to obsessional's problem (Salkovskis et al., 1999), time to time it is common for every individual that the undesirable or meddling opinions which are conflicting to individuals religious or their moral belief system. Therefore, as a precursor of a clinically related religious obsession, religiosity or infrequent undesirable thoughts that are linked with faith couldn't be treated. Though, clinical obsessions might be developing if undesirable thoughts about religious go together with faith regarding the significance of thoughts or a narrowness of ambiguity (Abramowitz & Jcoby, 2014). This point toward that scrupulosity possibly will establish a aspect source in collective religious scuffle and suspicions (Henderson et al., 2022), which possibly will cultivate into a pathological

demonstration as obsessive-compulsive disorder in the existence of risk features linked with deprived awareness and evading hesitation (Tolin et al., 2001).

Scrupulosity and Obsessive-compulsive disorder

Scrupulosity is not the belief problem; it is an obsessive-compulsive disorder problem. Obsessive-compulsive Disorder leans towards to handle on top of that thing that is essential for an individual including faith. Individuals who are practicing Islam, OCD influence a person's beliefs and also how they implement on their rituals. Obsessive-Compulsive Disorder (OCD) also called "the doubting disorder". The main problematic thing in all type of OCD is doubt. Individual may be very self-assured in their beliefs that concerning toward ALLAH, The Prophets, the Last day etc. But OCD does not care about it. Any doubt is observed as calamitous and it must be excluded. OCD can interject in any beliefs system and lead people to disproportionately pray, argument, plead guilty and seek out confirmation (Appenzeller & McGrath, n.d.).

Religiosity

Religiosity is a direction, behavioral set and our way of life that considered very important by the majority of the people in all over the world that must not be abandoned by societal and personality psychology anymore (Sedikies, 2009).

Religiosity talk about the numerous extents linked with religious faith or association (Bergan & McConatha, 2000).

Cornwall, Albrecht, Cunningham and Pitcher (1986) recognize six magnitudes of religiosity and then further these dimensions are established with the thoughtfulness of that there are minimum 3 mechanisms toward religious behavior such as: knowing, feeling and behavior. The mechanism of knowing include further two categorize such as

traditional orthodoxy and particularistic. Particularistic orthodoxy is an elite and obedience to accepted or correct beliefs, particularly in religion. Traditional orthodoxy is a traditional devotion to correct or accepted faith, particularly in religion. In the next mechanism of feeling it is also further divided into two categories such as spirituality and religious commitment. Religious commitment is related to in what way person is concerned in religion. Spirituality is thoughtfulness towards things of the soul, particularly as different to worldly concerns (Koenig et al., 2001). Next and last mechanism is doing. It is also divided into two categorize such as religious behavior and religious participation. Religious participation includes the forms that recognize God's existence and priorities God's relation toward religion. Religious behavior includes the behaviors that are motivated by religious beliefs.

According to Huber (2012), in persons, religiosity wills talks about the seriousness of their consequence. Faith, concern in religion, owns religious exercises and affairs with the religious societies are the standards that can be measured in religiosity. According to Holdcroft (2006), because of indeterminate, undefined and complex personalities religious notions are challenging to explain.

Glock and stark claim that the religiosity is a type of faith that has meaning in life only if we adopt it into our routine (Nasikhah & Prihastuti, 2013). According to Alport and Ross (1967) they describe two dimensions with the religious impression toward the presentation of the religious information. These two dimensions include intrinsic dimension and extrinsic dimension.

Dimension of Religiosity

According to Huber (2012), there are 5 dimensions of religiosity. These dimensions are such as: intellectual dimension, spatial dimension, public practice dimension, dimension of private practice and religious experience. First is intellectual dimension: this dimension describes the awareness about the people who have religion with that individual describe about religion, the Lord and its range. Second is spatial dimension: this dimension is about the people who have confidence about the presence and the core of the Lord. This dimension also provides connection between divine and human. Third is public practice dimension: this dimension illuminate that the individuals who are religious, they play a part in public event in religion, formalized and ritual events. Fourth dimension is private practice. This dimension states about the private religious rehearses and events. Last one is religious experience. This includes the experience that are directly relate with god. On individuals this experience is an emotional effect on them.

Glock and Strak (2016) conveyed the 5 dimension of religiosity. These dimensions include experimental dimension, ritualistic dimension, intellectual dimension, ideological dimension and consequential dimension. First is experiential dimension: this dimension concentrated own belief and associated practices with lord. Second is a ritualistic dimension: in this dimension people include themselves in the involvement of the devotion in a public. Third is ideological dimension: this type of religiosity dimension deals with person faith with authentic religion. Fourth is intellectual dimension: this dimension communicates the person’s information on the basis principles of their belief

according to religion. Fifth dimension is consequential dimension: this dimension is about the person assurance with an apprehended religion.

Religious and Scrupulosity

A numeral research shows an optimistic relation among scrupulosity and religiosity (Henderson et al.,2022). Scrupulosity reported in those individuals who were highly religious. According to Lau and Ramsay (2019), scrupulosity is in charge of worse health between the individuals who are religious. Though, presence of religiousness in individuals is not associated with scrupulosity (Abramowitz & Buchholtz, 2020). Besides, few researches directly investigate about the religious uncertainties and religious brawls, which may perhaps consider as usual antecedents toward holy fascinations. Lately, factors that are considered as a causing/triggering aspect in the clinical obsessions development is a religious mess that acknowledges as confidently interrelated through scrupulosity (Henderson et al.,2022).

Idea that states toward stiffness, stress and struggles around the terrified stuffs is religious fight (Exline et al.,2014). A number of religious struggles are well-known are such as: divine struggle, demonic struggle, interpersonal struggle, moral struggle, ultimate meaning struggle, religious doubt. First is divine struggle: this form of religious struggle sees some emotions as negative that are focused on the faith around God or their affiliation through God. Second is demonic struggle: this form of religious struggle includes the faith about evil spirits and devil that these spirits were offensive toward any person. Third is an interpersonal struggle: this form of religious struggle talk about the apprehensions regarding the destructive involvement for those individuals or institutes who stand on behalf of their religion. Forth is moral struggle: this form of religious

struggle indicate that fighting for keep an eye on more instruction of owns religion and it also include the acceptance of owns wrongdoings. Fifth struggle is ultimate meaning struggle: this form of religious struggle includes the apprehensions related to the extensive aim of living. Sixth struggle is religious doubt: this form of religious struggle includes insecurity that is related to the religious truth (Zarzycka et al.,2020). According to meta-analytical researches, poor mental-health and religious struggles are firmly connected (Smith et al.,2003).

As long as scrupulosity consists of disturbing beliefs related to being depraved and evil, the risk of bloom clinical obsession is high in those people who numerously go through moral and demonic struggles. The strong divine religious struggle possibly will observed evil, essentially as soon as escorted through strong thought-action fusion (Abramowitz & Jcoby, 2014). Interpersonal religious struggle, be likely to distinguish former followers of religious communal as illegal, might cultivate over apprehensions related to one's failure to love others regardless of their actions, which is a belief of experiencing in certain religious groups, like Roman Catholic Church. Therefore, this previous research assumed that scrupulosity might be positively related with religious struggle.

Shame

Shame is a sense of discomfort and dishonor. In individuals the feeling of shame arises when he/she have insight related to done something that is shameless, blameworthy, ignoble, unethical, evil, unacceptable, against the rules, unscrupulous.

Shame is harmfully valence uncomfortable feeling that occurs in the consequence of the disgrace (Niedenthal & Tangney, 1994).

Shame perhaps activated through moral disobedience and also activated by the abuse of social custom (Ferguson et al.,1996).

Shame is an unpleasant, unkind, cold emotion. It is linked with the negative self-evaluation. Shame includes the feeling of doubt, helplessness, pain, less-exposure, insignificance and person feel motivate to quit everything.

Shame is an extremely unfriendly uncomfortable feeling that arises when individual have insight related to done something that is shameless, blameworthy, ignoble. This is stereotypically considered through the extraction from communal dealings for example, by diverting the thoughtfulness from one disgraceful act that might have an insightful influence on emotional modification and personal dealing. Shame also encourages self-justifying, retaliated anger, not only inspire self-restraint (APA n.d.).

Shame is an uncomfortable feeling that occurs in the consequence of the disgrace. Individuals frequently feel the sense of insecurity with shame; however this experience might be external from our conscious awareness. This makes shame so difficult to recognize. On that account, involvement of shame has been connected toward depression and negative emotions such as: dependency, vulnerability, annoyance, dishonesty and self-consciousness (Goss et al.,1994).

Individuals have interpersonal anxiety and acquiescent responses toward anger because they face more sense of shame (Lewis, 2004).

According to psychologist Robert Karen there are four kind of shame are such as: existential shame, situational shame, class shame, and narcissistic shame. First category of shame is existential shame: this type of shame takes place when an individual become mindful about the disagreeable reality regarding own-self or their own situation. Second

category of shame is situational shame: this kind of shame arises when an individual is disrespectful toward moral beliefs and social standard. Third category of shame is class shame: this kind of shame include dominance, socio-economic class, cultural related, sexual category arises in those culture that have inflexible class hierarchy. Fourth category of shame is narcissistic shame: this kind of shame arise when individual sense of worth or egotism disturbing because of how an individual sense and reflect own self as a solo compare toward as a group member (Karen,1992).

The "sense of shame" is the feeling of fault, responsibility, blame on the other hand "consciousness" and attentiveness of "shame as a state" or state that express poisonous shame (Lewis, 1971; Tangney, 1998).

Shame is a detached basis emotion. The emotion of shame is defined that it is a emotion that individuals use for reject and conceal their offenses (Tracy et al.,2007).

Obsessive-Compulsive Disorder (OCD)

OCD is a type of psychological disorder. Individual with this disorder have repeated thoughts and for free from these unwanted thoughts individual do something repeatedly. In this there are two main things that is obsessions and other one is compulsions. In obsessions individual have recurrent, unwelcomed thoughts, concepts. And on the other hand, compulsions are related to free from these thought. To cleared these thoughts individual feel obsessed to do something repeatedly. The repeated behavior include: ordering the objects, washing hands, counting or any other actions that affect, restrict individual everyday life and social relations (APA, n.d.).

In OCD, persistent and unwanted thoughts, images and urges are experienced. Individual tries to stop, ignore and overpower those thoughts images, or they try to defuse

them with some other thoughts or some other action, these actions are called compulsion. Obsession and compulsions both take more than 1 hour per day and cause impairment, damage in individuals daily life functioning that include their social life, personal life, professional life and also many other areas of life (DSM-5, 2013).

Individuals who have obsessive-compulsive disorder probably will the signs of obsession or compulsion or signs of both of them. These signs of obsessive-compulsive disorder obstruct person daily life functioning including their work place, private affairs or many other thing related to individuals life (National Institute of Mental Health, 2016).

Obsessions are recurring desires, feelings, picture that are the source of anxiety. The mutual indicators related to obsessions contain: violent thoughts toward own-self or toward others, every stuff must be in balanced or in flawless direction, fear related to uncleanness, fear related to germs and undesirable thoughts including religion, haram, and sex.

Compulsions include monotonous actions that an individual with obsessive-compulsive disorder have sensations for the desires to do in the reaction toward obsessive thoughts. Shared indicators of compulsion contain: arrange stuffs in exact/clear-cut way, unnecessary cleaning, hand washing, calculation and constantly inspection on different equipment such as: frequently checking if doors are locked.

It is not compulsory that all the habits are considered as obsessions or compulsions. Because many time every individual check their stuff more than one time only for security. However, on the other hand the individuals who have obsessive-compulsion disorder cannot manage their thoughts, feelings and behavior even when they are on extreme level. Individual with this disorder every day spent as a minimum one

hour on these feelings, beliefs, and manners. When they perform desirable behavior they feel release from anxiety that develop because of thoughts. These problematic behaviors affect their everyday functioning including both personal and social affairs (National Institute of Mental Health, 2016).

Individuals with obsessive-compulsive disorder some time have tic disorder. There are two type of tic disorder such as: vocal tic disorder and motor tic disorder. Motor tic disorder is a type of disorder in which rapid, impulsive, tiresome actions are involve. These actions include: eye blinking, absurd smirking, shaking of shoulder and head. Next is vocal tic disorder. This disorder includes smelling, groaning sound and throat cleaning.

Obsessive-compulsive disorder is a communal disorder. This disorder has impact on both adults, children's. This disorder start in the around the age of 19, normally the beginning of this disorder in boys is earlier than in girls. The reason of obsessive-compulsive disorder isn't recognizable. However, there are some risk factor is such as: brain structure and functioning, environment, genetic factors. First is brain structure and functioning: it consists of dissimilarity in subcortical structure of brain and frontal cortex. Second factor is environment: it consists of those individuals, who face suffering, mishandling in their childhood. Third factor is genetic: it is related to those individuals with first-degree have more threat (National Institute of Mental Health, 2016).

OCD and Scrupulosity

OCDs personalities who remain more religious have more indications related to religious nature than the individuals that nonreligious obsessive-compulsive disorder patient. Yet, individuals who are religious have fewer chances to diagnose from

obsessive-compulsive disorder (Siev et al.,2017). Scrupulosity was often verified with concern toward obsessive-compulsive disorder symptomatology happening both clinical sample and non-clinical sample, because of proposal that scrupulosity possibly will be an appearance of obsessive-compulsive disorder or even discrete practice of OCD (Abramowitz & Jcoby, 2014)

In the frequently recycled methodology to study obsessive compulsive symptomatology (Obsessive-Compulsive inventory; Foa et al., 2002) different kind of obsessions remained identified that are (1) washing for example washing oneself due to feeling dirty, (2) checking for example examining gas and water taps again and again, (3) ordering for example feeling distress due to the disarrangement of objects, (4) hoarding for example gathering objects without particular requirement, (5) obsessing for example facing troubles in controlling oneself thoughts, (6) neutralizing for example wanting to replicate certain numbers. Initial research showed positive relations with various elements of obsessive-compulsive disorder symptomatology for example washing their hands, checking things, doubting, slowness (Abramowitz et al., 2002). Future researches demonstrated the powerful relations with obsessing (Nelson et al., 2006).

Operational Definition of Variables

Scrupulosity

It is a mental disorder. Scrupulosity is regarded as guilt or obsession and compulsions. The obsessions in scrupulosity are linked with religious and moral problems. These obsession are often attended my compulsive religious and moral adherence and it is extremely stressful and maladaptive (Miller & Hedges, 2008).

Religiosity

Sociology describes the term of religiosity as, religiosity is the quality of a person's religious beliefs and their experience's and also the role that religion plays in the society. Religiosity has been associated with virtue, spirituality, holiness, custom, belief, religious fever (David, 2021).

Shame

Shame is an unpleasant, unkind, cold emotion. It is linked with the negative self-evaluation. Shame includes the feeling of doubt, helplessness, pain, less-exposure, insignificance and person feel motivate to quit everything (Goss et al., 1994).

OCD

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Chapter-2

Literature Review

This chapter will cover the theoretical underpinning of scrupulosity, religiosity and shame in patients diagnosed with obsessive-compulsive disorder. The theoretical backdrop includes significant theories and models related Obsessive-compulsive disorder, Scrupulosity, Religiosity and Shame, further detailed bellow.

Theories of Obsessive-Compulsive Disorder

Behavioral theory

According to the behavioral theory, people who have obsessive compulsive disorder relate some things and affairs with fright. To lessen their fear, people stars refraining from the things they fell fear and do some formalities. When a relation between a thing and the feeling of fear is constructed, people with obsessive compulsive disorder refrains from the objects they fear instead of overcoming it. Exposure and Response Prevention is the behavioral therapy which is used on large scale for OCD. In EPR, exposure includes straight or imaginary controlled exposure. Gradually, exposure toward obsessional clues head in the direction of less and less anxiety. The procedure of getting accustomed to obsessional clues is called habituation. And response means the activities used to decrease stress which is used by the individual who have obsessive compulsive disorder (Kelly, 2020).

In the ERP therapy, patients learn to combat the urge to do some actions and ultimately become able to get rid of these actions. All the patients with lifelong and serious symptoms of OCD can get advantage from ERP. Favorable outcome is based on numeral elements and patient should also be enthusiastic to get better. Researches

reporting the benefit of ERP therapy have discovered that increasing of 75 percent of patients had better changes in their obsessive compulsive disorder symptoms throughout the process (Kelly, 2020).

Psychodynamic Theory

According to the psychodynamic theories of obsessive-compulsive disorder, compulsions and obsession both are the indicators related to individuals insensible struggles that individual trying to overpower, manage and doge them. Those struggles are rising as soon as insensible desire generally connected toward fleshy or violet need. In certain circumstances, When struggles were tremendously abhorrent or upsetting, an individual can't just compact with them ultimately through conveying those struggles toward somewhat that is more manageable such as cleaning their hands, ordering their stuffs, checking their objects. Particular psychodynamic cures recommend that symptoms can lessen through make an individual conscious toward their insensible struggles (Kelly, 2020).

Biological Theory

Among orbitofrontal cortex, biological cause of obsessive-compulsive disorder detailed circuits communicates structure that is in-charge on the behalf of mutilated actions. These actions include: emotion parameter, assessment, make decisions for getting reward or many other behavior that are connected with goals, toward thalamus.

The twist circuit of orbitofrontal cortex contains further areas that include: caudate nucleus of basal ganglia. It is connected with some functions like: reasoning and other is intentional motor activities. As soon circuit activated, instincts were fetched toward individual responsiveness and source toy toward carry out specific behavior

which are applicably the impulsively. For instance: afterward use washroom an individual might originate toward wash hand for eliminate injurious germs that individual have come across. As soon as individual perform the desirable behavior the impulsive from their brain circuit lessen and top individual from washing hands (Kelly, 2020).

Cognitive-Behavioral Model of Scrupulosity

Rachman, (1997) and Salkovskis (1999) has used the cognitive-behavioral model of obsessional problems to illustrate the development and tenacity of scrupulosity. This strategy highlights the role of deteriorated beliefs about and misapprehension of, otherwise ordinary and worldwide undesired meddlesome thoughts and doubts as performing the main role in obsessions. This framework also includes the impact of religious beliefs and the fact that many significant aspects of religion, that is one's relation with God, are not subject to assurance or authenticate, and must be taken on faith. The methods in which the scrupulous person tries to get guarantee and control meddlesome thoughts and doubts backlash and initialize a constant vicious cycle.

The framework of scrupulosity starts with the finding that undesired meddlesome thoughts that are contradictory to oneself righteous or religious faith are ordinary phenomenon for most people. Most people think of such thoughts as unimportant. The cognitive-behavioral model says that such meddlesome thoughts can convert into clinical obsessions if the individual firmly thinks that such thoughts are personally very important or intimidating.

Even though beliefs regarding the significance and need to restrain meddlesome thoughts are likely to be result of multiple elements. Some researchers have proposed that religious principals can encourage such types of beliefs because it, on the first hand

enforces clear righteous merits for thinking and behaving. Secondly, it is imprinted by dominant people and thirdly, it has the chances of a serious penalty (Rachman, 1997; Salkovskis et al., 1999).

Study suggests that there is a positive relation among religiosity and beliefs regarding towards significance of point of view specially thought-action fusion beliefs. Thought-action fusion describes two types of cognitive deformity:

- The idea that thinking of anything unethical is same as doing an unethical action.
- The idea that thinking of anything negative raises the chance of correlating actions.

Specifically ethical thought-action fusion has been related with strength of religiosity in many researches. Researches also indicates that religiosity can be related with the fear of God and of doing something sinful.

Joseph Burgo's shame model

According to Joseph Burgo, shame has four aspects and he calls them as the aspects of shame paradigms. On no.1 is unrequited love. Unanswered love which causes longing for more love. On no.2 is unwanted exposure. Something private that we wish to keep to ourselves but is surprisingly disclosed or when we do something wrong in public. No.3 is disappointed expectation. The sense of discontent which escorts the non-fulfillment of expectations and hopes to manifest. Lastly, exclusion. To not be connected or engaged with those people or groups whom we like. In the first subsection of shame, Joseph Burgo explores unrequited love that is when you love someone but that person does not love you back or you are rejected by someone that you like. This could be shaming. Unrequited love can also be presented in different ways like the way a mother

treats her new born child. An experiment known as The Still Face Experiment was conducted in which a mother loved and talked to her baby for some time and then for some period stopped talking to the baby. As a result the baby made different expressions to again get the mother's attention. But when the mother did not gave baby any attention, the baby felt shame. On the second type is unwanted exposure. This would happen if for doing a mistake in the class you were disclosed in front of everyone or you were seen doing something you don't want people to see. This is what you will think when you hear the word shame. Disappointed expectation is the third type of shame. Its example could be failing in class, facing problems in friendship and not getting promoted as you expected. According to Burgo, the last type of shame is exclusion that means to be left alone. To be connected and involved in the society e.g at school, work or anywhere, many people would be willing to do anything they could (Steketee et al., 2002).

The earlier study observed the connections between the type of religious exercise and nature, severity of religiosity, guilt and connection between the type and acuteness of obsessive-compulsive symptoms. According to findings, no religion was dominant amidst the patients of OCD than any other group. Compare to any other stressed subjects, individuals with OCD were not guiltier or religious. Though, the mood state was not positively interrelated with severeness of obsessive-compulsive disorder pathology but the religiosity and guilt were. Social anxiety was related with guilt and not with religiosity. Religious obsessions were highly stated in the people with obsessive-compulsive disorder who were more religious but they did not stated sexual and aggressive obsessions. Guilt was not associated with obsession. Unsurprisingly, more guilt was present in the individual’s obsessive-compulsive disorders that were more

dedicated toward religion but was not prevalent in any other anxiety patients (Steketee et al., 2002).

Scrupulosity is frequently found between people with OCD, yet comparably few researches have reviewed this specific symptom presentation. With the help of obsessive-compulsive disorder parents, the previous study inspected the link among scrupulosity and severance of obsessive-compulsive disorder, depressive and anxiety symptoms. The connection between scrupulosity and religiosity. The association among cognitive domains related to OCD and scrupulosity. Scrupulosity was interconnected with the cognitive areas of obsessive-compulsive disorder and obsessionals symptoms (Nelson et al., 2005).

The previous study was conducted in which group of religious scored greater than people with low grade of religiosity on the measures of over importance of thoughts, perfectionism and responsibility, obsessionality .Only in the group of religious, the measures of over importance of thoughts and control of thoughts were linked with obsessive-compulsive symptoms. Religion might have its part in obsessive-compulsive disorder phenomenology. Further studies are sanctioned for the reason that it is sensible that only a few characteristics of religious knowledge are associated towards obsessive-compulsive phenomena (Sica et al., 2001).

The previous research discovered the association among the religious obsessions, religiosity and other clinical aspects of obsessive-compulsive disorder. According to the calculations of the research religious obsession was found in 42 percent of the patients. According to a factor inspection, symptom dimension are much the same to those in other obsessive compulsive disorder samples. Among the patients with and without religious

obsessions, there was no marked difference in the severeness of obsessions and compulsions. This study concluded that, there is not any association between religiosity and medical structures of obsessive-compulsive disorder. In contrast, research indicates that individuals who have variation related to obsession have possibility to have obsessions related to religion. Therefore, religion seems to be another domain where OCD reveals itself, instead of being a factor of disorder (Tek & Ulug, 2001).

When Covid-19 started, concerns regarding its psychological effects on obsessive-compulsive disorder raised. In the previous research, individuals who were testified growth in their symptoms of obsessive-compulsive disorder did not repeat a great number of Covid-19 related events. Individuals who were testified growth in their symptoms did not report a great number of covid-19 related event. Because of Covid-19 patients who had obsessive-compulsive disorder and were under treatment didn't displayed breaking down of warning signs. Experiences associated to coronavirus didn't appear to be connected to the severity of individual's difference in obsessive-compulsive disorder symptoms (Oliveria et al., 2022).

The previous research focuses to tell the lifelong and present rate of existence of comorbid eating disorder and to look that in case comorbid eating disorder in obsessive-compulsive disorder (OCD+ED) are related with demographic, somatic or clinical traits. According to the findings of the research, obsessive-compulsive disorder + eating disorder patients' average was big in contrast to obsessive-compulsive disorder – eating disorder. More violent behavior and checking signs were revealed by the OCD+ED group and they had a younger age of beginning of obsessive compulsive behavior. Additionally, more comorbidity was revealed with MDD, social phobia, post-traumatic stress disorder,

and depression and anxiety signs. A sub-group of OCD was showed by OCD+ED patients with more acute psychopathology, and especially with trauma-related elements and comorbid anxiety and depressive signs. Upcoming researches should pay attention on whether patients with OCD-ED vary concerning traits from patients with OCD+ED. In the end, in curing of patients with OCD+ED, comorbidity with depression, social anxiety and trauma ought to be considered (Danner et al., 2022).

Based on the theories of social control like social bonding theory, religion appears to be an inspiring factor of social control in making a righteous and moral society. Between the root religious teachings in making of one are the individual's shame and guilt emotions. It is thought that after involving in sinful actions the individual is conceivable to experience shame and guilt, if he is conscious about religion. The aim of this research was to study the relation between religiosity and moral emotions and if there is contrast in moral emotions by gender. The outcome showed a positive correlation between in God-consciousness and shame and guilt (Rezki et al., 2017).

Because of consideration and self-criticism on undesired obsessions and persistent rituals, shame is a general emotion felt by individuals with obsessive compulsive disorder. In obsessive compulsive disorder shame is also proposed to be relevent to Intolerable thoughts. This study assess the relation of shame with obsessive compulsive disorder and intolerable thoughts. The meta-analyses shows an important, average and positive association between obsessive compulsive disorder and shame and important weak and positive association between shame and three symptom dimensions of obsessive compulsive disorder. The outcome showed a moderate positive association in shame and obsessive compulsive disorder. It is vital to confront this emotion through

psycho-education, assessment and treatment as shame in obsessive compulsive disorder can be an obstacle to treatment and harm standard of life (Michelle et al., 2022).

Rational

There is lack of empirical work on this area particularly in Pakistan. As compare to Pakistan, in west a lot of work has been done on the role of scrupulosity, religiosity and shame in patients with obsessive-compulsive disorder. This research is a beneficial to explore the role of scrupulosity, religiosity and shame in patients with obsessive-compulsive disorder. That is why this area needs to be explored and this study will fill the gap in knowledge in Pakistan. This study will provide baseline for describing the association between scrupulosity, religiosity and shame in patients with OCD.

Objectives of the study

Present study will be conducted with the main objectives:

- To assess the association between scrupulosity and shame among OCD patients.
- To assess the association between religiosity and shame among OCD patients.
- To assess the predictive association between scrupulosity, religiosity and shame in OCD patients.

Hypotheses of the study

- There will be a significant association between scrupulosity and shame of OCD patients.
- There will be a significant association between religiosity and shame of OCD patients.
- There will be significant predictive association between scrupulosity, religiosity and shame in patients with OCD.

Chapter-3

Methodology

Research Design

This correlational study was used to assess association and predictive association between Scrupulosity, Religiosity and Shame among OCD patients.

Participants and Sampling Methods

In this study, a sample of 201 participants with OCD (both men and women), ranging in age 19-29 will be selected from different hospitals in Lahore both government and private hospitals. To collect data for this study, purposive sampling was utilized. Data was gathered between February and March 2023.

Inclusion and Exclusion Criteria

Inclusion and exclusion criteria were drawn for the study to control the effect of confounding variables. Participants who are enrolled in research are those who are diagnose patients, residents of Lahore and suffering from obsessive-compulsive disorder since one year. Participants who are excluding from the study are those who are suffering with any secondary diagnoses, physically disable and have a chronic medical illness.

Table-1

Demographic Characteristics of the Study Sample (N=201).

Variables	Frequency	Percentage
Gender		
Male	91	45.3
Female	110	54.7
Family Status		
Nuclear	101	50.2
Joint	100	49.8
Resident		
Rural	57	28.4
Urban	144	71.6
Marital Status		
Unmarried	147	73.1
Married	53	26.4
Other	1	0.5
Educational Level		
Matric	19	9.5
Inter	91	45.3
Graduation	67	33.3
Other	24	11.9

Tools of Assessment

There were three scales that have been used to assess all the variables including the informed consent and demographic sheets:

- The Pen Inventory of Scrupulosity (PIOS-R)
- Guilt and Shame Proneness Scale (GASP)
- Religiosity and Spirituality Scale for Youth (RaSSY)

Informed Consent

In informed consent form, the purpose of this study will be described to the participant and they will be asked for their voluntary participation. Moreover their written agreement for their participation will also be included in this form. It will be ensured that

all information will remain confidential. The participants can withdraw in case of any discomfort during study.

Demographic Questionnaire

Demographic information form will include all the basic information of the participants i.e. name, age, gender, religion, birth order, qualification, family system (joint/nuclear), income, marital status, occupation, residential area, year of diagnoses, any other diagnosed mental disorder, physical disability, chronic medical illness.

The Pen Inventory of Scrupulosity (PIOS-R)

This scale measure the fear of sins that individual is committed or will do. This fear also includes the mental images of violation and irreligious nature. The pen inventory scale of scrupulosity is consisting of 15 questions. These questions are designed to assess the amount of scrupulosity related symptoms. It includes 2 sub-scales fear of sin and fear of god. Both sub-scales have good internal consistency. 0.92 is for fear of sin and 0.90 is for fear of god. The scale is ranging from 0 to 4. O is for never, 1 is for almost never, 2 is for sometimes, 3 is for often, 4 is for constantly (Olatunji et al., 2007).

Guilt and Shame Proneness Scale (GASP)

This scale measure the tendency of experience the feeling of shame and guilt on the basses of individual differences. This scale consists of 16 questions. The scale is ranging from 1 to 7. 1 is for very, 2 is for unlikely, 3 is for slightly unlikely, 4 is for about 50% likely, 5 is for slightly likely, 6 is for likely, 7 is for very likely. This measure has four item sub-scales. Sub-scales include guilt repair, shame negative self-evaluation, guilt

behavior evaluation and shame withdrawn. The reliability for guilt and shame proneness scale is .60 (Cohen et al., 2011).

Religiosity and Spirituality Scale for Youth (RaSSY)

The final scale of religiosity and spirituality scale for youth consist of 37 questions. These questions were rated according to the 4-point scale. The scale is ranging from 0 to 3. 0 is for I never believe this/do this, 1 is for I believe this some of the time/do this some of the time, 2 is for I believe this most of the time/ do this most of the time, and the last one is 3 is for I always believe this/ always do this. This scale is appropriate for the youth of different culture. This measure has two sub-scales that discus the both religiosity and scrupulosity like: 22 items are consisting on faith based coping and other 15 item consist on religious support and activities comprising. Test-retest reliability for religious social support is .84 and for faith based coping is .85. The internal consistency for the religiosity and spirituality scale for youth is .95 (Hernandez et al., 2011).

Procedure

The study was approved by Departmental Graduate Committee, COMSATS Institute of Information and Technology. After institutional approval of the study, a permission letter was obtained from Head of Department to collect data. Participants were approached during semester. One fifty participants from were part of a study. A synopsis presentation with the department heads was conducted to discuss the goals and objectives of the research study. It was made sure that the participants remained anonymous and their data be remained confidential. The study's objective was explained to participants, and it was recommended that they thoroughly read the instructions before beginning. Additionally, they have the option to stop the study at any moment. There

were no time constraints to complete the questionnaire. After collecting data, participants were pleasantly thanked for the participation.

Ethical Considerations

All ethical guidelines were observed throughout the entire investigation. The supervisor had to first provide his or her clearance to make sure that no ethical research rules would be broken. Following a brief explanation of the study to the participants, their agreement was obtained. They were made aware that they are always free to revoke their consent. It was verified that the participant's safety and confidentiality would prevent any physical or psychological harm from resulting from their participation in the study. As these patients are sensitive, if they felt triggered or harmed due to my assessment, I will change my way of handling them, give them a break, and try to calm them and as I am there only for my research purpose I will refer them to the concerned psychologist.

Statistical Analysis

This study section preliminary analysis, descriptive analysis and inferential analysis. The missing values, outliers and random responses were identified and cleaned out in preliminary analysis. Then descriptive analysis was run to calculate the frequencies, percentages, mean. Standard deviation and alpha coefficients. Then inferential analysis was performed including Pearson Product Moment Correlational Analysis and Regression Analysis.

Chapter-4

Results

Table-2

Correlations of different Dimensions of Guilt and Shame Proneness with Scrupulosity and Religiosity and Spirituality in population diagnosed with obsessive compulsive disorder (OCD) (N=201).

Variables	Scrupulosity	Religiosity and Spirituality
Guilt-Negative-Behavior-Evaluation	.08	.24**
Guilt-Repair	.09	.30**
Shame-Negative-Self-Evaluation	.08	.08
Shame-Withdraw	.05	.04
Scrupulosity	1	.21**

**Correlation is significant at the 0.01 level (2-tailed).

The table presents correlations between different dimensions of Guilt and Shame proneness, and Scrupulosity and Religiosity/Spirituality in a population diagnosed with obsessive-compulsive disorder (OCD). The correlation coefficient between Scrupulosity and Religiosity/Spirituality is .21. This correlation is statistically significant at the $p < .01$ level, indicating a moderate positive relationship. It suggests that higher levels of Scrupulosity tend to be associated with higher levels of Religiosity and Spirituality in individuals with OCD.

The correlation between Scrupulosity and Guilt-Negative-Behavior-Evaluation is .08. This correlation indicates a weak positive relationship. However, it is not statistically

significant at the conventional $p < .05$ level, suggesting that there is no strong evidence of a significant relationship in this population. However, the correlation coefficient between Guilt-Negative-Behavior-Evaluation and Religiosity/Spirituality is .24. This correlation is statistically significant at the $p < .01$ level, indicating a moderate positive relationship. It suggests that higher levels of Guilt-Negative-Behavior-Evaluation are associated with higher levels of Religiosity and Spirituality in individuals with OCD.

The correlation between Scrupulosity and Guilt-Repair is .09. This correlation suggests a weak positive relationship. However, it is not statistically significant at the conventional $p < .05$ level. The correlation between Guilt-Repair and Religiosity/Spirituality is .30. This correlation is statistically significant at the $p < .01$ level, indicating a moderate positive relationship. It proposes that higher levels of Guilt-Repair are connected with higher levels of Religiosity and Spirituality in individuals with OCD.

The correlation between Scrupulosity and Shame-Negative-Self-Evaluation is .08. This correlation indicates a weak positive relationship. However, it is not statistically significant at the conventional $p < .05$ level. Also, there is statistically non-significant weak positive correlation between Shame-Negative-Self-Evaluation and religiosity/spirituality 08.

The correlation between Scrupulosity and Shame-Withdrawal is .05 and .04 between shame withdrawal and religiosity and spirituality. This correlation indicates a very weak positive relationship. However, it is not statistically significant at the conventional $p < .05$ level.

The results indicate that in individuals diagnosed with obsessive-compulsive disorder (OCD), there is a significant positive relationship between Scrupulosity and Religiosity/ Spirituality. However, there is no statistically significant relationship between Scrupulosity and the dimensions of Guilt and Shame proneness, including Guilt-Negative-Behavior-Evaluation, Guilt-Repair, Shame-Negative-Self-Evaluation, and Shame-Withdraw. There is a significant positive relationship between both Guilt-Negative-Behavior-Evaluation and Guilt-Repair dimensions of Guilt proneness and Religiosity/Spirituality. This suggests that individuals with higher levels of guilt-related thoughts and behaviors, particularly those associated with negative behavior evaluation and the need for repair, tend to have higher levels of Religiosity and Spirituality.

Table-3

Summary of Stepwise Hierarchical Regression Analysis for predicting religiosity and spirituality in Patients Diagnosed with Obsessive Compulsive Disorder (OCD) (N=201).

Variables	*B*	95 %CI		*SE(B)*	B	*Sig*	R^2	ΔR^2
		LL	UL					
Step 1								
Constant	65.53	58.48	72-59	3.58		.00	.056	.056
Guilt-Negative-Behaviour-Evaluation	.67	.28	1.05	1.94	.24	.00		
Step 2								
Constant	57.64	48.76	66.53	4.50		.00	.093	.037
Guilt-Negative-Behavior-Evaluation	.26	-.21	.73	.24	.09	.28		
Guilt repair	.83	.25	1.41	.29	.24	.00		

Note. N=201; CI = confidence interval, *LL* = lower Limit; *UL* = upper limit

Predictors: (Constant), Guilt-negative-Behavior-Evaluation
Predictors: (Constant), Guilt-negative-Behavior-Evaluation, Guilt-Repair
Dependent Variable: Religiosity and Spirituality

The table provides a summary of the stepwise hierarchical regression analysis conducted to predict religiosity and spirituality in clients diagnosed with Obsessive-Compulsive Disorder (OCD). In the first step, only the variable "Guilt-Negative-Behavior-Evaluation" was entered into the regression model to predict religiosity and spirituality. The baseline is 65.53, indicating the expected value of the dependent variable when all predictors are zero. The coefficient for "Guilt-Negative-Behavior-Evaluation" is 0.67, indicating that for each unit increase in Guilt-Negative-Behavior-Evaluation, there is a predicted increase of 0.67 in religiosity and spirituality. This coefficient is statistically significant ($p < .05$), suggesting that Guilt-Negative-Behavior-Evaluation significantly contributes to the prediction of religiosity and spirituality. The R2 value for this step is 0.056, indicating that Guilt-Negative-Behavior-Evaluation accounts for 5.6% of the variance in religiosity and spirituality. In the second step, the variable "Guilt-Repair" was added to the regression model alongside "Guilt-Negative-Behavior-Evaluation" to further predict religiosity and spirituality. The baseline for this step is 57.64, indicating the expected value of the dependent variable when all predictors are zero. The coefficient for "Guilt-Negative-Behavior-Evaluation" remains at 0.26, and the coefficient for "Guilt-Repair" is 0.83. This suggests that for each unit increase in Guilt-Negative-Behavior-Evaluation, there is a predicted increase of 0.26 in religiosity and spirituality, and for each unit increase in Guilt-Repair, there is a predicted increase of 0.83 in religiosity and spirituality. Both coefficients for these predictors are statistically significant ($p < .05$), indicating that both Guilt-Negative-Behavior-Evaluation and Guilt-Repair significantly contribute to the prediction of religiosity and spirituality. The R2

value for this step is 0.093, indicating that the two predictors together account for an additional 3.7% of the variance in religiosity and spirituality.

The stepwise hierarchical regression analysis suggests that both Guilt-Negative-Behavior-Evaluation and Guilt-Repair are significant predictors of religiosity and spirituality in patients diagnosed with OCD. Guilt-Negative-Behavior-Evaluation alone accounts for 5.6% of the variance, and when combined with Guilt-Repair, the predictors account for a total of 9.3% of the variance in religiosity and spirituality. These findings indicate that the experience and management of guilt-related thoughts and behaviors may have implications for religiosity and spirituality in individuals with OCD.

Chapter-5

Discussion

The main objectives of the study were to assess the association between scrupulosity and shame among OCD patients and assess the association between religiosity and shame among OCD patients and to assess the predictive association between scrupulosity, religiosity and shame in OCD patients. The study's total sample comprised 201 patients, 91 male and 110 female. The family status is divided into two categories, 101 participants from nuclear family and 100 belong to joint family. Marital status is divided into three categories, 147 participants were unmarried, and 53 participants were married, while other was 1. For assessing the association study variables, Pearson correlations were calculated.

The study hypotheses looked at the significant association between scrupulosity and shame of OCD patients and a significant association between religiosity and shame of OCD patients and a significant predictive association between scrupulosity, religiosity and shame in patients with OCD. There are four subscales in Guilt and Shame Proneness Scale (GASP) that are Guilt-Negative-Behavior-Evolution (NBE), Guilt-Repair, Shame-Negative-Self-Evolution (NSE), Shame-Withdraw. There is no correlation between Guilt-Negative-Behavior-Evolution (NBE) and The Penn Inventory of Scrupulosity (PIOS) but there is weak positive correlation between Guilt-Negative-Behavior-Evolution and Religiosity and Spirituality Scale for Youth (RaSSY). There is no association/correlation between Guilt-Repair and The Penn Inventory of Scrupulosity (PIOS) however there is a moderate correlation between Guilt-Repair and Religiosity and Spirituality Scale for Youth (RaSSY). There is no correlation either between Shame-Negative-Self-Evolution

(NSE) and The Penn Inventory of Scrupulosity (PIOS) or Shame-Negative-Self-Evolution (NSE) Religiosity and Spirituality Scale for Youth (RaSSY). There is also no association between Shame-withdrawal and The Penn Inventory of Scrupulosity (PIOS) and between Shame-Withdraw and Religiosity and Spirituality Scale for Youth (RaSSY). So that's why Shame-Negative-Self-Evolution (NSE) and Shame-Withdraw were not added into regression analysis because they have no correlation. Overall, there is no correlation between Guilt and Shame Proneness and Scrupulosity but there is a weak positive correlation between Guilt and Shame Proneness and Religiosity and Spirituality, however there is a weak positive correlation between Scrupulosity and Religiosity and Spirituality. So basically the correlation is between Scrupulosity and Religiosity and Spirituality. So only one regression will be applied. Predictive association cannot be found with Guilt and Shame Proneness because Guilt and Shame Proneness has no association with Scrupulosity. Regression will only be applied to Religiosity and Spirituality Scale for Youth (RaSSY) because it has correlation with Guilt and Shame Proneness (GASP). Religiosity and Spirituality Scale for Youth (RaSSY) has weak positive relation with both Guilt and Shame Proneness and The Penn Inventory of Scrupulosity (PIOS), however there is no association between The Penn Inventory of Scrupulosity (PIOS) and Guilt and Shame Proneness (GASP). Guilt-Negative-Behavior-Evolution (NBE) is predicting Guilt and Shame Proneness (GASP), however both Guilt-Negative-Behavior-Evolution (NBE) and Guilt Repair together do not predict Guilt-Negative-Behavior-Evolution (NBE) only Guilt Repair is predicting Religiosity and Spirituality. Guilt and Shame Proneness (GASP) has a subscale, Guilt Repair that predicts Religiosity and Spirituality. Religiosity and Spirituality also has correlation with

only two subscales which are Guilt-Negative-Behavior-Evolution (NBE) and Guilt Repair. So this proves that only half of hypothesis is correct.

There is weak positive correlation between Guilt-Negative-Behavior-Evolution and Religiosity and Spirituality Scale for Youth (RaSSY) and a moderate correlation between Guilt-Repair and Religiosity and Spirituality Scale for Youth (RaSSY). The factor of correlation is:

The result of study shows a weak positive correlation between Scrupulosity and Religiosity and Spirituality. The factors of these correlations include:

- *Perfectionism:* In this person feel that their religious practice must be perfect and anything that is imperfect is not acceptable towards them. This may lead person towards the feeling of have to follow religious rules and practices with no mistakes.
- *Persistent, unwanted and distressing thoughts:* These thoughts will drive excessive compulsions. So they just strive for improvement because of religious beliefs, because they are desperately trying to ease anxiety and fear.
- *Losing connection with ALLAH:* With scrupulosity person have fright related loosing connection with ALLAH. They fear what will happen if they lose connection. For a person whose faith is too much form them is a terrifying thing.
- *Blasphemous:* This refers toward saying and doing something which would disrespect towards ALLAH, their religious beliefs and other religious figure. This blasphemous thoughts during prayer this thing feel their prayer incomplete and they start it over and over again

The previous study shows that religiosity and guilt are common traits in obsessive-compulsive disorder. In obsessive-compulsive disorder, the part of religiosity and guilt has often been studied in literature. It proposes that religiosity and spirituality, supernatural believes and magical thinking are often been related with increase OCD. It has also been reported that the fear of guilt can lead to obsessive-compulsive disorder symptoms. The goal of this study was to find out the contribution of religiosity and guilt in symptomology and results of obsessive-compulsive disorder. This baseline research indicates that obsessive-compulsive disorder positively correlated with guilt and religiosity but after 6 month it was negatively correlated with religiosity and positively related with guilt (Kumar et al., 2021).

The previous study showed that guilt is an element that makes obsessive-compulsive disorder more acute and it also has negative effects on the treatments of obsessive-compulsive disorder. As guilt is a significant keep going and intervening element for obsessive-compulsive disorder symptoms. Developing guilt-specific tactics can provide better treatment end result. The dominating and restraining reactions of guilt entails increased attention in the clinical supervision of obsessive-compulsive disorder. The study concludes that religiosity and guilt has very important effect of obsessive-compulsive disorder (Annals of Clinical Psychiatry 2011;23).

The previous study shows that scrupulosity is a general yet understudied demonstration of obsessive-compulsive disorder which is identified by obsessions and compulsions concentrated on religion. Regardless of the clinical significance of scrupulosity to some identification of obsessive-compulsive disorder minute is known about the relation between scrupulosity and symptom severances over religious groups.

The study assesses the relation between 1: religious bonding and obsessive-compulsive symptoms. 2: religious bonding and scrupulosity. 3: scrupulosity and obsessive-compulsive symptoms over religious bonding. Not obsessive-compulsive disorder but scrupulosity differed over religious bonding. Scrupulosity was related with obsessive-compulsive disorder symptom severeness globally and over symptom aspects. The immensity of these relations differed by religious bonding (Jinnefer et al., 2019).

The previous study shows that neuroticism and religiosity are remote proneness elements for obsessive-compulsive disorder occurrence. This study focuses to look into part of obsessive faith, though control approaches and guilt in the relationship between these proneness elements and obsessive-compulsive symptoms, especially scrupulosity symptoms in a Muslim The study showed that neuroticism and the level of religiosity predict obsessive beliefs that are positively correlated with guilt and self-punishing both of which predict scrupulosity and other OCSs (Mujgan et al., 2020).

Scrupulosity is the type of obsessive-compulsive disorder that is marked by a propensity to have repeated uncertainties about God, sin and the acceptability of one's behavior and commitment. The result of this research proposes that there are differences in how scrupulosity displayed in Islamic and Christian believers (Abramowitz et al., 2019).

The previous research showed because of pondering and self-criticism over undesired obsessions and monotonous rituals, shame becomes a regular emotion encountered by people with obsessive-compulsive disorder. Shame is also speculating toward have significance to intolerable thinking in obsessive-compulsive disorder. The meta-analysis pointed at a important, moderate and positive association between total

obsessive-compulsive disorder and shame. Additionally, important weak and positive relation were found between shame and three obsessive-compulsive disorder symptoms dimensions that are intolerable thinking, harm obsessions and symmetry concerns. Shame measures in this study were not specified to obsessive-compulsive disorder and between-study variation looking into intolerable thinking was important. The outcome shows a medium positive association between shame and obsessive-compulsive disorder (Rezki et al., 2017).

Obsessive compulsive disorder is one of the most regular psychiatric disorders in today's community and particular expectations of people about this disease are associated to the structure of scrupulosity, thought-action fusion and feeling guilty. The research revealed that firstly, in patients with obsessions, feeling guilty by studying scrupulosity has a important inexplicit effect on thought-action fusion. Secondly, in patients with obsessions, feeling guilty by studying obsessive compulsive has a important inexplicit effect on thought-action fusion. It appears that in in patients with obsessions, feeling guilty accompanying scrupulosity and obsessive-compulsive can cause thought-action fusion and increase nonsense beliefs (Abramowitz et al., 2006).

Limitations and Suggestion

Just like other researches, this study also has some limitations and imperfections that can be sorted out when in future other researchers do research. In this research the sample which was chosen belong to a very small limited area. So this sample was not capable of representing the whole country. This is the first limitation of this research.

Secondly, in this sample, only the diagnosed individuals were selected. People who were not diagnosed with obsessive-compulsive disorder were not included in this

research. As there are many people who have this disease but they were not diagnosed due to their own reasons. So, this research dose not has any awareness about any such individuals.

Thirdly, as the scales were in English the patients were unable to understand it. So, the scales had to be translated in Urdu first and then were filled by patients.

Lastly, the individuals who were included in research were only those who were suffering from obsessive-compulsive disorder since one year. So the severeness of patients who were diagnosed for more than one year was not known. As the severeness of the disease to some extent also depends on the time period.

Implication of the study

This study will address the association of scrupulosity, religiosity and shame among patients with Obsessive Compulsive Disorder (OCD). As there is lack of work on this area particularly in Pakistan, So this study will help future researchers to do work on this topic.

The study has several implications. It has many potential benefits for psychologists, researchers and practitioners in conducting their researches and their assessment. The results of present study are helpful for psychologist and also other fields.

The study is helpful for parents, doctors and other family members like husband, wife, sisters, brothers, children in having better understanding about patients, how to deal with them and help them with their diseases.

Conclusion

The research concludes that there is no correlation between Guilt-Negative-Behavior-Evolution and Scrupulosity but there is a weak positive correlation between

Guilt-Negative-Behavior-Evolution and Religiosity. There is no association between Guilt-Repair and Scrupulosity however there is a moderate correlation between Guilt-Repair and Religiosity. There is no correlation either between Shame-Negative-Self-Evolution and scrupulosity neither between Shame-Negative-Self-Evolution and Religiosity. There is also no association between Shame-Withdrawal and Scrupulosity and between Shame-Withdrawal and Religiosity. So that's why Shame-Negative-Self-Evolution and Shame-Withdraw were not added into regression analysis. Overall, there is no correlation between Guilt and Shame Proneness and Scrupulosity but there is a weak positive correlation between Guilt and Shame Proneness and Religiosity and Spirituality, however there is a weak positive correlation between Scrupulosity and Religiosity and Spirituality. So basically the correlation is between Scrupulosity and Religiosity and Spirituality.

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