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Citation:

Bourke, J. (2009) Divine madness: the dilemma of religious scruples in twentieth-century America and Britain – *Journal of Social History* 42(3), pp.581-603

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Publisher version available at: <http://dx.doi.org/10.1353/jsh.0.0152>

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Joanna Bourke

Journal of Social History, Volume 42, Number 3, Spring 2009,
pp. 581-603 (Article)

Published by George Mason University Press
DOI: [10.1353/jsh.0.0152](https://doi.org/10.1353/jsh.0.0152)



journal
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DIVINE MADNESS: THE DILEMMA OF RELIGIOUS SCRUPLES IN TWENTIETH-CENTURY AMERICA AND BRITAIN

By Joanna Bourke

Birkbeck College, University of London

Prior to the Second Vatican Council of the 1960s, scrupulosity was regarded as the excessive fear of sinning. Calling an individual “scrupulous” drew attention to a serious state of existence that included fanatical performance of religious devotion combined with an overwhelming burden of spiritual doubt. In other words, scruples were an extreme type of spiritual terror. For sincere believers, fearing the Christian deity was an appropriate response to His omnipotence—but for the scrupulous believer, an excessive fear of God ruined their lives, destroying peace of mind and confidence of spirit. In contrast, today, accusing someone of possessing scruples merely signals that they are religiously observant or morally exacting.

The extreme state of religious dread of sin is often presumed to have disappeared from modern American and British societies. The religious scruples, which tormented believers in earlier centuries, are seen as failing to survive the cynical secularization of modernity.¹ As we shall see in this article, understanding and helping individuals suffering from scruples used to be regarded as the preserve of religious advisers, particularly priests. From the early decades of the twentieth century, however, the burgeoning psychiatric profession challenged pastoral diagnoses, substituting the secular, pathological label of obsessional-compulsive disorder (OCD) for the religious term “scruples”. There was increasing assent that lengthy prayers and cleansing rituals were examples of “undoing” in which “the initial instinct to blaspheme and break with religious practice” was “distorted into the opposing compulsive rituals.”² Unequivocally, Joseph W. Ciarracchi in *The Doubting Disease* (1995) determined scruples to be a psychiatric, not religious disorder.³ It was an OCD as defined by the American Psychiatric Association’s *The Diagnostic and Statistical Manual of Mental Disorders IV*.⁴ How were the respective jurisdictions of theologians and confessors on one side and psychiatrists and clinical psychologists on the other side to be decided, and what were the consequences for those who suffered from this affliction?

Scrupulous men and women suffered the pangs not of the damned, but of the saints. Books, published by the printers to the Pope, regularly justified themselves on the grounds that scrupulosity was “a widespread and pernicious spiritual ailment.”⁵ Furthermore, studies in the 1940s and 1950s provided strong evidence that scruples were a major problem in Roman Catholic circles. According to some surveys, one-quarter of American Catholic high school pupils and one in every seven Catholic college students were scrupulous.⁶ Although they could not furnish statistical proof, most commentators believed that levels of scrupulosity in the 1940s and 1950s represented an increase over previous decades of the twentieth century.⁷ For reasons that shall be examined at the end

of this article, these high levels of scruples began to decline in the mid-1960s. Nevertheless, according to surveys in the 1970s, around ten per cent of obsessions were still religious in character.⁸

Priscilla O'Brien Mahoney was one of many Roman Catholics tormented by piety. Her passionate faith had metamorphosed into alarming scruples when she was still a child in the 1920s. The earliest indication that she had been snared by grace surfaced during her first communion when she became overwhelmed by the realization that it was a mortal transgression to willfully conceal any sins from her confessor. The implications were terrifying: by failing to confess any violations of divine law, she jeopardized her soul's eternal life. After this, her scrupulosity took the form of a morbid terror of the priest, fuelled by the fear that she had forgotten to confess some sin. In the mind of this child, defending herself against this dazzling threat was disarmingly simple:

I set to work frantically racking my brains for a foolproof way of preventing such a horrible possibility [of forgetting to confess a sin]. The solution I finally reached was, to my mind, nothing short of a brilliant stroke of genius. I hit on the idea that I would be reasonably safe if I simply admitted that I broke at least nine of the ten commandments! Murder was the only crime I felt almost sure I could omit. And yet, even this reservation gave me a few momentary qualms as I recalled that my mother had often said, I'd be the death of her if I didn't keep my room neat.

Thereafter, for an unhappy thirty years, her spirit was tortured in the week before confession. Despite maturing theologically, Mahoney failed to either "grow out of" her scruples or "develop a sense of humour" about them, as her friends advised. During those agonizing days prior to receiving the sacraments, Mahoney would dredge her conscience for more and more evidence of sin, always certain that she *must* have forgotten some imperfection. In her frenzied state, actually going to confession took immense courage. Once inside the confessional box, she would sweat and shake uncontrollably and, despite meticulous preparation, was incapable of either remembering what she had to confess or of hearing what the confessor told her. Doubts assailed her: did she feel *sufficiently* sorry for her sins? What if the priest had not understood the gravity of her wickedness? Should she be "doubly sure" that she really had been absolved of sin by confessing to yet another priest?⁹ Hell's inferno seared the margins of her daily life.

Mahoney's scruples followed a fairly typical pattern. She came from an observant Roman Catholic family. Although scrupulous Jews engaged in an endless quest for Rabbinic decisions, scrupulous Muslims in obsessive washing rituals, and many famous sufferers were Protestant (including Martin Luther), in Anglo-American societies, scrupulosity was most common within the Roman Catholic faith.¹⁰ While most attacks of scruples lasted no longer than two years, they could plague people for their entire lives.¹¹ Most sufferers initially developed their scruples in childhood or early adolescence. In fact, the appearance of scruples at First Communion was so common that Catholic clerics urged parents to ensure that prior to this event their children understood the difference between sinful and innocent acts. Parents who used fear of God as a way of enforcing obedience were severely castigated.¹²

When scruples flourished, they created havoc, defiling every nook of a person's life. Because sin was lurking everywhere, performing simple daily tasks

could present almost insuperable difficulties. Scrupulous children were often fussy eaters, even requiring explicit permission to be allowed to swallow (might they commit murder by swallowing a live insect? was *this* morsel of food “destined” to be consumed by a starving person in Africa?). Walking would become an ordeal since touching walls or banisters could be construed as a mortal sin (would invisible fragments of their skin flake onto that section of wall or banister and defile someone else?). Coughing became a heinous crime since the scrupulous worried that their germs would kill someone. Intense anxiety was linked with bodily functions and sexuality. Thus, scrupulous boys would compulsively buy magazines in order to “pencil in” the low necklines of models, while scrupulous girls assumed that menstruation was sufficient proof of their wickedness. Cleanliness became quite literally equated with Godliness, forcing scrupulous people to spend large parts of the day washing. Their hands turned raw with frequent scrubbing. Some scrupulous people even believed that breathing was a sin because it was stealing air that did not belong to them. And breaking wind was sacrilegious because it was hurling a foul smell into the face of the Virgin Mary. Scrupulous people were often haunted by the belief that they had inadvertently profaned the Sacrament. Their relationship with religious medals or rosary beads often took on unwarranted significance: had they touched them with soiled hands or placed them in an irreverent place? All forms of doubts assailed them. Was their resistance to temptation *sufficiently* vehement? Had their confession been carried out with *unquestionable* rigor? Had they performed the penance *absolutely* correctly? Diabolically, they found that sacrilegious or sexual thoughts would suddenly hector them in the middle of the performance of a religious act. As one scrupulous person described an attack in the 1950s, “bad thoughts” were relentless:

Suddenly my stomach tightens up, there’s a choking in my throat, and my torture begins. The bad thoughts come. . . . I want to drive them out, but they keep coming back. . . . It is terrible to be in a struggle like this! To have a head that goes around and around without my being able to stop it; to be a madman and still quite rational, for all that. . . . I am double. . . . at the very time that I am trying to plan what I want to do, another unwanted thought is in my mind. . . . Distracting me and always hindering me from doing what I want to do.¹³

It is no wonder that the scrupulous endured intense mental suffering. The condition was “a suffocation, a strangling, a corrosive wasting of self and eating up of one’s self”. Truly, it was a “piteous condition” for the true and sincere believer.¹⁴

Modern Theology and Scruples

As such accounts attest, scruples acted as “cancer of the inner life”.¹⁵ For theologians from the mid-nineteenth century onwards, part of the problem was that the scrupulous individual held an incorrect image of the Almighty. From the 1850s onwards, the Catholic Church in both Britain and America had been moving in a more affective direction: not only did Jesus grow in importance, but God was being transformed from a punishing lawgiver towards a nurturing Father. In the words of Paulist priest George Deshon in his *Guide for Catholic Young Women* (1863),

As soon as we come into church what do we see? A light burning before the altar, to indicate the presence of God in the Sacrament. Not God surrounded by thunder and lightening in His majesty to judge us, but God in a humble, silent form, to love us and do us good. . . . The Almighty God is present, but as one of us, and our best friend. . . . If you had a very dear friend you would want to see that friend every day; so desire to go and see the nearest and best friend you have, every day. Go and nestle up as close as you can to that friend who can protect you from all harm and fill you with consolation.¹⁶

Or, in the words of *Fear Not* (1853), it was important not to be afraid of sinning too much since God's mercy was unlimited.¹⁷ The penitent sinner should simply "lean on him"; "over-anxiety is wrong, and stands in the way of their resting on the merits of our Lord", pronounced the vicar of Warminster.¹⁸

Spiritual advisers were particularly worried about scruples because anguish of the spirit was not only a sin in itself: it also led to sin. Scruples transformed God into a severe, unforgiving judge, a "crabbed step-mother, always on the look-out for the smallest excuse to heap reproaches and blows on a detested step-child."¹⁹ Scruples destroyed the spirit of peace, even leading believers to attack the three principle virtues of faith, hope, and charity. Prayer lost its dynamism, thus depriving the Christian of the grace of God. Because the prayers of the over-scrupulous lacked confidence ("and therefore lack[ed] efficacy"), the sufferer often stopped praying altogether.²⁰ Within a short time, the penitent would not be able to find solace in the sacraments ("the channel by which the grace of God is conveyed to our souls").²¹ Because scrupulous people were always convinced that they had not been sufficiently punished for their sin, they constantly repeated the Sacrament. This was, in itself, a grave sin since moral theology insisted that "neither the entire Sacrament nor the form nor a part of the form may be repeated."²² On the other hand, and even more grievously, scrupulous people might cease taking the Sacraments altogether. As morbid fears increasingly dominated their inner life, they became afraid of being afraid. Thus, they avoided situations that incited their fear and eventually stopped taking the sacraments or praying.²³ A "laxity in morals" was inevitable. As the thirty-four-year-old Franciscan, Ernest F. Latko, warned in 1949, "If one is deprived of the joys of the spirit, one will very soon seek the pleasures of the flesh, to help compensate for his loss."²⁴ Finally, scrupulous people became egotistical and incapable of expressing the love of Christ, thus they ended up rejecting the social character of Catholicism. Because scrupulous people could never accept the judgement of their confessors, always fearing that the gravity of their transgression had not been sufficiently appreciated, they moved from one confessor to another, engaging in endless consultations with different priests.²⁵ This was the reason why self-help books for scrupulous Christians proliferated—such books were necessary since the scrupulous were notorious for being incapable of remembering the advice of their confessors. Self-help books for the scrupulous proudly lauded the benefits of print as an "enduring echo of the counselor's spoken word."²⁶

For the pious individual, however, it was imperative to distinguish between a scrupulous conscience and a delicate one. After all, it was right and proper that sensitive Christians would tremble with anxiety in their attempts not to offend the Almighty.²⁷ Rev. Heribert Jone, in his classic text, *Moral Theology* (first published in 1929 and adapted for an American audience in 1945 by Rev.

Urban Adelman) defined a tender conscience as one that was able to make “an objectively correct judgment” about the “finer distinctions between good and evil.” In contrast, a scrupulous conscience was “prompted by purely imaginary reasons” and was “in constant dread of sin where there is none, or of mortal sin where there is only venial sin.” The scrupulous conscience was dominated by fear and since the anxieties were not rational, they did not “enter into the judgment of conscience.”²⁸ As a Jesuit theologian explained the matter in 1957, conscience was “an act of intellect” while a scruple resulted from the lack of judgement. Neither confessors nor psychiatrists could order anyone to go against their conscience, but they could tell a person to act against a scruple because it was “a fear, not a real conscience.” In other words, “a man may not do a thing while he sincerely doubts whether it is permissible. He must first make up his mind that he is allowed to do it. But a man may do a thing even though he has a scruple that it is wrong, because a scruple is not a real doubt, but only a fear.”²⁹

Within traditional pastoral discourse, four agents caused scruples: the devil, God, the soul, and the body. Of these four, the most obvious was Lucifer, striving to convert imaginary sins into real ones. Although the devil had no direct access to the soul, he was capable of punishing it indirectly through the senses and brain, inflaming the imagination and planting fear in the poor sinner’s heart. The devil particularly enjoyed inverting the seriousness of different sins: grave sins were minimised; minor faults magnified. Eradicating the devil’s power was difficult, although Christians who “fed on that Divine Food,” or the Holy Eucharist, might find some protection.³⁰ If that failed, devil-inspired scruples could only be dismissed by an exorcism.

It was obvious why the devil might wish to stimulate scrupulosity, but why might God do the same thing? The idea that God might deliberately “try” a Christian’s conscience by inspiring false fears raised more delicate questions. First, God might inspire scruples in a Catholic with a religious vocation in order that he might be able to direct others through similar torments. Second, by withdrawing His light from the soul, leaving it to struggle in an infernal darkness, God was teaching the soul to become more fearful of sin and, in the long term, strengthening faith by posing a stark choice on the soul between obedience and disobedience. Finally, God might be simply allowing scrupulous Christians to experience purgatory here on earth, thus enabling them to experience the full joys of heaven in the afterlife.

The problem arose when penitents attempted to distinguish between scruples sent by God and those sent by the devil. According to a leading theologian, scruples bestowed by God both appeared and disappeared suddenly. In contrast, a scrupulous conscious with an evil origin developed slowly and never wholly disappeared. Indeed, unlike its devilish imitators, divinely-inspired scruples enabled the Christian to approach a state of perfection. The more the Christian was “teased” by God’s gift of scruples, “the more constant we are in our spiritual exercises, the more gentle and forbearing with others, the more obedient to our guides and superiors.” This group of scrupulous persons looked at God “the more smilingly with all the plenitude of a filial confidence . . . and there is a look of pain on our faces mingling with the smile.”³¹ The masochistic discipline of scruples drew the Catholic closer to paradise.

Nevertheless, scruples inspired by the forces of either good or evil were not

as common as those which grew out of flaws in the Christian's own soul. Scruples could arise through poor instruction in theological matters, prompting the belief that "unavoidable things" (such as involuntary thoughts) were sinful.³² Scruples were contagious, so penitents could be led into sin simply by talking with scrupulous people. It was foolish for priests to encourage believers into emulating the life of saints: books of a "moral tone too lofty for the reader or books of too intense spirituality" imposed too heavy a burden on many penitents.³³

In contrast to these "extrinsic causes" of scruples, "intrinsic causes" for the soul's error included an inability to distinguish between temptation and consent. The obstacle in the way of a healthy spiritual life was self-love, that great infraction of God's law. It was the *appearance* of sin, rather than the act of sinning, that really concerned the scrupulous. For this reason, charismatic nineteenth-century Catholic theologian Frederick William Faber, whose books were avidly read throughout the twentieth century, designated scruples the "approbrium of spiritual physicians," adding that it was "unfortunate that scrupulous persons are always spoken of with great compassion, far more than they deserve."

A scrupulous man teases God, irritates his neighbour, torments himself and oppresses his [spiritual] director. . . . it is useless to argue with men in this disposition, our temptation is to strike them.³⁴

Scrupulosity was a "deficiency disease", attacking where there was a "lack of grace". The scrupulous penitent lived by "self-direction" as opposed to according to the command of God.³⁵ The inability of scrupulous individuals to confidently obey their spiritual advisers was conceived as an attack on the foundations of the Catholic Church. The Christian's soul was coupled to the Church's discipline.

Theological Psychopathology

Alongside these theological debates about Lucifer, God, and spiritual indigestion, there was developing a strand of theological thought that wanted to shift blame for scruples onto the body. Most notably, Dr Alexander E. Sanford's *Pastoral Medicine. A Handbook for the Catholic Clergy* (1905) was anxious to overthrow devilish authority. Sanford acknowledged the power of "the fiend" to tempt hapless sinners into violating the "law divine", but insisted that it was important to distinguish "temptation" from "scruple". After all, devil-inspired temptations only influenced the ethical dimensions of personhood and ceased as soon as the recipient either relented to the impulse or repulsed it. In contrast, scruples were a permanent torment, and the pathological intensity and expansiveness of the compulsive thoughts could drive a person insane. Unlike temptations, scruples never aimed to gratify desire: on the contrary, it was in the nature of scruples that they always "fail[ed] to satisfy" and surpassed any ability of the will to repel. According to this view, the pathological body, rather than Satan, was the source of excessive fear of God. Scrupulous people were "predisposed for their condition because of an evident psycho-neuropathical constitution, or of morbid disturbances of mood and of sentiment." Although Sanford agreed that the devil was the "fiend of any peace of soul" and was capable of using "morbidly discordant nerves as a basis for his operations," it was in the interests of

the scrupulous person that emphasis was placed upon the morbid state of their nerves rather than ascribed to satanic influences. They were “sick” not corrupt souls.³⁶

Nevertheless, even those early-twentieth century theologians who accepted that scrupulosity contained a medico-psychological component continued to insist that the appropriate professionals designated to treat scruples were priests or other spiritual advisers. Secular physicians were rebuffed. Sanford was vehement about this. It was the priest’s duty to reassure sufferers that, although scruples were a sign of a pathological condition (a “slight illness, a momentary fatigue from overwork,” for instance), such individuals were not incurably deranged. Penitents must be allowed to confess thoroughly—but only once, since repetition was part of the malady. On no account should penitents be burdened with more religious exercises. Indeed, it was advisable to restrict such exercises, for the same reason that fasting should be avoided: the nerves of the scrupulous were already poorly nourished and needed energizing not weakening. Rather, scrupulous individuals should be encouraged to “take some exercise, to join pleasant company, to seek distraction.” Sanford did have a few words of warning to priests charged with helping the scrupulous. Unlimited patience was obligatory. Most importantly, priests must “never exhibit weakness of will power or hesitancy.” Scrupulous people could be an awful presence in the confines of the confessional box. He advised priests that if the penitent

should curse and swear most awfully during confession as well as at the beginning and finish, then the confessor should outwardly preserve a calm and unaffected demeanor while inwardly taking cognizance of the malady. He knows that a psychopathical person kneels in front of him, who perhaps on account of a cold has not had her menses, and that this condition has produced that dismal but irresistible impetus. One imprudent word may put her in despair and rouse in her the delusion of her damnation, for, not knowing the true cause of her state, she will attribute her contrasting notions to her own depravity.

Even “congested women”, agitated by menstrual deficiency or monstrous depravity, were owed reassurance about the goodness and omnipotence of the Supreme Being.³⁷

If there was a role for secular physicians, it remained secondary to the role of the priest and could be risky. Thus, Sanford supported doctors who prescribed tonics and fresh air (either oceanic or mountainous air depending upon the penitent’s personality). Prescriptions involving fatty foods and foods containing lots of albumen were legitimately recommended, along with hydropathic treatment (including ablutions, rubbing down, sponge baths, and sea or river bathing), electric massage, electric baths, and medicines such as quinine, ergotin, zinc, arsenic, phosphates, and opiates. However, the priest who allowed his penitent to consult a physician had to ensure that the doctor was a principled one. In no circumstances should penitents be exposed to any physician who might advise them to banish compulsory ideas or sexual thoughts by indulging in illicit sexual relations.³⁸

Fundamentally, then, the treatment of this ailment of the spirit was to remain spiritual. As the textbook, *Moral Theology* (1924) insisted, responsibility for scruples lay in the capable hands of God’s appointed representatives on earth. If the

source of scruples was the “wilful evasion of responsibility”, the penitent should be sternly admonished and absolution should be refused; if there was a pathological cause, appropriate treatment had to be dispensed by the priest; if (the most common occurrence) the problem was one of spiritual pride, the penitent had to be forced to cultivate humility, to avoid reading “exciting devotional books”, to shun the company of other scrupulous people, to refrain from self-examination, and to cease being idle.³⁹ Rev. William O’Keefe’s *Scruples. How to Avoid Them* (1943) reiterated the point that the priest’s authority was supernatural. Thus, while scrupulous people might obey physicians out of respect for their secular credentials, they obeyed priests as God’s anointed administrators. Priests’ exalted authority was the unrivalled antidote to spiritual doubts.⁴⁰

Indeed, this emphasis on the absolute spiritual authority of the priesthood eventually cured Priscilla Mahoney, with whom I began this article. After thirty years of scrupulosity, she was finally cured by a priest who informed her that God required her to practice obedience and to surrender her judgement to another person. The “magic words” that he spoke were these: “I am now putting you under obedience to my direction”. Authority was curative.

Psychiatric Interventions

There was a problem, however: religious authority was being challenged. Sanford’s warnings about physicians were so often repeated precisely because these physicians were asserting their own authority over that of priests. All agreed that scrupulous individuals were suffering: but, was their pain evidence of neurosis or even psychosis? Increasingly, the answer was yes. Accordingly, it could be re-designed as a psychiatric (as opposed to spiritual) affliction.

As early as 1872, Allan McLane Hamilton, of the New York State Hospital for Diseases of the Nervous System, discussed what he regarded as a rare form of “mental derangement” called theomania. This infliction bore all the marks of scrupulosity: a typical sufferer experienced dyspepsia, nightmares, and irritability, and the “least reference to the subject which had caused his mental distress (religion) [sic] would make him beside himself.” His “religious trouble” absorbed his entire attention and he imagined the devil in disguise attempting to tempt him in even the most innocuous circumstances. Other sufferers “believe themselves damned. . . . they imagine they have sinned, and cannot escape punishment” and, in their anguish will “inflict penances upon themselves to do absolution.” For Hamilton, such people were patients, not penitents. They were more often women than men and, contrary to the view that clergymen were most susceptible, he claimed that

it is among the minds of low order, the inhabitants of the country, and the attendants at “camp-meetings”, “love-feasts”, and “revivals”, that the disease is most frequently seen. The large cities are comparatively exempt; there, other subjects craze instead of religion.

Hamilton was pessimistic about the ability of clergymen to cure such suffering souls. Indeed, he partly blamed them for the creating the malady in the first place. In particular, he criticized the “advance of spiritualism and other ‘isms’, which unnaturally and wickedly excite and disturb the brain.” Worse:

some men who use the pulpit as a place for the purpose of painting hell in its most frightful colors. It is they who strive to produce an impression upon the mind of the weak hearer, who try to excite the imagination by perverted biblical facts and truths, and, finally, send him home to torture himself with the horrors and conflicting doubts that fill his unsettled mind. Like the steady dripping of water upon a stone, these weekly and daily repetitions of this maniac-making process will finally drive the patient to an insane asylum.

Instead, physicians should prescribe a grain of strychnia, two grains each of the pyrophosphate of iron and the sulphate of quinine, and twenty grains (thrice daily) of the bromide of potassium. In addition, the physician had to "obtain control over the mind," gain the patient's confidence, and "combat delusions and passions by counter-passions." Theomania was caused by fear, partly the result of a "false notion of religion", but also due to the patient's "degenerated moral condition."⁴¹

Hamilton's organicist psychiatry was much more compatible with what came next. From the turn of the twentieth century, Pierre Janet, founder of modern dynamic psychology, first interpreted the infliction in psychological terms. A sufferer of a mild form of scrupulosity himself, Janet interpreted scrupulosity as one manifestation of psychasthenia. According to him, the dominant symptom was a "feeling of inadequacy" or a "feeling of emptiness" which sprang from "a habit of inattention and vague preoccupation."⁴²

Sigmund Freud also drew attention to the connection between religious rites and obsessive-compulsive disorders. His "Obsessive Actions and Religious Practices" (1907) boldly diagnosed religion as a "universal obsessional neurosis". According to Freud, both "normal" and "obsessional" religious dogma and conduct shared certain characteristics, including pangs of conscience if the ritual was overlooked and laboured mindfulness to detail in the conduct of every associated rite. Fearing the wrath of the faithful, Freud hastened to enumerate differences between acceptable religious rituals, which were stereotypical and public, and obsessional ones, which were idiosyncratic and private. Admittedly, he acknowledged, both religious and obsessional rites were replete with symbolism, but the symbolism was more apparent in the case of acceptable religious practices, even if the original significance of the symbol might be archaic. Nevertheless, both religion and obsessions were founded on unconscious guilt and fear, from which their associated rites granted protection. This was what made the performance of the ritual so urgent: religious and obsessional rituals vouchsafed order, purity, and refuge.⁴³

Psychiatry did not wrestle control over the scrupulous without a fight. Most fundamentalist Catholic theologians were wary of psychiatric intervention. Were St. Teresa, St. Ignatius, and St. Alphonsus to be labeled obsessional-compulsives because they had within them "material of great sanctity," they asked?⁴⁴ Since the labeling of penitents as scrupulous was more common for Catholic women,⁴⁵ might not psychiatrists be confusing natural feminine piety for illness? Many Catholic mothers deemed scruples to be evidence of their child's piety, even saintliness. Rather than being an illness, scruples could be interpreted as a sign that the scrupulous person had been "chosen" in some way.⁴⁶ Or, in the words of O'Keeffe, scrupulous Christians "have in them the material of great sanctity. Those who are on the way to Hell do not fear sin."⁴⁷ The scrupu-

lous were often unwilling to enter therapy because of “the value they ascribe to their rituals, despite the distress [the rituals] caused.”⁴⁸

For these Catholic spokesmen, it was important to distinguish scruples from other mental illnesses. Thus, turn of the century pastoral medicine accepted that scruples might resemble the delusions of paranoia but, unlike paranoid patients, the scrupulous recognized their “morbid condition” and the “silliness” of their thoughts. In other words, scrupulous penitents retained their “critical powers”, unlike ordinary lunatics.⁴⁹ Scruples were a conscious obsession. As the author of an article in *The Holiletic and Pastoral Review* (1949) put it: “The insane person is not cognizant of his condition at least during times of crisis, while the scrupulous person is cognizant even when the tyranny of obsessive ideas has overwhelmed him.”⁵⁰ This was why scrupulous people should shun psychiatrists. Since scruples entered minds which were “healthy, normal, and free of pathological disorders,” psychiatrists would find nothing wrong. In contrast, it was the responsibility of God’s religious representatives on earth to attend to “wounds inflicted by the seven capital sins.” Priests also treated

intellectual errors which have the power to hurt and even to kill divine life in the soul. A scruple is a wound in the moral order; it is a temptation to do harm to the life of grace and not to the mind or to the body directly.

If scrupulosity was exacerbated by organic conditions such as poor diet, fatigue, or a traumatic experience, pastors should prescribe rest, tranquilizers, baths, vitamins, and exercise. Otherwise, priests should deal with scrupulous people by instructing penitents to list their scruples and become aware that by yielding to “disorderly emotion”, they were submitting to temptation. With God’s strength, penitents had to learn to distance themselves from their scruple and “starve” it to death. Spiritual fears demanded a regime to discipline the soul, not the ailing mind or body.⁵¹ Although the priest or confessor “may or may not command respect . . . as a man,” and “the accuracy of his human judgment may be doubted,” nevertheless “in the tribunal of Penance he is chosen to confound the strong who resist his direction.” For spokesmen like O’Keeffe, priests possess a supernatural, not human authority.⁵²

The chief theological objection to psychiatric discourses surrounding scruples was that mind-doctors were incapable of distinguishing “real” from false or scrupulous guilt. Even the DSM-IV admitted that “insight into whether the obsessions or compulsions are unreasonable occurs on a continuum.”⁵³ For the Church, however, it was imperative to differentiate impure thoughts that appeared unprompted from identical thoughts arising out of deliberate and “sinful petting”.⁵⁴ Yet, psychiatrists were accused of failing to recognize “the importance which a moral problem may have for a person” and were “apt to make light of all such problems.”⁵⁵

Of all psychiatric approaches, though, Freudian psychoanalysis met with most sustained hostility, particularly for its emphasis on the sexual aetiology of derangement.⁵⁶ The notion that scruples were “masturbation equivalents” was deemed offensive.⁵⁷ Freud’s philosophy was premised on “materialist hedonism”, declared William Purcell Witcutt in a book published in 1943 by the publishers to the Holy See. It follows, therefore,

that Freudianism in action means not “sublimation”, the pursuit of science, art, etc., which as nothing but substitutes for the satisfaction of instinct, but the lifting of the lid of repression from Id, and thus
 from curb'd licence plucks
 The muzzle of restraint

Witcutt admitted that “Freud himself did not desire or advocate this result,” but he insisted that

it is the logical consequence of his philosophy. However, logic was never Freud's strong point. In actual fact, the Freudian philosophy (for these psychologies are really philosophies of life) did have this effect. The natural man, seeing art, science, religion, etc., labeled as substitutes, concluded that they were poor substitutes, ersatz; and that true living consisted in the untrammled satisfaction of the instincts, particularly the sexual instinct. . . . But the banquet always ends in death; and is a grey philosophy, and its joy is ersatz and neurotic, the painted flush on the cheek of the skull.⁵⁸

Even more outrageously, psychoanalysts were accused of encouraging scrupulous individuals to overcome their obsessions by onanism or sexual intercourse. According to two Jesuits writing in the 1950s, a psychoanalyst's attempt to expose unconscious desires often resulted in moral crisis for the patient: “His moral world may be turned upside down. The analyst helps him to take his mind apart, but who is to put it together again? The analyst? According to what principles?”⁵⁹ Indeed, argued the Jesuit priest E. Boyd Barrett, psychoanalysis was merely a secular adaptation of the confessional, stripped of “many safeguards”. Barrett insisted that the priest's vast and varied experience of humanity was superior to the mind-doctor's dependency on dreams and free-association in uncovering the unconscious mind. Psychoanalysis was positively harmful in its management of fears of conscience. Transference and hypnosis, for instance, were morally hazardous. Freudians displayed a “disgusting flippancy of tone in their allusions to ethical and religious truths” and were “sex-mad”. Analysts possessed “no divine mandate to act as Shepherds of the Flock.”⁶⁰ In the 1920s, the Chaplain to the King went even further, deploring the tendency of some clergymen to practice “amateur psycho-therapy”, although he conceded that it was “probably a less serious mistake” than sending scrupulous Christians to neurologists and “certainly” better than sending them to psychiatrists.⁶¹ It is perhaps not surprising that theologians were *most* hostile to psychoanalytical principles. After all, the “talking cure” mimicked the methods of the confessional, diverging only on the explanation for the symptoms of this infliction. Substituting “the couch” for the confessional box was a dire threat indeed.

Such fears on the part of theologians were not misplaced. Some of the treatment regimes were explicitly hostile to religious law, belief, and ritual. At the height of the surgical popularity for lobotomy, the knife was lauded as an effective solution for individuals obsessed with the fear of God. In *The Frontal Lobes and Human Behavior* (1972), the neurosurgeon John F. Fulton reported a case of a woman obsessed with the idea that she had sinned against the Holy Ghost. The lobotomy was carried out under local anesthetic, during which the patient was asked about her feelings and thoughts. According to Fulton,

The obsession persisted after a radical cut on one side, and it continued as cuts were gradually made on the opposite side until finally when they reached what were eventually the fibres of the medial ventral quadrant, the patient's obsession dramatically disappeared, and when once again interrogated about her worries concerning the Holy Ghost, she responded euphorically, "Oh, I don't believe in the Holy Ghost any more."⁶²

A cure—for the neurosurgeons. A casting into eternal darkness for a sincere Christian.

Less extreme, but equally pernicious for believers, behaviorist treatments could contravene religious principles. Thus, in connection with scrupulous Jews, a man who prayed excessively was ordered to pray only on alternate days while another patient with a cleaning compulsion was advised to put ham on kitchen utensils.⁶³ Other non-spiritual treatment regimes were simply ridiculed. "How can 'tonics' or 'sedatives', change of climate, a vacation, taking up a floating kidney, lifting up a prolapsed uterus, or rest in bed and massage eradicate fear?" asked Hugh Patrick (clinical professor of nervous and mental diseases at the Northwestern University Medical School) in 1916, adding, "Would a winter in Florida, a trip around the world, an operation for hemorrhoids, or strychnine pills make a sinner less afraid of eternal punishment?"⁶⁴

Most crucially, entrusting their most observant penitents to psychiatrists could lead to a sapping away of faith.⁶⁵ Some psychiatrists blithely argued that it was ethically justifiable to undermine a person's faith if the therapist believed that "the patient's religious convictions help[ed] sustain the disorder."⁶⁶ In contrast, the theological position was clear: the only cure for excessive fear of sinning was, of course, confidence in God. In other words, "the opposite of a scrupulous man [was] not an unscrupulous man but a man of faith."⁶⁷

The Advent of Catholic Psychiatry

There were dissenting voices within the religious community, however. The insistence that scruples were a psychiatric rather than a spiritual disorder was at the core of Joseph J. Mullen's *Psychological Factors in the Pastoral Treatment of Scruples* (1927), composed as part of the doctoral program at the School of Psychology at the Catholic University of America in Washington DC. Mullen contended that psychiatry promised "happy cures of even advanced clinical cases" of scrupulosity. He adopted Janet's description of the characteristics of obsessions—that is, scrupulous individuals committed "the pathological fatal syllogism" of confusing a "major premise" with a minor one. The major premise was some sacred truth or principle that believers tenaciously clung to. Examples might include the belief that receiving Holy Communion in a state of sin or showing disrespect to the consecrated particle were grave moral offences. The minor premise introduced "a torturing, doubting 'perhaps' or an 'if'" that scrupulous people were "unequal to settling". Thus, such individuals were constantly persecuted by suspicion that they had inadvertently committed some kind of sin. Might they have unwittingly transgressed between confession and communion? Had the consecrated particle had touched their teeth? Despite its religious packaging, Mullen argued that such doubts fitted the classic psychiatric definition of obsessions.

Nevertheless, although Mullen was willing to translate theological problems into a psychological idiom, even he was wary of advocating psychiatric intervention in treating scruples. Put bluntly, he had misgivings about the risks involved for Catholics seeking professional psychiatric help. Catholic psychiatrists were rare, and those who could be trusted to give sound advice to people suffering delicate consciences were even rarer. Mullen shared the widespread theological concern about the possibility of a scrupulous person being sent to a Freudian psychiatrist where “vehement sexual transferences” between the doctor and patient might take place. Rather than risk corrupting the Catholic fellowship, Mullen called for the establishment in every large Catholic center of special psychiatric clinics for the scrupulous. The role of the priesthood within these clinics was assured. After all,

Supernatural faith of the penitent in priesthood and sacrament establishes an ideal relationship of trust and confidence, it recognizes a reverent authority in every exhortation, and it inspires unquestioning, docile obedience: all the conditions to make the prognosis, the hope of cure, far more favorable in pastoral treatment.⁶⁸

As Mullen recognized, the true solution to the problem of scruples was to train Catholic priests and laymen in psychiatry. After all, in the words of the authors of *A Manual of Pastoral Theology* (1932), “the cure of souls is an expert’s task, demanding a knowledge, not only of psychology, but of the Church’s tradition of moral and ascetical theology.” They hoped that their manual would

do something to convince the clergy (especially the younger among them), ordination candidates, and perhaps some others, of the importance of basing their study of modern psychology upon a solid foundation of moral and ascetical theology and at the same time of translating ancient formulations of these latter sciences into terms of a truly scientific knowledge of the human *psyche* and its processes.⁶⁹

As the publication of such manuals implied, psychiatry was making headway from *within* the Catholic Church. Another indication of the growing importance of psychiatry within pastoral medicine included the establishment of Catholic organisations devoted to providing information on and instruction in psychology and psychotherapy for “those whose religious work requires them to minister to personalities in disorder or distress of mind.” It was with such aspirations in mind that the Association of Christian Psychologists was established in London in 1937. This “marriage between religion and psychology” was arranged under the patronage of Carl G. Jung (with his interest in the ways religious languages structure the *psyche*) and attracted lay and medical psychologists as well as clergy. Their establishment membership of 37 rapidly expanded to 202 within a year. However, it was not until the 1950s that their membership stabilized. By 1958, they had 690 members, approximately one-quarter of whom resided in the U.S.A. Despite this growth in membership, the organization faced great hostility, especially after they changed their name to The Guild of Pastoral Psycho-Therapy. As their official history bemoaned, “it was accepted that the Guild could never gain general approval either in the medical profession or outside it.” Many people within the medical profession openly regarded them as “quacks” and resented their use of the medical term “Psycho-Therapy”.

To pacify the “objections of the Medical profession,” the Guild was persuaded to change their name yet again to the Guild of Pastoral Psychology.⁷⁰ More seriously, ignorance and hostility towards psychiatry remained evident within the Church. In 1955, an examination of 1,431 letters received by a related organization, the Guild of Catholic Psychiatrists (founded in 1949) found that nearly sixty per cent were surprised that Catholics were allowed to having any dealings with psychiatry.⁷¹

Needless to say, these organizations devoted considerable energy to the problem of excessive fear of sinning. For instance, in the first decade of its existence the *Bulletin of the Guild of Catholic Psychiatrists* published a number of psychiatric-based articles on scruples, linking the condition with depression and cerebral arteriosclerosis. They advised priests to assess the physical and psychological well-being of scrupulous penitents, entrusting all serious instances to professional psychiatrists.⁷² By this stage, psychiatric discourse even permeated popular Catholic textbooks, as in *The Catholic Family Handbook* (1959) when the psychotic proclivities of children possessing excessive fear of sinning were considered.⁷³ The author of an article on scruples, published in *The Homiletic and Pastoral Review* in 1954, typically warned that it was “dangerous to consider [scruples] only as a religious state and to treat it purely from the moral and pastoral textbooks.”⁷⁴

The school of psychiatry regarded as acceptable to these Catholic psychiatrists and priests was still disputed. Simple techniques of autosuggestion,⁷⁵ for instance, jostled for pride of place with intensive psychoanalytic perspectives. Dr Vincent P. Mahoney advocated the latter. His 1957 article, published in the *Bulletin of the Guild of Catholic Psychiatrists*, emphasized the scrupulous person’s aggressive and sexual drives. For Mahoney, it was important that priests interview scrupulous penitents outside of the confessional, thus making it clear that their problem involved mental derangement, not morality. If there were indications that the individual was psychotic or otherwise maniacal, the priest should immediately refer them to a psychiatrist. Otherwise, it was legitimate for priests to approach scrupulous people armed with “a psychiatric attitude”. By assuming a “non-combative, non-aggressive role” and avoiding “a seductive role”, psychoanalytically-attuned priests would begin by listening attentively to the penitents’ life-histories. By encouraging them to confront their past, scrupulous people would gradually become aware of their strong sexual and aggressive drives. Healing would take place once they recognized “the infantile, irrational sources” of their anxiety and the “time and energy consuming defences” they had “erected to handle this.” In the last phase of the curative process, sufferers had to develop adaptive behavior. It was not a quick procedure. Indeed, Mahoney estimated that, if priest and patient-penitent met once or twice a week, a full cure would take up to two years.⁷⁶

Albert Barbaste’s 1953 article in *Theology Digest* was also influential. Barbaste taught psychology at the Jesuit Scholasticale at Vals in France for twenty years and was a keen student of works by Janet. He did not question the fact that scruples were a psychiatric disorder, although he distrusted the psychoanalytical approach. According to Barbaste, the obsessions that usually plagued the scrupulous (for example, lewd imaginations prior to communion) could only be under-

stood in terms of “the law of association by contrast,” that is, the fact that “any idea tends quite naturally to suggest its contrary.” Observing that scruples usually developed in youth or adolescence, Barbaste surmised that there was an hereditary element to scrupulosity. Somewhere, there was a “lack of balance in the neuro-endocrine system, and more especially in the vago-sympathetic nervous system,” although it could be exacerbated by marriages which “already contain conflicting biological elements.” Cure required a daunting degree of will-power. As Janet had also argued, the scrupulous man had to

fix his attention upon the task of the moment, thus checking his tendency to daydream. Then, by constant practice, admittedly painful and exhausting, he can to a remarkable degree regain the ability to concentrate and to utilize his will-power.

Physical causes also had to be attacked—abundant sleep and “good living”, for instance, were vital. Only in the most serious cases of “extreme anguish” should electric shock treatments or frontal lobotomy be contemplated. Barbaste concluded that

Modern psychiatry, then, endorses and completes the standard methods of spiritual writers for treating scrupulosity. The first step must be the inspiring in the scrupulous of a sincere, ardent, and dauntless desire of being cured. Then, one must obtain from him a blind obedience in every trial, not by threats and reproaches, by a devoted service, patience and kindness that will win his confidence.⁷⁷

This striking resemblance between psychiatric and religious modes of interacting with individuals was rapidly employed by astute religious commentators attracted to psychiatric treatments of the scrupulous. As Dr George Mora, a Catholic psychotherapist in the 1950s, observed at the Sixth International Catholic Congress of Psychotherapy and Clinical Psychology, the confessor performs a psychotherapeutic as well as sacramental service. Indeed, “even if the confessor does not intend to exercise any therapeutic action (and this is the case very frequently), he exercises it simply because the situation of transference develops between himself and the penitent.” In Mora’s view,

In the work of the confessor one finds the “trait d’union” between natural therapeutic action and supernatural sacramental action. The therapeutic action of reconstructing the hierarchy of values which he exercises on the penitent, of re-adjusting relative and absolute values, liberates this “unconscious God” who . . . is present in each one of us, and makes the penitent more sensible to the action of the sacrament, more receptive to sanctifying Grace.⁷⁸

The resulting tension between the Almighty and Analysis was dramatically played out for the Jesuit priest, E. Boyd Barrett. In the 1920s, Barrett had publicly expressed his loathing of psychoanalysis, but had changed his mind within a decade. In 1932, he published *Absolution*, in which he charted his shift from the priesthood to psychology. He recalled that when he worked as a priest, penitents in the confessional would sometimes reply “Yes! Doctor!” instead of “Yes! Father!”. He pondered this fact: “Why did the absolution I was giving provoke

those words? Had the penitent sensed that healing the mind and absolving were one?" Years later, as an analyst practising in New York, he observed that patients would sometimes reply "Yes! Father!" instead of "Yes! Doctor!" In Barrett's words: "Why did a scientific removal of inner pain provoke those words? Was psycho-analysis identified in the sub-conscious with absolution from sin?" The analyst was modernity's priesthood.⁷⁹

The Demise of Religious Scruples

By the Second Vatican Council, the confessional role of psychoanalysis had significantly usurped that of the priesthood, effectively leading to a decline in scrupulosity. Of course, this shift should not be exaggerated. After all, many scrupulous people were still treated by the priesthood. However, this was a fellowship that was increasingly aware of psychological and psychiatric techniques for dealing with obsessions. Obsessive compulsive disorders (including those with strong religious inflections) did not decline, but their meaning altered irrevocably. Furthermore, many enlightened psychiatrists recognized the need for acute sensitivity when treating people with obsessive-compulsive disorders with a strong religious component.⁸⁰

The number of sufferers designated "scrupulous" nose-dived in the 1960s. As one commentator lamented, modern seminarians often did not even know the meaning of the word "scruples".⁸¹ Many claimed that the decline in scrupulosity was a direct effect of the Second Vatican Council of 1962–65.⁸² Certainly, the Catholic world after the Second Vatican Council was easier for the "too delicate" conscience. Confession ceased to be a monthly practice and became annual. Between 1963 and 1971, for instance, weekly Mass attendances in America declined from 71 per cent to 52 per cent and monthly confessions were down from 38 per cent to only 17 per cent.⁸³ Relaxation of the rules, coupled with widespread questioning of some of the tenets of the faith, undermined much of the angst behind scrupulosity. The Mass was put into the venacular; the laity was encouraged to participate much more actively in worship. Lenten fasting and abstinence were no longer required, and pious practices like meatless Friday silently faded away. Even the practice of auricular confession ceased. Pope Paul IV's letter condemning birth control, *Humanae Vitae* (1968) may have simply restated the position set forth in *Casti Connubi* (1930), but led many Catholic theologians as well as lay-Catholics to become disillusioned with doctrine. Expectations of change in the Church's position against birth control were shattered, along with certitude in the rightness of the hierarchy. Catholics disgruntled with the institutional fidelity of their Church were not susceptible to the extremes of religious fear. There was a shift from what one commentator called involuntary "collective-expressive" forms of worship to voluntary "individual-expressive" forms, with personal and existential categories replacing those of essentialist authority.⁸⁴ Instead of the priest being the arbiter of morality, a host of other authorities (of which the psychiatric was only one) intervened into debates concerning intimate questions of right-and-wrong. Even the emergence of Catholic pressure-groups served to undermine central religious authority. In this article, we have seen the establishment of the Association of Christian Psy-

chologists, The Guild of Pastoral Psycho-Therapy, and the Guild of Pastoral Psychology, but these organizations were merely indicative of a much broader trend of lay-organizations of Catholics that included groups as distinctive as the Catholic Trades Unionists, Young Christian Workers' Movement, and the Catholic Child Welfare Council. Changing religious practices relegated scruples to an ever-shrinking corner of Christ's congregation.

Conclusion

The painful symptoms of scruples and OCD were the site where the great clash between different forms of Truth were played out—divine and revelatory truths faced up to scientific and rationalist ones in a bruising battle of wits. The institutions immersed in this war were some of the most powerful: the Church and medical profession.

Physicians and psychiatrists were merely following the lead of theologians when they pathologised religious experience. Indeed, all agreed on the danger of scruples—perhaps even more so for the pious. After all, exaggerated ritualism parodied religious rites. It ridiculed the very foundations of the Church. The Church proclaimed freedom from sin and deliverance from the law only through its insistence on constraint and obedience. The scrupulous individual was, therefore, much like the masochist who obeys the law ever more strictly in order to both suffer and subvert. In the words of Gilles Deleuz, the masochist's exaggerated submission contains an "element of contempt": his "apparent obedience conceals a criticism and a provocation." Deleuze continued, stating that

We all know ways of twisting the law by excess of zeal. By scrupulously applying the law we are able to demonstrate its absurdity and provoke the very disorder that it is intended to prevent or to conjure.

Similarly, theologians were wary lest the scrupulous individual's strict application of religious law, rather than bolstering piety actually ends up being a "demonstration of the law's absurdity."⁸⁵ In other words, scrupulous Christians posed an even greater threat than disbelief because they parodied religious law and ritual.

Neither theologians nor psychiatrists, though, were able to clearly distinguish between neurotic spirituality and heightened piety. The border between madness and truth was written in the ever-shifting sand of doctrine. Whether penitent or patient, scrupulous people were condemned to an endless performance of penance, in which the very mechanisms and rites that seemed to promise relief became the recurring ordeal. Ecstasy was anguish. Nevertheless, with the advent of psychiatry, the scrupulous were more liable to be pitied for their delusions than derided for the inadequacy of their faith. Whether penitent or patient, authority needed to be imposed. Crucially, there was no clean shift from the Age of Religiosity to the Age of Neurosis: rather, there was an interaction between the two professions with spiritual advisers willing to relinquish their grip on the soul while psychiatrists paid their respects to the power of faith. Casuistry had guided the scrupulous into their hell, and casuistry was assigned the task of escorting them out again.⁸⁶

A Post Script:

By the late twentieth century, "Scruples" had been transformed into a popular card game.⁸⁷ Players replaced penitents and priests, patients and psychiatrists. In this game, players had to respond to moral dilemmas including questions such as "You accidentally damage a car in a parking lot. Do you leave a note with your name and phone number?" Players were instructed to answer "yes", "no", or "depends" while other players were required to guess how their comrades would respond. The winner was the person who correctly predicted how other players would answer. Unlike the earlier, more painful theatre of scruples, this was not a game promoting the moral absolutes of religious or secular dogma. The rules reminded players that, while the game of Scruples "posed" moral dilemmas, there were "no right answers. You don't have to tell the truth." This playful, postmodern form of "Scruples" referred back to the religious tradition of moral dilemmas and rules, while simultaneously alleviating anxiety about the nature of Truth. It was a moral game without moral answers.

School of History, Classics, and Archaeology
Birkbeck College, University of London
Malet Street
London WC1E 7HX
United Kingdom

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70. William T. Kyle, *The History of The Guild of Pastoral Psychology 1936–1970* (London, 1970), 5–21.
71. John J. Hayes, "Chaplain's Letter," *Bulletin of the Guild of Catholic Psychiatrists*, 3 (December 1955): 2.
72. For instance, see McCall, 8 and Joseph Deuel Sullivan, "The Problem of Scrupulosity," *Bulletin of the Guild of Catholic Psychiatrists*, v.2 (December 1957): 21.
73. Kelly, 51.
74. Martindale, 16.
75. De Saint-Laurent, 11–2, 23–6, 28–5, 38–9, 41–5.
76. Vincent P. Mahoney, "Scrupulosity from the Psychoanalytic Perspective," *Bulletin of the Guild of Catholic Psychiatrists*, v.2 (December 1957): 14–6. Also see Weisner and Riffel, 316–17. Also see Latko, 617.
77. Barbaste, 181–84. The Methodist William Lovell Northridge, *Disorders of the Emotional and Spiritual Life* (New York, 1961), 13–4 also recommended ECT and lobotomy for the scrupulous.
78. Dr George Mora, "The Psychotherapeutic Treatment of Scrupulous Patients. On Some Aspects of the Transference Situation," in *Cross Currents. A Quarterly Review to Explore the Implications of Christianity for Our Times*, vii.1 (winter 1957): 30–7.
79. E. Boyd Barrett, *Absolution* (London, 1932), ix.
80. For sympathetic discussions, see Dr Judith Rapoport, *The Boy Who Couldn't Stop Washing. The Experience and Treatment of Obsessive-Compulsive Disorder* (London, 1990), 150–51 and Greenberg and Witztum, 157–72.
81. Ciarrocchi, 158.
82. Someone who doubts this is Van Ornum, 6. Timothy Kelly and Joseph Kelly, "American Catholics and the Discourse of Fear," in Jan Lewis and Peter N. Stearns (eds.), *An Emotional History of the United States* (New York, 1998), 259–77 argued that American Catholic Church retained its emphasis on fear longer than did the rest of American society but that the theological shifts in the move towards the Second Vatican Council were crucial in encouraging the substitution of a loving deity for a terrifying one.
83. Patrick W. Carey, *The Roman Catholics* (Westport, CT, 1993), 120. Also see Michael P. Hornsby-Smith, *Roman Catholic Beliefs in England. Customary Catholicism and Transformations of Religious Authority* (Cambridge, 1991), 229.
84. Phillip E. Hammond, "Religion and the Persistence of Identity," *Journal for the Scientific Study of Religion*, 27.1 (March 1988): 1–11 and Michael P. Hornsby-Smith, *Roman Catholic Beliefs in England. Customary Catholicism and Transformations of Religious Authority* (Cambridge, 1991), 228.

85. Gilles Deleuze, *Sacher-Masoch. An Interpretation*, translated by Jean McNeil (London, 1971), 73 and 76–7.

86. Lindsay Dewar, *Moral Theology in the Modern World* (London, 1964), 10 and 63.

87. According to its website (2005), Scruples has sold more than seven million copies: <http://www.scruplesgame.com/index.html>