

## Is It Possible to Be Too Good?

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**Christiane Wisehart:** I'm Christiane Wisehart. And this is Examining Ethics, brought to you by the Janet Prindle Institute for Ethics at DePauw University. We're talking about mental illness on the show today. While we are speaking with experts, this episode is not intended to give advice on mental health. We've provided some resources in our shownotes that might help if you're struggling with a mental health issue.

**[music: Blue Dot Sessions, Partly Sage]**

**Christiane:** Is it possible to be too good? Is it possible that morality could cause clinical levels of emotional and mental distress? On today's show, I'm talking to two philosophers who explore something called Scrupulosity. People with Scrupulosity are obsessive about morality, checking and re-checking to make sure they haven't done something wrong. Our guests, Walter Sinnott-Armstrong and Jesse Summers, explore the philosophical implications of these obsessions with moral behavior.

**Walter Sinnott-Armstrong:** What this issue shows about morality is that morality has certain features that create problems. One problem is its absoluteness. You have to do it. It doesn't matter how inconvenient it is for you, it doesn't matter whether it interferes with the rest of your life and your self interest, morality demands that you do it.

**Christiane:** We'll also talk to a clinical psychologist, Dr. Laura Crosskey, who treats patients with Scrupulosity. Stay tuned for all of that on today's episode of Examining Ethics.

**[end music]**

**Christiane:** The mental illness called obsessive compulsive disorder, or OCD, is fairly well-known. People with the condition have obsessions or intrusive thoughts, and a certain set of accompanying compulsions, or behaviors that temporarily relieve the pain of the obsession. So for some people with OCD, a trip to a public restroom might prompt intrusive thoughts about cleanliness, which might turn into compulsive hand-washing. Obsessive compulsive disorder has many forms, though. Some people relieve their obsessions by repeatedly checking things like oven knobs or locks on their door. In talking to our guests for today, I learned that there's a lesser-known type of OCD called Scrupulosity.

**Christiane in interview, off mic:** What's the kind of textbook definition of scrupulosity?

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**Jesse Summers:** Obsessive-compulsive disorder with obsessions and/or compulsions that focus on religious or moral issues. My name is Jesse Summers and I'm an academic dean in Trinity College at Duke University.

**Christiane:** Jesse's interest in Scrupulosity began when he decided to explore the role of anxiety in making moral judgments. He co-wrote a book on Scrupulosity with the philosopher Walter Sinnott-Armstrong.

**Walter Sinnott-Armstrong:** I'm Walter Sinnott-Armstrong, Chauncey-Stillman professor of practical ethics in the Kenan Institute for Ethics and the philosophy department at Duke University. And I work on Scrupulosity cos I just find it fascinating.

**Christiane:** Walter and Jesse's book is called *Clean Hands: Philosophical Lessons from Scrupulosity*. It explores not only what Scrupulosity is, but what the disorder might say about the nature of morality itself. But before we get to the deep stuff, let's talk about what Scrupulosity actually looks like in everyday life. Walter described the case of a man known as "Big John," who obsessively greets every person he sees every morning.

**Walter:** He thinks that he needs to be polite, and so everyone he runs into on the way to work, he needs to stop and say "good morning, hello," and maybe even shake their hand and talk for a minute. Well this is fine if you are in a business with five employees, but he works in a big building. He can take an awfully long time to get from his car to his office and can show up late for work because he has spent so much time greeting so many people. On the one hand, it's a very natural impulse. We all ought to be polite. We ought to greet each other more than we do probably, but he takes it to extremes that start interfering with his ability to meet his appointments at the beginning of a workday. And so that's a good example as someone who takes a normal moral rule, takes it to extremes at the point where it produces more and more anxiety for him and starts interfering with his everyday life.

**Christiane:** Walter explained that Scrupulosity can take many forms.

**Walter:** There's one case where the person has to check the receipts whenever he leaves a restaurant, and I mean check them 10 times every night for the next month because he wants to make sure that he didn't take something home without paying for it. There's another case where someone can't go to an art museum because she's scared that if she looks at the portrait of someone, that that's going to be praying to a graven idol, and that's against her religion. There's another person who stays at home, cannot go out into the crowd because he is scared that he is going to say something racist or offensive once he goes out there, and then he's going to corrupt other people. So, there are many different forms of Scrupulosity that focus on different aspects of morality, and no single case is going to give you the whole picture.

**Christiane:** When I first heard about Scrupulosity, and especially when I read about the cases Walter describes I thought, what's the line between a really nice person and someone with a mental illness?

**Christiane in interview, off mic:** Some of the cases that you described, like, Big John is the one that was the most compelling to me and the one that was most confusing to me 'cause I was like, "Well he just sounds like a nice guy."

[laughter]

**Jesse:** He is a nice guy.

**Walter:** He is a super nice guy.

**Jesse:** In all of the cases, that's not quite true, but almost all of the cases of scrupulosity, they sound like genuinely nice people who would risk being annoying by being so nice but not, not otherwise bad people.

**Walter:** One of the interesting lessons of scrupulosity is that being too nice can be annoying. If you're trying to get to work and you're late, and Big John insists on coming over, shaking your hands, and talking for a few minutes in order to be polite, then that's maybe a little annoying the first day. Then the second day and the third day and the fourth day and the fifth day and so on, by the 10th day, you feel like going, like "John, leave me alone! I got to get on with my life. You've got a problem, but quit annoying me in order to solve your own anxiety problems."

**Christiane:** However the problem, according to Jesse and Walter, is not that John's being annoying by being "too nice." The problem is that John is compulsively acting nice in order to relieve his own anxiety. Jesse and Walter explained that that anxiety is key to distinguishing Scrupulosity from just trying really hard to be good. It's also what, according to them, makes Scrupulosity a mental illness.

**Walter:** I think Scrupulosity is a mental illness. And the simple reason is that it fits the definition of a mental illness. It is a clinically significant disorder, because it interferes with the person's life. It reflects a dysfunction in their emotions, in their mental processes, and I think also in their brain function. Although we don't know much about the brain function that underlies it. And it causes harm to them and to the people around them, as well, in some cases. What they suffer as a result of their illness is not due to other peoples' judgments of them. It's due to their own anxiety, their own inability, and so on. So it's coming from internal to them, not from society. It causes harm to them. It reflects a dysfunction and a disruption of their normal psychological and neural processes, and that's what makes it a mental illness.

**Christiane:** I also spoke with Laura Crosskey, a clinical psychologist, and she actually diverges in her definition of Scrupulosity, and whether or not it's a mental illness. She explained that it does not appear in the latest edition of the Diagnostic and Statistical Manual (also known as the DSM 5), which is a handbook that health care providers use to diagnose mental illnesses.

**Laura Crosskey:** It's not in the DSM 5. It's not a mental illness by that diagnostic sort of standpoint. But it is something that causes people a great deal of distress and dysfunction, and it is part of some mental illnesses. So it can be part of obsessive compulsive disorder, OCD, and I've also seen it be part of schizophrenia.

**Christiane:** And for this show, we're just going to focus on the type of Scrupulosity that is a part of obsessive compulsive disorder. As with any form of OCD, people with Scrupulosity have obsessions, or intrusive thoughts, and then act on those thoughts in a way that helps relieve the anxiety caused by the obsession. And though Dr. Crosskey does not classify Scrupulosity as its own disorder, she does think it's importantly different from other forms of OCD.

**Christiane in interview, off mic:** And so is it, how is it different from, like, wanting to make sure you washed your hands right?

**Dr. Crosskey:** In some ways, that's a really good comparison, in some ways it's not. It's the idea that in neither case can you be certain. Can't be sure that your hands are clean or that you've washed them enough or that you've used enough soap, or the right kind of soap, or maybe the water was contaminated, or did you touch something since you washed them? But also, you know, can you be sure that, you haven't hurt someone's feelings? Or that your demeanor hasn't caused someone harm? Or that you have given your full efforts to your boss or your employer? Or that you have really truly lived to be holy that day? You can't be sure of that either.

**Christiane:** Dr. Crosskey explained that one of the things that sets Scrupulosity apart is that it's often tied to religion.

**Dr. Crosskey:** I like to think about religion as very very fertile soil, as sort of like a compost-laden soil, where Scrupulosity can grow, because there are aspirational statements or commands even, in different religions that make a person think maybe I really ought to be able to be holy, to be scrupulous, to be constantly praying, to be really able to love God or really able to love neighbor, to be pure of thought, there's a different emotional tie-in to the desire and the felt need and the felt importance. Because maybe if I'm don't wash my hands, perfectly, and I'm not certain, and I contract something I could die, and that is a fear of people who I've worked with that they could die from not washing their hands well. But the fear with Scrupulosity might be that you're causing someone else harm, or that you're causing your soul infinite harm that you could go to hell, um, and that's a different, I guess level of stake.

**Christiane:** And the stakes are huge with Scrupulosity, whether the person with Scrupulosity is religious or not. Morality itself is a breeding ground for Scrupulosity. And that's exactly what makes the issue so interesting to Walter and Jesse. For them, Scrupulosity raises all sorts of interesting questions that have big implications for philosophy and ethics.

**Walter:** And what this issue shows about morality is that morality has certain features that create problems. One problem is its absoluteness. You have to do it. It doesn't matter how inconvenient it is for you, it doesn't matter whether it interferes with the rest of your life and your self interest, morality demands that you do it. That's one feature. The other feature is the unlimited nature of some of these demands. You can always think of, "Oh, if I'd only given a little

bit more money, or a little bit more time to help the needy." Those can drive you crazy if they are viewed as absolute and as unlimited. It's that feature of morality that makes it so susceptible to scrupulosity.

**Christiane:** Scrupulosity can also teach us about beliefs and the nature of genuine beliefs. In their work on Scrupulosity, Jesse and Walter explore questions like "Can an intrusive thought be counted as a genuine belief? Can a belief be counted as 'genuine' even if it's motivated by anxiety?"

**Christiane in interview, off mic:** What's the phil...what's the like... what's the philosophy definition of a genuine belief?

**Walter:** You should never ask what the philosophical definition of anything is, because philosophers are known for disagreeing. And especially for conceptual innovation and for redefining normal concepts in ways they think would be theoretically illuminating and interesting. In a way, that's the whole point of philosophy. So there is no philosophical definition of belief. But there are a lot of things that are associated with belief. So one thing that's associated with belief is assertion. When you ask someone in the right circumstances, what do you believe? They'll normally tell you what they believe. And so when a person with Scrupulosity says, well I believe that I need to greet everybody, then you take them at their word. And they believe that they need to greet everybody, in the sense that it would be morally wrong not to greet everybody, if that's what they tell you. But does it really hit their deep inner core? Or is it part of their disease instead? Sometimes, the belief is superficial. They're just saying that because they're finding that it's a way to relieve their anxiety. Do they really believe it? Well, maybe not at the deepest level. Whether they really believe the extreme moral claims that they make is something that I wish I understood better. But it's one of the big unanswered questions, in my opinion.

**Jesse:** One of the difficulties in figuring out what counts as a genuine belief is usually what a person says and the evidence they have and their actions all kind of go together. If a drug addict says, "I really don't want to use this drug anymore. I value my family and career." I can believe that they are sincere when they say, "I don't wanna do this anymore." I also see that their action indicates that they do want to do this. So you could ask the question, well do they really believe they shouldn't do this anymore? Do they really believe this is a bad thing to do? But I don't know that there is a simple answer to that question, because belief can just mean a couple of different things. And when they come apart, I don't think we have one clear answer for whether they have a belief there.

**Christiane in interview, off mic:** Well yeah, let's talk about Big John again. It seems to me that he has a belief that it's important to be polite, important to greet people.

**Jesse:** To love your neighbor as yourself.

**Christiane:** Yeah, so his belief is that it's important to love your neighbor as yourself. But the way you've described him, that also seems like an anxious obsession. Like an obsession he has that he's fixated on that causes him great anxiety and suffering, inducing all kinds of compulsions that interfere with his daily life. Can anxious obsessions be counted as genuine beliefs?

**Walter:** Yeah.

**Jesse:** Yes. So even if we think they're not at the beginning, they certainly could be over time. So, if I'm Big John, and I go to work, and I'm feeling really anxious, and I'm a religious person, and I think you should love your neighbor as yourself. I might then think, I'm feeling this anxiety because I'm not demonstrating that I love my neighbors as myself, because I'm not saying hi to everyone. So I'm trying to understand my own anxiety. And I understand it that way. I think, this is why I'm feeling anxious right now. So what am I going to do? I'm going to say hi to everyone. That's going to show how I love my neighbor as myself. I then go say hi to everyone, and I feel better. I then think, looks like that was it. That's why I was anxious. I wasn't demonstrating that I loved my neighbor as myself, and then I demonstrated it. And now everything is fine. Over time, you can imagine a pattern like that making it so that he genuinely believes that he ought to say hi to everyone, he would be immoral if he doesn't. And he's got some evidence for it, right? His anxiety about being a bad person goes away. So these things, over time, could turn into a belief, even if they don't start out as a genuine belief.

**Christiane in interview, off mic:** Yeah so with the genuine beliefs thing, that one's the stickiest, trickiest one for me to understand because um... So... Okay, so I was recently diagnosed with OCD, and I have what I would call a genuine belief that if you've recently been sick, and I shake hands with you, I am going to get sick unless I do my little rituals, and like think about it in just the right way. But I think my therapist would say, well that's wrong. But I do genuinely ... I believe it with all of my heart, even if there's another part of my brain that's like, you're being really irrational right now.

**Walter:** So if you don't mind my asking ...Do you believe that if you shake hands with someone who is sick within the last week, that you will get sick? Or that there's a risk that you'll get sick, an endangering?

**Christiane in interview, off mic:** There's a possibility.

**Walter:** Because that is true. That is not a false belief.

**Jesse:** There's one thing that's interesting in trying to figure out these beliefs in the case of the Scrupulous, is that people with Scrupulosity, is that beliefs about the risks that you're running, or the probability that you're doing something wrong those might be not only genuine beliefs, but correct. It's the reaction to them, that's where the disorder comes in. Or one place the disorder comes in. So if you think there is a chance that my house right now will be broken into, you're right. There is a chance. Whatever security you have on your house, there is a chance that it will be broken into. If you are unwilling to leave your house as a result of that, there's something disordered that's happened there. But what's disordered is not that you have the wrong belief. Your belief is correct. There is a possibility. So just thinking about the possibilities, while narrowly understood, those seem like fine, could be genuine, unproblematic beliefs. It's all of the other things, that's where the disorder is going to show up.

**Christiane:** So I want to sum up and repeat what Jesse just said there, because it's key to understanding why Scrupulosity is just so interesting on a philosophical level. An intrusive

thought or an obsession can stem from an accurate belief. The problem comes in with the *reaction* to that belief. As I realized through talking to Walter and Jesse, my belief that I might get sick through handshaking is not incorrect, and in some ways it's even justified. It's my reaction to that belief that is disordered, and disruptive to my daily life. This distinction is important when we're thinking about Scrupulosity, because it brings up the question of motivation and intentions. Can an action still be counted as "good" if a person was motivated by anxiety?

**Jesse:** So it's hard to generalize to exactly how the motivation is different. But the role of anxiety seems to be central in explaining the scrupulous moral judgment, in a way that it's not in explaining ordinary moral judgment. So, someone says, "Jesse, you're not that friendly. You really need to be friendlier to people." And I decide, "You know what? That's true, it's not just for the sake of getting ahead, but I really ... It'll make me a better person, I need to say hi to people." I'm motivated by some reflections on what is a good life, and what do we owe to each other, and these moral thoughts and judgments, without being worried about it. I'm motivated by my non-anxious judgments. And that's gonna be different from the paradigm cases of Scrupulosity or scrupulous moral judgments.

**Christiane:** And generally speaking, moral judgments are internal decisions that we make about what is right and wrong.

**Christiane in interview, off mic:** I think a lot of people, myself included, might get hung up on the word "judgment." Is it safe to say that these could also be classified as moral decisions?

**Walter:** So, I wanna distinguish judgment from decision. They are distinct. They're both interesting, they're both important, and we oughta talk about both. In the case of scrupulosity, as well as in everyday cases. When I judge that should do something, I usually do it, but I'll admit it, I don't always do what I think I should do. And when I judge that I'm permitted to do something, I certainly don't always do it. But my judgment is that it's not wrong. That doesn't mean I'm going to do it. That doesn't mean I'm not gonna do it. And so the judgment is something that I think about in advance, before the decision.

**Christiane:** By looking at how people with Scrupulosity make moral judgments compared to how people without Scrupulosity make moral judgments, Walter and Jesse noticed some distinguishing characteristics.

**Jesse:** We've been talking about the narrow form of moral judgment that a person with Scrupulosity makes. And in that narrow way, it's gonna be really hard to distinguish the scrupulous person from the non-scrupulous person. So the narrow way being, I ought to love my neighbor as myself. Big John is gonna look a lot like millions of Christians who believe exactly that same thing. But, if we look at a couple of different things, we're gonna see differences between Big John's moral judgment and those other millions of people, I think. So we're gonna see a difference in focus, what John is focused on, and how he's focused on it, and what he excludes. We're going to see that he is inflexible in a way that is not going to be as typical for a normal judgment about how to love your neighbor as yourself. We're also going to see a level of anxiety that is not going to be typical, and is certainly not going to be

characteristic of what motivates most moral judgments. Most people, I'm going to assume, who think "I should love my neighbor as myself," and who also even think, "That means I should say hi to everyone in the morning." They're not going to have a hard time sitting down to work if they didn't catch everyone. And it's that role of anxiety that explains the difference, and it also explains why they have that focus, and which things they're focusing on, and why they're inflexible. So even though the narrow judgment is the same, it's the role of anxiety in the background, that's motivating this, that makes it look ... That makes the scrupulous case look different from the non-scrupulous case.

**Walter:** They take these unlimited demands to an extreme degree. A person with Scrupulosity who needs to check the receipts after buying a bag of groceries, or a bag of goods, is doing something reasonable the first time. But the case that I'm talking about, does it ten times a night for the next month. That's going way too far, way beyond. So in addition to being based on anxiety and fixating on particular features, it's going to extreme in the moral judgments that they make.

**Christiane:** Jesse explained that another way people with Scrupulosity differ in their moral judgments has to do with something called moral thought-action fusion. That's when a person believes that thinking about an action has the same moral weight as carrying out that action.

**Jesse:** If I think about a bad thing happening to you, I will treat myself as if I have actually done the bad thing to you. So if I just think about bumping into you, I will be as upset with myself as I would be if I had actually bumped into you. It's different from the magical thinking of likelihood thought-action fusion where if I think about your stumbling as you walk out of the room, I make it more likely that you would stumble when you walk out of the room.

**Walter:** So one good example that can illustrate the difference between the different kinds of thought-action fusion is a case where someone could not go to church because every time they saw a crucifixion of Jesus up on the cross with only a loin cloth, they thought of having sex with Jesus. Now they did not imagine that having that thought was going to increase the likelihood that they would actually have sex with Jesus. But they still found it just horrible that they would even consider such a possibility, and that made them unable to go to church, because it increased their anxiety so much. And for them, not being able to go to church was horrible. So that's not thought-action fusion. Merely having the thought was horrible in itself for that person, but contrast that with a very similar case where a parent, when he is cleaning his young daughter, giving her a bath, thinks, "I might touch her in ways that would count as molestation." Now it's not just that you're having this thought, it's that you worry that it might actually increase the likelihood that you would do it, because the child really is actually there. And so in some cases, it's purely the thought. In some cases, it's the danger that the thought introduces that makes you think it's immoral. There's also a big difference between merely having the thought and having the desire. Because in many of these cases, the person has that thought of themselves doing something, and they're immediately repulsed by it. They have no positive attraction whatsoever, and yet merely having the thought is bad enough for them. Either because they think it's gonna increase the likelihood of them doing it, or because they think you shouldn't even be having that thought, even if there's no chance in the world you'll ever do it. These things will drive these patients crazy with anxiety and despair and doubt, because of their tendency towards thought-action fusion.



**Jesse:** This is the sort of thing that comes up a lot in Scrupulosity. When you step back, and you see the bigger picture of the person who is unable to do anything. Then you notice what is disordered about Scrupulosity. So it's not the narrow moral judgment, it's that moral judgment in a larger context and how it's showing up in their life and what's motivating it. And that sort of thing.

**Christiane:** When I first read about Scrupulosity, it almost seemed unfair to call Scrupulosity a disorder. Is it really a big deal whether someone is motivated by anxiety to do good rather than some other motivation? So take the case of someone with Scrupulosity who is motivated by their anxiety to donate \$100 to Meals on Wheels every day. I asked Jesse what was so problematic about that--after all, that daily \$100 still feeds someone, whatever the motivation is.

**Jesse:** The question isn't whether the outcome is going to be the best outcome. The question here is, is there something disordered in the moral judgment. If you just want your life to be, create the best possible outcomes for everyone else, and I don't care how it comes about, then maybe scrupulosity would get you there, but it would be kind of a coincidence, because, as we said, you end up being fixated on just certain features not on other features, you're inflexible, you're not responding to evidence, and so on. There are a lot of ways in which having Scrupulosity is going to interfere with your doing the morally right thing, but it's not necessarily the case that it will, and it could lead you to do all of the right moral actions. So, it's certainly not a disorder of ... that can be characterized as, "The person did the morally wrong thing." That's not it. They might be doing the morally right thing. They might even be doing morally better things than non-scrupulous people in many cases. The disorder is these other things. The motivation leading them to fixate on the wrong things, or fixate on inessential features, being inflexible, and so on. That's the disordered part.

**Walter:** Let me build off your example, which I think is a very interesting one. Suppose I do give \$100 a day to charity. What's wrong with that? Well, nothing, under some circumstances. If I'm wealthy enough to afford it, and I feel good about doing it, then they benefit, I benefit, what's the problem? But now let's think about what a scrupulous person would do. They give \$100 a day, they still feel bad. They still feel like they're immoral, they're not up to snuff, cause after all, why didn't they give \$200? Why didn't they give \$500, or \$1000? They're always gonna feel bad and anxious about not doing enough, even when they're doing more than 99% of the other people in the world, and I think that anxiety that they feel when they're being such a good person, is a problem. Now, let's think about their family. Wait a minute, they've got kids, and they're giving away all this money. Now their family doesn't have any place to live. But, "Wait a minute. We need to help other people. We can live fine in a car." Whoa. Now, you're hurting your family by giving away too much, and suppose that you feeling bad about yourself, living in a car, now you lose your job. Now, you don't have the \$100 to give anymore. If, in the long run, you're not gonna be helping the people that you wanted to help, and you're gonna be hurting other people, your family, and you're gonna feel anxious about it, then you've got a problem. So, it's not that giving \$100 a day to charity is bad. It's that giving \$100 to charity in a rigid, inflexible, anxiety-motivated way, that's when it creates a problem.

**Christiane:** Scrupulosity is big enough that I want to break up the discussion into two parts. We've been talking about Scrupulosity itself, and the big questions it poses for philosophy and ethics. In the next episode about Scrupulosity, we'll explore the issues that treating the disorder

brings up. We're going to end today's show with a little teaser about this issue of treating someone for being "too good." I'm talking here with Laura Crosskey, the clinical psychologist we met earlier in the show. And just as a reminder, she actually treats people with Scrupulosity. I talked with her about the differences between my own experience of OCD and Scrupulosity.

**Christiane in interview, off-mic:** So, so like in my own journey of treatment, you know, it's important for me to learn to accept that I am not clean-

**Dr. Crosskey:** Right.

**Christiane in interview, off-mic:** I cannot control-

**Dr. Crosskey:** Yes.

**Christiane in interview, off-mic:** ...really my cleanliness. Um, it's another thing entirely to say "I am, I'm less moral. I'm gonna go to therapy today and be less moral."

**Dr. Crosskey:** I'm gonna go sin! (laughs)

**Christiane in interview, off-mic:** Yeah, do patients ever, do they struggle with that?

**Dr. Crosskey:** Absolutely.

**Christiane in interview, off-mic:** Okay.

**Dr. Crosskey:** Absolutely. It's, it can feel just unthinkable. I mean it can just feel like white noise in their head, I've heard someone say it feels like static to even consider that. Um. There's such a wall, there's such a block. But if this is actually hindering your ability to be productive at work, if the person who's afraid of checking their email at work also can't work full time because their anxiety's that crippling, which has been the case in the work that I've done with people, then we're actually losing their productivity and their intellect, and their commitment, and their desire. And in a different way they're robbing the world of their strengths and their assets, um, because they're so afraid that they can't hold a full time job because they go home just totally distraught, or are under the desk praying, you know, um that they might be forgiven, and crying under their desk at work. And so it, it's something, um, one, one approach to therapy calls creative hopelessness. One of my favorite phrases. It's this idea that as long as you have hope that what you're doing is gonna work for you, you're gonna keep doing that thing. But we actually need to let hopelessness turn to this, that that is never gonna work for you.

### **[Blue Dot Sessions, Cloud Line]**

That this level of attentiveness to not robbing your employer is never gonna actually help you not rob your employer. We have to become actually very hopeless about the thing you're doing

so we can lay it aside, so how do we become hopeless about the thing that isn't working so we can become creatively hopeless and find something different that might.

**Christiane:** If you or someone you love is struggling with mental illness and would like to get help, you can call 1-800-273-TALK. That's 1-800-273-8255 to reach a 24-hour crisis center, or text MHA to 741741 at the Crisis Text Line. Mental Health America is an excellent place to start when you're looking for resources to help you with a mental illness.

If you want to know more about *Scrupulosity* or our guests' other work, check out our show notes page at [examiningethics.org](http://examiningethics.org).

And don't forget!!, the Prindle Institute for Ethics has a new podcast coming out in 2020. It's called *Getting Ethics to Work*. If you're curious, stayed tuned after the credits for a trailer.

**Credits:** *Examining Ethics* is hosted by the Janet Prindle Institute for Ethics at DePauw University. Christiane Wisheart wrote and produced the show, with editorial assistance from Sandra Bertin. Our logo was created by Evie Brosius. Our music is by Blue Dot Sessions and can be found online at [sessions.blue](http://sessions.blue). *Examining Ethics* is made possible by the generous support of DePauw Alumni, friends of the Prindle Institute, and you the listeners. Thank you for your support.

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### **[Getting Ethics to Work trailer]**

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**Kate Berry:** We want to help you develop those skills.

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**Kate Berry:** And I'm Kate Berry, the show's producer.

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