

Is it *God* or is it *OCD*?

*A guide to understanding intrusive thoughts,
faith-themed compulsions, and the
intersection of Christian faith and OCD.*

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A Brief Introduction



Hi! I'm Laura Osorio, a Christian registered psychotherapist specializing in OCD. I believe faith and evidence-based mental health care can (and should) go hand in hand. I love to speak, write, and create educational content at the intersection of Christianity and sound brain science.

My hope is that this guide will help you better understand how OCD interacts with Christian faith. As a believer with lived experience with OCD, I recognize how isolating this disorder can feel. Please know that you are not alone, and that specialized support is available.

Important Disclaimer:

This guide is intended for educational and informational purposes only. It is not a substitute for individualized mental health assessment, diagnosis, treatment, or medical advice.

OCD is a complex condition, and educational resources necessarily simplify topics that may require individualized clinical consideration. Not every intrusive thought, religious concern, or repeated spiritual practice indicates OCD. If you're struggling with symptoms of OCD, a qualified mental health professional can help you understand your experiences and explore appropriate treatment options.

This guide does not establish a therapeutic relationship with its author.

When OCD Latches Onto Faith

What happens when the faith that means so much to you becomes a source of overwhelming anxiety?

Maybe you've found yourself praying the same prayer repeatedly because you're afraid you didn't mean it enough the first time. Perhaps you've spent hours analyzing a thought, wondering whether it was an intrusive thought or something God was trying to tell you. Maybe you've confessed the same sin countless times, desperately trying to feel certain that you've been forgiven. Or perhaps you've wondered whether your anxiety is actually the Holy Spirit convicting you of something.

If any of these experiences sound familiar, you're not alone. For Christians living with obsessive-compulsive disorder (OCD), faith can become intertwined with intrusive thoughts, anxiety/distress, and compulsive behaviours. The things that matter most to us are often the very things OCD targets.

When faith is important to you, OCD can make spiritual practices feel ridiculously complicated. It's important to know that experiencing religious OCD doesn't mean your faith is weak or insincere. It means you're experiencing symptoms of a mental health condition that can affect how you interpret and respond to your experiences.

This guide is designed to help you understand how OCD can interact with Christian faith, recognize common patterns of religious obsessions and compulsions, and learn about approaches that can help. The goal isn't to teach you how to achieve absolute certainty about every thought or spiritual experience, but to help you understand OCD so that fear and compulsions don't have to dictate how you engage with your faith.

Understanding Scrupulosity

Scrupulosity (faith-themed OCD) is a presentation of obsessive-compulsive disorder characterized by obsessions and compulsions related to religious or moral concerns. OCD involves two primary components:

Obsessions are unwanted, intrusive thoughts, images, urges, or doubts that cause distress.

Compulsions are repetitive behaviours or mental acts performed in response to obsessions, often to reduce distress, prevent a feared outcome, or achieve a sense of certainty.

Although compulsions may temporarily reduce anxiety, they reinforce the OCD cycle over time.

Examples of faith-themed obsessions:

- What if I've committed the unforgivable sin?
- What if that thought was actually blasphemous?
- What if I'm not really saved?
- What if God wants me to do something and I'm disobeying Him?
- What if my prayer wasn't sincere enough?
- What if I'm misunderstanding Scripture?
- What if I secretly have sinful intentions?
- Sexual or violent intrusive thoughts about clergy or religious figures.

Examples of faith-themed compulsions:

- Repeatedly confessing the same perceived sin.
- Praying until it feels sufficiently sincere.
- Seeking reassurance about salvation.
- Mentally reviewing thoughts to determine whether they were sinful.
- Rereading Scripture until a passage feels perfectly understood.
- Repeatedly asking pastors or loved ones theological questions to obtain certainty.
- Avoiding religious activities that trigger intrusive thoughts.

Not everyone with scrupulosity experiences these symptoms, and having a religious concern or engaging in a repeated spiritual practice does not automatically indicate OCD. The key distinction is often the *function* of the behaviour, not just what it looks like.

One person might read the same passage of Scripture several times because they enjoy studying it. Another person might reread it because they feel compelled to eliminate an intolerable sense of uncertainty. The outward behaviour may look similar, but the underlying processes can be very different.

Genuine questions and doubts respond well to logic. We can research questions or seek counsel, get an answer, and move on. OCD doesn't respond to this type of logic and is never truly satisfied. It doesn't leave room for uncertainty or unknowns, while faith *requires* room for the unseen.

Faith & Other OCD Subtypes

Scrupulosity is not the only subtype of OCD that Christians experience. Many people with scrupulosity find that it interacts with other themes, especially by introducing questions about sin and responsibility for intrusive thoughts. Other common subtypes of OCD include (but aren't limited to):

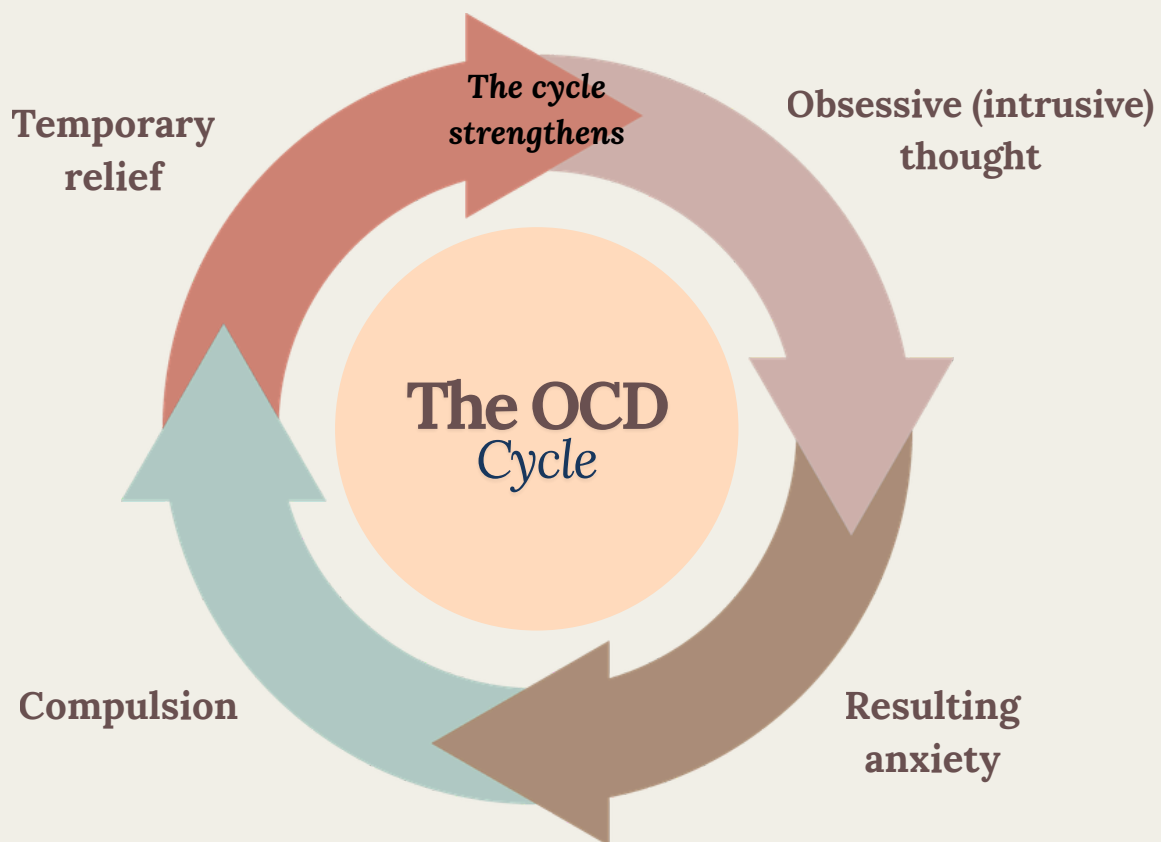
- Harm-themed OCD (H-OCD)
- Pedophilia-themed OCD (P-OCD)
- Magical thinking OCD
- Contamination OCD
- Sex-themed OCD
- Real event OCD
- False memory OCD
- Counting OCD
- Relationship OCD (R-OCD)
- Existential OCD
- "Just right" OCD
- Moral OCD
- Sensorimotor OCD
- Sexual Orientation OCD (SO-OCD)
- Suicidal OCD
- Gender OCD (G-OCD)

How OCD Disguises Itself as Spiritual Responsibility

One of the reasons religious OCD can be so difficult to recognize is that it often attaches itself to genuinely important spiritual values. If you care about honouring God, OCD may target your desire to be obedient. If you value repentance, OCD may create persistent doubts about whether you've confessed adequately. If you love Scripture, OCD may convince you that you must understand every passage perfectly before moving forward. In this way, OCD can make compulsive behaviours feel like spiritual responsibilities.

Consider this example:

A Christian experiences an unwanted sexual intrusive thought during prayer. The thought is deeply distressing because it conflicts with their beliefs and values. They begin wondering whether having the thought means they have sinned. To relieve the distress, they repeatedly confess the thought and restart their prayer. Eventually their anxiety decreases, but the next time an intrusive thought appears, *the urge to confess becomes even stronger*. This is an example of how the OCD cycle can develop:

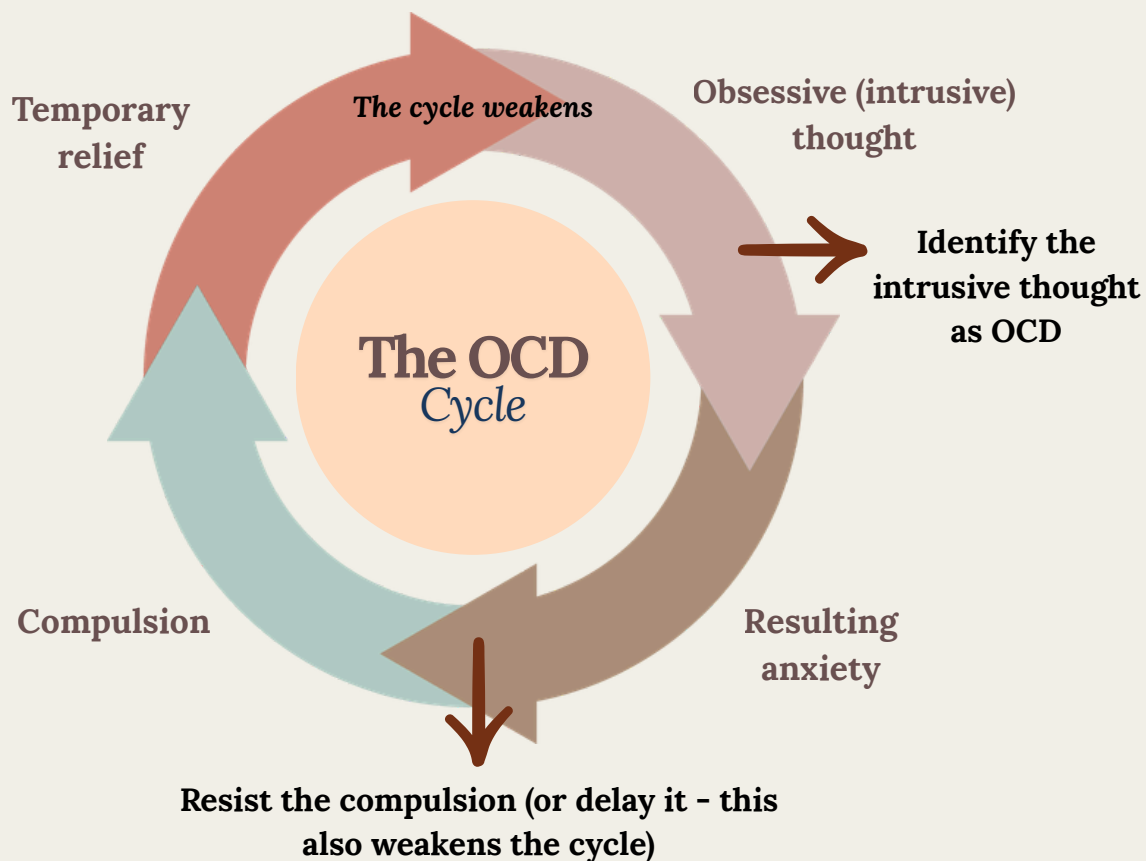


The person may believe they are responding faithfully to a spiritual concern, when the repetitive response may actually be maintaining their OCD symptoms. Confession, prayer, or repentance are beautiful practices on their own, but OCD can interfere with the way someone engages with them. It adds chains to what believers should be able to practice freely.

Interrupting the OCD Cycle

In order to interrupt the OCD cycle, the person in the example above might take the following steps (based on an exposure and response prevention (ERP) approach to treatment):

1. **Identify** the sexual intrusive thought as OCD.
2. **Identify** the compulsion: the urge to question the meaning of the thought, confess it, and restart the prayer.
3. **Resist** the compulsion. It's normal for anxiety and distress to rise, but it will decrease over time. Tolerating the anxiety (instead of resolving it) teaches the nervous system that *the thought wasn't a real threat*. When OCD asks questions or makes accusations, respond with non-engagement (i.e. don't argue or engage – phrases like “maybe, maybe not” can be helpful).



No matter what the content of the intrusive thought is, this is where OCD tends to ask Christians how they know it's not God speaking. An urge to reread a verse could be the Lord, after all. This is why it's important to **consider the function** of the behaviour, not just the behaviour itself. Is the drive behind rereading to experience more of God or dive deeper into something you're curious about, or to satisfy OCD's need for it to feel "just right?" Is it driven by a gentle nudge, or anxiety that won't go away until you give in (and just comes right back the next time)? We'll explore more about this.

Situation

Distress Level (1-100)

[illegible]

Developing a Theology of OCD

Christians living with OCD often struggle to discern between the voice of OCD and the voice of God. Because faith-themed OCD (or scrupulosity) interacts strongly with other OCD subtypes, this is often true across themes. Developing a theology of OCD allows us to be confident in our decision to engage in response prevention as a part of OCD treatment.

Here is an example of a theology of OCD:

I believe that OCD is a mental illness, and that it's one of the many illnesses introduced by the fall. I believe that everything has spiritual components, but I don't believe that mental illness is inherently more spiritual than physical illness. I believe that God is all-knowing, and is therefore fully aware of OCD's mechanics. He does not ask me to perform compulsions (even when they're related to Him). He knows that my intrusive thoughts are symptoms of OCD and not something I willfully choose. Therefore, they are not sins. I know from Scripture that He draws near to me and comforts me in my suffering.

Here are some questions to consider to develop your own theology of OCD (or to support a client or loved one in doing so). It can be helpful to consider both science and Scripture as we answer these questions:

1. What is mental illness?
2. Is mental illness physical, spiritual, or a combination?
3. What does God know about OCD?
4. Do compulsions ever come from God?
5. Are involuntary symptoms of illnesses sinful?
6. How does God look upon me when I'm suffering?

Is it God or OCD Speaking?

When OCD targets your faith, one of the most distressing questions can be: *How do I know whether this is God prompting me or OCD demanding something from me?* Although OCD can feel like a master of disguise, the voice of OCD and the voice of God differ greatly:

God's Character	OCD's Patterns
God is patient. He is slow to anger and abounding in steadfast love. (<i>Psalm 103:8; 2 Peter 3:9</i>)	OCD creates urgency. It makes you feel that you must confess, pray, or resolve uncertainty immediately.
God is compassionate. He understands our limitations and responds with mercy. (<i>Psalm 103:13–14; Lamentations 3:22–23</i>)	OCD is relentless. It demands repeated rituals, mental analysis, and reassurance, even when you're exhausted.
God is truthful. His character is faithful and His Word is truth. (<i>Numbers 23:19; John 17:17</i>)	OCD thrives on imagined possibilities. It presents endless "what if" scenarios that can feel more convincing than reality.
God is gracious. His grace is a gift, not something earned through flawless performance. (<i>Ephesians 2:8–9</i>)	OCD demands perfection. It convinces you that your prayers, confession, motives, or understanding must be absolutely perfect.
God is gentle. Jesus describes Himself as gentle and humble in heart. (<i>Matthew 11:28–30; Isaiah 42:3</i>)	OCD is harsh. It produces persistent self-criticism, fear, and the feeling that you're never doing enough.
God is wise. He invites us to seek wisdom and trust Him. (<i>James 1:5; Proverbs 3:5–6</i>)	OCD demands certainty. It insists that you eliminate every doubt before making decisions or moving forward.
God is loving. His character is defined by love. (<i>1 John 4:8–10</i>)	OCD targets what you love. It attaches itself to your deepest values, including your desire to honour God.
God is faithful. His faithfulness does not depend on our ability to achieve perfect certainty. (<i>Lamentations 3:22–23; 2 Timothy 2:13</i>)	OCD moves the goalposts. Even after you complete a ritual, it introduces another doubt and demands more reassurance.

The Fruits Test

One thing we know is that God doesn't change (Numbers 23:19; Malachi 3:6), and will therefore never contradict His Word. If we're wondering whether something is coming from God, we can test how it aligns with Scripture.

Galatians 5:22-23 lays out 9 fruits of the Spirit: **love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control.**

If the voice you're hearing is not producing these fruits, it's not God speaking. OCD may produce counterfeit versions of these fruits. It may promise peace, but the relief it provides is fleeting. Performing a compulsion never brings true peace the way that God does. OCD may disguise itself as God, but it will never be able to produce His good fruit.

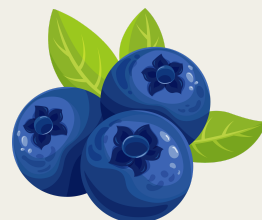
Ask yourself:

Does the thought or urge I'm experiencing lead to real peace, or a temporary relief?

Is the voice I'm hearing patient, or does it demand an immediate response?

Is the faithfulness produced by responding to this urge increasing my faithfulness to God, or to the OCD cycle?

Is the voice gentle, or relentlessly harsh?



OCD & Psalm 23

You may be familiar with Psalm 23:4:

Even when I go through the darkest valley, I fear no danger, for you are with me; your rod and your staff—they comfort me.

Notice here that David doesn't say that God promises to take us out of the valley (although He can, according to His will). He promises instead to be with us.

With OCD, we can picture the valley as the space between the obsession and compulsion: the deep distress and anxiety.

We have two choices in the valley: to take the compulsion's rescue, or to stay. The compulsion offers us temporary refuge, but it sets us atop a mountain overlooking yet another deeper, darker valley. This is how the OCD cycle works.

What if we take the Lord's hand in the valley instead? What if instead of exiting the valley, we let Him stay with us in the pain as we resist the compulsion? Resisting compulsions doesn't mean being left to our own devices. We are not abandoned in the valley. *Even when I go through the darkest valley, I fear no danger, for you are with me; your rod and your staff—they comfort me.*

Intrusive thought



What Does Scripture Tell Us?

When you're living with OCD, Scripture can sometimes become another source of fear and uncertainty. Passages about obedience, repentance, and holiness may become entangled with intrusive thoughts and compulsive behaviours. Scripture also reveals a God who is *compassionate toward human weakness, present in suffering, and gracious toward those who are struggling*.

The following passages offer important theological truths for Christians navigating OCD.

1. Illness is not the result of personal sin.

John 9:1–3

When Jesus and His disciples encountered a man who had been blind since birth, the disciples asked whether his blindness resulted from his own sin or his parents' sin. Jesus rejected both explanations. His response challenges the assumption that illness or disability must be the consequence of someone's personal wrongdoing.

For someone with OCD: Experiencing a mental health condition is not evidence that you've sinned, failed spiritually, or disappointed God. We should not automatically interpret suffering as divine punishment.

2. God does not always remove suffering, even when we faithfully ask Him to.

2 Corinthians 12:7–10

Paul describes a persistent affliction that he calls a "thorn in the flesh." He pleaded with the Lord three times for it to be removed, but God did not remove it. Instead, Paul received this response:

"My grace is sufficient for you, for my power is made perfect in weakness." (2 Corinthians 12:9, ESV)

The precise nature of Paul's thorn is debated, and Scripture does not identify it as a mental illness. Nevertheless, the passage demonstrates that persistent suffering is not evidence of inadequate faith.

For someone with OCD: You can faithfully pray for healing while also recognizing that ongoing symptoms do not indicate spiritual failure.

3. God is gentle with those who are struggling.

Isaiah 42:3; Matthew 12:18–21

Isaiah describes the Lord's servant with these words: "A bruised reed he will not break, and a faintly burning wick he will not quench." (Isaiah 42:3, ESV)

Matthew later applies this passage to Jesus. The imagery communicates tenderness toward what is fragile or vulnerable.

For someone with OCD: God's character is not accurately represented by the harshness of obsessive fears or the relentless demands of compulsions.

4. God understands our human limitations.

Psalms 103:13–14

The psalmist compares God's compassion to that of a father toward his children. He reminds us that God knows our frame and remembers that we are dust.

Human weakness and limitation are not surprises to God.

For someone with OCD: You do not need to pretend that your mind is unaffected by illness or that your emotional and psychological limitations don't exist.

5. Faithful people can experience profound emotional distress.

1 Kings 19:1–8

After a significant spiritual victory, Elijah became fearful, overwhelmed, and exhausted. He fled into the wilderness and expressed a desire to die. Rather than condemning him, God provided rest, food, and water. Of course, this passage can't be used to diagnose Elijah with a modern psychiatric condition. However, it clearly demonstrates that profound emotional distress is not incompatible with a life of faith.

For someone with OCD: Experiencing significant psychological distress does not automatically mean you are spiritually immature or lacking faith.

6. Jesus responds compassionately to human suffering.

Matthew 11:28–30

Jesus invites those who are weary and burdened to come to Him.

He describes Himself as gentle and humble in heart.

Within its broader context, this invitation concerns the rest found in following Jesus.

For someone with OCD: Jesus' character should not be confused with the exhausting demands of obsessive-compulsive rituals.

7. Suffering does not mean God has abandoned us.

Romans 8:35–39

Paul asks whether suffering, hardship, persecution, or danger can separate believers from the love of Christ. His answer emphasizes the security of God's love in the midst of suffering.

For someone with OCD: The presence of anxiety, intrusive thoughts, or psychological distress does not itself establish that God has withdrawn His love or presence.

8. God's grace is not earned through perfect performance.

Ephesians 2:8–10

Paul explains that salvation is by grace through faith, not a reward earned through human works. He then describes good works as the fruit of God's workmanship rather than the basis of salvation.

For someone with OCD: OCD may demand perfect prayers, flawless intentions, or endless confession. Scripture shows that Christians do not earn salvation through compulsive perfectionism.

9. God is near to those who are suffering.

Psalms 34:18

“The Lord is near to the brokenhearted and saves the crushed in spirit.” (ESV)

This psalm expresses God’s concern for those experiencing distress.

It does not promise that believers will never suffer, but it portrays God as attentive to those who do.

For someone with OCD: Emotional suffering does not indicate spiritual distance from God. He draws *near* to us in our suffering.

10. Jesus understands human weakness.

Hebrews 4:14–16

The author of Hebrews describes Jesus as a high priest who sympathizes with human weakness and has experienced temptation without sin. Believers are therefore invited to approach God’s throne of grace with confidence.

For someone with OCD: The Christian understanding of Jesus is not that He is indifferent to human vulnerability. He is described as compassionate and approachable.

11. God cares about the whole person.

Mark 6:30–32

After a demanding period of ministry, Jesus invited His disciples to withdraw to a quiet place and rest. The passage acknowledges their physical needs and exhaustion.

For someone with OCD: Rest, physical care, and attention to human limitations are not opposed to spiritual faithfulness.

12. God can work through human means to provide care.

1 Timothy 5:23

Paul advises Timothy to use a little wine for his stomach and frequent ailments. Although this reflects a particular historical medical practice and should not be treated as modern medical advice, it demonstrates that practical responses to physical illness were not considered incompatible with faith.

For someone with OCD: Seeking appropriate medical or psychological treatment does not mean you've stopped trusting God.

13. Even faithful believers may experience unanswered prayers for relief.

Psalms 13:1–6

David begins this psalm with repeated questions about how long his suffering will continue. He expresses sorrow, uncertainty, and a sense of distance from God before reaffirming his trust. The psalm demonstrates that lament and faith can coexist.

For someone with OCD: You can bring distress, frustration, and difficult questions before God without needing to manufacture a particular emotional state.

14. God does not despise weakness.

2 Corinthians 4:7–10

Paul describes believers as jars of clay carrying treasure, emphasizing the contrast between human fragility and God's power. He acknowledges being afflicted, perplexed, persecuted, and struck down. Human vulnerability is not presented as something that disqualifies believers from God's work.

For someone with OCD: Having limitations does not make your life or faith less meaningful.

15. We are called to support one another in suffering.

Galatians 6:2

“Bear one another’s burdens, and so fulfill the law of Christ.” (ESV)

Paul places mutual care within the practical expression of Christian love.

For someone with OCD: Seeking support from others is not a failure of spiritual independence. Christian community is intended to involve mutual care.

16. God welcomes honest expressions of distress.

Psalms 42:5–11

The psalmist describes a troubled inner life while continuing to direct his hope toward God. The passage demonstrates that faith does not always produce immediate emotional relief.

For someone with OCD: You don’t need to experience constant peace or happiness to engage meaningfully with your faith.

A Note About Scripture and Reassurance Seeking

Scripture is central to Christian faith, but OCD can sometimes turn even meaningful biblical passages into compulsive reassurance rituals.

For example, someone experiencing intrusive doubts about salvation might repeatedly read Romans 8:1 until they feel sufficiently certain that they are forgiven. Although the passage itself is not problematic, the repetitive behaviour may become part of an obsessive-compulsive cycle.

The purpose of these passages is not to provide a way to eliminate every intrusive doubt or uncomfortable feeling. Rather, they offer a foundation for developing a thoughtful understanding of God’s character, human suffering, and Christian faith. You can study Scripture meaningfully without requiring every passage to resolve your anxiety, and you can take your faith seriously while receiving evidence-based treatment for OCD.

Finding Freedom: How OCD Treatment Can Help

OCD is treatable, and effective treatment does not require you to abandon your faith.

Two approaches you may encounter are Exposure and Response Prevention (ERP) and Inference-Based Cognitive Behavioural Therapy (I-CBT).

Exposure and Response Prevention (ERP)

ERP is a well-established, evidence-based treatment for OCD. It's considered the gold standard in OCD treatment, and it's the method that the strategies in this guide are based on.

ERP involves gradually approaching situations, thoughts, or experiences that trigger obsessions while learning to reduce or eliminate compulsive responses.

For someone with faith-themed OCD, treatment might involve learning to engage in meaningful spiritual activities without repeating prayers, seeking excessive reassurance, or mentally reviewing every intrusive thought.

ERP is not intended to force someone to violate their sincerely held religious beliefs. A qualified clinician should work collaboratively with clients to distinguish treatment targets from meaningful religious practices.

Inference-Based Cognitive Behavioural Therapy (I-CBT)

I-CBT is an emerging evidence-based approach that focuses on the reasoning processes involved in obsessive doubt. Rather than primarily targeting anxiety responses, I-CBT helps individuals understand how obsessional doubts develop and why imagined possibilities can begin to feel more compelling than information grounded in present reality.

I-CBT may be particularly interesting for individuals who become entangled in elaborate hypothetical spiritual doubts. The evidence base for ERP is currently stronger, while research on I-CBT is still developing.

Finding a therapist

Consider looking for a licensed mental health professional who:

- Has specific training and experience treating OCD.
- Understands evidence-based OCD treatment.
- Is willing to respect your religious beliefs.
- Can recognize the difference between meaningful spiritual practices and compulsions.
- Collaborates with you in developing appropriate treatment goals.

You deserve treatment that takes both your mental health and your faith seriously.

If you're experiencing symptoms of OCD, consider connecting with a qualified mental health professional who specializes in OCD and has training in evidence-based approaches. You can also explore additional educational resources about faith, OCD, and mental health.

A final note

Living with OCD as a Christian can be exhausting, especially when the things you value most become tangled up in fear. It's so important to remember that your relationship with God is not measured by your ability to achieve certainty, no matter what OCD claims. Your faith and your mental health are not enemies.

There is hope, and healing is possible.