

Counselor's Toolbox

Scrupulosity: A Case Study and Discussion



by MICHAEL GEMBOLA

The following case study and discussion are designed to help counselors, church leaders, and helpers walk with people through complex troubles. It contains a case presentation, discussion questions, and an interview with experienced counselors. The case studies are designed for training helpers as they collaborate to meet the needs of people in their ministries.

Although we'll speak as counselors, the local church context will not be far from our minds as we consider this case study about a woman struggling with scrupulosity, also called religious OCD (obsessive-compulsive disorder).

Let's begin.

Case Study of Jane

Jane is a twenty-four-year-old single woman who would like some help with questions about her faith. She is in the last year of her master's

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program in science education at a local college. She would prefer to talk with you because she feels like she doesn't trust her former counselor to handle her theological questions. It also seems urgent and she asks to speak with you very soon.

Background. You don't know much of her family history, other than that she comes from a stable family that was nominally Catholic but did not attend church regularly. She's told you in the past that they are vaguely supportive of her evangelical faith. Her family talks about her as a worrier, somewhat like her father. She is the oldest of three, with a sister in college and a brother in high school.

Current resources and help. She has been staying late after small group recently to talk with the group leaders at their home. She finds this helpful, but the conversations seem to follow a pattern. Jane becomes visibly anxious during the discussion of the Sunday sermon. After others have left, she urgently tells them that she doubts her salvation. She asks if they think she is saved. They share passages like Romans 10:12 and 17 and Philippians 1:6, and they say, "God means what he says—if you come to him, 'he will in no wise cast you out.'" Usually, she appears calmer and says how grateful she is to them. Yet the pattern has continued several times over the past couple of months.

These leaders have privately expressed concerns to you about how to best help. They fear neglecting other members of the small group who also have needs. They had Jane over recently for dinner. When she left after several hours, they felt overwhelmed. Jane had been reading commentaries on Hebrews 6 and was asking a lot of specific questions. She did express appreciation for their time and apologized for keeping them for so long.

Previous help. Jane received counseling for a season at her college's mental health center, and it helped with some of her fears. There had been some conflict with her roommates, whom she lived with off campus, over whether they had locked doors or turned off the stove. Generally, they saw her as being anxious and tense. The counselor had taught her to keep a list of OCD-like behaviors and rank the anxiety preceding them on a scale of 1–10. The counselor asked her to endure the impulse to check the lock, for example, until the anxiety went down. If it felt like an 8 out of 10, she was to wait until it was a 4 before checking the

lock. If she could avoid checking the lock at level 4, she was encouraged to do so.¹ One of her roommates stayed with her when she decided to purposefully not do what anxiety told her to do, and Jane felt these were the times those exercises were most effective. During that school year, she gradually noticed some progress and felt less compelled to check the locks and the stove.

Her counselor also raised questions about times when she very thoroughly cleaned her car, but it didn't happen very frequently and was rarely a topic of conversation. When talking about "continuing in sin," she's admitted that she feels some guilt about eating when her stress level is high. It most often happens toward the end of a week when she feels particularly alone. She usually does the same thing: she buys an extra-large milkshake and plans to drink only half and save the rest, but she nearly always drinks it all. That night or the next morning, she will exercise until she's reached the calorie number of the shake and then clean her car thoroughly. She says that cleaning and exercising calm her down when she feels guilty about splurging.

Specific concerns. Her questions largely center on the passages about the unpardonable sin: Hebrews 6 and 10 and Matthew 12. The sin she is worried about is her sexual relationship with a boyfriend in college. She marks the beginning of her relationship with God after this breakup when she started attending a campus ministry with her roommate. Still, she worries that memories or thoughts about the relationship, or reminders of some of the good things about it, are evidence that she has not truly repented.

She is most fearful of overt sins, but she also fears not doing what she could or should do. She recently started to spiral downward after reading *Radical* by David Platt and listening to a few Francis Chan sermons. Although several of her friends had enjoyed these resources, she interpreted all passionate gospel messages as creating standards of devotion she was falling short of. It was hard for her to read examples of what the Christian life could be (e.g., missionary service) and not see her Christian life as inferior by comparison. She felt deeply disturbed and

1. These are called exposure exercises. The person endures exposure to something that creates anxiety and tries to not respond to it in their usual way. Success can weaken the anxiety response in the future.

very nervous that her life did not show clear evidence of being a follower of Christ.

She reads her Bible regularly and feels encouraged at times. She said recently that she had imagined herself for a moment as one of Jesus's followers in a countryside scene, learning and interacting without a worry in the world. She pictured it with all the detail she could imagine—blue skies, walking with others through the high grass, and people around her healed from sickness. Everyone smiling. The thought was fleeting, but it made her genuinely happy for the first time in a while.

She'd love to feel this peace more often but can't imagine it right now. She's suggested that maybe she should stop volunteering for nursery, due to her sin, and this past week she abstained from the Lord's Supper. It has, perhaps, been worse, but it is one of the more difficult seasons for her, and this has prompted her to ask for your help.

Discussion Questions

The following questions can serve as discussion prompts for a class, church care team, or counselor consultation group. I encourage you to work through the questions before reading the case discussion that follows.

1. *Conceptualization (describe Jane and define the problem)*

- How would you frame what you know of her as a person?
- How should we understand the problem? If she frames this as primarily a spiritual problem, would you agree?
- Is her presentation typical or atypical for this problem?
- How would you make sense of what has helped her so far, in Christian terms? How does this kind of struggle affect a person's relationship with God and others?

2. *Care team roles*

- If Jane's friend or pastor called you locally, who would you refer her to?
- How might friends be helpful? Mentors? Pastors? Small group leaders and members? Anyone else you'd want to see in the picture? She is asking the same questions to many people; is there such a thing as too many people involved?

- How would you coach the pastor to respond to biblical interpretation questions?
- What are the discipleship priorities for someone like Jane as the church seeks to pray for her and help?

3. *Care planning*

- If she sees a relatively inexperienced counselor, what would the supervisor suggest that the counselor prioritize in counseling Jane?
- What resources should the counselor be reading to do a better job of caring for Jane?
- Where would you expect that counseling might stall? What common hang-ups happen in counseling like this?
- What would success in counseling look like? Can you paint a picture of Jane doing well at a couple stages of growth and improvement?

Case Discussion

The interviewer is Michael Gembola (MG) and the responding counselors are Mike Emlet (ME) and Darby Strickland (DS), both of whom are faculty members and counselors at CCEF.

There are four sections to the case discussion: understanding the person and the problem, care planning, church support and counselor collaboration, and hope for the long-term.

1. Understanding the person and the problem. The way we talk about problems leads us to help in particular ways. For example, framing a problem in primarily medical terms leads to a primarily medical solution. But seeing Jane and her troubles holistically sets the stage for helping her.

Question from MG: How would you conceptualize what you know about Jane?

DS: Starting at a surface level, we want to recognize that she's suffering greatly. She probably feels that God is displeased with her, or that she's outside God's family, and that is a big burden to bear. My heart goes out to her. I see her as someone really trying to pursue righteousness and seeking to live honorably.

ME: I think first of her suffering, too. Her fear in particular is palpable, deep, and pervasive, and it is spilling over to others. Our suffering impacts others. One of the particular ways you see that is with her small group. The leaders are struggling to know: How do we help Jane? It doesn't seem like what we're doing is working, and we keep coming back to the same kind of questions.

MG: They're carrying the burden, too.

DS: Yes, and her urgency highlights the distress. Her distress really is palpable for those trying to help her. So as someone trying to care for her, the instinct would be to lean into the distress, and the temptation right away would be to offer her reassurance, which might not actually be the most helpful thing for her. This creates internal tension for helpers. On some level, we know biblical truth should be a balm for her soul when she is distressed, and she is clearly searching out this kind of help. But it hasn't been helpful in all the ways we would hope. Seeing this helps us slow down and ask what else is needed.

ME: The cyclical aspect of her struggle really sticks out to me. She finds help in the moment, for example, at small group, and she's initially encouraged. It seems like what her leaders shared from Scripture is helpful and alleviates her fear. But then she cycles back to the fear again. I think that's a clue to some of the particulars of her struggle. It helps us see that this is different from someone trying to understand for the first time what assurance of salvation looks like, or someone who is simply seeking the answer to a theological question.

That doesn't mean for other people that getting assurance or answers is a once-and-done action, but they are able to grow in understanding over time and live with more acceptance of the ambiguity. But for Jane, it's different, so people who wish to walk alongside her have to approach her differently.

Question from MG: How would you understand what Jane is facing? She is sharing it as a moral or spiritual problem. Would you agree with her?

DS: She has a very tender conscience, so when she reflects on her thoughts, questions, or memories, she sees all this as conflicting with the image she has of someone who truly is a Christian. For example, she looks back on her past relationships where sin was present, and her

recalling any good associated with those memories leads her to condemn herself. There seem to be some gaps in her understanding of the Lord's forgiveness. However, it is the level of her self-accusation that should get our attention. Her self-accusations really take on a life of their own.

ME: Yes, in one sense, it is a moral and spiritual problem because that is focally what her concerns are: "Have I truly repented? Am I saved?

We know biblical truth should be a balm for Jane's soul, but it hasn't been helpful in all the ways we would hope. Seeing this helps us slow down and ask what else is needed.

Does this thought of fondness toward my former relationship mean I'm not?" In one sense, those are all in the realm of questions associated with a relationship with the Lord, but is that the core of the issue? Her struggle revolves around moral and spiritual questions, but fundamentally *more* is going on. The problem has a cyclical nature, and she's ultimately not reassured.

The spiritual and biblical input that should be helpful isn't. That makes us pause and consider that this falls more

into the category of what's historically been called *scrupulosity*. She has a hypersensitive conscience. So, Darby, you're right, there is a tenderness of conscience, and it's amped up significantly.

DS: That's where her history is helpful, too. There is confirmation of that because of patterns in other areas of her life, and not just with spiritual matters. Sometimes gathering more of a person's story reveals clarifying patterns. She shared that during her college years she had a compulsion to clean her car, and those types of behaviors show that when she's unsure of something, it leads to anxiety that she tries to quell. Now she is presenting that pattern in the spiritual realm. Our hearts hurt for her because that's a very heavy burden to carry. It's painful to be stuck in that cycle with those types of questions.

ME: In her mind, it may feel to her like two different things, the checking and the spiritual questions. I'd want to explore that history with her. Does she see these things (checking locks, cleaning) as fundamentally different from the questions related to her spiritual life? I would say they're different manifestations of the same struggle.

DS: In both, there is the same quest for certainty, and that's what scrupulosity is: attempts to be certain of things we can never be certain of.

ME: Right, she is not able to live in ambiguity, which is part of the cycle. She feels the need to resolve the anxiety, and so she seeks reassurance from the small group leaders. But then—the ambiguity returns.

DS: It's important to see what she does with the questions, which for her involves reading commentary after commentary. That gives us a clue of how deep she plunges when doubt arises.

ME: We can differentiate between her struggle and the more normal challenges that happen in a Christian's life, because her pattern is compulsive and repeated and doesn't lead to trust.

Question from MG: Is what you read here typical of someone struggling in this way?

DS: The struggle to trust is typical of scrupulosity. Working on this problem requires moving into a really sensitive area, so trusting someone with it can be hard. I might want to know first why she is looking for a new counselor. The case study notes that Jane didn't trust her former counselor to handle her theological questions, but it would be interesting to know more, particularly if her former counselor was framing her struggle as religious OCD. Is Jane resistant to that description (i.e., "This is not OCD; this is about real questions about my relationship with Jesus!")?

Getting these answers will help us be better caretakers. But it also might mean guiding her to revisit her concerns with her previous counselor, who seems to have been helpful. Would there be ways her church friends could encourage her to go back to the counselor and then support that work? Or are there reasons to share Jane's caution about doing so? Either way, it gives us important data about her, her values, and how she evaluates other people's helpfulness.

ME: There are some things here that certainly could happen in anyone's life. For example, the milkshake followed by her working out (in effect, self-atonement for her guilt) does not have to be characteristic of scrupulosity. But there is a connection there. Cleaning her car thoroughly does fit more with the scrupulosity, and the self-atonement component fits with her desire to be certain that she is okay.

As Darby said earlier, this all must be exhausting and discouraging. But Jane actually has several positive characteristics that might not always be there when someone is seeking help.

First, she is going to the church, even though it's church-related matters that are so distressing. Second, she is reading the Bible and is sometimes encouraged by it (others sometimes really struggle to get to that point). Third, the imagination exercise she mentions is of interest. I really want her to have moments like this of security, safety, and contentment in the Lord.

DS: In this vein, I do like that she's able to envision herself as one of Jesus's followers. That's big. She knows he's the person where rest is found. She knows the solution. Others are so afraid they are not believers that they struggle to get there.

2. Care planning. At this point in our discussion, we shift to discuss how to offer Jane help. We'll look for how to understand what has helped her in the past, what can be of help to her in the future, and how to avoid common challenges in the helping process.

Question from MG: How would you make sense of what has been helpful to her in Christian terms? Why is the imaginal exercise so comforting for her?

ME: Interestingly, she is doing what St. Ignatius of Loyola advocated centuries ago. He encouraged believers in Christ to meditate on Scripture in this kind of way, imagining themselves being present in the story and entering into the scene as a participant. It's touching that she can see herself immersed in the care of Jesus. She's imagining the impact of the coming of his kingdom, and for her, this is aspirational but also has an immediate impact.

DS: When she is focused on imagining what it would be like to be in Jesus's presence, her mind is actively engaged. As a result, the intrusive thoughts aren't penetrating. Her imagination is not being taken captive by the anxious thoughts coming at her.

Question from MG: There seems to be a *physical* detail to that picture. Why does that help?

ME: It gets her out of her head! Having someone focus on something external to them helps them connect to the Lord. You can walk outside, enjoy the sunshine, and realize it is from the Lord because he's the one who made it. The physical or external piece takes her out of the constant mental loop.

Question from MG: How do you understand her exposure exercises from a Christian perspective?

DS: These practices imparted to her by her previous counselor helped her learn to survive the peaks of anxiety. Anxiety was telling her, You must do this or you won't be okay. But she's learned to have all those uncomfortable anxiety feelings rise to a high level, and then not to validate them by reinforcing them. Each exposure involved her choosing not to feed her anxiety or listen to it. That's really hard to do because in the moment, everything in her feels like she *must* do something to make it stop. She's started to learn to live through the anxiety without resorting to employing a compulsive behavior (like checking or cleaning) to stop it. The fact that she's had that success and with the community around her is deeply encouraging.

ME: Her experience in college captures a key approach that helps people face fears and tolerate anxiety. But as biblical counselors, we want to do even more. We want to help people face their fears in the moment by growing in trust of the Lord, to sit in that place of discomfort and anxiety with him. As Jane does the opposite of what her anxiety is commanding her to do (not checking, not cleaning), the obsessive-compulsive cycle is weakened. She's giving us a window into what might help her in other areas, too.

DS: I'd want to build on that success and understand why she thinks it was helpful. Does she understand how obsessive thinking drives the rise of anxiety? Does she understand how she interprets her thoughts and all the effort she puts toward extinguishing thoughts? I'd actually use a diagram from one of your articles, Mike, as a way to help her see the cycle.

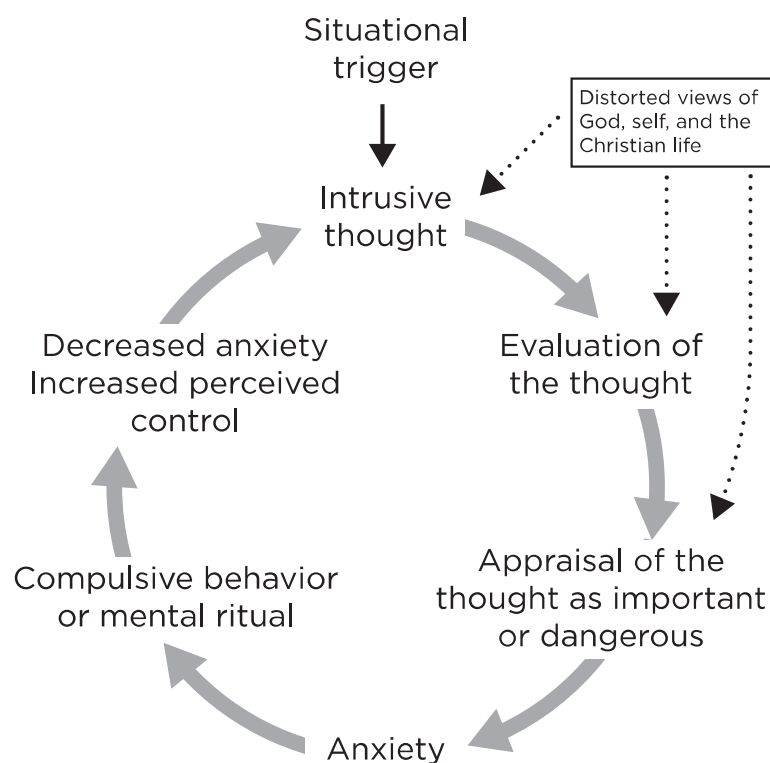


Figure 1. The Pattern of Scrupulosity²

ME: I do think working with the cycle is helpful. For example, I might use one of her successes and say, “Here’s the thought, here’s what that thought means to you, here’s the anxiety that it’s causing, and then here’s what you’re doing in response to that anxiety. And here’s how you interrupted that cycle.”

DS: I’ve done something similar. I might say, “You have all these thoughts coming at you, like birds. You want to decide which ones land and which ones you shoo away.” The temptation is to stop and look at every bird, but that’s how the cycle continues. And I also want to give her the ability to analyze her own thinking so that when the thoughts are coming in close, or when she’s entering that cycle, she has something to work with to interrupt the chaos by challenging those thoughts.

ME: Yes, just because we have a thought doesn’t mean it is one that truly is significant or is an accurate picture of reality.

2. Michael R. Emler, “Scrupulosity: When Doubts Devour,” *Journal of Biblical Counseling* 33:3 (2019): 16.

Question from MG: What would you prioritize in her care planning?

DS: I would start with educating her. Let's learn together how you end up stuck in that cycle that leads down that slide. I'd want to focus on dismantling the anxious mindset for the less distressing things first. For example, we might start with the milkshakes and car cleaning, and then seek to transfer the progress from these areas to the spiritual concerns over time. It's the same system at play, so we're planning for the same kind of solution.

ME: I agree, I would not start with the most distressing fears. I'd want her to learn to see the cycle. I might be curious to learn more about what started the more recent spiral, for example, hearing more about what particularly distressed her about the Platt and Chan materials. I'd like to have more information there.

It might be difficult to get her to focus on the less distressing things, though, because she has so many fears about spiritual things. We can start with listing her thoughts and fears and rate her level of anxiety on a scale of 1–10 (1 low, 10 high). For example, I might ask about taking the Lord's Supper, see where it falls on the list, and decide whether to focus there as she's sometimes able to participate and it may not be the most distressing practice on the list.

Question from MG: How might you guide a newer counselor in this kind of care?

DS: A temptation for newer counselors would be to get stuck in the conversations about Bible commentaries and theology. It takes wisdom to know which spiritual conversations to engage with and which to avoid.

MG: Then the counselor becomes part of the cycle.

DS: Right, not helpful. In trying to answer all her questions, counselors might not recognize that she is coming to them to quell that overwhelming anxiety, and they might inadvertently feed her compulsion for certainty. No one will be able to answer all her faith questions or provide theological clarity on every issue. She, like all of us, will have to live with some uncertainty.

ME: As the counselor, you don't want to be just one more voice, the thirtieth person to provide the same reassurance or one more cog in the wheel of reassurance. It takes a lot of wisdom to know when to engage particular Bible questions. The nature of scrupulosity is to keep asking

questions to achieve absolute certainty. Amassing more biblical data as if the issue is an information gap generally doesn't help. Rather, what helps is taking God at his Word, trusting in what he says, rather than trusting the voice of doubt. Doubt your doubt!

3. Church support and counselor collaboration. Now, our discussion progresses from how to care for her to how to help her church community care for her. Unfortunately, the church community is something Jane's OCD has complicated for her. She is having fewer positive conversations and is urgently seeking assurances that friends can only imperfectly provide. She needs people, but her anxious questioning can be distancing. Going to see a counselor for a season, or for years, can be a great help, but it is typically a temporary help. Equipping those already in her life gives her support for the long-term.

Question from MG: Any other anticipated hang-ups in the process of helping Jane, or places you might expect progress to stall out?

DS: I am concerned about how intensely she engages her small group. Is she wearing them out? Do they feel frustrated that they cannot provide her answers that seem to help? Scrupulosity is a longer-term struggle. I wonder how that is playing out there. I want to know if others are backing away from offering support. Is she aware that how she engages with people can be overwhelming for them? If she senses she is a burden, she might withdraw. If she lacks that awareness, she might overburden people and they might pull away from her. It is important that she gains self-awareness so that she can maintain important relationships.

ME: Yes, she is clinging to other people for reassurance and they are responding accordingly. But we want to help her small group leaders not get into the boxing ring with her scrupulosity. They should aim to engage with her and together engage with the Lord and avoid falling into the pattern of automatically reassuring her, but it's challenging. The small group leaders are, of course, seeking to respond in love to someone who is distressed and who has questions about the Bible, and the natural response is to try to answer them.

DS: It would be great for someone to train the small group leaders on how best to help by identifying what is important to Jane, not just

following where her questions take them. Sitting down for two hours discussing theology is probably not going to give her the reassurance she is looking for, because it is part of the compulsion.

Local counselors providing collaboration and training for the church can be especially helpful here. As fellow members of the body of Christ, these counselors can support these helpers and explain that loving her well may not mean always taking her lead.

With some experience and guidance, one of the small group leaders might be able to say, for example, “I’m confident that God loves you and he wants you to be at peace, but I wonder if it might be most helpful if we go for a walk.”

Over time Jane may even be able to help people help her by saying, “This is what I *think* will be helpful in these moments, but it’s not.” Especially in less anxious moments, Jane might explain, “Actually, if you ever see me start to get lost in my head, it would be really helpful if you started asking me what I made for dinner or other totally unrelated things.”

ME: A collaborative approach is important, getting small group leaders, friends, and her counselor all on the same page. Jane only meets with her counselor periodically, but the others are seeing her regularly in contexts where the anxiety is getting inflamed and spilling over.

DS: We sometimes can help her get past hang-ups by offering our confidence that she’s doing really well, that we see the love of God in her, and that God loves her.

ME: I might say, “I know this might not be sufficient, but here is what I am seeing God do in your life.” She hears the voices of shame, doubt, and guilt, but I want her to be aware of other voices that run counter to this narrative. At the same time, I need to guard against giving repeated reassurances about the state of her salvation.

Question from MG: Any other ways we can coach church leaders on how to respond to Jane?

DS: I’d want to point out that Jane has an elaborate system involved in this struggle, that it’s not as simple as engaging more in Scripture

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memory or spiritual practices that others would be more easily helped by. Her filter for receiving encouragement lets very little through.

I might encourage a helper to say things like this: “I know this is really difficult, and the level of anxiety you live with is heroic. The fact that you keep coming back to the Lord in the midst of this, or asking for prayer, is big.” We want to honor the immensity of the struggle instead of trying to oversimplify it. This kind of encouragement would help a person like Jane feel more known, and she wouldn’t feel so much like a failure because yet again she is feeling anxious.

ME: Small group leaders can model how to pray in a way that is not part of the checking or compulsiveness, and someone like Jane can really benefit from this.

They could pray for Jane, “Lord, you know that Jane is distressed right now, but you’re a God who is near to her, in the midst of her questions and doubts and fears. We ask that, by your Spirit, even now, you would calm her, you would help her to sit in this place of doubt and anxiety and help her.”

This kind of prayer does not try to resolve the distress, because in one sense, it can’t be resolved at that moment. As Darby was saying, there’s complexity here. The problem is entrenched and is only dismantled over time.

Question from MG: Who would you like to see on a care team for her?

DS: I’d want to include the people who are there right now and ask her who she finds helpful. Who is ministering to her already in a way that lessens her distress and provides comfort?

ME: Also, I wonder who is avoiding her. For those who have grown weary or frustrated by her questions, we can encourage them to point Jane to her counselor or the small group leaders. It’s best in this season to keep the circle smaller, and more focused on people who understand the depth and the particulars of the struggle.

MG: You’re looking to care for the caregivers, who have limited time, and who are not all gifted in the same way.

DS: Limiting is actually part of the help. The drive for certainty is pushing her past limits, to more and more people, more and more commentaries, more and more assurance-seeking behaviors that don’t work.

To be clear, I'm not trying to limit those seeking to help! Going to the movies or out to breakfast with Jane would be a real gift. It is important to remember the whole person, and I want her to be connected to people who enjoy her, and even people that she can serve, so that not every relationship at church is leveraged toward the problem.

4. Hope for the long-term. We now reflect on the potential outcome of the collaborative care plan for Jane, and what this struggle and growth might look like over time.

Question from MG: What would success in counseling look like?

ME: Success would be seeing Jane more able to live in places of ambiguity and doubt, being okay without 100% certainty regarding matters of her faith. As Christians, we are not called to omniscience—that would be living by sight, not by faith. We are called to daily, dependent trust in Christ that overflows in practical ways. I'd love to see four things for her:

- to *not* pull back from volunteering at the church nursery;
- to press forward to take the Lord's Supper despite her fears, as it is a true means of grace that she needs;
- to take other actions like this that directly face the fear of where she stands with the Lord; and
- to have an increasing sense of who God is, his character and work, and increasing comfort.

These things are not always fully achieved in this life, so sometimes we are aiming for, as Darby said, a *heroic* pressing in, still reading the Bible, praying, and persevering amid the fears. We don't know the particular path that God has for Jane, but we would pray for all these things and increasing freedom for her.

DS: Success can be hard to see. So it helps to have others cheering on the deeper growth, noting changes that she is not even aware of and naming for her how they see God at work. This is a long-term struggle, so when others help highlight progress it can gift a struggler with deep encouragement to keep pressing on.

One area of success to highlight might be her depth of awareness of the struggle. For example, Jane might say, "This thought came at me, and I didn't know whether I should park on it and dismantle it or whether I should let it go." Regardless of what Jane did next in that

instance, it was a win that she had the awareness and was not simply reacting out of the struggle. It is good to point that out.

Some changes are more immediately visible on the surface, for example, seeing thirty compulsive behaviors in a week go down to twenty-five. We need to point out these victories, to show how God has been working, to encourage the person that they have been faithful. It's a long haul, so it's important to celebrate together and see God in

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these small things. Yet it is important to be realistic: the struggle may be lifelong, but success would be to see the volume go down on the anxiety.

ME: Part of my expectation is that this kind of struggle can wax and wane. Sometimes Jane might seem to be doing really well, but then she reads a book or

hears a sermon that inflames her fears so that again she feels like she is not a believer. Sadly, this could lead her to discouragement, so that she thinks, "I guess this is important because I thought I was doing well, but here it is again."

So I would want to set the expectation that these things happen so that the setbacks are not a testimony against the work that God has clearly been doing in her life.

Question from MG: Any last thoughts?

ME: It's important to go back to what Darby said at the beginning: what stands out is her suffering. I'd want people in helping roles to approach someone like Jane as a fearful and fainthearted saint, as in 1 Thessalonians 5:14. Some behaviors may seem pushy or controlling, but principally these are issues of fear and faintheartedness, so we want to come alongside her to help.

DS: We haven't said this yet, but we should mention that these are *unwanted* thoughts. She *wants* to follow Jesus, and so the care we provide should carry this tone of encouragement and affirmation.

Review and Key Themes

Our case discussion covered several important themes for people who want to walk with someone like Jane. Although there is significant

variation among people who suffer from a highly scrupulous conscience, they all are disturbed by ambiguity, uncertainty, and feelings of danger. Because they are hyperaware of risk, it is difficult to live in a posture of trust. Many other believers can say they trust God without thinking too deeply about what this trust means. But people with anxieties like Jane's feel the cost of this trust acutely. They can vividly imagine dangers and thoughts of condemnation, and what-if questions escalate very quickly, automatically, and viscerally.

Yet there are real helps available. Although the discussion about this case did not bring up the role of medical interventions with OCD, for more severe cases or with the rapid onset in children, a medical or psychiatric evaluation will be important. Counselors, spiritual leaders, doctors, and friends are all available to help people like Jane in formal and informal ways to offer support, alleviate suffering, and invite her to take an active role, too. She can access help from God and others, gradually face her fears, endure the discomfort of anxiety longer, and be less dominated by it. She has already discovered that externalizing or imaginative spiritual practices draw her thoughts out of the spiral. When disconnected from compulsiveness and repetitiveness, prayer and connection to others also help her get less stuck in her head and let others bear the burden and provide support. The discussion emphasizes that anxious believers can find God as a refuge and strength, a very present help in times of trouble.

The helping potential of church relationships also comes into focus. It's true that the presence of friends and a small group do not automatically help. Intractable problems can sometimes lead to complications in these relationships or unfruitful or wearying interactions. Yet with some direction from a counselor or guide who has experience with this issue, a care team can truly be a lifeline to someone like Jane. The vision offered here is well within reach for churches of any size. Pastors can preach with the scrupulous person in the back of their minds, small group leaders can learn how to provide help even if reassurance is ineffective, and friends can offer a ministry of presence and encouragement. This kind of care for someone like Jane may sound idealistic, but it is reachable, offering her holistic care through challenging seasons.