Intrusive thoughts: unwanted, not wanted

Why they feel so loud, and what tends to help

Almost everyone has unwanted thoughts, images or urges at times, including disturbing ones about harm, sex, religion or doubt. In a study of students in 13 countries, more than 9 in 10 reported at least one in the previous three months. They can be frightening, but having them does not mean you want them or will act on them. [1-3]

This sheet includes words you can borrow, because talking with someone you trust, or with a professional, can make difficult things feel more manageable.

1 A thought is not a wish or an action

Intrusive thoughts often upset people precisely because they clash with what they value. The NHS describes them as just thoughts: having them does not mean you will act on them. It is still important to be on the safe side and talk to a doctor or mental health professional about them. You do not have to work out what a thought "really" means. [1, 3]

2 Notice what keeps them going

Pushing the thought away, checking how you feel, searching online, confessing or asking for reassurance can bring brief relief. The doubt tends to return, and the cycle can tighten. [1, 3]

What I usually do when the thought arrives

For example: checking, searching, avoiding or asking. You do not need to write down the thought itself.

3 Let it be there, and carry on

Instead of arguing with the thought, you could notice it: "There's that thought again." Then return to what you were doing, even if some anxiety remains. This takes practice. It is not about forcing the thought away. [4]

Words you can say to yourself

"This is an intrusive thought. It feels urgent, but I don't have to solve it right now."

4 Change one small response

Choose one habit to reduce gradually, such as one check, one search or one request for reassurance. It is often hard at first. If it feels like too much, that is a reason to ask for help, not a failure. [4, 5]

One small change I could try this week

If you choose to tell someone close to you

"I've been having unwanted thoughts that frighten me, and I'm getting help. I don't need reassurance; it helps that you know." Share only what you want, with someone you feel safe with.

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When to ask for help

Effective treatment exists, and you can start with a few words

When it may be OCD

If the thoughts, and what you do about them, take up a lot of time, cause strong distress or affect daily life, speak with a GP (family doctor) or qualified mental health professional. OCD is unlikely to get better on its own, but treatment and support are available. After having a baby, you can also talk to a midwife or health visitor. [1, 6]

What helps

CBT with exposure and response prevention (ERP) is a recommended treatment: with a trained therapist, you gradually face triggers without neutralising rituals. Medicines may also be considered; choices or changes need to be discussed with a qualified prescriber. [4, 5]

Words you could bring to a doctor or therapist

"I keep having unwanted thoughts that upset me, and I spend a lot of time trying to get rid of them. I'd like help from someone experienced with OCD."

When to get help urgently

If you want to act on a thought, have made plans, or cannot stay safe, call your local emergency number now. Hearing voices or holding beliefs others find unusual also needs prompt assessment. Someone to listen, day or night: Samaritans 116 123 (Ireland, UK); text HELLO to 50808 (Ireland); call or text 988 (US, Canada); Lifeline 13 11 14 (Australia); elsewhere, findahelpline.com lists free helplines. [1]

Sources and further reading

Guidance and research on intrusive thoughts and OCD. This is an original educational handout, not a tested treatment.

1. NHS: OCD symptoms and getting help (www.nhs.uk)
2. Radomsky et al. (2014): intrusive thoughts on six continents (doi.org)
3. IOCDF: What is OCD? (iocdf.org)
4. NHS: OCD treatment (www.nhs.uk)
5. NICE CG31: OCD treatment recommendations (www.nice.org.uk)
6. NHS: OCD overview, including after having a baby (www.nhs.uk)

Sources checked 25 October 2026. The organisations cited have not endorsed this resource. Support lines checked 25 October 2026.

More free information and support routes

More about intrusive thoughts and OCD

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