

**MARCUS LEWTON**

# **INTRUSIVE THOUGHTS AND COMPULSIONS IN ADOLESCENT OCD**

A Psychoanalytic Framework for  
Treatment

ROUTLEDGE

The Routledge logo, consisting of a stylized blue 'R' shape.

“Written with moving clarity and deep compassion, this book brings together psychoanalytic insight and evidence-based practice in a truly integrative way, widening the frame beyond protocol and offering clinicians a framework for listening beneath symptoms to the emotional storms endured by adolescents living with OCD. This book manages a rare achievement of being both conceptually robust and pragmatically adaptable.”

**Dr Rosa Hoshi**, *MSc, PhD, DClinPsy, C. Psychol, HCPC Reg Senior Tutor & Equality Diversity, Lead, Chartered Clinical Psychologist, Cardiff University*

“This is a rare and remarkable book, that blends clinical insight with genuine heartfelt dedication to young people struggling with OCD. Clinicians will find practical guidance, rich psychological nuances and the writers compassionate voice that strengthens both their understanding and therapeutic presence.”

**Dr Manisha Kale**, *PhD, C.Psychol, HCPC Reg, UKCP (Systemic Psychotherapist), Chartered Clinical Psychologist & Systemic Psychotherapist, Child and Adolescent Mental Health Services (CAMHS)*

“As a psychotherapist working with families of distressed adolescents, I found this book a refreshingly clear summary of key ideas and concepts for clinicians at all stages working with OCD specifically, and with adolescence more generally.”

**Dr Anthony Brown**, *C.Psychol AFBPsS, Specialist Family & Systemic Psychotherapist, Child and Adolescent Mental Health Services (CAMHS)*

“This book is an invaluable resource rich, insightful, and deeply stimulating. Working daily with young people who experience obsessive-like symptoms, I found its practical strategies and fresh perspectives transformative.”

**Megan Squire** *BSc (Hons), MSc Health Psychology, Child and Adolescent Mental Health Support Worker, CAMHS*

“I am delighted to recommend this timely book, which addresses a topic that is both bewildering and fascinating for clinicians. As Dr Lewton’s book rightly highlights, a sizeable proportion of cases involving children and young people with OCD know intellectually that compulsions do not reduce their exposure to harm.”

**Dr Misbah Gladwyn-Khan**, *DClinPsy, C.Psychol, HCPC Reg (Clinical Psychologist) Adult Mental Health Services*



**Taylor & Francis**

Taylor & Francis Group

<http://taylorandfrancis.com>

---

# Intrusive Thoughts and Compulsions in Adolescent OCD

---

This comprehensive and clinically focused volume offers a therapeutic framework for understanding and treating intrusive thoughts and compulsions in adolescents with obsessive-compulsive disorder (OCD). By bridging theory and practice, it provides clinicians with the tools to explore the emotional and symbolic dimensions of OCD, fostering deeper therapeutic engagement.

Grounded in post-Kleinian and Bionian theory, the book offers a structural reading of obsessive-compulsive symptoms, shifting focus from surface content to the psychic architecture beneath. Through vivid clinical vignettes, annotated transcripts and practical interventions, Marcus Lewton equips clinicians with the skills to recognise and address the unique emotional stances adolescents take toward their OCD symptoms. The book integrates psychoanalytic insights with structured cross-modal approaches such as exposure response prevention (ERP) and cognitive behavioural therapy (CBT), emphasising patience, attunement and the symbolic meaning behind compulsions. Alongside detailed clinical material, the book provides guidance on tracking emotional and relational movement in therapy, communicating with parents and working thoughtfully with complex dynamics in adolescent treatment.

This book is ideal for clinicians across disciplines – from psychologists and psychiatrists to social workers and educators – working with adolescents experiencing OCD. It is a valuable resource for advanced students and researchers in child and adolescent mental health, offering a nuanced perspective that combines psychoanalytic depth with evidence-based practices.

**Marcus Lewton** is a child and adolescent clinical psychologist based in the UK. His work in independent practice and public services focuses on a wide range of adolescent mental health issues, with a specialist interest in intrusive thoughts and OCD.



**Taylor & Francis**

Taylor & Francis Group

<http://taylorandfrancis.com>

---

# Intrusive Thoughts and Compulsions in Adolescent OCD

---

A Psychoanalytic Framework for Treatment

Marcus Lewton

Designed cover image: © Getty Images

First published 2026

by Routledge

4 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

and by Routledge

605 Third Avenue, New York, NY 10158

*Routledge is an imprint of the Taylor & Francis Group, an informa business*

© 2026 Marcus Lewton

The right of Marcus Lewton to be identified as author of this work has been asserted in accordance with sections 77 and 78 of the Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this book may be reprinted or reproduced or utilised in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

*Trademark notice:* Product or corporate names may be trademarks or registered trademarks, and are used only for identification and explanation without intent to infringe.

For Product Safety Concerns and Information please contact our EU representative [GPSR@taylorandfrancis.com](mailto:GPSR@taylorandfrancis.com). Taylor & Francis Verlag GmbH, Kaufingerstraße 24, 80331 München, Germany.

*British Library Cataloguing in Publication Data*

A catalogue record for this book is available from the British Library

*Library of Congress Cataloging-in-Publication Data*

A catalog record has been requested for this book

ISBN: 978-1-041-21920-0 (hbk)

ISBN: 978-1-041-21919-4 (pbk)

ISBN: 978-1-003-72971-6 (ebk)

DOI: 10.4324/9781003729716

Typeset in Times New Roman

by Taylor & Francis Books

---

To every adolescent who has sat across from me and asked, ‘What if this thought means I’m bad?’ Your courage, honesty, and search for understanding inspired this book and reflect the hope that understanding brings. I also dedicate this work to the psycho-analytic thinkers, writers, supervisors, and colleagues who taught me to think analytically, imaginatively, and poetically. They showed me how to remain grounded in the room, even when helplessness, hopelessness, and uncertainty fill the air. From them I learned that simply being with another mind, instead of rushing to intervene, is often the most meaningful act. Finally, I dedicate this book to Dr Michelle Wells, an exceptional clinical psychologist who trained alongside me and tragically passed away. She was known in our cohort as the warmest, kindest trainee, deeply committed to marginalised groups. As the saying goes, she was ‘beautiful inside and out’.

---



**Taylor & Francis**

Taylor & Francis Group

<http://taylorandfrancis.com>

---

# Contents

---

<i>List of boxes</i>	xiii
<i>Disclaimer</i>	xiv
<i>Foreword</i>	xv
<i>Acknowledgements</i>	xviii
<i>A Note for Clinicians</i>	xix
<i>A Note on Language</i>	xxi
1 The Heart of It	1
<i>The Reassurance Dilemma</i>	2
<i>Thoughts and Compulsions</i>	3
<i>Listening Differently</i>	3
<i>Same Symptom, Different Worlds</i>	4
<i>Beyond Symptoms: Psychic Positions</i>	5
<i>The Central Claim</i>	6
<i>Roadmap of the Book</i>	6
2 Beyond the Label: Differentiating OCD in Practice	9
<i>Conceptual Maps</i>	9
<i>Situational and Structural OCD</i>	11
<i>Neurodiversity and OCD</i>	13
<i>PANS and Sudden-Onset OCD</i>	14
<i>Cultural and Social Media Influences</i>	14
<i>OCD and Obsessive Personality Organisation</i>	15
<i>Conclusion</i>	15
3 From Infancy to Intrusions: Early Mechanisms in Adolescent OCD	19
<i>Omnipotence of Thought</i>	22

	<i>Splitting</i>	25
	<i>Repetition, Symmetry, and Mastery</i>	28
	<i>Contamination and Purity</i>	31
	<i>Magical Thinking and the Illusion of Control</i>	33
	<i>Conclusion</i>	34
4	From Childhood Shadows to Adolescent Storms	37
	<i>Developmental Tasks and Vulnerabilities</i>	41
	<i>When Early Shadows Return</i>	46
	<i>The Adolescent Mind and the Transformation of OCD Themes</i>	47
	<i>Conclusion: Holding the Storm</i>	49
5	Before the Thought, the Feeling	51
	<i>The Story Behind the Thought</i>	52
	<i>The Unthought Known</i>	53
	<i>Projective Identification</i>	55
	<i>Winnicott: Fear of Breakdown (1974)</i>	56
	<i>Return of the Repressed</i>	57
	<i>When Thinking Breaks Down</i>	58
	<i>But What Was I Feeling First?</i>	59
6	What We Know Works	62
	<i>How ERP Works</i>	62
	<i>How ERP Changes Belief</i>	63
	<i>ERP: Tool, Not Total Solution</i>	64
	<i>The Symbolic Shape of Rituals</i>	64
	<i>When ERP Does Not Help</i>	67
	<i>Closing Bridge</i>	70
7	The Threshold	74
	<i>Compulsions and Symbolic Life</i>	74
	<i>When ERP Reaches Its Limits</i>	75
	<i>Foundations of Therapeutic Work</i>	75
	<i>Tolerating Uncertainty</i>	76
	<i>Transference and Countertransference</i>	77
	<i>Rupture and Repair</i>	78
	<i>Linking Experiences</i>	79

---

	<i>Here-and-Now Observation</i>	80
	<i>Working with Positions</i>	80
	<i>Toward the Claustrum</i>	81
8	The Claustrum Position in OCD	83
	<i>Conceptual Overview – The Inner World of the Claustrum</i>	84
	<i>Clinical Examples of the Claustrum Position in OCD</i>	86
	<i>Clinical Transcripts</i>	88
	<i>How the Claustrum Appears in the Room</i>	90
	<i>Working Clinically</i>	94
	<i>Exploring the Relationship with the Therapist</i>	101
	<i>Engaging with Guilt and the Fear of Change</i>	102
	<i>Closing Reflections on Interventions</i>	103
	<i>Guidance for Parents</i>	103
	<i>Summary and Clinical Take Home</i>	104
9	The Psychic Retreat Position in OCD	106
	<i>Conceptual Overview – The Nature of the Psychic Retreat</i>	106
	<i>Clinical Examples of the Psychic Position in OCD</i>	108
	<i>Clinical Transcripts</i>	109
	<i>How the Psychic Retreat Appears in the Room</i>	111
	<i>Working Clinically</i>	115
	<i>Guidance for Parents</i>	119
	<i>Summary and Clinical Take Home</i>	120
10	The Paranoid–Schizoid Position in OCD	123
	<i>Conceptual Overview: Understanding the Paranoid–Schizoid Position</i>	123
	<i>Clinical Examples of the Paranoid–Schizoid Position in OCD</i>	124
	<i>Clinical Transcripts</i>	125
	<i>How the Paranoid–Schizoid Position Appears in the Room</i>	128
	<i>Working Clinically</i>	131
	<i>Holding the Work Together</i>	135
	<i>Guidance for Parents</i>	136
	<i>Summary and Clinical Take Home</i>	137

11	The Depressive Position in OCD	139
	<i>Conceptual Overview: The Depressive Position in OCD</i>	139
	<i>Clinical Examples of the Depressive Position in OCD</i>	140
	<i>Clinical Transcripts: The Depressive Position</i>	142
	<i>How the Depressive Position Appears in the Room</i>	144
	<i>Working Clinically with the Depressive Position</i>	147
	<i>Guidance for Parents</i>	149
	<i>Summary and Clinical Take Home</i>	151
12	Measuring the Invisible – Integrating Reflection and Evidence	153
	<i>Supervision Example – One Step Forward, Two Steps Back</i>	154
	<i>Commentary</i>	155
	<i>ERP Collapses in the Clastrum</i>	155
	<i>Anticipating the Evidence-based Critique</i>	156
	<i>Reflective Measures as Clinical Instruments</i>	157
	<i>The Horizon of Operationalisation</i>	157
	<i>Holding the Invisible in View</i>	158
13	Closing Reflections	160
	<i>Challenges and Extensions</i>	162
	<i>Index</i>	164

---

## Boxes

---

8.1	Recognising the Clastrum	94
8.2	ERP and the Clastrum: When to Pause and When to Proceed	105
8.3	Clinician's Guidance to Parents	105
9.1	Recognising the Psychic Retreat Position	115
9.2	ERP and the Psychic Retreat: When to Pause and When to Proceed	121
9.3	Clinician's Guidance to Parents	121
10.1	Recognising the Paranoid-Schizoid Position	131
10.2	ERP and the Paranoid-Schizoid: When to Pause and When to Proceed	137
10.3	Clinician's Guidance to Parents	138
11.1	Recognising the Depressive Psychic Position	147
11.2	ERP and the Depressive Position: When to Pause and When to Proceed	151
11.3	Clinician's Guidance to Parents	152

---

# Disclaimer

---

The views, opinions, and clinical models presented in this book are solely those of the author. They do not necessarily reflect the official stance, policy, or practices of any employer, including but not limited to the National Health Service (NHS) or affiliated organisations.

This work is for informational and educational purposes only. It does not replace formal clinical supervision, professional training, or personalised mental health care. Readers should seek expert advice for specific cases or concerns.

All case examples have been anonymised or fictionalised solely to ensure confidentiality. Any resemblance to actual persons, living or dead, is purely coincidental unless explicitly stated otherwise.

The author assumes no responsibility for errors, omissions, or outcomes resulting from the use of information contained herein. If you are struggling with your mental health, please seek help from a qualified professional.

---

# Foreword

---

This book is not a manifesto. It is a clinical framework, a map that aligns with what many clinicians intuitively sense. Intrusive thoughts in adolescence are not mere cognitive noise. They land like signals from the mind's interior. Fear, guilt, shame, all bound up inside them. This is not a book of strict protocols. It is about the emotional stances young people take in relation to their intrusive thoughts and compulsions, how they cope, defend, and survive, and it calls clinicians to stand alongside them with attunement as well as technique.

I have written this for the clinicians who have delivered exposure and response prevention (ERP) as part of cognitive behavioural therapy (CBT), provided the right psychoeducation, asked the right questions, set up the right homework, and supported families in resisting accommodation, yet still find themselves sitting across from a young person whose gaze has become a kind of emotional absence. I have written it for those who engage, who persist, who do the work, and still feel quietly ambushed by the strangeness of their own mind. I have also written it with families in mind, those suspended in that tense space between compassion and confusion, watching someone they love disappear behind compulsions that make no sense yet will not let go, bringing immense suffering both to the young person and to the family system.

This book is not about replacing CBT, which includes ERP. Cognitive behavioural therapy, particularly when combined with ERP, continues to be the leading psychological treatment for obsessive-compulsive disorder (OCD), as outlined in guidance from the National Institute for Health and Care Excellence (NICE, 2005) and reaffirmed in NICE's most recent review at the time of writing (2024).

Yet even empirically driven protocols, supported by decades of research and outcome measures, have limits. Clinical presentations often defy strict categorisation, and many adolescents do not respond predictably to structured exposure exercises. Not every clinician finds clarity when symptoms are plainly debilitating. Sometimes the room is filled only with stillness and silence, with little therapeutic connection at all. This book is about widening

the frame so that moments and presentations that fall outside protocol can still be recognised, held, and worked with.

I begin with a question: where is this young person, emotionally and internally, right now? Everything that follows is an attempt to sit with that question, think about it, and act from it.

This book is about stance, attention, and patience, about the discipline of staying in contact with the young person's inner world, even when that world feels unreachable. To work in this way is to notice how an adolescent relates to their intrusive thoughts and compulsions, and to respond not only with technique but with presence. It asks us to be clinicians who can tolerate not knowing, who can sit with ambiguity without rushing to resolve it, and who can wait long enough for something real to emerge.

The positions described here are not mine in origin. They belong to a lineage of theory and clinical thought that long predates me. My ambition has been to bring them off the page and into the rooms where young people are seen today. To do this, they must be translated, not diluted, into a language that can live in contemporary child and adolescent mental health practice without losing their force or originality.

I recognise that many qualified psychoanalysts may not fully endorse the approach I outline here, and I understand why. Psychoanalysis, taken in its unmodified form, is not merely a set of interventions but a way of living and thinking, cultivated through long immersion in a tradition that prizes depth, precision, and fidelity. There is an integrity to that purity, and I acknowledge the risk that any adaptation might be seen as compromise. Yet in the present climate of child and adolescent mental health, where pressures are relentless and the consequences of untreated distress can echo through a lifetime, I believe there is an ethical and therapeutic necessity to work with what we have, drawing upon the richness of the psychoanalytic canon while shaping it to meet contemporary clinical practice.

From the other side, colleagues trained in more manualised or protocol-driven approaches may question whether psychoanalytic ideas, often dismissed as outdated or opaque, have any place here. My view is that this perception, while not without cause, misreads the situation. Psychoanalytic theory offers profound and enduring insights, yet its challenge lies in translating these complex ideas into practical, accessible tools for contemporary clinical environments.

Adolescence sharpens this point. With puberty comes a surge of sexual and aggressive impulses, heightened moral awareness, and new capacities for abstract thought. Intrusive thoughts at this stage are not random. They clash with the turbulence of bodily change, emerging sexuality, and the adolescent's struggle to hold guilt, desire, and dread together. Compulsions often arise as desperate attempts to repair this collision, to restore certainty where development has made certainty impossible. If we fail to name this developmental storm, we risk mistaking its symptoms for simple resistance or non-engagement.

As a clinical psychologist, I stand partly within and partly beyond the psychoanalytic world. My training requires me to hold multiple psychological perspectives in mind, to test each critically, and to integrate where value is found. My commitment is to take what psychoanalysis offers in its richness and depth, its curiosity about unconscious life, and its concern with meaning, and make it workable in a setting where time is short, resources are stretched, and the young person's future is in the balance. This is not dilution. It is translation, so that psychoanalytic thought does not remain confined to the past but continues to illuminate and elevate the care we offer today.

If there is one hope that carries through these pages, it is this. We must try to keep hold of the human thread, even in the midst of method. Symptoms often emerge as adaptive responses to internal distress, and compulsions may serve as urgent strategies to preserve a sense of psychological coherence.

---

# Acknowledgements

---

This book would not exist without the courage and trust of the young people and families who shared their experiences with me.

I also thank Dr Manisha Kale and Dr Tony Brown for accompanying me on this journey, for sharing their insights, and for tolerating the unpredictability of child and adolescent mental health services. I am equally grateful to Professor Brett Kahr, whose writing, podcasts, and unwavering advocacy for psychoanalysis inspired me to write.

Finally, to my family, whose laughter, nourishment, and love sustained me, and to my parents, who provided what Winnicott (1953) called a 'good enough' environment. Without them, this book would not exist.

## References

- National Institute for Health and Care Excellence (NICE). (2005; updated 2024). *Obsessive-compulsive disorder and body dysmorphic disorder: Treatment (Clinical guideline 31)*. London: NICE.
- Winnicott, D. W. (1953). Transitional objects and transitional phenomena. *International Journal of Psycho-Analysis*, 34, 89–97.

---

## A Note for Clinicians

---

This book is written for clinicians across behavioural, psychodynamic, systemic, and integrative traditions. Its aim is to deepen practice and sharpen clinical attention. Because work with young people always unfolds in a wider caregiving context, several of the main chapters include short sections titled Guidance for Parents (for clinicians to use when communicating with families). The title is kept for stylistic clarity, but these sections are intended more broadly. They can be used when working with parents, primary caregivers, or other systems around the adolescent. Their purpose is to equip clinicians with language that reduces shame, avoids jargon, and fosters steadiness at home and in the wider network. These are not parent-led materials but clinician-facing tools.

The framework presented here is deliberately flexible. Its focus is on what often remains unspoken in obsessive-compulsive disorder (OCD) presentations, particularly in adolescents whose intrusive thoughts or images carry moral weight or symbolic meaning. By symbolic meaning, I mean that the thoughts and even the compulsions do not always represent what their surface content suggests (for example, fear of germs or someone dying). They can stand in for other experiences, emotional conflicts, or feelings that have not yet been thought about or verbalised. What matters is less the literal content of the obsession and compulsion than the position the adolescent takes in relation to it.

Each of the four position chapters follows a consistent structure. Each begins with a conceptualisation of the position, outlining its emotional logic. Clinical examples and transcripts illustrate how the stance emerges in dialogue. Attention is then given to recognising its features in the consulting room, followed by interventions tailored in pacing, framing, and language. Short sections on communicating with parents or caregivers provide clinicians with family-facing language, and each chapter closes with a concise summary of key points.

This book is not a treatment manual but a way of listening beneath the surface of symptoms and fear. To listen in this way is to prioritise depth over certainty, process over protocol, and to remain close to the young person's