THE CASE OF “PAULA”: AN EXISTENTIALLY BASED TREATMENT APPROACH TO CHRONIC DEPRESSION

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Abstract
The case of “Paula” presents a multi-modal existentially based treatment approach as it was applied to a case of chronic depression. This clinical case history documented the presenting problem, case history, case formulation and treatment.

PRESENTING PROBLEM AND RELEVANT PERSONAL HISTORY
Paula, a 51-year-old divorced Caucasian female, initially presented for therapy at a university clinic in a California city for ongoing symptoms of depression and anxiety related to failed career ambitions, employment stress and difficulties with interpersonal relationships. Paula reported an extensive history of previous psychological treatment from 1973 through 1999. The university clinic records indicated that Paula first sought treatment in 1997, and participated in cognitive-behavioral treatment (CBT) from January 1997 to June 1998 (38 individual sessions). Her CBT treatment was terminated when her first therapist completed her doctoral rotation and was no longer able to provide services and Paula was transferred, without a break in continuity, to a second clinic therapist who saw Paula from September 1998 to July 1999 for a total of 37 individual sessions. When the doctoral rotation was concluding for this second therapist, Paula expressed interest in continuing therapy.

In October 1999, Paula met with this therapist, who would now be the third therapist Paula was assigned at the university clinic. At this time, Paula reported that she was still experiencing ongoing symptoms of depression and anxiety. Paula expressed a belief that therapy was "necessary to keep [her] together" but was losing hope that she would "ever be a normal person and have a normal life." She acknowledged that antidepressant medication assisted in reducing her depressive symptoms but believed that taking the medication made her feel like a "weak person." For this reason, Paula reported that a primary goal for therapy was the discontinuation of her psychotropic medication, but she was willing to delay any decision until our therapeutic relationship had matured. Additional therapeutic goals identified by Paula included: (a) the management and reduction of depressive and anxious symptoms, (b) to improve her ability to form and maintain interpersonal relationships, and (c) to “get to the point where I can do my art.”

Because of Paula’s ongoing depressive and anxious symptomatology, coupled with a history of Major Depressive Episodes, Paula was monitored for suicidal ideation and intent on an ongoing basis throughout treatment. Twice during treatment with this therapist, Paula experienced major depressive episodes, with each lasting approximately two to two-and-a-half weeks. Although Paula denied suicidal ideation or intent during these periods, additional care was taken to ensure safety.

GOALS OF TREATMENT
Depressive and anxious symptomatology appears ubiquitous in the outpatient clinical population. Some mental health professionals suggest that cognitive approaches that have been validated through empirical research to reduce depression and anxiety, should be the treatment of choice (Beck, 1995). While this point of view is not to be discounted, existential psychotherapy suggests that the reason for depression and anxiety differs with each individual though the symptoms may appear similar (Schneider & May, 1995). Further, some causes may be due less to an event or situation (e.g., death of a loved one), and more with profound questions of identity and meaning (e.g., who am I and what am I meant to do?) (May, 1958b). In fact, empirically based practitioners point to the added efficacy of cognitive therapy, when existentially oriented questions are addressed (Addis & Jacobson, 1996). Paula’s persistent depressive and anxious symptomatology, despite years of counseling and
extensive treatment in both cognitive-behavioral and psychodynamic therapeutic modalities, suggested that Paula's difficulties may have become chronic and part of her characterological structure. Further, one of the most salient features of her dysphoria was the anguish she experienced by not being an artist, either in the eyes of the world, or in her ability to continue creating works. The dissolution of such a core identity left Paula with little resources to handle the stresses of the present, and reconcile difficulties from the past.

An existential perspective was adopted to explore issues of identity, meaning and purpose. This perspective served as a base from which to integrate other theories and techniques, primarily from the domains of cognitive behavioral and psychodynamic therapies, in order to gain additional understanding of core identity issues and address the management and reduction of her depressive and anxious symptomatology. While eclecticism sometimes appears to translate as doing whatever comes to the therapist's mind, a truly eclectic approach is actually one that seeks to utilize different approaches, such as cognitive and existential therapies, in a coordinated manner (Ottens & Hanna, 1998). This approach appeared particularly relevant in that Paula made progress and some relief of symptomatology from her previous therapies. Integration of other therapeutic interventions enabled the therapist to build on what had previously been accomplished in therapy, as well as put these interventions (e.g., cognitive assignments), within a larger context that might be more meaningful to Paula.

After rapport was established, the initial goal of treatment was to attempt a phenomenological understanding of the inner world of the client (Merleau-Ponty, 1962; Schneider & May, 1995). Therapeutically, the therapist attended to three aspects of existential therapy: (a) existential neurosis, e.g., Paula's inability to see meaning in life, (b) existential 'encounter', e.g., the inner experience of the relationship between client and therapist, and finally, (c) kairos, or a critical decisive point when an intervention might be more readily accepted by Paula (Ellenberger, 1958). The overarching goal of this approach is to enable the client to make life choices that are based on hopes and desires for the future, rather than a capitulation to patterns from the past (Sahakian, 1976). Specifically, in Paula's case, this meant reinforcing her artistic identity while simultaneously being empathic to her need to look for work at something that was less fulfilling, but that could support her daily living needs, and, ultimately, fund her artistry. In essence, the therapeutic questions became: (a) How can Paula merge artistry and the need to make a living, and (b) if that is not possible, how could the therapist enable her to live constructively with existential dysphoria?

**CLINICAL FORMULATION**

In deciding the best formulation for Paula's treatment, this therapist considered a number of aspects of the case. At first glance, Paula would appear a good candidate for a psychodynamic (Kohutian) approach. Clinic notes from previous therapists suggested that Paula exhibited certain behaviors that were consistent with psychodynamic formulation, namely, that Paula had a fragile self-identity, and was vulnerable to fragmentation under stress, and suggestive of arrested emotional development. In plain language, Paula often appeared like a 3-year-old, stuck squarely in the Oedipal period, in a fierce battle with the world as "mommy", both seeking approval (merger) and independence (individuation). Thus, Paula did not experience a true sense of self, but sought others to perform a mirroring self object function. Additionally, Paula's current social support system was extremely limited. After her divorce and some failed relationships, Paula discontinued dating and socializing. Her friendships were limited and often strained, and her relations with her family members were difficult.

Although this psychodynamic conceptualization had decided merit, it did not fully capture the complete data set from this case, i.e., that Paula identified herself as an artist, but had been unable to create art for over seven years. There are two striking issues stemming from the data. First, Paula's core self was so fragile that it ceased operations (not painting), becoming disowned, and second, that the particular "self" with which she identified is dissuaded from revival because it is a "self" (the artist) that is not necessarily supported
by the American culture of which Paula is part. Existential theory is heuristic and aptly addresses this issue of personal meaning, as well as the responsibility of the individual to make choices and exercise personal freedom to create the life she or he deems worth living (Yalom, 1980). In essence, the individual is torn between ontological anxiety (fear of the future and the unknown), and ontological guilt (regret at what might have been) in her or his struggle to become fully authentic (true to her or his own being) (Heidegger, 1962). From this theoretical perspective, the inauthentic person is one who runs away from personal and individuating choices, eschews personal freedom and responsibility, and capitulates to a world view that may or may not be in accord with her or his own personal ideals (Heidegger, 1962). The aptness of this conceptualization for Paula is highlighted by her own continued report in clinical records that she felt "out of step" with the world around her, particularly her family, that never supported her artistic passions. Therefore, it was hypothesized that Paula’s depressive and anxious symptomatology stemmed from Paula's accentuated sense of ontological guilt for what might have been, but was now too afraid to choose, resulting in an inability to tolerate ontological anxiety.

This formulation in no way negated the substantive psychodynamic formulation outlined above. In fact, an existential conceptualization only deepened the meaning and understanding of the psychodynamic one. That the two conceptualizations could operate simultaneously and be integrated into a singular approach is supported by the work of Otto Rank, who interpreted psychodynamic concepts such as attachment and individuation as being in part existential dilemmas, namely fear of death (limitedness through merger) and fear of life (anxiety about separating and individuating) (Becker, 1973). Thus, formulating Paula’s case by using an existential approach, appeared to be the most appropriate because it could capture the richness of Paula's difficulties as well as her phenomenological experience, while affording the therapist a flexible, structural theoretical framework with which to approach the therapeutic situation.

**COURSE OF TREATMENT**

Paula participated in 65 weekly psychotherapy sessions from 1999 through 2001 at the university counseling center. Diagnostically, Paula met criteria for Dysthymic Disorder, Early Onset (300.4) and Generalized Anxiety Disorder (300.2) within the *Diagnostic and Statistical Manual of Mental Disorder, 4th ed.* (DSM-IV). Paula also had a history of Major Depressive Disorder, but did not meet DSM-N criteria at the time of intake with this therapist.

In the first two sessions, Paula discussed her disappointment that "years of therapy" had not "fixed" her psychologically. She expressed discouragement regarding the therapeutic process, especially because she felt she had "tried so hard" to learn through the process. This therapist suggested to Paula that there might be another way to look at therapy, rather than as being solely remedial, that is, trying to correct problems and "fix neuroses". Instead, this work might better be conceptualized as being exploratory, creative, and life enhancing. In essence, it was suggested that Paula consider therapy as chronicling the progress of becoming a "hero" in her own life. Paula responded to this conceptualization by stating that it gave her a sense of renewed hope, and made her feel like she was not "damaged goods."

This initial positive response to an overarching existential concept suggested that this approach might benefit Paula. In the next two sessions, the therapist assisted Paula in exploring her thoughts and feelings about her artwork and the possible connection to her present state. Paula reported her problems stemmed from her mother, who never approved of her artistic ambitions and who "only prepared [Paula] to be somebody's wife." Paula believed that her relationship with her mother contributed to an ongoing *Weltschmerz,* in that she believed what she desperately wanted most in life as an artist was impossible in a world that expected her to be "a good working stiff and somebody's wife." An exploration of Paula's sense of personal meaning (i.e., Paula was an artist living in America), Paula revealed that she had not
drawn, or painted, or created any piece of art for over seven years. She stated that when she thought of getting her art supplies out of the closet, she felt intensely "nauseous."

At this point, while the focus remained existential in that the existential issues of identity, personal meaning, freedom and choice were central in the session, a multi-theoretical technique approach was employed to guide Paula on this journey. For example, cognitive restructuring (Meichenbaum, 1977) was introduced as a technique to actively challenge and re-orient Paula's defeating self-talk. Further, because Paula's sense of self was tenuous at this juncture, techniques from Kohutian theory, such as mirroring and monitoring of disintegration anxiety and fragmentation (Wolf, 1988) provided the therapist concrete tools to assist in strengthening Paula's sense of self and enable her to forge ahead with our existential explorations. In other words, when the intensity of the existential issues made it difficult for Paula to "stay in the room" psychologically, these additional techniques and theoretical concepts would assist the therapist in providing concrete respite, as well as an opportunity to increase resiliency. Invariably, Paula would re-orient through these techniques and then be willing, and indeed, curious to proceed with deeper discussions. In subsequent sessions, Paula expressed feeling stronger, more resilient and eager, and "less like a loser;" although she still experienced ongoing anxiety and depression related to work and interpersonal relationships.

As the sessions progressed, small art assignments, such as sketching on plain paper with a pencil, were initiated. During this phase of treatment, her anxiety and depressive symptoms would vary in intensity, in part due to situations regarding employment searches. By Session #10, Paula had created her first piece of art, a pen and pencil drawing. This creation represented a turning point in therapy, a kairos. From this point forward (approximately mid-December 1999), Paula began to explore her feelings of depression and anxiety within the context of her renewing identity as an artist. This context provided Paula with the "root" she was seeking previously. She reported that before embarking on an understanding of personal meaning vis-à-vis her art, she had felt like "an amoeba swimming aimlessly in a sea of depression." Now, however, she understood her symptoms as part of a larger existential crisis. This understanding gave her a feeling of hope for the future, although she acknowledged feeling "very scared" about the challenges facing her.

During the middle phase of treatment, Paula continued creating art, although inconsistently. When experiencing anxiety and/or depression regarding the stress of work situations or interpersonal relationships, Paula would cease doing her artwork. At this point, the therapist introduced therapeutic techniques from other disciplines that were more aggressive inasmuch as Paula's sense of identity was growing in definition, strength and resiliency. The first added technique was the disputation of irrational beliefs, which is a cognitive technique from Ellis' REBT therapy (Dryden & Ellis, 1988). This technique encourages the therapist to actively dispute and challenge the client's "irrational" beliefs about herself or himself, the environment, and the future. This technique was especially useful when Paula's anxiety would be stimulated and she would devolve into ever increasing fear and worry. Introducing the disputation of irrational beliefs assisted Paula in understanding her tendency to catastrophize beyond what was most likely going to happen. Additionally, Paula would utilize catastrophizing to regress into repressive affect as a defense against the real issue. In other words, when the issue became meaningful within the session, Paula might become anxious and fearful. Because this anxiety was uncomfortable, Paula would defend against it by "giving up" and being reduced to uncontrollable crying. Certainly, Paula was experiencing pain in those moments, but that pain was also in service of defending against facing the meaningful issues that she sought to resolve.

The second added technique comes from short-term psychodynamic therapy (Davanloo, 1988). This technique places consistent pressure on a
client's defenses (e.g., anything that gets in the way of the client saying what she or he is thinking and feeling), until the client's defenses are exhausted and relinquished to the authentic thoughts and feelings. This technique was especially useful with Paula in this phase of therapy because of her tendency to digress when the therapy moved into uncomfortable areas. This deflection served to derail the emotionally laden therapeutic process. By utilizing Davanloo's (1988) technique of pressing the defenses, Paula would be able to access the meaningful material.

In October of 2000, Paula experienced a major depressive episode, which was precipitated by difficulties at one of her free-lance assignments, which resulted in her being terminated. Following that job, Paula found it difficult to continue seeking employment opportunities. Despite the severity of her depressive symptoms, Paula continued to work vigorously in therapy. This depressive episode was a second kairos in the therapeutic course. Since Paula had experienced a relatively long period of approximately one year of feeling like she was making "progress" and had renewed hope for the future, the intensity of depression from this episode made Paula even more determined to change. Therefore, she was more open both to the depth and breadth of the existential exploration, as well as to entertaining alterations in her medication, a previously resistant topic for Paula.

Prior to the onset of this depressive episode, the therapist had been concerned that Paula's complaints of gastrointestinal distress might be related to the type of anti-depressant medication she was taking. After the severity of depressive symptoms abated, Paula agreed to a consultation and ongoing pro bono treatment with a psychiatrist arranged by the therapist. This psychiatrist performed a complete psychiatric evaluation on Paula and determined that in fact, the Zoloft might have been the cause of her stomach upset. Her medication was switched at that time to Prozac (20 mg). Within 3 weeks, Paula's stomach problems disappeared. In addition, Paula reported feeling "better," with improved mood consistently throughout the day. She has continued taking this medication at this dosage to the present.

At this time, Paula moved into an important new phase of existential development. She began regularly producing art. Paula also outlined hopes, dreams and goals for the future, and began to acknowledge her role as creator of her life, by accepting the role of responsibility, freedom and choice as determinants of one's life (May, 1958a). She initiated interpersonal relationships with members of her family with whom she had not spoken, most notably with a nephew. This new relationship with her nephew, his wife, and their small toddler-age child resulted in Paula experiencing a new role as "aunt" which gave her immense joy. Although Paula would experience anxiety about this deepening involvement with family members, she nevertheless continued to pursue the relationships, which have grown considerably over the past year.

In the summer of 2001, Paula experienced her second major depressive episode while in treatment with this therapist. Again, the precipitant was work related. Paula felt defeated by the stress of a deadline-laden free-lance job, and she devolved into depression. This depression lasted exactly two weeks and was markedly different from her previous depressive episodes. Paula related in therapy that she was aware that it was an "episode" while it was happening, that it was finite, and that she could "bounce back". These realizations were a major shift in Paula's previous views of herself.

During the 25 months of treatment, Paula has increasingly become more confident with her identification as an artist, as well as feeling more able to handle her ongoing dysphoria and, at times, major depressive episodes. Ultimately, therapy has been about Paula learning to accept, like, and live with who she is and the world as it is, rather than remediating flawed aspects of herself to fit some imagined profile of "normal." Paula reports understanding that, though she has a tendency to become anxious and depressed, these feelings are only a facet of who she is, an attribute with which she can learn to adjust and actually
use in a positive sense. As she has jokingly explained in a session, "You [the therapist] are short, and I'm depressed. So what."

**CRITICAL EVALUATION**

This was a challenging, rewarding and instructive case. My overall evaluation of my handling of this case is that I have made more mistakes than I should have, less interventions than I could have, and benefited the client more than I would have, had I not undertaken an aggressive, integrative approach. Although I would like to take credit for the immense progress this client has made, I cannot. It solely has been through her own willingness and determination to construct a life of her own choosing.

**References**


**Endnotes**

1. For purposes of confidentiality and anonymity, the name of the client has been changed, with “Paula” serving as the pseudonym. Further, identifying facts in this case have also been changed to ensure confidentiality.

2. The allusion is to the work of Joseph Campbell (1971), author of *Hero with a Thousand Faces* and other works regarding the use of myth. His work was made generally popular by the PBS Bill Moyers series on television.

3. The term Weltschmerz was coined by Jean Paul Sartre in 1827, meaning “world pain.”